

Department of Consumer & Business Services **Insurance Division 4** P.O. Box 14480, Salem, Oregon 97309-0405 350 Winter St. NE, Salem, Oregon 97301-3883 Phone: 503-947-7982, Fax: 503-378-4351 E-mail: dcbs.insmail@state.or.us insurance.oregon.gov

Change of Registered Office or Registered Agent by Legal Expense Organization

Pursuant to ORS 750.505 to 750.715, the undersigned legal expense organization, under resolution or agreement adopted by its board of directors, partners, or other officials, whichever is applicable, makes the following change in its designation of registered office or registered agent, or both, for service of process, notice, and demand:

(Check either or both as appropriate)

	Change of address	of the	registered	office to:
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Street		City	State	ZIP	
Change of name of the registered agent to:					
As changed, the address of the legal expense organization registered agent are identical.	n's registered office ar	nd the address o	f the business of	ffice of its	
Dated:					
	Legal expense organ	ization			
	By				
(Seal, if any)	Signature of pro	esident, secretar	y, partners, or c	other official	
	Title				
State of					
County of					
Personally appeared					
Name of officer, partner, or other official					
	or				
Title		Legal expense	organization		
the entity in whose name the subscriber executed the foregoing instrument and acknowledged that the subscriber executed the instrument by the authority and on behalf of the entity. If the organization is a corporation and possesses a seal, the subscriber, an officer of the corporation, further acknowledged that the corporate seal attached and impressed on the instrument is the corporate seal of the corporation and was affixed thereto by the subscriber.					

Subscribed and sworn to me this	day of, 20			
DEPARTMENT OF				
BUSINESS SERVICES	Notary public in and for the state of:			
440-2169 (12/08/COM)	My commission expires:			