

State of California Department of Insurance Admitted Company

Data Extract Order Form

LIC DE 1 (Rev 3/2019)

Producer Licensing Bureau
 320 Capitol Mall
 Sacramento CA 95814-4344
 (800) 967-9331

Customer Name: _____ Order date: _____

Customer Company: _____

Customer E-mail Address: _____ Telephone number (____) _____

Mailing Address: _____

Selection: Please check only one sort order per company type.

Company Type	Sort Order – Alphabetical*	Sort Order – Zip**	Price
All Admitted Companies	<input type="checkbox"/>	<input type="checkbox"/>	\$ 73.00
Automobile Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 73.00
Workers’ Compensation Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 73.00
Life Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 73.00
Property & Casualty Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 73.00
Total order amount			\$
Sales Tax ***			\$
Total due to California Department of Insurance			\$

*Alpha will sort the data by company name

**ZIP will sort the data by zip codes

*** **California** residents must add your cities sales tax. Here is a link for California sales tax:

<https://www.cdfa.ca.gov/taxes-and-fees/rates.aspx>

Send this completed form with your check to the California Department of Insurance, Attn: Mailing List Technician, 320 Capitol Mall, Sacramento, CA 95814-4344. For additional information, call (916) 492-3063 which is a voice mail box, or e-mail the Producer Mailing List Technician at listings@insurance.ca.gov

Complete payment must be enclosed or order will not be processed.