${\tt STATE~OF~CALIFORNIA-DEPARTMENT~OF~INSURANCE}\\ {\tt INSURER~WITHDRAWAL~COMMITMENT-TAX~RETURNS}\\$

CDI-067 (Rev. 11/2015)

	Matter of the Application of: ithdraw As An Insurer From the State of California	a	
	MITMENT BY: ICANT TO MAKE AND FILE TAX RETURNS	AND TO PAY TAXES	
	, hereby certify that I a	m an executive officer, to wit, the of the applicant herein which, e as an active insurer licensed in its domiciliary state.	
after tl	he captioned transaction, will continue in existence	e as an active insurer licensed in its domiciliary state.	
	therance of the undersigned insurer's application to hdraw as an insurer from said State, applicant here	the Insurance Commissioner of the State of California by undertakes to make and file:	
(1	completion of its withdrawal, including that for held a valid California Certificate of Authority; are required by the California Revenue and Tax	te) as may become due between the date hereof and the calendar year during any part of which applicant last and such Prepayment Tax Returns (one copy only) as ation Code and not already filed, including that for any ndar period during any part of which applicant last held	
(2	(2) (Applies only to admitted insurers who transact directly or reinsure ocean marine risks.) Such ocean marine insurance tax reports as may become due between the date hereof and before completion of its withdrawal, including that for the calendar year during any part of which applicant last held a valid California Certificate of Authority.		
(3)	(3) Such Retaliatory Tax Information Returns in duplicate (by foreign or alien insurers only) as may become due before completion of applicant's withdrawal, including that for the calendar year during any part of which applicant last held a valid California Certificate of Authority;		
(4		es and interest lawfully found due and owing after any statutory penalties that may accrue on account of ag applicable items in this commitment; and to pay any	
IN WI	TNESS WHEREOF, I have hereunto set my hand20	and affixed the company's seal on this day of	
		(Full corporate name of assuming insurer)	
	(Corporate Seal)	By	
		(Officer executing for company)	
		Title or Position	