

PROPERTY AND CASUALTY INSURERS

COMPANY NAME _____

NAIC COMPANY CODE _____

CONTACT _____

PHONE _____

REQUIRED FILINGS IN THE STATE OF: WISCONSIN

Filings Made During the Year 2024

(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" x 14")	EO	EO	XXX	3/1	NAIC	Financial Statement	A-H, J, N, W
	1.1	Printed Investment Schedule detail (pages E01-E29)	EO	EO	XXX	3/1	NAIC	Financial Statement	N
	2	Quarterly Financial Statement (8.5" x 14")	EO	EO	XXX	5/15, 8/15, 11/15	NAIC	Financial Statement	J
	3	Protected Cell Annual Statement	EO	N/A	XXX	3/1	NAIC	Protected Cell A/S	J
	4	Combined Annual Statement (8.5" x 14")	XXX	EO	XXX	5/1	NAIC	Combined A/S	O
II. NAIC SUPPLEMENTS									
	11	Accident & Health Policy Experience Exhibit	EO	EO	XXX	4/1	NAIC	Annual Supplement	H
	12	Actuarial Opinion	EO	EO	XXX	3/1	Company	Actuarial Opinion	
	13	Actuarial Opinion Summary	EO	N/A	N/A	3/15	Company	Actuarial Opinion Summary	S
	14	Bail Bond Supplement	EO	EO	XXX	3/1	NAIC	Financial Statement	H
	15	Combined Insurance Expense Exhibit	XXX	EO	XXX	5/1	NAIC		H
	16	Credit Insurance Experience Exhibit	EO	EO	XXX	4/1	NAIC	Annual Supplement	H
	17	Cybersecurity and Identity Theft Insurance Coverage Supplement	EO	EO	XXX	4/1	NAIC	Annual Supplement	U
	18	Director and Officer Insurance Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	Financial Statement	H
	19	Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses	EO	EO	XXX	3/1	NAIC	Financial Statement	I
	20	Financial Guaranty Insurance Exhibit	EO	EO	XXX	3/1	NAIC	Financial Statement	H
	21	Insurance Expense Exhibit	EO	EO	XXX	4/1	NAIC	Annual Supplement	H
	22	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	EO	EO	XXX	4/1	NAIC	Annual Supplement	H
	23	Long Term Care Experience Reporting Forms	EO	EO	XXX	4/1	NAIC	Annual Supplement	H
	24	Management Discussion & Analysis	EO	EO	XXX	4/1	Company	Management Discussion & Analysis	
	25	Market Conduct Annual Statement Premium Exhibit for Year	EO	EO	XXX	3/1	NAIC	Financial Statement	I

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			NUMBER OF COPIES*						
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			State	NAIC	State				
	26	Medicare Part D Coverage Supplement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	Financial Statements	H
	27	Medicare Supplement Insurance Experience Exhibit	EO	EO	XXX	3/1	NAIC	Financial Statement	H
	28	Mortgage Guaranty Insurance Exhibit	EO	EO	XXX	4/1	NAIC	Annual Supplement	H, X
	29	Premiums Attributed to Protected Cells Exhibit	EO	EO	XXX	3/1	NAIC	Financial Statement	H
	30	Private Flood Insurance Supplement	EO	EO	XXX	4/1	NAIC	Annual Supplement	H
	31	Reinsurance Attestation Supplement	EO	EO	XXX	3/1	Company	Financial Statement	
	32	Exceptions to Reinsurance Attestation Supplement	EO	N/A	XXX	3/1	Company	Financial Statement	
	33	Reinsurance Summary Supplement	EO	EO	XXX	3/1	NAIC	Financial Statement	H
	34	Risk-Based Capital Report	0	EO	0	3/1	NAIC		S
	35	Schedule SIS	EO	N/A	XXX	3/1	NAIC	Schedule SIS	M
	36	Supplement A to Schedule T	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	Financial Statement	H
	37	Supplemental Compensation Exhibit	EO	N/A	N/A	3/1	NAIC	NAIC Supplemental Compensation Exhibit	
	38	Supplemental Health Care Exhibit (Parts 1, and 2)	EO	EO	XXX	4/1 if applicable	NAIC	Annual Supplement	H, Q
	39	Supplemental Investment Risk Interrogatories	EO	EO	XXX	4/1	NAIC	Supplemental Investment Risk Interrogatory	
	40	Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts	EO	EO	XXX	3/1 if applicable	NAIC	Financial Statement	H
	41	Trusteed Surplus Statement	EO	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	Financial Statement	H
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		
	64	Risk-Based Capital, PDF Filing	0	EO	0	3/1	NAIC		
	65	Combined Annual Statement Electronic Filing	0	EO	0	5/1	NAIC		
	66	Combined Annual Statement PDF Filing	0	EO	0	5/1	NAIC		
	67	Supplemental Electronic Filing	0	EO	0	4/1	NAIC		
	68	Supplemental PDF Filing	0	EO	0	4/1	NAIC		
	69	Quarterly Statement Electronic Filing	0	EO	0	5/15, 8/15, 11/15	NAIC		
	70	Quarterly Statement PDF Filing	0	EO	0	5/15, 8/15, 11/15	NAIC		
	71	June PDF Filing	0	EO	0	6/1	NAIC		

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			Domestic		Foreign				
			State	NAIC	State				
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 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	P, S
	87	Notification of Adverse Financial Condition	EO	N/A	1	As needed	Company	Notification of Adverse Financial 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 1-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 to File Consolidated Audited Financial Statements	EO	N/A	N/A	4/1	Company	Request to File Consolidated Audited Financial Statements	
	92	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	
	93	CPA Audit Checklist	EO	N/A	N/A	6/1	State	CPA Audit Checklist	Pages 16 & 17
V. STATE REQUIRED FILINGS									
	101	Corporate Governance Annual Disclosure***	EO	0	N/A	6/1	Company	Corporate Governance Annual Disclosure	S
	102	Filings Checklist	0	0	0				
	103	Form B - Holding Company Registration Statement	EO	0	N/A	6/1	Company	Holding Company Registration – Form B & C	L
	104	Form F - Enterprise Risk Report****	EO	0	N/A***	6/1	Company	Form F	R, S
	105	ORSA Own Risk and Solvency Assessment*****	EO	0	N/A	See Note T	Company	ORSA Report	S, T
	106	Schedule of Taxes and Fees	EO	0	1	3/1	State	* For domestic filers: Schedule of Fees * For nondomestic filers: Schedule of Taxes and Fees	C
	108	Signed Jurat	EO	0	N/A	3/1, 5/15, 8/15, 11/15	State/ Company	Financial Statement	D, J
	109	Group Capital Calculation (File with lead state only)	EO	0	N/A	6/1	See Y	Group Capital Calculation	Y

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			State	NAIC	State				
	110	Compulsory and Security Surplus Calculation (Mortgage Guaranty Insurers substitute Report of Policyholders Position) (Electronic)	EO	0	EO	3/1, 5/15, 8/15, 11/15	State	Compulsory Surplus Filing	J, Page 12 or 18
	111	Report of Executive Compensation	EO	0	N/A	3/1	State	Report on Executive Compensation	Pages 13 & 14
	116	Designation of Registered Agent	EO	0	N/A	3/1, and as needed	State		V
	125	Annual Diversity Survey	EO	0	N/A	6/1	State	Diversity Survey	S, Page 19
	130	Cyber Security Certification	EO	0	N/A	3/1	State	Cybersecurity Annual Certification	Page 20

* If XXX appears in this column, this state does not require this filing if a 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 on the NAIC URL: 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.

***** 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.

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 its 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 detailed 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, 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 supplementals due April 1.

The **Quarterly Statement Electronic Filing** includes the complete quarterly statement data.

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

The **Combined Annual Statement Electronic Filing** includes the required pages of the Combined Annual Statement and the Combined Insurance Expense Exhibit.

The **Combined Annual Statement PDF** is the pdf file for the Combined Annual Statement data and the Combined Insurance Expense Exhibit.

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 means 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

A	Required Filings Contact:	ocifinancial@wisconsin.gov
B	Mailing Address for all Filings Except Fee and Tax Payments:	<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>Use of the Financial Filing Portal is optional but highly encouraged. Before making your first filing, you must get a login and password to the Financial Filing Portal. Please see the information at oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx to get set up to make filings.</p> <p>Although the use of the Filing Portal is preferred, another electronic option is to file by email to OCIFinancial@Wisconsin.gov.</p> <p>Use the addresses below to make filings if neither the Portal nor email is used.</p> <p>For US Mail Office of Commissioner of Insurance P.O. Box 7873 Madison WI 53707-7873</p> <p>Street Address (FedEx, UPS, etc.) Office of Commissioner of Insurance 125 S Webster St Madison WI 53703-3474</p> <p>If neither the Portal nor email is used, all filings should be physically received at the address in Note B on or before the due date. 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 oci.wi.gov/Pages/Companies/PremiumTax.aspx for remittance of taxes and fees.</p> <p>Late filings may be subject to forfeitures under s. 601.64 Wis. Stat.</p>
C	Premium Tax and Filing Fee Payments:	<p>Final Payment Due on or before March 1 for year-end taxes and fees</p> <p>Quarter 1 Due on or before April 15 for quarter ending March 31 Quarter 2 Due on or before June 15 for quarter ending June 30 Quarter 3 Due on or before Sept. 15 for quarter ending Sept. 30 Quarter 4 Due on or before Dec. 15 for quarter ending Dec. 31</p> <p>The completed "Schedule of Taxes and Fees" filing should be submitted via the Financial Filing Portal (preferred method described in Note B) or sent to the email address in Note B.</p> <p>Payments should <u>not</u> be sent to the Madison, Wisconsin, address in Note B.</p>

		<p>Please refer to oci.wi.gov/Pages/Companies/PremiumTax.aspx for remittance of taxes and fees.</p> <p>Schedule of Taxes and Fees form and instructions are located on the OCI website: oci.wi.gov/Pages/Companies/AnnualQuarterlyFilingInformation.aspx.</p>
D	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 a personal emergency, vice presidents or assistant officers may sign the statement. 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> <p>Signatures and notarizations are required for filings made via the Financial Filing Portal or email. Electronic signatures and notarizations are acceptable.</p>
E	Amended Filings:	<p>Insurers are required to notify OCI prior to filing amendments. 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.</p>
F	Exceptions from normal filings:	<p>Any request for exemptions or extensions to filing requirements must be made in advance in writing. Any approvals will be granted in writing.</p>
G	Bar Codes (State or NAIC):	<p>All NAIC forms should contain bar codes as instructed by the NAIC Annual Statement Instructions. Wisconsin specific forms do not require bar codes.</p>
H	NONE Filings:	<p>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.</p>
I	Filings New, Discontinued, or Modified Materially Since Last Year:	<ul style="list-style-type: none"> • A new form #19 Exhibit of Other Liabilities By Lines of Business as Reported on Line 17 of the Exhibit of Premiums and Losses has been added. • A new form #25 Market Conduct Annual Statement Premium Exhibit has been added. • Supplemental Health Care Exhibit’s Allocation Report Supplement has been discontinued (was form 37).
J	Quarterly Filings:	<p>The Office of the Commissioner of Insurance (OCI) has implemented 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>Use of the Financial Filing Portal is optional but highly encouraged. Before making your first filing, you must get a login and password to the Financial Filing Portal. Please see the information at oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx to get set up to</p>

		<p>make filings.</p> <p>Although the use of the Filing Portal is preferred, another electronic option is to file by email to: OCIFinancial@Wisconsin.gov.</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, see page 12 of the packet.</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>
K	Mortgage Guaranty Insurers:	Mortgage Guaranty Insurers must file the "Report of Policyholders Position" (OCI 22-093) instead of the "Property and Casualty Compulsory and Security Surplus Calculation."
L	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>Please Note: Amendments to the annual Holding Company filing should be submitted through the Financial Portal (Portal Name: Holding Company – Form B & C) under the same period/year as the original (annual) filing.</p>
M	Schedule SIS:	Only applies to insurers with 100 or more stockholders.
N	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>Use of the Financial Filing Portal is optional but highly encouraged. Before making your first filing, you must get a login and password to the Financial Filing Portal. Please see the information at oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx to get set-up to make filings.</p> <p>Although the use of the Filing Portal is preferred, another electronic option is to file by email to OCIFinancial@Wisconsin.gov.</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. Statements need to be bound. Statements held together with paper clips or rubber bands will not be accepted as filed.</p> <p>If Investment Schedule detail (pages E01 to E27 on checklist) is bound in the statement, no additional copy is required.</p>
O	Combined Annual Statement:	Required upon request only.

P	Management's Report of Internal Control Over Financial Reporting:	This provision applies 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.
Q	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.
R	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.
S	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>#13 Actuarial Opinion Summary #32, #63, #64 Risk-Based Capital Report #86 Management's Report of Internal Control Over Financial Reporting #101 Corporate Governance Annual Disclosure #104 Form F - Enterprise Risk Report #105 ORSA Own Risk Summary Analysis Report #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>
T	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.
U	Cybersecurity and Identify Theft Insurance Coverage Supplement:	This supplement should be completed by those reporting entities including surplus line insurers and risk retention groups that provide cybersecurity insurance and identity theft 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).
V	Designation of Registered Agent	<p>The Designation of Registered Agent form should be filed by March 1 and whenever there is a change in connection with a company's Registered Agent for Service of Process.</p> <p>Available on the OCI website, https://wi.accessgov.com/oci-wi/Forms/Page/oci-wi/designation-of-registered-agent-12-014/1.</p>

W	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.
X	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.
Y	Group Capital Calculation	GCC template available at https://content.naic.org/cmte_e_grp_capital_wg.htm

2023 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, or Health Insurance (including Health Maintenance Organization, Hospital, Medical, and Dental Service or Indemnity Corporations, and 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, 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 2023 financial statement information electronically with the NAIC on or before March 1, 2024. 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 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.

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.

If you have any questions, please contact ocifinancial@wisconsin.gov.



OCI has updated the mechanism used by companies to make their Compulsory Surplus or, for Mortgage Guaranty insurers, Minimum Policyholder Position (MPP) filings. The new mechanism **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, please follow the instructions at 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.

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 the executive management of the insurer whose compensation exceeds specified amounts. Add additional pages as necessary.

Insurers that 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	For Calendar Year Ending December 31, _____
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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				

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

Insurer Name	NAIC Group	NAIC Number
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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.

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Insurer Name	NAIC Group	NAIC Number
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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:

_____ **Circle One**

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 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):

Notes to the financial statements Consolidated worksheets prepared for question No. 5 Other (attach explanations)

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 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

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OCI has updated the mechanism used by Mortgage Guaranty insurers to make their Minimum Policyholder Position (MPP) filing. The new mechanism **requires** utilization of the Financial Filing Portal. For those that currently do not have access to the Financial Filing Portal, please follow the instructions at oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx to obtain access.

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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, please follow the instructions at oci.wi.gov/Pages/Companies/MakeFinancialFilings.aspx to obtain access.

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- * 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.



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, please follow the instructions at 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.

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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.)