

# VERIFICATION (INCORPORATING PREVIOUSLY FILED DOCUMENTS)

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 (CDI) and there have been no changes to the information in those documents.
2. These documents on file with the CDI contain the most current information available, and should be considered as part of the annual renewal for \_\_\_\_\_(year):

Document Previously Filed	Date Submitted to CDI
<input type="checkbox"/> Year ended _____ Annual Statement (including all supplementary reports, exhibits, and schedules required by the NAIC)	_____
<input type="checkbox"/> Period ended _____ Quarterly or Half-Yearly Statements/Results	_____
<input type="checkbox"/> Year ended _____ IID Report	_____
<input type="checkbox"/> Year ended _____ 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"/> Proposed Business Plan/Plan of Operation in California	_____
<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"/> 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