

**State of California Department of Insurance Admitted Company**

**Data Extract Order Form**

LIC DE 1 (Rev 2/2016)

Producer Licensing Bureau  
 P.O. Box 1139  
 Sacramento CA 95812-1139  
 (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"/>	\$ 66.00
Automobile Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Workers' Compensation Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Life Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
Property & Casualty Companies Only	<input type="checkbox"/>	<input type="checkbox"/>	\$ 66.00
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:

<http://www.boe.ca.gov/cgi-bin/rates.cgi>

Send this completed form with your check to Attn: Mailing List Technician, California Department of Insurance, 300 Capitol Mall, 16th Floor, 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](mailto:listings@insurance.ca.gov)

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