

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

CDI FS-008 (Rev. 1/2025)

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 Contact Information.

To cancel PTPS access to the provided Insurer or SLB below.

SECTION I – Insurer or SLB Taxpayer Information

Name of Insurer or SLB	CDI Identification 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 Executive Officer or SLB (Primary Contact Person)

- 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 Statement Jurat page showing Insurer’s Executive Officer name or a copy of the SLB’s License issued by the CDI.

Insurer’s Executive Officer or SLB Contact Name	Title
E-mail Address (Required)	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 a PTPS account online from the CDI [Tax Forms, Instructions & Information](#) webpage and the undersigned will be responsible for maintaining “Authorized Filer(s)” for the Insurer’s or Surplus Line Broker’s PTPS account.
- 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 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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