Oregon Department of Consumer and Business Services Division of Financial Regulation

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Rating Organization Amended License Application

Type of amendment:	☐ Name change	Effective date:
	Add class(es)	
	Delete class(es)	
	☐ Change of Domicile	Effective date:
_	Insurance Code, the undersigned, for that purpose, submits the	ed hereby applies to the State of Oregon for an amended rating-following:
1. Name of applicant:	1 1 1	
		nand in Oregon:
6. Type of organization	1:	
7. Classes of insurance	or risks to be covered by licens	se:
8. Documents required	to accompany this application:	
	ication from the insurance super ne applicant is in good standing.	rvisory official of the applicant's domiciliary jurisdiction,
(b) A copy of each	of the following:	
(I) Charter,	constitution, or articles of agree	ement, association, or incorporation, as amended to date
(II) Bylaws, rules, and regulations governing conduct of applicant's business		
(III) Report of most-recent examination by an insurance supervisory official		
(c) A list of the applicant's members and subscribers		
` /	applicant's qualifications as a ra e ORS 737.350(4).	ating organization. In the case of a fire-insurance rating
		Date:
		President:
	Corporate seal	Secretary:
		Return your original rating-organization license for amendment

