1 2 3 4	CALIFORNIA DEPARTMENT OF INSURA LEGAL DIVISION Corporate Affairs Bureau Laszlo Komjathy, Jr., Bar No. 099861 45 Fremont Street, 24th Floor San Francisco, CA 94105 Telephone: 415-538-4413 Facsimile: 415-904-5896	ANCE JAN 22 2018 Administrative hearing bure au
5	Attorneys for The California Department of In	nsurance
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7	, · · · · · · · · · · · · · · · · · · ·	
8	BEFORE THE INSUF	RANCE COMMISSIONER
9	OF THE STAT	E OF CALIFORNIA
10		
11	In the Matter of	File No. SF OSC-2018-00002
12	ACCESS INSURANCE COMPANY dba	ORDER TO SHOW CAUSE RE: CEASE
13	ACCESS GENERAL INSURANCE COMPANY,	AND DESIST ORDER; INSURANCE CODE
14	a Texas Domestic Insurance	SECTION 1065.1
15	Company	Date: February 14, 2018 Time: 10:00 am
16	Respondent.	Place: Administrative Hearing Bureau, San Francisco, CA
17		
18		PANY dba ACCESS GENERAL INSURANCE
19	COMPANY:	
20	NOTICE IS HEREBY GIVEN	that the Insurance Commissioner of the State of
21	California (hereafter "Commissioner") has rea	sonable cause to believe that ACCESS
22	INSURANCE COMPANY dba ACCESS GEN	NERAL INSURANCE COMPANY (hereafter
23	referred to as "Respondent") which is licensed	to transact the business of insurance in the State of
24	California is conducting its business and affair	s in a manner that threatens to render it insolvent;
25	that Respondent conducts its business in a haz	ardous manner that results in a risk of loss to the
26	policyholders, creditors and the public; and/or	that its current financially hazardous condition
27	constitutes a basis to commence conservation	or liquidation proceedings under California
28	Insurance Code (hereafter, "CIC") section 101	1 (d) for the reasons stated in Paragraph II below.
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1	Furthermore, the Commissioner has reasonable cause to believe that irreparable loss and
2	injury to the property and business of the Respondent may occur unless the Insurance
3	Commissioner issues the orders set forth in Paragraph III below directing Respondent to correct,
4	eliminate and remedy such conduct and conditions as stated in Paragraph II.
5	NOTICE IS FURTHER GIVEN that a public hearing will be held before the
6	Commissioner or his duly authorized Deputy on February 14, 2018, commencing 10:00 a.m. at
7	the Department of Insurance hearing room located at 45 Fremont Street, 22 nd Floor, San
8	Francisco, CA 94105 for the purpose of determining the matters set forth herein.
9	I.
10	ORDER TO SHOW CAUSE
11	1. WHEREAS, the California Department of Insurance ("Department") has reason to
12	believe that Respondent is transacting the business of insurance in such a manner necessitating
13	the issuance of an order to cease and desist pursuant to CIC Section 1065.1;
14	2. WHEREAS, the Department has reason to believe that a proceeding and public
15	hearing with respect to the alleged acts of Respondent would be in the public interest;
16	3. NOW THEREFORE, pursuant to CIC Section 1065.1, Respondent is Ordered to
17	appear at the time, date and location stated above, and show cause, if any cause there be, why the
18	Commissioner should not issue an order requiring Respondent to Cease and Desist from
19	transacting, soliciting, negotiating, administrating and writing of any new or renewal insurance
20	business of any kind in the State of California and other relief as requested.
21	П.
22	GENERAL STATEMENTS
23	The following statements of facts and accusations supporting the issuance of a Cease and
24	Desist Order are as follows:
25	(A) Pursuant to Respondent's rate filing approved by the California
26	Department of Insurance, Respondent charges policy fees, endorsement
27	fees, reinstatement fees and installment fees to its policyholders as a
28	condition for issuance of a policy. Despite Respondent charging said fees
	-2-

to its policyholders and authorizing its general agents to collect and retain said fees, Respondent failed to pay the associated premium taxes due on such fees;

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On February 12, 2013 a Notice of Deficiency Assessment was issued by 4 (B) 5 the California State Board of Equalization to Respondent in the amount of 6 \$1,047,437.87 together with interest of \$148,725.27 for the period of 7 04/02/09 - 03/01/13 for a total of \$1,196,163.14 resulting from the failure 8 of Respondent to pay premium taxes due on \$44,571,824 related to policy, 9 endorsement, and reinstatement fees charged by Respondent and paid by 10 policyholders for their policies, but not declared and reported as premium by Respondent for the tax period 01/01/08 - 12/31/2011. After payment of 11 12 \$1,047,437.87 by Respondent on 12/18/2012 there remained \$148,725.27 13 in unpaid taxes plus interest thereon and a penalty of \$14,725.28 (see Exhibit A-1 attached hereto and incorporated herein by reference); 14 On February 12, 2013 a Notice of Deficiency Assessment was issued to 15 (C) Respondent in the amount of \$2,280,482.16 together with interest of 16 \$332,419.40 for a total of \$2,612,901.56 for premium taxes due and owing 17 on \$97,041,794 related to installment fees charged by Respondent and paid 18 19 by policyholders for their policies, but not reported and declared by Respondent in its premium tax returns for the tax period 01/01/08 -20 21 12/31/11 (see Exhibit A-2 attached hereto and incorporated herein by 22 reference); 23 (D) On or about March 13, 2013, Respondent filed timely Petitions for Redetermination with the State Board of Equalization; 24 25 On October 15, 2013 a Notice of Deficiency Assessment was issued to (E) Respondent in the amount of \$1,131,905.18 for premium taxes due and 26 owing on \$42,437,160 related to policy, endorsement, reinstatement and 27

-3-

installment fees charged by Respondent and paid by policyholders for their

1		policies, but not reported and declared by Respondent in its premium tax
2		returns for the tax period $01/01/2012 - 12/31/2012$ (see Exhibit A-3
3		attached hereto and incorporated herein by reference);
4	(F)	On or about November 2013, Respondent filed a timely Petition for
5		Redetermination with the State Board of Equalization;
6	(G)	On or about April 15, 2015, the Special Taxes and Fee Department Staff
7		Analysis by the State Board of Equalization confirmed each of the
8		assessments without making any adjustments as requested by Respondent;
9	(H)	On December 1, 2016 an appeal conference was held at the State Board of
10		Equalization;
11	(I)	On March 11, 2016, the State Board of Equalization's Appeal Division
12		issued its decision recommending that Respondent's Petitions for
13		Redetermination be denied;
14	(J)	Respondent's Petitions for Redetermination were scheduled for hearing
15		before the State Board of Equalization on August 31, 2016, but was
16		continued several times at the request of Respondent and was most recently
17		scheduled for hearing on October 24, 2017;
18	(K)	On or about October 13, 2017, Respondent withdrew its request for hearing
19		on its Petitions for Redetermination;
20	(L)	On November 13, 2017, Notices of Redetermination were issued by the
21		Board of Equalization upholding the deficiency assessments against
22		Respondent.
23		a. Pursuant to the Notice of Redetermination related to the Notice of
24		Deficiency attached hereto as Exhibit A-1, as of November 13, 2017
25		there is due and owing \$192,041.90 and pursuant to Revenue and
26		Taxation Code Section 12632 additional interest of \$858.97 as of
27		December 1, 2017 plus an additional penalty of \$14,725.28 as of
28		12/13/2017. Attached hereto Exhibit B-1 is a true and correct copy of
		-4-

1		the Notice of Redetermination related to Exhibit A-1;
2		b. Pursuant to the Notice of Redetermination related to the Notice of
3		Deficiency attached hereto as Exhibit A-2 as of November 13, 2017
4		there is due and owing \$3,283,743.33 and pursuant to Revenue and
5		Taxation Code Section 12632 additional interest of \$13,302.81 as of
6	1	January 1, 2018 plus an additional penalty of \$228,048.22 as of
7		12/13/2017. Attached hereto Exhibit B-2 is a true and correct copy of
8		the Notice of Redetermination related to Exhibit A-2; and
9	×	c. Pursuant to the Notice of Redetermination related to the Notice of
10		Deficiency attached hereto as Exhibit A-3 as of November 13, 2017
11		there is due and owing \$1,385,378.97 and pursuant to Revenue and
12		Taxation Code Section 12632 additional interest of \$5,817.43 as of
13		December 1, 2017 plus an additional penalty of \$99,727.33 as of
14		12/13/2017. Attached hereto Exhibit B-3 is a true and correct copy of
15		the Notice of Redetermination related to Exhibit A-3;
16		d. As of December 15, 2017, Respondent's unpaid premium tax
17		obligations for tax years 01/01/08 through 12/31/12 including interest
18		and penalties total \$5,223,644.24.
19	(M)	Despite previously receiving deficiency notices for the 2008 through 2012
20		tax years due to Respondent's failure to pay premium taxes on the fees
21		collected from its policyholders, for the subsequent tax period of
22		01/01/2013 - 12/31/2013 Respondent intentionally failed to report any of
23		the fees charged and collected from its policyholders as part of the
24		premiums collected and pay the premium taxes due on the fees collected.
25		Based on premiums written and the policy, endorsement, reinstatement and
26		installment fees collected during 2013, on December 26, 2017, a Notice of
27		Deficiency Assessment was issued for the $01/1/2013 - 12/31/2013$ tax
28		period in the amount of \$722,638 in additional premium taxes plus interest

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1		thereon of \$169,819.95 through 12/01/2017 for a total due of \$892,457.95
2		together with any penalties that may be assessed (see Exhibit C attached
3		hereto and incorporated herein by reference);
4	(N)	As of December 31, 2016, based on the review by the Department of
5		Insurance's Actuary ("DOI Actuary") Respondent's net carried reserves
6		are deficient by \$4 million with California Automobile Liability and
7		Pennsylvania Automobile Liability deficiency accounting for
8		approximately 85% of Respondent's carried reserves;
9	(O)	Based on the DOI Actuary's review of the 2016 Appointed Actuary Report
10		of estimates in relation to incurred but not reported reserves ("IBNR") by
11		state by reinsurance contract, it is estimated that Respondent's sliding scale
12		commission calculation of \$3.9 million at 2016 year-end is deficient by
13	*	\$18.5 million for its Private Passenger Automobile Quota Share
14	*	Reinsurance Contract, effective November 1, 2015 to October 31, 2016;
15	(P)	As of November 1, 2017, after adjusting for reserve deficiencies and
16		sliding scale commission deficiencies for the Private Passenger
17		Automobile Quota Share Reinsurance Contract, but not including premium
18		taxes due as stated in paragraph (N), Respondent's adjusted surplus is
19		\$10.8 million and falls within RBC Authorized Control Level Event
20		pursuant to CIC § 739.5;
21	(Q)	As of December 15, 2017, after adjusting for premium taxes due plus
22		interest and penalties thereon as identified in paragraph (L), Respondent's
23		adjusted surplus would be less than \$5.6 million and falls within RBC
24		Mandatory Control Level Event pursuant to CIC 739.6 . Based on the
25		foregoing, the continued transaction of insurance by Respondent is
26		hazardous to its policyholders, its creditors and the public
27	(R)	After further adjusting for premium taxes due, interest and penalties
28		thereon as identified in paragraph (M), Respondent's adjusted surplus

-6-

would be less than \$5 million and falls within RBC Mandatory Control Level Event pursuant to CIC §739.6. Based on the foregoing, the continued transaction of insurance by Respondent is hazardous to its policyholders, its creditors and the public.

III.

ISSUANCE OF ORDER TO CEASE AND DESIST

7 Wherefore, it appears that Respondent is conducting its business and affairs in a
8 financially hazardous manner in violation of California law and its continued transaction
9 of insurance in California is hazardous to its policyholders, creditors and the public;

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Wherefore, the Commissioner has a reasonable basis to conclude that irreparable
loss and injury to Respondent's policyholders, creditors, the general public and to the
property and business of Respondent may occur if it is permitted to continue transacting
insurance; and

Wherefore, if the Commissioner at the conclusion of the hearing has a reasonable
basis to conclude that Respondent's continued transaction of insurance in California is
hazardous to its policyholders, its creditors and the general public the Commissioner will
order the following relief:

Order Respondent to CEASE AND DESIST from engaging further in any acts,
 practices or transactions that are causing such conduct, conditions or grounds to exist;

Order Respondent to CEASE AND DESIST the transaction, solicitation, negotiation,
 administration and writing of any new or renewal of insurance business of any kind in the State of
 California until such time that Respondent's Total Adjusted Capital is greater than or equal to its
 Authorized Control Level RBC, but less than its Regulatory Action Level RBC and that any
 resumption of any such business may occur only upon the prior written consent of the Insurance
 Commissioner;

3. Order Respondent not to remove any assets from the State of California, nor to
transfer any assets held in the name of Respondent without the prior written consent of the
Insurance Commissioner; and

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	1	4. Issue such additional written orders as the Insurance Commissioner may fine
2	2	reasonable necessary to correct, eliminate and remedy the above conduct, conditions and grounds.
*	3	
	4	CALIFORNIA DEPARTMENT OF INSURANCE
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	6	POC
	7	Date: January 22, 2018 By: Laszlo Komjathy, Jr.
	8	Attorney IV
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EXHIBIT A-1

ILLING AND REFUND NOTICE BOARD C P.O. BOX 942879 SACRAI SPECIAL TAXES AND FEE ACCESS INSURANCE COMPANY		NIA 94279-0056 (800) 400-7115	FOR RE EFFECTIVE DATE MO count: IT ST	DAY	PM NT YEAR
PO BOX 105259, STATUTORY ACC Atlanta ga 30348	OUNTING			1 004-0	70 2 -132
	Notice II): 0001 4356 92	26 Fe	bruary 12	, 2013
		nt Due nt enclosed			148,725.27
		tional charges a instructions be		t paid b	y 03/01/13
* Notice of Deficiency Assessment ** 'ou are hereby notified of an amount due from you	as shown				
below.	:				
Isurance Tax INSURANCE TAX	TAX	Interest	Penalty		Total
DEFICIENCY issued 02/12/13 As determined by Field Billing Order For the Period 01/01/08-12/31/11 Revenue Interast 04/02/09-03/01/13 Payment 12/18/12 Subtotal AMOUNT-DUE	1,047,437,8 -900,185.1 147,252.7	148,725.2 -147,252.7	5	0.00	1,047,437.87 148,725.27 -1,047,437.87 148,725.27 148,725.27
Additional interest will a and Taxation Code Section rate of 0.500 % per month. the TAX is not paid on or	12632 on the unp Interest of 736	aid TAX at the .26 will accrue			
Additional penalty of \$-14					
This Notice of Deficiency desk-audit examination tha and reinstatement fees. RE December 27, 2012 Examiner	t disclosed unre : Proposed Defic	eported policy, e iency Assessment	endorsement		
Information Concerning You	r Deficiency Ass	sessment			
As an insurer or surplus 1	you may file a p	etition for rede	termination shown at the		
assessment has been made, of the deficiency assessme top of this notice with th		Equalization. I	t need not		

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BOE-1210-SCO (S2) (5-11)

SPECIAL TAXES AND FEES (800) 400-7115

11

STATE OF CALIFORNIA BOARD OF EQUALIZATION Account: IT STF 034-002432

	()	110		Accour	nt: IT SIF	034-0
** Notice of Deficie Page 2	ncy Assessment **	Notice ID: 0	001 4356 926	February 12, 20	13	6
Insurance Tax						
NSURANCE TAX		TAX	Interest	Penalty	Total	
	be in any special form, to the deficiency assess the petition is filed wi be filed with the Commiss for redetermination, you evidence to support the If a hearing before the should be requested in the appeals conference with a	ment and the cor th the board, a sioner of Insura should be prepa specific grounds State Board of E he petition. If	rection sought. copy of the peti nce. If you file red to submit do upon request. qualization is d you request a he	At the time tion must also a petition cumentary esired, it aring, an		
	Board hearing. The Board at least 20 days notice The filing of a petition accrual of interest on an petition for redeterminat will not apply unless you 30 days after the date of	will give the p of the time and for redetermina ny amounts due. tion, the finali u fail to pay th	etitioner and th place of an oral tion will not pr However, if you ty penalty refer e amount redeter	e commissioner hearing. event the file a timely red to above		
	If you have any questions your inquiry to the follo					
	Mr. David Okumura, PTAB, Department of Insurance, 300 South Spring Street, Los Angeles, CA 90013 Telephone (213) 346-6097 E-mail: David.Okumura@ing	F.S.B. South Tower, 14		4501		
	Make remittances payable	to:				
	State Controller's Office Division of Accounting and State Tax Accounting and P.O. Box 942850 Sacramento, CA 94250-5880	nd Reporting Reporting Burea	u			*
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EXHIBIT A-2

E-1210-SCO (S1) (5-1	11) C	TATE OF CALI	FORMA				
		ARD OF EQU	ALIZATION		FO	R BOE USE O	NI Y
	P.O. BOX 942879 S	ACRAMENTO	, CALIFORI	NIA 94279-0056	RE		PM
	SPECIAL TAXES AN	ID FEES		(800) 400-7115	EFFECTIVE DAT	E OF PAYME	INT 4
					MO	DAY	YEAR
ACCESS	NSURANCE COMPANY						
PO BOX	105259, STATUTORY GA 30348	ACCOUNTIN	NG	Ad	count: IT S	TF 034-0	002432
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			×				
Notice of Deficie	ency Assessment **						
ou are hereby no	otified of an amount due from	m you as show	/n				
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SURANCE TAX	4	ТА	x	Interest	Penalty	/	Total
DEFICIENCY As determin For the Per Revenue Interest Subtotal	issued 02/12/13 ned by Field Billing Or riod 01/01/08-12/31/11 04/02/09-03/01/13	der 2',	X 280,482,16 280,482,16	332,419.	40	0.00	2,280,482. 332,419. 2,612,901.
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Make your check payable to the State Controller's Office and mail to: State Controller's Office, Division of Accounting and Reporting, State Tax Accounting and Reporting Bureau, P.O. Box 942850, Sacramento, CA 94250-5880. Include a copy of this notice with your payment.

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BOE-1210-SCO (S2) (5-11)

10001 100 7115 SPECIAL TAXES AND FEES

STATE OF CALIFORNIA BOARD OF EQUALIZATION count IT STF 034-002432

SPECIAL TAXES AND FEES	(800) 400-7115		Accou		34-002
*' Notice of Deficiency Assessment Page 2	Notice ID:	0001 4454 093 '	February 12, 2	013	4
Insurance Tax					
INSURANCE TAX	TAX	Interest	Penalty	Total	

to the deficiency assessment and the correction sought. At the time the petition is filed with the board, a copy of the petition must also be filed with the Commissioner of Insurance. If you file a petition for redetermination, you should be prepared to submit documentary evidence to support the specific grounds upon request.

If a hearing before the State Board of Equalization is desired, it should be requested in the petition. If you request a hearing, an appeals conference with a staff counsel may be scheduled prior to the Board hearing. The Board will give the petitioner and the commissioner at least 20 days notice of the time and place of an oral hearing.

The filing of a petition for redetermination will not prevent the accrual of interest on any amounts due. However, if you file a timely petition for redetermination, the finality penalty referred to above will not apply unless you fail to pay the amount redetermined within 30 days after the date of a Notice of Redetermination.

If you have any questions regarding this assessment, please direct your inquiry to the following individual with a copy to our office:

Mr. David Okumura, PTAB, Senior Insurance Examiner (Sup) Department of Insurance, F.S.B. 300 South Spring Street, South Tower, 14th Floor-Suite 14501 Los Angeles, CA 90013 Telephone (213) 346-6097 E-mail: David.Okumura@insurance.ca.gov

Make remittances payable to:

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

Make your check payable to the State Controller's Office and mail to: State Controller's Office, Division of Accounting and Reporting, State Tax Accounting and Reporting Bureau, P.O. Box 942850, Sacramento, CA 94250-5880. Include a copy of this notice with your payment.

EXHIBIT A-3

ACCESS I PO BOX	EFUND NOTICE BOARD (P.O. BOX 942879 SACRA SPECIAL TAXES AND FEE NSURANCE COMPANY	Notice II Amou Addi	NIA 94279-0056 (800) 400-7115 Ac D: 0001 6450 22	28 October	PM /MENT /AY YEAR 4-002432 15, 2013 1,131,905.18
** Notice of Deficie You are hereby no below. Insurance Tax	ency Assessment ** tified of an amount due from you	as shown TAX	Interest	Penalty	Total
DEFICIENCY As determin For the Per Revenue Interest Penalty Subtotal	ISSUED 10/15/13 ned by Field Billing Order riod 01/01/12-12/31/12 04/02/13-11/01/13	997,273.2	34,904.	99,727.33	
AMOUNT-DUE ************	Additional interest will a and Taxation Code Section rate of 0.500 % per month if the TAX is not paid on A 10% penalty has been add and Taxation Code section Additional penalty of \$ 99 This Notice of Deficiency	12632 on the un Interest of 4,9 or before 11/01. Med for negligend 12634.	baid TAX at the 986.37 will accru /13. ce in accordance if not paid by 11	ue with Revenue 1/14/13.	1,131,703,18
	Anis Notice of Deficiency desk-audit examination whi Proposed Deficiency Assess Examiner: Edward Ederaine Information Concerning You As an insurer or surplus 1	ch disclosed un ment dated Sept r Deficiency As:	reported policy (amber 12, 2013 () sessment	fees, RE: PDA13-09-04)	

Make your check payable to the State Controller's Office and mail to: State Controller's Office, Division of Accounting and Reporting, State Tax Accounting and Reporting Bureau, P.O. Box 942850, Sacramento, CA 94250-5880. Include a copy of this notice with your payment.

BOE-1210-SCO (S2) (5-11)

SPECIAL TAXES AND FEES (800) 400-7115

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STATE OF CALIFORNIA BOARD OF EQUALIZATION Account: IT STF 034-002432

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** Notice of Deficiency Assessment ** Notice ID: 0016 450 228 October 15, 2013 Insurance Tax TAX Interest Penalty Total assessment has been made, you may file a petition for redetermination of the deficiency assessment within 30 days from the date above at the top of this notice with the State Board of Equalization. It need not be in any special form, but it must are fort this prounds of objection to the deficiency assessment within the board, a copy of the petition must also be filed with the Commissioner of Incurance. If you file a petition for redetermination, you should be prepared to submit the summars. If you file a petition for redetermination, you should be prepared to submit documentary evidence to support the specific grounds upon request. If a hearing before the State Board of Equalization is desired. It should be requested in the netificant is hearing. The filing of a petition for redetermination will not prevent the accrual of interest on any asound too. However, 14 you file a bettiden the atmaty petition for redetermination. The admit has assessment, please direct your inquiry to the following individual with a copy to our office: Mr. David Okumura PTAG, FASS Guston to in Stree is such as to incure Examiner (Sup) Department of instrees is such Tower, 16th Floor-Suite 14501 Los Angelas, CA 99013 Tenall: David OkumuraBinsurance.as.gov Hake remittance (213 346-6037 E-mail: David OkumuraBinsurance.as.gov Hake remittance (213 546-6037 E-mail: David OkumuraBinsurance.as.gov Hake remittance (213 546-6037 E-mail: David OkumuraBinsurance.as.gov Hake remittance of A 800250-5800 Secrements, CA 96250-5800	SPECIAL TAXES A		115		Accour	nt: IT STF	034-00
TAX Interest Penalty Total assessment has been made, you may file a petition for redetermination of the deficiency assessment within 30 days from the date shown at the top of this notice with the State Board of Equalization. It need not be in any special form, but it must set forth the prounds of objection to the deficiency assessment and the correction sought. At the lims the petition is filed with the board, a copy of the petition must also be filed with the specific grounds upon request. It means the petition is filed with the board, a copy of the petition must also be filed with the specific grounds upon request. It means the specific grounds upon request. the ansing before the state board of Equalization is desired. It should be requested in the petition. If you request a hearing, an appeals conference with a staff counsel may be scheduled prior to the board in appid with the specific grounds upon request a hearing. the filing of a petition for redetermination will not prevent the accord of interest on any amount due, however, if you file a timaly petition for redetermination. up any after the date of a hotice of Accord to above any uncertions gounds. the you have any questions repearing this assessment, please direct your inquiry to the following individual with a copy to our office: Mr. David Okumura, PTAS, Senior Insurance Examiner (Sup) Departement of Insurance, south Taver, 14th Floor-Suite 14501 to any any any any after the date of a hotice of a controllers. So South Spring Street, South Tower, 14th Floor-Suite 14501 to any appide to: Board heals, CA 90013 Teabid. Teabid Numur		ncy Assessment **	Notice ID: 00	001 6450 228	October 15, 201	3	- 0
<pre>NROUMABLE IAA</pre>	nsurance Tax					_	
of the deficiency assessment within 30 days from the date shown at the too of this notice with the State Board of Equalization. It need not be in any special form, but it must sat forth the grounds of objection to the deficiency assessment and the correction sought. At the time the petition is flied with the board, a copy of the petition must also be filed with the Commissioner of Insurance. If you file a petition for redetermination, you should be prepared to submit documentary evidence to support the specific grounds upon request. If a hearing before the State Board of Equalization is desired, it should be requested in the petition. If you request a hearing, an appeals conference with a staff coursal may be acheduled prior to the Board hearing. The Board will give the petitioner and the commissioner at least 20 days notice of the time and place of an oral hearing. The filing of a petition for redetermination will not prevent the accrual of interest on any emoting due. However, if you file a timely petition for reduces you fail to pay the amount redetermined within 20 days after the date of a Notice of Redetermination. If you have any questions regarding this assessment, please direct your inquiry to the following individual with a copy to our office: Mr. David Okumura, PTAB, Sonior Insurance Examiner (Sup) Departeent of Insurance, F.3.8. 300 South Spring Street, South Tower, 14th Floor-Suite 14501 Los Angeles, CA 90013 Telephone (213) 364:6097 E-mail: David.Okumura2insurance.ca.gov Make remittences payable to: State Controller's Office Division of Accounting and Reporting State Tax Accounting and Reporting Stare Tax Accounting and Reporting Stare Tax Accounting and Reporting Stare Tax Accounting and Reporting Bureau F.0. Box 942850	NSURANCE TAX		TAX	Interest	Penalty	Total	
 If a hearing before the State Board of Equalization is desired, it should be requested in the petition. If you request a hearing, an appeals conference with a staff counsel may be scheduled prior to the Board hearing. The Board will give the petitioner and the commissioner at least 20 days notice of the time and place of an oral hearing. The filing of a petition for redetermination will not prevent the accrual of interest on any amounts due. However, if you file a timely petition for redetermination, the finality penaity referred to above will not apply unless you fail to pay the amount redetermined within 30 days after the date of a Notice of Redetermination. If you have any questions regarding this assessment, please direct your inquiry to the following individual with a copy to eur office: Mr. David Okumura, PTAB, Senior Insurance Examiner (Sup) Department of Insurance, F.S.B. 300 South Spring Street, South Tower, 14th Floor-Suite 14501 Los Angelas, CA 90013 Telephone (213) \$346-6097 E-mail: David.OkumuraBinsurance.ca.gov Make remittences payable to: State Controller's Office Division of Accounting and Reporting State Tax Accounting and Reporting Bureau P.O. Box 96280 Sacramento, CA 94250-5880 		of the deficiency assessm top of this notice with t be in any special form, b to the deficiency assessm the petition is filed wit be filed with the Commiss for redetermination, you	ent within 30 da he State Board o ut it must set f ent and the corr h the board, a c ioner of Insuran should be prepar	ys from the data of Equalization. The the grounds to the sought. A copy of the peti- ice. If you file red to submit do	a shown at the It need not s of objection At the time tion must also a petition		
accrual of interest on any amounts due. However, if you file a timely petition for redetermination, the finality penalty referred to above will not apply unless you fail to pay the amount redetermined within 30 days after the date of a Notice of Redetermination. If you have any questions regarding this assessment, please direct your inquiry to the following individual with a copy to our office: Mr. David Okumura, PTAB, Senior Insurance Examiner (Sup) Department of Insurance, F.S.B. 300 South Spring Street, South Tower, 14th Floor-Suite 14501 Los Angeles, CA 90013 Telephone (213) 346-6097 E-mail: David.OkumuraJinsurance.ca.gov Make remittances payable to: State Controller's Office Division of Accounting and Reporting State Tax Accounting and Reporting Bureau P.O. Box 942500 Sacramento, CA 94250-5880	z	If a hearing before the S should be requested in th appeals conference with a Board hearing. The Board	tate Board of Eq e petition. If y staff counsel m will give the pe	qualization is de you request a he hay be scheduled atitioner and the	aring, an prior to the e commissioner		
your inquiry to the following individual with a copy to our office: Mr. David Okumura, PTAB, Senior Insurance Examiner (Sup) Department of Insurance, F.S.B. 300 South Spring Street, South Tower, 14th Floor-Suite 14501 Los Angeles, CA 90013 Telephone (213) 346-6097 E-mail: David.OkumuraðInsurance.ca.gov Make remittances payable to: State Controller's Office Division of Accounting and Reporting State Tax Accounting and Reporting Bureau P.O. Box 942850 Sacramento, CA 94250-5880		accrual of interest on an petition for redeterminat will not apply unless you	y amounts due. H ion, the finality fail to pay the	lowever, if you ty penalty refer a amount redeter	file a timely red to above		
Department of Insurance, F.S.B. 300 South Spring Street, South Tower, 14th Floor-Suite 14501 Los Angeles, CA 90013 Telephone (213) 346-4097 E-mail: David.Okumuraðinsurance.ca.gov Make remittances payable to: State Controller's Office Division of Accounting and Reporting State Tax Accounting and Reporting Bureau P.O. Box 942850 Sacramento, CA 94250-5880		If you have any questions your inquiry to the follo	s regarding this owing individual	assessment, ple with a copy to	ase direct our office:		
State Controller's Office Division of Accounting and Reporting State Tax Accounting and Reporting Bureau P.O. Box 942850 Sacramento, CA 94250-5880		Department of Insurance, 300 South Spring Street, Los Angeles, CA 90013 Telephone (213) 346-6097	F.S.B. South Tower, 14				
Division of Accounting and Reporting State Tax Accounting and Reporting Bureau P.O. Box 942850 Sacramento, CA 94250-5880		Make remittances payable	to:				
		Division of Accounting an State Tax Accounting and P.D. Box 942850	nd Reporting Reporting Burea	u			
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Make your check payable to the State Controller's Office and mail to: State Controller's Office, Division of Accounting and Reporting, State Tax Accounting and Reporting Bureau, P.O. Box 942850, Sacramento, CA 94250-5880. Include a copy of this notice with your payment.

EXHIBIT B-1

E-1210-SCO (S1) FIEV. 1 (8-		STATE OF CAL		г			
	P.O. BOX 942879 S	DARD OF EQU		14 94270-0056	FOR	BOE USE ONL	PM
	SPECIAL TAXES A	ND FEES			EFFECTIVE DATE	OF PAYMENT	and a second
				· · ·			3
A REAL PROPERTY.				l	MO	DAY	YEAR
	RANCE COMPANY			Ad	count: IT ST	F 034-00	2432
PO BOX 1051				•			
ATLANTA GA	30348		[
			Notice ID	: 0002 7741 19	91 No	ovember 13	, 2017
			Amour	nt Due		1.	92,041.90
			2.025.2.28 No. 2.0010	it enclosed		•	727041.70
		* * L.					
				ional charges a		t paid by	12/01/17
			(Sée	instructions be	low)		
Notice of Redetermina	ation *						
ou are hereby notified		ated below was	5				
aken on your petition for		¥					
		· · ·					
					7		
surance Tax		TA	AX	Interest	Penalty		Total
SURANCE TAX							
		. million	. martinates	disconstation and a state of the	1 + 22 m		
DEFICIENCY ISSU As determined b)rder					
As determined b For the Period	JED 02/12/13 by Field Billing C 01/01/08-12/31/11						1 0 6 7 6 7 7 9 7
As determined b For the Period Revenue	y Field Billing C	A CALCULAR CONTRACTOR	047,437.87	148,725.			1,047,437.87 148,725.27
As determined b For the Period Revenue Interest 04/0 Payment 12/18	y Field Billing C 01/01/08-12/31/11 02/09-03/01/13 8/12	A CALCULAR CONTRACTOR	047,437.87	148,725. -147,252.	75		148,725.27 -1,047,437.87
As determined b For the Period Revenue Interest 04/0 Payment 12/18	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13	ALL AND AL		148,725. -147,252. 43,316.	75 63	0.00	148,725.27
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal	y Field Billing C 01/01/08-12/31/11 02/09-03/01/13 8/12	ALL AND AL	900,185.12	148,725. -147,252. 43,316.	75 63	0.00	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0	y Field Billing C 01/01/08-12/31/11 02/09-03/01/13 8/12	ALL AND AL	900,185.12	148,725. -147,252. 43,316.	75 63	0.00	148,725.27 -1,047,437.87 43,316.63
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE	<pre>by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17</pre>	1	900,185.12	148,725. -147,252. 43,316. 44,789.	75 63 15 *****	0.00	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 12/13-12/01/17	L, 	900,185.12 147,252.75 ********** 96 percent ad and paid	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ************ nd fees nt to help	0.00	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 12/13-12/01/17	L, 	900,185.12 147,252.75 ********** 96 percent ad and paid	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ************ nd fees nt to help	0.00	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 ***********************************	L, 	900,185.12 147,252.75 ********** 96 percent ad and paid	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ************ nd fees nt to help	0.00	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 12/13-12/01/17 ***********************************	pproximately BOE are file resolving y will accrue	900,185.12 147,252.75 96 percent od and paid your tax an in accorda	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ************* nd fees nt to help nd avoid e and	0.00	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 44***********************************	pproximately BOE are file presolving y will accrue on 12632 on t	900,185.12 147,252.75 96 percent ad and paid your tax an in accorda the unpaid	148,725. -147,252 43,316. 44,789. ***************** of all taxes a on time? We wa d fee matters a nce with Revenu TAX at the rate	75 63 15 nd fees nd to help nd avoid e and of 0.583 %	*****	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 12/13-12/01/17 ***********************************	pproximately BOE are file presolving y will accrue on 12632 on t	900,185.12 147,252.75 96 percent ad and paid your tax an in accorda the unpaid	148,725. -147,252 43,316. 44,789. ***************** of all taxes a on time? We wa d fee matters a nce with Revenu TAX at the rate	75 63 15 nd fees nd to help nd avoid e and of 0.583 %	*****	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ********************************** Did adm you pot Add Tax per bef	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 4 4 you know that ap finistered by the be successful in cential problems. 4 4 itional interest fation Code Section from th. Interest fore 12/01/17.	h will accrue of 858.97 wi	900,185.12 147,252.75 96 percent od and paid your tax an in accorda he unpaid 11 accrue	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o	*****	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 Attraction Local Section Code Section Code Section Fronth. Interest Fore 12/01/17. Attional penalty of	will accrue of 858.97 wi of \$ 14,725.2	900,185.12 147,252.75 96 percent ad and paid your tax an in accorda the unpaid 11 accrue	148,725. -147,252 43,316. 44,789. **************** of all taxes a on time? We wa d fee matters a nce with Revenu TAX at the rate if the TAX is n f not paid by 1	75 63 15 *************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o 2/13/17.	*****	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 4************************************	will accrue of 858.97 wi of 6 14,725.2 you withdrew	900,185.12 147,252.75 96 percent d and paid four tax an in accorda the unpaid 11 accrue	148,725. -147,252 43,316. 44,789. *************** of all taxes a on time? We wa d fee matters a nce with Revenu TAX at the rate if the TAX is n f not paid by 1 est for an oral	75 63 15 ****************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o 2/13/17. hearing.	********	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 4 4 you know that ap finistered by the be successful in the succes	vill accrue on 12632 on to of 858.97 wi of \$ 14,725.2 you withdrew to the Decis	900,185.12 147,252.75 96 percent od and paid your tax an in accorda the unpaid 11 accrue 28 is due i your required	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ***************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o 2/13/17. hearing. ted March 11	********	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 4************************************	vill accrue on 12632 on to of 858.97 wi of \$ 14,725.2 you withdrew to the Decis	900,185.12 147,252.75 96 percent od and paid your tax an in accorda the unpaid 11 accrue 28 is due i your required	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ***************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o 2/13/17. hearing. ted March 11	********	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 4 4 you know that ap finistered by the be successful in the succes	vill accrue on 12632 on to of 858.97 wi of \$ 14,725.2 you withdrew to the Decis	900,185.12 147,252.75 96 percent od and paid your tax an in accorda the unpaid 11 accrue 28 is due i your required	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ****************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o 2/13/17. hearing. ted March 11	********	148,725.27 -1,047,437.87 43,316.63 192,041.90
As determined b For the Period Revenue Interest 04/0 Payment 12/18 Interest 03/0 Subtotal AMOUNT-DUE ************************************	by Field Billing C 01/01/08-12/31/11 02/09-03/01/13 3/12 02/13-12/01/17 4 4 you know that ap finistered by the be successful in the succes	vill accrue of 858.97 vi of \$ 14,725.2 you withdrew to the Decis	900,185.12 147,252.75 96 percent od and paid your tax an in accorda the unpaid 11 accrue 28 is due i your required	148,725. -147,252 43,316. 44,789. ************************************	75 63 15 ****************** nd fees nt to help nd avoid e and of 0.583 % ot paid on o 2/13/17. hearing. ted March 11	********	148,725.27 -1,047,437.87 43,316.63 192,041.90

Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

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BOE-1210-SCO (S2) REV. 1 (8-14)

STATE OF CALIFORNIA BOARD OF EQUALIZATION COUNT: IT STF 034-002432

SPECIAL TAXES A	ND FEES (800) 400-71	15		Accou	nt: IT STF	034-002
* Notice of Redeter Page 2	mination *	Notice ID:	0002 7741 191	November 13,	2017	-
Insurance Tax INSURANCE TAX		TAX	Interest	Penalty	Total	
	Case ID: 722272 petition	for redeterm	ination dated March	h 13, 2013.		
	Make remittances payable	to:				
	State Controller's Office Departmental Accounting O Insurance Tax Program P.O. Box 942850	*				
	Sacramento, CA 94250-0001					
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Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

EXHIBIT B-2

	OF CALIFORNIA OF EQUALIZATION AMENTO, CALIFOR ES		FOR BOE US RE EFFECTIVE DATE OF PAY MO D	PM	
ACCESS INSURANCE COMPANY PO BOX 105171 ATLANTA GA 30348		Ad	ccount: IT STF 034	4-002432	1
	Notice II	D: 0002 7934 66	63 Novemb	er 13, 2017	
	1000-1400-1	unt Due unt enclosed		3,283,743.33	
		itional charges a a instructions be	are due if not pai alow)	d by 12/01/17	
				•	
* Notice of Redetermination * You are hereby notified that the action indicated b taken on your petition for redetermination.	elow was				
Insurance Tax	TAX	Interest	Penalty	Total	
DEFICIENCY ISSUED 02/12/13 As determined by Field Billing Order For the Period 01/01/08-12/31/11 Revenue Interest 04/02/09-12/01/17 Subtotal AMOUNT-DUE	2,280,482,1 2,280,482.1	1,003,261.		2,280,482.16 1,003,261.17 3,283,743.33 3,283,743.33	
Did you know that approx administered by the BOE you be successful in res potential problems.	are filed and pai	d on time? We wa	nt to help		
Additional interest will Taxation Code Section 12 per month. Interest of 1 or before 12/01/17.	632 on the unpaid	TAX at the rate	of 0.583 %		
Additional penalty of \$ On October 13, 2017 you Therefore, pursuant to t 2016, your petition for adjustment.	withdrew your req he Decision and R	uest for an oral ecommendation da	hearing, ted March 11,		
Case ID: 722274 petition	for redeterminat	ion dated March	13, 2013.		
·					,

Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

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BOE-1210-SCO (S2) REV. 1 (8-14)

STATE OF CALIFORNIA BOARD OF EQUALIZATION CCOUNT: IT STF 034-002432

SPECIAL TAXES A	ND FEES (800) 400-71	15		Accourt	t: IT STF 034-0024
* Notice of Redeter Page 2	mination *	Notice ID:	0002 7934 663	November 13, 2	
Insurance Tax INSURANCE TAX		TAX	Interest	Penalty	Total
	Make remittances payable State Controller's Office Departmental Accounting O Insurance Tax Program P.O. Box 942850 Sacramento, CA 94250-0001				
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Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

1 1 1

EXHIBIT B-3

		(800) 400-7115 I	FOR BOE US RE EFFECTIVE DATE OF PAY MO D. count: IT STF 034	PM MENT AY YEAR	
	Notice IE): 0002 7682 58	4 Novembe	ər 13, 2017	
	Amou Addi	nt Due nt enclosed tional charges an instructions bel	re due if not paid Low)	1,385,378.97 d by 12/01/17 8	ja T
* Notice of Redetermination * You are hereby notified that the action indicated b			- 		
taken on your petition for redetermination.	Nelow was				
Insurance Tax INSURANCE TAX	ТАХ	Interest	Penalty	Total	
DEFICIENCY ISSUED 10/15/13 As determined by Field Billing Order For the Period 01/01/12-12/31/12 Revenue Interest 04/02/13-12/01/17 Penalty Subtotal	997,273.24 997,273.24	288,378.3	99,727.33		
AMOUNT - DUE ************************************	*****	******	*****	1,385,378.97	
Did you know that approx administered by the BOE you be successful in res potential problems.	are filed and pair	d on time? We wan	t to help		
Additional interest will Taxation Códe Section 12 per month. Interest of 5 or before 12/01/17.	632 on the unpaid	TAX at the rate	of 0.583 %		
Additional penalty of \$ On October 13, 2017 you Therefore, pursuant to t 2016, your petition for adjustment.	withdrew your required	uest for an oral acommendation dat	hearing. ed March ll,		,
Case ID: 777695 petition	for redeterminat:	ion dated Novembe	r 13, 2013.		

Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

BOE-1210-SCO (S2) REV. 1 (8-14)

STATE OF CALIFORNIA BOARD OF EQUALIZATION Account: IT STF 034-002432

SPECIAL TAXES A	ND FEES (800) 400-7	115		Accou	int: IT STF	034-00243
* Notice of Redeter Page 2	The second se		002 7682 584	November 13,	2	8
Insurance Tax		TAX	Interest	Penalty	Total	
	Make remittances payable	to:				
	State Controller's Office Departmental Accounting C Insurance Tax Program P.O. Box 942850 Sacramento, CA 94250-0001	office				
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Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

EXHIBIT C

E-1210-SCO (S1) REV.		OF OAL IFODALLA			
The second second	FUND NOTICE BOARD	OF CALIFORNIA OF EQUALIZATION		FOR BOE US	SE ONLY
	P.O. BOX 942879 SACRA	MENTO, CALIFORI	VIA 94279-0056	RE	PM
	SPECIAL TAXES AND FE	ES	(800) 400-7115	EFFECTIVE DATE OF PAY	/MENT -
T INLOID W				MO D	DAY YEAR
ACCESS IN PO BOX 1 Atlanta (A	ccount: IT STF 03	4-002432
		Notice I): 0002 8418 1	20 Decemb	er 26, 2017
			nt Due nt enclosed		892,457.95
			tional charges a instructions be	are due if not paid elow)	d by 01/01/18
* Notice of Deficie	ncy Assessment **				
	ified of an amount due from you	as shown			
nsurance Tax		ТАХ	Interest	Penalty	Total
NSURANCE TAX		1745	niterest	Fenalty	TOLAI
As determin For the Per Revenue	ISSUED 12/26/17 ed by Field Billing Order iod 01/01/13-12/31/13 04/02/14-01/01/18	722,638.00	169,819.		722,638.00 169,819.95 892,457.95 892,457.95
	Did you know that approxi administered by the BOE a you be successful in reso potential problems.	re filed and paid	d on time? We wa	nt to help	
	Additional interest will Taxation Code Section 126 per month. Interest of 4, or before 01/01/18.	32 on the unpaid	TAX at the rate	of 0.583 %	
	Additional penalty of \$ 7				
	The Department of Insuran determined that additiona return resulting in addit	l taxable fees we ional tax due. Ri	ere not reported E: Proposed Defi	l on their tax .ciency	
	Assessment for Audit Peri 17–12–03). Examiner: Ben				
		Chan	sessment		л. А.

Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.

11 1

BOE-1210-SCO (S2) REV. 1 (8-14)

SPECIAL TAXES AND FEES (800) 400-7115

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STATE OF CALIFORNIA BOARD OF EQUALIZATION Account: IT STF 034-002432

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Make your check payable to the State Controller's Office and mail to: State Controller's Office, Departmental Accounting Office, P.O. Box 942850, Sacramento, CA 94250-0001. Include a copy of this notice with your payment.



	1 2	PROOF OF SERVICE In the Matter of ACCESS INSURANCE COMPANY Case No. SF OSC 2018-00002
	3 4 5	I am over the age of eighteen years and am not a party to the within action. I am an employee of the Department of Insurance, State of California, employed at 45 Fremont Street, 19th Floor, San Francisco, California 94105. On January 22, 2018, I served the following document(s):
	6	ORDER TO SHOW CAUSE RE: CEASE AND DESIST ORDER; INSURANCE CODE SECTION 1065.1
	7	on all persons named on the attached Service List, by the method of service indicated, as follows:
×	8 9 10 11	If U.S. MAIL is indicated, by placing on this date, true copies in sealed envelopes, addressed to each person indicated, in this office's facility for collection of outgoing items to be sent by mail, pursuant to Code of Civil Procedure Section 1013. I am familiar with this office's practice of collecting and processing documents placed for mailing by U.S. Mail. Under that practice, outgoing items are deposited, in the ordinary course of business, with the U.S. Postal Service on that same day, with postage fully prepaid, in the city and county of San Francisco, California.
	12 13	If OVERNIGHT SERVICE is indicated, by placing on this date, true copies in sealed envelopes, addressed to each person indicated, in this office's facility for collection of outgoing items for overnight delivery, pursuant to Code of Civil Procedure Section 1013. I am familiar with this office's practice of collecting and processing documents placed for overnight delivery.
1	14 15	Under that practice, outgoing items are deposited, in the ordinary course of business, with an authorized courier or a facility regularly maintained by one of the following overnight services in the city and county of San Francisco, California: Express Mail, UPS, Federal Express, or Golden State overnight service, with an active account number shown for payment.
	16	If FAX SERVICE is indicated, by facsimile transmission this date to fax number stated for the person(s) so marked.
	17 18	If PERSONAL SERVICE is indicated, by hand delivery this date.
	19	If INTRA-AGENCY MAIL is indicated, by placing this date in a place designated for collection for delivery by Department of Insurance intra-agency mail.
	20	If EMAIL is indicated, by electronic mail transmission this date to the email address(es) listed.
	21	Executed this date at San Francisco, California. I declare under penalty of perjury under the laws of the State of California that the above is true and correct.
	22	of the state of California that the above is true and correct.
	23	- CeXIC
	24	Komjathy, Jr., Laszlo
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1		SERVICE LIST	
2	In the M	Iatter of ACCESS INSURANCE COMF Case No. SF OSC 2018-00002	PANY
3	Name/Address	Phone/Fax Numbers	Method of Service
4	JOHN SEBASTINELLI	Ph. 415 655-1289	Personal Service
5	4 Embarcadero Center Suite 3000	Fax 415 358-4796	
6	San Francisco, CA		
7	Agent for Service		
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