TAXABLE YEAR CALIFORNIA FORM

2022

Nonadmitted Insurance Tax Return

	7	
7		
-		u

						`	
Amended \Box	The policyholder completes t	this form.					
	ar quarter during which the taxable insurance co	ontract(s) t	ook effect or was renewed				
Period ending		September	r 30 🔲 December 31				
Part I Pol	•			1.5			
Business nan	ne				☐ SSN or IT	'IN ☐ FEIN ☐ CA Corp no. ☐ CA	A SOS file no.
C:		1-141-1	1				
First name		Initial	Last name				
DBA (if applic	abla)						
DDA (II applic	able)						
Address (ant	/ste., room, PO box, or PMB no.)						
, taa. 000 (apt.)							
City (If you have a foreign address, see instructions.)				Stat	e ZIP code		
Part II Ta	x Computation. See instructions.						
	remiums paid or to be paid on risks located e	ntiroly with	hin California, and Califo	rnia ie vour pri	noinal place	n of	
	s or your principal residence. See instructions						
	remiums paid or to be paid by California hom						
	able premiums. Add line 1 and line 2						
	. Multiply line 3 by 3% (.03). (There is no sta					4	
	eturned premiums previously taxed. Attach co						
Total pre	emiums returned \$ Qua	rter/year ta	axed	Policy No		5	
6 Overpay	emiums returned \$ Qua ments from prior quarters. Quarter/year nents. See instructions	/				6	
7 Prepaym	nents. See instructions	m/y y y 	/			7	
	emiums returned, overpayments, or prepaym						
	. Subtract line 8 from line 4. If the amount or						
	for late payment of tax. See instructions						
	on late payment. See instructions						
	t due. Add line 9 through line 11. If the results the "Franchica Toy Board". See in struction					40	
	to the "Franchise Tax Board". See instruction						
	ment. Add line 9 through line 11. If result is						
	ment to be applied to the next quarter. See in						
	Subtract line 14 from line 13						
lf you are ar	agent or broker with a valid power of attor	ney author	rizing you to file this ret	urn on behalf (of the insu	red, enter the following inforr	nation:
Business nar	me			Contact person's	name		
Business add	draes			Contact person's	telenhone		
Buomicoo aa				Contact percent	tolophono		
	Our privacy notice can be found in annual tax bookle	ts or online.	Go to ftb.ca.gov/privacy to le	earn about our priv	acy policy sta	atement, or go to ftb.ca.gov/forms a	nd search for
	1131 to locate FTB 1131 EN-SP, Franchise Tax Board Under penalties of perjury, I declare that I have exam						
0.	correct, and complete. Declaration of preparer (other	r than taxpay				wledge.	,, it is true,
Sign Here	Print or type elected officer's or authorized pers	son's name				Telephone	
11010							
	Elected officer's or authorized person's signature	re				Date	
	District and the second second			01	1.76	T	
	Print or type preparer's name				eck if mployed	Telephone	
Paid	Preparer's signature			Date		PTIN	
Preparer's	Freparer 5 Signature			Date		FIHN	
Use Only						Firm's FEIN	
	Business name (or yours, if self-employed) and address					Timio i Liiv	
	May the FTB discuss this return with the prepa	rer shown a	shove (see instructions)?		s 🗆 No		
	1, the residence the return with the piepa		~~~ v (000 iiioli d0li0lio)! .	- 10		i	

3681223 Form 570 2024 **Side 1**

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 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				
			X					
		-9						
		Z) (<u> </u>					
	1.0							
	7, 6							
	\ C_							
	.0.							