

Premium Tax Processing System (PTPS) Account Registration Agreement**For Insurers and Surplus Line Brokers**

CDI FS-008 (Rev. 2/2025)

For Insurers and Surplus Line Brokers (SLB) required to file Insurance (Premium) Tax Forms with the California Department of Insurance (CDI).**Complete this form if any of the following applies (check one only):**

To register for a PTPS account as a newly admitted Insurer or licensed SLB.

To change PTPS Executive Officer (EO) / SLB Contact Information.

To cancel PTPS access for the EO / SLB below.

SECTION I – Insurer or SLB Taxpayer Information

Full Name of Insurer or SLB	CDI Number (CA Perm. No. / SLB Lic. No.)
DBA (<i>Doing Business As</i>)	NAIC Number (Insurers only)
Address (Number, Street, or P.O. Box Number)	Phone Number
Address (City, State, and ZIP Code)	E-mail Address

SECTION II – Insurer’s EO or SLB (Person responsible for signing the Insurance (Premium) Tax Return)

- Person designated to create a PTPS account for online Insurance (Premium) Tax Form filings with the CDI (California Revenue and Taxation Code section 12303 and California Insurance Code section 1774(A)(1)).
- Attach the most recent copy of the Insurer’s NAIC Annual or Quarterly Statement Jurat page showing Insurer’s EO Name Or a copy of the SLB’s License issued by the CDI.

First name and Last name of Insurer’s EO or SLB used for PTPS Account	Title
E-mail Address of Insurer’s EO or SLB (enter in all CAPS). Do not use shared e-mail account.	Phone Number

SECTION III – Registration Agreement

- The undersigned hereby declares under penalty of perjury that the above is true and correct.
- Once this authorization agreement is approved by the CDI, the undersigned will be provided a URL link via e-mail to create and register a PTPS account online. The undersigned will be responsible for adding/maintaining "Authorized Filer(s)" for the Insurer’s or Surplus Line Broker’s PTPS account. (Refer to the CDI [Tax Forms, Instructions & Information](#) webpage for more information.)
- The undersigned will inform the CDI of any changes to the Insurer’s or Surplus Line Broker’s PTPS account.

Signature of Insurer’s Executive Officer or Surplus Line Broker	Date
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E-mail the completed form and Jurat page or SLB License to PremiumTaxAudit@insurance.ca.gov**SECTION IV - For CDI Use Only**

PTPS Account Registration Agreement reviewed and forwarded to CDI FBMD ASB by:

Name of Reviewing Departmental Officer	Title	Date
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PTPS Registration information processed into PTPS by:

Name of Reviewing Departmental Officer	Title	Date
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