State of California Department of Insurance

CALIFORNIA EARTHQUAKE PROBABLE MAXIMUM LOSS QUESTIONNAIRE SIGNATURE PAGE

CDI RSU-001 (REV 1/2021)

California Code of Regulations Title 10, Chapter 5, Subchapter 3, Article 3, Section 2307

Please mark the appropriate box: Our Company did not have any Earthquake Insurance In-Force as of December 31, 2020 Form A is hereby submitted (due no later than June 30, 2021) Form B is hereby submitted (due no later than August 31, 2021) 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. Signature of the Officer Date Name of the Officer (Please print) Phone Number Fax Number Fax Number	Company NAIC Code	Group Code
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	Date	
Name of the Contact Person (Please print) Phone Number Fax Number		Fax Number
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