**TITLE 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)APPLICABLENOTES |
| Domestic | Foreign |
| CA | NAIC | CA |
|  |  | **I. NAIC FINANCIAL STATEMENTS** |
|  | 1 | Annual Statement (8 ½” x 14”) | xxx | EO | xxx | PDF (Signed) | 3/1 | NAIC |

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|  |

 |
|  | 1.1 | Printed Investment Schedule detail (Pages E01-E29) | xxx | EO | xxx | PDF | 3/1 | NAIC |  |
|  | 2 | Quarterly Financial Statement (8 ½” x 14”) | xxx | EO | xxx | PDF (Signed) | 5/15, 8/15, 11/15 | NAIC |  |
|  |
|  |  | **II. NAIC SUPPLEMENTS** |
|  | 11 | Actuarial Opinion | xxx | EO | xxx | PDF (Signed) | 3/1 | Company |  |
|  | 12 | Investment Risk Interrogatories | xxx | EO | xxx | PDF | 4/1 | NAIC |  |
|  | 13 | Management Discussion & Analysis | xxx | EO | xxx | PDF | 4/1 | Company |  |
|  | 14 | Schedule SIS - Stockholder Information Supplement | 1 | N/A | N/A | PDF | 3/1 | NAIC | FAD420 |
|  | 15 | Supplemental Compensation Exhibit | 1 | N/A | N/A | PDF | 3/1 | NAIC | FAD460 |
|  | 16 | Supplemental Schedule of Business Written by Agency | xxx | N/A | xxx | PDF | 4/1 | NAIC |  |
|  |
|  |  | **III. ELECTRONIC FILING REQUIREMENTS** |
|  | 61 | Annual Statement Electronic Filing | xxx | EO | xxx |  | 3/1 | NAIC |  |
|  | 62 | March .PDF Filing | xxx | EO | xxx |  | 3/1 | NAIC |  |
|  | 63 | Supplemental Electronic Filing | xxx | EO | xxx |  | 4/1 | NAIC |  |
|  | 64 | Supplemental .PDF Filing | xxx | EO | xxx |  | 4/1 | NAIC |  |
|  | 65 | Quarterly Statement Electronic Filing  | xxx | EO | xxx |  | 5/15, 8/15, 11/15 | NAIC |  |
|  | 66 | Quarterly .PDF Filing  | xxx | EO | xxx |  | 5/15, 8/15, 11/15 | NAIC |  |
|  | 67 | June .PDF Filing | xxx | EO | xxx |  | 6/1 | NAIC |  |
|  |
|  |  | **IV. AUDIT/INTERNAL CONTROL RELATED REPORTS** |
|  | 81 | Accountants Letter of Qualifications | xxx | EO | xxx | PDF | 6/1 | Company |  |
|  | 82 | Audited Financial Reports | xxx | EO | xxx | PDF | 6/1 | Company |  |
|  | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | xxx | PDF | When Applicable | Company | FAD120 |
|  | 84 | Communication of Internal Control Related Matters Noted in Audit | 1 | EO | N/A | PDF | 8/1 | Company | FAD222 |
|  | 85 | Independent CPA (change) | 1 | N/A | N/A | PDF | When Applicable | Company | FAD124 |
|  | 86 | Management’s Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | PDF | 8/1, When Applicable | Company | FAD223 |
|  | 87 | Notification of Adverse Financial Condition | 1 | N/A | 1 | PDF | When Applicable | Company | FAD122 |
|  | 88 | Request for Extension/Exemption to File Management’s Report of Internal Control Over Financial Reporting | 1 | N/A | N/A | PDF | When Applicable | Company | FAD125 |
|  | 89 | Relief from the Five-Year Rotation Requirement for Lead Audit Partner | xxx | EO | xxx | PDF | 3/1, When Applicable | Company |  |
|  | 90 | Relief from the One-Year Cooling Off Period for Independent CPA | xxx | EO | xxx | PDF | 3/1, When Applicable | Company |  |
| (1)Checklist | (2)Line # | (3)REQUIRED FILINGS | (4)NUMBER OF COPIES | (5)**CA**Required FilingFormat | (6)DUE DATE | (7)FORM SOURCE | (8)APPLICABLENOTES |
| Domestic | Foreign |
| CA | NAIC | CA |
|  | 91 | Relief from the Requirements for Audit Committees | xxx | EO | xxx | PDF | 3/1, When Applicable | Company |  |
|  | 92 | CPA Awareness Letter | 1 | N/A | N/A | PDF | 6/1 | Company | FAD121 |
|  | 93 | Request to File Consolidated Audited Annual Statements | 1 | N/A | N/A | PDF | When Applicable | Company | FAD126 |
|  |
|  |  | **V. STATE REQUIRED FILINGS** |
|  | 101 | Authorization for Disclosure of Financial Records | 1 | N/A | 1 | PDF | 3/1 | CA | FAD107 |
|  | 102 | California Affidavit – Declaration to Valuation of Property & Securities/Verification | 1 | N/A | 1 | PDF | 3/1 | CA | FAD105 |
|  | 103 | CA Supplement to the MDA for Title Insurers | 1 | N/A | 1 | PDF | 4/1 | CA | FAD163A |
|  | 104 | Certificate of Compliance | 0 | N/A | 1 | PDF | 3/1 | State of Domicile | FAD101B |
|  | 105 | Disclosure of Iran-Related Investments | 1 | N/A | N/A | PDF (Signed)& XLS | 6/30 | CA | FAD470F |
|  | 106 | Disclosure of Material Transactions  | 1 | N/A | N/A | See Note | See Note | See Note | FAD26C |
|  | 107 | Form B (Holding Company Registration Statement) | 1 | N/A | 1 | PDF (Signed) | 4/30 | NAIC | FAD500D |
|  | 108 | Form C (Summary of Registration Statement) | 1 | N/A | 1 | PDF (Signed) | 4/30 | NAIC | FAD501D |
|  | 109 | Form F (Enterprise Risk Report) | 1 | N/A | See Note | PDF (Signed) | 4/30, When Applicable | NAIC | FAD502G |
|  | 110 | Insurer Climate Risk Disclosure Survey | 1 | N/A | 1 | See Note | See Note | See Note | E |
|  | 111 | Schedule of California Direct Premiums Written (By County) | 1 | N/A | 1 | PDF  | 3/1 | CA | FAD162 |
|  | 112 | Schedule of Underwritten Title Companies or Controlled Escrow Companies | 1 | N/A | 1 | PDF | 3/1 | CA | FAD161 |
|  | 113 | Corporate Governance Annual Disclosure  | 1 | N/A | N/A | PDF (Signed) | 6/1 | Company | FAD503I |
|  | 114 | Own Risk and Solvency Assessment  | 1 | N/A | N/A | PDF (Signed) | QTR-4 | Company | FAD504I |
|  | 115 | Biographical Affidavits and Fingerprints | 1 | N/A | 1 | See Note | When Applicable | See Note | J |
|  | 116 | Premium Tax Return/Payments | 1 | N/A | 1 | See Note | See Note | See Note | H |
|  | 117 | Group Capital Calculation | 1 | N/A | N/A | See Note | 4/30,When Applicable | NAIC | FAD505K |
|  | 118 | **Change** of Appointed Actuary Notice | 1 | N/A | 1 | PDF (signed)XLS | When Applicable | Company & CA | LAO506L |

**GENERAL INSTRUCTIONS**

**Submission**

Pursuant to California Code of Regulation (“CCR”) § 2308.1, the Insurance Commissioner (“Commissioner”) designates the Internet-based financial filing system operated by the National Association of Insurance Commissioners (“NAIC”) as the filing system to receive and store electronic filings of annual and quarterly financial statements from all admitted insurers. A document is considered filed with the Commissioner when the filing is accepted by the NAIC. Any financial statements, that are not required to be filed with the NAIC or required to be filed with the NAIC that are not accepted for filing by the NAIC, shall be filed directly with the California Department of Insurance (“CDI”) via the Online Assistance System for Insurer Submittals (“OASIS”). The electronically submitted PDF file, to the NAIC and/or to the CDI, shall contain the required signature(s)/verification/certification/notarization. In addition, an admitted insurer shall maintain on file any statutorily required, originally signed/verified/certified/notarized document in accordance with the California Insurance Code (“CIC”) § 730(f). All documents notarized in the state of California must comply with § 8202 of the Government Code and § 1185 of the Civil Code in reference to establishing an affiant’s identity.

**Signature**

Refer to CIC § 903 and § 903.5 for guidance.

**Contact Information**

For questions regarding filings, please contact Financial Records Unit at (213)346-6423, 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 a [late filing fee](http://www.insurance.ca.gov/0200-industry/0050-renew-license/0600-fees/Fees20150301new.cfm#late). A late filing fee will be assessed for the first month and every month or a fractional part thereof until the required filing is submitted. The company is required to pay the late filing fee through OASIS.

**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 prior to submitting any amendment via OASIS.

**Request for Extension/Exemption**

Not all documents can be given an extension of time to file or to be exempted from filing. Please refer to CIC and CCR for guidance. Pursuant to CIC § 924, applicable late filing fees will be assessed even with a granted extension. Unless otherwise specified in the CIC or CCR, the request for extension/exemption must be received by the CDI:

* For a domestic insurer, at least 30 days prior to the filing due date.
* For a foreign insurer, at least 10 days prior to the filing due date. The request must be accompanied by a copy of the domiciliary state insurance regulator’s approval letter.

For requests relating to Section IV - AUDIT/INTERNAL CONTROL RELATED REPORTS, please submit them via OASIS. For other requests, please e-mail Financial.Records@insurance.ca.gov.

**NONE or N/A Filings**

* For NAIC Submissions, see Official NAIC Annual Statement Blank for Supplemental Exhibits and Schedules Interrogatories.
* For CA Supplemental Submissions 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 NAIC #).

**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 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.

Under Section III. ELECTRONIC FILING REQUIREMENTS:

The *Annual Statement Electronic Filing* includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions.* This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The *March .PDF Filing* is the .pdf file for the annual statement, detail for investment schedules and all supplements due March 1.

The *Supplemental Electronic Filing* includes all supplements due April 1, per the *Annual Statement Instructions.*

The *Supplemental .PDF Filing* is the .pdf file for all supplements due April 1.

The *Quarterly Electronic Filing* includes the quarterly statement data.

The *Quarterly .PDF Filing* is the .pdf for quarterly statement data.

The *June .PDF Filing* is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) Number of Copies**

XXX = If a properly executed Jurat page from the related financial statement is filed with the state of domicile and the data is filed electronically with the NAIC, California does not require a separate filing of this financial statement.

N/A = Filing is required with the domiciliary state only.

0 = California domestic companies are not required to file.

EO = Electronic only filing. Electronic filing is intended to include filing via the Internet and is not required to file hard copy filings with the NAIC.

**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**

NAIC = Company must obtain the forms from the appropriate vendor.

CA = CDI will prescribe the forms with the filing instructions.

Company = Company, or its representative is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instruction.*

State of Domicile = Document issued by the domiciliary state insurance regulator.

**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** | CA Supplement to the MDA for Title Insurers | Newer requirement for Title insurers. Submit online utilizing OASIS. Subject to late filing fees pursuant to CIC § 924. |
| **B** | Certificate of Compliance | * Foreign insurers must file with the CDI a Certificate of Compliance issued by its state of domicile or port of entry insurance regulator.
* California domestic companies that are required to file a Certificate of Compliance with other states should contact the Corporate and Regulatory Affairs Branch to obtain a copy.

*California Department of Insurance**Corporate Affairs Bureau**Re: Certificate of Compliance**1901 Harrison Street, 6th Floor**Oakland, CA 94612* (415) 538-4463 |
| **C** | Disclosure of Material Transactions | Refer to [financial filing notices forms disclosure](http://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/financial-filing-notices-forms/annualnotices/disclosure.cfm) for guidance.When Applicable, the report shall be filed within 15 days after the end of the calendar month in which the transactions occur.  |
| **D** | Forms B and C (Holding Company Registration Statement and Summary) | Apply to California domestic and [commercially domiciled](https://www.insurance.ca.gov/0400-news/0200-studies-reports/0900-financial-reports/comm-domiciled-reports.cfm) insurers only. |
| **E** | Insurer Climate Risk Disclosure Survey | Check the CDI website: [CLIMATE RISK DISCLOSURE SURVEY](http://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/ClimateSurvey/) for the latest information. For questions, please email ClimateRiskSurvey@insurance.ca.gov. |
| **F** | Disclosure of Iran-Related Investments | For your convenience, the Disclosure of Iran-Related Investments form and the [Department of General Services List](https://www.dgs.ca.gov/PD/Resources/Page-Content/Procurement-Division-Resources-List-Folder/List-of-Ineligible-Businesses) are available on our [Website](https://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/financial-filing-notices-forms/annualnotices/Iran.cfm). |
| **G** | Form F (Enterprise Risk Report) | Refer to CIC § 1215.4 (m) for guidance. A California [commercially domiciled](https://www.insurance.ca.gov/0400-news/0200-studies-reports/0900-financial-reports/comm-domiciled-reports.cfm) company is required to file Form F only when the lead state does not require it.**Note**: For those states that have adopted the NAIC updated Holding Company Model Act, a Form F Filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the NAIC URL: [NAIC public lead state report](http://www.naic.org/public_lead_state_report.htm) |
| **H** | Premium Tax Return/Payments | Tax forms, instructions & information are available on the CDI website: [insurance.ca.gov](http://www.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)](https://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/tax-forms-instruct-and-info/index.cfm).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** | **Overnight Mail** |
| --- | --- |
| *California Department of Insurance**Tax Accounting/EFT Unit**P.O. BOX 1918**Sacramento, CA 95812-1918* | *California Department of Insurance**Tax Accounting/EFT Unit**300 Capitol Mall, Suite 14000**Sacramento, CA 95814* |

 |
| **I** | Corporate Governance Annual Disclosure (CGAD) Own Risk and Solvency Assessment (ORSA) | **CGAD -** For those states that have adopted the NAIC CGAD Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The CGAD is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. Refer to [CIC §§ 936.1 – 936.9](http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=INS&division=1.&title=&part=2.&chapter=1.&article=10.8.) for guidance.**ORSA** - For those states that have adopted the NAIC Risk Management and ORSA Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. Refer to [CIC §§ 935.1 – 935.11](http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=INS&division=1.&title=&part=2.&chapter=1.&article=10.6.) for guidance. For more information on lead states, see the NAIC URL: [NAIC public lead state report](http://www.naic.org/public_lead_state_report.htm)The filing must be submitted via e-mail to FADCGADORSA@insurance.ca.gov in signed, **encrypted .PDF** format as follows:Subject: CGAD/ORSA – AS YYYY - Company/Group name – NAIC Number/Group NumberExample: CGAD – AS 2024 – ABC Company – 12345 ORSA – AS 2024 – EFG Group – 0890Note: AS = Annual Statement; YYYY = AS YearFor submission questions, please e-mail FADCGADORSA@insurance.ca.gov. |
| **J** | Biographical Affidavits and Fingerprints | Apply to all California licensed insurers.Pursuant to [CIC § 704.5](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=INS&sectionNum=704.5.), biographical affidavits and fingerprints are required for changes in officers, directors, or trustees from the previous Financial Statement filing. Please direct questions regarding biographical affidavits and fingerprints to: Carrie Berkstresser                Manager, Officer Background Section                California Department of Insurance  300 Capitol Mall, 16th Floor,  Sacramento, CA 95814                Office: (916) 492-3554                 Email: Carrie.Berkstresser@insurance.ca.gov* Biographical Affidavits [to be submitted to Curriculum and Officer Review Bureau, Attn: Carrie Berkstresser]

[Certificate of authority instructions - CA IV Items 7and 8](https://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/certificate-of-authority/cert-of-authority-instructions/CAIVItem7and8.cfm)* *Fingerprints*

[Certificate of authority instructions - CA IV Items 7](http://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/certificate-of-authority/cert-of-authority-instructions/CAIVItem7.cfm) |
| **K** | Group Capital Calculation (GCC) | Effective January 1, 2022, the California Insurance Holding Company System Regulatory Act was amended to include an annual GCC filing. The ultimate controlling person of an insurer subject to registration pursuant to [CIC § 1215.4](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=INS&sectionNum=1215.4.) is expected to file their annual GCC with the lead state commissioner to the extent that the lead state has adopted enabling legislation to do so.  Please click [HERE](https://content.naic.org/cmte_e_grp_capital_wg.htm) to view the current state adoption status, the latest GCC Instructions and the GCC Template. The filing must be submitted via e-mail in **encrypted PDF** and **XLS** formats to FAD.LA.Intake@insurance.ca.gov.The format of the **Subject** line on e-mail is as follows:Subject:    GCC – AS YYYY - Company/Group name – NAIC Number/Group NumberExample:   GCC – AS 2024 – ABC Company – 12345                  GCC – AS 2024 – EFG Group – 0890Note:         AS = Annual Statement; YYYY = AS YearFor submission questions, please email FAD.LA.Intake@insurance.ca.gov. |
| **L** | **Change** of Appointed Actuary Notice | Please submit the following documents whenever there is a change of Appointed Actuary at the company:1. Cover letter
2. Board Resolution
3. Certification from previous Appointed Actuary (if applicable)
4. [**Change** of Appointed Actuary Form](http://www.insurance.ca.gov/0250-insurers/0300-insurers/0100-applications/financial-filing-notices-forms/forms/upload/Change-of-Appointed-Actuary-Form-Doc506.xlsx) (**XLS**)

Combine items 1-3 into 1 PDF file. Please submit any questions to LAO@insurance.ca.gov with the subject line - “Change of Appointed Actuary”. |