



## 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  
Financial Para-Analyst  
PO Box 14480  
Salem OR 97309-0405

