TAXABLE YEAR

2018 Nonadmitted Insurance Tax Return

570

| Amended \Box | The state of the s | | | | | | | |
|-------------------------------|--|----------------------------|--|--------------------------------------|--|--|--|--|
| Select calene Period endin | dar quarter during which the taxable insurance contract(s) took effect or w | | | | | | | |
| | olicyholder | | | | | | | |
| Business nam | - | | ☐SSN or I | TIN FEIN CA Corp no. CA SOS file no. | | | | |
| | | | | | | | | |
| First name | Initial Last name | | | | | | | |
| | | | | | | | | |
| DBA (if applica | able) | | | | | | | |
| Address (ast / | ste., room, PO box, or PMB no.) | | | | | | | |
| Address (apt./ | ste., 100111, FO box, of FINID 110.) | | | | | | | |
| City (If you hav | ve a foreign address, see instructions.) | | Sta | te ZIP code | | | | |
| ony (ii you na | 10 a 10101g.1 additions, 500 interactions, | | | _ | | | | |
| Part II T | ax Computation. See instructions. | | | | | | | |
| | | nrnia is | vour principal plac | ea of | | | | |
| | cross premiums paid or to be paid on risks located entirely within California, and California is your principal place of usiness or your principal residence. See instructions | | | | | | | |
| | premiums paid or to be paid by California home state insured, including policies with risks outside California 2 | | | | | | | |
| | 3 Total taxable premiums. Add line 1 and line 2 | | | | | | | |
| | Multiply line 3 by 3% (.03). (There is no stamping fee.) | | | | | | | |
| | turned premiums previously taxed. Attach copies of all contracts. See instructi | | | | | | | |
| | | | iov No | 5 | | | | |
| 6 Overnour | m m / y y y | F UI | icy ivo | | | | | |
| 7 Drangum | miums returned \$ Quarter/year taxed m_m/y_y_y ments from prior quarters. Quarter/year m_m/y_y_y_y ents. See instructions. | | | | | | | |
| | | | | | | | | |
| | miums returned, overpayments, or prepayments. Add line 5 through line 7 | | | | | | | |
| | Subtract line 8 from line 4. If the amount on line 8 is more than the amount o | | | I | | | | |
| | or late payment of tax. See instructions | | | | | | | |
| | on late payment. See instructions | | | 11 | | | | |
| | t due . Add line 9 through line 11. If the result is positive, enter here. Make a ch to the "Franchise Tax Board". See instructions. | | | 12 | | | | |
| 13 Overpayı | 13 Overpayment. Add line 9 through line 11. If result is negative, enter here | | | | | | | |
| 14 Overpayr | ment to be applied to the next quarter. See instructions | | | 14 | | | | |
| 15 Refund. | Subtract line 14 from line 13 | | | 15 | | | | |
| | agent or broker with a valid power of attorney authorizing you to file this re | | | | | | | |
| Business nam | | | | | | | | |
| | | | | | | | | |
| Business add | ress | Contact person's telephone | | | | | | |
| Sign Here | To learn about your privacy rights, how we may use your information, and the consequences for not providing the tht.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and states and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all informatic print or type elected officer or authorized person's name | | tements, and to the best of my knowledge | | | | | |
| | Elected officer or authorized person's signature | | | Date | | | | |
| | ▶ | | | | | | | |
| | Print or type preparer's name | | Check if self-employed | Telephone | | | | |
| Paid | Preparer's signature | | Date | PTIN | | | | |
| Preparer's Use Only | > | | | | | | | |
| use Only | Business name (or yours, if | | <u> </u> | FEIN | | | | |
| | self-employed) and address | | | | | | | |
| | May the FTB discuss this return with the preparer shown above (see instructions)?. | | . • 🗆 Yes 🔲 No | | | | | |

| Policyholder Name: | | Policyholder ID No.: | | | | | | |
|--|---|---------------------------------|-------------------------------|---------------------------|--|--|--|--|
| Part III Insurance Contracts – If you have more than 23 policies to report, enter the additional policies on another Side 2 of Form 570. Total each Side 2 on the bottom separately. Do not create a schedule to report additional policies. We only accept and process official versions of Side 2 of Form 570. | | | | | | | | |
| | | | | PRINT CLEARL | | | | |
| a Policy Number | b Name of Each Nonadmitted Insurance Company | c Type of Insurance Coverage | d Location of Risks | e Total Premium | | | | |
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