California Department of Insurance



NOTICE OF INTENT TO WITHDRAW PROGRAM (CALIFORNIA)

Company Tracking Number ¹ :	
Application Type:	Rule/Form
Company Name:	
Group Name:	
Line of Insurance:	
Program to be Withdrawn:	
Effective Date of Withdrawal:	
Title of Declarant:	
Name of Declarant:	
Telephone # of Declarant:	
Active Programs Remaining in Company (list all that apply):	

 $^{^{1}}$ "Company Tracking Number" is the "Co Tr Num" listed on SERFF to identify the application.

Rationale for Withdrawal:	
\square I am employed with the above-referenced Group, and I am authof Intent to Withdraw on its behalf.	norized to execute this Notice
\square I declare under penalty of perjury under the laws of the State referenced Company hereby intends to withdraw from the afore effective date stated above.	
\square I declare under penalty of perjury that that all forms, rates, a Program will be withdrawn on the stated effective date.	and rules associated with the
$\ \square$ I agree that the Company will not file a replacement program fo the effective date of the withdrawal of the Program.	or at least three (3) years after
I understand there are terms in this Notice that, if violated, could so regulatory enforcement actions by the California Department of Ins	
Authorized Electronic Signature:	Pate: