



# Oregon

John A. Kitzhaber, MD, Governor

**Department of Consumer and Business Services**

Insurance Division

350 Winter St. NE

P.O. Box 14480

Salem, OR 97309-0405

503-947-7980

Fax: 503-378-4351

[www.insurance.oregon.gov](http://www.insurance.oregon.gov)

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**(Name of Company Requesting)**

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**(City and State)**

hereby applies for the reservation of the name:

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for the period of six (6) months for use as a corporate name in transacting insurance in the State of Oregon, subject to conditions of ORS 731.430. In part, a name must not be deceptive or misleading as to the type of organization of the insurer or that does not indicate the insurer is transacting insurance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Person Requesting: \_\_\_\_\_

Address: \_\_\_\_\_

**Please Submit To:**

**DEPARTMENT OF CONSUMER & BUSINESS SERVICES**

**Insurance Division -4**

**Financial Regulation Section**

**Linda Rothenberger**

**PO Box 14480**

**Salem OR 97309-0405**

**(503) 947-7227**

**[linda.j.rothenberger@state.or.us](mailto:linda.j.rothenberger@state.or.us)**