STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

CDI-014 (Rev. 10/2015)

To the Insurance Commissioner of the State of California:

The undersigned Insurer hereby surrenders its current Certificate of Authority for endorsement that it has been superseded by Amended Certificate of Authority, and for return so endorsed upon issuance of it of an Amended Certificate of Authority, and hereby applies to amend its current Certificate of Authority to effect the change hereinafter indicated and explained below, to wit:

(Check item or items describing amendment desired)

- ☐ 1. Add thereto the classes of insurance hereinafter named;
- ☐ 2. Delete therefrom the classes of insurance hereinafter named;
- ☐ 3. Name change from current name on California Certificate of Authority to new approved name;
- ☐ 4. Other--as hereinafter explained.

_____

_____

(If to add or delete classes of insurance, designate classes by name as defined in Cal. Ins. Code § 100 to 124.5.)

and certifies that it does not transact in any jurisdiction, if not an alien Insurer, or in the United States if an alien insurer, any class of insurance other than the class or classes which were reported in its Annual Statement last filed with said Insurance Commissioner and those for which application is made herein, except as follows:

_____

_____

(Name classes of insurance as defined in Cal. Ins. Code § 100 to 124.5. If none, write "none.")

and further certifies that it has corporate powers to transact all the classes of insurance which it will be authorized to transact should the Amended Certificate of Authority hereby applied for be issued; that it has complied and will comply with all of the present and future laws of such State regarding the governmental control of it by said State, is not in arrears to said State or to any county or city therein for fees, licenses, taxes, assessments, fines or penalties accrued on business transacted in said State, and has fully complied with all the requirements and done all the matters and things necessary to entitle it to receive such Amended Certificate of Authority.

Dated: _____

_____
(Full and exact name on current California Certificate of Authority)

By: _____

Title: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County _____)

On _____ before me, _____
(Notary Public)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)