

Designation of Registered Agent



State of Wisconsin
Office of the Commissioner of Insurance
125 S. Webster St. • P.O. Box 7873
Madison, Wisconsin 53707-7873
Phone: (608) 266-0090 • Fax: (608) 266-9935
ociinformation@wisconsin.gov
oci.wi.gov

Ref: ss. 601.715 through 601.73, Wis. Stat.

To: General Counsel

Re: Designation of Registered Agent for Service of Process

Sections 601.715 through 601.73, Wis. Stat., regulate the service of legal process on insurers.

All Wisconsin authorized Insurers are required to designate a registered agent for service of process. Once a registered agent is designated, process will no longer be served through the Office of the Commissioner of Insurance; service must first be attempted directly on the designated registered agent or by other means.

Under the statutes, the registered agent must be an individual resident of Wisconsin, a corporation with a Wisconsin address, or an authorized Wisconsin insurer. Nondomestic insurers are required to select a person or a corporation with a Wisconsin address for service.

To verify the registered agent as recorded with OCI, visit oci.wi.gov. Use the Registered Agent for Service Process link under OCI Online Services on the right side of the homepage.

On the reverse side of this letter is a form to be **signed by an officer** to designate a registered agent. Pursuant to s. 601.42, Wis. Stat., please return the completed form within 14 days of receipt of this letter. If you have questions, call (608) 266-0090 or write:

Service of Process Section
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Thank you for your cooperation.

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On behalf of:

NAIC No. _____

I designate the following individual, corporation, or authorized insurer with a Wisconsin address to act as registered agent for service of process under s. 601.715, Wis. Stat. I understand that service of legal process on this registered agent or its office will constitute service on the insurer identified above.

Registered Agent Name		
Registered Agent's Corporation Name		
Street and Room Number (Do NOT use a Post Office Box)		
City	State (The address must be a Wisconsin address) WISCONSIN	Zip Code

I certify that I am an officer of this insurer.

Dated this _____ day of _____, _____

Signature of an Officer of the Insurer	Title
Printed Name of the Officer	Printed Title
Phone Number of the Officer	