



**Risk Retention Group  
Health Care Liability Coverage  
Application for Approval**

Ref: Section 655.23 (3) (am), Wis. Stat.

This application is intended to guide registered risk retention groups (RRGs) on the requirements for approval to issue health care liability coverage that qualify as proof of financial responsibility for the Wisconsin Injured Patients and Families Compensation Fund under s. 655.23 (3) (am), Wis. Stat. Please mark the boxes on the left side of the page prior to submitting the application for review. Unless all items listed below are provided and all conditions below are met, the RRG will not be approved to issue qualifying health care liability policies.

Electronic submission by email is preferred.

<b>Risk Retention Group Name</b>	<b>NAIC No.</b>
<b>Contact Person Name</b>	<b>Contact Person Phone</b>
<b>Contact Person Email</b>	

1. Plan of Operation:

- ☐ Explanation of how the group will maintain minimum capital and 300% RBC ratio.
- ☐ Description of reinsurance program to be used and collateralization for reinsurance credits. (Unless submitted previously within one year.)
- ☐ Completed NAIC Uniformed Risk Retention Group Registration Form Part A.

2. Holding Company Act Filings:

- ☐ Holding Company Act Filings, including Form B, Form F or substantially similar statements.

3. Report of Examination:

- ☐ Copy of the most recent Report of Financial Examination from the domiciliary state and a not of any other recent examinations, completed by any state, including market conduct examination, along with a description of each examination.

4. Compulsory and Security Surplus Calculation:

- ☐ Calculate Compulsory and Security Surplus (<http://oci.wi.gov/ociforms/22-335.xlsx>).

5. Any other information the Commissioner will consider pertinent for approval to issue health care liability policies.

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

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