STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE ANNUAL INFORMATION STATEMENT (RECIPROCAL INSURER) AIS-R (Rev. 8/2023)

The answers on this statement must reflect any pertinent changes during the past calendar year. Those not previously submitted to and approved by the California Insurance Commissioner require immediate submission

submis	ssion.			1			
Answe	er compl	letely and accurately.					
For Pe	riod Cov	ering January 1 - December 31,					
1.	Name	of Company:					
	a.	Statutory Home Office Address	ss:				
		Street (No P.O. Box)	Suite				
		City	State	Zip Code			
		Check if the state of domic	ile is different from Ca	lifornia Certificate of Authority.			
		_	ss for redomestication of	ifornia Certificate of Authority. The can be accessed on the Amended			
	b.	Mailing Address (All mailings	from the Department v	will go to this address):			
		Street or P.O. Box	Suite	_			
		City	State	Zip Code			
		Check if different from last	t year. Date moved:				
2.	-	for Service of Process per Insura rm the following data with your		4 is:			
	Name:		Telephone: _				
		Street (No P.O. Box)	Suite				
		City	State	Zip Code			
		☐ Check if the address is diff	erent from last year. Da	ate moved:			
		your Agent for Service of Proce of address. Agent must be a Ca	<u> </u>	the Department of Insurance of			
	Is the a	gent newly appointed during the	e year?				
		have you sent in a new <u>Appoint</u> Yes No	ment of Agent for Serv	ice of Process form and the filing			
		e current fee, please see the "App nedule of Fees and Charges web		service of process" fee category on			
3.		ne reciprocal insurer (Exchange) s No) issue nonassessable po	olicies in any jurisdiction?			
	a. Has the Exchange obtained from the California Insurance Commissioner a Certifica Perpetual Nonassessability, per California Insurance Code §1401.5? Yes N						
	If yes, disregard the remaining subsections of this question.						
	b.	b. Has the Exchange obtained from the California Insurance Commissioner a Certificate of Capability to Reinsure, per California Insurance Code §1401.5? Yes No					
		If no, does the Exchange act as Yes No	s a reinsurer of risks loc	cated in any jurisdiction?			

c. Has the Exchange obtained from the California Insurance Commissioner an unrevoked Certificate of Surplus, per California Insurance Code §1401, permitting it to issue

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	If yes, disregard subsection (d) of this question.
	d. Does the Exchange transact liability, common carrier liability or workers' compensation insurance in California? Yes No
4.	What classes of insurance as defined in the California Insurance Code Sections 100-120, other than those for which the Exchange is now licensed in California, does the Exchange transact in any jurisdiction? List the classes according to California Insurance Code Sections 100-120.
5.	Has there been any change since last June 30 in the Power of Attorney form executed by such subscribers? Yes No
	If yes, have the amendments thereto or has the new form, as the case may be, verified by the Attorney-in-Fact, been filed with this Department? \square Yes \square No
	If no, explain the substance thereof and file with this Department a copy which has been verified by the Attorney-in-Fact pursuant to California Insurance Code §1320(a).
6.	Is it your practice in every instance to require the actual signature of each and every subscriber to the power of attorney of the Attorney-in-Fact before a policy is issued? Yes No
7.	Has there been an amendment to the Exchange's Rules and Regulations since the Rules and Regulations (including any amendments thereto) were last filed with the California Insurance Commissioner? Yes No
	If yes and the Amendment has not been so filed, attach a copy of the Amendment (which has been verified by the secretary of the Exchange's Board of Governors or equivalent governing body).
8.	Has there been an amendment to the Charter or Articles of Incorporation of the Attorney-in-Fact, if a corporation, since the Charter or Articles of Incorporation (including any amendments thereto) were last filed with the California Insurance Commissioner? Yes No
	If yes and the Amendment has not been so filed, attach a copy of the Amendment (which has been certified by the custodian of such document in the Attorney-in-Fact's state of domicile) and the filing fee. For the current fee, please see the "Amendments to Articles of Incorporation" fee category on the <u>Schedule of Fees and Charges</u> web page.
9.	If your Exchange transacts workers' compensation or disability insurance, have the forms of applications for such insurance and the form of each policy, rider and endorsement providing such insurance coverage now being used in the Exchange, together with rates, and every amendment to such forms, verified by the Attorney-in-Fact pursuant to California Insurance Code $\$\$1320(b)$ and (c), been filed with this Department? \square Yes \square No
	If no, verify and file in triplicate each such form not heretofore filed. In addition, workers' compensation forms must be submitted in the usual manner to the Workers' Compensation Insurance Rating Bureau for preliminary inspection and transmittal to the Commissioner.
10.	Conflicts of Interest
	Without having first obtained the written consent of the California Insurance Commissioner, has any person having authority in the management of the Reciprocal's funds or any officer, director, or trustee of the Reciprocal or of its Attorney-in-Fact (or, if the Attorney-in-Fact consists of one or more individuals, any such individual): (a) received any money or valuable thing for negotiating, procuring, recommending or aiding in any loan from the Reciprocal or any purchase by or sale to the Reciprocal of any real or personal (tangible or intangible) property, (b) had any pecuniary interest as principal, coprincipal, agent, attorney or beneficiary in any such loan, purchase or sale, or (c) directly or indirectly purchased, or been pecuniarily interested in the purchase of any of the assets of the Reciprocal? As used herein, the word "person" includes the Attorney-in-Fact. As used herein, the word "property" also includes leases and management, investment and/or administrative service agreements. Yes No

If yes, explain in detail and \boldsymbol{attach} all contractual arrangements.

If the California Insurance Commissioner's prior written consent was obtained to the transaction and/or contractual arrangement, have there been, in the interim, any changes, modifications or

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	amendments in either the terms or compensation. Insurance Commissioner's written consent to the Yes No		•
	If yes, explain the changes noting any contact m attach copies thereof.	ade with	the Department with respect thereto and
11.	Transfer of Property or Business (Merger/Reinst	urance C	eded)
	Without having first obtained the written consert the Exchange transferred, or attempted to transfer person or entered into any transaction the effect business in or with another person, whether or n substantially all of its insurance business in force California? As used herein, the word "substantial includes all legal entities. Yes No	er, its ent of which ot admitt e with an	ire property or business to any other is: (a) to merge or consolidate its ed to California, or (b) to reinsure y other person, whether or not admitted to
	If yes, explain in detail and attach all contractua	al arrange	ements.
12.	Reinsurance Assumed		
	Has the Exchange reinsured or assumed substant other exchange, insurer, fraternal benefit society admitted to California? Yes No		
	If yes, explain in detail noting name of cedent are copies of all contractual arrangements and, if ap	• •	•
13.	Servicing Insurance Contracts		
	Without obtaining the written consent of the Cal Exchange (or its Attorney-in-Fact on behalf ther with any insurer or other exchange not admitted affiliated with a non-admitted insurer or exchange (e.g., adjust or pay losses, collect premiums, issue contracts entered into in California or issued for	reof) ente to Califo ge) provi ue policie	red into any agreement or arrangement ornia (or a management company ding for the non-admitted entity to services or arrange reinsurance, etc.) insurance
	If yes, explain details noting any prior contact me contractual arrangements.	ade with	the Department and attach copies of all
14.	Management Contracts		
	Without having obtained the California Insurance any of the terms (including the compensation) be approved management contract the Attorney-in- Yes No	een chan	ged in the most recent Department-
	If yes, explain in detail the changes and attach a amendments or the new contract, as the case ma		the original contract and all of the
15.	Is your Attorney-in-Fact bond continuous in form	m and no	w in full force and effect?
	If no, has it been renewed to cover the entire ensuger this paper is dated and ending July 1 of the	_	`
	If no, evidence of such renewal issued by the sur Department.	rety or su	reties thereon must be filed with this
•	declare under the penalty of perjury under the later true and correct.	aws of th	e State of California that the foregoing
		By:	
(Corpor	ate seal)	•	Signature
· · · · · ·		Name: Title: Date:	

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Name of person who filled out this Statement:
(Print)
(Title)
(Date)
Enter toll free number, otherwise collect call must be accepted. Telephone Number:
Email:
Return electronically to: AIS@insurance.ca.gov