

# HEALTH INSURERS—HEALTH MAINTENANCE ORGANIZATIONS

**COMPANY NAME** \_\_\_\_\_

**NAIC COMPANY CODE** \_\_\_\_\_

**CONTACT** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**REQUIRED FILINGS IN THE STATE OF:** WISCONSIN

**Filings Made During the Year 2025**

(1) Check - list	(2) Line #	(3)  REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5)  DUE  DATE	(6)  FORM SOURCE**	(7)  PORTAL NAME	(8)  APPLICABLE NOTES
			Domestic		Foreign				
			State	NAIC	State				
		I. NAIC FINANCIAL STATEMENTS							
	1	Annual Statement (8.5"x14")	EO	EO	XXX	3/1	NAIC	Financial Statement	A-M, S, AA, AU
	1.1	Printed Investment Schedule detail (pages E01-E29)	EO	EO	XXX	3/1	NAIC	Financial Statement	AU
	2	Quarterly Financial Statement (8.5"x14")	EO	EO	XXX	5/15, 8/15, 11/15	NAIC	Financial Statement	O
		II. NAIC SUPPLEMENTS							
	11	Accident & Health Policy Experience Exhibit	EO	EO	XXX	4/1	NAIC	Annual Supplement	M
	12	Actuarial Opinion	EO	EO	N/A	3/1	Company	Actuarial Opinion	
	13	Supplemental Health Care Exhibit (Parts 1, and 2)	EO	EO	XXX	4/1 if applicable	NAIC	Annual Supplement	M, V
	13.1	Life Supplemental Data due March 1	EO	EO	N/A	3/1	NAIC	Financial Statement	M, N
	14	Life Supplemental Data due April 1	EO	EO	XXX	4/1	NAIC	Annual Supplements	M, N
	15	Life Supp Statement Non-guaranteed Elements - Exh. 5, Int. #3	EO	EO	XXX	3/1	Company	Financial Statement	M, N
	16	Life Supp Statement in Par/Non-par Policies - Exh. 5, Int. 1 and 2	EO	EO	XXX	3/1	Company	Financial Statement	M, N
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	XXX	4/1	NAIC	Annual Supplement	O
	18	Long-term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	Annual Supplement	M, N
	19	Management Discussion & Analysis	EO	EO	XXX	4/1	NAIC	Management Discussion & Analysis	M
	20	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	XXX	3/1	NAIC	Financial Statement	
	21	Medicare Part D Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	Financial Statement	M
	22	Medicare Supplement Insurance Experience Exhibit	EO	EO	XXX	3/1	NAIC	Financial Statement	M
	23	Risk-Based Capital Report	0	EO	0	3/1	NAIC		X
	24	Schedule SIS	EO	N/A	N/A	3/1	NAIC	Schedule SIS	R
	25	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	NAIC Supplemental Compensation Exhibit	
	27	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	Supplemental Investment Risk Interrogatory	M

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			Domestic		Foreign				
			State	NAIC	State				
III. ELECTRONIC FILING REQUIREMENTS									
	61	Annual Statement Electronic Filing	0	EO	0	3/1	NAIC		
	62	March PDF Filing	0	EO	0	3/1	NAIC		
	63	Risk-Based Capital Electronic Filing	0	EO	0	3/1	NAIC		X
	64	Risk-Based Capital PDF Filing	0	EO	0	3/1	NAIC		X
	65	Supplemental Electronic Filing	0	EO	0	4/1	NAIC		
	66	Supplemental PDF Filing	0	EO	0	4/1	NAIC		
	67	Quarterly Statement Electronic Filing	0	EO	0	5/15, 8/15, 11/15	NAIC		
	68	Quarterly PDF Filing	0	EO	0	5/15, 8/15, 11/15	NAIC		
	69	June PDF Filing	0	EO	0	6/1	NAIC		
IV. AUDIT/INTERNAL CONTROL RELATED REPORTS									
	81	Accountants Letter of Qualifications	EO	EO	N/A	6/1	Company	Accountants Qualification Letter	
	82	Audited Financial Reports	EO	EO	N/A	6/1	Company	Audited Financial Statements	
	83	Audited Financial Reports Exemption Affidavit	EO	N/A	N/A	6/1 if applicable	State	Audited Financial Statements Exemption Affidavit	
	84	Communication of Internal Control Related Matters Noted in Audit	EO	EO	N/A	8/1	Company	Communication of Internal Control Related Matters Noted in Audit	
	85	Designation of Independent CPA (Changes in)	EO	N/A	N/A	As needed	Company	Designation of Independent CPA	
	86	Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	8/1	Company	Mgmt Report on Internal Controls over Financial Reporting	U, X
	87	Notification of Adverse Financial Condition	EO	N/A	N/A	As needed	Company	Notification of Adverse Condition	
	88	Relief from the Five-Year Rotation Requirement for Lead Audit Partner	EO	EO	N/A	As needed	Company	Relief from 5-year Rotation Requirement	
	89	Relief from the One-Year Cooling Off Period for Independent CPA	EO	EO	N/A	As needed	Company	Relief from 5-year Cooling Off Period	
	90	Relief from the Requirements for Audit Committee	EO	EO	N/A	As needed	Company	Relief from Audit Committee Requirement	
	91	Request for Exemption to File Management's Report of Internal Control Over Financial Reporting	EO	N/A	N/A	6/1 if applicable	Company	Exemption to File	
	92	CPA Audit Checklist	EO	N/A	N/A	6/1	State	CPA Audit Checklist	This packet
	93	Schedule of Covered Expenses with Opinion	EO	N/A	N/A	6/1	State	Sch of Covered Expenses with Opinion	
V. STATE REQUIRED FILINGS									
	101	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	Corporate Governance Annual Disclosure	X
	102	Filings Checklist	0	0	0				
	103	Form B - Holding Company Registration Statement	EO	0	N/A	6/1	Company	Holding Company – Form B & C	Q
	104	Form F - Enterprise Risk Report****	EO	0	N/A****	6/1	Company	Form F	A-H, W, X, AV

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			Domestic		Foreign				
			State	NAIC	State				
	105	ORSA Own Risk and Solvency Assessment*****	EO	0	N/A		Company	ORSA	X, Y
	106	Schedule of Fees	EO	0	N/A	3/1	State	Schedule of Fees	C/D
	107	Schedule of Covered Expenses	EO	0	XXX	3/1, 5/15, 8/15, 11/15	State	Schedule of Covered Expenses	This packet
	108	Signed Jurat	EO	0	N/A	3/1, 5/15, 8/15, 11/15	State	Financial Statement	B, G, H, L, O, S
	109	Group Capital Calculation ( <b>File with lead state only</b> )	EO	0	N/A	6/1		Group Capital Calculation	AB
	110	HMO Compulsory & Security Surplus Calculation (electronic)	EO	0	EO	3/1, 5/15, 8/15, 11/15	State	Compulsory Surplus Filing	This packet
	111	Report of Executive Compensation	EO	0	N/A	3/1	State	Report on Executive Compensation	This packet
	113	HMO Enrollment by Service Area-Small Group (electronic)	EO	0	XXX	3/1	State	HMO Enrollment by Service Area – Small Group	This packet
	114	HMO Enrollment by Service Area-Large Group & Individual (electronic)	EO	0	XXX	3/1	State	HMO Enrollment by Service Area – Large Group	This packet
	116	Designation of Registered Agent	EO	0	N/A	As needed	State		Z
	117	Special Procedures Opinion on Schedule of Covered Expenses	EO	0	XXX	3/1	State	Special Procedures Opinion - Covered Exp.	
	125	Annual Diversity Survey	EO	0	N/A	6/1	State	Diversity Survey	X, This packet
	130	Cyber Security Certification	EO	0	N/A	3/1	State	Cyber Security Certification	This packet
	135	Financial and Operating Statistics (electronic)	EO	0	EO	Upon request	State	Financial and Operating Statistics	This packet

\* If XXX appears in this column, this state does not require this filing if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO means electronic only filing.

\*\* If NAIC is shown as Form Source, the form should be obtained from the appropriate vendor.

\*\*\* For those states that have adopted the NAIC Corporate Governance Annual Disclosure (CGAD) Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The CGAD is a state filing only and should **not** be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: [www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

\*\*\*\* For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: [www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

\*\*\*\*\* For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should **not** be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: [www.naic.org/public\\_lead\\_state\\_report.htm](http://www.naic.org/public_lead_state_report.htm).

## GENERAL INSTRUCTIONS FOR COMPANIES TO USE CHECKLIST

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.

**Electronic filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.**

**Column (1) Checklist**—Companies may use the checklist to submit to a state if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) Line #**—Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) Required Filings**—Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March PDF Filing** is the PDF file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Risk-Based Capital PDF Filing** is the pdf file for risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplement PDF Filing** is the pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the complete quarterly filing and the PDF files for all quarterly data.

The **Quarterly PDF Filing** is the pdf file for quarterly statement data.

The **June PDF Filing** is the pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

**Column (4) Number of Copies**—Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The XXX in this column signifies that Wisconsin has waived the paper filing for this item.

**Column (5) Due Date**—Indicates the date on which the company must file the form.

**Column (6) Form Source**—This column contains one of three words: NAIC, State, or Company. If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally on its website). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) Portal Name**—This column contains the name of the document on OCI's Financial Filings Portal.

**Column (8) Applicable Notes**—This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes **before** submitting a filing.

## NOTES AND INSTRUCTIONS

### Not All Notes and Instructions Apply to All Statement Types

A	Required Filings Contact:	<a href="mailto:ocifinancial@wisconsin.gov">ocifinancial@wisconsin.gov</a>
B	Mailing Address for all Filings <b>Except Fee and Tax Payments</b> :	<p>The Office of the Commissioner of Insurance (OCI) has a <b>Financial Filing Portal</b> for companies licensed as domestic and nondomestic insurers to securely make financial filings electronically with the Division of Financial Regulation.</p> <p>Before making your first filing, you must get a login and password to the Financial Filing Portal. To get set up to make filings, please see the information at: <a href="https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx">oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx</a>.</p> <p>Although the use of the Filing Portal is preferred, another electronic option is to file by email to <a href="mailto:OCIFinancial@Wisconsin.gov">OCIFinancial@Wisconsin.gov</a>. Use the addresses below to make filings if neither the Portal nor email is used.</p> <p><b>For US Mail</b>  Office of Commissioner of Insurance  P.O. Box 7873  Madison, WI 53707-7873</p> <p style="color: red;">Effective November 4, 2024, OCI has a new street address.  <b>Street Address (FedEx, UPS, etc.)</b>  Office of Commissioner of Insurance  101 E. Wilson Street  Madison, WI 53703</p> <p>If neither the Portal nor email is used, all filings should be physically received at the address in Note B <b>on or before the due date</b>. Electronic filings must be made on or before the due date.</p> <p>If the due date falls on a weekend or holiday, the deadline is extended to the next business day.</p> <p>Please refer to <a href="https://oci.wi.gov/Pages/Companies/PremiumTax.aspx">oci.wi.gov/Pages/Companies/PremiumTax.aspx</a> for remittance of taxes and fees.</p> <p><b>Late filings may be subject to forfeitures under s. 601.64 Wis. Stat.</b></p>
C/D	Fee Payments:	<p><b>Payment</b> Due on or before March 1 for year-end fees</p> <p>The completed "HMO Schedule of Fees" filing, in this packet, should be submitted via the <b>Financial Filing Portal (preferred method described in Note B)</b> or sent to the email address in Note B.</p> <p><b>Payments</b> should <u>not</u> be sent to the Madison, Wisconsin address.</p> <p>Please refer to <a href="https://oci.wi.gov/Pages/Companies/PremiumTax.aspx">oci.wi.gov/Pages/Companies/PremiumTax.aspx</a> for remittance of taxes and fees.</p>
E	Delivery Instructions:	<p><b>Street Address (FedEx, UPS, etc.)</b>  Office of Commissioner of Insurance  101 E. Wilson Street  Madison, WI 53703</p>

F	Late Filings:	<p><b>Late filings may be subject to forfeitures under s. 601.64 Wis. Stat.</b></p> <p>If neither the Portal nor email is used, all filings should be physically received at the address in Note B <b>on or before the due date</b>. Electronic filings must be made on or before the due date.</p> <p>If the due date falls on a weekend or holiday, the deadline is extended to the next business day.</p>
G	Signatures:	<p>Wisconsin-domiciled insurers are required to have the notarized signatures of the president, treasurer, and secretary, or the three highest principal officers if otherwise titled, except if the treasurer does not have charge of the accounts of the insurer, enter the signature and title of the individual that does. If appropriate corporate officers are incapacitated or otherwise not available due to personal emergency, vice presidents or assistant officers may sign the statement.</p> <p>For Wisconsin-domiciled insurers, the jurat page must be signed by three separate persons. The officers holding the positions on the date of signing are the appropriate signers if there were changes in office holders since the statement “as of” date.</p>
H	Signature/Notarization/ Certification	Signatures and notarizations are required for filings made via the Financial Filing Portal or email. Electronic signatures and notarizations are acceptable.
I	Amended Filings:	Immaterial errors are to be corrected in the period discovered as adjustments to unassigned funds. Wisconsin-domiciled insurers should promptly alert OCI to any material errors found in previously filed statements, and amended annual or quarterly statements should be filed if so directed in writing by OCI.
J	Exceptions from normal filings:	Any request for exemptions or extensions to filing requirements must be made in advance in writing. Any approvals will be granted in writing.
K	Bar Codes (State or NAIC):	All NAIC forms should contain bar codes as instructed by the NAIC Annual Statement Instructions. Wisconsin specific forms do not require bar codes.
L	Signed Jurat:	<p>A signed jurat is no longer required to be filed with this office by all <b>licensed nondomestic insurers</b>.</p> <p>For Wisconsin-domiciled insurers, the jurat page must be signed by three separate persons. The officers holding the positions on the date of signing are the appropriate signers if there were changes in officeholders since the statement “as of” date.</p>
M	NONE Filings:	See NAIC Annual Statement Instructions. Blank schedules will not be considered filed. If no entries are to be made, write “None” across the schedule in question or complete appropriate interrogatory of the “Supplemental Exhibits and Schedules Interrogatories” page of the annual statement blank.
N	Filings New, Discontinued, or Modified Materially Since Last Year:	<ul style="list-style-type: none"> <li>• A new form #13.1, Life Supplemental Data due March 1 has been added.</li> <li>• A new form #14, Life Supplemental Data due April 1 has been added</li> <li>• A new form #15, Life Supp Statement Non-guaranteed Elements has been added.</li> </ul>

		<ul style="list-style-type: none"> <li>• A new form #16, Life Supp Statement in Par/Non-par Policies has been added.</li> <li>• A new form #18, Long-term Care Experience Reporting Form has been added.</li> </ul>
O	Quarterly Filings:	<p>The Office of the Commissioner of Insurance (OCI) has implemented a Financial Filing Portal for companies licensed as domestic and non-domestic insurers to securely make financial related filings electronically with the Division of Financial Regulation.</p> <p>Before making your first filing, you must get a login and password to the Financial Filing Portal. To get set up to make filings, see the information at <a href="https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx">https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx</a>.</p> <p>Although use of the Filing Portal is preferred, another electronic option is to file by email to <a href="mailto:OCIFinancial@Wisconsin.gov">OCIFinancial@Wisconsin.gov</a>.</p> <p>If neither the Portal nor email is used, all domestic insurers are required to file two hard copies of the quarterly financial statements. One copy must have notarized signatures. One copy can be a photocopy of the original. The quarterly compulsory and security surplus calculation are filed electronically by domestic and nondomestic insurers.</p> <p>All licensed nondomestic insurers are required to electronically file the quarterly compulsory and security surplus calculation form. Licensed nondomestic insurers are no longer required to file a signed jurat with this office. Quarterly hard copies, including supplemental filings, are not required.</p>
P	Mortgage Guaranty Insurers:	Mortgage Guaranty Insurers must file the "Report of Policyholders Position" instead of the "Property and Casualty Compulsory and Security Surplus Calculation."
Q	Holding Company Filings:	<p>Only applies to Wisconsin-domiciled insurers which are a member of an insurance holding company system. See Chapter Ins 40, Wis. Adm. Code.</p> <p><u>Please Note:</u> Amendments to the annual Holding Company filing should be submitted through the Financial Portal (Portal Name: Holding Company – Form B &amp; C) under the same period/year as the original (annual) filing.</p>
R	Schedule SIS:	Only applies to insurers with 100 or more stockholders.
S	Size and Format of Statement:	<p>The Office of the Commissioner of Insurance (OCI) has a Financial Filing Portal for companies licensed as domestic and nondomestic insurers to securely make financial filings electronically with the Division of Financial Regulation.</p> <p>Before making your first filing, you must get a login and password to the Financial Filing Portal. To get setup to make filings, see the information at: <a href="https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx">oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx</a>.</p> <p>Although the use of the Filing Portal is preferred, another electronic option is to file by email to <a href="mailto:OCIFinancial@Wisconsin.gov">OCIFinancial@Wisconsin.gov</a>.</p> <p>Domestics - 2 hard copies of annual statement if neither Portal nor email is used to submit the filing.</p> <p>9"x14" or 8.5"x14" sized annual statement and quarterly statement only.  <b>Statements need to be bound.</b> Statements held together with paper clips or rubber bands will not be accepted as filed.</p> <p>If Investment Schedule detail (pages E01 to E29, #1.1 on checklist) is bound</p>



		in the statement, no additional copy is required. An Affidavit of Filing is not required in Wisconsin.
T	Combined Annual Statement:	Required by request only.
U	Management's Report of Internal Control Over Financial Reporting:	This provision is applicable to Wisconsin-domiciled insurers with \$500,000,000 or more of gross written premiums. Refer to s. Ins 50.17, Wis. Adm. Code, for the requirements regarding this confidential report.
V	Supplemental Health Care Exhibit:	The definition of "small employer" as defined in s. 635.02, Wis. Stat., should be used for completing the Supplemental Health Care Exhibit. "Small employer" is defined as an employer that employed an average of at least 2 but not more than 50 employees on business days during the year if the employer was not in existence during the preceding calendar year, and that employs at least 2 employees on the first day of the plan year.
W	Form F - Enterprise Risk Report:	Pursuant to s. Ins 40.03 (9), Wis. Adm. Code, Wisconsin-domiciled insurers belonging to a holding company system where Wisconsin is the lead state of the holding company system shall file a Form F - Enterprise Risk Report by June 1, annually.
X	Confidential Filings:	<p>Unless identified by statute or rule as being confidential, filings are considered public information. The following filings are held confidential:</p> <p>#23, #63, #64 Risk-Based Capital Report</p> <p>#86 Management's Report Over Internal Control</p> <p>#101 Corporate Governance Annual Disclosure</p> <p>#104 Form F - Enterprise Risk Report</p> <p>#105 ORSA Own Risk Summary Analysis Report</p> <p>#125 Annual Diversity Survey</p> <p>Other filings are considered public. If you believe a filing contains proprietary and confidential information, please contact OCI and identify the information claimed to be proprietary and the basis for your claim of confidentiality. The assertion of a claim of confidentiality does not guarantee that the information will be found to be exempt from disclosure.</p>
Y	ORSA Report:	Under ch. 622, Wis. Stat., an insurer domiciled in Wisconsin with annual direct and assumed premium of \$500 million or more, or the insurance holding company system of which the Wisconsin-domiciled insurer is a member with direct and assumed premium of \$1 billion, shall file an ORSA report with Wisconsin by December 31. See ch. 622, Wis. Stat., for additional information.
Z	Designation of Registered Agent	<p>The Designation of Registered Agent form should be filed whenever there is a change in connection with a company's Registered Agent for Service of Process.</p> <p>Available on the OCI website, <a href="#">OCI Designation of Registered Agent</a>.</p>
AA	Notice that filing of the electronic State Page is required.	The electronic state page is required for all licensed companies regardless of if there is any premium to be reported. If there is no premium to be reported, then the company should enter the number zero.



AB	Group Capital Calculation ( <b>File with lead state only</b> )	GCC template available at <a href="https://content.naic.org/cmte_e_grp_capital_wg.htm">https://content.naic.org/cmte_e_grp_capital_wg.htm</a>
AC	Mortgage Guaranty Insurance Exhibit:	This exhibit is required to be completed annually by all domestic insurers, excluding reinsurers, with any mortgage guaranty exposure. All reporting entities reporting mortgage guaranty on Line 6 of the Annual Statement Exhibit of Premiums and Losses must prepare this Exhibit.
AD	Cybersecurity Insurance Coverage Supplement:	This supplement should be completed by those reporting entities including surplus line insurers and risk retention groups that provide cybersecurity insurance in a stand-alone policy or as part of a package policy. The supplement should be reported on a direct basis (before assumed and ceded reinsurance).
AE	Detail for Wisconsin Direct Losses and Allocated Loss Adjusting Expenses Incurred:	<p>This filing is only relevant for insurers reporting balances in Schedule T, Line 50, Column 9 Direct Losses and Allocated Loss Adjusting Expenses Incurred. Insurers will be requested to provide an allocation of Column 9 between Direct Losses Incurred and Direct Allocated Loss Adjustment Expenses Incurred.</p> <p>This request will be made in late April. Filings can be made prior to this date by email to <a href="mailto:ocifinancial@wisconsin.gov">ocifinancial@wisconsin.gov</a>.</p>
AF	Participating and Nonparticipating Annual Statements:	Stock life insurer which has both participating and nonparticipating insurance in force in Wisconsin must file a separate annual statement for each type of business in addition to the combined statement. This does not apply to where paid up, temporary, or pure endowment insurance is granted in exchange for lapsed or surrendered policies. The participating and nonparticipating annual statements shall consist of annual statement blank pages 1 through 4. Page 1 of both shall be signed in the same manner as the complete annual statement.
AG	Regulatory Asset Adequacy Issues Summary:	Pursuant to s. Ins 50.79 (1) (e) and (3), Wis. Adm. Code, all Wisconsin-domiciled Life insurers and Fraternal Benefit Societies are required to file a Regulatory Asset Adequacy Issues Summary (RAAIS) by April 1. <u>Companies filing on the health blank are not required to file the RAAIS.</u> (There is no exemption based on size.) To help ensure that this information is kept confidential, please submit the RAAIS in a separate envelope that clearly indicates what is enclosed and marked confidential. (See OCI Bulletin of November 17, 2005; however, the requirement is limited to Wisconsin- domiciled insurers.)
AH	Supplemental Actuarial Certifications:	Actuarial Certifications under Actuarial Guidelines XXXV and XXXVI are only relevant to Wisconsin-domiciled insurers with Equity Indexed Annuities or Equity Indexed Life Insurance policies in force.
AI	X-Factor Certification:	Wisconsin-domestic insurers that are required to submit an actuarial opinion on X-Factors per Appendix A-830 of the Accounting Practices and Procedures Manual shall file such document with OCI and electronically with the NAIC no later than March 1. The actuarial opinion should be filed in the same manner as the annual statement opinion.

AJ	Separate Accounts Funding Guaranteed Minimum Benefit:	A Wisconsin-domestic insurance company that maintains any separate accounts subject to Appendix A-200 of the Accounting Practices and Procedures Manual shall submit an actuarial opinion rendered by the valuation actuary with OCI and electronically with the NAIC annually by March 1 showing the status of the accounts as of the preceding December 31. The actuarial opinion shall be supported by a confidential actuarial memorandum prepared by the valuation actuary rendering the opinion and submitted to the commissioner. The valuation actuary may be either the appointed actuary of the company or a qualified actuary designated by the appointed actuary to be the valuation actuary.
AK	Synthetic G.I.C. Actuarial Opinion:	A Wisconsin-domestic insurer that issues a synthetic guaranteed investment contract subject to Appendix A-695 of the Accounting Practices and Procedures Manual shall submit an actuarial opinion with OCI and electronically with the NAIC and, upon request, a memorandum to the commissioner annually by March 1 following the December 31 valuation date showing the status of the accounts as of the prior December 31.
AL	RBC Certification Under C3 Phase I:	Instructions for C-3 RBC Certifications state: "The risk-based capital submission is to be accompanied by a statement from the appointed actuary certifying that in his or her opinion the assumptions used for these calculations are not unreasonable for the products, scenarios and purpose being tested. This C-3 assumption Statement is required from the appointed actuary even if the cash flow testing for C-3 RBC is done by a different actuary."  This certification should be submitted by Wisconsin-domiciled insurers with OCI and electronically with the NAIC not later than March 1.
AM	RBC Certification Under C3 Phase II:	Instructions for C-3 RBC Certifications state: "The risk-based capital submission is to be accompanied by a statement from the appointed actuary certifying that in his or her opinion the assumptions used for these calculations are not unreasonable for the products, scenarios and purpose being tested. This C-3 assumption Statement is required from the appointed actuary even if the cash flow testing for C-3 RBC is done by a different actuary."  Appendix 11 of the AAA June 2005 C3/P2 Report includes a "General Description" of what is required in the certification.  This certification should be submitted by Wisconsin-domiciled insurers with OCI and electronically with the NAIC not later than March 1.
AN	Certifications Pursuant to Actuarial Guideline XLIII:	Actuarial Guideline XLIII (AG 43) contains the valuation requirements for variable annuities and products with similar guaranteed benefits. Wisconsin domestic insurers that issue products subject to AG 43 should refer to the guideline for instructions on the required certifications. Most of the requirements are in Appendices 7 and 8 of AG 43.
AO	Actuarial Certification Regarding 2001 Preferred Class Table:	Required for all Wisconsin-domiciled entities that use the 2001 Preferred Class Tables permitted by Model Regulation #815.
AP	Actuarial Memorandum Related to Universal Life with Secondary Guarantee Policies Required by Actuarial Guideline XXXVIII:	Pursuant to par. 8D of Actuarial Guideline XXXVIII, companies with material reserves for specified universal life products with secondary guarantees should submit the memorandum by April 30 in an envelope marked as confidential.

AQ	Life PBR Exemption:	Life PBR Exemption (fka "Companywide Exemption")—Pursuant to paragraph II.D. of the NAIC Valuation Manual, a domestic insurer meeting certain conditions may file a statement of exemption for the current calendar year with the Commissioner prior to July 1 of that year. Please address the statement to the attention of Jerry DeArmond. (The Commissioner may reject such statement prior to September 1.) A copy of the statement of exemption must also be included with the NAIC financial filing for the second quarter due by August 15. The filing must be made each year the insurer intends to continue the exemption, as long as it continues to meet the required conditions. Exception: During the 3-year transition period ending December 31, 2019, companies need not submit the statement of exemption.
AR	Fraternal Expenditures, Activities, and Programs:	Only required for Wisconsin-domiciled Fraternal Benefit Societies.
AS	Detail for Wisconsin Exempt Medicare:	The filing is only relevant for insurers reporting balances in the Accident and Health Insurance Schedule (State Page) for Exempt Medicare Line 24.4 for Direct Premium, Direct Premium Earned, and Direct Losses Incurred. Insurers will be asked to segregate these amounts between group and individual. This request will be made in late April. Filings can be made prior to this date by email to <a href="mailto:ocifinancial@wisconsin.gov">ocifinancial@wisconsin.gov</a> .
AT	Life PBR Exemption:	Clarification: In the 2022 edition of the Valuation Manual, the following instruction can be found in VM Section II, Subsection 1.G.1: "...the filing of subsequent statements of exemption is not required as long as the company continues to qualify for the exemption."
AU	Investment Schedule Detail:	If Investment Schedule detail (pages E01 to E29, #1.1 on checklist) is bound in statement, no additional copy is required.
AV	Actuarial Certification:	LSHOs are required to file an actuarial certification only if notified by letter.

**Not All Notes and Instructions Apply to All Statement Types**

## 2024 ANNUAL STATEMENT INSTRUCTIONS

**Each licensed insurer shall file its annual financial statement on the NAIC Annual Statement blank appropriate for the lines of business it is licensed to write:** Property/Casualty, Life and Accident and Health, Fraternal Orders, Title Insurance, Health Insurance (including Health Maintenance Organization, Hospital, Medical, and Dental Service or Indemnity Corporations, Limited Health Service Organizations).

**Each company shall comply with the applicable NAIC Annual Statement Instructions and shall comply with accounting practices prescribed or permitted by the NAIC Accounting Practices and Procedures Manual, unless otherwise required or permitted by the Wisconsin Statutes and Administrative Code, or as ordered or instructed by the commissioner.**

NAIC Annual Statement Instructions are available from the NAIC at [prodserv@naic.org](mailto:prodserv@naic.org), phone (816) 783-8300. Foreign companies are no longer required to file hard copies of their annual statements, supplements, and audited financial statements, or quarterly statements unless requested to do so. State-required filings are indicated in the checklist.

PURSUANT TO s. Ins 50.25, Wis. Adm. Code, all Property/Casualty, Life, Accident and Health, Fraternal, Health Maintenance Organizations, Hospital, Medical and Dental Service or Indemnity (HMDI), and Limited Health Service Organizations (LHSO) insurers will be required to file their 2024 financial statement information electronically with the NAIC on or before March 1, 2025. All quarterly statements should also be filed electronically with the NAIC within 45 days of the end of each quarter. Failure to file will result in forfeiture.

**Please refer to [oci.wi.gov/Pages/Companies/PremiumTax.aspx](https://oci.wi.gov/Pages/Companies/PremiumTax.aspx) for remittance of taxes and fees.** Payments for taxes and fees should be made to the Milwaukee lockbox or through online payment. Do **not** send checks to the Madison address. All other filings should be submitted to the Office of the Commissioner of Insurance in Madison, Wisconsin. Failure to comply may result in forfeiture pursuant to s. 601.64, Wis. Stat.

### Discounting Of Loss Reserves

Wisconsin insurers shall not discount loss reserves except in those instances where discounting of reserves or tabular reserves are specifically prescribed or permitted by Wisconsin Statutes, the Wisconsin Administrative Code, or specifically authorized by the commissioner.

### Risk-Based Capital (RBC)

Wisconsin-domiciled life, health, fraternal benefit societies, and property and casualty insurers (other than monoline Financial Guaranty and Mortgage Guaranty insurers) are required to file the RBC report with the NAIC unless exempted in writing by the commissioner. The reports are due at the NAIC annually by March 1. RBC instructions can be obtained from the NAIC, (816) 783-8300, [prodserv@naic.org](mailto:prodserv@naic.org).

The annual statement five-year historical data section discloses RBC items. These items must be completed by Wisconsin-domiciled life, health, fraternal, and property and casualty insurers unless exempted in writing by the commissioner.

### Credit For Reinsurance—Chapters Ins 52 And 55, Wis. Adm. Code

Chapter Ins 52, Wis. Adm. Code, applies to reinsurance ceded under agreements entered into, or renewed, on or after August 1, 1993. In addition, in order that credit may be taken for reinsurance, each reinsurance contract must constitute an undertaking by the reinsurer to indemnify the ceding insurer, **not only in form but in fact**, against loss or liability by reason of the original insurance. Any life reinsurance contract which meets one or more of the terms of s. Ins 55.02, Wis. Adm. Code, would not result in a valid exchange of risk, and the ceding company may not take credit for such reinsurance without the specific approval of this office. All insurers are reminded that any reinsurance not in the normal and usual course of business shall be reported to this office not less than 30 days in advance of the proposed effective date, pursuant to ss. 611.78 and 618.32, Wis. Stat., and is subject to disapproval.

## SPECIAL INSTRUCTIONS FOR WISCONSIN-DOMICILED HEALTH MAINTENANCE ORGANIZATIONS

**Uncovered Liabilities** - All liabilities of the insurer which an enrollee would also be liable for in the event of the insolvency of the insurer should be reported in Column 2 (uncovered) of the liabilities page. All other liabilities should be reported in Column 1 (covered). Contractual arrangements which release enrollees from the liability for payment of insured services in case of the insolvency of the insurer should be identified and described in a footnote. For periods following December 31, 1989, uncovered liabilities will be defined as all those not meeting the definition of "covered liability" under s. 609.01 (1), Wis. Stat., and will include liabilities to providers which have elected to opt out of the statutory hold-harmless provision of s. 609.91, Wis. Stat. Obligations to providers which have elected to opt out of the statutory hold-harmless provisions of s. 609.91, Wis. Stat., are to be classified as uncovered regardless of any contractual provisions.

**Actuarial Statement** - An actuarial certification is required for loss reserves, provision for experience rating refunds, and any other actuarial items unless waived in writing by the commissioner. This requirement is more fully described in the instructions to the HMO annual statement blank.

**Amounts Due from Affiliates** - Under s. Ins 9.10, Wis. Adm. Code, receivables, notes or obligations due from an affiliate must be shown as nonadmitted assets unless the commissioner has approved a different value and the amount is fully secured by cash. A current prepaid capitation not in excess of one month's capitation to an affiliated health care provider is considered an admitted asset and therefore may be included as the admitted portion of the asset "Amounts Due from Affiliates."

**Amounts Due from IPAs** - Under s. Ins 9.11, Wis. Adm. Code, receivables, notes, or obligations from IPAs must be shown as nonadmitted assets unless the commissioner has approved a different value and the amount is fully secured by cash. A current prepaid capitation not in excess of one month's capitation to an IPA is considered an admitted asset and therefore should be included in the admitted asset column for the asset "Health Care Receivables."

**Security Fund Deposit** - 1989 Wisconsin Act 23 and s. 609.98, Wis. Stat., established a separate account in the Wisconsin Insurance Security Fund for HMO insurers and required security deposits to be made with the State Treasurer. The deposit should be disclosed in Schedule E - Part 3 of the annual statement. Although counted as admitted assets on the balance sheet, the deposits are not counted for meeting compulsory surplus requirements. HMO insurers are required to make additional deposits up to one-third of 1% of premiums written in this state during the preceding calendar year by April 1, if needed to bring the total accumulated deposit to 1% of premiums written in this state during the preceding calendar year.

If you have any questions, please contact [ocifinancial@wisconsin.gov](mailto:ocifinancial@wisconsin.gov).



**INSTRUCTIONS:** Have officer sign and date form and return with annual statement via the [Financial Filing Portal \(preferred method\)](#) or to [OCIFinancial@Wisconsin.gov](mailto:OCIFinancial@Wisconsin.gov) by **MARCH 1**. Please refer to <https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx> for Financial Filing Portal instructions. Please refer to [oci.wi.gov/Pages/Companies/PremiumTax.aspx](https://oci.wi.gov/Pages/Companies/PremiumTax.aspx) for remittance of taxes and fees.

Insurer Name			NAIC Group Number 000	NAIC Company Number
State of Domicile	Individual Responsible for Preparing Form	Telephone Number (   )	Email	

**For Year Ending December 31, \_\_\_\_\_**

**Wisconsin Fees**

1. Annual Statement Filing Fee .....	\$100.00
2. Continuation of License Fee .....	\$100.00
3. Total Fees Payable .....	\$200.00

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

**For Office Use Only**

Initial As Vouchered:

1. To Allocation Screen \_\_\_\_\_
2. To Amount in Letter \_\_\_\_\_

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



**Ref:** Chapters 611, 613, 614, 618,  
and ss. 185.983 and 601.42, Wis. Stat.\*

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OCI has updated the mechanism used by companies to make their HMO Enrollment by Service Area – Small Group filing. The new mechanism **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, follow the instructions at [oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx](https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx) to obtain access.

Companies already registered do not have to register again. However, companies may want to register additional individuals to make these filings.

**INSTRUCTIONS:** Complete enrollments by county of residence. Zip codes are not acceptable. Complete for January 1 of the year following the annual statement date: i.e., January 1, 2025, with the December 31, 2024, annual statement. Do not include enrollees of plans that provide dental benefits only.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.





## HMO ENROLLMENT BY SERVICE AREA Large Group

**Ref:** Chapters 611, 613, 614, 618,  
and ss.185.983 and 6012.42, Wis. Stat.\*

OCI has updated the mechanism used by companies to make their HMO Enrollment by Service Area – Small Group filing. The new mechanism **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, follow the instructions at [oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx](https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx) to obtain access.

Companies already registered do not have to register again. However, companies may want to register additional individuals to make these filings.

**INSTRUCTIONS:** Complete enrollments by county of residence. Zip codes are not acceptable. Complete for January 1 of the year following the annual statement date: i.e., January 1, 2025, with the December 31, 2024, annual statement. Enrollment Reported should include large group, Individual, Medicare and Medicaid members. Do not include enrollees of plans that provide dental benefits only.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



**Ref:** Sections 623.11, 611.26 (1),  
609.97, 609.98, and 601.42, Wis Stat.\*

OCI has updated the mechanism used by companies to make their Compulsory Surplus filings. The new mechanism **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, follow the instructions at [oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx](https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx) to obtain access.

Companies already registered do not have to register again. However, companies may want to register additional individuals to make these filings.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



**REPORT ON EXECUTIVE COMPENSATION**  
**Domestic Insurers**

**Ref:** Sections 601.42 and 611.63 (4), Wis. Stat.\*

Insurer Name	For Calendar Year Ending December 31, _____
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**INSTRUCTIONS**

Each Wisconsin-domiciled insurer shall file a Report on Executive Compensation as a supplement to the insurer's annual statement, to be filed with the annual statement on or before March 1. The Report on Executive Compensation shall disclose the annual compensation of each director and all "C" level executives or their equivalent, for example, the Chief Executive Officer, Chief Financial Officer, Chief Information Officer, etc. In addition, report all members of executive management of the insurer whose compensation exceeds specified amounts. Add additional pages as necessary.

Insurers which are part of a group of insurers or other holding company system may file amounts paid to officers and executive management in Parts 1 and 3 either on a consolidated basis or by allocation to each insurer. The footnote to Part 1 should note which method is being employed.

Compensation reported shall consist of any and all gross direct and indirect remuneration paid or accrued during the report year for the benefit of an individual director, officer, or manager, and shall include wages, stock grants, gains from the exercise of stock options, and all other forms of personal compensation (including employer-paid health, life and any other premiums).

**Part 1 Officer and Executive Management Compensation**

Report on the compensation of all "C" level executives or their equivalent. In addition, report all other members of executive management based on the following schedule:

Insurer's Current Year-end Capital and Surplus*	Report for any officer or executive management whose total annual compensation is in excess of
Less than \$200,000,000	\$150,000
\$200,000,000 to \$400,000,000	\$300,000
More than \$400,000,000	\$400,000

\* If the report is completed on a consolidated basis, use the capital and surplus of the largest insurer in the group.

Name	Principal Position	Salary	Bonus	All Other Compensation	Total

Is the reporting insurer a member of a group of insurers or other holding company system? Yes ☐ No ☐

If yes, does the above amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies which are a part of the group? Yes ☐; or 2) an allocation to each insurer? Yes ☐

Insurer Name
--------------

**Part 2 Directors Compensation**

Report on the compensation of each director or trustee. Amounts disclosed must include compensation paid and accrued for services on boards and committees, as well as any other activity or service, such as consulting agreements.

Name	Principal Position	Salary	Bonus	All Other Compensation	Total

**Part 3 Total Compensation**

Report the total compensation paid for all directors as a group and the total compensation paid for all officers as a group.

	Salary	Bonus	All Other Compensation	Total
A. Officers				
B. Directors				

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



**INSTRUCTIONS:** List all covered expenses by provider. Covered expenses are those expenditures and outstanding liabilities of the HMO for health care cost for which an enrollee is not liable under s. 609.91, Wis. Stat. Section I of this form is used to report expenses to providers subject to Mandatory Holdharmless. These are expenses subject to s. 609.91 (1) (a), or (am), Wis. Stat. Section II of this form (reverse) is used to report covered expenses to a provider which are not subject to the Mandatory Holdharmless but for which the provider may “opt-out” of the holdharmless. These generally are expenses to IPAs or hospitals or to selected providers for physician services. Such providers should not be included, however, if the provider has filed an “opt-out” form with the Commissioner. Section II should also include expenses to any other provider which has filed an “opt-in” form with the Commissioner. List the top five providers in each category and the remaining providers included in aggregate. **It is not necessary to submit a detailed list with the form; however, such a list must be made available upon request.** Section III, Line A, should be the total of all covered expenses listed on this form. Expenses are to be reported on a cumulative basis, i.e., second quarter filings should be based on historical data and the best information available to the HMO. Total medical expenses should be the sum of the medical and hospital expenses on the statement of revenue and expenses of the current financial statement, less incentive pool adjustments.

HMO Name		As of Date	
SECTION I. MANDATORY HOLDHARMLESS PROVIDERS			
A. Hospitals			
Name	Amount	Name	Amount
	\$		\$
	\$		\$
	\$		\$
		All other Section IA Providers	\$
		Total Section IA	\$
B. IPAs			
Name	Amount	Name	Amount
	\$		\$
	\$		\$
	\$		\$
		All other Section IB Providers	\$
		Total Section IB	\$
C. Selected Providers			
Name	Amount	Name	Amount
	\$		\$
	\$		\$
		All other Section IC Providers	\$
		Total Section IC	\$
		Grand Total Section I	\$

## SECTION II. OTHER PROVIDERS

### A. Hospitals

Name	Amount	Name	Amount
	\$		\$
	\$		\$
	\$		\$
		All other Section IIA Providers	\$
		Total Section IIA	\$

### B. IPAs

Name	Amount	Name	Amount
	\$		\$
	\$		\$
	\$		\$
		All other Section IIB Providers	\$
		Total Section IIB	\$

### C. Selected Providers

Name	Amount	Name	Amount
	\$		\$
	\$		\$
	\$		\$
		All other Section IIC Providers	\$
		Total Section IIC	\$

### D. Other Opted-In Providers

Name	Amount	Name	Amount
	\$		\$
	\$		\$
	\$		\$
		All other Section IID Providers	\$
		Total Section IID	\$
		Total Section II	\$

SECTION III	
A. Total Covered Expenditures (Total of Section I and II)	\$
B. Estimated Covered IBNR	\$
C. Total Covered Expenses (Sum of Lines A and B)	\$
D. Total Medical and Hospital Expenses (Annual or Quarterly Statement Page 4, Column 2, Line 15)	\$
E. Percentage (C/D) x 100	%

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.





Ref: Chapter Ins 50, Wis. Adm. Code and  
s. 601.42, Wis. Stat\*

Insurer Name	NAIC Group Number	NAIC CoCode
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**Wisconsin-domiciled insurers complete and return this by June 1 only if your  
company qualifies for Exemption under this section.**

I certify that to the best of my knowledge, information, and belief, the above-named insurer is exempt from the audited financial statement filing requirements of ch. Ins 50, Wis. Adm. Code, for the year ending December 31, \_\_\_\_\_, by virtue of having:

less than \$100,000 in direct premium written in Wisconsin during the year, **AND**;

fewer than 1,000 policyholders in Wisconsin at the end of the year, **AND**;

less than \$1,000,000 in direct premium written nationwide, **AND**;

less than \$1,000,000 of assumed reinsurance premiums nationwide.

To be signed and filed only if exempt from CPA audit per above.

Title of Officer	Date	Signature of Officer
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Per s. Ins 50.18, Wis. Adm. Code, the insurer may be exempt if it is determined that complying with the rule would constitute a financial or organizational hardship. Requests for exemption under this provision must be made in advance to the Commissioner in writing.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



## CPA AUDIT CHECKLIST

**Ref:** Chapter Ins 50, Wis. Adm. Code, and  
s. 601.42, Wis. Stat.\*

Insurer Name	NAIC Group	NAIC CoCode
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**Wisconsin-domiciled insurers** should complete and return this with your CPA audit report by June 1 unless a CPA Audit Exemption Certification is filed.

Nondomestic insurers are not required to file this form if the insurer has made required filings with the domiciliary state.

**For Year Ending December 31, \_\_\_\_\_**

1. Name of Certified Public Accountant (CPA) firm performing the audit:

	<b>Circle One</b>
a. Did company have a change in CPAs this year? If NO, go to question 2. If YES, complete 1 b. - e.	YES NO
b. Have you notified the Commissioner of Insurance within 5 business days of the dismissal or resignation of the former CPA?	YES NO
c. Have you submitted a letter, within 15 business days, stating whether in the 24 months preceding the change there were any disagreements with the former CPA as to accounting matters?	YES NO
d. Have you submitted a letter from the former CPA stating whether they agree with the company's statement in the letter described in item 1 c.?	YES NO
e. Have you submitted a letter from the new CPA pursuant to s. Ins 50.07 (3), Wis. Adm. Code, stating an understanding of the provisions of the insurance code and of the rules of the Commissioner relating to accounting and financial matters?	YES NO

2. Name of accounting firm partner or other person responsible for rendering the audit report:

Number of consecutive years (including the year most recently audited) this person has acted in this capacity for this insurer: \_\_\_\_\_

3. Reconciliation between annual statement and audit report:

	Annual Statement	Audit Report	Difference
a. Admitted Assets			
b. Capital and Surplus			
c. Net Income			

If differences, these have been reconciled in (check one):

<input type="checkbox"/> Notes to the financial statements	<input type="checkbox"/> Consolidated worksheets prepared for question No. 5	<input type="checkbox"/> Other (attach explanations)
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4. Has the insurer and the accountant or accounting firm directly or indirectly entered into an indemnification agreement or hold-harmless agreement which covers the audit of the insurer?  
If YES, attach a copy.

YES NO

Insurer Name

Circle One

5. Were any of the insurer's presidents, chief executive officers, controllers, chief financial officers, chief accounting officers, or a board members employed by the accounting firm during the one-year period preceding this filing? YES NO
6. a. An internal control letter from the auditor is required to be filed with OCI within 60 days after due date of CPA audit report. Has the company filed an internal control letter with OCI? YES NO
- b. If NO, will an internal control letter from the auditor be filed with OCI by August 1? YES NO
- c. If any material weaknesses are noted in the internal control letter, a summary of remedial action taken or proposed must be filed. Has the company filed a summary of remedial action taken or proposed with OCI? YES NO
7. Did the insurer have direct and assumed annual premiums of \$500 million or more? YES NO
- a. If YES, has the company filed a management report of internal control over financial reporting pursuant to s. Ins 50.17, Wis. Adm. Code? YES NO
8. Is the insurer a wholly owned subsidiary of a publicly traded SOX compliant entity? If YES, skip to question 10. YES NO
9. a. Has the insurer elected to allow the ultimate controlling person to designate the audit committee? YES NO
- b. If YES, has the company provided notice to the commissioner pursuant to s. Ins 50.15 (6), Wis. Adm. Code? (attach copy) YES NO
- c. Does the proportion of independent audit committee members meet or exceed the criteria in the table below: YES NO
- | Prior Calendar Year Direct Written and Nonaffiliated Assumed Premiums |   |  |
|---|---|--|
| \$0 - \$300,000,000   | \$300,000,000 - \$500,000,000                           | Over \$500,000,000   |
| No minimum requirements.  | Majority (50% or more) of members shall be independent. | Supermajority of members (75% or more) shall be independent. |
10. Have you enclosed an accountant's letter of qualifications, pursuant to s. Ins 50.13, Wis. Adm. Code, noting the accountant's understanding that the Commissioner of Insurance will be relying on the information and agreeing to make copies of work papers available? (attach copy) YES NO
11. Have you submitted a consolidated CPA audit report? If YES, complete a., b., and c. YES NO
- a. Is the company part of a group of insurers which utilizes a pooling or 100% reinsurance agreement under which the insurer cedes all direct and assumed business? YES NO
- b. Have you attached a worksheet reconciling the consolidated balance sheet to annual statement of the insurers with a column for each insurer and explanations of consolidating and eliminating entries? YES NO
- c. Have you obtained approval for consolidating from OCI? (attach copy) YES NO

Title of Officer	Name of Officer (Type or Print)
Date	Signature of Officer

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



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Each insurer shall file an Annual Diversity Survey, on or before June 1.

OCI has updated the mechanism used by companies to make their Annual Diversity Survey filing. The new mechanism **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, follow the instructions at [oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx](https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx) to obtain access.

Companies already registered do not have to register again. However, companies may want to register additional individuals to make these filings.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



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Each insurer shall file an annual Cyber Security Certification, on or before March 1.

This filing **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, follow the instructions at [oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx](https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx) to obtain access.

Companies already registered do not have to register again. However, companies may want to register additional individuals to make these filings.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.



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Insurers will file this form only upon request of OCI.

OCI has updated the mechanism used by companies to make their Financial and Operating Statistics filings. The new mechanism **requires** utilization of the Financial Filing Portal.

For those that currently do not have access to the Financial Filing Portal, follow the instructions at [oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx](https://oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx) to obtain access.

Companies already registered do not have to register again. However, companies may want to register additional individuals to make these filings.

\* OCI may treat some or all of the information reported as public under ch. 19, Wis. Stat. If you believe your response contains proprietary confidential information, please identify the basis for your claim. A claim of confidentiality does not guarantee exemption from disclosure.

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.)