



**Department of Consumer & Business Services**  
**Insurance Division — 4**  
P.O. Box 14480, Salem, OR 97309-0405  
Phone: (503) 947-7982, Fax: (503) 378-4351  
350 Winter St. NE, Room 440, Salem, Oregon  
insurance.oregon.gov

**Security Deposit  
Release Request  
For Workers'  
Compensation**

**Please read instructions on Page 2 before completing this form.**

Federal identification number: \_\_\_\_\_

Insurer name: \_\_\_\_\_ NAIC no.: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I request the release of securities on deposit with the Department of Consumer and Business Services. In connection with this request, I certify the following:

- The company possesses capital or surplus, or any combination thereof, of not less than \$5,000,000.
- The company has not had its certificate of authority suspended or revoked by any state; if it has had its certificate of authority revoked or suspended, details are attached.
- The company is not under any form of regulatory supervision.
- The market value of all securities held on deposit after the requested release will be as follows:

Surety: .....\$ \_\_\_\_\_

Workers' compensation: .....\$ \_\_\_\_\_

Other:.....\$ \_\_\_\_\_

Total market value: .....\$ \_\_\_\_\_

- The [Special Oregon Schedule P](#) submitted on behalf of the company as of \_\_\_\_\_ is accurate to the best of my knowledge and belief. (Date)
- The Special Oregon Schedule P submitted on behalf of the company as of \_\_\_\_\_ includes no discounting or loss-adjustment-expense reserves, except as provided by Oregon law. (Date)
- The company will monitor the adequacy of its security deposit maintained with the Department of Consumer and Business Services on a quarterly basis.
- The company will correct any deficiency in its security deposit maintained with the Department of Consumer and Business Services upon the company learning of such a deficiency.

Signature of president: \_\_\_\_\_

Name of president: \_\_\_\_\_ Date: \_\_\_\_\_



## INSTRUCTIONS FOR SECURITY DEPOSIT RELEASE

Before the Insurance Division will review your request for release of a security deposit, your company must submit the following:

1. Letter with a complete description of the asset to be released, including CUSIP number and par value.
2. Completed Security Deposit Release Request, Form 440-2944.
3. [Special Oregon Schedule P](#), Form 440-3112.
  - If your request for release of a security deposit is not received by June 1, you will need to submit a new Special Oregon Schedule P. The division will not release a security deposit based on a Special Oregon Schedule P more than six months old.
  - If you have questions regarding the Special Oregon Schedule P, call Lynette Hadley, (503) 947-7046, or send e-mail to [lynette.m.hadley@state.or.us](mailto:lynette.m.hadley@state.or.us).
4. Facsimiles of the documents are acceptable to meet the deadline. The division must receive the originals before funds will be released.

If you have questions regarding amounts of deposit or deposit requirements, call Marcia Jones, (503) 947-7259, or send e-mail to [marcia.r.jones@state.or.us](mailto:marcia.r.jones@state.or.us).