

SURVEY OF CALIFORNIA LICENSED INSURERS' MARKETING SYSTEMS
For Calendar Year 2014

<i>Company Name</i>	<i>Company NAIC Code</i>	
<i>Group Name</i>	<i>Group Code</i>	
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Please mark the appropriate box:

☐

We did not write any business in California in 2014.

☐

The business we wrote in California in 2014 is not one of the lines mentioned in the survey;
therefore, we do not have to file.

Line(s) of insurance written:

☐

Completed Survey is hereby submitted.

Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

<i>Signature of the Officer</i>	<i>Date</i>	
<i>Name of the Officer (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<i>Title</i>	<i>E-Mail Address</i>	

<i>Name of the Contact Person (Please print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<i>E-Mail Address</i>		

This Form Is Due No Later Than: JUNE 30, 2015

Please submit the completed survey to the Rate Specialist Bureau by sending either:

1) an electronic copy of the file by e-mail to: ***rsbmktsys@insurance.ca.gov***

or

2) a copy of the file on CD/DVD to the address below.

Any questions / correspondence can be directed to:

CALIFORNIA DEPARTMENT OF INSURANCE
Attn: Rate Specialist Bureau
300 South Spring Street, South Tower, 11th Floor
Los Angeles CA 90013-1230
e-mail: *rsbmktsys@insurance.ca.gov*