



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

Amended Certificate of Authority Application

Indicate 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 corporation hereby applies for an amended certificate of authority to transact insurance in the state of Oregon, and for that purpose submits the following:

1. Federal identification number: _____
2. Name of applicant: _____
*If name change, state former name: _____

*A certified copy of the amendment of the articles of incorporation reflecting the change must accompany application.

3. Statutory home address: _____ Phone: () - _____
City: _____ State: _____ ZIP: _____

4. Principal office address: _____ Phone: () - _____
City: _____ State: _____ ZIP: _____

5. Mailing address: _____

6. Application contact person: _____ Phone: () - _____

7. Type of organization:
 Stock insurer Mutual insurer Fraternal benefit society Other: _____

Incorporated on _____ under the laws of _____
(Date) (Jurisdiction)

8. Certificate of insurance supervisory official of applicant's domiciliary jurisdiction to the effect that applicant is in good standing therein (foreign or alien insurers).

9. Classes of insurance to be authorized (as defined by code):
 Property Surety Mortgage (only)
 Casualty, including workers' compensation Life Title (only)
 Casualty, excluding workers' compensation Health Other: _____
 Marine and transportation



10. Retaliatory statement outlining the current security deposit, fee, seasoning, or other requirements that would be imposed on a like Oregon company. **A retaliatory statement is not required if changing a name only. Must be submitted directly to this division by the insurance supervisory official of applicant's domiciliary jurisdiction.**
11. Securities or other eligible assets under the Oregon Insurance Code that will be deposited with the Oregon State Treasurer. (Deposits are maintained at United States National Bank of Oregon.) Should not be submitted until notification of approval for amendment has been received by company.

Class of insurance	Statutory minimum market value
<input type="checkbox"/> Surety	<input type="checkbox"/> \$260,000
<input type="checkbox"/> Workers' compensation	<input type="checkbox"/> \$110,000 (initially)

12. Return original Oregon certificate of authority for cancellation.

AFFIDAVIT

We, _____, president, and _____ secretary, certify that we are officers of the corporation named in the foregoing application, that we know the contents thereof, and each of the statements and answers made is true and complete to the best of our knowledge and belief.

Date

(President)

(Secretary)

(Corporate seal)