

CALIFORNIA EARTHQUAKE INSURANCE PREMIUM, EXPOSURES & POLICY COUNT DATA CALL SIGNATURE PAGE

California Insurance Code
Section 10089.13 (a)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Company or Group Name</i>	<i>Company NAIC Code</i>	<i>Group Code</i>
<input type="text"/>	<input type="text"/>	
<i>Address</i>	<i>City, State, Zip Code</i>	

Please mark the appropriate box:

- Our Company did not write any business in Homeowners multi-peril (line 4.0), Fire (Line 1.0), Commercial multi-peril (Line 5.1), and Earthquake (Line 12) in 2016.
- Reporting Form is hereby submitted (due no later than **March 15, 2017**)

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

<input type="text"/>	<input type="text"/>
<i>Signature of the Officer</i>	<i>Date</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of the Officer (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>

<input type="text"/>	<input type="text"/>
<i>Title</i>	<i>E-Mail Address</i>

<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name and Title of the Contact Person</i>	<i>Phone Number</i>	<i>Fax Number</i>
<input type="text"/>		
<i>E-Mail Address</i>		