## 2023 Nonadmitted Insurance Tax Return

| Amended $\square \quad$ The policyholder completes this form. |  |  |  |
| :---: | :---: | :---: | :---: |
| Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed. Period ending: $\square$ March $31 \quad \square$ June $30 \quad \square$ September $30 \quad \square$ December 31 |  |  |  |
|  |  |  |  |
| Part I Policyholder |  |  |  |
| Business name |  |  | $\square$ SSN or ITIN $\square$ FEIN $\square$ CA Corp no. $\square$ CA SOS file no. |
| First name | Initial | Last name |  |

Address (apt./ste., room, PO box, or PMB no.)


If you are an agent or broker with a valid power of attorney authorizing you to file this return on behalf of the insured, enter the following information:

| Business name | Contact person's name |
| :--- | :--- |
| Business address | Contact person's telephone |



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 CLEARLY |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| (a) <br> Policy number | (b) <br> Name of each nonadmitted insurance company | (c) Type of insurance coverage | (d) Location of risks | $\begin{gathered} \text { (e) } \\ \text { Total premium } \\ \hline \end{gathered}$ |
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