

**SURVEY OF CALIFORNIA LICENSED INSURERS' MARKETING SYSTEMS
For Calendar Year 2015**

<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Company Name</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Company NAIC Code</i>
<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Group Name</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Group Code</i>
<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Address</i>	
<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>City</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>State</i>
	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Zip Code</i>

Please mark the appropriate box:

We did not write any business in California in 2015.

The business we wrote in California in 2015 is not one of the lines mentioned in the survey; therefore, we do not have to file.

Line(s) of insurance written:

Completed Survey is hereby submitted.

Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

<div style="background-color: yellow; height: 25px; margin-bottom: 5px;"></div> <i>Signature of the Officer</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Date</i>
<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Name of the Officer (Please print)</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Phone Number</i>
	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Fax Number</i>
<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Title</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>E-Mail Address</i>

<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Name of the Contact Person (Please print)</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Phone Number</i>	<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>Fax Number</i>
<div style="background-color: yellow; height: 15px; margin-bottom: 5px;"></div> <i>E-Mail Address</i>		

This Form Is Due No Later Than: JUNE 30, 2016

Please submit the completed survey to the Rate Specialist Bureau by sending either:

1) an electronic copy of the file by e-mail to: ***rsbmktsys@insurance.ca.gov***

or

2) a copy of the file on CD/DVD to the address below.

Any questions / correspondence can be directed to:

CALIFORNIA DEPARTMENT OF INSURANCE
Attn: Rate Specialist Bureau
300 South Spring Street, South Tower, 11th Floor
Los Angeles CA 90013-1230
e-mail: *rsbmktsys@insurance.ca.gov*