

**ALL CLASSES OF INSURANCE EXCEPT OCEAN MARINE, LIFE, TITLE, AND HOME PROTECTION TAX RETURN**

CDI FS-001 (REV 9/2003)

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

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 2003**

<b>Annual Tax</b>	1. Net Taxable Premiums	1.
	2. Tax Rate	2. 2.35%
	3. 2003 Annual Tax	3.
<b>Credits &amp; Prepayments</b>	4. Low Income Housing Credit	4.
	5. COIN Credit	5.
	6. Pilot Project Credit	6.
	7. Prepayments Made During the Reporting Year of 2003	
	a. Overpayment applied from prior year	
	b. First Quarter (Balance paid)	
	c. Second Quarter	
	d. Third Quarter	
e. Fourth Quarter		
f. Total Prepayments	7f.	
8. Total Credits & Prepayments Made	8.	
<b>Tax Due</b>	9. 2003 Tax Due - If Line 3 is greater than Line 8	9.
<b>Tax Overpayment</b>	10. 2003 Tax Overpayment- If Line 8 is greater than Line 3	10.
	The tax overpayment (line 10) may be applied to the 2004 first quarter prepayment and the 2003 retaliatory tax. A Refund SHALL NOT be applied to the 2004 second quarter prepayment or any future tax payment.	
<b>1st Quarter Prepayment</b>	11. 2004 First Quarter Prepayment	11.
	a. 2003 Tax Overpayment applied to the 1st Quarter Prepayment	a.
	b. 2004 First Quarter Prepayment Balance Due	11b.
<b>Retaliatory Tax</b>	12. 2003 Retaliatory Tax	12.
	a. 2003 Tax Overpayment applied to the Retaliatory Tax	a.
	b. 2003 Retaliatory Tax Balance Due	12b.
<b>Tax Refund</b>	13. Tax Refund	13.

**CDI use only****TAX  
PAYMENTS  
DUE  
APRIL 1, 2004**

Line 9	2003 Tax Due	
Line 11b	2004 First Quarter Prepayment Balance Due	
Line 12b	2003 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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DECLARATION OF INSURER

This return must be signed by an Executive Officer, United States Manager, or Manager residing within California, pursuant to California Revenue and Taxation Code Section 12303.

I, \_\_\_\_\_, \_\_\_\_\_  
Type or print Name Type or print Title  
of \_\_\_\_\_,  
Type or print Name of Company

hereby declare under the penalties of perjury that this return (including accompanying schedules and statements) has been examined by me and is a true, correct, and complete return.

\_\_\_\_\_  
Signature Date City State

SPACE FOR NOTARY

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Contact person for this tax return:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Type or Print

Address if different from Page 1

\_\_\_\_\_  
Mailing Address Phone: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Fax number of  
Contact Person: \_\_\_\_\_

\_\_\_\_\_  
E-Mail

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**SCHEDULE A**

1. Direct Premiums Written (Sch. T, Line 5, Col. 2) 1. \_\_\_\_\_
2. ADD
  - 2.1 Finance and service charges not included in premiums 2.1 \_\_\_\_\_
  - 2.2 Administrative and/or service fees received 2.2 \_\_\_\_\_
  - 2.3 Installment Fees 2.3 \_\_\_\_\_
  - 2.4 California Fair Plan (If not in Line 1) 2.4 \_\_\_\_\_
  - 2.5 Bail Premiums and other charges from Schedule B  
Surety Insurers Only who transact Bail Bonds. 2.5 \_\_\_\_\_
  - 2.6 Premiums from foreign states & alien countries where company is not  
licensed\* 2.6 \_\_\_\_\_
  - 2.7 Retrospective premiums 2.7 \_\_\_\_\_
  - 2.8 Total Gross Direct Premiums 2.8 \_\_\_\_\_
3. DEDUCT
  - 3.1 Dividends paid or credited to policyholders on direct business 3.1 \_\_\_\_\_
  - 3.2 Ocean Marine premiums net of pleasure boat premiums 3.2 \_\_\_\_\_
  - 3.3 Return Premiums (R&T Code Section 12221)  
IF NOT previously deducted from amount on Sch T, Line 5, Col. 2 3.3 \_\_\_\_\_
  - 3.4 Total Deductions 3.4 \_\_\_\_\_
4. Net taxable premiums. Deduct Line 3.4 from Line 2.8  
Forward to Page 1, Line 1. 4.

Pilot Project Insurance Tax Credit (R&amp;T Code Section 12208) \_\_\_\_\_

Ocean Marine Insurers ONLY:

- 5.a Did you assume California OM Premiums during the reporting year? Yes/No  
If Yes, report premium volume here \_\_\_\_\_
- 5.b Did you cede California OM Premiums during the reporting year? Yes/No  
If Yes, report premium volume here \_\_\_\_\_

\*California Domiciled Insurers ONLY.

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**SCHEDULE B - To be completed ONLY by Surety insurer who undertakes bail bonds.**

(All other insurers mark this page as None and go to next page)

1. Total FACE AMOUNT (Penal Amount) of undertakings executed in California 1. \_\_\_\_\_
  
2. To calculate taxable bail bond premiums.
  - 2.1 Total Bail Bond Premiums received by the company and all its representatives in California\* 2.1 \_\_\_\_\_
  - 2.2 All fees/charges paid or on behalf of the defendant that is NOT included on Line 2.1. 2.2 \_\_\_\_\_
  - 2.3 Reimbursable out-of-pocket expense Included in Lines 2.1 or 2.2.\*\* 2.3 \_\_\_\_\_
  - 2.4 Total Taxable Bail Premiums  
Sum of Lines 2.1 and 2.2 less Line 2.3 2.4 \_\_\_\_\_
  
3. To determine the amount of bail bond premium not include on the State Page.
  - 3.1 Amount shown on Line 24, Column 1 of Annual Statement State Page 3.1 \_\_\_\_\_
  - 3.2 Other Surety Premiums included on Line 24, Column 1 of Annual Statement State Page 3.2 \_\_\_\_\_
  - 3.3 Amount of Bail Premiums included on Line 24, Column 1 of the Annual Statement State Page (Line 3.1 less Line 3.2) 3.3 \_\_\_\_\_
  
4. Net Taxable Bail Premiums and other charges not included on Line 24, Column 1 of the Annual Statement State Page. (Line 2.4 less Line 3.3) 4. \_\_\_\_\_  
Record result on Line 2.5 of Schedule A of the tax return.

\*Please provide a copy of the rates charged if more than one rate is used.

\*\* Please study Bulletin No. 137. Provide a list of non-taxable reimbursable out of pocket expenses, if any, shown on Line 2.3.

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**SCHEDULE C -- Retaliatory Tax Return****ONLY FOREIGN AND ALIEN INSURANCE COMPANIES ARE TO COMPLETE THIS SCHEDULE**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 of State of Domicile 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 Agent License Fees (State No. of Agents x fee) 1.11 \_\_\_\_\_
  - 1.12 Record the Ocean Marine Tax as paid in State of Domicile 1.12 \_\_\_\_\_
2. **Total State of Domicile Aggregate Imposition** 2. \_\_\_\_\_

**Part II: California Tax on Foreign/Alien Insurer**

1. Premium Tax from Page 1, Line 3 1. \_\_\_\_\_
2. Annual Statement Fee in the amount of \$324. Credit permitted if paid. 2. \_\_\_\_\_
3. Certificate of Authority Fee in the amount of \$327. Credit permitted if paid. 3. \_\_\_\_\_
4. Bureau of Fraudulent Claim Assessment in the amount of \$1300. Credit permitted if paid. 4. \_\_\_\_\_
5. Other taxes and fees (Be Specific)
  - 5.1 Agents license fees (State No. of Agents x fee) 5.1 \_\_\_\_\_
  - 5.2 Ocean Marine Tax 5.2 \_\_\_\_\_
6. **Total California Aggregate Imposition** 6. \_\_\_\_\_
7. **2003 Retaliatory Tax** 7. \_\_\_\_\_
 

If amount on Part II, Line 6 is greater than Part I Line 2,  
enter zero on Line 7.

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

**Enter result of Line 7 calculation on Page 1, Line 12.**

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**SCHEDULE RRG -- Retaliatory Tax Return****ONLY RISK RETENTION GROUPS ARE TO COMPLETE THIS SCHEDULE**ALL RRG's **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 of State of Domicile 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 Registration Fee in State of Domicile 1.8 \_\_\_\_\_
  - 1.9 Agent License Fees (State No. of Agents x fee) 1.9 \_\_\_\_\_
2. **Total State of Domicile Aggregate Imposition** 2. \_\_\_\_\_

**Part II: California Tax on Foreign/Alien Insurer**

1. Premium Tax from Page 1, Line 3 1. \_\_\_\_\_
2. Registration Fee in the amount of \$300. Credit permitted if paid. 2. \_\_\_\_\_
3. Agents license fees (State No. of Agents x Fee) 3. \_\_\_\_\_
4. **Total California Aggregate Imposition** 4. \_\_\_\_\_
5. **2003 Retaliatory Tax** 5. \_\_\_\_\_  
 If amount on Part II, Line 4 is greater than Part I Line 2,  
 enter zero on Line 5.  
 If amount on Part I, Line 2 is greater than Part II, Line 4,  
 enter difference between the amounts on Line 5.

**Enter result of Line 5 calculation on Page 1, Line 12.**