

EXHIBIT I - FORMAT

**YEAR 2000**

**MOTOR VEHICLE INSURANCE MEDIA RECEIPT**

Insurance Company Name: \_\_\_\_\_

Insurance Company Code: \_\_\_\_\_

Service Agent Name: \_\_\_\_\_

Media Identification Number: \_\_\_\_\_

Number of Records: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Contents: DHSMV Insurance Notices

RETURN NAME AND STREET ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_