



State of California
Department of Insurance
300 Capitol Mall, Suite 14000
Sacramento, CA 95814

SECURITIES TRANSACTION REQUEST

[\(Select link for A174 Instructions\)](#)

Request Number
Assigned by Dept. of Insurance

California Insurance Code Section	
Complete One Only	
☐	General Deposit (940/955) State _____
☐	Workers Compensation (11691) _____
☐	Other (Specify) _____

Check One Only:	☐ Initial Deposit	☐ Additional Deposit	☐ Withdrawal	☐ Substitution/ Exchange	Check One or Both (if applicable)	☐ Book Entry	☐ Physical Security
-----------------	--	---	-------------------------------------	--	-----------------------------------	-------------------------------------	--

COMPANY INFORMATION		If new company, check here ☐	ULTIMATE BENEFICIARY FOR INTEREST PAYMENT		If change, check here ☐	AGENT INFORMATION FOR SECURITIES DEPOSITS	
Company Name			Bank Name			Agent Name	
			Bank ABA # (9 digit)			Agent ABA # (9 digit)	
Mailing Address			Bank Account #			DTC/Broker Code	
			FFC# (If applicable)			FED Broker Code	
Contact Name			Mailing Address			Mailing Address	
Telephone & Fax #					Country:		
E-mail Address			Contact Name			Contact Name	
Tax I.D. #			Telephone & Fax #			Telephone & Fax #	
NAIC/CDI #			Email Address			Email Address	

SECURITIES TO BE DEPOSITED									
Description of Securities If depositing stock, identify whether common or preferred.		Cusip / Serial / Certificate Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value As of:	Deposit Value (Lower of Par or Market)	Rating (Include Source)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
LIST SECURITIES TO BE WITHDRAWN ON REVERSE		DEPOSIT GRAND TOTALS							

Company Name	
--------------	--

Request Number
Assigned by Dept. of Insurance

ULTIMATE BENEFICIARY FOR PRINCIPAL PAYMENT (CASH)	
Bank Name	
Bank ABA # (9 digit)	
Bank Account #	
FFC # (if applicable)	
Mailing Address	Country:
Contact Name	
Telephone & Fax #	
Email Address	

AGENT INFORMATION FOR SECURITY RELEASE			
Agent Name			
Agent ABA # (9 digit)			
Agent Account #		FFC # (if applicable)	
DTC Broker Code		FED Broker Code	
Mailing Address			
Contact Name			
Telephone & Fax #			
Email Address			

SECURITIES TO BE WITHDRAWN						
Description of Securities If withdrawing stock, identify whether common or preferred.		Cusip / Serial / Certificate Number	Rate	Maturity Date	Par/Face Value	Market Value As of:
						Deposit Value (Lower of Par or Market)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
WITHDRAWAL GRAND TOTALS						

AUTHORIZATION	
COMPANY	DEPARTMENT OF INSURANCE
MUST ALWAYS BE COMPLETED BY AUTHORIZED COMPANY OFFICER The statements contained herein are true and correct at _____ (city), State of _____ on the _____ day of _____, 20 ____ NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE BEEN ISSUED BY ANY OF OUR AFFILIATED COMPANIES BY _____ Company Officer _____ Print Name and Title	REQUEST APPROVED FOR THE COMMISSIONER _____ Deputy Commissioner _____ Date