

Oregon Life and Health Insurance Guaranty Association
3355 N Five Mile Road, #209
Boise Idaho 83713
FAX: 208-968-0206
E-mail: administrator@orlifega.org

Oregon Certificate of Authority #: _____

NAIC #: _____

Company Name: _____

Company Mailing Address: _____

Company Mailing Address City, State, Zip: _____

Contact Person*: _____

Contact Department: _____

Contact Person's E-mail Address: _____

Telephone Number: _____

Fax Number: _____

Form completed by (name): _____

**We keep only one contact name/address in our database for your company. Please ensure that the contact person named here is appropriate to receive all guaranty association-related correspondence, including but not limited to annual meeting notices, assessment billings, and premium reporting questions.*

PLEASE COMPLETE THIS FORM AND RETURN TO THE ASSOCIATION OFFICE AT THE ADDRESS, FAX OR E-MAIL SHOWN ABOVE AS SOON AS POSSIBLE.

Thank you for your cooperation in keeping our information up to date.