State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, *Governor*
Jorge Gomez, *Commissioner*

Wisconsin.gov

125 South Webster Street • P.O. Box 7873
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To: General Counsel

Re: Designation of Registered Agent for Service of Process

Sections 601.715 to 601.73, Wis. Stat., regulate the service of process on insurers.

All authorized Insurers are required to designate a registered agent. Once a registered agent is designated, process will not be served through the Office of the Commissioner of Insurance, but service must first be attempted directly on the registered agent or by other means. Under the statutes, the registered agent must be an individual resident of Wisconsin, a corporation, or an authorized Wisconsin insurer. Nondomestic insurers are required to select a person with a Wisconsin address for service. On the back side of this letter is a form to be ***signed by an officer*** to designate a registered agent.

For your information, you can check the identity of your registered agent as recorded with OCI by viewing OCI's World Wide Web site at http://oci.wi.gov. Once on the home page, click on Service of Process under Quick Links on the left. All insurers authorized to do business in Wisconsin and their registered agents are listed.

Pursuant to s. 601.42, Wis. Stat., please return the completed form within 14 days of your receipt of this letter. If you have questions, call (608) 266-0090 or write:

Service of Process Section
Office of the Commissioner or Insurance
P.O. Box 7873
Madison, WI 53707-7873

Thank you for your cooperation.

Reset Form

Designation of Registered Agent

State of Wisconsin
Office of the Commissioner of Insurance
125 S. Webster St.
P.O. Box 7873
Madison, Wisconsin 53707-7873
(608) 266-0090

On behalf of:

I designate the following individual, corporation, or authorized insurer with a Wisconsin address to act as registered agent for service of process under s. 601.715, Wis. Stat. I understand that service of legal process on this registered agent or its office will constitute service on the insurer identified above.

Registered Agent Name		
Registered Agent's Corporation Name		
Street and Room Number (Do **NOT** use a Post Office Box)		
City	State (The address must be a Wisconsin address) **WISCONSIN**	Zip Code

I certify that I am an officer of this insurer.

Dated this _____ day of _____ , _____

Signature of an Officer of the Insurer	Title
Printed Name of the Officer	Printed Title
Phone Number of the Officer	