TO THE INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA:

The undersigned insurer, incorpora	ted under the laws of the Sta	ate of	with its
home office in the City of	in said Stat	te, duly admitted to transact	insurance in
the State of California and being de			
into a contract with			
of the City of	State of	whereby last said	l company will
assume all of the liabilities, losses a	and obligations of Applicant	t under its insurance policies	s issued to
residents of the State of California.	Applicant hereby surrende	rs for cancellation its Califo	rnia Certificate
of Authority and requests that the I	nsurance Commissioner put	olish its application as requi	red by
California Insurance Code §1071 a	nd inform all persons, if any	, in said State who may con	itend that
Applicant has not reinsured all of i	ts liabilities to residents of s	said State so that any such p	ersons may
notify the Insurance Commissioner	at 1901 Harrison Street, 6th	h Floor, Oakland, California	1 94612, of
such contention within 15 days from	m the date of the first public	cation hereof; and if it shall	appear that
Applicant has duly discharged all s	uch liabilities or reinsured a	Ill such policies, then Applic	cant hereby
requests to be permitted to withdra	w from the State of Californ	ia pursuant to the provision	s of Article 15,
Chapter 1, Part 2, Division 1 of the	Insurance Code of said Sta	te.	

Dated at	this	day of	, 20
		Applicant	
	By:		
		President	
(Corporate Seal)	By:		
		Secretary	
State of) County of)			
County of)			
On this day of			uly appointed to
take proof and acknowledgment of deeds ar			
, k personally known to me to be the Secretary			,
Company, the corporation whose name is su			they and each of
them duly acknowledged that said company		e .	•
severally and each for himself, deposes and			
instrument is the corporate seal of the said C		and that the seal affixed to the j	
as such officers were duly affixed and subso			
said corporation as and for the act and deed		÷	<i>y</i>
IN WITNESS WHEREOF, I have hereunto	set my han	d and affixed my afficial seal th	vis day of
, 20	set my nam	a and arrived my orneral sear th	uay 01