

**CALIFORNIA EARTHQUAKE INSURANCE PREMIUM, EXPOSURES & POLICY COUNT DATA CALL
SIGNATURE PAGE**

California Insurance Code
Section 10089.13(a)

| | | |
|------------------------------|------------------------------|-------------------|
| <i>Company or Group Name</i> | <i>Company NAIC Code</i> | <i>Group Code</i> |
| <i>Address</i> | <i>City, State, Zip Code</i> | |

Please mark the appropriate box:

- Our Company did not write any new or renewal business on residential property insurance in 2024.
- Data Collection Workbook (Excel) is hereby submitted (due no later than **March 17, 2025**).

Under penalty of perjury, I declare that I have examined this report, including accompanying schedules and statements, 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 of Officer</i> | |

| | | |
|--|---|-------------------|
| <i>Name of the Contact Person (please print)</i> | <i>Phone Number</i> | <i>Fax Number</i> |
| <i>Title of Contact Person</i> | <i>E-Mail Address of Contact Person</i> | |