

**SURVEY OF CALIFORNIA LICENSED INSURERS' MARKETING SYSTEMS  
For Calendar Year 2019**

<i>Company Name</i>	<i>Company NAIC Code</i>	
<i>Group Name</i>	<i>Group Code</i>	
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Please mark the appropriate box:

- We did not write any business in California in 2019.
- The business we wrote in California in 2019 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.*

<i>Signature of the Officer</i>	<i>Date</i>	
<i>Name of the Officer (Please Print)</i>	<i>Phone Number</i>	<i>Fax Number</i>
<i>Title of Officer</i>	<i>E-Mail Address</i>	

<i>Name of the Contact Person (Please Print)</i>	<i>Contact's Phone Number</i>	<i>Contact's Fax Number</i>
<i>E-Mail Address of Contact Person</i>		

**This Form Is Due No Later Than: JUNE 30, 2020**

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, 11<sup>th</sup> Floor  
300 South Spring Street, South Tower  
Los Angeles, CA 90013-1230

e-mail: [rsbmktsys@insurance.ca.gov](mailto:rsbmktsys@insurance.ca.gov)