

**BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF CALIFORNIA**



**FILED**

05-17-10  
04:59 PM

In the Matter of the Application of San Diego Gas & Electric Company (U 902 E) for Authorization to Recover Unforeseen Liability Insurance Premium and Deductible Expense Increases as a Z-Factor Event.

Application 09-08-019  
(Filed August 31, 2009)

**JOINT MOTION OF SAN DIEGO GAS & ELECTRIC COMPANY (U 902 E)  
AND DIVISION OF RATEPAYER ADVOCATES REGARDING  
EXHIBIT 20 AND MOTION OF SAN DIEGO GAS & ELECTRIC COMPANY (U  
902 E) REGARDING LATE-FILED EXHIBIT 19**

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May 17, 2010

**BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF CALIFORNIA**

In the Matter of the Application of San Diego Gas & Electric Company (U 902 E) for Authorization to Recover Unforeseen Liability Insurance Premium and Deductible Expense Increases as a Z-Factor Event.

Application 09-08-019  
(Filed August 31, 2009)

**JOINT MOTION OF SAN DIEGO GAS & ELECTRIC COMPANY (U 902 E)  
AND DIVISION OF RATEPAYER ADVOCATES REGARDING  
EXHIBIT 20 AND MOTION OF SAN DIEGO GAS & ELECTRIC COMPANY (U  
902 E) REGARDING LATE-FILED EXHIBIT 19**

In accordance with Rule 11.1 of the Commission's Rules of Practice and Procedure, San Diego Gas & Electric Company ("SDG&E") and the Division of Ratepayer Advocates ("DRA") hereby request that the attached Exhibit 20 be included in the record of the above-captioned proceeding. SDG&E hereby requests that the attached late-filed Exhibit 19 be included in the record of the above-captioned proceeding. Pursuant to the terms of Exhibit 20, a Stipulation, DRA shall withdraw its objections to SDG&E's late-filed Exhibit 19.

Exhibit 19 is a redacted version of the documents that SDG&E submitted in response to Data Request-03 in connection with its 2009-2010 liability insurance renewal.<sup>1/</sup> On May 7, 2010, SDG&E filed a motion seeking to admit Exhibit 19, as well as related Exhibit 19(a), into the record of the above-referenced proceeding; DRA indicated in an e-mail to Administrative Law Judge ("ALJ") Bushey that it objected to

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<sup>1/</sup> On January 7, 2010, DRA sent SDG&E "Data Request-03" requesting an audit of SDG&E's 2009 wildfire liability premiums. On January 22, 2010, SDG&E responded to Data Request-03, and provided documents generated in connection with its 2009-2010 liability insurance renewal. SDG&E subsequently supplemented its response to Data Request-03 prior to hearing.

admission of Exhibits 19 and 19(a). SDG&E hereby requests that its May 7, 2010 motion regarding late-filed Exhibits 19 and 19(a) be withdrawn.

Exhibit 20 is a Stipulation entered into by SDG&E and DRA whereby these parties agree that SDG&E will conduct an audit of any of its 2009-2010 liability insurance expenses for which Z-factor treatment is granted in the instant proceeding (if any), and DRA will withdraw its objection to admission of Exhibit 19 into the record.

Admission of Exhibit 20 into the record is reasonable, consistent with law and in the public interest. SDG&E believes that admission of Exhibit 19 into the record is reasonable, consistent with law and in the public interest.

Respectfully submitted this 17th day of May, 2010.

/s/ Aimee M. Smith

Keith W. Melville  
Aimee M. Smith

Attorneys for:  
SAN DIEGO GAS & ELECTRIC COMPANY

101 Ash Street, HQ-12  
San Diego, CA 92101  
Telephone: 619-699-5042  
Facsimile: 619-699-5027  
E-mail: [KMelville@sempra.com](mailto:KMelville@sempra.com)  
[AMSmith@sempra.com](mailto:AMSmith@sempra.com)

s/ Edward Moldavsky

Edward Moldavsky

Attorney for the Division of  
Ratepayer Advocates

California Public Utilities Commission  
505 Van Ness Avenue  
San Francisco, CA 94102  
Telephone: (415) 703-5134  
Facsimile: (415) 703-4432

# **ATTACHMENTS**

**Exhibit 19**

**Exhibit 20**



**A.09-08-019**  
**SDG&E Z-Factor Proceeding**

**Exhibit 19**



A  Sempra Energy utility

Regulatory Affairs  
Sempra Energy Utilities  
8330 Century Park Court  
San Diego, CA 92123-1550

REG 10-12  
A.09-08-019

January 22, 2010

Scott Logan  
Project Coordinator, DRA  
California Public Utilities Commission  
505 Van Ness Avenue, Room 4103  
San Francisco, CA 94102

RE: SDG&E's Response to DRA Data Request – 03 in A.09-08-019

Dear Scott:

Please find SDG&E's response to DRA DR03, dated January 7, 2010. The documents provided on the accompanying CD are considered confidential information pursuant to PUC Code Section 583 & General Order 66-C and are PROTECTED MATERIALS under the applicable Nondisclosure and Protective Agreement. As requested, 2 paper copies and 2 CDs are being shipped via FedEx for Monday delivery.

Please note that UCAN and Intervenor R. Hendricks have requested copies of the data responses in this proceeding.

If you have any questions regarding this information please call me at 858-654-1782.

Sincerely,

Signed/

Chuck Manzuk  
Case Manager

Enclosures: Paper Copies & CDs

cc: Ed Moldavsky, DRA  
Aimee Smith, Sempra  
Keith Melville, Sempra

**DRA DATA REQUEST-03**  
**A.09-08-019**  
**SDG&E'S Z-FACTOR PROCEEDING**  
**DATE RECEIVED: January 7, 2010**  
**DATE RESPONDED: January 22, 2010**

**Question 1:**

Witness De Bont:

The testimony states "Sempra Energy's wildfire liability premium for 2009 is \$40.1 million." (Prepared Testimony of Maury De Bont, p.10.)

Please provide an audit report that demonstrates this fact. The audit report should include, but is not limited to:

- a. Documentation that Sempra Energy has paid the premium identified in the testimony.
- b. Clear identification that the premium paid is for the wildfire premium.
- c. Clear identification and explanation of any allocation methods that are used to present the wildfire liability premium payments.
- d. Provide the signature of a Certified Public Accountant approving the audit report.
- e. Provide the signature of an officer of San Diego Gas and Electric Company approving the report.
- f. Provide the name and qualifications of the San Diego Gas and Electric Company employee who can sponsor the audit report in this proceeding.

Provide all workpapers, spreadsheets, and supporting documentation on disk. Please ensure that spreadsheet files are readable in excel format.

**SDG&E Response a & b:**

**REFERENCES CONFIDENTIAL ATTACHMENTS**

The testimony states "Sempra Energy's wildfire liability premium for 2009 is \$40.1 million." (Prepared Testimony of Maury De Bont, p.10.). SDG&E has not performed a formal audit on the 2009 wildfire premium payments of \$40.1 million identified in Mr. De Bont's testimony, but provides the following documentation that validates actual wildfire liability premium expenses recorded of \$39.8 million. The variance of approximately \$325,000 is primarily the difference between the estimated taxes calculated when testimony was prepared and the actual taxes paid on the actual premiums paid. Also, Sempra's Transactional Tax department has discovered an error in the amount of California nonadmitted insurance tax that was calculated and paid on certain wildfire premiums. This error resulted in an underpayment of tax. Sempra is in the process of preparing an amended return and will pay the additional tax in the amount of approx \$294,000. Finally, there may be an amount identified for non- wildfire premium inadvertently shifted to wildfire premium. Sempra will reconcile any allocation variances between estimated and actual payments and SDG&E will supplement this data response at first opportunity.

**DRA DATA REQUEST-03**  
**A.09-08-019**  
**SDG&E'S Z-FACTOR PROCEEDING**  
**DATE RECEIVED: January 7, 2010**  
**DATE RESPONDED: January 22, 2010**

**Response to Question 1 (Continued)**

Please refer to the summary table below:

**Summary**  
**2009-2010 Policy Renewal Period**

	<b>Wild Fire Liability Premium</b>		<b>General Liability Premium</b>		<b>Total</b>
Actual Invoice Payments	\$ 38,454,871	\$	18,114,929	\$	\$ 56,569,800
Insurance Taxes Paid Directly	\$ 1,320,198	\$	443,477	\$	\$ 1,763,675
Sub Total	\$ 39,775,069	\$	18,558,406	\$	\$ 58,333,475
Maury De Bont Testimony	\$ 40,100,000	\$	18,600,000	\$	\$ 58,700,000
Variance to Testimony (1) (2) (3)	\$ (324,931)	\$	(41,594)	\$	\$ (366,525)

Supporting documentation provided:

A line item detail report (excel spreadsheet) showing the wildfire and non-wildfire liability premium payment expenses booked to company records is included on the accompanying CD. Also included on the CD are the corresponding insurance company invoices and payment funds transfer documents clearly identifying the premium payment amounts for both wildfire and non-wildfire premiums.

Also included are copies of the Sempra Energy 3rd Quarter 2009 Federal Excise Tax Return and the Sempra Energy 3rd Quarter 2009 California Non admitted Insurance Tax Return. The line item detail report (excel spreadsheet) also includes a tax worksheet summarizing taxes paid on these returns, which are referred to as "directly paid" taxes (meaning taxes that are paid directly to a government agency as opposed to taxes that are paid to our insurance brokers as identified on certain invoices).

The following **CONFIDENTIAL** documents have been provided on an enclosed CD **pursuant to PUC Code Section 583 & General Order 66-C and pursuant to the provisions on the signed NDA in this proceeding.**

- (i) Vendor line item detail report (confidential)
- (ii) 2009-10 Premium Insurance Invoices and Fund Transfer documents (confidential)
- (iii) Copy of the Sempra Energy 3rd Quarter 2009 Federal Excise Tax Return (confidential)
- (iv) Copy of the Sempra Energy 3rd Quarter 2009 California Non admitted Insurance Tax Return (confidential)
- (v) CA NIT Calculations (confidential)
- (vi) FET Calculations (confidential)

**DRA DATA REQUEST-03**  
**A.09-08-019**  
**SDG&E'S Z-FACTOR PROCEEDING**  
**DATE RECEIVED: January 7, 2010**  
**DATE RESPONDED: January 22, 2010**

**Response to Question 1 (Continued)**

**SDG&E Response c:**

SDG&E is allocating the wildfire liability premium expenses charged directly to the parent and then allocated to the business units based on its proportion of miles of circuit overhead wires located in high risk fire areas. This methodology results in allocation ratios of 99.48% to SDG&E, .35% to SoCalGas, and .17% to non-utility business units as identified in the testimony of Mr. De Bont (at page 10).

SDG&E evaluated different allocation options to allocate wildfire liability premium expense including the same multi-factor method (as authorized in the SDG&E 2008 GRC) which is used for the allocation of general liability premium expense. The multi-factor method, however, does not account for the differential wildfire risk associated with each business unit and would unfairly subsidize SDG&E at the expense of SoCalGas and non-utility business units.

SDG&E determined that total miles of overhead wires in high risk fire areas, which exclude urban areas, as the best metric to associate the expense because urban area fires are generally localized, reported and contained quickly before causing widespread property damage. This metric is limited to overhead electric systems because underground electric systems, by their nature, do not result in a material risk of initiating large uncontrollable wildland fires during extreme wind conditions.

**SDG&E Response d, e, & f:**

As discussed above, SDG&E has not performed a formal audit on the 2009 wildfire premium payments.

Each funds transfer document corresponding to the insurance invoices on the attached CD contains the signature of Charles McMonagle, Senior Vice President and Treasurer for Sempra Energy. Mr. McMonagle is an officer of Sempra Energy.

**Summary  
2009-2010 Policy Renewal Period**

	Wild Fire Liability Premium	General Liability Premium	Total
Actual Invoice Payments	\$ 38,454,871	\$ 18,114,929	\$ 56,569,800
Insurance Taxes Paid Directly	\$ 1,320,198	\$ 443,477	\$ 1,763,675
Sub Total	\$ 39,775,069	\$ 18,558,406	\$ 58,333,475
Maury De Bont Testimony	\$ 40,100,000	\$ 18,600,000	\$ 58,700,000
Variance to Testimony (1) (2) (3)	\$ (324,931)	\$ (41,594)	\$ (366,525)

(1) The variance of approximately \$325,000 is primarily the difference between the estimated taxes calculated when testimony was prepared and the actual taxes paid on the actual premiums paid.

2) Sempra's Transactional Tax department has discovered an error in the amount of California nonadmitted insurance tax that was calculated and paid on certain wildfire premiums. This error resulted in an underpayment of tax. Sempra is in the process of preparing an amended return and will pay the additional tax in the amount of approx \$294,000.

3) There may be an amount identified for non wildfire premium inadvertently shifted to wildfire premium. Sempra will reconcile any allocation variances between estimated and actual payments and SDG&E will supplement this data response at first opportunity.

## **Vendor Line Item Detail Report**

CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

Payee Name	Amount Text	GL Account Description	Order Description	Cost Center	Cost Description	Invoice Number	Invoice Date	Posting Date	Vendor Number	SAP Document
A - [REDACTED]	750,000.00	WILDFIRE-SCG	CORPORATE INS	1100-0428	LIAB EXCESS	25400	6/24/2009	7/8/2009	[REDACTED]	1900044087
A - [REDACTED]	2,250,000.00	WILDFIRE-SDG&E	INSURANCE PRE	1100-0428	LIAB EXCESS	25400	6/24/2009	7/8/2009	[REDACTED]	1900044087
B - [REDACTED]	13,625.70	SCG WILDFIRE	CORPORATE INS	1100-0428	LIAB EXCESS	266991	7/10/2009	7/16/2009	[REDACTED]	1900044289
B - [REDACTED]	9,083.80	GEN WILDFIRE	INSURANCE PRE	1100-0428	LIAB EXCESS	266991	7/10/2009	7/16/2009	[REDACTED]	1900044289
B - [REDACTED]	4,519,190.50	SDGE WILDFIRE	INSURANCE PRE	1100-0428	LIAB EXCESS	266944	7/13/2009	7/16/2009	[REDACTED]	1900044288
B - [REDACTED]	230.25	SCG WILDFIRE	CORPORATE PRE	1100-0428	LIAB EXCESS	266944	7/13/2009	7/16/2009	[REDACTED]	1900044288
B - [REDACTED]	133.50	GEN WILDFIRE	INSURANCE PRE	1100-0428	LIAB EXCESS	266944	7/13/2009	7/16/2009	[REDACTED]	1900044288
B - [REDACTED]	96,266.25	SDGE WILDFIRE	59250 - LIABILITY	1100-0428	LIAB EXCESS	266944	7/13/2009	7/16/2009	[REDACTED]	1900044288
C - [REDACTED]	71,288.80	SCG WILDFIRE	CORPORATE INS	1100-0428	LIAB EXCESS	189898	7/22/2009	7/9/2009	[REDACTED]	1900044207
C - [REDACTED]	23,637,493.67	SDG&E WILDFIRE	INSURANCE PRE	1100-0428	LIAB EXCESS	189898	7/22/2009	7/9/2009	[REDACTED]	1900044207
C - [REDACTED]	47,512.53	GEN WILDFIRE	INSURANCE PRE	1100-0428	LIAB EXCESS	189898	7/22/2009	7/9/2009	[REDACTED]	1900044207
B - [REDACTED]	3,625,059.04	WILDFIRE	SEMPRA STATIS1	1100-0445	FIRE EXCESS	90716	7/16/2009	7/21/2009	[REDACTED]	1900044358
B - [REDACTED]	580,641.00	WILDFIRE	SEMPRA STATIS1	1100-0445	FIRE EXCESS	267179	8/10/2009	8/13/2009	[REDACTED]	1900044358
D - [REDACTED]	2,854,255.12	WILDFIRE	SEMPRA STATIS1	1100-0445	FIRE EXCESS	90721	7/21/2009	7/21/2009	[REDACTED]	1900044357
D - [REDACTED]	38,454,870.16	WILDFIRE	SEMPRA STATIS1	1100-0445	FIRE EXCESS	90721	7/21/2009	7/21/2009	[REDACTED]	1900044357

**2009-2010 Premium Insurance Invoices and Fund  
Transfer Documents (Redacted)**



SUBSIDIARY/AFFILIATE FUNDS TRANSFER

This is a request for the following funds transfer:

Amount: \$7,870,164.00

Date of Transfer: 06/30/09

Purpose/Accounting Treatment: Insurance Premium - Excess Liability [REDACTED] [A]  
[REDACTED] (06/26/09-10). Please apply to Cost Center 1100-0428 and Cost Element  
6400421. The Internal Order breakdown is as follows:

- \$4,370,164 - FCI000001100 (non-wildfire)
- \$2,250,000 - 6303786 (wildfire - SDG&E)
- \$ 750,000 - 6303780 (wildfire - SCG)

Debit From  
Sempra Energy  
ABA # [REDACTED]  
Union Bank Account # [REDACTED]

Credit To  
Bank: [REDACTED]  
Address: [REDACTED]  
ABA: [REDACTED]  
Credit: Energy Insurance Mutual  
Account #: [REDACTED] [A]  
REF: Invoice No. 0000025400

Approved By: J. G. Lathers Date: 6/29/09

Approved By: C. A. McMonagle Date: 6/29/09

**CONFIRMATION OF TRANSFER VIA FEDWIRE**  
(Cash Management Use Only)

Transfer By: AM Date: 6-30-09

Approved By: [Signature]

[A]

# INVOICE

MEMBER Insured		
Sempra Energy 101 Ash Street, HQ05A San Diego, CA 92101-3017		

INVOICE NUMBER	ISSUE DATE	DUE DATE
0000025400	06/24/09	08/26/09

EFFECTIVE DATE	EXPIRATION DATE	POLICY NUMBER	DESCRIPTION	AMOUNT
06/26/09	06/26/10		Annual Premium due June 26, 2009	\$ 7,870,164.00

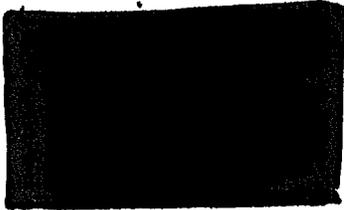
*ok to pay*  
*Law*

\$ 7,870,164.00  
TOTAL DUE

Jan. 19, 2010 10:21AM

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

No. 0545 P. 5



[A]



June 24, 2009

Joseph E. Phillips, CPCU, ARM  
Marsh USA Inc.  
111 SW Columbia Street, Suite 500  
Portland, OR 97201-5839

RE: Sempra Energy  
General Liability Policy Number: [REDACTED]

Dear Joe,

Enclosed, please find [REDACTED] binding confirmation for the above member. You will also find [REDACTED] invoice that reflects the total amount due of \$7,870,164.00. The original versions of these documents will follow by regular mail.

Payment may be made via wire transfer. Please use the following wiring instructions to transfer funds to EIM:

ABA #:	[REDACTED]
Bank:	[REDACTED]
Account #:	[REDACTED]
Attn:	[REDACTED]

Payment should be made on or before June 26, 2009.

If you have any questions, please contact me.

Sincerely,

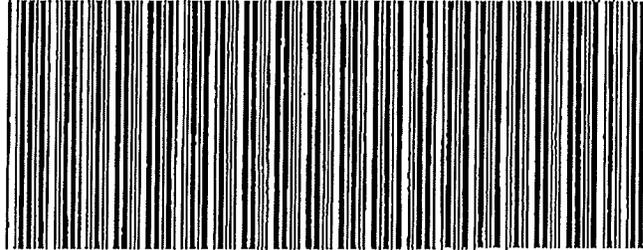


Jan. 19. 2010 10:21AM  
(Page 1 of 1)

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

No. 0545 P. 6

110019000442892009



<b>FI INVOICE</b>
Company Code: 1100 Document# 1900044289 Year: 2009
D# 7-27

Vendor: [REDACTED] [B]
Amount: 12,799,993.93

NOTE: Please attach receipts to this cover page and fax to:  
1-858-385-3998

Pg. Cnt.:

AN

SUBSIDIARY/AFFILIATE FUNDS TRANSFER

This is a request for the following funds transfer:

Amount: \$12,799,993.93 ✓

Date of Transfer: 07/16/09 ✓

1100012

Purpose/Accounting Treatment: Insurance Renewal - Excess Liability: [REDACTED] [E]  
\$12,400,091, Surplus Lines Tax \$372,002.73, Stamping Fee \$27,900.20 -  
06/26/09-10. Please apply to Cost Center 1100-0428 and Cost Element 6400421. The Internal  
Order breakdown is as follows:

- \$ 3,258,093.93 - FC1000001100 (non-wildfire)
- \$4,519,190.50 - 6303786 (SDG&E-wildfire)
- \$ 13,625.70 - 6303780 (SCG-wildfire)
- \$ 9,083.80 - 6303783 (GEN-wildfire)

Debit From

Sempra Energy  
ABA: [REDACTED]  
Union Bank Account [REDACTED]

09 JUL 22 AM 8:48:16

Credit To

Bank: [REDACTED]  
Address: [REDACTED]  
ABA: [REDACTED]  
Account: [REDACTED]  
Account #: [REDACTED]  
REF: Client 900456; Invoice No. 266931

[B]

Approved By:

J. G. Lathers

Date: 7/14/09

Approved By:

C. A. McMonagle

Date: 7/14/09

57173

CONFIRMATION OF TRANSFER VIA FEDWIRE  
(Cash Management Use Only)

Transfer By: AM

Date: 7-16-09

Approved By: [Signature]

and [Signature]



[B]

Invoice No.
266931

31T

Date: 7/10/09

Eilene Kim  
Risk Management Associate  
Sempra Energy  
101 Ash Street, HQ05A  
San Diego, CA 92101-3017

Effective Date	Expiration Date	Client No.
6/26/09	6/26/10	900456

Policyholder: SEMPRA ENERGY

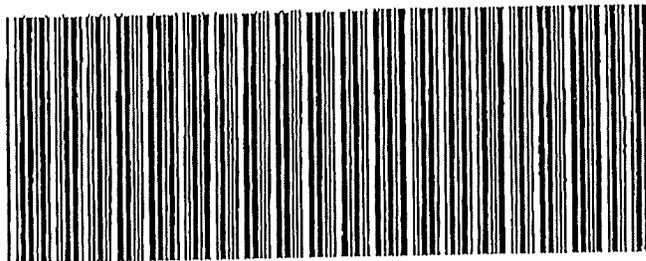
ORIGINAL Billing Effective Date: 6/26/09

Insurer	Policy No.	Type of Coverage / Item	Amount
[Redacted]	[Redacted]	UMB/EXCESS PREMIUM	12,400,091.00
[Redacted]	[Redacted]	UMB/EXCESS SURPLUS LN TAX	372,002.73
[Redacted]	[Redacted]	UMB/EXCESS STAMPING FEE	27,900.20
REMIT IN: UNITED STATES DOLLARS			
[Redacted] Excess Liability Renewal		[Redacted]	
June 26, 2008 to June 26, 2009		[E]	
[Redacted] Premium includes TRIA coverage @ \$311,051, plus California Surplus Lines taxes and fees.			
Please indicate Invoice # 266931 on your remittance to:			
[Redacted]	[Redacted]		
[Redacted]	[Redacted]		
		TOTAL:	12,799,993.93

Invoice is Payable in Full Upon Receipt

[Redacted] earns and retains interest income on premium payments held by [Redacted] on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

110019000442882009



<u>FI INVOICE</u>	
Company Code: 1100 Document# 1900044288 Year: 2009	<i>TDA 7-21</i>

Vendor: [REDACTED] [B]
Amount: 253,812.79

NOTE: Please attach receipts to this cover page and fax to:  
[REDACTED]

Pg. Cnt.:

SUBSIDIARY/AFFILIATE FUNDS TRANSFER

AM

This is a request for the following funds transfer:

Amount: \$253,812.79 ✓

Date of Transfer: 07/16/09 ✓

Purpose/Accounting Treatment: *Excess Liability Insurance* [redacted] surplus Lines Tax (\$236,104.92) and Stamping Fee (\$17,707.87) - 06/26/09-10. Please apply to Cost Center 1100-0428 and Cost Element 6400421. The Internal Order breakdown is as follows:

[A]

- \$ 157,062.79 - FC1000001100 (non-wildfire)
- \$ 96,266.25 - 6303793 (SDG&E-wildfire)
- \$ 290.25 - 6303780 (SCG-wildfire)
- \$ 193.50 - 6303783 (GEN-wildfire)

WIRE # 16814

Debit From Sempra Energy  
ABA [redacted]  
Union Bank Account [redacted]

Credit To Bank: [redacted]  
Address: [redacted]  
ABA: [redacted]  
Account: [redacted] [B]  
Account #: [redacted]  
REF: Client 900456; Invoice No. 266944 ✓

Approved By: [Signature] Date: 7/25/09  
J. G. Lathers

Approved By: [Signature] Date: 7/15/09  
C. A. McMonagle

**CONFIRMATION OF TRANSFER VIA FEDWIRE**  
(Cash Management Use Only)

Transfer By: [Signature] Date: 7-16-09

Approved By: [Signature]

(Page 1) Jan. 19, 2010 10:22AM

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

No. 0545 P. 11



[B]

31T

Invoice No.
266944

Date: 7/13/09

Eilene Kim  
Risk Management Associates  
Sempra Energy  
101 Ash Street, HQ05A  
San Diego, CA 92101-3017

Effective Date	Expiration Date	Client No.
6/26/09	6/26/10	900456

Policyholder: SEMPRA ENERGY

ORIGINAL

Billing Effective Date: 6/26/09

Insurer	Policy No.	Type of Coverage / Item	Amount
[A]	[REDACTED]	UMB/EXCESS SURPLUS LN TAX	236,104.92
		UMB/EXCESS STAMPING FEE	17,707.87
REMIT IN: UNITED STATES DOLLARS			
[REDACTED] [A]			
June 26, 2009 to June 26, 2010 California Surplus Lines Taxes and Fees			
Please indicate Invoice # 266944 on your remittance to:			
[REDACTED] [B]			
TOTAL:			253,812.79

Invoice Is Payable In Full Upon Receipt

[REDACTED] earns and retains interest income on premium payments held by [REDACTED] on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.



**Transfer Detail Report:**

Type: Domestic Wire  
Template ID: SE16814  
Amount: 13,053,806.72 USD  
Send Date: 07/16/2009

**Account Information:**

Account Number: [REDACTED]  
Account Name: SEMPRA ENERGY

**Beneficiary:**

Account Number: [REDACTED]  
Account Name: [REDACTED] [B]  
Address 1:  
Address 2:  
City, State:  
Reference:

**Bank Information:**

**Beneficiary Bank:**

ABA Number: [REDACTED]  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State: [REDACTED]

**Intermediary Bank:**

Type: [REDACTED]  
ABA Number:  
Bank Name:  
Address 1:  
Address 2:  
City, State:  
Account Number:  
Advice Information:  
Advice Method:

**Payment Details:**

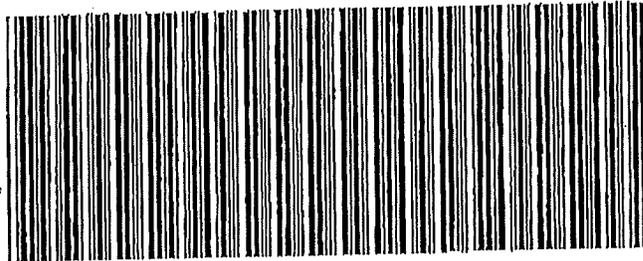
CLIENT: 800456, INV: 266931, 266944

**Bank to Bank Information:**

**Confirmation Message:**

Status: CONFIRMED  
Control Number: [REDACTED]  
Bank Control Number: [REDACTED]  
Sequence Number: 027430  
Submitted to Bank By: HUBBAR - 07/16/2009 - 09:43:33  
Created By: AHOO - 07/16/2009 - 08:26:02  
Approved By: CATHY - 07/16/2009 - 08:43:42  
HUBBAR - 07/16/2009 - 09:43:33

110019000442072009



EI INVOICE

Company Code: 1100  
Document# 1900044207  
Year: 2009

Apr 7-17

Vendor: [REDACTED]

[C]

Amount: 27,954,690.29

NOTE: Please attach receipts to this cover page and fax to:  
[REDACTED]

Pg. Cnt.:

SUBSIDIARY/AFFILIATE FUNDS TRANSFER

This is a request for the following funds transfer:

AM  
6/15/09

~~CONFIDENTIAL~~

Date of Transfer: 07/09/09

Purpose/Accounting Treatment: Insurance Premium

[REDACTED]

F, G, H, I,  
J, K, L, M,  
N, O, P, Q,  
R

- \$ 4,198,425.29 - FC1000001100 (Non-wildfire)
- \$ 323,637,483.67 - 6303786 (SDG&E-wildfire)
- \$ 71,268.80 - 6303780 (SCG-wildfire)
- \$ 47,512.53 - 6303783 (GEN-wildfire)

Debit From

Sempra Energy  
ABA # [REDACTED]  
Union Bank Account # [REDACTED]

Credit To

Correspondent Bank:

Address:

Federal ABA:

CHIPS ABA:

SWIFT Code:

[REDACTED]

Beneficiary Bank:

CHIPS UID:

Swift Code:

[REDACTED]

Beneficiary Account Name:

Beneficiary Account No.:

Ref:

[REDACTED] [C]  
Invoice 189898, Client No. 073720

Approved By:

J. G. Lathers

Date:

7/8/09

Approved By:

57173 C. A. McMonagle

Date:

7/8/09

CONFIRMATION OF TRANSFER VIA FEDWIRE  
(Cash Management Use Only)

Transfer By:

AM

Date:

7-9-09

Approved By:

[Signature]

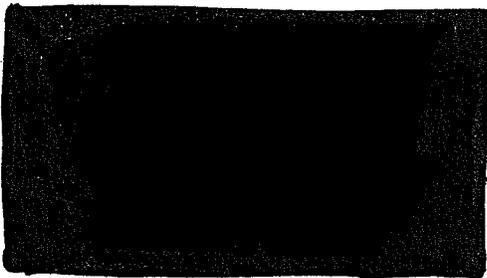
and [Signature]



Page 1 Jan. 19, 2010 10:23AM

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & 6066-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

No. 0545 P. 16



[c]

PAGE 2

189898

Invoice

Date: 7/02/09

Mr. James G. Lathers

Effective Date	Expiration Date	Client No.
6/26/09	6/26/10	073720

Policyholder: SEMPRA ENERGY

ORIGINAL Effective: 6/26/09

Insurer	Policy No.	Type of Coverage / Item	Amount
		LESS COMMISSION SHARED	1,358,609.71
		REMIT IN: UNITED STATES DOLLARS	
		Premium is inclusive of 1.36456 % commission. Premium is inclusive of 1.36456% commission.	
Please indicate Invoice # 189898 on your remittance to:			
TOTAL:			27,954,690.29

Invoice Is Payable In Full Upon Receipt

Insurer earns and retains interest income on premium payments held by Insurer on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.



### Wire Transfer Instructions *US Dollar Transfers*

Please instruct your bank to confirm payments via "SWIFT MT 100 Customer Transfer Advice" to the [REDACTED]  
Failure to confirm payments as above will result in delays in the receipt of the funds. As well, please note that this is an INTERNATIONAL wire transfer.

Correspondent Bank: HSBC BANK USA  
Global Payments and Cash Management  
500 Stanton Christiana Road, 2/OPSJ  
Newark, Delaware 19713-2107  
  
Federal ABA: [REDACTED]  
CHIPS ABA: [REDACTED]  
SWIFT Code: MRMDUS33  
(All three codes above identify HSBC BANK, however, only one is needed. The choice of code is dependent on the payment system used by the remitting bank)

Beneficiary Bank: [REDACTED]  
\*note below

Beneficiary Account Name: [REDACTED] [C]  
\*\*note below

Beneficiary Account Number Premiums: 010-324283-511  
\*\*note below

**Please note:** it is imperative that the various parties in the payment instruction, (i.e. Correspondent Bank, Beneficiary Bank and Beneficiary), are clearly and accurately identified. For example, [REDACTED] is the Beneficiary Bank and not the Beneficiary. Bank to Bank information fields should not be used to identify parties to the payment. These instructions are standard international payment instructions that should easily be understood by the remitting bank. Failure of a bank to format the payment correctly may result in delays beyond [REDACTED] control.

\*(If using Fedwire, this information should appear in Field 4100)  
\*\*(if using Fedwire, this information should be identified in Field 4200)

Transfer Detail Report:

[REDACTED]

International Fees: Ours (Additional fees will be ...)

Account Name: [REDACTED]

Beneficiary:

Account Number: [REDACTED]  
Account Name: [REDACTED] [c]  
Address 1:  
Address 2:  
City, State, Country:  
Reference:

Bank Information:

Beneficiary Bank:  
SWIFT Code: BBDABMHM  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State, Country: [REDACTED]

Intermediary Bank:  
Type: ABA  
Bank Number: [REDACTED]  
Bank Name: HSBC BANK USA  
Address 1:  
Address 2:  
City, State, Country: BUFFALO, NY

Payment Details:

INVOICE: 188888, CLIENT: 073720

Bank to Bank Information:

Confirmation Message:

Status: CONFIRMED  
Control Number: [REDACTED]  
Bank Control Number: [REDACTED]  
Sequence Number: [REDACTED]  
Submitted to Bank By: DULCE - 07/09/2009 - 10:50:52  
Created By: AHOO - 07/09/2009 - 10:20:57  
Approved By: CATHY - 07/09/2009 - 10:40:57  
DULCE - 07/09/2009 - 10:50:52

(Page Jan. 19, 2010 10:23AM

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA I IN THIS PROCEEDING

No. 0545 P. 19

Missaghieh, Aho

Sent: Tuesday, July 07, 2009 10:56 AM  
To: CashMgmt  
Subject: Wire Transfer Request

I'll be bringing over the following dated 7/9:

\$27,954,690.29

[REDACTED]

[c]

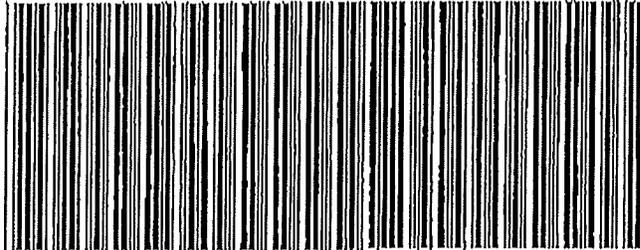
Thank you.

Jan. 19. 2010 10:23AM  
(Page 1 of 1)

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

No. 0545 P. 20

110019000443582009



<b>FI INVOICE</b>	
Company Code: 1100 Document# 1900044358 Year: 2009	JM

Vendor: [REDACTED] [B]
Amount: 3,768,955.38

NOTE: Please attach receipts to this cover page and fax to:  
1-858-385-3886

Pg. Cnt.:

SUBSIDIARY/AFFILIATE FUNDS TRANSFER

This is a request for the following funds transfer:

Amount: \$3,768,955.38 ✓

Date of Transfer: 07/21/09 ✓

Purpose/Accounting Treatment: Insurance Renewal - Excess Liability

[REDACTED]

FILED 24 JUL 2009 10:01:29

[S,T]

\$143,896.34  
Cost Center 1100-0428 (non-wildfire)  
Cost Element 6400421  
Internal Order FC1000001100

\$3,625,059.04  
Cost Center 1100-0445 (wildfire)  
Cost Element 6400421  
Internal Order FC1000001100

2100011

Debit From Sempra Energy  
ABA # [REDACTED]  
Union Bank Account [REDACTED]

Credit To Bank: [REDACTED]  
Address: [REDACTED]  
ABA: [REDACTED]  
Account #: [REDACTED]  
Account #: [REDACTED]  
REP: Client 900456; Invoice Nos. 266962, 266963, and 266964

[B]

Approved By: [Signature]  
J. G. Lathers

Date: 7/20/09

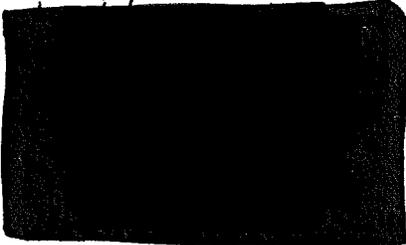
Approved By: [Signature]  
C. A. McMonagle

Date: 7/20/09

<b>CONFIRMATION OF TRANSFER VIA FEDWIRE</b> (Cash Management Use Only)	
Transfer By: [Signature]	Date: 7-21-09
Approved By: [Signature]	



PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING



[B]

35:

Invoice No.
266962

Date: 7/16/09

Eilene Kim  
Risk Management Associate  
Sempra Energy  
101 Ash Street, HQ05A  
San Diego, CA 92101-3017

Effective Date:	Expiration Date:	Client No.:
6/26/09	6/26/10	900456

Policyholder: SEMpra ENERGY

ORIGINAL Billing Effective Date: 6/26/09

Insurer	Policy No.	Type of Coverage / Description	Amount
[REDACTED]	[S]	UMB/EXCESS PREMIUM	783,215.89
		UMB/EXCESS SURPLUS LN. TAX	23,496.40
		UMB/EXCESS STAMPING FEE	1,762.24
REMIT IN: UNITED STATES DOLLARS			
	Renewal Premium	[REDACTED]	[S]
Please indicate Invoice # 266962 on your remittance to:			
[REDACTED]	[B]		
TOTAL:			808,474.61

*OK  
Rear*

Invoice is Payable In Full Upon Receipt

[REDACTED] earns and retains interest income on premium payments held by [REDACTED] on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.





**Transfer Detail Report:**

Type: Domestic Wire  
Template ID: SE16814  
Amount: 3,768,955.38 USD  
Send Date: 07/21/2009

**Account Information:**

Account Number: [REDACTED]  
Account Name: SEMPRA ENERGY

**Beneficiary:**

Account Number: [REDACTED]  
Account Name: [REDACTED] [B]  
Address 1:  
Address 2:  
City, State:  
Reference:

**Bank Information:**

**Beneficiary Bank:**

ABA Number: [REDACTED]  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State: [REDACTED]

**Intermediary Bank:**

Type: [REDACTED]  
ABA Number:  
Bank Name:  
Address 1:  
Address 2:  
City, State:  
Account Number:  
Advice Information:  
Advice Method:

**Payment Details:**

CLIENT: 900456, INV:266962,266963,266964

**Bank to Bank Information:**

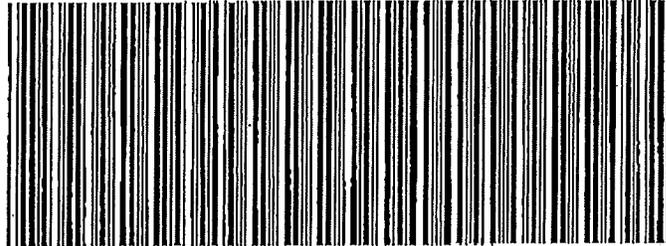
**Confirmation Message:**

Status: CONFIRMED  
Control Number: [REDACTED]  
Bank Control Number: [REDACTED]  
Sequence Number: [REDACTED]

Submitted to Bank By: CATHY - 07/21/2009 - 09:49:41  
Created By: AHOO - 07/21/2009 - 09:44:04  
Approved By: CATHY - 07/21/2009 - 09:49:41

*[Handwritten mark]*

110019000446652009



<u>PI INVOICE</u>
Company Code: 1100 Document# 1900044665 Year: 2009
<i>JM</i>

Vendor: <span style="background-color: black; color: black;">[REDACTED]</span> <b>[B]</b>
Amount: 636,382.13

NOTE: Please attach receipts to this cover page and fax to:  
[REDACTED]

Pg. Cnt.:

SUBSIDIARY/AFFILIATE FUNDS TRANSFER

This is a request for the following funds transfer:

Amount: \$636,382.13

Date of Transfer: 08/13/09

Purpose/Accounting Treatment: Insurance Renewal - Excess Liability: [REDACTED]

\$55,741.13  
Cost Center 1100-0428 (non-wildfire)  
Cost Element 6400421  
Internal Order FC1000001100

\$580,641  
Cost Center 1100-0445 (wildfire)  
Cost Element 6400421  
Internal Order FC1000001100

Debit From: [REDACTED]  
Sempra Energy  
ABA #: [REDACTED]  
Union Bank Account [REDACTED]

Credit To: Bank: [REDACTED]  
Address: [REDACTED]  
ABA: [REDACTED]  
Account: [REDACTED]  
Account #: [REDACTED]  
REF: Client 900456; Invoice No. 267179

Approved By: J. G. Lathers Date: 8/11/09  
J. G. Lathers

Approved By: C. A. McMonagle Date: 8/12/09  
C. A. McMonagle

<b>CONFIRMATION OF TRANSFER VIA FEDWIRE</b> (Cash Management Use Only)	
Transfer By: <u>[Signature]</u>	Date: <u>8-13-09</u>
Approved By: <u>[Signature]</u>	

Jan. 19. 2010 10:24AM

PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA I N THIS PROCEEDING

No. 0545 P. 28



[B]

35U

Invoice No.
267179

Date: 8/10/09

Eilene Kim  
Risk Management Associate  
Sempra Energy  
101 Ash Street, HQ05A  
San Diego, CA 92101-3017

Effective Date:	Expiration Date:	Client No.
6/26/09	6/26/10	900456

Policyholder: SEMpra ENERGY

ORIGINAL Billing Effective Date: 6/26/09

Insurer	Policy No.	Type of Coverage / Item	Amount
[REDACTED]	[REDACTED] [Y]	UMB/EXCESS PREMIUM	616,500.00
		UMB/EXCESS SURPLUS LN TAX	18,495.00
		UMB/EXCESS STAMPING FEE	1,387.13
		REMIT IN: UNITED STATES DOLLARS	
	Renewal Premium	[REDACTED]	[REDACTED] [Y]
	[REDACTED]		
	[REDACTED]		
	[REDACTED]		
	[REDACTED] [B]		
		TOTAL:	636,382.13

Please indicate Invoice # 267179 on your remittance to:

8-11-09  
OK to Pay  
Advice

Invoice is Payable in Full Upon Receipt

[REDACTED] earns and retains interest income on premium payments held by [REDACTED] on behalf of Insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable Insurer, where permitted by law.



**Transfer Detail Report:**

Type: Domestic Wire  
Template ID: SE18814  
Amount: 636,382.13 USD  
Send Date: 08/13/2009

**Account Information:**

Account Number: [REDACTED]  
Account Name: SEMBRA ENERGY

**Beneficiary:**

Account Number: [REDACTED]  
Account Name: [REDACTED] [B]  
Address 1:  
Address 2:  
City, State:  
Reference:

**Bank Information:**

**Beneficiary Bank:**

ABA Number: [REDACTED]  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State: [REDACTED]

**Intermediary Bank:**

Type: [REDACTED]  
ABA Number:  
Bank Name:  
Address 1:  
Address 2:  
City, State:  
Account Number:  
Advice Information:  
Advice Method:

**Payment Details:**

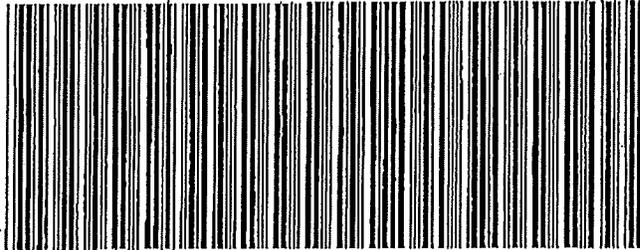
CLIENT: 800456, INV: 267179

**Bank to Bank Information:**

**Confirmation Message:**

Status: CONFIRMED  
Control Number: [REDACTED]  
Bank Control Number: [REDACTED]  
Sequence Number: [REDACTED]  
Submitted to Bank By: DULCE - 08/13/2009 - 10:40:07  
Created By: AHOO - 08/13/2009 - 10:34:35  
Approved By: DULCE - 08/13/2009 - 10:40:07

110019000443572009



<u>FI INVOICE</u>
Company Code: 1100 Document#: 1900044357 Year: 2009
JM

Vendor: [REDACTED] [D]
Amount: 3,285,801.34

NOTE: Please attach receipts to this cover page and fax to:  
[REDACTED]

Pg. Cnt.:

SUBSIDIARY/AFFILIATE FUNDS TRANSFER

This is a request for the following funds transfer:

Amount: \$3,285,801.34 (USD) ✓

Date of Transfer: 07/21/09 ✓

Purpose/Accounting Treatment: Insurance Premium - Excess Liability Renewal

[REDACTED]

2100012

[Z, AA]

\$431,546.22  
Cost Center 1100-0428 (non-wildfire)  
Cost Element 6400421  
Internal Order FC1000001100

\$2,854,255.12  
Cost Center 1100-0445 (wildfire)  
Cost Element 6400421  
Internal Order FC1000001100

Debit From  
Sempra Energy  
ABA #122000496  
Union Bank Account

Credit To  
Account Name: [REDACTED]  
Account Number: [REDACTED]  
Address: [REDACTED]  
Swift Code: BARCGB22  
IBAN: GB02 BARC 2000 0047 3987 00 ✓  
Address: [REDACTED]  
ABA Code: [REDACTED]  
Swift Code: BARCUS33  
Ref: Transaction Nos. BL005940, BL005941, BL005948, BL005949, BL005952, BL005953, and BL005953

[D]

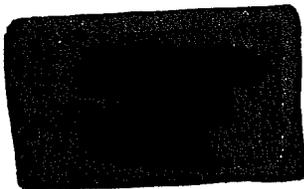
Approved By: [Signature] Date: 7/21/09  
J. G. Lathers

Approved By: [Signature] Date: 7/20/09  
C. A. McMonagle

CONFIRMATION OF TRANSFER VIA FEDWIRE  
(Cash Management Use Only)  
Transfer By: [Signature] Date: 7/21/09  
Approved By: [Signature]



[D]



Sempra Energy  
101 Ash Street  
HQ05A  
San Diego  
CA 92101-3017  
USA



Transaction No: [Redacted]

We refer to our [Redacted] and set out below details of the premium calculations.

[Redacted] Sempra Energy .  
Period: 12 months at 26 June 2009.  
[Redacted] Liability Insurance.  
Sum Insured: As per Evidence of Cover.

Premium:	Section A		
	[Redacted]	= USD	1,440,000.00
	[Redacted]	= USD	100,000.00
	[Redacted]	= USD	-2,585.18
	Total Due [Redacted]	= USD	97,414.18

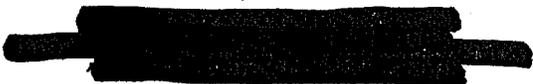
Due Date: [Redacted]  
26 June 2009 USD 97,414.18

When making remittance, please quote our [Redacted]



SEMPRA ENERGY [Redacted]

We would request you examine this document carefully and if for any reason it is incorrect please contact us immediately.



Jan. 19. 2010 10:25AM  
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PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & 6066-C  
AND TO THE PROVISIONS OF THE SIGNED NDA I IN THIS PROCEEDING

No. 0545 P. 33

[REDACTED]

[D]

[REDACTED]

[REDACTED]

Sempra Energy  
101 Ash Street  
HQ08A  
San Diego  
CA 92101-3017  
USA

[REDACTED]

[REDACTED]

We refer to our [REDACTED] and set out below details of the premium calculations.

[REDACTED]	Sempra Energy -	
Period:	12 months at 26 June 2009.	
[REDACTED]	Liability Insurance:	
Sum Insured:	As per Evidence of Cover.	
Premium:	Section B	
	[REDACTED]	= USD 10,248,000.00
	[REDACTED]	= USD 1,090,000.00
	[REDACTED]	= USD -28,178.89
	Total Due [REDACTED]	= USD 1,061,821.53

Due Date: [REDACTED]  
26 June 2009 USD 1,061,821.53

When making remittance, please quote our [REDACTED]

[REDACTED]

SEMPRA ENERGY [REDACTED]

[REDACTED]

We would request you examine this document carefully and if for any reason it is incorrect please contact us immediately.

[REDACTED]

[REDACTED]

[D]

[REDACTED]

Sempra Energy  
101 Ash Street  
HQ05A  
San Diego  
CA 92101-3017  
USA

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We refer to our [REDACTED] and set out below details of the premium calculations.

[REDACTED]

Sempra Energy .

Period: 12 months at 26 June 2009.

[REDACTED]

Liability Insurance.

Sum Insured: As per Evidence of Cover.

Premium: Section A

[REDACTED]	= USD	10,246,000.00
[REDACTED]	= USD	1,090,000.00
[REDACTED]	= USD	-28,178.69
Total Due [REDACTED]	= USD	1,061,821.53

Due Date: [REDACTED]

26 June 2009 USD 1,061,821.53

When making remittance, please quote our [REDACTED]

[REDACTED]

SEMPRA ENERGY [REDACTED]

[REDACTED]

We would request you examine this document carefully and if for any reason it is incorrect please contact us immediately.

[REDACTED]

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PROTECTED MATERIAL  
CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

No. 0545 P. 35

[REDACTED]

[D]

[REDACTED]

Sempra Energy  
101 Ash Street  
HQ06A  
San Diego  
CA 92101-3017  
USA

[REDACTED]

A/C Ref: SEMPRA EN02

**Debit Note**

We refer to our [REDACTED] and set out below details of the premium calculations.

[REDACTED]	Sempra Energy .		
Period:	12 months at 26 June 2009.		
[REDACTED]	Liability Insurance.		
Sum Insured:	As per Evidence of Cover.		
Premium:	Section B		
	[REDACTED]	= USD	1,440,000.00
	[REDACTED]	= USD	100,000.00
	[REDACTED]	= USD	-2,585.18
	Total Due [REDACTED]	= USD	97,414.18

Due Date: [REDACTED]  
26 June 2009 USD 97,414.18

When making remittance, please quote our [REDACTED]

[REDACTED]

SEMPRA ENERGY [REDACTED]

We would request you examine this document carefully and if for any reason it is incorrect please contact us immediately.

[REDACTED]

[REDACTED]

[D]

[REDACTED]

Sempra Energy  
101 Ash Street  
HQ05A  
San Diego  
CA 92101-3017  
USA

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We refer to our [REDACTED] and set out below details of the premium calculations.

[REDACTED]	Sempra Energy .		
Period:	12 months at 26 June 2009.		
[REDACTED]	Liability Insurance.		
Sum Insured:	As per Evidence of Cover.		
Premium:	Section A only		
	[REDACTED]	= USD	440,100.00
	[REDACTED]	= USD	135,000.00
	[REDACTED]	= USD	-3,490.01
	Total Due [REDACTED]	= USD	131,509.78

Due Date: [REDACTED]

26 June 2009 USD 131,509.78

When making remittance, please quote our [REDACTED]

[REDACTED]

SEMPRA ENERGY [REDACTED]

We would request you examine this document carefully and if for any reason it is incorrect please contact us immediately.

*Old  
Lem*

[REDACTED]

[REDACTED]

[D]

[REDACTED]

Sempra Energy  
101 Ash Street  
HQ05A  
San Diego  
CA 92101-3017  
USA

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We refer to our Evidence of Cover No. BL0903080 dated 29 June 2009 and set out below details of the premium calculations.

[REDACTED]

Sempra Energy .

Period:

12 months at 26 June 2009,

[REDACTED]

Liability Insurance.

Sum Insured:

As per Evidence of Cover.

Premium:

Section B

[REDACTED]

= USD 2,737,500.00

[REDACTED]

= USD 750,000.00

[REDACTED]

= USD -19,388.03

Total Due [REDACTED]

= USD 730,612.06

Due Date:

[REDACTED]

26 June 2009

USD 730,612.06

When making remittance, please quote our [REDACTED]

[REDACTED]

SEMPRA ENERGY [REDACTED]

[REDACTED]

We would request you examine this document carefully  
and if for any reason it is incorrect please contact us immediately.

[REDACTED]

[REDACTED]

[D]

[REDACTED]

Sempra Energy  
101 Ash Street  
HQ05A  
San Diego  
CA 92101-3017  
USA

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

We refer to our Evidence of Cover No. BL0903080 dated 29 June 2009 and set out below details of the premium calculations.

[REDACTED]

Sempra Energy .

Period: 12 months at 26 June 2009.

[REDACTED]

Liability Insurance.

Sum Insured: As per Evidence of Cover.

Premium: Section A

[REDACTED]	= USD	440,100.00
[REDACTED]	= USD	108,000.00
[REDACTED]	= USD	-2,792.02
Total Due [REDACTED]	= USD	105,208.08

Due Date: [REDACTED]

28 June 2009 USD 105,208.08

When making remittance, please quote our [REDACTED]

[REDACTED]

SEMPRA ENERGY [REDACTED]

[REDACTED]

We would request you examine this document carefully  
and if for any reason it is incorrect please contact us immediately.

[REDACTED]



**Transfer Detail Report:**

Type: International Wire  
Template ID: SE10700  
Credit Amount: 3,285,001.34 USD  
Value Date: 07/21/2009  
International Fees: Ours (Additional fees will be incurred)

**Account Information:**

Account Number: [REDACTED]  
Account Name: SEMPRA ENERGY

**Beneficiary:**

Account Number: [REDACTED]  
Account Name: [REDACTED] [D]  
Address 1:  
Address 2:  
City, State, Country:  
Reference:

**Bank Information:**

Beneficiary Bank:  
SWIFT Code: [REDACTED]  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State, Country:

Intermediary Bank:  
Type: [REDACTED]  
Bank Number: [REDACTED]  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State, Country: [REDACTED]

**Payment Details:**

IBAN: GB025BARC20000047300700  
VARIOUS TRANSACTION NOS

**Bank to Bank Information:**

**Confirmation Message:**

Status: CONFIRMED  
Control Number: [REDACTED]  
Bank Control Number: [REDACTED]  
Sequence Number: [REDACTED]  
Submitted to Bank By: CATHY - 07/21/2009 - 09:49:02  
Created By: AHOO - 07/21/2009 - 08:43:20  
Approved By: CATHY - 07/21/2009 - 09:49:02

**Sempra Energy 3<sup>rd</sup> Quarter 2009  
Federal Excise Tax Return (Redacted)**

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
 AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

Form **720**  
 (Rev. January 2009)  
 Department of the Treasury  
 Internal Revenue Service

## Quarterly Federal Excise Tax Return

OMB No. 1545-0023

▶ See the instructions for Form 720.

Check here if:  
 Final return  
 Address change

Name: **Sempra Energy**  
 Quarter ending: **September 30, 2009**  
 Number, street, and room or suite no. (if you have a P.O. box, see the instructions.):  
**101 Ash Street, HQ07**  
 City, state, and ZIP code. (If you have a foreign address, see the instructions.):  
**San Diego, CA 92101-3017**  
 Employer identification number: XXXXXXXXXX

**FOR IRS USE ONLY**

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**Part I**

IRS No.	Environmental Taxes (attach Form 6627)	Tax	IRS No.
18	Domestic petroleum oil spill tax		18
21	Imported petroleum products oil spill tax		21
98	Ozone-depleting chemicals (ODCs)		98
19	ODC tax on imported products		19
<b>Communications and Air Transportation Taxes (see instructions)</b>		<b>Tax</b>	
22	Local telephone service and teletypewriter exchange service		22
26	Transportation of persons by air		26
28	Transportation of property by air		28
27	Use of international air travel facilities		27
<b>Fuel Taxes</b>		<b>Number of gallons</b>	<b>Rate</b>
60	(a) Diesel fuel, tax on removal at terminal rack		\$ .244
	(b) Diesel fuel, tax on taxable events other than removal at terminal rack		.244
	(c) Diesel fuel, tax on sale or removal of biodiesel mixture other than removal at terminal rack		.244
104	Diesel-water fuel emulsion		.198
105	Dyed diesel fuel, LUST tax		.001
107	Dyed kerosene, LUST tax		.001
119	LUST tax, other exempt removals (see instructions)		.001
35	(a) Kerosene, tax on removal at terminal rack (see instructions)		.244
	(b) Kerosene, tax on taxable events other than removal at terminal rack		.244
69	Kerosene for use in aviation (see instructions)		.219
77	Kerosene for use in commercial aviation (other than foreign trade)		.044
111	Kerosene for use in aviation, LUST tax on nontaxable uses		.001
79	Other fuels (see instructions)		
62	(a) Gasoline, tax on removal at terminal rack		.184
	(b) Gasoline, tax on taxable events other than removal at terminal rack		.184
	(c) Gasoline, tax on sale or removal of alcohol fuel mixture other than removal at terminal rack		.184
14	Aviation gasoline		.194
112	Liquefied petroleum gas (LPG)		.183
118	"P Series" fuels		.184
120	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183
121	Liquefied hydrogen		.184
122	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process		.244
123	Liquid fuel derived from biomass		.244
124	Liquefied natural gas (LNG)		.243
<b>Retail Tax</b>		<b>Rate</b>	<b>Tax</b>
33	Truck, trailer, and semitrailer chassis and bodies, and tractors	12% of sales price	
<b>Ship Passenger Tax</b>		<b>Number of persons</b>	<b>Rate</b>
29	Transportation by water		\$3 per person
<b>Other Excise Tax</b>		<b>Amount of obligations</b>	<b>Rate</b>
31	Obligations not in registered form		\$ .01



**Schedule A Excise Tax Liability** (see instructions)

**Note.** You must complete Schedule A if you have a liability for any tax in Part I of Form 720. Do not complete Schedule A for Part II taxes or for a one-time filing of the gas guzzler tax.

**1 Regular method taxes**

(a) Record of Net Tax Liability	Period					
	1st-15th day			16th-last day		
First month	A	1,063,230	00	B	0	00
Second month	C	639	00	D	38,279	00
Third month	E	0	00	F	0	00
Special rule for September*	▶			G	0	00
(b) Net liability for regular method taxes. Add the amounts for each semimonthly period.						<b>1,102,148</b>

**2 Alternative method taxes (IRS Nos. 22, 26, 28, and 27)**

(a) Record of Taxes Considered as Collected	Period					
	1st-15th day			16th-last day		
First month	M			N		
Second month	O			P		
Third month	Q			R		
Special rule for September*	▶			S		
(b) Alternative method taxes. Add the amounts for each semimonthly period.						

\*Complete only as instructed. See the instructions.

**Schedule T Two-Party Exchange Information Reporting** (see instructions)

Fuel	Number of gallons
Diesel fuel, gallons received in a two-party exchange within a terminal, included on IRS No. 60(a) on Form 720	
Diesel fuel, gallons delivered in a two-party exchange within a terminal	
Kerosene, gallons received in a two-party exchange within a terminal, included on IRS No. 35(a), 69, 77, or 111 on Form 720	
Kerosene, gallons delivered in a two-party exchange within a terminal	
Gasoline, gallons received in a two-party exchange within a terminal, included on IRS No. 62(a) on Form 720	
Gasoline, gallons delivered in a two-party exchange within a terminal	
Aviation gasoline, gallons received in a two-party exchange within a terminal, included on IRS No. 14 on Form 720	
Aviation gasoline, gallons delivered in a two-party exchange within a terminal	

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
 AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

**Schedule C**      **Claims**

Month your income tax year ends ►

• **Complete Schedule C for claims only if you are reporting liability in Part I or II of Form 720.**

• Attach a statement explaining each claim as required. Include your name and EIN on the statement. See the instructions.

**Caution.** Claimant has the name and address of the person(s) who sold the fuel to the claimant, the dates of purchase, and if exported, the required proof of export. For claims on lines 1a and 2b (type of use 13 and 14), 3c, 4b, and 5, claimant has not waived the right to make the claim.

1 Nontaxable Use of Gasoline		Period of claim ►				
	Type of use	Rate	Gallons	Amount of claim	CRN	
a Gasoline (see Caution above line 1)		\$.183		\$	362	
b Exported (see Caution above line 1)		.184			411	

2 Nontaxable Use of Aviation Gasoline		Period of claim ►				
	Type of use	Rate	Gallons	Amount of claim	CRN	
a Used in commercial aviation (other than foreign trade)		\$.15		\$	354	
b Other nontaxable use (see Caution above line 1)		.193			324	
c Exported (see Caution above line 1)		.194			412	
d LUST tax on aviation fuels used in foreign trade		.001			433	

**3 Nontaxable Use of Undyed Diesel Fuel**      Period of claim ►

Claimant certifies that the diesel fuel did not contain visible evidence of dye.  
**Exception.** If any of the diesel fuel included in this claim did contain visible evidence of dye, attach a detailed explanation and check here ►

	Type of use	Rate	Gallons	Amount of claim	CRN
a Nontaxable use		\$.243		\$	360
b Use in trains		.243			353
c Use in certain intercity and local buses (see Caution above line 1)		.17			350
d Use on a farm for farming purposes		.243			360
e Exported (see Caution above line 1)		.244			413

**4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)**      Period of claim ►

Claimant certifies that the kerosene did not contain visible evidence of dye.  
**Exception.** If any of the kerosene included in this claim did contain visible evidence of dye, attach a detailed explanation and check here ►

Caution. Claims cannot be made on line 4 for kerosene sales from a blocked pump.					
	Type of use	Rate	Gallons	Amount of claim	CRN
a Nontaxable use		\$.243		\$	346
b Use in certain intercity and local buses (see Caution above line 1)		.17			347
c Use on a farm for farming purposes		.243			346
d Exported (see Caution above line 1)		.244			414
e Nontaxable use taxed at \$.044		.043			377
f Nontaxable use taxed at \$.219		.218			369

5 Kerosene Used in Aviation (see Caution above line 1)		Period of claim ►				
	Type of use	Rate	Gallons	Amount of claim	CRN	
a Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200		\$	417	
b Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175			355	
c Nontaxable use (other than use by state or local government) taxed at \$.244		.243			346	
d Nontaxable use (other than use by state or local government) taxed at \$.219		.218			369	
e LUST tax on aviation fuels used in foreign trade		.001			433	

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
 AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

**6 Nontaxable Use of Alternative Fuel**

**Caution.** There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See the Instructions for Form 720 for the credit rate.

	Type of use	Rate	Gallons or gasoline gallon equivalents (GGE)	Amount of claim	CRN
a	Liquefied petroleum gas (LPG)	.183		\$	419
b	"P Series" fuels	.183			420
c	Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)	.183			421
d	Liquefied hydrogen	.183			422
e	Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.243			423
f	Liquid fuel derived from biomass	.243			424
g	Liquefied natural gas (LNG)	.243			425
h	Liquefied gas derived from biomass	.183			435

**7 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel**

Period of claim ▶

Registration Number ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

**Exception.** If any of the diesel fuel included in this claim did contain visible evidence of dye, attach a detailed explanation and check here . . . . .

	Rate	Gallons	Amount of claim	CRN
a Use by a state or local government	\$.243		\$	360
b Use in certain intercity and local buses	.17			350

**B Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use In Aviation)**

Period of claim ▶

Registration Number ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

**Exception.** If any of the kerosene included in this claim did contain visible evidence of dye, attach a detailed explanation and check here . . . . .

	Rate	Gallons	Amount of claim	CRN
a Use by a state or local government	\$.243		\$	346
b Sales from a blocked pump	.243			
c Use in certain intercity and local buses	.17			347

**9 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation**

Registration Number ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	Type of use	Rate	Gallons	Amount of claim	CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

**10 Sales by Registered Ultimate Vendors of Gasoline**

Registration Number ▶

Claimant sold the gasoline at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to take the claim; and obtained an unexpired certificate from the buyer and has no reason to believe any information in the certificate is false. See the instructions for additional information to be submitted.

	Rate	Gallons	Amount of claim	CRN
a Use by a nonprofit educational organization	\$.183		\$	362
b Use by a state or local government	.183			

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
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**11 Sales by Registered Ultimate Vendors of Aviation Gasoline**

Registration Number ▶ \_\_\_\_\_

Claimant sold the aviation gasoline at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained written consent of the buyer to take the claim; and obtained an unexpired certificate from the buyer and has no reason to believe any information in the certificate is false. See the instructions for additional information to be submitted.

	Rate	Gallons	Amount of claim	CRN
a Use by a nonprofit educational organization	\$.193		\$	324
b Use by a state or local government	.193			

Period of Claim ▶ \_\_\_\_\_

**12 Alcohol Fuel Mixture Credit**

Registration Number ▶ \_\_\_\_\_

Claimant produced an alcohol fuel mixture by mixing taxable fuel with alcohol. The alcohol fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. See Line 12, *Alcohol Fuel Mixture Credit* in the instructions for Form 720.

	Rate	Gal. of Alcohol	Amount of claim	CRN
a Alcohol fuel mixtures containing ethanol	\$.45		\$	393
b Alcohol fuel mixtures containing alcohol (other than ethanol)	.60			394

Period of Claim ▶ \_\_\_\_\_

**13 Biodiesel or Renewable Diesel Mixture Credit**

Registration Number ▶ \_\_\_\_\_

**Biodiesel mixtures.** Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 13. See the instructions for line 13 for information about renewable diesel used in aviation.

	Rate	Gal. of Biodiesel or Renewable Diesel	Amount of claim	CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b Agri-biodiesel mixtures	1.00			390
c Renewable diesel mixtures	1.00			307

**14 Alternative Fuel Credit and Alternative Fuel Mixture Credit**

Registration Number ▶ \_\_\_\_\_

For the alternative fuel mixture credit, claimant produced a mixture by mixing taxable fuel with alternative fuel. Claimant certifies that it (a) produced the alternative fuel, or (b) has in its possession the name, address, and EIN of the person(s) that sold the alternative fuel to the claimant; the date of purchase; and an invoice or other documentation identifying the amount of the alternative fuel. The claimant also certifies that it made no other claim for the amount of the alternative fuel, or has repaid the amount to the government. The alternative fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

	Rate	Gallons or gasoline gallon equivalents (GGE) (see instructions)	Amount of claim	CRN
a Liquefied petroleum gas (LPG)	\$.50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50			428
d Liquefied hydrogen	.50			429
e Any liquid fuel derived from coal (including peat) through the Fischer-Tropsch process	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass (GGE = 121 cu. ft.)	.50			437

**15 Other claims.** See the instructions. For lines 15b and 15c, see the **Caution** above line 1 on page 4.

	Amount of claim	CRN	
a Section 4051(d) tire credit (tax on vehicle reported on IRS No. 33)	\$	386	
b Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001		415	
c Exported dyed kerosene		416	
d Diesel-water fuel emulsion			
e Registered credit card issuers			
	Number of tires	Amount of claim	CRN
f Taxable tires other than biasply or super single tires		\$	396
g Taxable tires, biasply or super single tires (other than super single tires designed for steering)			304
h Taxable tires, super single tires designed for steering			305
i			
j			
k			

**16 Total claims.** Add all amounts on lines 1-15. Enter the result here and on page 2, Part III, line 4 of Form 720.

**16**

**Sempra Energy 3<sup>rd</sup> Quarter California  
Non-Admitted Insurance Tax Return (Redacted)**

TAXABLE YEAR

CALIFORNIA FORM

2 0 0 9

## Nonadmitted Insurance Tax Return

570

Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed.

Period ending:  March 31  June 30  September 30  December 31

Name(s) of policyholder

SEMPRA ENERGY

SSN or ITIN  CA Corp. no.  FEIN

Address (including number and street, PO Box, or PMB no.)

101 ASH STREET, HQ07

Apt. no./Ste. no.

City

SAN DIEGO

State ZIP Code

CA 9 2 1 0 1

Telephone number

(6 19) 696-2281

Check entity type:

Corporation  Partnership  Limited Liability Company  Limited Liability Partnership  Individual  Other (specify)

Enter the following information for each contract.

Policy Number	Name of each Nonadmitted Insurance Company	Type of Insurance Company
	INCLUDED ON ATTACHED STATEMENT 1	

**Tax Computation**

1 Premiums paid or to be paid on risks located entirely within California. See instructions	1	00
2 a Premiums paid or to be paid on risks located within and outside of California. See instructions	2a	22,050,899
2 b Portion of premiums on line 2a allocated to California pursuant to R&TC Section 13210(b). See instructions	2b	22,050,899 00
3 Total taxable premiums. Add line 1 and line 2b	3	22,050,899 00
4 Tax rate of 3%	4	.03
5 Total tax. Multiply line 3 by line 4. (There is no stamping fee)	5	661,527 00
6 3% of returned premiums previously taxed. See instructions. Total premiums returned \$ _____ Quarter/year taxed _____ Policy No. _____	6	00
7 Credit from prior quarters Quarter/year _____	7	00
8 Prepayments. See instructions	8	00
9 Total credits. Add line 6 through line 8	9	00
10 Balance. Subtract line 9 from line 5. If the amount on line 9 is more than the amount on line 5, see instructions	10	661,527 00
11 Penalty for late payment of tax. See instructions	11	00
12 Interest on late payment. See instructions	12	00
13 Payment due. Add line 10 through line 12. If the result is positive, enter here. Make a check or money order payable to the Franchise Tax Board. See instructions. Check the box if paying via EFT. <input type="checkbox"/> EFT	13	661,527 00
14 Overpayment. Add line 10 through line 12. If result is negative, enter here	14	00
15 Overpayment to be credited to the next quarter. See instructions	15	00
16 Refund. Subtract line 15 from line 14	16	00

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:

Firm's Name	Firm's Address	Contact Person's Name
		Contact Person's Phone

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here	▶ TERRY F. PALMER Print or type elected officer or authorized person's name  Elected officer or authorized person's signature	▶ 11/23/2009 Date
Paid Preparer's Use Only	▶ _____ Print or type preparer's name	Check if self-employed <input type="checkbox"/> Telephone No. ( ) _____ Date _____ Preparer's SSN/PTIN _____ Preparer's FEIN _____
	▶ _____ Preparer's signature	
	▶ _____ Firm's name (or yours, if self-employed) and address	

## **CA NIT Calculations (Redacted)**

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
 AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

STATEMENT 1

Sempra Energy  
 (California Nonadmitted Insurance Tax  
 3rd Quarter 2009  
 CA Corp No. [REDACTED]  
 Statement 1

Insurer/Coverage Type	Total Premium	100% California	California Apportionment %	Calif Apport Amount	Totals
<b>Premiums Paid:</b>					
[REDACTED] Fiduciary Liability	120,000.00		63.0076%	75,609.00	
[REDACTED] Directors & Officers Liab.	1,498,520.00		63.0076%	944,181.00	
[REDACTED] Property	1,697,578.00		79.3625%	1,347,240.00	
[REDACTED] Excess Liability [EC]	431,546.22		63.0076%	271,907.00	
[REDACTED] Excess Liability [EC]	2,854,255.00		63.0076%	1,798,396.00	
[REDACTED] Excess Liability [EC]	4,198,425.00		63.0076%	2,645,325.00	
[REDACTED] Excess Liability [EC]	23,756,265.00		63.0076%	14,968,241.00	
Total 3rd Quarter 2009 Premiums Paid	34,556,589				
Total 3rd Quarter 2009 100% Calif		0			
Total 3rd Quarter 2009 Apportioned to Calif				22,050,899	
Total Taxable Calif Premiums					22,050,899
Tax @ 3%					661,527
T 3rd Quarter 2009 Tax Due					661,527

\*Property insurance is apportioned to California using the property apportionment factor from the most recent California franchise tax (pro-forma stand alone) returns.

\*Liability insurance is apportioned to California using combined sales and payroll apportionment factor from the most recent California franchise tax (pro-forma stand alone) returns.

*JK*

## **FET Calculations (Redacted)**

Sempra Energy  
3rd Quarter 2009  
Quarterly Federal Excise Tax Return  
FEIN [REDACTED]  
Prepared by: Kathy Shen

**Description:** The purpose of this work paper is to summarize the foreign insurance tax premium and federal excise tax paid during the quarter. Any entity that pays the premium to the foreign insurer must file this return quarterly. Source data is provided by Eilene Kim in Risk management department. Foreign insurance tax is calculated at 4% base on the paid insurance premium. Tax department makes two deposits in a month on the 14th and 29th day when Risk Management makes insurance premium payments.

<u>Month</u>	<u>Reporting Period</u>	<u>Premium</u>	<u>Tax Due</u>	<u>Tax Paid</u>	<u>Difference</u>
Jul	1st half	26,580,759.30	1,063,230.00	1,063,230.00	-
Jul	2nd half	-	-	-	-
Aug	1st half	15,966.00	639.00	639.00	-
Aug	2nd half	956,963.00	38,279.00	38,279.00	-
Sept	1st half	-	-	-	-
Sept	2nd half *	-	-	-	-
Sept	2nd half	-	-	-	-
<b>Total</b>		<b>27,553,688.30</b>	<b>1,102,148.00</b>	<b>1,102,148.00</b>	<b>-</b>

\* Due to Safe Harbor rule, there are three deposit period in September.



Regulatory Affairs  
Sempra Energy Utilities  
8330 Century Park Court  
San Diego, CA 92123-1550

REG 10-12  
A.09-08-019

January 27, 2010

Scott Logan  
Project Coordinator, DRA  
California Public Utilities Commission  
505 Van Ness Avenue, Room 4103  
San Francisco, CA 94102

RE: SDG&E's Supplemental Response to DRA Data Request – 03 in A.09-08-019

Dear Scott:

In follow up to our phone conversation on January 26, 2010, please find the attached spreadsheet provided by Marsh that Sempra used to allocate premium invoices that were paid for the 2009-10 insurance renewal period. This document provides the breakdown between wildfire and non-wildfire premium amounts. Please let me know if you require further explanation after reviewing the document.

The attached document is considered confidential information pursuant to PUC Code Section 583 & General Order 66-C and are PROTECTED MATERIALS under the applicable Nondisclosure and Protective Agreement.

Please note that UCAN and Intervenor R. Hendricks have requested copies of the data responses in this proceeding.

If you have any questions regarding this information please call me at 858-654-1782.

Sincerely,

Signed/

Chuck Manzuk  
Case Manager

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & 606-C  
 AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING

Sempra Energy  
 Excess Liability  
 June 26, 2009 to 2010

Markets	Limit and Participation		Quote Share Limits (mnts)	Wildfire Premium	Non-wildfire Premium	Total Prem by Policy	Tax Type	Various Taxes W/F	NWF	Total Tax	Total Premium & Tax	Total by Policy Including Tax
	Wildfire (millions)	Non-wildfire (millions)										
EAG	\$35	\$35	\$12.5	\$4,400,000	\$8,000,091	\$12,400,091	SL	\$141,900	\$258,003	\$399,902.93	\$4,541,900	\$12,799,999.93
	\$25	\$75	\$15.0	\$3,000,000	\$4,687,984	\$7,687,984	SL	\$96,750	\$156,988	\$253,738.81	\$3,096,730	\$6,120,728.81
FH	\$50	\$50	\$12.5	\$5,485,462	\$6,979,029	\$12,464,491	SC/FET	\$383,642	\$441,722	\$825,364.37	\$5,667,304	\$6,505,055.37
	\$90.0	\$130.0	\$37.5	\$1,251,660	\$357,617	\$1,609,277	SC/FET	\$87,616	\$25,033	\$112,649.39	\$1,335,276	\$1,721,926.94
5th Layer C/S (\$117.5mm)	\$117.5	\$180.0	\$12.5	\$1,201,593	\$143,047	\$1,344,640	SC/FET	\$84,112	\$10,013	\$94,124.82	\$1,285,705	\$1,438,765.12
	\$15.0	\$15.0	\$12.5	\$1,001,329	\$190,729	\$1,192,057	SC/FET	\$70,093	\$13,351	\$83,443.99	\$1,071,421	\$1,178,509.99
6th Layer C/S (\$45mm)	\$45.0	\$195.0	\$12.5	\$1,752,324	\$168,888	\$1,921,212	SC/FET	\$122,683	\$11,682	\$134,344.82	\$1,834,986	\$2,053,559.59
	\$15.0	\$15.0	\$12.5	\$1,802,390	\$238,411	\$2,040,802	SC/FET	\$126,167	\$16,689	\$142,856.11	\$1,928,557	\$2,183,857.69
7th Layer Quota share	\$36.5	\$81.5	\$15.0	\$500,664	\$0	\$500,664	SC/FET	\$16,146	\$0	\$16,146.41	\$494,518	\$500,664.41
	\$0.0	\$53.5	\$15.0	\$1,501,992	\$143,047	\$1,645,039	SC/FET	\$105,139	\$10,013	\$115,152.71	\$1,507,831	\$1,750,191.37
8th (Non-Wildfire) layer	\$0.0	\$53.5	\$25.0	\$2,123,642	\$194,830	\$2,318,472	SL	\$68,487	\$6,283	\$74,770.72	\$2,192,130	\$2,393,242.65
	\$399.0	\$900.0	\$25.0	\$1,061,821	\$97,416	\$1,159,236	SC	\$31,685	\$2,922	\$34,777.08	\$1,093,676	\$1,194,013.04

Total Program Limits

\* Per Debbie S. Our tax dept will pay 90% self-insurance costs

SL - CA surplus line tax and fee - 3.225%  
 FET - 4%  
 SC - CA self-procurement tax - 3%



Regulatory Affairs  
Sempra Energy Utilities  
8330 Century Park Court  
San Diego, CA 92123-1550

REG 10-12  
A.09-08-019

April 1, 2010

Scott Logan  
Project Coordinator, DRA  
California Public Utilities Commission  
505 Van Ness Avenue, Room 4103  
San Francisco, CA 94102

RE: SDG&E's Updated Supplemental Response to DRA Data Request – 03 in A.09-08-019

Dear Scott:

Please find SDG&E's updated supplemental response to DRA DR03, dated January 7, 2010. The documents provided are considered confidential information pursuant to PUC Code Section 583 & General Order 66-C and are PROTECTED MATERIALS under the applicable Nondisclosure and Protective Agreement.

If you have any questions regarding this information please call me at 858-654-1782.

Sincerely,

Signed/

Chuck Manzuk  
Case Manager

Enclosures: Confidential attachments

cc: Ed Moldavsky, DRA  
Aimee Smith, Sempra  
Keith Melville, Sempra

**Summary**  
**2009-2010 Policy Renewal Period**  
 Updated Supplemental Response DRA DR#3  
 A.09-08-019

	Wild Fire Liability Premium	General Liability Premium	Total
Actual Invoice Payments	\$ 38,454,871	\$ 18,316,044 (2)	\$ 56,770,915
Insurance Taxes Paid Directly	\$ 1,615,514 (1)	\$ 237,133 (3)	\$ 1,852,647
Sub Total	\$ 40,070,385	\$ 18,553,177	\$ 58,623,562
Maury De Bont Testimony (5)	\$ 40,074,000	\$ 18,606,000	\$ 58,680,000
Variance to Testimony	\$ (3,615)	\$ (52,823) (4)	\$ (56,438)

footnote (1): \$1,615,514 reflects an amended tax amount of \$295,316 for wildfire liability premiums. As identified in SDG&E's original response to DRA DR#3 (1/22/10), Sempra's transactional tax department had discovered an error in the amount of California nonadmitted insurance tax that was calculated and paid on wildfire premiums. This error resulted in an underpayment of tax. Sempra filed an amended return in the amount of \$295,316. The amended tax return and cover letter dated March 15, 2010 is attached as part of this supplemental response.

footnote (2): \$18,316,044 includes an invoiced and paid amount of \$201,113 for non-wildfire liability premium that was inadvertently omitted from SDG&E's earlier data response (\$18,114,929 + \$201,113 = \$18,316,044). The invoice and the funds transfer documentation are attached as part of this supplemental response.

footnote (3): The insurance taxes paid directly for federal excise tax and California nonadmitted insurance tax on general liability premiums in the amount of \$237,132 has been revised by Sempra's transactional tax department to reflect only general liability premiums. The amount of \$443,477 provided in the earlier response to DRA DR#3 incorrectly included premiums from other non general liability/wildfire liability insurance policies.

footnote (4): The variance of approximately \$53,000 is primarily the difference between estimated taxes calculated when testimony was prepared and the actual taxes paid on the actual premiums paid. This amount was originally overestimated in testimony. Difference in Taxes of (\$51,394) due to Tax department applying only 63% of premium to California nonadmitted insurer tax. Testimony presumed 100% application of premium for California nonadmitted insurer tax.

footnote (5): Refer to the prepared direct testimony of Maury De Bont (table at page 11).

**Additional 2009-2010 Premium Insurance Invoice  
and Fund Transfer Documents (Redacted)**

**SUBSIDIARY/AFFILIATE FUNDS TRANSFER**

This is a request for the following funds transfer:

Amount: \$201,112.84

Date of Transfer: 07/28/09

Purpose/Accounting Treatment: *Insurance Renewal – Excess Liability: non-wildfire portion of*

[REDACTED]

[S]

Debit From

[REDACTED]  
Sempra Energy  
[REDACTED]  
[REDACTED]

Credit To

Bank: [REDACTED]  
Address: [REDACTED]  
ABA: [REDACTED]  
Account: [REDACTED]  
Account #: [REDACTED]  
REF: Client 900456; Invoice No. 267009

[B]

Approved By: \_\_\_\_\_

  
J. G. Lathers

Date: \_\_\_\_\_

7/27/09

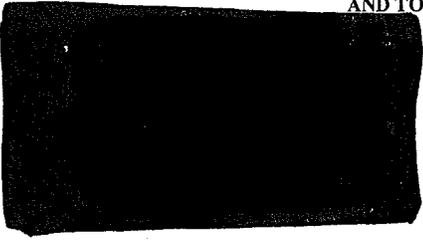
**CONFIRMATION OF TRANSFER VIA FEDWIRE  
(Cash Management Use Only)**

Transfer By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

[REDACTED]

PROTECTED MATERIALS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO 66-C  
 AND TO THE PROVISIONS OF THE SIGNED NDA IN THIS PROCEEDING



[B]

35U

Invoice No.
267009

Date: 7/23/09

Eilene Kim  
 Risk Management Associate  
 Sempra Energy  
 101 Ash Street, HQ05A  
 San Diego, CA 92101-3017

Effective Date	Expiration Date	Client No.
6/26/09	6/26/10	900456

Policyholder: SEMPRA ENERGY

ENDORSEMENT Billing Effective Date: 6/26/09

Insurer	Policy No.	Type of Coverage/Item	Amount
[REDACTED]	[REDACTED] [S]	UMB/EXCESS PREMIUM	194,829.59
		UMB/EXCESS SURPLUS LN TAX	5,844.88
		UMB/EXCESS STAMPING FEE	438.37
REMIT IN: UNITED STATES DOLLARS			
	Renewal Premium [REDACTED] [S]		
Please indicate Invoice # 267009 on your remittance to: [REDACTED] [B]			
TOTAL:			201,112.84

Invoice Is Payable In Full Upon Receipt

[REDACTED] earns and retains interest income on premium payments held by [REDACTED] on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer, where permitted by law.

NLF

Kim, Eilene N.

---

From: [REDACTED]  
Sent: Monday, July 27, 2009 11:08 AM  
To: Kim, Eilene N.  
Cc: Lathers, James G.  
Subject: INVOICE - Excess Liab - [REDACTED] [S]  
Attachments: Inv 266964 [REDACTED] Inv 267009 [REDACTED]

Hi, Eilene:

Attached is [REDACTED] invoice 267009 in the amount of \$201,112.84. This is the non-wildfire premium and taxes for Policy [REDACTED] [B]

Also attached is a revised copy of invoice 266964, revising the comments to reflect Wildfire premium only.

Please advise any questions.

Thanks.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[B]

\*\*\*\*\*  
This e-mail transmission and any attachments that accompany it may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law and is intended solely for the use of the individual(s) to whom it was intended to be addressed. If you have received this e-mail by mistake, or you are not the intended recipient, any disclosure, dissemination, distribution, copying or other use or retention of this communication or its substance is prohibited. If you have received this communication in error, please immediately reply to the author via e-mail that you received this message by mistake and also permanently delete the original and all copies of this e-mail and any attachments from your computer. Thank you.  
\*\*\*\*\*

Transfer Detail Report:

Type: Domestic Wire  
Template ID: SE16814  
Amount: 201,112.84 USD  
Send Date: 07/28/2009

Account Information:

Account Number: [REDACTED]  
Account Name: SEMPRA ENERGY

Beneficiary:

Account Number: [REDACTED]  
Account Name: [REDACTED] [B]  
Address 1:  
Address 2:  
City, State:  
Reference:

Bank Information:

Beneficiary Bank:

ABA Number: [REDACTED]  
Bank Name: [REDACTED]  
Address 1:  
Address 2:  
City, State: [REDACTED]

Intermediary Bank:

Type: [REDACTED]  
ABA Number:  
Bank Name:  
Address 1:  
Address 2:  
City, State:  
Account Number:  
Advice Information:  
Advice Method:

Payment Details:

CLIENT: 900456, INV: 287009

Bank to Bank Information:

Confirmation Message:

Status: CONFIRMED  
Control Number: [REDACTED]  
Bank Control Number: [REDACTED]  
Sequence Number: [REDACTED]  
Submitted to Bank By: CATHY - 07/28/2009 - 11:17:24  
Created By: AHOO - 07/28/2009 - 09:44:11  
Approved By: CATHY - 07/28/2009 - 11:17:24

**Amended Sempra Energy 3<sup>rd</sup> Quarter California  
Non-Admitted Insurance Tax Return (Redacted)**



**Kathy Shen**  
Tax Advisor

Mail Location HQ07  
101 Ash Street  
San Diego, CA  
92101-3017

Tel: 619-696-2281  
Fax: 619-696-3060  
kshen@sempra.com

March 15, 2010

Franchise Tax Board  
PO Box 942867  
Sacramento, CA 94267-0001

**Re: Sempra Energy Form 570 for 3<sup>rd</sup> Quarter 2009 - AMENDED**

Dear Sir or Madam:

During a recent internal review of our California Non-Admitted Insurance Tax Returns, an error was discovered in the return filed for the 3rd Quarter 2009. We are, therefore, enclosing Sempra Energy's **Amended** California Non-admitted Insurance Tax Return for the 3rd Quarter 2009, which is filed to correct the error. As shown on the attached amended Form 570, total tax due for the quarter is \$956,843. On December 1, 2009, we remitted tax in the amount of \$661,527 with the original return. Additional tax in the amount of \$295,316 is remitted along with the enclosed amended return. We are also remitting 10% penalty in the amount of \$29,532 ( $\$295,316 \times 10\%$ ). Thus, a payment of \$324,848 ( $\$295,316 + 29,532$ ) will be remitted via Electronic Funds Transfer with a settlement date of March 17, 2010.

If you need any additional information, please call me at the above number. Thank you for your time and assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Shen".

Kathy Shen

Tax Advisor

Enclosure – as stated

Cc: James R. Asay

1.4.10

PROTECTED DOCUMENTS  
 CONFIDENTIAL INFORMATION PURSUANT TO PUC CODE SECTION 583 & GO66-C  
 AND TO THE SIGNED NDA IN THIS PROCEEDING

TAXABLE YEAR

CALIFORNIA FORM

2 0 0 9

**Nonadmitted Insurance Tax Return** **AMENDED**

570

Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed.

Period ending:  March 31  June 30  September 30  December 31

Name(s) of policyholder

SEMPRA ENERGY

SSN or ITIN  CA Corp. no.  FEIN

Address (including number and street, PO Box, or PMB no.)

101 ASH STREET, HQ07

Apt. no./Ste. no.

City

SAN DIEGO

State ZIP Code

CA 9 2 1 0 1-

Telephone number

(6 19) 696-2281

Check entity type:

Corporation  Partnership  Limited Liability Company  Limited Liability Partnership  Individual  Other (specify)

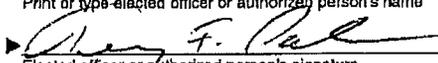
Enter the following information for each contract.

Policy Number	Name of each Nonadmitted Insurance Company	Type of Insurance Company
	INCLUDED ON ATTACHED STATMENT 1	

**Tax Computation**

1	Premiums paid or to be paid on risks located entirely within California. See instructions	1	26,610,520	00
2 a	Premiums paid or to be paid on risks located within and outside of California. See instructions	2a	7,946,069	
2 b	Portion of premiums on line 2a allocated to California pursuant to R&TC Section 13210(b). See instructions	2b	5,284,262	00
3	Total taxable premiums. Add line 1 and line 2b	3	31,894,782	00
4	Tax rate of 3%	4		03
5	Total tax. Multiply line 3 by line 4. (There is no stamping fee)	5	956,843	00
6	3% of returned premiums previously taxed. See instructions.			
	Total premiums returned \$ _____ Quarter/year taxed _____ Policy No. _____	6		00
7	Credit from prior quarters Quarter/year _____	7		00
8	Prepayments. See instructions. (AMOUNT PAID WITH ORIGINAL RETURN)	8	661,527	00
9	Total credits. Add line 6 through line 8.	9	661,527	00
10	Balance. Subtract line 9 from line 5. If the amount on line 9 is more than the amount on line 5, see instructions	10	295,316	00
11	Penalty for late payment of tax. See instructions	11	29,532	00
12	Interest on late payment. See instructions	12		00
13	Payment due. Add line 10 through line 12. If the result is positive, enter here. Make a check or money order payable to the Franchise Tax Board. See instructions. Check the box if paying via EFT. <input checked="" type="checkbox"/> EFT	13	324,848	00
14	Overpayment. Add line 10 through line 12. If result is negative, enter here	14		00
15	Overpayment to be credited to the next quarter. See instructions	15		00
16	Refund. Subtract line 15 from line 14	16		00

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:

Firm's Name	Firm's Address	Contact Person's Name
		Contact Person's Phone
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Please Sign Here	TERRY F. PALMER Print or type elected officer or authorized person's name	3/16/10 Date
	 Elected officer or authorized person's signature	
Paid Preparer's Use Only	Print or type preparer's name	Check if self-employed <input type="checkbox"/> Telephone No. ( )
	Preparer's signature	Date Preparer's SSN/PTIN
	Firm's name (or yours, if self-employed) and address	Preparer's FEIN

**COPY**

TAXABLE YEAR

2 0 0 9

**Nonadmitted Insurance Tax Return**

CALIFORNIA FORM

**570**

Select calendar quarter during which the taxable insurance contract(s) took effect or was renewed.

Period ending:  March 31  June 30  September 30  December 31

Name(s) of policyholder

SEMPRA ENERGY

SSN or ITIN  CA Corp. no.  FEIN

Address (including number and street, PO Box, or PMB no.)

101 ASH STREET, HQ07

Apt. no./Ste. no.

City

SAN DIEGO

State ZIP Code

CA 9 2 1 0 1

Telephone number

(6 1 9) 696-2281

Check entity type:

Corporation  Partnership  Limited Liability Company  Limited Liability Partnership  Individual  Other (specify)

Enter the following information for each contract.

Policy Number	Name of each Nonadmitted Insurance Company	Type of Insurance Company
	INCLUDED ON ATTACHED STATEMENT 1	

**Tax Computation**

1	Premiums paid or to be paid on risks located entirely within California. See instructions	1	00
2 a	Premiums paid or to be paid on risks located within and outside of California. See instructions	2a	22,050,899
2 b	Portion of premiums on line 2a allocated to California pursuant to R&TC Section 13210(b). See instructions	2b	22,050,899 00
3	Total taxable premiums. Add line 1 and line 2b	3	22,050,899 00
4	Tax rate of 3%	4	.03
5	Total tax. Multiply line 3 by line 4. (There is no stamping fee)	5	661,527 00
6	3% of returned premiums previously taxed. See instructions.		
	Total premiums returned \$ _____ Quarter/year taxed _____ Policy No. _____	6	00
7	Credit from prior quarters Quarter/year _____	7	00
8	Prepayments. See instructions.	8	00
9	Total credits. Add line 6 through line 8.	9	00
10	Balance. Subtract line 9 from line 5. If the amount on line 9 is more than the amount on line 5, see instructions	10	661,527 00
11	Penalty for late payment of tax. See instructions	11	00
12	Interest on late payment. See instructions	12	00
13	Payment due. Add line 10 through line 12. If the result is positive, enter here. Make a check or money order payable to the Franchise Tax Board. See instructions. Check the box if paying via EFT. <input type="checkbox"/> EFT	13	661,527 00
14	Overpayment. Add line 10 through line 12. If result is negative, enter here	14	00
15	Overpayment to be credited to the next quarter. See instructions	15	00
16	Refund. Subtract line 15 from line 14	16	00

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:

Firm's Name	Firm's Address	Contact Person's Name
		Contact Person's Phone

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

► TERRY F. PALMER

Print or type elected officer or authorized person's name

*Terry F. Palmer*  
 Elected officer or authorized person's signature

► 11/23/2009

Date

Paid Preparer's Use Only

► \_\_\_\_\_  
 Print or type preparer's name

► \_\_\_\_\_  
 Preparer's signature

► \_\_\_\_\_  
 Firm's name (or yours, if self-employed) and address

Check if self-employed

Date

Telephone No.

( )

Preparer's SSN/PTIN

Preparer's FEIN

*John*

**A.09-08-019**  
**SDG&E Z-Factor Proceeding**

**Exhibit 20**

**BEFORE THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF CALIFORNIA**

In the Matter of the Application of San Diego Gas & Electric Company (U 902 E) for Authorization to Recover Unforeseen Liability Insurance Premium and Deductible Expense Increases as a Z-Factor Event.

Application 09-08-019  
(Filed August 31, 2009)

**JOINT STIPULATION OF SAN DIEGO GAS & ELECTRIC COMPANY  
(U 902 E) AND DIVISION OF RATEPAYER ADVOCATES  
REGARDING LATE-FILED EXHIBIT 19 AND AUDIT OF  
2009-2010 LIABILITY INSURANCE EXPENSES**

On January 7, 2010, DRA sent SDG&E "Data Request-03" requesting an audit of SDG&E's 2009 wildfire liability premiums. On January 22, 2010, SDG&E responded to Data Request-03, and provided documents generated in connection with its 2009-2010 liability insurance renewal. SDG&E subsequently supplemented its response to Data Request-03 prior to hearing.

On May 7, 2010, SDG&E filed a motion seeking to admit two exhibits into the record of the above-referenced proceeding. Exhibit 19 consisted of a redacted version of the documents that SDG&E submitted in response to Data Request-03 in connection with its 2009-2010 liability insurance renewal. Confidential Exhibit 19(a) consisted of an alias chart providing alphabet letter aliases for the insurance service providers identified in Exhibit 19. DRA indicated in an e-mail to Administrative Law Judge ("ALJ") Bushey that it objected to the admission of Exhibits 19 and 19(a).

After further discussions, SDG&E and DRA have agreed that SDG&E will conduct an audit of any of its 2009-2010 liability insurance expenses for which Z-factor

treatment is granted in the instant proceeding (if any), and DRA will withdraw its objection to admission of Exhibit 19 into the record.

Therefore, SDG&E and DRA stipulate as follows:

1. DRA will withdraw its opposition to inclusion of SDG&E's Late-Filed Exhibit 19 in the record of A.09-08-019.
2. SDG&E will withdraw its motion filed May 7, 2010 to add Exhibits 19 and 19(a) to the record.
3. In the event the Commission issues a final decision in A.09-08-019 approving Z-factor treatment of SDG&E's 2009-2010 liability insurance expenses, SDG&E will conduct an audit of its (i) 2009-2010 general liability insurance expenses; and (ii) 2009-2010 wildfire liability insurance expenses, with documentation supporting each category of liability insurance expense and will submit such audit to DRA within 60 days of issuance of such final decision. SDG&E will provide Data Request-03 to the auditor as guidance for the audit.
4. To the extent the Commission does not approve Z-factor treatment of liability insurance expenses for the 2009-2010 insurance procurement in its final decision issued in A.09-08-019, SDG&E shall not be required under this stipulation to audit such costs.
5. The audit submitted to DRA pursuant to this Stipulation will be afforded confidential treatment pursuant to Public Utilities Code § 583 and Commission General Order 66-C. In the event of a request for access to the audit, parties will act in accordance with the Commission's established process for handling requests for data submitted pursuant to P.U. Code § 583 and G.O. 66-C.

This stipulation is solely related to 2009-2010 insurance procurement expenses.

This stipulation is non-precedential and shall not be cited by either party to support an argument that the other party should agree with its position as to any issue in this proceeding. Further, this stipulation may only be modified by the written agreement of both DRA and SDG&E.

///  
///  
///

DATED: MAY 17, 2010

<p><u>/s/ Aimee M. Smith</u> Keith W. Melville Aimee M. Smith</p> <p>Attorneys for: SAN DIEGO GAS &amp; ELECTRIC COMPANY</p> <p>101 Ash Street, HQ-12 San Diego, CA 92101 Telephone: 619-699-5042 Facsimile: 619-699-5027 E-mail: <a href="mailto:KMelville@sempra.com">KMelville@sempra.com</a> <a href="mailto:AMSmith@sempra.com">AMSmith@sempra.com</a></p>	<p><u>s/ Edward Moldavsky</u> Edward Moldavsky</p> <p>Attorney for the Division of Ratepayer Advocates</p> <p>California Public Utilities Commission 505 Van Ness Avenue San Francisco, CA 94102 Telephone: (415) 703-5134 Facsimile: (415) 703-4432</p>
---	--

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of **JOINT MOTION OF SAN DIEGO GAS & ELECTRIC COMPANY (U 902 E) AND DIVISION OF RATEPAYER ADVOCATES REGARDING EXHIBIT 20 AND MOTION OF SAN DIEGO GAS & ELECTRIC COMPANY (U 902 E) REGARDING LATE-FILED EXHIBIT 19** has been electronically mailed to each party of record of the service list in A.09-08-019. Any party on the service list who has not provided an electronic mail address was served by placing copies in properly addressed and sealed envelopes and by depositing such envelopes in the United States Mail with first-class postage prepaid.

Copies were also sent via Federal Express to Administrative Law Judge Maribeth A. Bushey and Commissioner Timothy Alan Simon.

Executed this 17<sup>th</sup> day of May, 2010 at San Diego, California.

          /s/ Jenifer E. Nicola            
Jenifer E. Nicola



California Public  
Utilities Commission

CPUC Home

## CALIFORNIA PUBLIC UTILITIES COMMISSION Service Lists

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**PROCEEDING: A0908019 - SDG&E - TO RECOVER U**  
**FILER: SAN DIEGO GAS & ELECTRIC COMPANY**  
**LIST NAME: LIST**  
**LAST CHANGED: MAY 5, 2010**

[DOWNLOAD THE COMMA-DELIMITED FILE](#)  
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### Parties

---

DEANA NG  
 SOUTHERN CALIFORNIA EDISON CO.  
 2244 WALNUT GROVE AVE.  
 ROSEMEAD, CA 91770  
 FOR: SOUTHERN CALIFORNIA EDISON

MICHAEL J. AGUIRRE  
 AGUIRRE MORRIS & SEVERSON LLP  
 444 WEST C STREET, SUITE 210  
 SAN DIEGO, CA 92101  
 FOR: RUTH HENDRICKS

MICHAEL SHAMES  
 UTILITY CONSUMERS' ACTION NETWORK  
 3100 FIFTH AVENUE, SUITE B  
 SAN DIEGO, CA 92103  
 FOR: UCAN

CHUCK MANZUK  
 SEMPRA UTILITIES  
 8306 CENTURY PARK COURT  
 SAN DIEGO, CA 92123  
 FOR: SAN DIEGO GAS & ELECTRIC COMPANY

ED MOLDAVSKY  
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