

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Industrial Relations**

**Regulatory Action:**

**Title 08, California Code of Regulations**

**Adopt sections:**

**Amend sections: 15203.2(d)**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2017-0406-02**

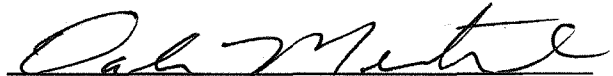
**OAL Matter Type: Regular Resubmittal (SR)**

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In this rulemaking action, the Department of Industrial Relations Office of Self-Insured Plans amends section 15203.2(d) of Title 8 of the California Code of Regulations to adopt financial condition and credit rating requirements, and to repeal net worth and net income requirements, for workers' compensation self-insurance by business entities.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 4/14/2017.

Date: April 14, 2017



Dale P. Mentink  
Senior Attorney

For: Debra M. Cornez  
Director

Original: Christine Baker  
Copy: Lyn Asio Booz

**NOTICE PUBLICATION/REGULATIONS SUBMISSION**

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	<b>NOTICE FILE NUMBER</b> Z-2015-1026-01	<b>REGULATORY ACTION NUMBER</b> 2017-0406-02SR	<b>EMERGENCY NUMBER</b>
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For use by Office of Administrative Law (OAL) only

<p>2017 APR -6 P 3:24</p> <p>OFFICE OF ADMINISTRATIVE LAW</p>	<p>2017 APR 14 2:25 PM</p>
NOTICE	REGULATIONS

**ENDORSED - FILED**  
In the office of the Secretary of State of the State of California

APR 14 2017  
2:25 PM

**AGENCY WITH RULEMAKING AUTHORITY**  
Department of Industrial Relations

AGENCY FILE NUMBER (If any)

**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE	
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2015, 45-2	PUBLICATION DATE 11/6/2015	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Workers' Compensation-Self-Insurance	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2016-1028-025
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT
	AMEND 15203.2(d)
TITLE(S) 8	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
March 1, 2017 through March 16, 2017 7/29/16 - 8/2/16 DM per agency request 4/13/17

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input checked="" type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify) _____
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Lyn Asio Booz	TELEPHONE NUMBER (916) 464-7105	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 4/4/2017
TYPED NAME AND TITLE OF SIGNATORY Christine Baker, Director, Department of Industrial Relations	

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ENDORSED APPROVED

APR 14 2017

Office of Administrative Law