

**CALIFORNIA DEPARTMENT OF INSURANCE  
STATISTICAL ANALYSIS DIVISION  
COMMUNITY SERVICE STATEMENT**

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ (\*), being duly sworn, deposes and says that he/she is the  
\_\_\_\_\_ of the \_\_\_\_\_ Company; that the  
statistical data reported upon the accompanying transmittal forms and output medium is a true and accurate  
compilation of the company's required Community Service Statement experience in the State of California for  
the period covered to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Affiant

Subscribed and sworn to (or affirmed) before me on

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s)  
who appeared before me.

\_\_\_\_\_  
Signature

\* Signatory must be the company official  
responsible for compilation of statistical data.

A COPY OF THIS FORM MUST ACCOMPANY EACH DATA SUBMISSION / RESUBMISSION.