State of California Department of Insurance

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

| California Insurance Code<br>Section 10089.13(a)                                                             |                                      |                                  |  |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|--|
|                                                                                                              | .,                                   |                                  |  |
| Company or Group Name                                                                                        | Company NAIC Code                    | Group Code                       |  |
| Address                                                                                                      | City, State, Zip Code                |                                  |  |
| Please mark the appropriate box:                                                                             |                                      |                                  |  |
| Our Company did not write any new of Homeowners Multiple Peril, Commerc                                      |                                      |                                  |  |
| Data Collection Workbook (Excel) is h                                                                        | ereby submitted (due no later than I | March 15, 2024).                 |  |
| Under penalty of perjury, I declare that I have examinand to the best of my knowledge and belief, it is true |                                      | schedules and statements,        |  |
| and to the best of my knowledge and belief, it is true,                                                      | , correct, and complete.             |                                  |  |
|                                                                                                              |                                      |                                  |  |
| Signature of the Officer                                                                                     | <br>Date                             |                                  |  |
| Name of the Officer (please print)                                                                           | Phone Number                         | Fax Number                       |  |
| Title of Officer                                                                                             | E-Mail Address of Officer            | E-Mail Address of Officer        |  |
|                                                                                                              |                                      |                                  |  |
| Name of the Contact Person (please print)                                                                    | Phone Number                         | Fax Number                       |  |
| Title of Contact Person                                                                                      | F-Mail Address of Contact I          | F-Mail Address of Contact Person |  |