



Ref: Section 601.72 (2m), Wis. Stat.

A risk retention group (RRG) is required by the Liability Risk Retention Act of 1986 (LRRA) to register with each state in which it intends to do business. All RRGs, including the RRGs seeking approval to write health care liability coverage under ch. 665, Wis. Stat., must first register with OCI. Below is a list of documents required to be submitted to OCI.

Digital filing by email is the preferred filing method.

the Uniformed RRG Registration Form.

| R  | isk F    | Retention Group Name  | NAIC No.                 |  |
|----|----------|---|--------------------------|--|
| С  | onta     | ct Person Name  | Contact Person Phone     |  |
| С  | onta     | ct Person Email   |                          |  |
| 1. |          | an of operation or a feasibility study submitted to the domiciliary s<br>lowing should be included:   | tate. At a minimum the   |  |
|    |          | The coverages, deductibles, coverage limits, rates, and rating cleach line of insurance the group intends to offer.   | assification systems for |  |
|    |          | Such other matters as may be prescribed by the Commissioner companies authorized by the insurance laws of the state in which is chartered.  | •                        |  |
| 2. |          | ompleted (signed and notarized) NAIC Uniformed Risk Retention (art A.   | Group Registration Form  |  |
| 3. | Wi<br>mu | designation of this office as your company's agent for service of p<br>sconsin using form OCI 26-802 ( <a href="http://oci.wi.gov/app_pack/26-80">http://oci.wi.gov/app_pack/26-80</a><br>ust be signed and notarized. (This document satisfies requirementiformed RRG Registration Form) | 2.pdf). This document    |  |

4. In Wisconsin, unless a risk retention group has been issued a license to transact the

business of insurance by this office, it is considered a surplus lines insurer and is taxed as such. All business must be placed through an authorized surplus lines agent and must adhere to the policyholder notice requirements of the Risk Retention Act of 1986. A surplus lines agent is required to report and pay the tax just as for any other surplus lines insurer.

Identify the name, address, and license number of a licensed Wisconsin surplus lines agent (not agency) soliciting insurance on behalf of the risk retention group in # 10 on

| <ul> <li>following be filed:</li> <li>Annual NAIC statement filings, including a statement of actuarial opinion by a actuary, prepared in accordance with the NAIC annual statement filings, or as the state of domicile.</li> <li>Quarterly statutory filings, in accordance with NAIC instructions, or as filed with of domicile.</li> </ul> | 5. | After the initial filing, it is required that the following be filed:  |  |
|--|----|--|--|
| <ul> <li>following be filed:</li> <li>Annual NAIC statement filings, including a statement of actuarial opinion by a actuary, prepared in accordance with the NAIC annual statement filings, or as the state of domicile.</li> <li>Quarterly statutory filings, in accordance with NAIC instructions, or as filed with of domicile.</li> </ul> |    |  | Subsequent amendments to the plan of operation or feasibility study.   |
| <ul> <li>actuary, prepared in accordance with the NAIC annual statement filings, or as the state of domicile.</li> <li>Quarterly statutory filings, in accordance with NAIC instructions, or as filed with of domicile.</li> </ul>   | 6. | After the initial filing, <b>unless filed electronically with the NAIC</b> , it is required that the following be filed: |  |
| of domicile.   |    |  | Annual NAIC statement filings, including a statement of actuarial opinion by a qualified actuary, prepared in accordance with the NAIC annual statement filings, or as filed with the state of domicile. |
| □ Annual audited financial report by independent CPAs as filed with the state of   |    |  | Quarterly statutory filings, in accordance with NAIC instructions, or as filed with the state of domicile.   |
|  |    |  | Annual audited financial report by independent CPAs as filed with the state of domicile.   |

Please send the above information to:

State of Wisconsin Office of the Commissioner of Insurance Elena Vetrina P.O. Box 7873 Madison, WI 53707-7873

elena.vetrina@wisconsin.gov (608) 266-0105