



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	
<input type="checkbox"/>	General Deposit (940/955) State _____
<input type="checkbox"/>	Workers Compensation (11691) _____
<input type="checkbox"/>	Other (Specify) _____

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

COMPANY INFORMATION	BANK INFORMATION FOR INTEREST PAYMENT	AGENT INFORMATION FOR SECURITIES DEPOSITS
If new company, check here <input type="checkbox"/>	If change, check here <input type="checkbox"/>	
Company Name	Bank Name	Agent Name
Mailing Address	Bank ABA # (9 digit)	Agent ABA # (9 digit)
Contact Name	Bank Account #	DTC/Broker Code
Telephone & Fax #	FFC# (If applicable)	FED Broker Code
E-mail Address	Mailing Address	Mailing Address
Tax I.D. #	Contact Name	Contact Name
NAIC/CDI #	Telephone & Fax #	Telephone & Fax #
	Email Address	Email Address

SECURITIES TO BE DEPOSITED

Description of Securities <small>If depositing stock, identify whether common or preferred.</small>	Cusip / Serial / Certificate Number	Rate	Issue Date	Maturity Date	Par/Face Value	Market Value <small>As of:</small>	Deposit Value <small>(Lower of Par or Market)</small>	Rating <small>(Include Source)</small>
1								
2								
3								
4								
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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LIST SECURITIES TO BE WITHDRAWN ON REVERSE	DEPOSIT GRAND TOTALS							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	
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Request Number
Assigned by Dept. of Insurance

BANK INFORMATION FOR PRINCIPAL PAYMENT (CASH)	
Bank Name	
Bank ABA # (9 digit)	
Bank Account #	
FFC # (if applicable)	
Mailing Address	
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SECURITIES TO BE WITHDRAWN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
<p align="center">MUST ALWAYS BE COMPLETED BY AUTHORIZED COMPANY OFFICER</p> <p>The statements contained herein are true and correct at _____ (city), State of _____ on the _____ day of _____, 20 ____</p> <p align="center">NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE BEEN ISSUED BY ANY OF OUR AFFILIATED COMPANIES</p> <p>BY _____ Company Officer</p> <p align="center">_____ Print Name and Title</p>	<p align="center">REQUEST APPROVED</p> <p align="center">FOR THE COMMISSIONER</p> <p align="center">_____ Deputy Commissioner</p> <p align="right">_____ Date</p>