

Department of Consumer & Business Services  
**Division of Financial Regulation**  
350 Winter St. NE  
Salem, Oregon 97301-3883  
Phone (503) 947-7983

**CHANGES TO BUSINESS OPERATIONS CHECKLIST**

Assumptions, Mergers, Demutualization, Name Change,  
Discontinuing a PC Line or Type of Product, Redomestication or Logo Change

**Instructions:** Complete and submit this transmittal and the section of this document that applies to the type of activity being filed. In a cover letter or filing description, include a complete explanation of the activity being filed, include specific timelines and address the required items under the appropriate section. Next to each statement, check the box (when provided) to verify compliance.

**Any "No" answers must be explained in the cover letter or Filing Description.**

**ORS 742.003(1)** – ‘Except where otherwise provided by law, no basic policy form, or application form where written application is required and is to be made a part of the policy, or rider, endorsement or renewal certificate form shall be delivered or issued for delivery in this state until the form has been filed with and approved by the Director of the Department of Consumer and Business Services.’ Each form should have a unique identifying form number located in the lower left corner.

**TOI:**  H21 – Health Other       L08 – Life Other       33.0 – Other lines of business

**Filing Type:** Endorsement/Rider  
(submission requirements in SERFF will not populate correctly if this step is not followed.)

Requested Effective Date: \_\_\_\_\_

Choose type of filing being submitted below:

- I.  Assumption
- II.  Merger
- III.  Name change or demutualization
- IV.  Discontinuing a PC line or type of product
- V.  Redomestication
- VI.  Logo Change

**Please refer to Bulletin 2019-1 and 2006-5.**

## I. Assumption

- ORS 742.150 to ORS 742.162 and OAR 836-050-0000 to 836-050-0020
- Exhibit 1 to OAR 836-050-0010  
([https://dfr.oregon.gov/laws-rules/Documents/OAR/div50-0010\\_ex1.pdf](https://dfr.oregon.gov/laws-rules/Documents/OAR/div50-0010_ex1.pdf))
- **Bulletin 2019-1 & Bulletin 2006-5**

Requirement	Description	Answer
ORS 742.150(3)	The assuming insurer has a valid Certificate of Authority in Oregon for the line of business being assumed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administrative	A separate notice has been submitted to the Division of Financial Regulation unit about the assumption?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ORS 742.154	The filing includes the information in ORS 742.154 needed to determine approval of the assumption reinsurance agreement. (Substitution of one insurer for another upon expiration of coverage is exempt under ORS 742.152(2).)	Yes <input type="checkbox"/> No <input type="checkbox"/>
ORS 742.162	Is this filing being submitted because the insurer is in a hazardous financial condition, rehabilitation, or liquidation according to ORS 731.385?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bulletin 2019-1 & Bulletin 2006-5	Were these bulletins read by person submitting this file?	_____
ORS 742.150(4)(c)	The filing includes an affidavit that the transaction is subject to requirements substantially similar to Oregon Law in the state or states of domicile of both the foreign transferring and foreign assuming insurers.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
ORS 742.150	Filing includes an Assumption Certificate that clearly explains that the assuming insurer becomes directly liable for the insurance obligations of their policy and verifies all benefits remain the same. This form has a unique identifying form number located in the lower left hand corner.	Yes <input type="checkbox"/> No <input type="checkbox"/>
OAR 836-050-0010, ORS 742.156 ORS 742.003(1)	Filing includes a Notice of Transfer, Second Notice of Transfer, and both forms have a unique identifying form number located in the lower left hand corner.	Yes <input type="checkbox"/> No <input type="checkbox"/>
OAR 836-050-0010(2)	Notice of Transfer includes: <ul style="list-style-type: none"> <li>(a) The date the transfer and novation of the policyholder's policy or certificate holder's certificate are proposed to take place.</li> <li>(b) The names, addresses and telephone numbers of the assuming insurer and transferring insurer.</li> <li>(c) Verbiage that the policyholder or certificate holder may consent to or reject the transfer and novation.</li> <li>(d) Procedures and time limit for consenting to the transfer and novation.</li> <li>(e) A summary of any effect that consenting to or rejecting the transfer and novation will have on the policyholders or certificate holders rights.</li> <li>(f) A statement that the assuming insurer is authorized to transact the type of insurance being assumed in Oregon.</li> <li>(g) The name and address of the representative of the transferring insurer whom the policyholder or certificate holder should send its written statement of acceptance or rejection of the transfer and novation.</li> <li>(h) The address and phone number of the Division of Financial Regulation so that the policyholder or certificate holder may write or call the office for further information.</li> <li>(i) A statement that the insurer will furnish to the policyholder or certificate holder, upon request, financial data for both insurers.</li> <li>(j) An explanation of the reason for the transfer.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Assumption (continued)**

Requirement	Description	Answer
ORS 742.158(3)	Notice of Transfer includes verbiage advising policyholder or certificate holder that if the insurer has not received the consent or rejection of the transfer by 12 months after the mailing of the first notice, a second and final notice of transfer will be sent. The second notice must be accepted or rejected no later than the 30 <sup>th</sup> day after the postmark date or the novation is considered to be accepted by the policyholder.	Yes <input type="checkbox"/> No <input type="checkbox"/>
ORS 742.003(1)	Notice of Transfer includes a unique identifying form number in the lower left corner and is attached to the Forms schedule tab.	Yes <input type="checkbox"/> No <input type="checkbox"/>
OAR 836-050-0010(5), OAR 836-050-0020	The filing includes a pre-addressed, postage-paid response card that a policyholder or certificate holder may return as its written statement of acceptance or rejection of the transfer and novation. This form has a unique identifying form number located in the lower left hand corner and is attached to the Forms Schedule Tab.	Yes <input type="checkbox"/> No <input type="checkbox"/>
ORS 742.158(3)	The filing includes a Second and Final Notice of transfer identified with a unique form number located in the lower left hand corner and is attached to the Form Schedule Tab.	Yes <input type="checkbox"/> No <input type="checkbox"/>
	The Second and Final Notice clearly states that the policyholder or certificate holder has 30 days from the postmark date to accept or reject the transfer. If they do not respond the transfer is considered to be accepted.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Administrative Questions	<p>Will the ceding insurer retain its Certificate of Authority? If yes, please answer questions below:</p> <p>(a) Will the ceding insurer become a “shell” retained for future use? (Note: If this is the case, all previously approved forms will become inactive.)</p> <p>(b) Will the ceding insurer continue to market the forms for which policies are being assumed?</p> <p>(c) Will the ceding insurer remain active, but discontinue selling the assumed policies? Include list of forms being assumed.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>
	Has the assuming company purchased rights to <u>continue selling</u> policies approved by the ceding company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Form Schedule tab: Filing includes a list of the form numbers, titles, and previous SERFF or State tracking #'s attached to the that will be transferred and marked assumed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<p>Form numbers and names of the forms being assumed have been entered on the Form Schedule tab in SERFF. It is preferred that a copy of the form approval be attached, however it may not be necessary unless we are unable to find the approved form in our system. If we are unable to locate the approval we will request a copy of the form approval to be attached. The Forms Schedule Tab in SERFF needs to be filled out as described below:</p> <ul style="list-style-type: none"> <li>• Form number field entered exactly as it appears on the lower left corner of the approved form. Form numbers must be entered EXACTLY as they appear on the form including all spaces, dashes, slashes, and parenthesis.</li> <li>• Type of form entered.</li> <li>• Action entered as Other</li> <li>• Action Specific Data – Other Explanation field – State or SERFF tracking number of form approval.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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**Assumption (continued)**

Requirement	Description	Answer
Administrative	How many Oregon issued policyholders/certificate holders will be affected by this transaction?	_____
	Have you provided the communications plan or strategy to inform all affected parties of this transaction, including dates and communication types in your cover letter?	Yes No <input type="checkbox"/> <input type="checkbox"/>

**Note:** Endorsements approved to change the company name and to transfer liabilities are approved for existing policyholders. Continued selling of the transferred forms with the assumption certificate is limited to six months to allow for reprinting of forms with the correct name.

**II. Mergers**

- ORS 732.517 to ORS 732.546
- OAR 836-027-0100 to OAR 836-027-0130
- **Bulletin 2019-1 & Bulletin 2006-5**

Requirement	Description	Answer
Administrative	The withdrawal of the dissolved company’s Certificate of Authority has been filed with the Oregon Division of Financial Regulation, Insurance Institutions Section?	Yes No <input type="checkbox"/> <input type="checkbox"/> Date: _____
ORS 742.003(1)	A policy endorsement transferring the liabilities to the surviving company is enclosed for review and has a unique identifying form number in the lower left corner?	Yes No <input type="checkbox"/> <input type="checkbox"/>
ORS 742.150(4)(c)	The endorsement verifies that all benefits remain the same and the surviving insurer is assuming full liability under the policy?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Bulletin 2019-1 & Bulletin 2006-5	Were these bulletins read by person submitting this file?	_____
Notification & Timelines	Notifications must be provided to all impacted consumers within 6 months of the filing effective date. Provide the date notifications will be sent to all consumers.	_____
Administrative	The endorsement includes an address to which the policyholder can send premium payments, and a phone number for inquiries?	Yes No <input type="checkbox"/> <input type="checkbox"/>
	The endorsement is deemed accepted upon continued premium payment.	Yes No <input type="checkbox"/> <input type="checkbox"/>
	Form numbers and names of the forms being assumed have been entered on the Form Schedule tab in SERFF. It is preferred that a copy of the form approval be attached, however it may not be necessary unless we are unable to find the approved form in our system. If we are unable to locate the approval we will request a copy of the form approval to be attached. The Forms Schedule Tab in SERFF needs to be filled out as described below: <ul style="list-style-type: none"> <li>• Form number field entered exactly as it appears on the lower left corner of the approved form. Form numbers must be entered EXACTLY as they appear on the form including all spaces, dashes, slashes, and parenthesis.</li> <li>• Type of form entered.</li> <li>• Action entered as Other</li> <li>• Action Specific Data – Other Explanation field – State or SERFF tracking number of form approval.</li> </ul>	Yes No <input type="checkbox"/> <input type="checkbox"/>

Requirement	Description	Answer
Administrative	Forms from the dissolving company that are more than five years old or need revising to meet regulatory changes must be refilled to be used by the surviving insurer.	
	How many Oregon policyholders will be affected by this transaction?	_____
	Have you provided the communications plan or strategy to inform all affected parties of this transaction, including dates and communication types within your cover letter?	Yes No <input type="checkbox"/> <input type="checkbox"/>

**Note:** Endorsements approved to change the company name and to transfer liabilities are approved for existing policyholders. Continued selling of the transferred forms with the assumption certificate is limited to six months to allow for reprinting of forms with the correct name.

### III. Name Change and/or Demutualization

- ORS 732.600 to ORS 732.630
- Bulletin 2019-1

Requirement	Description	Answer
Bulletin 2019-1	Changes to the Certificate of Authority required due to the name change or demutualization have been filed with the Oregon Division of Financial Regulation, Insurance Institutions Section?	Yes No <input type="checkbox"/> <input type="checkbox"/> Date: _____
ORS 742.003(1)	A policy endorsement changing the name of the insurance company is enclosed for review and has a unique identifying form number in the lower left corner?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Bulletin 2019-1 & Bulletin 2006-5	Were these bulletins read by person submitting this file?	_____
Notification & Timelines	Notifications must be provided to all impacted consumers within 6 months of the filing effective date. Provide the date notifications will be sent to all consumers.	_____
Administrative	The endorsement verifies that all benefits remain the same and the surviving insurer is assuming full liability under the policy?	Yes No <input type="checkbox"/> <input type="checkbox"/>
	The endorsement includes an address to which the policyholder can send premium payments, and a phone number for inquiries?	Yes No <input type="checkbox"/> <input type="checkbox"/>
	How many Oregon policyholders will be affected by this transaction?	_____
	Have you provided the communications plan or strategy to inform all affected parties of this transaction, including dates and communication types within your Cover Letter?	Yes No <input type="checkbox"/> <input type="checkbox"/>

### IV. Discontinuing a Property/Casualty line or type of product

- ORS 731.296 & ORS 742.003(1)

Description	Answer
Filing includes an explanation of the line or product type to be withdrawn from the market in sufficient detail to determine what affect the action will have on the Oregon insurance-buying public.	Yes No <input type="checkbox"/> <input type="checkbox"/>
Filing identifies the insurer that will offer renewal coverage or explains why one has not been arranged?	Yes No <input type="checkbox"/> <input type="checkbox"/>
A copy of the notice sent to policyholders regarding their options is included in the filing?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Information on the affect in Oregon, such as the policy count and written premium (if available) is provided in the filing?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Forms the company will discontinue selling are entered on the Forms Schedule tab in SERFF and action is marked as withdrawn.	Yes No <input type="checkbox"/> <input type="checkbox"/>

## V. Redomestication ORS 742.003(1) & Bulletin 2019-1

Description	Answer
The company has notified the Oregon Division of Financial Regulation, Financial Institutions Section of the redomestication and received instructions on what needs to be filed?	Yes No <input type="checkbox"/> <input type="checkbox"/> Date: _____
A policy endorsement changing the domiciliary state of the insurance company is enclosed for review and has a unique identifying form number in the lower left corner?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Bracketing, if any has been identified in a statement of variability? This form must have a unique form number and be attached to the forms schedule tab.	Yes No <input type="checkbox"/> <input type="checkbox"/>
Were these bulletins read by person submitting this file?	_____
Notifications must be provided to all impacted consumers within 6 months of the filing effective date. Provide the date notifications will be sent to all consumers.	_____
The endorsement verifies that all benefits remain the same and the only thing changing is the domiciliary state?	Yes No <input type="checkbox"/> <input type="checkbox"/>
The endorsement includes an address to which the policyholder can send premium payments, and a phone number for inquiries?	Yes No <input type="checkbox"/> <input type="checkbox"/>
How many Oregon policyholders will be affected by this transaction?	_____
Have you provided the communications plan or strategy to inform all affected parties of this transaction, including dates and communication types within the cover letter?	Yes No <input type="checkbox"/> <input type="checkbox"/>

## VI. Logo Change

Description	Answer
Copy of the old versus new logo is included in the filing.	Yes No <input type="checkbox"/> <input type="checkbox"/>
Sample of the Declarations page or where ever logo shows as a sample of what it looks like to consumers.	Yes No <input type="checkbox"/> <input type="checkbox"/>
Is the underwriter identified in this filing?	Yes No <input type="checkbox"/> <input type="checkbox"/>
Have you Provided the communications plan or strategy to inform all affected parties of this transaction, including dates and communication types in the cover letter?	Yes No <input type="checkbox"/> <input type="checkbox"/>