



**VEHICLE PROTECTION PRODUCT WARRANTY REGISTRATION
ANNUAL RENEWAL**

Section 100.203, Wis. Stat., requires as a condition prerequisite to continued registration as a warrantor for a vehicle protection product in Wisconsin, that the following is submitted to OCI by April 30 of each year:

- The attached form OCI 21-051.
- A \$250.00 renewal warrantor registration fee.
- Copies of all warranties not previously filed with this office.
- One of the following evidencing the warrantor's compliance with the financial responsibility requirements of s. 100.203 (3), Wis. Stat.:
 - a) A copy of the warranty reimbursement insurance policy, or
 - b) If the warrantor's net worth, or the total of all outstanding ownership interests in the warrantor, is at least \$50,000,000, provide a copy of the warrantor's SEC form 10-K or form 20-F, filed within the preceding year or audited financial statements for the preceding year prepared in accordance with generally accepted accounting principles, or
 - c) If the warrantor's parent entity's net worth is at least \$50,000,000, provide a copy of the parent entity's SEC form 10-K or form 20-F, filed within the preceding year or audited financial statements for the preceding year prepared in accordance with generally accepted accounting principles. Also provide a copy of the parent entity's organizational chart and the parent entity's a legally binding, nonrevocable guarantee of the obligations of the warrantor relating to warranties issued by the warrantor in this state.

If a warrantor fails to renew its registration by the April 30 renewal deadline, the warrantor will be fined \$100.00 and an additional \$100.00 per 7-day period starting the week after the deadline date until the registration is received. The warrantor shall have 30 days to complete the renewal before its registration is suspended.

If the warrantor's registration is suspended, the suspension shall last until the warrantor registers and pays any late payment, except that the registration shall be terminated one year after the renewal deadline if the warrantor has not registered or paid any late payment.

If you have any questions or concerns, please feel free to contact us at OCIVPPs@wisconsin.gov.

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04 (1) (m), Wis. Stats.)



Application is hereby made for renewal registration pursuant to s. 100.203. Wis. Stat., and in support thereof, the following information and documentary evidence is submitted.

Return this form by April 30 of each year, and within 30 days of any change.

Date of Incorporation		State of Incorporation		Federal Employer Identification No.	
Name of Warrantor					
Any other names(s) under which the warrantor will do business in this state					
Street Address					
City		State	Zip Code		Telephone Number
Contact Name					
Contact Street Address			City	State	Zip Code
Contact Email Address				Telephone Number	
Executive Officer (person directly responsible for Warrantor's vehicle protection product business)				Telephone Number	
Administrator Name (Name warrantor designates to be responsible for administration of warranties)					
Administrator Street Address			City	State	Zip Code
Email Address				Telephone Number	



Under which of the following methods(s) does the warrantor intend to qualify to do business in this state (ref: s. 100.2203 (3), Wis. Stat.)?

- Warranty Reimbursement Insurance Policy.

Provide a copy of the Warranty Reimbursement Insurance Policy

- The warrantor's net worth, or the total of all outstanding ownership interests in the warrantor, is at least \$50,000,000.

Provide a copy of the warrantor's SEC form 10-K or form 20-f, filed within the preceding year or audited financial statements for the preceding year prepared in accordance with generally accepted accounting principles

- The warrantor's parent entity's net worth is at least \$50,000,000.

Provide a copy of the parent entity's SEC form 10-K or form 20-f, filed within the preceding year or audited financial statements for the preceding year prepared in accordance with generally accepted accounting principles. Also provide a copy of the parent entity's organizational chart and the parent entity's legally binding, nonrevocable guarantee of the obligations of the warrantor relating to warranties issued by the warrantor in this state.

Complete the Designation of Registered Agent for Service of Process form located here:

<https://oci.wi.gov/Documents/OCIForms/12-014.pdf>

You must also include each of the following with your submission:

- A filing fee of \$250.00 as required by s. 601.31 (1) (km), Wis. Stat.
- A copy of the Certificate of Incorporation or similar document.
- A copy of each warranty that the warrantor plans to use in this state (list below).

- List each warranty that the warrantor is currently using in this state.

- List each warranty that the warrantor has discontinued using in this state.

Warrantors shall make all records concerning transactions regulated under s. 100.203, Wis. Stat., available to the commissioner upon request. A warrantor's records shall include all of the following:

- Copies of all warranties under which the warrantor is obligated.
- The name and address of each warranty holder to whom the warrantor is obligated.
- The dates, amounts, and descriptions of all receipts, claims, and expenditures related to the warrantor's warranties.
- A warrantor shall retain all required records pertaining to each warranty holder to whom the warrantor is obligated for at least 2 years after the specified period of coverage has expired. A warrantor discontinuing business in this state shall maintain its records until it furnishes the commissioner satisfactory proof that it has discharged all obligations to warranty holders in this state.

I hereby certify that I am familiar with the laws of Wisconsin relating to vehicle protection product warranties and that all the foregoing information and documentary evidence submitted is complete and accurate to the best of my knowledge and belief.

Signature of Officer	Date
Printed Name of Officer	Title of Officer

Note: Renewal and fee payment may be completed online via OPTins. [View information regarding the use of OPTins](#). Required forms can be uploaded as attachments.

Alternatively, submit completed application and each new warranty form to OCIVPPs@wisconsin.gov and send payment with a copy of the completed application to:

Office of the Commissioner of Insurance
Attn: VPPs
P.O. Box 7873
Madison, WI 53707-7873