**Oregon Reinsurance Program Reimbursement Claims Submission Attestation**

In accordance with the Oregon Administrative Rules 836-150-0030, as a condition of receiving reinsurance payments from the Oregon Reinsurance program, a reinsurance eligible issuer must submit the information required under this rule to the department(DCBS). Accordingly, (836-150-0030(1)(D)(g) states “An attestation signed by an executive officer of the reinsurance eligible issuer stating the information is accurate as of the date of submission”.

Company Name Click or tap here to enter text.

NAIC# Click or tap here to enter text.

HIOS ID# Click or tap here to enter text.

Reinsurance Eligible Claim Amount Click or tap here to enter text.

Detail Claims File(s) counted Click or tap here to enter text.

**Applicant Company Officers’ Certification and Attestation**

One of the three officers (listed below) of the Applicant Company must read the following very carefully before signing:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant Company, or both, to civil or criminal penalties.

2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant Company is licensed or to which the Applicant Company is applying for licensure.

3. I acknowledge that I am the Click or tap here to enter text.

of the Applicant Company, am authorized to execute and am executing this document on behalf of the Applicant Company.

4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed at Click or tap here to enter text.

Click or tap here to enter text.

Date

Click or tap here to enter text.

Signature of Chief Financial Officer

Click or tap here to enter text.

Full Legal Name of Chief Financial Officer

Click or tap here to enter text.

Signature of Director of Finance

Click or tap here to enter text.

Full Legal Name of Director of Finance

Click or tap here to enter text.

Signature of Treasurer

Click or tap here to enter text.

Full Legal Name of Treasurer

Click or tap here to enter text.

Health Insurance Institution

Click or tap here to enter text.

Date Signature of Witness

Click or tap here to enter text.

Full Legal Name of Witness