



State of California
 Department of Insurance
 300 Capitol Mall, Suite 14000
 Sacramento, CA 95814

SECURITIES TRANSACTION REQUEST

Outside Depositors Only

Request Number
Assigned by Dept. of Ins.

For Depository Use Only	
Date of Deposit:	_____
Date of Withdrawal:	_____

Check One: Initial Deposit Additional Deposit Withdrawal Substitution/Exchange

Total Deposit Value of: Deposit: _____ Withdrawal: _____

COMPANY INFORMATION		If New Company, check here <input type="checkbox"/>
Company Name:		
Mailing Address:		
Contact Name:		
E-mail Address:		
Telephone & Fax #:	Tax I.D. #:	NAIC/CDI #:

BANK INFORMATION	
Bank Name:	
Mailing Address:	
Contact Name:	
E-mail Address:	
Telephone & Fax #:	

SECURITIES TO BE DEPOSITED

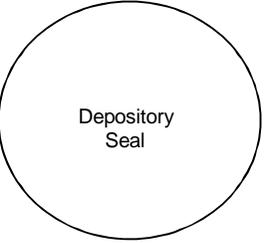
	Description of Securities <small>If depositing stock, identify whether common or preferred.</small>	Cusip / Serial / Certificate Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)	Rating (Include Source)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

LIST SECURITIES TO BE WITHDRAWN ON REVERSE	DEPOSIT GRAND TOTALS	
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Request Number
Assigned by Dept. of Ins.

Company Name:	
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SECURITIES TO BE WITHDRAWN							
	Description of Securities <small>If withdrawing stock, identify whether common or preferred.</small>	Cusip / Serial / Certificate Number	Rate	Maturity Dates	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
If additional space is needed, use plain paper following columnar format above and have signers initial and data each page.			WITHDRAWAL GRAND TOTALS				

AUTHORIZATION	
COMPANY	FINANCIAL INSTITUTION
<p>MUST BE COMPLETED BY AUTHORIZED COMPANY OFFICER</p> <p><i>The insurer certifies that the substituted/additional deposit/withdrawal without replacement is in compliance with Sections 11691 and 11691(c) of the California Insurance Code and Article 9.5, Subchapter 3, Chapter 5, Title 10 of the California Administrative Code.</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Signature of Company Officer</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Print Name and Title</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Date</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Signature of Company Officer</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Print Name and Title</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Date</i></p>	<p><i>We (depository) certify that this accounting is true and correct according to our best information and belief.</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Authorized Signature</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Authorized Signature</i></p> <p>_____</p> <p style="text-align: center; font-size: small;"><i>Date</i></p> <p style="text-align: center; font-size: small;"><i>Date</i></p> <div style="text-align: right; margin-top: 20px;">  <p style="text-align: center; font-size: small;">Depository Seal</p> </div>