



Department of Consumer and Business Services
Division of Financial Regulation
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350 Winter St. NE, Salem, Oregon
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**Security Deposit
Release General
Request**

Please read instructions on Page 2 before completing this form.

Federal identification number: _____

Insurer name: _____ NAIC no.: _____

Contact person: _____ Phone: _____ E-mail: _____

Part I: To be completed by authorized insurer in Oregon. I request the release of securities on deposit with the Department of Consumer and Business Services due to the following reason (check one):

- A. Dropped class of _____
- B. Duplicate deposit due to merger
- C. Other: _____

In connection with this request, I certify the following:

- The company possesses capital or surplus, or any combination thereof, of not less than \$2.5 million or \$5 million if authorized for workers' compensation.
- 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 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.

Part II: To be completed by unauthorized insurer in Oregon. I request the release of securities on deposit with the Department of Consumer and Business Services due to the following reason: (check one)

- A. Extinguishment of all liability for which deposit is being held.
- B. Other: _____

Signature of president: _____

Name of president: _____ Date: _____



INSTRUCTIONS FOR SECURITY DEPOSIT GENERAL RELEASE

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

1. Letter with routing instructions and a complete description of the asset to be released, including CUSIP number and par value.
2. Completed Security Deposit Release General Request, Form 440-3461, for non-workers' compensation.

Faxed documents are acceptable to meet the deadline. However, the division *must* receive the originals before funds will be released. Requests for release of securities must be received by June 1.

NOTE: Per ORS 731.648(2), surety deposits are kept for a period of three years after discontinuing business.

If you have questions about amounts of deposit or deposit requirements, contact Jason Haynes at 503-947-7259 or Jason.Haynes@Oregon.Gov.

