Oregon Department of Consumer and Business Services Division of Financial Regulation

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dfr.oregon.gov



Change of Registered Office and Registered Agent by Insurer

To the Oregon Department of Consumer and Business Services:

	ised Statutes, the undersigned insurer hereby makes the following change istered agent in the state of Oregon for service of process, notice, and
Change in the address of the registered age	ent to:
(Address of re	gistered office, include number, street, and ZIP)
Change in the registered agent to:	
(Name of registered ag	ent – Cannot be the Oregon Insurance Commissioner)
agent are identical.	red office and the address of the business office of its registered
Dated:	Insurer name By Signature of president or secretary
	Signature of president or secretary
(Corporate seal)	Title
State of	
County of	
Personally appeared	Name of officer ,
C	Name of officer
0I Title	Insurer name ,
The insurer in whose name he/she executed the the authority and on behalf of said insurer; and s	foregoing instrument, and acknowledged that he/she executed the same by said officer of said insurer further acknowledged that the corporate seal e corporate seal of said insurer and was affixed thereto by him/her.
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:

