STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

ORGANIZATIONAL AFFIDAVIT

CDI-018 (Rev. 11/2015)

See Affidavit Instructions before completing affidavit.

1. Name of applicant (and intended Fictitious Business name, if any): _____

   A. Type of application: _____

   B. Reason for application: _____

   C. Statutory home address of applicant: _____

   D. Primary location of books and records for applicant: _____

   E. Applicant's state of domicile: _____

   F. NAIC number of applicant (including group number, if any): _____

   G. Federal employer identification number of applicant: _____

2. If applicant is part of a holding system, or has subsidiaries, or affiliates, provide a detailed organizational chart. Place an asterisk * by all insurers holding a Certificate of Authority in California.

3. Name of applicant's ultimate controlling parent:

   A. Statutory home address of applicant's ultimate controlling parent:
   _____

   B. Primary location of books and records for applicant's ultimate controlling parent:
   _____

   C. Ultimate controlling parent's state of domicile: _____

4. List names and titles of each of the applicant's Officers and Directors as shown in the format below.

   A. Under "Name", show name as follows: Last Name, First Name, Middle Name. If there is no Middle Name, indicate (NMN). If there is an Initial Only, indicate (IO), following the initial.

   B. Under "Title(s)", indicate the title of each officer/director. Do Not abbreviate.

   Name (Last, First, Middle) Title

   _____
   _____
   _____
   _____

5. List the names of all entities and/or individuals who hold ten (10) percent or more of Applicant's capital stock utilizing the format below.

   A. Under "Name", if the holder is an entity, show the name of the Corporation, and DBA. Under "Name", if the holder is an individual, show the name as follows: Last Name, First Name, Middle Name. If there is no Middle Name, indicate (NMN). If there is an Initial Only, indicate (IO), following the initial.

   B. Under "Percent of Stock", show the percent of stock held by each entity or person.

Name	Percent of Stock

6. Provide the names and titles of all individuals who are officers and/or directors of applicant's ultimate controlling parent, utilizing the following format.

   A. Under "Name", show name as follows: Last Name, First Name, Middle Name. If there is no Middle Name, indicate (NMN). If there is an Initial Only, indicate (IO), following the Initial.

   B. Under "Title", indicate the title of each officer/director. DO NOT abbreviate.

Name	Title

7. Please provide the names of all entities and/or individuals who hold ten (10) percent or more of the capital stock of Applicant's ultimate controlling parent, utilizing the following format. (If any of these individuals have not previously submitted an Individual Affidavit they are required to do so.)

   A. Under "Name", if the holder is a corporation, show the name of the corporation, and DBA. If the holder is an individual, show the name as follows: Last Name, First Name, Middle Name. If there is no Middle Name, indicate (NMN). If there is an Initial Only, indicate (IO).

   B. Under "Percent of Stock", show the percent of stock held by each entity or person.

Name	Percent of Stock

8. Provide a list, and certified copies of all criminal, civil, regulatory and administrative action(s) taken against applicant and/or applicant's ultimate controlling parent by any governmental body including actions outside the United States, (within the last ten (10) years) utilizing the following format:

Date:	Show exact date of action. Example: 2-10-82.
Reason for Action:	Be specific. Provide code sections if applicable. Give a brief summary of the alleged violation.
Government Body Taking Action:	Be specific. Do not abbreviate. Include name, and full address of agency, including zip code.
Case Number (or other reference):	Include both the agency and court case/reference number.
Results of Action:	Give a brief summary of the results of the action.

9. Provide the names, fictitious names, and complete addresses of all Managing General Agents utilized by applicant. If the Managing General Agent is a corporation, provide the full names of all officers, directors, producers, and stockholders who hold ten (10) percent or more of the capital stock. If the Managing General Agent is an individual utilizing a fictitious name, provide the full name of the individual and the fictitious name. Indicate in which states the Managing General Agent is acting on behalf of the applicant. Indicate the type(s) of license(s) the Managing General Agent holds in each state.

_____
_____
_____
_____
_____

10. Provide the names of all states in which applicant holds a certificate of authority or license.

_____

11. Provide the names of all countries in which applicant does business. Provide the name, address, and telephone number of the regulatory agency, which regulates applicant, in every country where applicant does business.

_____

12. If the applicant is an Underwritten Title Company, please provide a list of all California counties in which applicant currently holds a Certificate of Authority. Include the addresses of applicants' offices in each county.

Please utilize the following format:

County	Office Addresses

I, the undersigned affiant, under the laws of the State of California, do declare that, being duly authorized to do the same on behalf of the insurer, I have carefully examined each of the questions asked in this ORGANIZATIONAL AFFIDAVIT and each of my responses thereto, and do solemnly swear or affirm that all of my responses, information, exhibits, and documentary evidence submitted in support thereof are true and correct.

Dated and signed this ____ day of _____ 20____,

at (City) _____ (State) _____.

_____	_____	_____
Name of Officer	Title	Signature of Officer