**LIFE SETTLEMENT PROVIDERS**

**COMPANY NAME:**

**Contact:**

**CA Company Code:**

**Telephone:**

**REQUIRED FILINGS IN THE STATE OF: CALIFORNIA Filings Made During the Year 2024**

| (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 |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **I. FINANCIAL STATEMENTS** |  |  |  |  |  |
|  | 1 | Life Settlement Provider Annual Statement  (8 ½” x 14”) | 1 | PDF (Signed) & XLS | 3/1 | CA | FAD201  A, B |
|  | 2 | Audited Financial Report | 1 | PDF | 3/1 | Company | FAD220  A, B |

**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.

**Signature**

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 provider's failure to timely file an Annual Statement shall be grounds for the immediate suspension of the provider's license until such time that the Annual Statement has been filed.

**Amended Filings**

Amended items must be filed timely along with an explanation of the amendments. If there are signature requirements for the original filing, 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.

**Column (1) Checklist**

Companies may use the checklist to submit to a state. Companies should copy the checklist and place an “x” in this column when submitting 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 company is required to file for each type of form.

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

Adobe PDF (PDF)

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

MS Excel (XLS)

For document 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 | Life Settlement Provider Annual Statement  and Audited Financial Statement | Licensed Provider  **California Code of Regulations, § 2548.14,** (a) All licensed providers shall submit an Annual Statement to the Commissioner on the form captioned “State of California Department of Insurance Life Settlement Provider Annual Statement” no later than March 1 and shall cover the period in the preceding calendar year; (b) All Annual Statements shall be accompanied by an Audited Financial Statement; and (c) Any provider's failure to timely file an Annual Statement shall be grounds for the immediate suspension of the provider's license until such time that the Annual Statement has been filed.  Authorized Provider  An authorized provider is only required to submit an Audited Financial Statement no later than March 1. |
| B | CA Company Code | The CA Company Code is available in OASIS and on the CDI website at: [List of life settlement CA Company Codes](http://www.insurance.ca.gov/01-consumers/120-company/11-lifesttlmnt/index.cfm) |