



Oregon Department of Consumer and Business Services

Insurance Division
350 Winter St. NE, Room 440
Salem, OR 97301-3883
FAX (503) 378-4351
TTY (503) 947-7280
www.oregoninsurance.org

APPLICATION FOR RESERVATION OF NAME

(Name of Company Requesting)

(City and State)

hereby applies for the reservation of the name:

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
350 Winter St NE Room 440
Salem OR 97301-3883
(503) 947-7227