

CHECKLIST for **ALIEN INSURERS (NON-US DOMICILED)**  
CALIFORNIA LASLI FILING REQUIREMENTS

Please make checks payable to the California Department of Insurance. All documents and fees must be sent to the CDI with a cover letter either via the LASLI Portal (<https://lasliportal.insurance.ca.gov/>) or by mail to:

LASLI applicants:	Current LASLI companies:
CAB-Intake State of California, Department of Insurance 1901 Harrison Street, 6 <sup>th</sup> Floor Oakland, CA 94612	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 submitting hardcopy applications, 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. For this, NAIC sources must be "public," which means sources that are not accessible to Regulators only. 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. Note that the IID Report is not publicly available from the NAIC. Therefore, the document must be filed with the CDI.

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Filing Fee</b><br>_____ LASLI Application: \$6,724<br>_____ Annual Renewal: \$3,363<br>_____ Updated Financial Document: \$375<br>_____ Updated Non-Financial or Supplemental Document: \$55  | <input type="checkbox"/> <b>Agent for Service of Process</b><br><br><input type="checkbox"/> <b>Principal Place of Business</b><br><br><input type="checkbox"/> <b>Market Conduct Report/Information</b><br>_____ Certified or _____ Verified   |
| <input type="checkbox"/> <b>Audited Financial Report (including financial statements converted into US dollars)</b><br>_____ Certified or _____ Verified  | <input type="checkbox"/> <b>Verified Regulatory Disclosure Statement</b><br><br><input type="checkbox"/> <b>Premiums Written in California by Lines of Business</b>   |
| <input type="checkbox"/> <b>NAIC International Insurers Department (IID) Financial Filing</b><br>_____ Certified or _____ Verified  | <input type="checkbox"/> <b>Proposed Business Plan/Plan of Operation in California</b><br><br><input type="checkbox"/> <b>Biographical Affidavit on the Officers and Directors</b>  |
| <input type="checkbox"/> <b>Certified Trust Agreement (as Amended 1/1/2007)</b><br><br><input type="checkbox"/> <b>Verified List of Trust Assets as of March 31<sup>st</sup></b><br><input type="checkbox"/> <b>Verified List of Trust Assets as of June 30<sup>th</sup></b><br><input type="checkbox"/> <b>Verified List of Trust Assets as of September 30<sup>th</sup></b><br><input type="checkbox"/> <b>Verified List of Trust Assets as of December 31<sup>st</sup></b> | <input type="checkbox"/> <b>Report of Examination, if available</b><br>_____ Certified or _____ Verified<br><br><input type="checkbox"/> <b>List of Surplus Lines Brokers Authorized to Issue Policies</b><br><br><input type="checkbox"/> <b>Verified Quarterly or Half-Yearly Statement/Results as of _____</b> |
| <input type="checkbox"/> <b>Certified Current License or Certificate of Authority</b><br><br><input type="checkbox"/> <b>Certificate of Good Standing or Certificate of Compliance</b> If the domiciliary jurisdiction does not issue such a certificate, see <a href="#">Exhibit D</a> .   | <input type="checkbox"/> <b>Contact Broker Information</b><br><br><b>LASLI applicants only</b><br><input type="checkbox"/> <b>Affiliated Management/Service Contract(s), Cost/Tax Sharing Agreement(s), and Reinsurance Agreement(s)</b>  |