

**SURPLUS LINE BROKER AND SPECIAL LINES SURPLUS LINE BROKER****ANNUAL STATEMENT AND TAX RETURN**

CDI FS-006 (REV 09/2003)

**FOR CALENDAR YEAR 2003****TAX DUE DATE March 1, 2004**

|  |  |  |   |
|--|--|--|---|
| Broker's Name                                      |  | Surplus Line License Number                          |   |
| D.B.A.<br>(Doing Business As)                      |  | Federal Tax I.D. No.                                 |   |
| Mailing Address                                    |  | EFT Taxpayer I.D. No.                                |   |
| City, State, Zip                                   |  | Method of Tax Payment                                |   |
| Telephone Number                                   |  | <input type="checkbox"/> No Payment                  | <input type="checkbox"/> Check <input type="checkbox"/> EFT |
| If New Broker, check here <input type="checkbox"/> |  | If Name Change, check here <input type="checkbox"/>  |   |
|  |  | If Final Return, check here <input type="checkbox"/> |   |

**STATEMENT OF CALIFORNIA TAXABLE NONADMITTED PREMIUMS**

On policies/certificates and endorsements transacted by the broker filing this return.  
from JANUARY 1, 2003 TO DECEMBER 31, 2003

|                               |  | CDI use only                  |
|-------------------------------|--|-------------------------------|
| <b>Annual Tax</b>             | 1. Gross Premiums transacted during 2003   | 1. \$                         |
|                               | 2. DEDUCT: Returned Premiums during 2003   | 2. \$                         |
|                               | 3. Net Taxable Premiums (Line 1 less Line 2)   | 3. \$                         |
|                               | 4. Tax Rate  | 4. 3%                         |
|                               | 5. 2003 Annual Tax   | 5. \$                         |
| <b>Credits &amp; Payments</b> | 6. Deduct Monthly Tax Payments made during 2003:   |                               |
|                               | A. Credit Applied from 2002 Annual Tax Overpayment   |                               |
|                               | B. Jan (due 4/1)   | H. Jul (due 10/1)             |
|                               | C. Feb (due 5/1)   | I. Aug (due 11/1)             |
|                               | D. Mar (due 6/1)   | J. Sept (due 12/1)            |
|                               | E. Apr (due 7/1)   | K. Oct (due 1/1)              |
|                               | F. May (due 8/1)   | L. Nov (due 2/1)              |
|                               | G. Jun (due 9/1)   | * M. Dec (due 3/1) XXXXXXXXXX |
|                               | * Refer to the instructions, Line 6  |                               |
|                               | 7. Total Monthly Tax Payments (Sum of Line 6A through 6L)  | 7. \$                         |
| <b>Annual Tax Due</b>         | 8. If Line 5 is more than Line 7, subtract Line 7 from Line 5.   | 8. \$                         |
|                               | <b>This is the amount of ANNUAL TAX OWED.</b><br>NET ANNUAL TAX DUE MARCH 1st  |                               |
| <b>Credit / Refund</b>        | 9. If Line 7 is more than Line 5, subtract Line 5 from Line 7.   | 9. \$                         |
|                               | <b>This is the amount of ANNUAL TAX OVERPAID</b><br>OVERPAYMENT: <b>ONE MUST BE CHECKED</b><br><input type="checkbox"/> To Be Refunded <input type="checkbox"/> To Be Credited |                               |

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|---------------|--|-----------------------------|--|
| Broker's Name |  | Surplus Line License Number |  |
|---------------|--|-----------------------------|--|

[illegible]

### Total **Gross** Premiums

Complete and return all pages

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|---------------|--|-----------------------------|--|
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|---------------|--|-----------------------------|--|

[illegible]

### Total **Gross** Premiums

NOTE: The total of lines 10 and 10a should reconcile with line 1.

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[illegible]

If necessary, copy this page and attach to the tax return.

### Total **Gross** Premiums

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**12. Statement of California Surplus Line Trust Assets and Liabilities as of December 31, 2003**

Note: This is the accumulation totals before closing the account.

Pursuant to California Insurance Code Sections 1733 - 1735.

If reporting on a fiscal year basis state the year end date: \_\_\_\_\_

A. Total Trust Assets \_\_\_\_\_

B. Total Trust Liabilities \_\_\_\_\_

C. Difference \_\_\_\_\_

**13. STATEMENT OF NONTAXABLE BUSINESS WRITTEN**  
(Pursuant to California Insurance Code Section 1760.5)

Mexican Tourist Trip Coverage \_\_\_\_\_

Business conducted under the Special Surplus Line Broker License:

A. Ocean Marine \_\_\_\_\_

B. Aircraft Insurance - Hull Only  
(Aircraft Liability is taxable) \_\_\_\_\_

C. Railroads engaged in Interstate Commerce \_\_\_\_\_

**14. BUSINESS ADDRESS IF DIFFERENT FROM MAILING ADDRESS:**\_\_\_\_\_  
Street and Suite Number\_\_\_\_\_  
City State Zip CodeContact Person for this Return: \_\_\_\_\_  
Print or Type Name and Title(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number\_\_\_\_\_  
E-mail address

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**SURPLUS LINE BROKER'S CERTIFICATION**

I, \_\_\_\_\_  
Print or Type Name Print or Type Title

hereby declare under penalty of perjury pursuant to the laws of the State of California that this annual statement and tax return, including any accompanying schedules or statements has been examined by me and is true, correct, and complete.

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Signature Date Signed