

INSTRUCTIONS: Complete, sign form, and file this form on the Financial Filing Portal by JUNE 1, only if your company qualifies for exemption under this chapter.

Insurer Name	NAIC Number
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I certify that to the best of my knowledge, information, and belief, the above-named insurer is exempt from the filing requirements of s. Ins 50.05, Wis. Adm. Code, for the year ending December 31, _____, by virtue of having less than \$100,000 in direct premiums during the year and fewer than 1,000 policyholders, or by virtue of having less than \$500,000 of total premiums written for this year, including premiums on nonproperty coverage and provided:

- a. It has as of the past December 31 financial statement a net of reinsurance premium to surplus ratio less than 3 to 1.
- b. Its Articles of Incorporation do not authorize operation in more than eight counties.
- c. It does not engage in the writing of nonproperty coverage unless such coverage is 90% reinsured.

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 50.05 rule would constitute a financial or organizational hardship. Application for exemption under this provision **must** be made in advance and **must** be in writing to the Commissioner.

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.)

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.