State of California Department of Insurance

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

California Insurance Code		
Section 10089.13(a)		
Section 10069.13(a)		
Company or Crown Name	Company NAIC Code	Crown Code
Company or Group Name	Company NAIC Code	Group Code
Address	City, State, Zip Code	
Address	City, State, 21p code	
Please mark the appropriate box:		
Our Company did not write any business in Homeowners multiple peril (line 4.0), Fire (Line		
1.0), Commercial multiple peril (Line 5.1), or Earthquake (Line 12) in 2017.		
Data Collection Workbook (Excel) is hereby submitted (due no later than March 15, 2018)		
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.		
and to the best of my knowledge and belief, it is tide, correc	t, and complete.	
Signature of the Officer	Date	
e.g.natare or the emec.		
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Name of the Officer (please print)	Phone Number	Fax Number
Title	E-Mail Address	
Name of the Contact Days (days at 1)		Face Alexandras
Name of the Contact Person (please print)	Phone Number	Fax Number

E-Mail Address

Title