Assets Transferred from Corporation to Insurance Company

CALIFORNIA FORM

3725

		0 or Form 100W.									
Corpo	ration (transfer	or) name				Californi	a corporation number				
						FEIN					
Part		Fransferred from Corpora		mpany							
		nation on Property Trans									
I	Was appreciated property transferred to an insurance company?										
	ance company	ion humber FEIN									
		urance company use the t itinue with line 3. If " No ,"			the insurer's trade or	business?	Yes No				
Section	on B – Defer	red Capital Gains. See ir	structions. Use additi	onal sheets if necessa	ry.						
Та	(a) xable year	(b) Description of property transferred	(c) Location of property transferred	(d) Date transferred (mm/dd/yyyy)	Fair market value (FMV) at date of transfer	Adjusted basis of the transferred property on date of transfer	(g) Amount of gain deferred under R&TC Section 24465 col. (e) less col. (f)				
3							(0) 1000 0011 (1)				
						, in the second					
						, ,					
Part	: II Inform	ation on Stocks. See ins	tructions.			<u>I</u>					
4 [oration transfer shares of					Yes No				
5 a Did the insurer transfer, or otherwise dispose of any transferred stock received in this taxable year or a prior taxable year?											
ı	b Was the in	nsurer's stock transferred	or disposed of?				Yes No				
	If "Yes," what was the cumulative percentage of the insurer's stock (measured by relative fair market value) that was transferred or disposed of?										
	Did the insurer issue additional, or cancel existing shares of stock during the taxable year?										
a Indicate the number of shares outstanding before such issuance or cancellation											
I	b Indicate the number of shares outstanding after such issuance or cancellation.										
	Did the transferred entity issue additional or cancel existing shares of stock during the taxable year? See instructions Yes No If " Yes ," answer lines 7a and 7b.										
á	a Indicate the number of shares outstanding before such issuance or cancellation										
I	b Indicate th	ne number of shares outs	tanding after such iss	suance or cancellation.							
8 [Did the insur	er or transferred entity iss	sue another class of s	tock or type of equity i	interest?		Yes No				
9 [Did the equity	y interest in the transferre	d entity become wort	hless?	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Yes No				

Pa	rt III	Assets Transferred	l 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	reporti	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?									
Pa	rt IV	Capital Gains and	Losses								
Sec	tion A –	Short-Term Capita	al Gains and Losses - Ass	sets Held On	e Year or Less.	See instructions. Use a	dditional sheets if	necessary.			
	(a) Taxable Year	(b) Description of property	(c) Location of property	(d) Percentage of property	(e) Date (mm/dd/yyyy)	Amount realized or FMV	(g) Adjusted basis of property	f Gain (loss) col. (f) less col. (g)			
15											
						10					
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 -	Long-Term Capita	I Gains and Losses - Ass		re Than One Yea	r. See instructions. Us	e additional sheets	s if necessary.			
	(a) Taxable Year	(b) Description of property	Location of property	(d) Percentage of property	(e) Date (mm/dd/yyyy)	(f) Amount realized or FMV	(g) Adjusted basis o property	of Gain (loss) col. (f) less col. (g)			
<u>17</u>		P	C								
			0								
18 Long-term capital gains (losses). Total amounts in column (h). Enter here and on Form 100 or Form 100W, Side 6, Schedule D, Part II, line 5, column (f) or Schedule D (100S), Section A or Section B, Part II, line 4, column (f). See instructions											
Sig	(transicion)					g schedules and statements, Title	and to the best of my kr	nowledge and belief, it is true,			
He	:re	officer Signature of insurer				Title	Date	Telephone			