CALIFORNIA INSURANCE PROOF CERTIFICATE

Department of Motor Vehicles - Financial Responsibility Area P. O. Box 932338 M/S J237 Sacramento, CA 94232-3380

STATE	DIST.	AGENT	
95	27	11	

The company named below, which is authorized to do business in the State of California, certifies that it has issued an insurance policy in accordance with the laws and regulations of the State of California to or for the benefit of:

(Please Print or Type)								
NAME			DRIVER LICENSE NO.		DATE OF BIRTH			
K	ΞS		A 0		0 4			
ADDRESS ER ST			CITY	5	STATE	ZIP		
POLICY NO. 9; 11				674 EFFECTIVE DATE 03/25/2009				
ASSIGNED RISK PLAN NO.			LOW COST PRO	LOW COST PROGRAM ND.				
☐ (M) Any oth SR-22 ☐ (S) A moto ☐ (U) Owners ☐ (Z) Low Co	emobile liability policy her liability policy as do r vehicle liability polic s coverage covering al list Auto Policy issued	as defined in California Vehefined in CVC § 16431 which yas defined in CVC § 1645! Il motor vehicles registered for owners coverage, Califoe by the insured of any mot	h meets the requirement on 0. (Broad Coverage) to the insured. CVC § 164 Irnia Insurance Code Articl	51. e 5.5 § 11629.8 and § 116	29.91.	els.		
Cancellation or terminat	ion of this policy shal	l be in accordance with CVC	§ 16433.					
NAME OF INSURANCE COMPANY	FARMERS INSURANCE EXCHANGE	DÉPT. OF INSURANCE ID. NO. 0937	TRUCK INSURANCE EXCHANGE	DEPT. DF INSURANCE ID. NO. 1199	MID-CENTURY INSURANCE COMPANY	DEPT. OF INSURANCE ID. NO. 1428		
ADDRESS OF INSURANCE 4680 Wilshire Blv	* *			· 				
CITY			STATE	STATE		ZIP		
Los Angeles			CA	A 90010				
AUTHORIZED RESENT	I <u>A</u> TIVE				DATE 03/25/2009			

CHECK INSTRUCTIONS ON REVERSE SIDE BEFORE MAILING

SR-22/SR-1P (REV. 6/00)