HEALTH INSURERS—LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME _____ **NAIC COMPANY CODE** _____

CONTACT _____ **PHONE** _____

REQUIRED FILINGS IN THE STATE OF: WISCONSIN **Filings Made During the Year 2016**

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
I. NAIC FINANCIAL STATEMENTS								
	1	Annual Statement (8 ½"x14")	2	EO	Jurat Only	3/1	NAIC	A-H, M, N
	1.1	Printed Investment Schedule detail (pages E01-E27)	2	EO	XXX	3/1	NAIC	M
	2	Quarterly Financial Statement (8 ½" x 14")	2	EO	Jurat Only	5/15, 8/15, 11/15	NAIC	J
II. NAIC SUPPLEMENTS								
	10	Accident & Health Policy Experience Exhibit	1	EO	XXX	4/1	NAIC	H
	11	Actuarial Opinion	2	EO	N/A	3/1	Company	
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	EO	XXX	4/1 if applicable	NAIC	H, P
	13	Health Care Exhibit's Allocation Report Supplement	1	EO	XXX	4/1 if applicable	NAIC	H, P
	14	Investment Risk Interrogatories	1	EO	XXX	4/1	NAIC	H
	15	Life Supplement (data due March 1)	1	EO	N/A	3/1	NAIC	H
	16	Life Supp Statement nonguaranteed elements - Exh. 5, Int. #3	1	EO	XXX	3/1	Company	H
	17	Life Supp Statement in par/nonpar policies - Exh. 5, Int. 1 and 2	1	EO	XXX	3/1	Company	H
	18	Life Supplement (data due April 1)	1	EO	XXX	4/1	NAIC	H
	19	Long-term Care Experience Reporting Forms	1	EO	XXX	4/1	NAIC	H
	20	Management Discussion & Analysis	2	EO	XXX	4/1	Company	
	21	Medicare Supplement Insurance Experience Exhibit	1	EO	XXX	3/1	NAIC	H
	22	Medicare Part D Coverage Supplement	1	EO	XXX	3/1, 5/15, 8/15, 11/15	NAIC	H
	23	Risk-Based Capital Report	0	EO	0	3/1	NAIC	R
	24	Schedule SIS	1	N/A	N/A	3/1	NAIC	L
	25	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	H
III. ELECTRONIC FILING REQUIREMENTS								
	60	Annual Statement Electronic Filing	0	EO	0	3/1	NAIC	
	61	March .PDF Filing	0	EO	0	3/1	NAIC	
	62	Risk-Based Capital Electronic Filing	0	EO	0	3/1	NAIC	
	63	Risk-Based Capital .PDF Filing	0	EO	0	3/1	NAIC	
	64	Supplemental Electronic Filing	0	EO	0	4/1	NAIC	
	65	Supplemental .PDF Filing	0	EO	0	4/1	NAIC	
	66	Quarterly Electronic Filing	0	EO	0	5/15, 8/15, 11/15	NAIC	
	67	Quarterly .PDF Filing	0	EO	0	5/15, 8/15, 11/15	NAIC	
	68	June .PDF Filing	0	EO	0	6/1	NAIC	

(Continued on Page 2)

HEALTH INSURERS—LIFE, ACCIDENT AND HEALTH INSURERS (continued)

(1) Check-list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
IV. AUDITED FINANCIAL STATEMENTS								
	81	Accountants Letter of Qualification	2	EO	N/A	6/1	Company	
	82	Audited Financial Statements	2	EO	N/A	6/1	Company	
	83	Audited Financial Reports Exemption Affidavit	2	N/A	N/A	6/1 if applicable	Company	
	84	Communication of Internal Control Related Matters Noted in Audit	2	N/A	N/A	8/1	Company	
	85	Independent CPA (changes in)	1	N/A	N/A	As needed	Company	
	86	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	O, R
	87	Notification of Adverse Financial Condition	2	N/A	1	As needed	Company	
	88	Exemption to File (page 12 of packet)	2	N/A	N/A	6/1 if applicable	State	
	89	Relief from the Five-Year Rotation Requirement for Lead Audit Partner	1	EO	N/A	As needed	Company	
	90	Relief from the One-Year Cooling Off Period for Independent CPA	1	EO	N/A	As needed	Company	
	91	Relief from the Requirements for Audit Committee	1	EO	N/A	As needed	Company	
	92	CPA Audit Checklist (pages 13 and 14 of packet)	2	N/A	N/A	6/1	State	
V. STATE REQUIRED FILINGS								
	101	Filings Checklist	1	N/A	N/A	3/1	State	
	102	Schedule of Taxes and Fees	1	N/A	1	3/1	State	C
	103	Signed Jurat	2	XXX	Jurat Only	3/1, 5/15, 8/15, 11/15	State/ Company	B, D, J, M
	104	Compulsory and Security Surplus Calculation (electronic)	EO	N/A	EO	3/1, 5/15, 8/15, 11/15	State	J, Page 8
	105	Report of Executive Compensation	2	N/A	XXX	3/1	State	
	106	Holding Company Registration Statement-Forms B & C	1	N/A	N/A	6/1	Company	K
	107	Financial and Operating Statistics - Health (electronic)	EO	N/A	EO	3/15	State	Page 9
	108	Form F - Enterprise Risk Report***	1	N/A	N/A***	6/1	Company	Q, R
	109	ORSA Own Risk and Solvency Assessment	1	N/A	N/A	See Note S	Company	R, S

*** If XXX appears in this column, this state does not require this filing if hard copy is filed with the state of domicile and the NAIC. If N/A appears in this column, the filing is not required. 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 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 <u>not</u> 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 Web page: 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, 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 ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

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 quarterly statement 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 web site). 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) (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:	For US Mail: Office of Commissioner of Insurance P O Box 7873 Madison WI 53707 Street Address (FedEx, UPS, etc.) Office of Commissioner of Insurance 125 S Webster St Madison WI 53703-3474 All filings should be physically received at address in Note B on or before the due date. If the due date falls on a weekend or holiday, the deadline is extended to the next business day. Please refer to http://oci.wi.gov/epayment/premtax.htm for remittance of taxes and fees. Late filings may be subject to forfeitures under s. 601.64 Wis. Stat.
C	Premium Tax and Filing Fee Payments:	**Final Payment** Due on or before March 1 for year-end taxes and fees **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 The worksheet "Schedule of Taxes and Fees" should be sent to the Madison, Wisconsin, address. Payments should not be sent to the Madison, Wisconsin, address. Please refer to http://oci.wi.gov/epayment/premtax.htm for remittance of taxes and fees. Schedule of Taxes and Fees form and instructions are located on the OCI Web site: oci.wi.gov/company/forms-taxesfees.htm.
D	Signatures:	The deposition on the jurat page must be signed in accordance with the requirements of the state of domicile. 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. 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.
E	Amended Filings:	Insurers are required to comply with SSAP 3. 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 to previously filed statements and amended annual or quarterly statements should be filed if so directed in writing by OCI.

F	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.
G	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.
H	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.
I	Filings New, Discontinued, or Modified Materially Since Last Year:	• The Form "Agents Commissions on Wisconsin Business" was eliminated. • Reporting requirements for Executive Compensation were modified on #105 (page 10 of packet). • Note P was modified to note the definition of "small employer" for completion of the Supplemental Health Care Exhibit will change for 2016. • No new forms were added.
J	Quarterly Filings:	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, page 8 of the packet. All licensed nondomestic insurers are required quarterly to file **one** signed jurat with this office and the electronic filing of the quarterly compulsory and security surplus calculation form. Other than the signed jurat, quarterly hard copies are not required, including supplemental filings.
K	Holding Company Filings:	Only applies to Wisconsin-domiciled insurers which are a member of an insurance holding company system. See Chapter Ins 40, Wis. Adm. Code.
L	Schedule SIS:	Only applies to insurers with 100 or more stockholders.
M	Size and Format of Statement:	Domestics - 2 hard copies of annual statement Nondomestics - 1 jurat page only of annual statement 9 X 14 or 8 1/2 X 14 size annual statement and quarterly statement only. **Annual and Quarterly Statements need to be bound.** Statements paper clipped or rubber banded will not be accepted as being filed. If the Investment Schedule detail (pages E01 to E25, #1.1 on checklist) is bound in the annual statement, no additional copy is required. An Affidavit of Filing is not required in Wisconsin.
N	Combined Annual Statement:	Required upon request only.
O	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.

P	Supplemental Health Care Exhibit:	For purposes of the 2015 Supplemental Health Care Exhibit, “small employer” will be defined as having 1-100 employees and a “large employer” as having 101 or more employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year. The definition of a small employer contained in s. 635.02, Wis. Stat., shall continue to apply to all other regulatory matters concerning small employer health insurance coverage and reporting requirements. Note: For years ending December 31, 2016, and on, the definition of "small employer" for purposes of the Supplemental Health Care Exhibit will change to match the definition contained in s. 635.02, Wis. Stat.
Q	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.
R	Confidential Filings:	Unless identified by statute or rule as being confidential, filings are considered public information. The following filings are held confidential: #23, 62, 63 Risk-Based Capital Report #86 Management's Report Over Internal Control #108 Form F - Enterprise Risk Report #109 ORSA Own Risk Summary Analysis Report 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.
S	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.

2015 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: Fire and 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, 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. For annual and quarterly statements, foreign insurers are required to file one hard copy of a signed jurat page. State-required filings are indicated in the checklist.

PURSUANT TO s. Ins 50.25, Wis. Adm. Code, all Fire and 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 2015 financial statement information electronically with the NAIC on or before March 1, 2016. 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 http://oci.wi.gov/epayment/premtax.htm for remittance of taxes and fees. Payments for taxes and fees should be make 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.

Enclosure

Health Companies
Compulsory & Security Surplus Calculation

Ref: Section Ins 51.80, Wis. Adm. Code,
and s. 601.42, Wis. Stat.*

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

In an effort to reduce data entry time, OCI is requiring certain forms to be filed electronically via the Internet. The Health Companies Compulsory & Security Surplus Calculation form is to be filed electronically. **It will no longer be necessary to file a hard copy of the compulsory surplus calculation, however, it is recommended that the company retain a hard copy for its records.** The form address is as follows:

Health Companies Compulsory & Security Surplus Calculation Form OCI 22-310

https://ociaccess.oci.wi.gov/FillableForms/jsp/22_310_intro.oci

Copy and paste or type the above address in your browser's location bar.

*** 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.**

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

In an effort to reduce data entry time, OCI is requiring certain forms to be filed electronically via the Internet. The Financial and Operating Statistics form is one of the forms to be filed electronically. The form address is as follows:

Financial and Operating Statistics Form OCI 22-311

https://ociaccess.oci.wi.gov/FillableForms/jsp/22_311_intro.oci

Copy and paste or type the above address in your browser's location bar.

*** 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.*

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Insurer Name	For Calendar Year Ending December 31, _____

INSTRUCTIONS:

Each Wisconsin-domiciled insurer shall file a Report on Executive Compensation as a supplement to the insurer's annual statement, to be filled with the annual statement on or before March 1. The Report on Executive Compensation shall report on the annual compensation of each director, each officer, and the four most highly paid members of executive management. 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 I and III either on a consolidated basis or by allocation to each insurer. The footnote to Part I should note which method is being employed.

Compensation reported shall consist of any and all gross direct and indirect remuneration paid and accrued during the report year for the benefit of an individual director, officer, or manager, and shall include wages, salaries, bonuses, retirement benefits, deferred compensation, commissions, directors fees, retainers, 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 I Officer and Executive Management Compensation

Report on the compensation of the officers and the four most highly paid members of executive management. 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 employee 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 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, _____

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.**

CPA AUDITED FINANCIAL STATEMENTS EXEMPTION AFFIDAVIT

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

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Insurer Name	NAIC Group	NAIC Number

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

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.*

State of Wisconsin
Office of the Commissioner of Insurance
P. O. Box 7873
Madison, WI 53707-7873

Insurer Name	NAIC Group	NAIC Number

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 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):

☐ 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. Was any of the insurer's president, chief executive officer, controller, chief financial officer, chief accounting officer, or a board member 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.**