STATE OF CALIFORNIA

DEPARTMENT OF INSURANCE

STATISTICAL ANALYSIS DIVISION

STATISTICAL PLAN

FOR

COMMUNITY SERVICE STATEMENT (CSS)

REPORTING YEAR 2009

COMMUNITY SERVICE STATEMENT STATISTICAL PLAN

I. SCOPE OF THE PLAN

This plan is applicable to all insurers licensed to write in California for the following lines of business:

Line 1	Personal and Commercial Fire (Include policies issued by the California FAIR Plan)
Line 4	Homeowners Multiple Peril
Line 5.1	Commercial Multiple Peril (Non-Liability Portion)
Line 5.2	Commercial Multiple Peril (Liability Portion)
Line 19.2	Other Private Passenger Auto Liability (Include policies issued through the California Automobile Assigned Risk Plan)

This reporting is for Direct Business only. Business written on a non-admitted basis (surplus lines), Assumed, Ceded Reinsurance and umbrella or excess coverages are not to be reported to the Department of Insurance.

Section 2646.6 of the California Insurance Code requires each insurer writing the above listed lines to compile and maintain the information specified in this statistical plan. This plan contains the necessary instructions and specifications for reporting the required information annually, hereafter to be referred to as "Community Service Statement Data", to the insurance commissioner.

Paragraph (b) 6 of Section 2646.6 mandates each company shall collect and maintain for reporting purposes, the race or national origin and gender of each *new policyholder*. This must be provided to the policyholder on a separate, *detachable* form that refers to the application. The form shall state that this information is requested by the State of California in order to monitor the insurer's compliance with the law, that the *policyholder* is not required to provide this information but is encouraged to do so, and that the insurer may not use this information for underwriting or rating purposes. **A sample of this form is included in this statistical plan**. (See Page 10).

II. SECTIONS OF THE PLAN

This plan is divided into four sections:

1. General Rules
2. Transmittal Form Instructions
3. Race, National Origin and Gender Form
4. Data Reporting Format

1. GENERAL RULES

GENERAL RULES

A. EXPERIENCE PERIOD:

Insurers shall report, annually, the calendar year experience ending December 31 of the year immediately preceding the reporting year. *Insurers who file a consolidated annual statement as a group of companies may submit consolidated experience.*

B. REPORTING DUE DATE:

All required data must be submitted to the Department of Insurance, Statistical Analysis Division annually no later than **March 1(March 2, 2009 for CSS2009)** of each year.

C. METHOD OF REPORTING:

1. *Transmittal Forms*

Summary figures are to be reported on the transmittal forms as indicated on the transmittal section. The transmittal forms spreadsheet can be submitted in two ways:

- via mail on a 3 ½" IBM compatible diskette
- via E-mail

***REMINDER**: A hardcopy of the transmittal forms must also be submitted to the Department. ***
If you are unable to process an Excel file, please contact this office for further instructions.

2. *Data by ZIP Code*

All data must be submitted on an output medium (*listed by desired preference*: electronic data file (e-mail) or CD) as specified in the Data Reporting Format Section. **The Department will no longer accept cartridge submissions.** The data aggregated must match the summary figures as reported on the transmittal forms. Submit all record types in ONE file only.

Note: For an e-mail submission, use the following e-mail address:
Submissions@insurance.ca.gov

3. *Affidavit*

An original, notarized affidavit MUST be mailed to the Department with each (re)submission.

GENERAL RULES (continued)

D. VALIDATING PROCEDURE:

1. **Companies should establish their own validating programs and procedures to detect errors to codes and statistical data reported.**

2. **Data reported on output medium must reconcile with totals reported in the transmittal pages and consequently balance with State Page Exhibit of the Annual Statement for California.**

3. All data will be tested for accuracy and reasonability. Rejected data will be returned to the company for correction and resubmission. Three (3) resubmissions will be allowed before the Due Process stage. If a company fails to resubmit by a due date or if the Resubmission#3 is not free of errors, a non-compliance letter will be sent. (see F.2 on page 4 for more information.)

4. The company will be allowed a **minimum of 10 working days** and a **maximum of 20 working days** to resubmit its data to the Department.

E. INVALID ZIP CODES:

Companies are required to check their own ZIP code list for validity before submitting their data.

The range of California ZIP codes is from 90000 to 96200.

ZIP codes out of this range will be considered "INVALID". The garaging address of the insured exposure or the physical address of the office(s) is to be reported. A ZIP code assigned to a P.O. box will be considered invalid.

GENERAL RULES (continued)

F. PENALTIES AND CHARGES:

1. CCR Section 2646.6 (a), the Community Service Statement shall contain a verification of an executive officer of the insurer, under penalty of perjury under the laws of the State of California, that the information contained therein is true and correct. Any insurer subject to this section which fails to file a Community Service Statement when due, or which files an incorrect Community Service Statement, shall be subject to all applicable penalties set forth in the California Insurance Code.

2. **There will only be up to three (3) resubmissions of data allowed per company or group, before a company is considered non-compliant. On the third resubmission, if the resubmitted data does not meet the CSS reporting requirements set forth in this plan or, if the data fails the Department's validation tests, your company will be identified as being in NON-COMPLIANCE. This non-compliance status will be reported to the Department of Insurance's Legal Enforcement Bureau. In addition, the Department may initiate an examination of the company's compilation system of the required information.**

G. COMMUNICATIONS:

CALIFORNIA DEPARTMENT OF INSURANCE
STATISTICAL ANALYSIS DIVISION
300 South Spring Street, 14th Floor South Tower
Los Angeles, CA 90013
Fax #: (213) 897-6571

General Questions
Gary Quan (213) 346-6315 E-mail:quang@insurance.ca.gov

2. TRANSMITTAL FORM INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING TRANSMITTAL FORMS

1. **ACCESSING TRANSMITTAL FORMS**:

This section provides the instructions for reporting the figures on Transmittal Forms in a Microsoft Excel workbook file (**CSS-2009.xls**).
Only one company or group data can be submitted on each file.

a) System Requirement

- The transmittal forms will only run on Microsoft Excel.
- Internet Explorer Version 5 or Netscape Navigator.
- If you are experiencing difficulty in opening the transmittal files, please contact Gary Quan at (213) 346-6315.

b) Opening File

Click on *Transmittals* link located towards the bottom of the Community Service Statement webpage in order to save the Excel workbook (**CSS-2009.xls**).

Using Netscape Navigator (newer versions might display different message(s))

- A message will be displayed . . .
- Select SAVE THIS FILE TO DISK and indicate destination where you would like to save your file.
- Under file name, type *CSS-2009* and select SAVE.
- Go to Step 2 "Entering Data on Transmittal Forms".

Using Microsoft Internet Explorer (Version 5 or higher) (newer versions might display different message(s))

- A message will be displayed *"Microsoft Excel . . .The workbook you are opening contains Macros . . ."*
- Select YES.
- Worksheet opens.
- From the menu bar select FILE.
- Select SAVE AS. If you can not save the file in Excel format from your current browser, use the "SAVE AS" button on top of the 'Co Info-Part I' worksheet.
- Choose path where you would like to save your file. (This file can be saved to a local drive or diskette).
- Under file name, type *CSS-2009* and select SAVE (as an Excel workbook).
- Exit Microsoft Internet Explorer.
- Go to Step 2 "Entering Data on Transmittal Forms".

Note: The macros will only work if you are using Microsoft Excel.

INSTRUCTIONS FOR COMPLETING TRANSMITTAL FORMS (Continued)

2. **ENTERING DATA ON TRANSMITTAL FORMS**:

- Using Microsoft Excel, open the CSS-2009 file you have just saved.
- A message will be displayed informing you that . . . *The workbook you are opening contains Macros...*
- Select the ENABLE MACROS button.
- Once the macro has been enabled, an Excel workbook will be opened containing several worksheets.
- To select the forms (worksheets), click on the tabs on the lower left corner of the page.
- Begin entering data in the appropriate cells. Move from cell to cell using the ARROW keys or by pressing the ENTER key.

3. **SAVING THE FILE**:

When finished entering data, save the data input by selecting FILE and SAVE from the menu or by simply pressing the SAVE button. This file can be saved to a local drive or a diskette.

4. **PRINTING TRANSMITTAL FORMS**:

Select FILE and PRINT from the menu in each worksheet to print the individual transmittal forms or use the given buttons to print the transmittal pages.

5. **TRANSMITTAL FORMS**

Company Information

1. Indicate if submitting data by Group.
2. Insert the company NAIC and group code.
3. Insert company or group name and enter company address.
4. Provide company contact person and technical person (if applicable).
5. Indicate if submission is original or error correction and indicate type of medium submitted.
6. If reporting as a group, list all companies that are included in this report. Click on "Add More" to list more companies.
7. Provide the number of records for each Record-type included in the data file.
8. Marketing System - Select the system that best describes your company/group's marketing operation.
9. Make sure the required forms have been provided to the Department by marking the appropriate checkboxes.

5. **TRANSMITTAL FORMS** (continued)

Transmittal Form #1

For each line of business and policy form, enter the total written premium, total written exposure, total earned premium, and total earned exposure. **The data must reconcile with Record-A aggregates.**

Total Premiums & Total Exposures

Provide the total premiums and total exposures by the following criteria:

1. Private Passenger Automobile Liability
   - Premiums are reported for **all** coverages (BI, PD, MP, etc).
   - Exposures are counted in *car months*. For example, 3 cars insured for one year is 36 car months. DO NOT double count the exposures. Use property damage coverage to count the exposure.

2. Homeowners - exposures are counted by the number of *house months* insured. For example, a duplex insured for one year is 24 house months.

3. Commercial Multi-Peril and Fire - exposures are counted by the number of *unit-months* insured. For this purpose, define **unit** as *location of risk*.

Transmittal Form #2

Service Exhibit

1. Provide the total number of offices (claims plus sales/marketing), the number of offices that conduct claims services and the number of offices that conduct sales / marketing services in the State of California by line of business. Keep in mind that the number of total offices is not to be double counted. That is, if an office conducts both services, count that office only once. The total number of offices should not include the agency count. **The data must reconcile with Record-B aggregates.**

2. Report the total number of agents / agencies (California Licensed only) in the State of California by line of business. Indicate the option reported by selecting either agents or agencies. Report only one or the other. DO NOT include the agency count in the total number of offices. **The data must reconcile with Record-B aggregates.**

3. Provide by line of business the total number of direct mailing and telephone solicitation for new business made in California during the experience year by the company or by a company representative. **The data must reconcile with Record-B aggregates.**

5. **TRANSMITTAL FORMS** (continued)

Transmittal Form #2 (continued)

Language Exhibit

Indicate the number of contracted agents or agencies in the state who are conversant in the languages listed on the form. **The data must reconcile with Record-C aggregates.**

OTHER THAN ENGLISH - this category is defined as the number of agents or agencies who are conversant in the languages other than English. This includes those languages listed on this form, *in addition to*, other languages not listed; *e.g., French, German, Portuguese, Italian, Russian, Arabic, Dutch, etc.* *A multilingual agent or agency is to be counted once*.

Examples:

1) Service Type: by **AGENTS or Agency**: Total number = 10
Spanish Only = 2 agents or agencies
Chinese Only = 2 agents or agencies
Japanese Only = 2 agents or agencies
Filipino (also speak Spanish) = 2 agents or agencies
*French Only = 2 agents or agencies
(*not listed in transmittal form #2)

Other than English	Spanish	Chinese	Japanese	Filipino	Korean	Vietnamese
10 (including the 2 French agents or agencies)	4	2	2	2	0	0

2) Service Type: by Agency: Total number = 5

	Spanish	Japanese	Chinese	Other than English
Agency 1	1	1	1	1
Agency 2	1	1	1	1
Agency 3		1	1	1
Agency 4		1		1
Agency 5		1		1
Total Count	2	5	3	**5**

Submit a copy of the form(s) used by your company to collect the languages spoken information reported in Transmittal Form #2 and in Record - C "Agent / Agency Language Record". If there is no form available, submit a written explanation of the methodology used to collect this data. This information is required and necessary to ensure that all companies are following a consistent and relatively sound approach

in the collection of this data.

INSTRUCTIONS FOR COMPLETING TRANSMITTAL FORMS (Continued)

Transmittal Form #3

The purpose of this transmittal is to provide the aggregate count of **new** policyholders per race or national origin. **DO NOT** include the number of policyholders that **did not return** a completed policyholder demographics form under "Elected to Provide Nothing". "Elected to Provide Nothing" is reserved for those forms returned that indicated that the policyholder elected not to provide any information. **The number of new policyholders by line of business as categorized in the table must reconcile with Record-D aggregates.**

> For the purposes of this study, the following definition applies:
> POLICYHOLDER is defined as a "natural person" *(an individual, spouse, domestic partner, or business partner(s))* that is named on the policy.

Submit a copy of the Race, National Origin & Gender Form(s) used by your company to collect new policyholder demographic information reported in Transmittal Form #3 and in Record - D "Policyholder Gender and Ethnicity Record". This information is required and necessary to ensure that all companies are following a consistent and relatively sound approach in the collection of this data.

Transmittal Form #4

The Reconciliation Report must be completed and must reconcile with the company's reported premium on the State Page Exhibit of the Annual Statement (for each line of business reported). Provide reasons to any differences in the sections provided.

CHECKLIST (New)

An additional worksheet ("Checklist") has been added to the Transmittal Workbook. The purpose of this checklist is to ensure that insurers have captured all the information needed to process this data call accurately and effectively. Please provide additional information or any explanations in the "Comments" column. Please review and check all the items on the checklist to avoid any errors.

6. **AFFIDAVIT**

Reports must be submitted with an affidavit made under oath before a notary public for each submission or resubmission.

3. RACE, NATIONAL ORIGIN AND GENDER FORM

RACE, NATIONAL ORIGIN AND GENDER FORM

A sample copy of the Race, National Origin & Gender Form is included. ***While insurers have the flexibility in obtaining the data regarding gender, race and national origin required by CCR 2646.6, the Department requires that the explanatory language, which is set forth in the sample form, be incorporated in its entirety into any form or format used by insurers.***

This **mandatory** requirement is imposed to ensure that ***new*** *policyholders* fully understand the purpose of the requested information and the fact that such information is voluntary in nature. The current language informs the policyholder that while the regulations impose a duty upon the insurer to request such information from the policyholders, policyholders are not required to provide the information.

SAMPLE COPY

RACE, NATIONAL ORIGIN & GENDER FORM

COMMUNITY SERVICE STATEMENT
(Company Name)

_____ Policyholder Number (for New Business Only)

This information is requested by the State of California in order to monitor the insurer's compliance with the law. All new policyholders are requested to voluntarily provide the following information.

No such information shall be used for purposes of underwriting or rating any policyholder.

Policyholder's Name and Address (to be provided in order to refer back to the policy)
Note: use additional forms if needed.

_____

_____

_____

Policy Type

Fire Personal	___	Fire Commercial	___
Homeowners	___	Commercial Multi-Peril	___
Private Passenger Auto-Liability	___		

- *If policyholder does not wish to provide the Department of Insurance with this information, please check here.* ___

Check the Race or National Origin as it applies to the policyholder(s). For the purpose of completing this form, the policyholder is defined as: an individual, spouse, domestic partner, or business partner(s) named on the policy.

	POLICYHOLDER			CO-POLICYHOLDER		
	Male	Female	Business	Male	Female	Business
African-American	____	____	____	____	____	____
American Indian or Alaskan Native	____	____	____	____	____	____
Asian/Pacific Islander	____	____	____	____	____	____
Latino	____	____	____	____	____	____
White	____	____	____	____	____	____
Other	____	____	____	____	____	____

Edition: 2003

4. DATA REPORTING FORMAT

INSTRUCTIONS AND DEFINITIONS

I = **Company ID Record**

There is one company ID record per company. This record gives basic company identification, the type of submission (group or individual), and indicates if agents or agencies are provided.

A = **Company Premiums and Exposures Records**

These records indicate the total written premiums and exposures and total earned premiums and exposures for each ZIP code, line of business, and policy form. Please note that for Line 1 – Fire, Personal and Commercial Lines data must be reported separately. In this reporting, the Fire line of business will be divided into Line 1P (Personal Fire) & Line 1C (Commercial Fire).

B = **Company Agents/Agencies, Offices and Solicitations Records**

These records indicate the number of company offices, agents/agencies, telephone and mailing solicitations in each ZIP code for each line of business.

Agents can be defined as licensed (by the California Department of Insurance) agents or sub-agents working under contract or as a captive agent of the company.
To be counted for the purposes of this section, an office must be open to the general public no fewer than 37.5 hours per week, at least 50 weeks per year. A new office opened at any time during the reporting period shall be counted if it has been opened at least 60 consecutive business days during the reporting period. An office that has been closed at any time during the reporting period shall be counted unless it has been closed for more than 60 consecutive business days during the reporting period.

C = **Language Records**

These records indicate the number of individual agents or agencies who speak languages other than English. Indicate the number of contracted agents or agencies in the state who are conversant in the languages listed in the Record - C Layout Specifications. Report only one type (agent or agency) and indicate which type reported in the Company ID Record. This record is to be omitted if no agents or agencies are used.

AGENTS or AGENCIES WHO ARE CONVERSANT IN A LANGUAGE OTHER THAN ENGLISH - are defined as the number of agents or agencies who are conversant in the languages other than English and includes those languages listed on the Record-C Layout, and, other languages not listed; e.g., French, German, Portuguese, Italian, Russian, Arabic, Dutch, etc. A multilingual agent or agency is to be counted once. See examples on page 8.

D = **Policyholder Gender and Ethnicity Records**

These records indicate, for each ZIP code and line of business, the demographics by gender and race on ***new policyholders***.

For the purposes of this study, the following definition applies:
POLICYHOLDER is defined as a "natural person" *(an individual, spouse, domestic partner, or business partner(s))* that is named on the policy.

LAYOUT FOR 'I' (Company ID Record)

	Field Name	Field Length	Field Position
1.	Record Type	1	1-1
2.	Group Submission	1	2-2
3.	NAIC / Group Company Code	5	3-7
4.	Company / Group Name	30	8-37
5.	Experience Year	4	38-41
6.	Agent / Agency Code	1	42-42
7.	Circular	5	43-47

'I' Record EXAMPLE

```
Position   0000000000000000000000000000000000000000000000000
           0000000001111111111222222222233333333334444444444
           1234567890123456789012345678901234567890123456789

Character  IG09999USA INSURANCE GROUP          2006TCSS07
```

LAYOUT FOR 'A' (Premium and Exposure Record)

	Field Name	Field Length	Field Position
1.	Record Type	1	1-1
2.	Line of Business Code	3	2-4
3.	Policy Form Codes	2	5-6
4.	ZIP Code	5	7-11
5.	Total Written Premiums	10	12-21
6.	Written Exposures	8	22-29
7.	Total Earned Premiums	10	30-39
8.	Earned Exposures	8	40-47

'A' Record EXAMPLE

```
Position   0000000000000000000000000000000000000000000000000
           0000000001111111111222222222233333333334444444444
           1234567890123456789012345678901234567890123456789

Character  A01PXX95999000019999900000129000012999900000169
```

LAYOUT FOR 'B' (Agent/Agency, Office, and Solicitation Record)

	Field Name	Field Length	Field Position
1.	Record Type	1	1-1
2.	Line of Business Code	3	2-4
3.	Blanks	2	5-6
4.	ZIP Code	5	7-11
5.	Total Number of Offices	5	12-16
6.	Number of Claims Offices	4	17-20
7.	Number of Sales/Marketing Offices	4	21-24
8.	Number of Agents/Agencies	5	25-29
9.	New Business by Mail	9	30-38
10.	New Business by Phone	9	39-47

LAYOUT FOR 'C' (Agent/Agency Language Record)

	Field Name	Field Length	Field Position
1.	Record Type	1	1-1
2.	ZIP Code	5	2-6
3.	Service Type Code	3	7-9
4.	Conversant in a Language Other than English	6	10-15
5.	Conversant in Spanish	4	16-19
6.	Conversant in Chinese	4	20-23
7.	Conversant in Japanese	4	24-27
8.	Conversant in Filipino	4	28-31
9.	Conversant in Korean	4	32-35
10.	Conversant in Vietnamese	4	36-39
11.	Blanks	8	40-47

'C' Record EXAMPLE

```
Position   0000000000000000000000000000000000000000000000000
           0000000001111111111222222222233333333334444444444
           1234567890123456789012345678901234567890123456 7

Character  C95999GNT00009900090019000000900000009
```

LAYOUT FOR 'D' (Policyholder Gender and Ethnicity Record)

	Field Name	Field Length	Field Position
1.	Record Type	1	1-1
2.	Line of Business Code	3	2-4
3.	ZIP Code	5	5-9
4.	Race and National Origin Code	3	10-12
5.	Female Policyholder	8	13-20
6.	Male Policyholder	8	21-28
7.	Business Policyholder	8	29-36
8.	No Info Provided	8	37-44
9.	Blanks	3	45-47

Formatting Specifications

1. OUTPUT MEDIUM (*listed in desired preference*): Electronic mail or 1x-16x Compatible CD-R

2. RECORD FORMAT:

   a. All record types are to be submitted in ONE file only.

   b. Duplicate records are not allowed. That is, **a record for a line of business and ZIP code should only be reported once**. Each record should be unique.

   c. For electronic file or CD submit only in ASCII with fixed length of **47** bytes per record.

   d. A CD submission must be externally labeled in the following manner:

COMMUNITY SERVICE STATEMENT
REPORTING YEAR 2009

NAIC/Group Code: _____
Company/Group Name: _____
Number of Records: _____
Data Format (ASCII/EBCDIC): _____
IBM Internal Tape Label (Y/N): _____

Sample External Label

3. FIELD FORMAT:

   a. All numeric fields are right justified with leading zeros. If nothing to report, fill the field with zeros.

   b. All alphanumeric fields are left justified with appending spaces and UPPER case.

   c. There are no decimals, commas, or quotations in any of these layouts.

   d. All monetary fields are in whole dollars (no cents) and no dollar sign.

   e. Negative numbers: all negative values will have a "–" sign in the left most position. Positive amounts are to be left unsigned.

4. QUESTIONS ON FORMAT SPECIFICATIONS: Please contact Gary Quan at (213) 346-6315.

LAYOUT FOR 'I' RECORD

Field Name	Field Length	Field Position
1. Record Type 'I'	1	1-1

Placing an "I" in this position indicates a Company's Submission Type and provides basic Company Identification.

2. Group Submission	1	2-2

Enter whether this submission is for a group or an individual company.

Enter the following code:
G: Group submission
I: Individual submission

3. NAIC / Group Company Code	5	3-7

Enter the company code assigned by NAIC. If an insurer files a consolidated annual statement and reports consolidated experience, then enter the group code assigned by NAIC.

4. Company / Group Name	30	8-37
5. Experience Year	4	38-41

Enter the experience year - example: 2008

6. Agent/Agency Code	1	42-42

Indicate whether the number of agents is reported or the number of agencies is reported in Record Type B and Record Type C. If agents/agencies are not used fill with "X".

Enter the following code:
T: Agents
Y: Agencies
X: Business written without agents/agencies

7. Circular	5	43-47

Enter Circular code - example: CSS09

LAYOUT FOR 'A' RECORD

Field Name	Field Length	Field Position
1. Record Type 'A'	1	1-1

Placing an "A" in this position indicates a Company's Premium and Exposure record.

2. Line of Business Code	3	2-4

Enter the line code below that coincides with the line of business code assigned by NAIC as displayed in the annual statement:

01P - For Personal Fire (Including policies issued by the California FAIR Plan)
01C - For Commercial Fire (Including policies issued by the California FAIR Plan)
040 - Homeowners Multiple Peril
051 - Commercial Multiple Peril (Non-Liability Portion)
052 - Commercial Multiple Peril (Liability Portion)
192 - Other Private Passenger Auto Liability (Including policies issued through the California Automobile Assigned Risk Plan)

3. Policy Form Codes	2	5-6

Report the appropriate Policy Form Code as follows:

Line 01P (Personal Fire)

DO - Dwelling Owner-Occupied Policies
DT - Dwelling Tenant-Occupied Policies
DC - Dwelling Contents Only Policies
XX - Unoccupied Dwelling/Vacant Dwelling

Line 040 (Homeowners Multi-Peril)

HO - Homeowner (HO) policies, defined as HO1, HO2, HO3, HO5, HO8, or equivalent.
HC - Condominium Unit Owner, defined as HO6 or equivalent.
HT - Tenant/Renter, defined as HO4 or equivalent.
MO - Mobilehome.

Line 192 (Private Passenger Auto Liability)

AU - Private Passenger Auto (Voluntary Business Only)
MC - Motorcycle
MH - Motorhome, Recreational Vehicle, or equivalent
AR - Assigned Risk
LC - Low Cost Program

All Others

ZZ - No Form

4. ZIP Code	5	7-11

Enter valid California ZIP codes as designated by the United States Postal Service for the **garaging / physical address of the insured exposure (no P.O Boxes)**. Companies are required to check their own ZIP code list for validity before submitting their data. Companies are responsible for their own valid zip code list and this will not be provided by the Department. The range of California ZIP codes is from 90000 to 96200. ZIP codes out of this range are to be automatically considered invalid. ZIP codes that are for P.O. boxes are also considered invalid zip codes. Invalid ZIP codes within the range will be investigated by the Department. Do not include ZIP codes where data is not present .i.e., records with all zeros.

LAYOUT FOR 'A' RECORD

Field Name	Field Length	Field Position

Provide the total exposures by the following criteria:

1. Personal Auto Liability - exposures are counted by **car-months**. For example, 3 cars insured for one year is 36 car-months. DO NOT double count the exposures. Use property damage coverage to count the exposure.

2. Homeowners - exposures are counted by the number of **house-months** insured. For example, a duplex insured for one year is 24 house-months.

3. Commercial Multi-Peril and Fire - exposures are counted by number of **unit-months** insured. For this purpose, define **unit** as *location of risk*.

5.	Total Written Premiums	10	12-21

Enter the total written premiums for each ZIP code, line of business, and policy form for the entire calendar year.

6.	Written Exposures	8	22-29

Enter the written exposures for each ZIP code, line of business, and policy form for the entire calendar year. Please review exposure criteria included in box above.

7.	Total Earned Premiums	10	30-39

Enter the total earned premiums for each ZIP code, line of business, and policy form for the entire calendar year.

8.	Earned Exposures	8	40-47

Enter the earned exposures for each ZIP code, line of business, and policy form for the entire calendar year. Please review exposure criteria included in box above.

LAYOUT FOR 'B' RECORD

	Field Name	Field Length	Field Position
1.	Record Type 'B'	1	1-1

Placing a "B" in this position indicates a Company's Agent/Agency, Office and Solicitation record.

2.	Line of Business Code	3	2-4

Enter the line code below that coincides with the line of business code assigned by NAIC as displayed in the annual statement:

01P	-	For Personal Fire (Including policies issued by the California FAIR Plan)
01C	-	For Commercial Fire (Including policies issued by the California FAIR Plan)
040	-	Homeowners Multiple Peril
051	-	Commercial Multiple Peril (Non-Liability Portion)
052	-	Commercial Multiple Peril (Liability Portion)
192	-	Other Private Passenger Auto Liability (Including policies issued through the California Automobile Assigned Risk Plan)

3.	Blanks	2	5-6
4.	ZIP Code	5	7-11

Enter valid California ZIP codes as designated by the United States Postal Service for the **physical address of the office(s)**. Companies are required to check their own ZIP code list for validity before submitting their data. Companies are responsible for their own valid zip code listing and this will not be provided by the Department. The range of California ZIP codes is from 90000 to 96200. ZIP codes out of this range are to be automatically considered invalid. Invalid ZIP codes within the range will be investigated by the Department. Do not include ZIP codes where data is not present – records with all zeros. Zip codes that are P.O. Boxes are considered invalid.

5.	Total Number of Offices	5	12-16

Enter the total number of offices located in each ZIP code for each line of business that perform claim services and / or sales/marketing services. Count the office only once if an office performs both. Do not double count.

6.	Number of Claims Offices	4	17-20

Enter the total number of offices located in each ZIP code that perform claim service for each line of business.

7.	Number of Sales/Marketing Offices	4	21-24

Enter the total number of offices located in each ZIP code that perform sales/marketing service for each line of business. An agency or an agent's office is considered a sales office and should be included here.

8.	Number of Agents/Agencies	5	25-29

Enter the total number of agents or agencies maintaining offices in each ZIP code for each line of business. This includes independent as well as employed or captive types. Report only one type - either the number of agents or the number of agencies. This must correlate with the agent/agency code indicated in Record I.

9.	New Business by Mail	9	30-38

Enter the total number of direct mailing solicitations for new business to addresses in each ZIP code for each line of business.

10.	New Business by Phone	9	39-47

Enter the total number of telephone solicitations for new business to addresses in each ZIP code for each line of business.

LAYOUT FOR 'C' RECORD

	Field Name	Field Length	Field Position
1.	Record Type 'C'	1	1-1

Placing a "C" in this position indicates an Agent / Agency Language record.

2.	ZIP Code	5	2-6

Enter valid California ZIP codes as designated by the United States Postal Service for the **physical address of the office(s) where the agent or agency conduct their business**. Companies are required to check their own ZIP code list for validity before submitting their data. The range of California ZIP codes is from 90000 to 96200. ZIP codes out of this range, are to be automatically considered invalid. Invalid ZIP codes within the range will be investigated by the Department. Do not include ZIP codes where data is not present.i.e., records with all zeros.

3.	Service Type Code	3	7-9

Enter the service type code as listed below to indicate the type of service being provided. Choose one type only and report only this type throughout.

GNT - For those that provided the number of **agents** (captive or independent) who are conversant in the languages other than English as listed below.

AGY - For those that provided the number of **agencies** (independent) who are conversant in the languages other than English as listed below.

4.	Conversant in a language other than English	6	10-15

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in the languages other than English. This includes those listed here, and other languages not listed; e.g., French, German, Portuguese, Italian, Russian, Arabic, Dutch, etc. **A multilingual is to be counted once.**

5.	Conversant in Spanish	4	16-19

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in Spanish.

6.	Conversant in Chinese	4	20-23

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in any major Chinese dialect (e.g.-Mandarin, Cantonese, Taiwanese, etc.).

7.	Conversant in Japanese	4	24-27

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in Japanese.

8.	Conversant in Filipino	4	28-31

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in any major Filipino dialect (e.g.-Tagalog, Ilocano, Visayan, etc.).

LAYOUT FOR 'C' RECORD

	Field Name	Field Length	Field Position
9.	Conversant in Korean	4	32-35

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in Korean.

10.	Conversant in Vietnamese	4	36-39

Enter the total number for each service type maintaining offices in each ZIP code who are conversant in Vietnamese.

11.	Blanks	8	40-47

LAYOUT FOR 'D' RECORD

	Field Name	Field Length	Field Position
1.	Record Type 'D'	1	1-1

Placing a "D" in this position indicates the company's Policyholder Gender and Ethnicity record.

2.	Line of Business Code	3	2-4

Enter the line code below that coincides with the line of business code assigned by NAIC as displayed in the annual statement:

01P	-	Personal Fire (Including policies issued by the California FAIR Plan)
01C	-	Commercial Fire (Including policies issued by the California FAIR Plan)
040	-	Homeowners Multiple Peril
051	-	Commercial Multiple Peril (Non-Liability Portion)
052	-	Commercial Multiple Peril (Liability Portion)
192	-	Other Private Passenger Auto Liability (Including policies issued through the California Automobile Assigned Risk Plan)

3.	ZIP Code	5	5-9

Enter valid California ZIP codes as designated by the United States Postal Service for the **physical address of the new policyholder**. Companies are required to check their own ZIP code list for validity before submitting their data. The range of California ZIP codes is from 90000 to 96200. ZIP codes out of this range, are to be automatically considered invalid. Invalid ZIP codes within the range will be investigated by the Department. Do not include ZIP codes where data is not present, i.e., records with all zeros.

4.	Race and National Origin Code	3	10-12

Enter the race and national origin code as listed below. Each new policyholder must be provided with the race, national origin, and gender form to be completed voluntarily and returned to the insurance company for compilation.

XYZ	-	Elected to provide no race or national origin
AMI	-	American Indian/Alaskan Native
ASN	-	Asian/Pacific Islander
AFR	-	African American
LAT	-	Latino
WHI	-	White
OTH	-	Other than those specified above

LAYOUT FOR 'D' RECORD

Field Name	Field Length	Field Position

For the purpose of this study, the following definition applies:

POLICYHOLDER is defined as a "natural person" (an individual, spouse, domestic partner, or business partner(s)) that is named on the policy.

5.	Female Policyholder	8	13-20

Enter the number of new policyholders that indicated female for each ZIP code, line of business, and race and national origin type. If the policyholder elected to provide just gender but not race or national origin, the correct race code for this record is 'XYZ'.

6.	Male Policyholder	8	21-28

Enter the number of new policyholders that indicated male for each ZIP code, line of business, and race and national origin type. If the policyholder elected to provide just gender but not race or national origin, the correct race code for this record is 'XYZ'.

7.	Business Policyholder	8	29-36

Enter the number of new policyholders that indicated business for each ZIP code, line of business, and race and national origin type. If the policyholder elected to indicate that they are a business entity but did not provide race or national origin, the correct race code for this record is 'XYZ'.

8.	Elected to Provide Nothing	8	37-44

Enter the total number of new policyholders for each ZIP code and line of business that elected not to provide a race, national origin or gender (RNOG) information. **DO NOT include the number of policyholders that did not return a completed RNOG form**. If the policyholder elected not to provide any race or national origin AND gender information, the correct race code for this record is 'XYZ'.

9.	Blanks	3	45-47