

**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 2025.☐ Data Collection Workbook (Excel) is hereby submitted (due no later than **March 16, 2026**).

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>	