

Filing fee: \$350

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 insurance.oregon.gov

Remit with payment to:

Fiscal Services Section Oregon Department of Consumer & Business Services P.O. Box 14610 Salem, OR 97309-0445

Application for Renewal Certificate of Registration for Legal Expense Organization

Federal identification	n number:					
Name of proposed le						
Street address:						
	Sta				ZIP:	
Principal address: _						
Mailing address:						
Contact person:						
Las	st name		First name			Middle name
Phone: ()	-		Fax: ()	-	
E-mail:						
The applicant is the f						
	individual	<pre>partnership</pre>	☐ corporation	oth	ner	
To the Oregon Insura	ance Commis	ssioner, Salem, Oreg	gon:			
	0.505 to 750.7	715, authorizes the	organization to oper	ate in Oreg		expense organization which, ntil its certificate expires or is
Name of registrant:						
	Name of pers	on, company, corporation	on, partnership, or other	entity		

The registrant agrees to the following:

- 1. The registrant shall not act as a legal expense organization without written agreements between each plan and provider and each plan and member.
- 2. Each such agreement shall be retained as part of the official records of the organization for the duration of the agreement and five years thereafter.
- 3. Each such written agreement shall comply with the requirements of ORS 750.505 to 750.715.
- 4. Whenever a member uses the services of the legal expense organization under the terms of a written agreement between the plan and the member, the payment to the provider of any amount owed by or on behalf of the member by the legal expense plan shall be deemed payment to that provider when received.

Applicant must answer yes or no to the questions below. Give full explanation of all yes answers on an attached sheet.



FISCAL USE ONLY: 44110/1567

1.	Duri	ng the preceding registration period, has the applicant or any of its directors, partners, or officers:						
	(a)	Had any application for registration as a legal expense organization denied by any public authority in any state?						
		☐ Yes ☐ No						
	(b)	Had any professional, vocational, or business license denied, suspended, revoked, or restricted by any public authority in this or any other state?						
		☐ Yes ☐ No						
	(c)	Been subjected to a civil penalty or a fine for activities under any professional, vocational, or business license?						
		☐ Yes ☐ No						
(d)		Withdrawn or surrendered any professional, vocational, or business license in order to avoid disciplinary action?						
		☐ Yes ☐ No						
	(e)	Incurred any adverse judgement in any court of any jurisdiction of the United States for its activities relating to the transaction of business as a legal expense organization?						
		☐ Yes ☐ No						
	(f)	Been declared insolvent or discharged from bankruptcy?						
		☐ Yes ☐ No						
2.		e any of the organization's directors, officers, or partners been convicted in a criminal proceeding (excluding or traffic violations) within the past 10 years?						
		☐ Yes ☐ No						
ex	kecute	that all statements and information in this registration are true and correct and that I have the authority to and file this application for renewal of the registration for the legal expense organization. I take notice of hibition under ORS 731.260 against false or misleading filings with the Insurance Commissioner.						
	Signa	ature of authorized person for applicant Date of signature						
	Subs	cribed and sworn to before me this day of , 20						
		Notary public in and for the state of:						
		My appointment expires:						
		Notes and						

Notary seal