



**Department of Consumer & Business Services**

**Insurance Division — 4**

P.O. Box 14480, Salem, OR 97309-0405  
350 Winter St. NE, Salem, Oregon 97301-3883  
Phone: 503-947-7982, Fax: 503-378-4351

Email: [insmail@state.or.us](mailto:insmail@state.or.us)  
insurance.oregon.gov

**Designation of Registered Office  
and Registered Agent By Legal  
Expense Organization**

Pursuant to ORS 750.505 to 750.715, the entity named below, under resolution or agreement adopted by its board of directors, partners, or other officials, whichever is applicable, designates the following as its registered office and registered agent in Oregon for service of process, notice, and demand:

Registered office address:

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP

Name of registered agent at registered office:

\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_ Corporation, partnership, or other entity

By: \_\_\_\_\_

Signature of president, secretary, or partner

\_\_\_\_\_ Title

(Seal, if any)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared \_\_\_\_\_

Name of officer, partner, or other official

\_\_\_\_\_ of \_\_\_\_\_

Title

Corporation, partnership, or other entity

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 entity 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 before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_ Notary Signature

Notary public in and for the state of: \_\_\_\_\_

*Notary Seal*

My commission expires: \_\_\_\_\_