



**Department of Consumer and 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, Salem, Oregon

insurance.oregon.gov

**Remit with payment to:**

Fiscal Services Section

Department of Consumer and

Business Services

P.O. Box 14610

Salem, OR 97309-0445

**Application for Permit to Organize Insurer With or Without Capital Stock**

Filing fee: \$2,500

Pursuant to the Oregon Insurance Code, the undersigned persons hereby apply, as prospective organizers of (check one):

An insurer without capital stock ( Mutual  Reciprocal)

Stock insurance corporation

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

Name of applicant: \_\_\_\_\_

Statutory home address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Principal office address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address (street, city, state, ZIP): \_\_\_\_\_

Application contact person: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

For a permit to organize such insurer under the laws of the State of Oregon. The following information is furnished as part of this application, as required by ORS 732.025 and 732.035:

1. Classes of insurance to be transacted.
2. The full name and residence address of each person associated or to be associated in the formation, organization, operation, management, or financing of the insurer.
3. If a stock insurance corporation, the full name and residence address of each person who will own or control, directly or indirectly, 10 percent or more of the stock.
4. Copies of all pertinent agreements and understandings existing or proposed among and between such persons so associated.
5. The full name and residence address of the proposed directors and officers, including information regarding the character, financial responsibility, business ability, and experience in the business of insurance or businesses related thereto, of each. Use uniform NAIC biographical affidavit form for each person.
6. The proposed capitalization, the plan of financing, and, if applicable, the plan for solicitation of stock, and a detailed description of the plan of operation, including types of policies to be issued, and the accounting system, and any proposed agency or management plans.

**FISCAL USE ONLY:**



7. An actuarial projection of financial condition during the initial period of operations, based on the proposed plan and the reasonable assumptions detailed in the projection (for the next three years).
8. A copy of each policy for which applications are proposed to be solicited and a copy of the proposed application form and application literature to be used in such solicitation.
9. A schedule of premium rates proposed to be charged in connection with such insurance for which applications shall be solicited.

Any change in the information furnished in this application will be reported immediately to the department by the undersigned.

**The application fee of \$2,500 required by ORS 731.804 is enclosed.**

Make checks payable to: **Department of Consumer and Business Services**

Under the penalties of perjury, I/we, the prospective organizers, declare that this statement, including the documents submitted in support thereof, has been examined by me/us and, to the best of my/our knowledge and belief, is true, correct, and complete.

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

Before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary public: \_\_\_\_\_

In and for the state of: \_\_\_\_\_

My commission expires: \_\_\_\_\_