

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 filing fee, please see the "Appointment of agent for service of process" fee category on the [Schedule of Fees and Charges](#) web page.

3. When did you last amend your Company's Charter or Articles of Incorporation? _____

Was that amendment filed with the California Insurance Commissioner? Yes No

If no, please **attach** a copy of the amendment which has been certified by the custodian of such document in your 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.

Check if it has never been amended.

4. When did you last amend your Company's By-Laws? _____

Was that amendment filed with the California Insurance Commissioner? Yes No

If no, please **attach** a copy of the amendment which has been certified by the corporate secretary or an assistant secretary, attested by the corporate seal to be a true and correct copy as amended

to the date of such certificate and the filing fee. For the current fee, please see the "Amendments to By-Laws" fee category on the [Schedule of Fees and Charges](#) webpage.

Check if it has never been amended.

5. **(For domestic insurers only)**

Is your company writing any classes of insurance in other states for which you are not licensed in California? Yes No

If yes, enumerate.

Note: California definitions of classes of insurance are set forth in the California Insurance Code §§100 - 123.

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

During the past calendar year, without having first obtained the written consent of the California Insurance Commissioner, has your Company 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 any other person, whether or not admitted to California, or (b) to reinsure substantially all of its insurance business 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.

7. Reinsurance Assumed

During the past calendar year, without having first obtained the written consent of the California Insurance Commissioner, has the Company reinsured or assumed substantially all of the insurance business in force of any other insurer, reciprocal insurer (exchange), fraternal benefit society or grants and annuities society, whether or not admitted to California? As used herein, the word "substantially" means 75% or more. Yes No

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

8. Conflicts of Interest

- a. During the past calendar year, without having first obtained the written consent of the California Insurance Commissioner, has any person having authority in the management of the Company's funds, or any officer, director or trustee of the Company: (a) received any money or valuable thing for negotiating, procuring, recommending or aiding in any loan from the Company or any purchase by or sale to the Company 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 Company? 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.

- b. **Answer the following question if you answered "Yes" to question 8.a.**

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 first having obtained the 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.

9. Servicing Insurance Contracts

During the past calendar year, without having first obtained the written consent of the California Insurance Commissioner, has your Company entered into any agreement or arrangement with any insurer or reciprocal insurer (exchange) not admitted to California (or a management company

affiliated with a nonadmitted insurer or reciprocal insurer) providing for the nonadmitted entity to service (e.g., adjust or pay losses, collect premiums, issue policies, 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 with respect thereto and **attach** copies of all contractual arrangements.

10. Managing General Agents

During the past calendar year, has your Company entered into or terminated a contract with a managing general agent without notifying the California Insurance Commissioner within 30 days thereof? The term "managing general agent" is defined in California Insurance Code §769.81(c) and includes persons and entities who manage all or a part of the insurance business of an insurer and acts as an agent for the insurer and either adjusts and pays claims or negotiates reinsurance on behalf of the insurer. Yes No

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

11. (For mutual insurers only)

Without having obtained the California Insurance Commissioner's written consent pursuant to California Insurance Code §4030, has the Company made any changes, modifications or amendments (in either the terms or the compensation) to any contract which the Company has with any person either managing the Company's affairs or producing substantially all of the Company's insurance business? Yes No

If yes, explain in detail the changes, etc., and **attach** a copy of the original approved contract and the changes or the new contract, as the case may be, plus the filing fee. Please see the "General Filing" fee category on the [Schedule of Fees and Charges](#) web page.

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

(Corporate seal)

By: _____
Signature

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
45 Fremont Street, 24th Floor
San Francisco, CA 94105**