EXHIBIT 1 (OAR 836-28-010)

## STATE OF OREGON DEPARTMENT OF INSURANCE AND FINANCE

## REGISTRATION AS A PURCHASING GROUP

Purchasing group name:

SECTION I. Required Data

| Principal place of business:                                      |             |
|---|-------------|
| Street address:   | <del></del> |
| Mailing address, if different:                                    |             |
| City: ZIP:  |             |
| Phone number:   | ····        |
| Contact person:   |             |
| State of domicile:  |             |
| Date of registration in domicile state:                           |             |
| Lines and classifications of liability insurance to be purchased: |             |
|   |             |
|   |             |
| Coverage will be purchased from: (Check one):                     |             |
| Insurer authorized to transact insurance in Oregon                |             |
| [Surplus lines] Eligible nonadmitted insurer                      |             |

Registered risk retention group

| Address:  |  |  |
|---|--|--|
|   | State:   | ZIP:   |
| Phone number:   |  |  |
| Contact person:   |  |  |
| State of Domicile:  |  |  |
| Indicate the name of the ines licensee through whom su  | appointed agent of the i<br>ch insurance will be placed  | nsurer or the surplus<br>I:  |
| SECTION II. Affirmation and Exc<br>The purchasing group is co<br>are similar or related with<br>exposed by virtue of any relat<br>services, premises or operation<br>business or activities engaged | omposed of members whose be respect to the liability ted, similar or common busions, as follows: (give g | to which members are<br>iness, trade, product,<br>general description of |
| We certify that all statements<br>and correct and that we have t<br>tion for the purchasing group<br>DRS 731.260 against false or<br>Department of Insurance and Fin                                | the authority to execute an<br>, and we take notice of<br>misleading filings with                        | nd file this registra-<br>the prohibition under                          |
| Execution:  |  |  |
| Signature   | President or Chief or other authorized agent for the purch   | d representative or  |
| Type or print name  | <del></del>  |  |

Provide the following information for the provider of coverage checked above: