



**CALIFORNIA DEPARTMENT OF INSURANCE
2014 GOVERNING BOARD DIVERSITY SURVEY**

ADDENDUM A

Each company reporting as part of a group, completed Addendum A and is included with the Group Report.

Group Name: **Employers Compensation Insurance Company**

Group NAIC Number: **11512**

1. Company Name: **Employers Compensation Insurance Company**

2. Company NAIC Number: **11512**

3. How many people:

a) Serve on this company's Board of Directors? **5**

b) Of those in "a)", how many identify as:

i. Women **0**

ii. Men **5**

c) Of those in "a)", how many:

i. Are Disabled Veterans? **0**

ii. Publicly Identify as LGBT (Lesbian, Gay, Bisexual, and / or Transgender)? **0**

d) Of those in "a)", how many identify as:

i. American Indian? **0**

v. Multi-Ethnic? **0**

ii. African American? **0**

vi. Caucasian? **5**

iii. Asian Pacific Islander? **0**

vii. Other? **0**

iv. Hispanic / Latino? **0**

4. Is this company's governing board comprised solely of internal employees (i.e. senior management) of the insurance company or group?

NO