

SURVEY OF CALIFORNIA LICENSED INSURERS' MARKETING SYSTEMS
For Calendar Year 2025

Company Name	Company NAIC Code	
Group Name	Group Code	
Address		
City	State	Zip Code

Please mark the appropriate box:

- We did not write any business in California in 2025.
- The business we wrote in California in 2025 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.

Signature of the Officer	Date	
Name of the Officer (Please Print)	Phone Number	Fax Number
Title of Officer	E-Mail Address	
Name of the Contact Person (Please Print)	Contact's Phone Number	Contact's Fax Number
E-Mail Address of Contact Person		

This Form Is Due No Later Than: JUNE 30, 2026

Please submit the completed survey to the Rate Specialist Bureau by sending an electronic copy of the file by e-mail to:
rsbmktsys@insurance.ca.gov

Any questions / correspondence can be directed to e-mail: **rsbmktsys@insurance.ca.gov**