

CHECKLIST for **FOREIGN (US DOMICILED)** INSURERS
CALIFORNIA LASLI FILING REQUIREMENTS

Please make checks payable to the California Department of Insurance (CDI). All documents must be submitted with a cover letter to:

LASLI applicants:	Current LASLI companies:
CAB-Intake State of California, Department of Insurance 45 Fremont Street, 24th Floor San Francisco, CA 94105	Accounting Services Bureau State of California, Department of Insurance 300 Capitol Mall Sacramento, CA 95814

The **cover letter** should state the name of the LASLI company or applicant, the name and contact information of the person submitting documents, a list of the document(s) filed, and the amount of the enclosed required fee, if applicable. **Contact information should include name, mailing address, e-mail address and phone number.**

For LASLI applicants, the documents must be filed in duplicate (one original and one photocopy). For current LASLI companies, only one original copy is required. However, for both LASLI applicants and current LASLI companies, Biographical Affidavits must be filed in triplicate (one original and two photocopies).

If a required document is available from the National Association of Insurance Commissioners (NAIC) or other public source, then the document need not be filed with the CDI. However, the insurer will have to submit a verified statement to the CDI identifying the document that is available from the NAIC or other public source along with the appropriate filing fee.

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| <input type="checkbox"/> Filing Fee:
_____ LASLI Application : \$6,113
_____ Annual Renewal : \$3,057
_____ Updated Financial Document : \$341
_____ Updated Non-Financial or Supplemental Document : \$50 | <input type="checkbox"/> Verified Regulatory Disclosure Statement |
| <input type="checkbox"/> Certified Annual Statement (including all supplementary reports, exhibits, and schedules required by the NAIC) | <input type="checkbox"/> Proposed Business Plan/Plan of Operation in California |
| <input type="checkbox"/> Audited Financial Report
_____ Certified or _____ Verified | <input type="checkbox"/> Biographical Affidavit on the Officers and Directors |
| <input type="checkbox"/> Certified Current License or Certificate of Authority | <input type="checkbox"/> Certified Report of Examination |
| <input type="checkbox"/> Certified of Good Standing or Certificate of Compliance.
If the domiciliary jurisdiction does not issue such a certificate, see Exhibit D . | <input type="checkbox"/> List of Surplus Lines Brokers Authorized to Issue Policies |
| <input type="checkbox"/> Agent for Service of Process | <input type="checkbox"/> Verified March 31st Quarterly Statement & Supplements |
| <input type="checkbox"/> Principal Place of Business | <input type="checkbox"/> Verified June 30th Quarterly Statement & Supplements |
| <input type="checkbox"/> Market Conduct Report/Information
_____ Certified or _____ Verified | <input type="checkbox"/> Verified September 30th Quarterly Statement & Supplements |