

**CALIFORNIA EARTHQUAKE INSURANCE PREMIUM, EXPOSURES & POLICY COUNT DATA CALL SIGNATURE PAGE**

California Insurance Code  
Section 10089.13 (a)

|                              |                              |                      |
|------------------------------|------------------------------|----------------------|
| <input type="text"/>         | <input type="text"/>         | <input type="text"/> |
| <i>Company or Group Name</i> | <i>Company NAIC Code</i>     | <i>Group Code</i>    |
| <input type="text"/>         | <input type="text"/>         |                      |
| <i>Address</i>               | <i>City, State, Zip Code</i> |                      |

Please mark the appropriate box:

- Our Company did not write any business in Homeowners multi-peril (line 4.0), Fire (Line 1.0), Commercial multi-peril (Line 5.1), and Earthquake (Line 12) in 2015.
- Reporting Form is hereby submitted (due no later than **March 15, 2016**)

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

|                                 |                      |
|---------------------------------|----------------------|
| <input type="text"/>            | <input type="text"/> |
| <i>Signature of the Officer</i> | <i>Date</i>          |

|   |                      |                      |
|---|----------------------|----------------------|
| <input type="text"/>                      | <input type="text"/> | <input type="text"/> |
| <i>Name of the Officer (Please print)</i> | <i>Phone Number</i>  | <i>Fax Number</i>    |

|                      |                       |
|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/>  |
| <i>Title</i>         | <i>E-Mail Address</i> |

|   |                      |                      |
|---|----------------------|----------------------|
| <input type="text"/>                        | <input type="text"/> | <input type="text"/> |
| <i>Name and Title of the Contact Person</i> | <i>Phone Number</i>  | <i>Fax Number</i>    |
| <input type="text"/>                        |                      |                      |
| <i>E-Mail Address</i>                       |                      |                      |