ANNUAL INFORMATION STATEMENT (RECIPROCAL INSURER)

AIS-R (Rev. 03/2020)

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.

Answer completely and accurately.

For Period Covering January 1 - December 31, _____

1. Name of Company: _____

   a. Statutory Home Office Address:

   _____ _____
   Street (No P.O. Box) Suite

   _____ _____ _____
   City State Zip Code

   ☐ Check if the state of domicile is different from California Certificate of Authority.

   A checked box requires an amendment to the California Certificate of Authority. The California form and process for redomestication can be accessed on the Amended Certificate of Authority web page.

   b. Mailing Address (All mailings from the Department will go to this address):

   _____ _____
   Street (No P.O. Box) Suite

   _____ _____ _____
   City State Zip Code

   ☐ Check if different from last year. Date moved: _____

2. Agent for Service of Process per Insurance Code §§1600-1604 is:
   (Confirm the following data with your appointed agent.)

   Name: _____ Telephone: _____
   Individual Name (No Company/Corporation Name)

   _____ _____
   Street (No P.O. Box) Suite

   _____ _____ _____
   City State Zip Code

   ☐ Check if the address is different from last year. Date moved: _____

   Inform your Agent for Service of Process that he must notify the Department of Insurance of change of address. Agent must be a California resident.

   Is the agent newly appointed during the year? ☐ Yes ☐ No

   If yes, have you sent in a new Appointment of Agent for Service of Process form and the filing fee? ☐ Yes ☐ No

   For the current fee, please see the "Appointment of agent for service of process" fee category on the Schedule of Fees and Charges web page.

3. Does the reciprocal insurer (Exchange) issue nonassessable policies in any jurisdiction?
   ☐ Yes ☐ No

   a. Has the Exchange obtained from the California Insurance Commissioner a Certificate of Perpetual Nonassessability, per California Insurance Code §1401.5? ☐ Yes ☐ No

      If yes, disregard the remaining subsections of this question.

   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 a reinsurer of risks located in any jurisdiction?
      ☐ Yes ☐ No

   c. Has the Exchange obtained from the California Insurance Commissioner an unrevoked Certificate of Surplus, per California Insurance Code §1401, permitting it to issue nonassessable policies? ☐ Yes ☐ No

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? ☐ Yes ☐ 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 Schedule of Fees and Charges 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? ☐ Yes ☐ 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 **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

amendments in either the terms or compensation without having first obtained the California Insurance Commissioner's written consent to the changes, modifications or amendments?
☐ Yes ☐ No

If yes, explain the changes noting any contact made with the Department with respect thereto and **attach** copies thereof.

11. Transfer of Property or Business (Merger/Reinsurance Ceded)

    Without having first obtained the written consent of the California Insurance Commissioner, has the Exchange transferred, or attempted to transfer, its entire property or business to any other person or entered into any transaction the effect of which is: (a) to merge or consolidate its business in or with another person, whether or not admitted to California, or (b) to reinsure substantially all of its insurance business in force with any other person, whether or not admitted to California? As used herein, the word "substantially" means 75% or more. The word "person" includes all legal entities. ☐ Yes ☐ No

    If yes, explain in detail and **attach** all contractual arrangements.

12. Reinsurance Assumed

    Has the Exchange reinsured or assumed substantially all of the insurance business in force of any other exchange, insurer, fraternal benefit society or grants and annuities society, whether or not admitted to California? ☐ Yes ☐ No

    If yes, explain in detail noting name of cedent and any prior contact with the Department; **attach** copies of all contractual arrangements and, if applicable, assumption certificates.

13. Servicing Insurance Contracts

    Without obtaining the written consent of the California Insurance Commissioner, has the Exchange (or its Attorney-in-Fact on behalf thereof) entered into any agreement or arrangement with any insurer or other exchange not admitted to California (or a management company affiliated with a non-admitted insurer or exchange) providing for the non-admitted entity to service (e.g., adjust or pay losses, collect premiums, issue policies or arrange reinsurance, etc.) insurance contracts entered into in California or issued for delivery in California? ☐ Yes ☐ No

    If yes, explain details noting any prior contact made with the Department and **attach** copies of all contractual arrangements.

14. Management Contracts

    Without having obtained the California Insurance Commissioner's written consent thereto, have any of the terms (including the compensation) been changed in the most recent Department-approved management contract the Attorney-in-Fact has with or on behalf of the Exchange?
    ☐ Yes ☐ No

    If yes, explain in detail the changes and **attach** a copy of the original contract and all of the amendments or the new contract, as the case may be.

15. Is your Attorney-in-Fact bond continuous in form and now in full force and effect?
    ☐ Yes ☐ No

    If no, has it been renewed to cover the entire ensuing license fee period commencing July 1 of the year this paper is dated and ending July 1 of the next year? ☐ Yes ☐ No

    If no, evidence of such renewal issued by the surety or sureties thereon must be filed with this Department.

I hereby declare under the penalty of perjury under the laws of the State of California that the foregoing answers are true and correct.

By: _____
Signature

(Corporate seal)

Name: _____
Title: _____
Date: _____

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 to: **State of California**
Department of Insurance
Corporate Affairs Bureau
1901 Harrison Street, 6th Floor
Oakland, CA 94612