



**Department of Consumer & Business Services  
Insurance Division — 5**

P.O. Box 14480  
Salem, Oregon 97309-0405  
Phone: (503) 947-7983  
Fax: (503) 378-4351

350 Winter St. NE, Rm. 440, Salem, Oregon  
www.oregoninsurance.org

**Rating Organization  
Amended License Application**

Type of amendment:  Name change Effective date: \_\_\_\_\_  
 Add class(es)  
 Delete class(es)  
 Change of domicile Effective date: \_\_\_\_\_

Pursuant to the Oregon Insurance Code, the undersigned hereby applies to the State of Oregon for an amended rating-organization license and, for that purpose, submits the following:

1. Name of applicant: \_\_\_\_\_  
Former name, if name has changed: \_\_\_\_\_
2. Domicile address (street, city, state, ZIP): \_\_\_\_\_
3. Principal office address (street, city, state, ZIP): \_\_\_\_\_
4. Mailing address (street, city, state, ZIP): \_\_\_\_\_
5. Name of agent for service of process, notice, or demand in Oregon: \_\_\_\_\_  
Address (street, city, state, ZIP, county): \_\_\_\_\_
6. Type of organization: \_\_\_\_\_
7. Classes of insurance or risks to be covered by license: \_\_\_\_\_  
\_\_\_\_\_

8. Documents required to accompany this application:

- (a) A current certification from the insurance supervisory official of the applicant's domiciliary jurisdiction, affirming that the applicant is in good standing.
- (b) A copy of each of the following:
  - (I) Charter, constitution, or articles of agreement, association, or incorporation, as amended to date
  - (II) Bylaws, rules, and regulations governing conduct of applicant's business
  - (III) Report of most-recent examination by an insurance supervisory official
- (c) A list of the applicant's members and subscribers
- (d) A statement of applicant's qualifications as a rating organization. In the case of a fire-insurance rating organization, see ORS 737.350(4).

Date: \_\_\_\_\_

President: \_\_\_\_\_

Corporate seal

Secretary: \_\_\_\_\_

**Return your original rating-organization license for amendment.**