State of California Department of Insurance

CALIFORNIA EARTHQUAKE PROBABLE MAXIMUM LOSS QUESTIONNAIRE SIGNATURE PAGE

CDI RSU-001 (REV 1/2022)

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

Company or Group Name	Company NAIC Code	Group Code
Address	City, State, Zip Code	
lease mark the appropriate box:		
Our Company did not have any Earthqua	ke Insurance In-Force as of Decembe	er 31, 2021
Form A is hereby submitted (due no later	than June 30, 2022)	
Form B is hereby submitted (due no later	than August 31, 2022)	
nder penalty of perjury, I declare that I have examine	ad this report including accompanying	schedules and
	ta uno report, including accompanying	Scriedules and
atements, and to the best of my knowledge and belie		scriedules and
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atements, and to the best of my knowledge and belie	ef, it is true, correct, and complete.	scriedules and
Signature of the Officer	ef, it is true, correct, and complete. Date	
	ef, it is true, correct, and complete.	Fax Number
Signature of the Officer Name of the Officer (Please print)	Date Phone Number	
Signature of the Officer	ef, it is true, correct, and complete. Date	
Signature of the Officer Name of the Officer (Please print)	Date Phone Number	
Signature of the Officer Name of the Officer (Please print)	Date Phone Number	
Signature of the Officer Name of the Officer (Please print)	Date Phone Number	
Signature of the Officer Vame of the Officer (Please print) Title	Date Phone Number E-Mail Address	Fax Number