

## SECURITY DEPOSIT EXCHANGE AND PLACEMENT FORM - PAGE 1 OF 2

OREGON INSURANCE INSTITUTIONS

#### (SEE INSTRUCTIONS ON PAGE 2) (SUBMIT COMPLETED FORM TO: InsInstitutions.SecDeposits@DCBS.oregon.gov)

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								_NAIC #	
	IPANY ADDRES								
CON	IPANY US BANI	CUSTODY ACCOU	NT #:						
CON	IPANY CONTAC	T REGARDING THIS	TRANSACTIO	N:	NAME				
2 <u>TR</u> /	NSACTION 1	YPE AND TODA	Y'S DATE:			_			
(plea	ase mark which	type of transaction	is being reques	ted)		EXCHANGE		PLACEMENT	
3 <u>NEV</u>	V SECURITIE	S BEING EXCHA	NGED OR PL	ACED:					
		ASSET NAME	CUSIP #	MATURITY DATE	INTEREST RATE	VALUATION DATE	PAR VALUE	MARKET VALUE	COMMENTS OR NOTES
	ASSET 1								
	ASSET 2								
	ASSET 3								
	ASSET 4								
	ASSET 5								
					TOTAL P	AR BEING PLACED:			
								-	

# 4 SECURITIES TO BE RELEASED: (IF THE ASSET IS NOW "PRINCIPAL CASH" PLEASE IDENTIFY THE CUSIP # THE ASSET WAS PRIOR TO BECOMING PRINCIPAL CASH)

	* ASSET NAME	* CUSIP #	MATURITY DATE	INTEREST RATE	VALUATION DATE	PAR VALUE	MARKET VALUE	HOW MUCH MORE	DESIGNATION FOR ADDITIONAL PAR VALUE
ASSET 1								PAR VALUE IS BEING PLACED	BEING PLACED
ASSET 2								THAN WHAT IS	
ASSET 3								BEING RELEASED WITH THIS	
ASSET 4								TRANSACTION	
ASSET 5									
					TOTAL <u>PAR</u> BEING RELEASED:				

## 5 DESIGNATIONS OF INSURER'S TOTAL SECURITIES ON DEPOSIT WITH OREGON BY LINES OF BUSINESS UPON THE COMPLETION OF THIS TRANSACTION:

(refer to page 2 of this form for information regarding the minimum requirements per line of business and their related Oregon statutes)

		PAR VAL	UES (NOT MA	<u>RKET)</u>			TOTAL PAR VALUE	IDENTIFY "OTHER" AND WRAP-UP PROJECTS
DEP	TAL ASSETS COMPANY HAS ON OSIT WITH OREGON AFTER THE PLETION OF THIS TRANSACTION	WORKERS' COMP. (PAR VALUE)	TITLE (PAR VALUE)	HEALTH CARE SERVICE CONTRACTOR (PAR VALUE)	CONSTRUCTION WRAP-UPS (PAR VALUE)	"OTHER" (PAR VALUE)	ON DEPOSIT WITH OREGON AT THE COMPLETION OF THIS TRANSACTION	

### 6 AUTHORIZING SIGNATURES:

INSURER INSURER AUTHORIZED SIGNATURE (officer of the company or authorized US Bank account signer) TITLE DATE DATE	INSURER			
INSURER AUTHORIZED SIGNATURE (officer of the company or authorized US Bank account signer) TITLE DATE	INSURER			
	INSURER	AUTHORIZED SIGNATURE (officer of the company or authorized US Bank account signer)	TITLE	DATE

DCBS				
DCBS				
DCBS	(IF THERE IS NO DCBS SIGNATURE HERE, PLEASE SEE ATTAC	HED EMAIL FOR APPROVAL)	TITLE	DATE
DCBS	DCBS AUTHORIZED SIGNATURE OF US BANK ACCOUNT SIGN	ER		
DCBS				
DCBS	EMAIL :	PHONE:		

7 DELIVERY INSTRUCTIONS (IF NEEDED):

## **INSTRUCTIONS**

### INSTRUCTION 1: FOR QUESTIONS AND FORM SUBMISSION EMAIL: Insinstitutions.SecDeposits@DCBS.oregon.gov

INSTRUCTION 2: this form is for requesting security exchanges and placements only. For "Exchanges" the new asset must equal or exceed the current asset that is being replaced. If securities greater than what is being placed are requested to be released, a "Request for the Release of Excess Securities" form must be used and requires a DCBS audit prior to the release of funds over and above what is being placed.

INSTRUCTION 3: Upon the completion of this transaction, in the space provided at #5, please designate how much of the company's total deposits held by Oregon should pertain to each line of business the insurer is authorized to transact in Oregon, including construction wrap-up projects.

#### DEPOSIT AMOUNTS REQUIRED

Class	REQUIRED MARKET Value	REQUIRED PAR Value	Surety Bond	Note	Statute/Rule
Alien Insurer				See statute for details	ORS 731.636
Domestic Reciprocal Insurer	\$50,000.00	\$55,000.00	No	See statute for exception	ORS 731.632
Health Care Service Contractor (HCSC)	\$250,000.00	\$260,000.00	\$250,000		ORS 750.045
HCSC-Emergency Medical Service Only	\$50,000.00	\$55,000.00	\$50,000		ORS 750.045(3)
HCSC-Dental Service Only	\$50,000.00	\$55,000.00	\$50,000		ORS 750.045(3)
HCSC-Optometric Service Only	\$50,000.00	\$55,000.00	\$50,000		ORS 750.045(3)
Home Protection	\$100,000.00	\$110,000.00	\$100,000		ORS 731.624(3)
				More required based on calculation (10% of gross	
Legal Expense Organization-First year access plan	\$10,000.00	\$11,000.00	\$10,000	premium) maximum deposit \$50,000	ORS 750.685(2)
				More required based on calculation (10% of gross	
Legal Expense Organization-Comprehensive plan	\$25,000.00	\$27,500.00	\$25,000	premium) maximum deposit \$100,000	ORS 750.685(3)
Life Settlement Provider	\$100,000.00	\$110,000.00	No	Only if assets don't exceed liabilities by \$150,000	OAR 836-014-0220
Mortgage	\$500,000.00	\$510,000.00	No		ORS 731.624(4)
Multiple Employer Welfare Arrangements (MEWA)	\$250,000.00	\$260,000.00	\$250,000	More required based on calculation	ORS 750.309(4)
				Cannot release for 3 yrs after company out of business or	
Surety	\$250,000.00	\$260,000.00	No	no longer authorized in Oregon	ORS 731.624(1)
Title	\$100,000.00	\$110,000.00	No		ORS 731.624(2)
Workers' Compensation	\$100,000.00	\$110,000.00	No	Calculated by Special Oregon Schedule P	ORS 731.628

Security deposits are regulated by ORS 731.604 through 731.652. Deposits must be received before a certificate of authority, or amended certificate of authority, will be issued.

Pursuant to ORS 731.616, the director may require an insurer to deposit additional assets to assure the deposit will have a market value of not less than the amount specified. As such, we ask for an additional \$10,000 to cover market value fluctuation for those companies required to place over \$100,000. Companies required to place under \$100,000 we require an additional 10%. It is the company's responsibility to periodically review its deposits to make sure the required market value is maintained.

#### The required amounts can fluctuate with the current market:

If current market values are less than par values, the required minimum must be valued at market.

• If current market values are greater than par values, the required minimum must be valued at par.

Examples:

If requirement is \$100,000, par is \$100,000, and current market is \$90,000, then an additional amount must be deposited to bring the market value of deposit up to the \$100,000 required.
 If requirement is \$100,000, par is \$100,000, and current market is \$110,000, then nothing additional needs to be deposited because the par value meets the required amount and the current market value exceeds par.
 If requirement is \$100,000, par is \$90,000, and current market is \$110,000, then an additional \$10,000 par value must be deposited to bring par value up to the required amount.

### EXAMPLE EXAMPLE EXAMPLE (RED text below represents insurer's answers)

EXCHANGE X

2 TRANSACTION TYPE AND TODAY'S DATE: 4/1/24 (please mark which type of transaction is being requested)

se mark which type of transaction is being requested

SECURITIES B	EING EXCHANGED	OR PLACED:						
	ASSET NAME	CUSIP #	MATURITY DATE	INTEREST RATE	VALUATION DATE	PAR VALUE	MARKET VALUE	COMMENTS OR NOTES
ASSET 1	US TREASURY	123456ABC	3/31/26	1.20%	4/1/24	150,000	147,000	
ASSET 2	US TREASURY	789123XYZ	1/1/28	2.00%	4/1/24	200,000	205,000	
ASSET 3	US TREASURY	852963MIK	12/31/30	2.25%	4/1/24	100,000	103,000	amount being exchanged exceeds amount being
ASSET 4								released by \$50,000 PAR, which is for a construct
ASSET 5					1			wrap-up project
		•	•	TOT	AL BEING PLACED:	\$450.000	\$455,000	

4 SECURITIES TO BE RELEASED: (IF TH

\* (IF THE ASSET IS NOW "PRINCIPAL CASH" PLEASE IDENTIFY THE CUSIP # THE ASSET WAS PRIOR TO BECOMING PRINCIPAL CASH)

PLACEMENT

	* ASSET NAME	* CUSIP #	MATURITY DATE	INTEREST RATE	VALUATION DATE	PAR VALUE	MARKET VALUE	HOW MUCH MORE	DESIGNATION FOR ADDITIONAL <u>PAR VALUE</u> BEING PLACED
ASSET 1	US TREASURY	987654LMN	3/31/24	0.75%	4/1/24	\$350,000	\$349,000	BEING PLACED	
ASSET 2	PRINCIPAL CASH	CASH	CASH	CASH	4/1/24	\$50,000	\$50,000	THAN WHAT IS	
ASSET 3	(used to be Cusip ASDFGH456)							BEING RELEASED	
ASSET 4									construction wrap-up
ASSET 5									
				TOTAL	BEING RELEASED:	\$400,000	\$399,000	\$50,000	

5 DESIGNATIONS OF INSURER'S TOTAL SECURITIES ON DEPOSIT WITH OREGON BY LINES OF BUSINESS UPON THE COMPLETION OF THIS TRANSACTION: (refer to page 2 of this form for information regarding the minimum requirements per line of business and their related Oregon statutes)

		PAR VALUES	(NOT MARKE	<u>:T)</u>			TOTAL	PLEASE IDENTIFY "OTHER" AND "CONSTRUCTION WRAP-UPS"
TOTAL ASSETS COMPANY HAS ON DEPOSIT WITH OREGON AFTER THE COMPLETION OF THIS TRANSACTION	SURETY (PAR VALUE)	WORKERS' COMP. (PAR VALUE)	TITLE (PAR VALUE)	HEALTH CARE SERVICE CONTRACTOR (PAR VALUE)	CONSTRUCTION WRAP-UPS (PAR VALUE)	OTHER (PAR VALUE)	PAR VALUE ON DEPOSIT WITH OREGON	wrap-up project; "the Port of Park Place, Phase III CCIP"
VARIOUS SECURITIES	\$300,000	\$1,500,000	\$	\$	\$50,000	\$	\$1,850,000	