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Assets Transferred from Corporation to Insurance Company 1 2024

Atta	ach to Form 10	00 or Form 100W.									
Cor	poration (transfe	ror) name					California	a corporation I	number		
							FEIN				
Pa	rt I Assets	Transferred from Corpora	ation to Insurance Cor	mpany							
Sec	ction A – Infor	mation on Property Trans	sferred								
1	lf "Yes," ent	ated property transferred ter the insurance compan h line 2. If " No ," skip line	y's name, California co	prporation number, and				Yes	🗆 No		
Ins	urance company	r (insurer) name			California corpora	tion number	FEIN				
2		urance company use the " ntinue with line 3. If " No ,"			the insurer's trade or	business? .	<u> </u>	🗌 Yes	🗆 No		
Sec	ction B – Defe	rred Capital Gains. See in	nstructions. Use additi	onal sheets if necessa	ıry.						
	(a) Taxable year	(b) Description of property transferred	(c) Location of property transferred	(d) Date transferred (mm/dd/yyyy)	(e) Fair market value (FMV) at date of transfer	(f) Adjusted bas transferred on date of	property	(g) Amount deferred un Section col. (e) les	der R&TC 24465		
3											
	rt II Inform	l nation on Stocks. See ins	tructions]						
		oration transfer shares of						Yes			
4											
5		a Did the insurer transfer, or otherwise dispose of any transferred stock received in this taxable year or a prior taxable year? Yes I No If " Yes ," what was the cumulative percentage of transferred stock (measured by relative fair market value) that was									
		or disposed of?	•	· ·		,			%		
								🗌 Yes	□ No		
	b Was the insurer's stock transferred or disposed of?										
transferred or disposed of?									%		
6		rer issue additional, or ca swer lines 6a and 6b.	ncel existing shares of	stock during the taxa	ble year?			Yes	🗆 No		
	a Indicate t	the number of shares outs	standing before such i	ssuance or cancellatio	on			··			
	b Indicate t	Indicate the number of shares outstanding after such issuance or cancellation									
7	Did the transferred entity issue additional or cancel existing shares of stock during the taxable year? See instructions Yes If " Yes ," answer lines 7a and 7b.										
	a Indicate t	a Indicate the number of shares outstanding before such issuance or cancellation									
	b Indicate t	the number of shares outs	standing after such iss	uance or cancellation							
8	Did the insur	rer or transferred entity is	sue another class of s	tock or type of equity	interest?			🗌 Yes	🗆 No		
9	Did the equit	ty interest in the transferr	ed entity become wort	hless?				Yes	🗆 No		

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Pa	rt III	Assets Trans	ferred f	from Insurance Compa	ny. See instr	uctions.					
10	Did the ownership of the holder of the transferred property change during the taxable year?										
11	taxpay	Is the holder of the property held by an insurer in the commonly controlled group of the transferor or a member of the taxpayer's combined reporting group?									
12		Did the insurer dispose of, in whole or in part, any transferred property during the taxable year?									
13	Did the insurer dispose of any transferred property to a member of the corporation/transferor's combined reporting group or to another insurer in the transferor's commonly controlled group during the taxable year?										
14	Does the transferee use the property it received in the active conduct of a trade or business? Yes Ves If " Yes ," do not complete Part IV. If " No ," the gain is taxable, complete Part IV.										
		Capital Gains									
Sec			Capital	Gains and Losses - As		1		1			
	(a) Taxable year	(b) Descriptio propert		(c) Location of property	(d) Percentage of property	(e) Date (mm/dd/yyyy)	(f) Amount realized or FMV	(g) Adjusted basis o property	f Gain (loss) col. (f) less col. (g)		
15											
16	16 Short-term capital gains (losses). Total amounts in column (h). Enter here and on Form 100 or Form 100W, Side 6, Schedule D, Part I, line 1, column (f) or Schedule D (100S), Section A or Section B, Part I, line 1, column (f). See instructions										
Sec	tion B -	- Lona-Term C	apital	Gains and Losses - As	ets Held Mo	re Than One Ye	ar. See instructions. U	se additional sheets	if necessarv.		
	(a) Taxable year	(b) le Description of		(c) Location of property	(d) Percentage of property	(e) Date (mm/dd/yyyy)	(f) Amount realized or FMV	(g) Adjusted basis o property	(h)		
17											
18	colum	n (f) or Sched	ule D (1	osses). Total amounts 100S), Section A or Sec	tion B, Part	II, line 4, colum	n (f).				
	200 11			/, I declare that I have examin							
		correct, and com Signature of			,		Title Date Telephone				
Sign Here		corporation (transferor)					i nuc	Dale	relephone		
		officer Signature of insurer					Title	Date	Telephone		
		1.5	15				1				

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