



Department of Consumer & Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405
350 Winter St. NE, Salem, Oregon 97301-3883
Phone: 503-947-7982, Fax: 503-378-4351
Email: insmail@state.or.us
insurance.oregon.gov

Remit with payment to:
Fiscal Services Section
Oregon Department of Consumer
& Business Services
P.O. Box 14610
Salem, OR 97309-0445

Application for Certificate
of Registration for Legal
Expense Organization

Filing fee: \$350

Federal identification number: _____

Name of proposed legal expense organization: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Principal address: _____

Mailing address: _____

Contact person: _____

Last name

First name

Middle name

Phone: () - Fax: () -

E-mail: _____

President, senior partner, or senior official: _____

The applicant is the following type of entity (check only one):

- individual partnership corporation other

To the Oregon Insurance Commissioner, Salem, Oregon:

The applicant hereby applies for a Certificate of Registration pursuant to ORS 750.505 to 750.715, authorizing the legal expense organization to operate in Oregon until its certificate expires or is suspended, revoked, or not renewed by the Oregon Insurance Commissioner.

Name of applicant: _____

Name of person, company, corporation, partnership, or other entity

The applicant agrees to the following:

- 1. The applicant shall not act as a legal expense organization without a written agreement between each plan and provider and a written agreement between each plan and member.
2. Each such agreement shall be retained as part of the official records of the organization for the duration of the agreements and five years thereafter.
3. Each such written agreement shall comply with the requirements of ORS 750.505 to 750.715.
4. Whenever a member uses the services of the legal expense organization under the terms of a written agreement between the plan and the member, the payment to the provider of any amount owed by or on behalf of the member by the legal expense plan shall be deemed payment to that provider when received.

FISCAL USE ONLY: 44110/1566

Applicant **must** answer yes or no to the questions below. Give full explanation of all yes answers on an attached sheet.

1. Has the applicant or any of its directors, officers, or partners:
 - (a) Had a previous application for registration as a legal expense organization denied within the past five years?
 Yes No
 - (b) Had any professional, vocational, or business license denied, suspended, revoked, or restricted by any public authority in this or any other state?
 Yes No
 - (c) Been subjected to a civil penalty or a fine for activities under any professional, vocational, or business license?
 Yes No
 - (d) Withdrawn or surrendered any professional, vocational, or business license in order to avoid disciplinary action?
 Yes No
 - (e) Had any judgement rendered against it in any court of any jurisdiction of the United States for its activities relating to the transaction of business as a legal expense organization?
 Yes No
 - (f) Been declared insolvent or discharged from bankruptcy within the past five years?
 Yes No
2. Have any of the applicant's officers or directors been convicted in a criminal proceeding (excluding minor traffic violations) within the past 10 years?
 Yes No

I certify that all statements and information in this registration are true and correct and that I have the authority to execute and file this application for registration for the legal expense organization. I take notice of the prohibition under ORS 731.260 against false or misleading filings with the Insurance Commissioner.

Signature of authorized person for applicant

Date of signature

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary public in and for the state of: _____

My appointment expires: _____

Notary seal