



**CALIFORNIA DEPARTMENT OF INSURANCE  
2015 INSURER SUPPLIER DIVERSITY SURVEY**

Report Type: **Individual**

Group / NAIC Code:

**38970**

Group / Company Name: **MARKEL INSURANCE COMPANY**

**Our company / group does not enter into contracts to procure goods or services in California.**

Points of contact for the company's / group's supplier diversity operations for diverse business enterprises:

**PRIMARY CONTACT**

Contact Name: [REDACTED]  
Title: [REDACTED]  
Phone Number: [REDACTED]  
Email Address: [REDACTED]  
Mailing Address: [REDACTED]

**SECONDARY CONTACT**

Contact Name: [REDACTED]  
Title: [REDACTED]  
Phone Number: [REDACTED]  
Email Address: [REDACTED]  
Mailing Address: [REDACTED]

**GENERAL CONTACT**

Contact Name: [REDACTED]  
Title: [REDACTED]  
Phone Number: [REDACTED]  
Email Address: [REDACTED]  
Mailing Address: [REDACTED]