

Secretary of State
Certificate and Order for Filing
TEMPORARY ADMINISTRATIVE RULES
A Statement of Need and Justification accompanies this form.

I certify that the attached copies* are true, full and correct copies of the PERMANENT Rule(s) adopted on September 1, 2008, by the

<u>Oregon Department of Consumer and Business Services</u> Agency and Division	<u>Insurance Division</u>	<u>836</u> Administrative Rules Chapter Number
<u>Sue Munson</u> Rules Coordinator		<u>(503) 947-7272</u> Telephone
<u>350 Winter Street NE, Room 440, Salem, Oregon 97301-3883</u> Address		

to become effective September 1, 2008 through January 1, 2009

RULE CAPTION

Rulemaking Relating to Uniform Workers' Compensation Statistical Plan
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

RULEMAKING ACTION
List each rule number separately, 000-000-0000.

ADOPT:

AMEND: OAR 836-042-0045

SUSPEND:

Stat. Auth.: ORS 731.244 and 737.225

Other Authority

Stats. Implemented: ORS 737.225

RULE SUMMARY

This rulemaking amends the reference in OAR 836-042-0045 to the Unit Statistical Plan for Oregon to reflect recent amendments by the National Council on Compensation Insurance, the rating organization for workers' compensation insurance in Oregon. These amendments recognize the federal Terrorism Risk Insurance Program Reauthorization Extension Act of 2007 and this rulemaking will bring Oregon into compliance with the federal law.

<u>(Signed)</u> Authorized Signer	<u>Scott Kipper, Insurance Administrator</u> Printed Name	<u>August 14, 2008</u> Date
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*With this original and Statement of Need, file one photocopy of certificate, one paper copy of each rule listed in the Rulemaking Actions, and electronic copy of rules. ARC 940-2005