

**California Department of Insurance
Proposition 103 Fee Assessment Schedule
Fiscal Year 2017-18**

For Each Line in Which the Derived Direct Written Premiums Were Greater Than	And Less Than or Equal To	Assessment Factor
\$0	\$250,000	1.0
250,000	500,000	2.0
500,000	1,000,000	4.0
1,000,000	2,000,000	7.0
2,000,000	4,000,000	14.0
4,000,000	7,000,000	25.0
7,000,000	12,000,000	35.0
12,000,000	20,000,000	50.0
20,000,000	30,000,000	70.0
30,000,000	45,000,000	100.0
45,000,000	65,000,000	140.0
65,000,000	100,000,000	180.0
100,000,000	150,000,000	250.0
150,000,000	250,000,000	360.0
250,000,000		500.0