Wisconsin Office of the COMMISSIONER OF INSURANCE

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p: 608-266-3585 | p: 1-800-236-8517 | f: 608-266-9935
OCICyberReport@wisconsin.gov | oci.wi.gov

Report a Cybersecurity Event

Under the Wis. Stat. § 601.954, licensees are required to report Cybersecurity Events to the Office of the Commissioner of Insurance (OCI). Licensees are expected to provide as much information as they have available within three business days from the discovery of a cybersecurity event. After receipt of the initial report, licensees are required to submit additional updates as more information becomes available.

Licensees should combine this form with all other necessary materials into a single PDF document to be attached and submitted via email to OCICyberReport@Wisconsin.gov. Subject line of the email should include date reported in MMDDYY format followed by "*CompanyName* Cyber Event."

Section 1. Information of Entity Experiencing Cybersecurity Event

Licensee Type

NAIC Group Code *If reporting for multiple companies within a group, include an attached document listing each impacted company and their co. codes.*

NAIC Co. Code NPN #

SBS # FEIN Code

Name		
Address 1		
Address 2		
Suite/Apt/Building		
City	State	Zip

Telephone
Fax
Email

Section 2. Event Dates

Estimated Occurrence	Estimated End	Date Discovered

Section 3. Event Type (check all that apply)

Data theft by Employee/ Contractor	Hackers/Unauthorized Access
Phishing	Improperly Released/Exposed/Displayed
Stolen Laptop	Compromised Computer and Equipment
Improperly Disposed	Lost During Move
Ransomware	Other

Section 4. Circumstances Surrounding the Cybersecurity Event

How was the information exposed, lost, stolen, or accessed? Include the identity of the source of the Cybersecurity Event as well as its location (server farm, the cloud, etc.), if known.

How was the Cybersecurity Event discovered?

What actions are being taken to recover lost, stolen, or improperly accessed information?

Section 5. Third-Party Involvement

Did the Cybersecurity Event occur within the information/systems maintained by the licensed entity or individual reporting the Cybersecurity Event or within the information/systems maintained by a third-party service provider?

Our Systems | Third-Party Service Provider | A Combination of Both

Name of the Third-Party Service Provider

Description of the Third-Party Service Provider

What were the specific roles and responsibilities of the Third-Party Service Provider?

Section 6. Information Involved (Check all that apply)

Demographic Information	Health Information	Financial Information	Other
Name	Medical Records	Bank Account Information	
Date of Birth	Lab Results	Credit Card	
Address	Medications	Debit Card	
Mother's Maiden Name	Treatment Information	Other	
Driver's License	Physician's Notes		
SSN	Other		
Passport			
Other			

Was the electronic information involved in the Cybersecurity Event protected in some manner?

Yes No N/A It involved paper records only

Describe the efforts being undertaken to remediate the situation which permitted the Cybersecurity Event to occur

Section 7. Number of Individuals / Entities Affected

Number affected nationally
Number affected in Wisconsin

Section 8. Business-Related Information

If the licensee's own business data was involved, please provide details about the type(s) of data involved. This may include personnel records, cybersecurity plans, financial data, etc.

Section 9. Notification Requirements

Is a notice to impacted Wisconsin residents/entities required under Wisconsin or federal law?

Yes No Unknown

Have you sent any notice to consumers regarding the cybersecurity event? If a copy of notice has not been provided to OCI, attach in Section 12. ? Yes No If yes, provide date

Section 10. Law Enforcement and Regulatory Agencies

Has a police report been filed? Has any regulatory, governmental, or other law enforcement agency been notified? (If yes, please attach documentation of report/notification)

Police Report: Yes No Will be responding on a subsequent date
If yes, provide date
If yes, provide contact information of law enforcement individual(s):

Regulatory Agency: Yes No Will be responding on a subsequent date
If yes, provide date
If applicable, please indicate which state insurance regulators were notified:

Consumer Reporting Agency: Yes No Will be responding on a subsequent date
If yes, provide date
If yes, to which agencies

Section 11. Contact Information of Individual with Knowledge of Cybersecurity Event and Authorized to Act on Behalf of the Licensee

First Name	Middle Name	Last Name
Address 1		
Address 2		
Suite/Apt/Building		
City	State	Zip

Telephone
Fax
Email

Section 12. Attachments

Items to attach:

- A report of the results of any internal review identifying a lapse in either automated controls or internal procedures.
- A copy of the licensee's privacy policy.
- A statement outlining the steps the licensee will take, or has taken, to investigate and notify consumers affected by the Cybersecurity Event.

Licensees should combine this form with all other necessary materials into a single PDF document to be attached and submitted via email to OCICyberReport@Wisconsin.gov. Subject line of the email should include date reported in MMDDYY format followed by "*CompanyName* Cyber Event".

Section 13. Attestation

- I attest that the information submitted on this form is true and correct to the best of my knowledge, information, and belief.
- I am an authorized individual pursuant to Wis. Stat. § 601.95(1) and I submit this form on behalf of the licensee.
- I understand the materials produced to OCI are subject to the confidentiality provisions and exceptions in Wis. Stat. § 601.955.

_____ _____

Name Date

Send completed form and attachments listed in Section 12 as a single PDF to: OCICyberReport@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.)

FOR OCI USE ONLY

Assigned Cybersecurity Event ID: Click or tap here to enter text.

_____ _____

OCI Staff Name Event Form Receipt Date