

## Oregon Department of Consumer and Business Services

Division of Financial Regulation

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[dfr.oregon.gov](http://dfr.oregon.gov)



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# Liability risk retention group application form

## Instructions

**Risk retention groups must register with the Department of Consumer and Business Services in order to do business in the state of Oregon.**

To apply for registration, complete the application form and return it with your \$350 registration fee to the address on the form. Include all the required documents.

After receiving your application, we will notify you in writing that we received it and of any questions or further information we may need. Written notice will also be sent when your registration is activated.

Oregon Revised Statutes (ORS) 735.300 through 735.320 and Oregon Administrative Rules (OAR) 836-28-0035 through 0045 governing risk retention groups are available on the Oregon Division of Financial Regulation's website: [dfr.oregon.gov](http://dfr.oregon.gov).

Each year, a risk retention group must file a tax return on the i-Reg filing system and pay a \$350 renewal fee, plus any retaliatory tax. The tax return that contains the registration renewal fee is due by April 1 of each year. If not received timely, the risk retention group will become inactive.

A risk retention group must amend its registration in this state when the group changes the principal place of business of the group. **These changes must be provided to the Oregon Insurance Division as soon as possible. Do not wait until the renewal of your registration to make these changes.**

Applications and questions relating to the registration should be directed to Insurance Institutions at 503-947-7982 or [orinsreg.ins@dcbs.oregon.gov](mailto:orinsreg.ins@dcbs.oregon.gov).

# Registration application as a liability risk retention group (foreign)

## Section 1. Required Data

Risk retention group name\*: \_\_\_\_\_

Physical address: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

\_\_\_\_\_

Date of charter: \_\_\_\_\_ FEIN number: \_\_\_\_\_

States where business will be transacted: \_\_\_\_\_

Lines and classifications of liability insurance to be transacted:

Indicate the name of the appointed agent of the insurer or the surplus lines licensee through whom such insurance will be placed:

Name: \_\_\_\_\_

Oregon license: \_\_\_\_\_ Phone number: \_\_\_\_\_

**\*The name of the group must contain "Risk Retention Group!"**

**Official use only**

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\$350.00

## **Section 2. Required Documents**

You must submit these documents to register:

1. Your plan of operation or feasibility study, and any revisions submitted to the state of domicile or incorporation.
2. An executed service of process form (Appointment of Attorney to Accept Service).
3. A copy of your financial statement, submitted to your state of domicile or incorporation.
4. A statement of opinion on loss and loss adjustment expense reserves, made 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.
5. A copy of the audited financial statement.
6. A copy of the most recent examination report conducted by the Insurance Division.
7. A certified copy of the articles of incorporation.
8. A copy of the certificate of authority from the state of domicile.
9. A check for the \$350 application fee for registration as a risk retention group.

## **Section 3. Affirmations and Execution**

Ownership of the group consists of one of the following (check one):

The owners of the group are only those people who compose the membership of the group and who are provided insurance by the group; or

The sole owner of the group is:

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

Address of organization: \_\_\_\_\_

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 I have the authority to execute and file this registration for the purchasing group, and I take notice of the prohibition under ORS 731.260 against false or misleading filings with the director of the Department of Consumer and Business Services.

**Execution:**

*Form should be signed by president or chief executive officer, or other authorized representative or agent for the purchasing group.*

Signature of officer: \_\_\_\_\_

Title: \_\_\_\_\_

Type or print name: \_\_\_\_\_

Signature of officer: \_\_\_\_\_

Title: \_\_\_\_\_

Type or print name: \_\_\_\_\_



Department of Consumer  
and Business Services

440-3666 (10/25/COM)