**HOME PROTECTION COMPANIES**

**COMPANY NAME:**

**Contact:**

**NAIC Company Code:**

**Telephone:**

**REQUIRED FILINGS IN THE STATE OF: CALIFORNIA Filings Made During the Year 2025**

| (1)  Checklist | (2)  Line # | (3)  REQUIRED FILINGS | (4)  NUMBER OF COPIES | (5)  **CA**  Required Filing Format | (6)  DUE DATE | (7)  FORM SOURCE | (8)  APPLICABLE NOTES |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CA  Domestic |
|  |  | **FINANCIAL STATEMENTS** |  |  |  |  |  |
|  | 1 | Annual Statement (8 ½” x 14”) | 1 | PDF (Signed) & XLS | 3/1 | CA | FAD201 |
|  | 2 | Management Discussion & Analysis | 1 | PDF | 4/1 | Company | FAD350  A |
|  | 3 | California Affidavit – Declaration to Valuation of Property & Securities/Verification | 1 | PDF (Signed) | 3/1 | CA | CAB105 |
|  | 4 | Authorization for Disclosure of Financial Records | 1 | PDF (Signed) | 3/1 | CA | FAD107 |
|  | 5 | Form B (Holding Company Registration Statement) | 1 | PDF (Signed) | 4/30 | NAIC | FAD500  B |
|  | 6 | Form C (Summary of Registration Statement) | 1 | PDF (Signed) | 4/30 | NAIC | FAD501  B |
|  | 7 | Form F (Enterprise Risk Report) | 1 | PDF | 4/30, When Applicable | NAIC | FAD502  C |
|  | 8 | Premium Tax Return/Payments | 1 | See Note | See Note | See Note | D |

**GENERAL INSTRUCTIONS**

**Submission**

All electronic filings must be made via the Online Assistance System for Insurer Submittals (“OASIS”). For documents requiring signature(s)/certification/notarization, the electronic PDF file must contain the required signature(s)/certification/notarization. All documents notarized in the state of California must comply with Section 8202 of the Government Code and Section 1185 of the Civil Code in reference to establishing an affiant’s identity*.*

**Signatures**

Refer to California Insurance Code Section (“CIC §”) 903 and CIC § 903.5 for guidance.

**Contact Information**

For questions regarding filings, please contact Financial Records Unit at (213)346-6423, [Financial.Records@insurance.ca.gov](mailto:Financial.Records@insurance.ca.gov) or visit the California Department of Insurance (“CDI”) website at: [insurance.ca.gov](http://www.insurance.ca.gov/).

**Late Filings**

Electronic filings must be submitted before 12:00 midnight of the due date. Any company that fails to make a timely and complete filing may be subject to penalties.

**Amended Filings**

Amended items must be filed timely along with an explanation of the amendments. If there are signature requirements for the original filing, the same should be followed for any subsequent amendment. Please contact Financial Records Unit at (213)346-6423 or [Financial.Records@insurance.ca.gov](mailto:Financial.Records@insurance.ca.gov) prior to submitting any amendment via OASIS.

**Request for Extension/Exemption to File**

Not all documents can be given an extension of time to file or to be exempted from filing. Please refer to applicable CIC or California Code of Regulations (“CCR”) for guidance. Unless otherwise specified in the CIC or CCR, the request must be received by the Department at least 30 days prior to the filing due date. Please contact Financial Records Unit at (213)346-6423 or [Financial.Records@insurance.ca.gov](mailto:Financial.Records@insurance.ca.gov)

**NONE or N/A Filings**

When there is nothing to report or the form is not applicable, the word “NONE” or “N/A” must appear stamped/written on the required form. Company information must be filled in (e.g., Company name and CA ID #).

**Column (1) Checklist**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an “x” in this column when mailing information to the state.

**Column (2) Line #**

Line # refers to a standard filing number used for reference only. This line number may change from year to year.

**Column (3) Required Filings**

Name of form or document to be filed.

**Column (4) Number of Copies**

Indicates the number of copies that each domestic company is required to file for each type of form.

**Column (5) CA Required Electronic Filing Format**

Adobe PDF (PDF)

For documents requiring signature(s)/certification/notarization, the PDF file must contain the required signature(s) /certification/notarization.

MS Excel (XLS)

For documents requiring an Excel version, the related form is provided on our Website. The Excel version does not require signature(s)/certification/notarization.

**Column (6) Due Date**

Indicates the date on which the company must file the form.

**Column (7) Form Source**

* CA = CDI will prescribe the forms with the filing instructions.
* Company = Company, or its representative is expected to provide the form.

**Column (8) Applicable Notes**

This column contains references to the Notes that apply to each item listed on the checklist. It also contains the CDI form numbers (in red - FADXXX) for reference only. The company should carefully read these notes before submitting a filing.

**NOTES**

|  |  |  |
| --- | --- | --- |
| A | Management Discussion and Analysis | Instructions for the Management Discussion and Analysis can be found on the Applications, Forms & Filings page of the CDI website, under “Insurers.”  [Management Discussion and Analysis](http://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/financial-filing-notices-forms/forms/upload/Instructions-for-Filing-Management-Discussion-Analysis.pdf) |
| B | Forms B and C (Holding Company Registration Statement and Summary) | Apply to California domestic and commercially domiciled insurers only. |
| C | Form F (Enterprise Risk Report) | Refer to CIC § 1215.4 (m) for guidance. |
| D | Premium Tax Return/Payments | Tax forms, instructions & information are available on the CDI website:  insurance.ca.gov. Under “Insurers”, click on “Applications, Forms & Filings” and go  to: “Tax Forms, Instructions & Information”. Or click here for CDI Tax Forms,  Instructions & Information (ca.gov).  For questions concerning the completion of the tax return, please contact the  Premium Tax Audit Unit at PremiumTaxAudit@insurance.ca.gov.  For premium tax payment, please mail it to:   | **Mailing Address**  *California Department of Insurance*  *Tax Accounting/EFT Unit*  *P.O. BOX 1918*  *Sacramento, CA 95812-1918* | **Overnight Mail**  *California Department of Insurance*  *Tax Accounting/EFT Unit*  *300 Capitol Mall, Suite 14000*  *Sacramento, CA 95814* | | --- | --- | |