



**Department of Consumer & Business Services**

**Insurance Division — 4**

P.O. Box 14480, Salem, OR 97309-0405  
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E-mail: dcbs.inmail@state.or.us  
insurance.oregon.gov

**Legal Expense  
Insurance List of Sales  
and Marketing  
Representatives**

Federal identification number: \_\_\_\_\_

Name of organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

The official records of the legal expense organization indicate that the following representatives are authorized in Oregon

as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Representative name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Oregon representatives:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

Disclosure of Social Security number is optional; it will be used by the Oregon Insurance Division for identification purposes only.

