

TITLE INSURANCE TAX RETURN

CDI FS-003 (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

| | | CDI use only | |
|--------------------------------------|--|--------------|--|
| Annual Tax | 1. Gross All Inclusive Title Insurance Premiums | 1. | |
| | 1.1 Deduct Sum Retained by Underwritten Title Companies | 1.1 | |
| | 1.2 Net Taxable Insurance Premiums | 1.2 | |
| | 2. All Income Received on Reinsurance Assumed without deducting for reinsurance ceded | 2. | |
| | 3. All Other Income Pursuant to RTC 12231 & 12232 | 3. | |
| | 4. Total Taxable Income | 4. | |
| 5. Tax Rate | 5. | 2.35% | |
| 6. 2003 Annual Tax | 6. | | |
| Credits & Prepayments | 7. Low Income Housing Credit | 7. | |
| | 8. COIN Credit | 8. | |
| | 9. 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 | 9f. | | |
| 10. Total Credits & Prepayments Made | 10. | | |
| Tax Due | 11. 2003 Tax Due - If Line 6 is greater than Line 10 | 11. | |
| Tax Overpayment | 12. 2003 Tax Overpayment- If Line 10 is greater than Line 6 The tax overpayment (line 12) may be applied to the 2004 first quarter prepayment and the 2003 retaliatory tax. A Refund SHALL NOT be applied to the 2003 second quarter prepayment or any future tax payment. | 12. | |
| 1st Quarter Prepayment | 13. 2004 First Quarter Prepayment | 13. | |
| | a. 2003 Tax Overpayment applied to the 1st Quarter Prepayment | a. | |
| | b. 2004 First Quarter Prepayment Balance Due | 13b. | |
| Retaliatory Tax | 14. 2003 Retaliatory Tax | 14. | |
| | a. 2003 Tax Overpayment applied to the Retaliatory Tax | a. | |
| | b. 2003 Retaliatory Tax Balance Due | 14b. | |
| Tax Refund | 15. Tax Refund | 15. | |

| | | | |
|---------------|----------|---|-------|
| TAX | Line 11 | 2003 Tax Due | _____ |
| PAYMENTS DUE | Line 13b | 2004 First Quarter Prepayment Balance Due | _____ |
| APRIL 1, 2004 | Line 14b | 2003 Retaliatory Tax Balance Due | _____ |

Each Payment must be paid separately and should NOT be combined to make one lump sum payment

TITLE INSURANCE TAX RETURN

CDI FS-003 (REV 9/2003)

FOR CALENDAR YEAR 2003

TAX DUE DATE APRIL 1, 2004

| | | | |
|-----------------|--|------------------|--|
| Name of Insurer | | Fed Tax I.D. No. | |
| | | CA Perm No. | |

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

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

TITLE INSURANCE TAX RETURN

CDI FS-003 (REV 9/2003)

FOR CALENDAR YEAR 2003

TAX DUE DATE APRIL 1, 2004

| | | | |
|-----------------|--|------------------|--|
| Name of Insurer | | Fed Tax I.D. No. | |
| | | CA Perm No. | |

SCHEDULE A - - Retaliatory Tax Return

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 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 Agents License fees (State number of agents x fee amt.) 1.11 _____

2. Total State of Domicile Aggregate Imposition 2. _____

Part II. California Tax on Foreign/Alien Insurer

- 1. Premium Tax from Page 1, Line 06. 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. Agents License fees (State number of agents x fee amt.) _____

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 Part II, Line 7.

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

Enter result of calculation on Page 1, Line 14.

Attach a copy of the 2003 Schedule T and state of domicile Premium Tax Return.