

Department of Consumer & Business Services

Oregon Insurance Division – 5

350 Winter St. NE, Rm. 440

Salem, Oregon 97301-3883

Phone (503) 947-7983

LISTING OF CURRENT FILING FORMS AS OF October 12, 2005

In order by Form Number under each product line.

Forms common to more than one line of insurance		
Form Number	Last revised	Form subject
PC TD-1	1/2005	NAIC Property & Casualty Transmittal Document
PC FFS-1	1/2005	Form Filing Schedule
PC RRFS-1	1/2005	Rates/Rule Filing Schedule
LH TD-1	1/2005	NAIC Life, Accident, & Health, Annuity, Credit Transmittal Document (Revised 11/21/2002)
LH FFA-1	1/2005	Form Filing Attachment
LH RFA-1	1/2005	Rate Filing Attachment
440-3894	3/2002	Certification of Compliance
440-3899	4/2001	Readability Certification
440-2441	2/2004	Establishing An Association, Trust, or a Qualified Discretionary Group
440-2441-C	7/2002	Appendix C Worksheet for Discretionary Group Coverages
440-3637	4/2004	Changes to Business Operations that Require a Filing
440-2443	6/2002	Credit Life and Health
440-2443-D	7/2002	Credit Life and Health Rate Deviations
440-2445	4/2005	Stop-loss/Excess loss

Forms for Health		
Form number	Last revised	Form subject
440-2442 H	1/2004	Health Application Standards
440-2446	4/2004	Blanket Health
440-2447	4/2005	Disability
440-2448	7/2004	Group Health Benefit Plan
440-2448-M	7/2004	Multiple Employer Welfare Arrangements
440-2451-I	6/2003	Individual Long Term Care
440-2451-G	6/2003	Group Long Term Care
440-2452	3/2004	Medicare Supplement, Group and Individual
440-2462	4/2005	Appendix A Worksheet for other than Health Benefit Plan Rates
440-2896	5/2004	Modification and Discontinuance of Health Benefit Plans
440-3049	7/2004	Portability Guaranteed Health Plans –Low Cost & Prevailing
440-3051	9/2004	Attachment I – Portability
440-3087	3/2000	Oregon Standard Health Statement
440-3136	7/2004	Small Employer Health Benefit Plan – Other than Basic
440-3136-B	7/2004	Small Employer Health Benefit Plan – Basic
440-3146	7/2004	Individual Health Benefit Plans
440-3147	4/2005	Appendix B Worksheet for Individual Health Benefit Plan Rates

Form number	Last revised	Form subject
440-3172	7/2004	Cancer/Indemnity/Dental/Home Health Care/Vision Care and Prescription Drug Expense forms
440-3281	7/2004	Student Health Insurance

Forms for Life and Annuities		
Form number	Last revised	Form subject
440-2442	8/2004	Applications for Life, AD&D, and Annuities
440-2453	5/2004	Accelerated Death Benefits
440-2454-A	8/2004	Appendix I-A and I-B
440-2454-E	5/2005	Supplement A (Equity Index or Two-tiered Annuity)
440-2454-G	4/2005	Group Fixed & Variable Annuities
440-2454-F	9/2005	Individual Deferred Fixed Annuities (see supplement under New Developments in Rates & Forms rev. ¾)
440-2454-I	4/2005	Individual or Group Immediate Annuities
440-2454-X	9/2005	Individual Variable Annuities (With or Without Fixed Accounts)
440-2455	9/2004	Group Life
440-2456-A	9/2004	Appendix B-1 & B-2
440-2456-F	3/2002	Small Face Amount Individual Life
440-2456-U	4/2005	Flexible Premium Adjustable Life (renamed)
440-2456-W	4/2005	Individual Whole Life
440-2456-X	9/200	Individual Variable Life
440-2456I	4/2005	Current Assumption Whole Life
440-2457	4/2005	Individual Term Life
440-2457x	9/2004	Rate Changes or Adding Payment Plans to Individual Term
440-3308	7/2002	Life & Annuity Advertisements
440-3433	6/2005	Life Settlement Contracts
440-3602	8/2004	Supplemental Riders, Endorsements, & Amendments
440-3602I	8/2005	Guidelines for Life Illustrations
440-3631	8/2004	Accidental Death & Dismemberment
440-3631w	3/2002	Supplemental Standards for Alternative Workers' Compensation Accident and Disability

Forms for Property/Casualty		
Form number	Last revised	Form subject
440-2460	9/2004	Commercial Forms
440-3432	Available soon	Legal Expense
440-3604	11/2002	Crop/Hail and Aircraft
440-3605	4/2005	Title
440-3606	8/2001	Tier Rating System Summary
440-3607	8/2005	Histogram
440-3609	4/2005	Motor Vehicle Rates & Rules
440-3610	9/2004	Personal Lines and Commercial Other Liability
440-3611	11/2003	Rating Organization Loss Cost Standards for Commercial Lines Rates and Rules Filing
440-3612	11/2003	Rating Organization Loss Cost Filing Standards for Personal Lines Rates and Rules Filing
Form number	Last revised	Form subject

440-3613	11/2003	Reference Filing Adoption Form
440-3613w	8/2001	Workers Compensation Reference Filing Adoption Form
440-3614	11/2003	Adoption of Rating Organization Prospective Loss Costs Summary of Supporting Information Form
440-3614w	11/2002	Workers' Compensation Summary of Supporting Information Form
440-3615	4/2005	Motor Vehicle Forms
440-3615A	4/2005	Motor Vehicle Application
440-3616	4/2005	GAP, Collateral Protection and Residual Value
440-3617	4/2005	Mechanical Breakdown
440-3618	4/2005	Monoline & Package Property
440-3619	4/2005	Home Protection
440-3620	4/2005	Mortgage Guaranty
440-3621	4/2005	Surety and Fidelity
440-3622	11/2002	Other Workers Compensation Rates, Plans, Rules or Rating Values
440-3623	4/2005	Service Contract Reimbursement Liability
440-3624	4/2005	Trip Travel Forms and Rates
440-3625	4/2005	Involuntary Unemployment & Family Emergency Leave
440-3625c	4/2005	Credit Personal Property
440-3626	4/2005	Vehicle Rental Company Auto Insurance
440-3627	9/2004	Personal Inland Marine, Burglary and Theft (includes Pet Health)
440-3628	12/2001	Workers' Compensation Rate Filing Appendix to Filing Information