

STATE OF OREGON
DEPARTMENT OF INSURANCE AND FINANCE

REGISTRATION AS A LIABILITY RISK RETENTION GROUP
(FOREIGN)

SECTION I. Required Data

A. Risk retention group name (name must include "risk retention group"):

Principal place of business: _____

Street address: _____

Mailing address, if different: _____

City: _____ State: _____ ZIP

Phone number: _____

Contract person: _____

State or states in which the group is chartered and licensed as a liability
insurance company: _____

Date of charter: _____

States where business will be transacted: _____

Lines and classifications of liability insurance to be transacted:

B. Indicate the name of the surplus lines agent or appointed agent through whom insurance will be placed: _____

SECTION II. Required Documents

You must submit the documents described in this Section. Please verify by marking in the spaces provided that you have submitted the documents. Failure to submit the documents will result in disapproval of your registration.

_____ Your plan of operation or feasibility study, certified by your state of domicile or incorporation.

An executed service of process form.

_____ A copy of your financial statement, certified by your state of domicile or incorporation.

_____ Evidence that your financial statement was certified by an independent public accountant.

_____ A statement of opinion on loss and loss adjustment expense reserves, certified by a member of the American Academy of Actuaries or by a loss reserve specialist qualified under criteria established by the National Association of Insurance Commissioners as of the effective date of this rule.

_____ A copy of the most recent examination report conducted by the Insurance Department of your state of domicile or incorporation.

SECTION III. Affirmations and Execution

A. Ownership of the Group consists of one of the following (check one):

1. The owners of the Group are only those persons who compose the membership of the Group and who are provided insurance by the Group; or
2. The sole owner of the Group is _____

(Give name and address of organization)

B. The Group is composed of members who are engaged in the following described business or activities, which are similar or related with respect to the liability to which such members are exposed (give general description of business or activities engaged in by Group members): _____

We certify that all statements and information in this registration are true and correct and that we have the authority to execute and file this registration for the Group, and we take notice of the prohibition under ORS 731.260 against false or misleading filings with the Director of the Department of Insurance and Finance.

Execution:

_____, President or Chief Executive Officer
Signature

Type or print name

_____, Secretary
Signature

Type or print name