



Department of Consumer and Business Services
Division of Financial Regulation — 4
 P.O. Box 14480, Salem, OR 97309-0405
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 Phone: 503-947-7982, Fax: 503-378-4351
 dfr.oregon.gov

Remit with payment to:
 Fiscal Services Section
 Department of Consumer
 and Business Services
 P.O. Box 14610
 Salem, OR 97309-0445

**Application for Permit to
 Organize Captive Insurer
 With or Without Capital Stock**

Filing fee: \$5,000

Under the Oregon Insurance Code, the undersigned persons hereby apply, as prospective organizers of (check one):

- An association captive insurer (Stock Mutual)
 A pure captive insurer A branch captive insurer A captive reinsurer

Federal identification number: _____

Name of applicant: _____

Statutory home address: _____ Phone: () - _____

City: _____ State: _____ ZIP: _____ E-mail: _____

Principal office address: _____ Phone: () - _____

City: _____ State: _____ ZIP: _____ E-mail: _____

Mailing address: _____ Phone: () - _____

City: _____ State: _____ ZIP: _____ E-mail: _____

Application contact person: _____ Phone: () - _____

City: _____ State: _____ ZIP: _____ E-mail () - _____

For a permit to organize such insurer under the laws of the State of Oregon. The following information is furnished as part of this application, as required by ORS 735.164:

1. A list of proposed incorporators, including the financial responsibility and purposes of the proposed incorporators.
2. The full name and residence address of the proposed directors and officers, including information regarding the character, financial responsibility, business ability, and experience in the business of insurance or businesses related thereto, of each. Use uniform NAIC biographical affidavit form for each person.
3. The proposed capitalization, the plan of financing, and, if applicable, the plan for solicitation of stock, and a detailed description of the plan of operation, including types of policies to be issued, and the accounting system, and any proposed agency or management plans.
4. An actuarial projection of financial condition during the initial period of operations, based on the proposed plan and the reasonable assumptions detailed in the projection (for the next three years).
5. A copy of each policy for which applications are proposed to be solicited and a copy of the proposed application form and application literature to be used in such solicitation.
6. A schedule of premium rates proposed to be charged in connection with such insurance for which applications shall be solicited.



440-4939 (11/16/COM)

Filing fee: 44110/1561

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FISCAL USE ONLY:

Any change in the information provided in this application will be reported immediately to the department by the undersigned.

The application fee of \$5,000 required by ORS 735.164 and Oregon Administrative Rule 836-009-0007(1)(c) is enclosed.

Make checks payable to: **Department of Consumer and Business Services**

Under the penalties of perjury, I/we, the prospective organizers, declare that this statement, including the documents submitted in support thereof, has been examined by me/us and, to the best of my/our knowledge and belief, is true, correct, and complete.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Before me this _____ day of _____, 20 _____

Notary public signature: _____

In and for the state of: _____

My commission expires: _____