

# VERIFICATION

As an officer or executive of \_\_\_\_\_ who has the  
(Name of the nonadmitted Insurer)

authority and knowledge to provide this declaration, I declare under penalty of perjury under California law that all of the following statements are true and correct:

1. The documents identified below have previously been filed with the California Department of Insurance and there have been no changes to the information in those documents.
2. These documents on file with the California DOI contain the most current information available, and should be considered as part of the annual renewal for \_\_\_\_\_ (year):

Document Previously Filed	Date Filed
<input type="checkbox"/> Year-end _____ Annual Statement	_____
<input type="checkbox"/> Period-end _____ Quarterly Statement	_____
<input type="checkbox"/> Year-end _____ Audited Financial Statement	_____
<input type="checkbox"/> Certificate of Authority	_____
<input type="checkbox"/> Certificate of Good Standing/Compliance	_____
<input type="checkbox"/> Agent for Service of Process	_____
<input type="checkbox"/> Principal Place of Business	_____
<input type="checkbox"/> California Plan of Operation/Business Plan	_____
<input type="checkbox"/> List of surplus line brokers authorized to issue policies	_____
<input type="checkbox"/> Biographical Affidavits on Officers and Directors Except as enclosed, there are no changes to the biographical affidavits previously filed.	_____
<input type="checkbox"/> Regulatory Disclosure Statement For the year/period ending _____, the company or any of its affiliates is not subject to legal proceeding for receivership, conservation, liquidation, license revocation or suspension, or any other cease and desist order in any jurisdiction in which it has authority to operate as an insurance company.	_____
<input type="checkbox"/> Report of Examination:    Date of Report: _____	_____
<input type="checkbox"/> List of Trust Assets as of (for alien insurers only): _____	_____
<input type="checkbox"/> Trust Agreement (for alien insurers only): Date of Trust: _____    Date of Last Amendment: _____	_____
<input type="checkbox"/> Other: _____	_____

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date