

FOR CALENDAR YEAR 2004

PAYMENT, MAILING AND FILING INSTRUCTIONS

Due Date: File one (1) original and two (2) photocopies of this return with the California Department of Insurance postmarked on or before April 1, 2005. Express delivery date by the company will be accepted as the postmark date.

Groups: Prepare a separate tax return and check for each member company.

Payments: If paying by check, make the check payable to CONTROLLER - STATE OF CALIFORNIA.

Those required to pay or have voluntarily elected to pay by Electronic Funds Transfer (EFT) must use the EFT method of payment.

Every insurer whose annual tax liability for the preceding calendar year was five thousand dollars (\$5,000) or more is required to make quarterly prepayments and submit quarterly tax payment vouchers to the current calendar year.

- Mail to a or b:**
- | | | |
|--|-----------|--|
| a) If the 2004 Tax Due, 2005 1 st Quarter Prepayment, and/or the 2004 Retaliatory Tax Due are paid by CHECK , then mail the Premium Tax Return, the tax payment voucher, and the CHECK to: | OR | b) If the 2004 Tax Due, 2005 1 st Quarter Prepayment, and/or the 2004 Retaliatory Tax Due are paid by EFT , or if there is ZERO (-0-) balance due, or If there is a Tax Refund Due , then mail the Premium Tax Return and the prepayment voucher to: |
| State of California
Department of Insurance
Tax Accounting Unit
P.O. Box 1918
Sacramento, CA 95812-1918 | | <u>First Class or Express Delivery</u>
State of California
Department of Insurance
Tax Accounting Unit
300 Capitol Mall, Suite 1400
Sacramento, CA 95814 |

The tax payment vouchers are available on the California Department of Insurance web-site <http://www.insurance.ca.gov> under the "Industry" section. Under "Applications, Forms and Filings, click on "Tax Forms, Instructions and Information. Click on 2004 Tax Forms, Instructions and Information" to access the tax return, instructions, and vouchers.

For questions concerning the completion of the premium tax return please contact the California Department of Insurance, Tax Audit Bureau – Jean Quijano at 213-346-6186 or Shirley Villalon at 213-346-6493.

For questions regarding the Electronic Funds Transfer (EFT) Program, contact the California Department of Insurance, Tax Accounting/EFT Unit at (916) 492-3288, e-mail at EFT@insurance.ca.gov, or write to:

State of California
Department of Insurance
Tax Accounting /EFT Unit
300 Capitol Mall, Suite 1400
Sacramento, CA 95814

The tax return and payment must be received by the Department of Insurance on or before April 1 following the end of the calendar year. The due dates for filing the quarterly prepayments are April 1st, June 15th, September 15th, and December 15th of each year. When the due date falls on a Saturday, Sunday or State or Federal legal holiday, the tax return or prepayment voucher and payment are considered timely if received on the next business day.

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004

IMPORTANT INSTRUCTIONS

All Classes of Insurance Companies except Ocean Marine, Life, Title, and Home Protection, must complete this Tax Return, whether or not business was transacted during the reporting year. Complete all items, including the method of tax payment.

Pursuant to the California Insurance Code Section 12976.5, and the California Tax on Insurers, Revenue and Taxation Code 12602, on and after January 1, 1995, each insurer whose annual taxes exceed twenty thousand dollars (\$20,000) is required to participate in the Electronic Funds Transfer (EFT) Program. To register as an EFT taxpayer, contact the California Department of Insurance, Tax Accounting/EFT Unit at (916) 492-3288 or e-mail at EFT@insurance.ca.gov.

The following are line by line instructions for the All Classes of Insurance Except Ocean Marine, Life, Title, and Home Protection Tax Return for the calendar year 2004. Please only use one entry per line and do not write in the column labeled, "CDI use only".

Complete the following information: Name of Insurer, Mailing Address, City, State, Zip Code, Telephone Number, Fax Number, and State of Domicile. Also provide the Federal Tax Identification Number, California Permanent Number (CA Perm No), EFT Taxpayer Identification Number (TIN), and select the appropriate Method of Tax Payment. Please check the appropriate box for the following information: New Company (admitted during 2004), Name Change (name was changed during 2004), Final Return (No further business transacted due to withdrawal of the Certificate of Authority or a non-survivor of a merger during 2004), and/or Amended Return. If final return, indicate the effective date of the final transaction or if amended, indicate the date when it was amended.

RECORD ALL AMOUNTS IN WHOLE DOLLARS

- Line 1: **Direct Net Taxable Premiums** – Record the amount from Page 3 of the Premium Tax Return, Schedule A, Line 4. Reciprocal/Interinsurance Exchanges: See Definitions at end of instructions.
- Line 2: **Tax Rate** - the tax rate of 2.35 %.
- Line 3: **2004 Annual Tax** - Multiply Line 1 by the tax rate on Line 2 to determine the 2004 Annual Tax, Line 3 (If the result of Line 3 is a negative amount, record zero (-0-) tax due). If the 2004 Annual Tax is more than \$20,000, then the insurer is required to participate in the EFT Program. For questions regarding EFT, contact the Tax Accounting/EFT Unit at (916) 492-3288 or e-mail at EFT@insurance.ca.gov.
- Line 4: **Low Income Housing Credit** – Record any Low Income Housing Credit for the reporting year. Include a copy of Form 3521-A, Certificate of Final Award of California, if there is a credit for the reporting year. Failure to provide a copy of Form 3521-A will result in the credit being disallowed. Include the Company's name and California Permanent Number on the certificates.
- Line 5: **COIN Credit** – Record any California Organized Investment Network (COIN) credits for the reporting year. Include a copy of the certification from COIN showing the amount of the credit pursuant to Revenue and Taxation Code Section 12209. Failure to provide a copy of the certificate of credit will result in the credit being disallowed.
- Line 6: **Pilot Project Insurance Tax Credit** - Record the Pilot Project Insurance Tax Credit pursuant to Revenue and Taxation Code Section 12208.

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004

- Line 7: **Prepayments made during the reporting year of 2004** - Only include those prepayments made or applied to the first quarter during the reporting year. Exclude all payments of interest and penalties.
- Line 7a: **Overpayment applied from prior year** -
If there was an overpayment applied to the 2004 First Quarter Prepayment, as reported on Line 11a of the 2003 tax return, then record the amount applied on Line 7a (for example, if the 2004 First Quarter Prepayment due was \$2,500 and the amount of 2003 Overpayment applied was \$500, then record \$500 on Line 7a).
-OR-
If there was no overpayment applied to the 2004 First Quarter Prepayment, then record zero (-0-) on Line 7a.
- Line 7b: **First Quarter (Balance Paid)** -
If there was an overpayment applied to the 2004 First Quarter Prepayment, then record the net balance paid on Line 7b (for example, if the 2004 First Quarter Prepayment due was \$2,500 and the amount of 2003 Overpayment applied was \$500, then record \$2,000 on Line 7b).
-OR-
If there was no overpayment applied to the 2004 First Quarter Prepayment, then record the amount paid for the 2004 First Quarter Prepayment Line on 7b.
- Line 7c – 7e: **Second, Third, and Fourth Quarters** - Record the amount paid for each quarter.
- Line 7f: **Total Prepayments** - Record the sum of Lines 7a through 7e.
- Line 8: **Total Credits and Prepayments** - Record the sum of Lines 4, 5, 6, and 7f.
- Line 9: **2004 Tax Due** - If Line 3 is GREATER than Line 8, then subtract Line 8 from Line 3. The result will be the balance of the 2004 Annual Tax Due, Line 9. Please pay this amount on or before April 1, 2005. If Line 3 is NOT GREATER than Line 8, then please record zero (-0-) on this line and complete Line 10.
- Line 10: **2004 Tax Overpayment** - If Line 8 is GREATER than Line 3, then subtract Line 3 from Line 8, and record the result of the overpayment of the 2004 Annual Tax on Line 10. If Line 8 is NOT GREATER than Line 3, please record zero (-0-) on this line and proceed to Line 11.
- Line 11: **2005 First Quarter Prepayment** - Record the 2005 First Quarter Prepayment on this line. If The Annual Tax, Line 3, is \$5,000 or more, the insurer is required to make prepayments equal to 25 percent of Line 3. If the amount on Line 3 is less than \$5,000, then record zero (-0-) on this line.
- Line 11a: **2004 Tax Overpayment applied to the 1st Quarter Prepayment** - Record the amount of the 2004 Tax Overpayment, Line 10, applied to 2005 First Quarter Prepayment. Note: The application of the overpayment is not required. The insurer may pay the First Quarter Prepayment in full and receive a refund of the total amount reported on the tax overpayment, Line 10.
-OR-
If there is no tax overpayment or the insurer wishes to pay the first quarter prepayment in full, then record zero (-0-) on this line.
- Line 11b: **2005 First Quarter Prepayment Balance Due** - If Line 11a is equal to or less than Line 11, then subtract Line 11a from Line 11. The result will be the 2005 First Quarter Prepayment Balance Due. Please pay this amount on or before April 1, 2005.

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004

Line 12: **2004 Retaliatory Tax** - Record the result of Page 5 of the Premium Tax Return, Schedule C, Part II, Line 7 for insurance companies.

-OR-

Record the result of Page 6 of the Premium Tax Return, Schedule RRG, Line 5 for risk retention groups.

Line 12a: **2004 Tax Overpayment applied to the Retaliatory Tax** - This line is an optional field. If there is any remaining balance for the 2004 Tax Overpayment, after it was applied to the 2005 First Quarter Prepayment, then apply the remaining balance to the 2004 Retaliatory Tax. Note: The application of the overpayment is not required. The insurer may pay the retaliatory tax in full and receive a refund of the total amount reported on the tax overpayment, Line 10, less any amount applied to the 1st Quarter Prepayment, Line 11a.

-OR-

If there is no tax overpayment or the insurer wishes to pay the retaliatory tax in full, then record zero (-0-) on this line.

Line 12b: **2004 Retaliatory Tax Balance Due** - If Line 12a is equal to or less than Line 12, then subtract Line 12a from Line 12. The result will be the 2004 Retaliatory Tax balance due. Please pay this amount on or before April 1, 2005.

Line 13: **Tax Refund** - The Tax Refund is equal to the 2004 Tax Overpayment, Line 10, less the amounts applied to Lines 11a and 12a. If there is no tax overpayment, then record zero (-0-) on this line.

ALL INSURERS AND RISK RETENTION GROUPS ARE TO ATTACH A COPY OF THE 2004 ANNUAL STATEMENT STATE PAGE AND SCHEDULE T TO THE TAX RETURN.

Declaration of Insurer:

California Revenue and Taxation Code Section 12303 states: "Every return required by this article to be filed with the commissioner shall be signed by the insurer or an executive officer of the insurer and shall be made under oath or contain a written declaration that it is made under the penalties of perjury. A return of a foreign insurer may be signed and verified by its manager residing within this State. A return of an alien insurer may be signed and verified by the United States manager of such insurer."

Please complete this page with notary's certification. Please provide the name and address of the contact person for this tax return if the contact person is other than the signatory.

Signature may be in blue or black ink.

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004**Schedule A**

- Line 1: Record the **Direct Premiums Written**, the amount found on Line 5, Column 2 of Schedule T.
- Line 2.1: Record the amount from Line 5, Column 8 of Schedule T.
- Line 2.2: Record any administrative, service or policy fees that were assessed directly to the policyholder during the reporting year, other than the amount reported on Line 2.1.
- Line 2.3: Record the Installment Fees: Include amounts paid as reimbursement for additional expense incurred in selling insurance on an installment basis such as additional bookkeeping expense and collection expense.
- Line 2.4: Record the California Fair Plan premiums if not included in Line 1.
- Line 2.5: Record the amount from Schedule B, Line 4, if bail-underwriting premiums were executed. For a surety insurer who transacts bail bonds.
- Line 2.6: Record the Premiums from all foreign states and alien countries where company is not licensed. This is for California domiciled Companies ONLY.
- Line 2.7: Record any retrospective premiums written during the reporting year.
- Line 2.8: Total of Lines 1 to 2.7.
- Line 3.1: Record the amount from Line 32, Column 4 of the State Page.
- Line 3.2: Record ocean marine premiums net of pleasure boat premiums.
- Line 3.3: Record the amount of "Return Premiums" in accordance with the Revenue and Taxation Code Section 12221 and the California State Constitution, Article XIII, Section 28(c), IF NOT previously deducted from Sch. T, Line 5, Column 2.
- Line 3.4: Record the Federal Employees Health Benefits Program premiums, under Section 8909(f)(1) of Title 5 of the United States Code.
- Line 3.5: Total of Lines 3.1 to 3.4
- Line 4: Deduct Line 3.5 from Line 2.8. Record the result on **Net Taxable Premiums, Page 1, Line 1.**

Record calculation of Pilot Project insurance tax credit pursuant to Revenue and Taxation Code Section 12208. Maintain records for an audit by the Commissioner on the tax credit taken.

Ocean Marine Insurers: Did you assume or cede California premiums during the reporting year? If so, provide the amount assumed on 5a, and ceded on Line 5b. Lines 5a and 5b are information for the ocean marine tax return. These amounts should reconcile with amounts reported on the ocean marine tax return.

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004**Schedule B – To be completed by surety insurers who transact bail bond premiums.**

All other insurers go to the following page.

Line 1: The total FACE AMOUNT (also known as "Penal Amount") of bail undertakings in California. This is the amount that the judge sets as bail.

Line 2: This is to calculate the total taxable bail bond premiums received by the company during the reporting year.

Line 2.1: Total premiums on bail bond premiums received by the company during the reporting year. For example the rate is 10%, then on a 50,000-bail bond the premium is 5,000. Please provide a copy of the rates charged if more than one rate is used.

Line 2.2: All fees and charges paid by or on behalf of the defendant that is NOT included on Line 2.1. For example there is a bond fee or charge of \$15 per bond. This fee is considered to be taxable premium.

Line 2.3: Any reimbursable out-of-pocket expenses that were paid by the agent. Please study Bulletin 137 for details, and provide a list of any reimbursable out-of-pocket expenses.

Line 2.4: Total Taxable Bail Bond Premiums. This is the sum of Line 2.1 and Line 2.2 less Line 2.3.

Line 3: To determine taxable Bail Bond Premium and any charges/fees that are not included on the Annual Statement California State Page for the reporting year.

Line 3.1: Record the amount as shown on Line 24, Column 1 of the Annual Statement California State Page for the reporting year.

Line 3.2: Record "other surety" premiums that are included on Line 24, Column 1 of the Annual Statement California State Page for the reporting year.

Line 3.3: This is to determine the amount of Bail Bond premiums that are being reported on Line 24, Column 1 of the Annual Statement California State Page for the reporting year. Deduct Line 3.2 from Line 3.1 and record the result on this line.

Line 4: Net taxable Bail Bond Premiums and any charges/fees that are not included on Line 24, Column 1 of the Annual Statement California State Page for the reporting year. Deduct Line 3.3 from Line 2.4 and record the result on this line. Record the result on Line 2.5 of Schedule A of the tax return.

Insurers writing surety - if bail undertakings were executed, this schedule is to be completed. Please see Bulletin Number 137.

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004**Schedule C – Retaliatory Tax Return**

This schedule is to be completed by all foreign and alien insurers. There is a separate RRG retaliatory tax schedule for all foreign and alien Risk Retention Groups.

Part I: State of Domicile Imposition

- Line 1.1: Record the amount on Page 1, Line 1.
- Line 1.2: Record allowable deductions (Pursuant to the NAIC Retaliatory Tax Guidelines) of the state of domicile for each column. Be specific as to the entry on this line. If necessary, provide documentation on a separate page. Please write the company name on any attachments.
- Line 1.3: Deduct Line 1.2 from Line 1.1.
- Line 1.4: Record tax rate of the state of domicile.
- Line 1.5: Record the result of multiplying Line 1.3 by Line 1.4.
- Line 1.6 & 1.7: Record the Fire Department and/or Fire Marshal Tax if required by state of domicile. Attach the worksheet for the calculation.
- Line 1.8: Record the Annual Statement Fee as paid in the state of domicile.
- Line 1.9: Record the Certificate of Authority Fee as paid in the state of domicile.
- Line 1.10: Record the Certification Fee as paid in the state of domicile.
- Line 1.11: Record the Agent License Fee paid by company on behalf of agents. Record the number of agents and amount of fee for each agent. Example 5 Agents X \$10 = \$50
- Line 1.12: Record the amount of Ocean Marine tax as paid in the State of Domicile.
- Line 1.13: Record the Franchise Tax/Municipal Tax as paid in the state of domicile.
- Line 1.14: Record the Fraud Bureau Assessment as paid in the state of domicile
- Line 2: Total of Lines 1.5 through Line 1.14.

Part II: California Tax on Foreign/Alien Insurer

- Line 1: Record the Premium Tax amount from Page 1, Line 3.
- Line 5.1: Record the Agent License Fee paid by company on behalf of agents. Record the number of agents and amount of fee for each agent. Example 5 Agents X \$10 = \$50
- Line 5.2: OCEAN MARINE Insurers file an amended Retaliatory Tax with the Ocean Marine Return pursuant to the Revenue and Taxation Code Section 12281.
- Line 6: Total of Lines 1 through 5.2.
- Line 7: If the amount on Part II, Line 6 is greater than the amount on Part I, Line 2, record zero on Line 7. Enter zero on the **2004 Retaliatory Tax, Page 1, Line 12.**
-OR-
If the amount on Part I, Line 2 is greater than the amount on Part II, Line 6, record the difference between the amounts on Line 7. Enter the result on the **2004 Retaliatory Tax, Page 1, Line 12.**

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

CDI FS-001 (REV 11/2004)

FOR CALENDAR YEAR 2004

Schedule RRG --- Retaliatory Tax Return

This schedule is to be completed by all foreign and alien Risk Retention Groups.***Risk Retention Groups:*****Part I: State of Domicile Imposition**

- Line 1.1: Record the amount on Page 1, Line 1.
- Line 1.2: Record allowable deductions in the state of domicile.
- Line 1.3: Deduct Line 1.2 from Line 1.1.
- Line 1.4: Record tax rate of the state of domicile.
- Line 1.5: Record the result of multiplying Line 1.3 by Line 1.4.
- Line 1.6 & 1.7: Record the Fire Department and/or Fire Marshal Tax that was paid in the state of Domicile. Attach worksheet for the calculation.
- Line 1.8: Record the Registration Fee that was paid in the state of domicile.
- Line 1.9: Record Agent License Fee paid by company on behalf of agents. Record the number of agents and amount of fee for each agent. Example 5 Agents X \$10 = \$50
- Line 2: Total of Lines 1.5 through Line 1.9.

Risk Retention Groups:**Part II: California Tax on Foreign/Alien Insurer**

- Line 1: Record the Premium Tax amount from Page 1, Line 3.
- Line 3: Record the Agent License Fee paid by company on behalf of agents. Record the number of agents and amount of fee for each agent. Example 5 Agents X \$10 = \$50
- Line 4: Total of Lines 1 through 3.
- Line 5: If the amount on Part II, Line 4 is greater than the amount on Part I, Line 2 record zero on Line 5. Enter zero on the **2004 Retaliatory Tax, Page 1, Line 12.**
 -OR-
 If the amount on Part I, Line 2 is greater than the amount on Part II, Line 4, record the difference between the amounts on Line 5. Enter the result on the **2004 Retaliatory Tax, Page 1, Line 12.**

NOTE #1: Both insurers and risk retention groups are to file a copy of the state of domicile's premium tax return with this Retaliatory Tax Return.

NOTE #2: Pursuant to Revenue and Taxation Code Section 12281, all insurers licensed for Class 3 (Marine) who transact ocean marine insurance are to file an amended retaliatory tax return to report any ocean marine tax paid. The amended retaliatory tax return is to be filed with the ocean marine tax return.

FOR CALENDAR YEAR 2004

AMENDED TAX RETURNS – TAX REFUND

A claim for refund shall be in writing and shall state the specific grounds upon which it is founded. See Revenue and Taxation Code Section 12978 and 12979. Check the box on the top section of page one of the return and indicate the date when it was amended. Please send the claim for refund and amended return to:

State Board of Equalization
Excise Tax Division – MIC 56
P.O. Box 942879

Sacramento, CA 94279-0056

Attention: John Eng, Senior Tax Auditor

AND A
COPY TO

California Department of Insurance

Premium Tax Audit Bureau

300 South Spring Street, 14th Floor

Los Angeles, CA 90013-1230

Attention: David Okumura, Supervisor

Do not deduct or credit the requested refund when filing any future tax returns or prepayments due. The amount claimed is not a refund until certified as correct and a Notice of Refund is issued to you.

The prepayment amount of the amended tax return will remain unchanged from the original amount, which is based on the original tax return as filed and processed by the Department of Insurance. Record the actual amount paid.

AMENDED TAX RETURNS – ADDITIONAL TAX DUE

If you amend a tax return to report additional tax due, send the amended tax return showing clearly where the changes were made. Check the box on the top section of page one of the return and indicate the date when it was amended. Please send the amended return to:

California Department of Insurance
Premium Tax Audit Bureau
300 South Spring Street, 14th Floor
Los Angeles, CA 90013-1230
Attention: David Okumura, Supervisor

Send a copy of the amended tax return with the Check payable to CONTROLLER - STATE OF CALIFORNIA:

State Controller's Office
Division of Collections
Bureau of Tax Administration
P.O. Box 942850
Sacramento, CA 94250-5880

The prepayment amount of the amended tax return will remain unchanged from the original amount, which is based on the original tax return as filed and processed by the Department of Insurance. Record the actual amount paid.

Please note that EFT should only be used for the annual tax and prepayments. Any additional tax, penalty and interest payments are to be made via check.

All payments made toward additional tax due will be applied pursuant to California Revenue and Taxation Code Section 12636.5: "Every payment on a delinquent tax shall be applied as follows: (a) First, to any interest due on the tax. (b) Second, to any penalty imposed by this part. (c) The balance, if any, to the tax itself."

FOR CALENDAR YEAR 2004**Other Instructions:**

Gross Premiums: Gross premiums consist of all items of cost of the insurance to the insured, except for premiums received for reinsurance, including but not limited to installment charges; finance charges; administration and/or service fees in connection with a self-administered plan or Mini-Met type plan.

California Fair Plan Participation: Share of premium should be recorded as direct writings and included in the tax base.

Agent's Balance: Must be reported on a written basis as part of gross premiums received irrespective of whether or not the insurer has collected from the agent or the policyholder.

Non-admitted States: Business by a domestic insurer on policyholders in states where the insurer is not licensed to write insurance is to be reported as California premium business unless no part of the transaction occurs in California.

Deductions NOT allowable: Retrospective or experience rating refunds or dividends which are not paid directly to the premium payer; excess interest earnings returned to the policyholder and uncollectable agents balances are not allowable deductions.

CIGA – Amounts recouped shall not be considered premiums for any other purposes, including the computation of gross premium tax or agents commission.

Reciprocal/Interinsurance Exchange: California Insurance Code Section 1530 states, in part, “. . . *the term gross premiums, as applied to reciprocal or Interinsurance exchanges, includes all sums paid by subscribers in this state by reason of the insurance exchange, whether termed premium deposit, membership fee, or otherwise, after deducting therefrom premium deposit returns or cancellations, and all amounts returned to subscribers or credited to their accounts as savings, but does not include such sums received for reinsurance and for ocean marine insurance.*”

EXTENSION OF TIME

Prepayments: Revenue and Taxation Code Section 12255: The commissioner, for good cause shown, may extend for not to exceed 10 days the time for making a prepayment. The extension may be granted at any time, provided that a request therefore is filed with the commissioner within or prior to the period for which the extension may be granted. Interest at the rate prescribed by Section 12631 shall be paid for the period of time for which the extension is granted.

Annual Tax: Revenue and Taxation Code Section 12306: The commissioner, for good cause shown, may extend for not to exceed 30 days the time for filing a tax return or paying any amount required to be paid with the return. The extension may be granted at any time, provided that a request therefore is filed with the commissioner within or prior to the period for which the extension may be granted.

Revenue and Taxation Code Section 12307: Interest on Extension: Any insurer to whom a extension is granted shall pay, in addition to the tax, interest at the modified adjusted rate per month, or fraction thereof, established pursuant to Section 6591.5 from April 1st until the date of payment.