

HOME PROTECTION TAX RETURN

CDI FS-004 (REV 11/2004)

FOR CALENDAR YEAR 2004
TAX DUE DATE APRIL 1, 2005

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 If Amended Return, check here
 and indicate the effective date of the final transaction. and indicate the date when it was amended

STATEMENT OF DIRECT CONTRACT FEES DURING CALENDAR YEAR 2004

			CDI use only
Annual Tax	1. Total Direct Premiums Written	1.	
	2. Tax Rate	2. 2.35%	
	3. 2004 Annual Tax	3.	
Credits & Prepayments	4. Low Income Housing Credit	4.	
	5. COIN Credit	5.	
	6. Prepayments Made During the Reporting Year of 2004		
	a. Overpayment applied from prior year		
	b. First Quarter (Balance paid)		
	c. Second Quarter		
	d. Third Quarter		
e. Fourth Quarter			
f. Total Prepayments	6f.		
7. Total Credits & Prepayments Made	7.		
Tax Due	8. 2004 Tax Due - If Line 3 is greater than Line 7	8.	
Tax Overpayment	9. 2004 Tax Overpayment - If Line 7 is greater than Line 3 The tax overpayment (line 9) may be applied to the 2005 first quarter prepayment. A Refund SHALL NOT be applied to the 2005 second quarter prepayment or any future tax payment.	9.	
1st Quarter Prepayment	10. 2005 First Quarter Prepayment	10.	
	a. 2004 Tax Overpayment applied to the 1st Quarter Prepayment	a.	
	b. 2005 First Quarter Prepayment Balance Due	10b.	
Tax Refund	11. Tax Refund	11.	

TAX PAYMENTS DUE APRIL 1, 2005	Line 8	2004 Tax Due
	Line 10b.	2005 First Quarter Prepayment 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

State of _____ County of _____

On this ____ day of _____ 20____ before me personally appeared _____

who is personally known to me as the _____ of _____

and who has taken an oath that the foregoing is true, correct and complete.

Seal:

Print or type Name and sign above the line

Contact person for this tax return:

Name: _____ Title: _____
Type or Print

Address if different than Page 1

Mailing Address Phone: _____

City, State, Zip Fax number of Contact Person: _____

E-Mail

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Line 01: Direct Premiums Written (Sch. T, Line 5): _____

Line 02: Additional Contract Fees directly paid by Contractholder*: _____

Line 03: Total of Lines 01 and 02: _____

* Fees that are charged for additional expense incurred in selling insurance on an installment basis such as additional bookkeeping expense and collection expense. *Allstate Insurance Co. v State Board of Equalization (1959) 169 Cal.App.2d 169.*

Attach a copy of the 2004 Annual Statement Schedule T to the premium Tax Return.