



Security Deposit Release Request for Workers' Compensation

Please read instructions on Page 2 before completing this form.

Federal identification number: _____

Insurer name: _____ NAIC no.: _____

Contact person: _____ Phone: _____ Email: _____

I request the release of securities on deposit with the Department of Consumer and Business Services. In connection with this request, I certify the following:

- The company possesses capital or surplus, or any combination thereof, of not less than \$5 million.
- The company has not had its certificate of authority suspended or revoked by any state; if it has had its certificate of authority revoked or suspended, details are attached.
- The company is not under any form of regulatory supervision.
- The market value of all securities held on deposit after the requested release will be as follows:

Surety:\$ _____

Workers' compensation:\$ _____

Other:.....\$ _____

Total market value:\$ _____

- The [Special Oregon Schedule P](#) submitted on behalf of the company as of _____ is accurate to the best of my knowledge and belief. (Date)
- The Special Oregon Schedule P submitted on behalf of the company as of _____ includes no discounting or loss-adjustment-expense reserves, except as provided by Oregon law. (Date)
- The company will monitor the adequacy of its security deposit maintained with the Department of Consumer and Business Services on a quarterly basis.
- The company will correct any deficiency in its security deposit maintained with the Department of Consumer and Business Services upon the company learning of such a deficiency.

Signature of president: _____

Name of president: _____ Date: _____



Division of Financial Regulation

Department of Consumer and Business Services

INSTRUCTIONS FOR SECURITY DEPOSIT WORKERS' COMPENSATION RELEASE

Before the Division of Financial Regulation will review your request for release of a security deposit, your company must submit the following:

1. Letter with a complete description of the asset to be released, including CUSIP number and par value.
2. Completed Security Deposit Release Request, Form 440-2944.
3. Special Oregon Schedule P completed on the i-Reg filing system (due annually March1).
 - Your request for release of a security deposit must be received by June 1.
 - Any company that assumed your ceding will also have to file a Special Oregon Schedule P for the same time period that your company has filed a new Special Oregon Schedule P. This is to confirm that any ceding you list is assumed by a company with sufficient deposits. If you do not cede any business, this is not necessary.
 - If you have questions about the Special Oregon Schedule P, contact Gail McFarlin at 503-947-7218 or gail.l.mcfarlin@dcbs.oregon.gov or Shannon O'Shea at 503-947-7046 or shannon.oshea@dcbs.oregon.gov.
4. Faxed documents are acceptable to meet the deadline. However, the division must receive the originals before funds will be released.

If you have questions about amounts of deposit or deposit requirements, call the Division at 503-947-7982 to ask for the Security Deposit Analyst in the Insurance Institutions section or email web.inscomp@dcbs.oregon.gov.

