Department of Consumer & Business Services
Insurance Division — 4
350 Winter St. NE, Room 440
Salem, Oregon 97301-3883
Phone (503) 947-7982

Change of Registered Office or Registered Agent by Insurer

To the Oregon Department of Consumer and Business Services:

Pursuant to Section 731.434 of the Oregon Revised Statutes, the undersigned insurer hereby makes the following change in its designation of registered office and/or registered agent in the State of Oregon for service of process, notice and demand:

(Check one or both)

❑ Change in the address of the registered office to:

_____
(Address of registered office, include street & no., and ZIP)

❑ Change in the registered agent to:

_____
*(Name of registered agent — **Cannot be Insurance Commissioner**)*

As changed, the address of the insurer's registered office and the address of the business office of its registered agent are identical.

Dated: _____ _____
(Insurer name)

By _____
(Signature of president or secretary)

(Corporate seal)

_____
(Title)

STATE of _____)
) ss.
COUNTY of _____)

Personally appeared _____
(Name of officer)

_____ of _____
(Title) *(Insurer name)*

the insurer in whose name he/she executed the foregoing instrument, and acknowledged that he/she executed the same by the authority and on behalf of said insurer; and said officer of said insurer further acknowledged that the corporate seal attached and impressed on said instrument is the corporate seal of said insurer and was affixed thereto by him/her.

Before me this_____ day of_____ , 20___.

_____

Notary public in and for the State of: _____

My commission expires: _____

DEPARTMENT OF CONSUMER & BUSINESS SERVICES