



# Oregon

Kate Brown, Governor

Department of Consumer and Business Services

Division of Financial Regulation

350 Winter St. NE, Room 410

P.O. Box 14480

Salem, OR 97309-0405

June 30, 2019

Thank you for participating in the Oregon Reinsurance Program (ORP). This letter outlines the information required for submission to the Division of Financial Regulation (DFR) in order for your claims to be processed.

As described in the ORP's [administrative rules](#), as a condition of receiving reinsurance payments, a reinsurance eligible issuer must provide certain information for each benefit year. This information includes:

1. A detailed claims report and a summary claims report – these can both be found as tabs in the Excel file included with this letter.
2. An attestation signed by an executive officer stating that the information submitted is accurate as of the date of submission (see attachment).

Data must be submitted to DFR using the secure Biscom server and be received no later than **July 15, 2019**. Upon submission, DFR will review and validate the submitted health care reimbursement claims before issuing payment.

If you have any questions please contact Joel Payton at [Joel.J.Payton@Oregon.gov](mailto:Joel.J.Payton@Oregon.gov) or (503) 302-4795.

Kind regards,

Andrew Stolfi  
Administrator and Insurance Commissioner

**Attachment 1. Attestation template**

[Date]

[Company Name]

[NAIC#]

[Reinsurance Eligible Claim Amount]

[Detail Claims File(s) counted]

[Applicant Company] Officers' Certification and Attestation – Oregon Reinsurance Program

I, [name, title, company], certify that the information submitted to the Oregon Division of Financial Regulation regarding [company's] request for reinsurance payments from the Oregon Reinsurance Program is complete and accurate as of the date of submission.

[name]

[Signature]