

TITLE INSURANCE TAX RETURN

CDI FS-003 (REV 12/2002)

FOR CALENDAR YEAR 2002

TAX DUE DATE APRIL 1, 2003

Name of Insurer		Fed Tax I.D. No.	
		CA Perm No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	<input type="checkbox"/> No Payment
Telephone & Fax #			<input type="checkbox"/> Check
State of Domicile			<input type="checkbox"/> EFT

If New Company, check here

If Name Change, check here

If Final Return, check here

STATEMENT OF TAXABLE PREMIUMS AND TAXES DUE DURING CALENDAR YEAR 2002

		CDI use only	
Annual Tax	1. Gross All Inclusive Title Insurance Premiums	1.	
	1.1 Deduct Sum Retained by Underwritten Title Companies	1.1	
	1.2 Net Taxable Insurance Premiums	1.2	
	2. All Income Received on Reinsurance Assumed	2.	
	3. All Other Income (and Income from "Investments")	3.	
	4. Total Taxable Income	4.	
5. Tax Rate	5.	2.35%	
6. 2002 Annual Tax	6.		
Credits & Prepayments	7. Low Income Housing Credit	7.	
	8. COIN Credit	8.	
	9. Prepayments Made During the Reporting Year of 2002		
	a. Overpayment applied from prior year		
	b. First Quarter (Balance paid)		
	c. Second Quarter		
	d. Third Quarter		
e. Fourth Quarter			
f. Total Prepayments	9f.		
10. Total Credits & Prepayments Made	10.		
Tax Due	11. 2002 Tax Due - If Line 6 is greater than Line 10	11.	
Tax Overpayment	12. 2002 Tax Overpayment- If Line 10 is greater than Line 6 The tax overpayment (line 12) may be applied to the 2003 first quarter prepayment and the 2002 retaliatory tax. A Refund MAY NOT be applied to the 2003 second quarter prepayment or any future tax payment.	12.	
1st Quarter Prepayment	13. 2003 First Quarter Prepayment	13.	
	a. 2002 Tax Overpayment applied to the 1st Quarter Prepayment	a.	
	b. 2003 First Quarter Prepayment Balance Due	13b.	
Retaliatory Tax	14. 2002 Retaliatory Tax	14.	
	a. 2002 Tax Overpayment applied to the Retaliatory Tax	a.	
	b. 2002 Retaliatory Tax Balance Due	14b.	
Tax Refund	15. Tax Refund	15.	

TAX PAYMENTS DUE APRIL 1, 2003	Line 11	2002 Tax Due	_____
	Line 13b	2003 First Quarter Prepayment Balance Due	_____
	Line 14b	2002 Retaliatory Tax Balance Due	_____

Each Payment must be paid separately and should NOT be combined to make one lump sum payment

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SCHEDULE A - Retaliatory Tax Return

ALL INSURERS NOT DOMICILED IN CALIFORNIA MUST COMPLETE THIS SCHEDULE

Part I. State of Domicile Tax on California Insurer

- 1.
 - 1.1 Gross Premiums 1.1 _____
 - 1.2 Allowable Deductions 1.2 _____
 - 1.3 Net Taxable Premiums 1.3 _____
 - 1.4 Tax Rate 1.4 _____
 - 1.5 Amount of Tax 1.5 _____
 - 1.6 Fire Department Tax (Please provide support) 1.6 _____
 - 1.7 Fire Marshall Tax (Please provide support) 1.7 _____
 - 1.8 Annual Statement Fee in State of Domicile 1.8 _____
 - 1.9 Certificate of Authority in State of Domicile 1.9 _____
 - 1.10 Certification Fee in State of Domicile 1.10 _____
 - 1.11 Other recurring taxes and fees (Be specific) 1.11 _____
 - (a) Agent License Fees (State number of agents x fee amt.) 1.11(a) _____
 - (b) Other (Be specific and give documentation) 1.11(b) _____

2. Total State of Domicile Aggregate Imposition **2.** _____

Part II. California Tax on Foreign/Alien Insurer

- 1. Premium Tax from Page 1, Line 06. 1. _____
- 2. Annual Statement Fee* 2. 324.00
- 3. Certificate of Authority Fee* 3. 327.00
- 4. Bureau of Fraudulent Claim Assessment* 4. 1,300.00
- 5. Other Taxes and Fees (Be specific) 5. _____
 - 5.1 Agents License Fees (State number of agents x fee amt.) 5.1 _____
 - 5.2 Other (Be specific) 5.2 _____

6. Total California Aggregate Imposition **6.** _____

7. 2002 Retaliatory Tax **7.** _____

If amount on Part II, Line 6 is greater than Part I, Line 2,
enter zero on Part II, Line 7.
If amount on Part I, Line 2 is greater than Part II, Line 6,
enter difference between the two amounts on Part II, Line 7.

Enter result of calculation on Page 1, Line 14.

Attach a copy of the 2002 Schedule T and state of domicile Premium Tax Return.

*For reporting purposes only. Separate invoice will be sent.