



Department of Consumer & Business Services

Insurance Division — 4

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**Legal Expense
Insurance List of Sales
and Marketing
Representatives**

Federal identification number: _____

Name of organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

The official records of the legal expense organization indicate that the following representatives are authorized in Oregon

as of: _____ / _____ / _____
Month Day Year

Representative name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Social Security number: _____ - _____ - _____ Phone: _____

Authorized Oregon representatives:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Disclosure of Social Security number is optional; it will be used by the Oregon Insurance Division for identification purposes only.

