



**Oregon**  
Kate Brown, Governor

**Department of Consumer and Business Services**  
Division of Financial Regulation  
350 Winter St. NE, Room 410  
P.O. Box 14480  
Salem, OR 97309-0405

## APPLICATION FOR RESERVATION OF NAME

\_\_\_\_\_  
**(Name of Company Requesting)**

\_\_\_\_\_  
**(City and State)**

hereby applies for the reservation of the name:

\_\_\_\_\_  
for the period of six (6) months for use as a corporate name in transacting insurance in the State of Oregon, subject to conditions of ORS 731.430. In part, a name must not be deceptive or misleading as to the type of organization of the insurer or that does not indicate the insurer is transacting insurance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Person Requesting: \_\_\_\_\_

Address: \_\_\_\_\_

**Please Submit To:**

**DEPARTMENT OF CONSUMER & BUSINESS SERVICES**  
**Division of Financial Regulation**  
**Insurance Institutions Section**  
**Lauren Bodine**  
**PO Box 14480**  
**Salem OR 97309-0405**  
**(503) 947-7225**  
**Lauren.N.Bodine@oregon.gov**