

(Company Name Exactly As It Should Appear on the Certificate of Exemption)

MINNESOTA 2022 STATUS REPORT

Required of ALL Active Workers' Compensation Self-Insurers Licensed

Under Minnesota Statutes §79A.01 - .18

General Instructions. The Status Report should be completed using the most recent information available. Wherever necessary, attach additional pages, clearly indicating the question to which they refer. Self-insured groups, may consolidate the information. **THE REPORT, ALONG WITH THE \$500 ANNUAL RENEWAL FEE PAYABLE TO THE MINNESOTA DEPARTMENT OF COMMERCE, MUST BE RETURNED TO THE ADDRESS BELOW* BY APRIL 1, 2022.**

Mid-Year Updates. The completion of this report does not constitute sufficient notice to the Department. Any changes in the information requested in this report which occur after the submission of this report must be reported promptly under separate cover to the ***Minnesota Department of Commerce, Attention: Marie Douglas, 85 Seventh Place East, Suite 280, St. Paul, MN 55101-2198. Phone: (651) 539-1743 Fax: (651) 539-1550**

E-Mail: marie.douglas@state.mn.us

1. Name, Mailing Address. List the name and mailing address of the named self-insured.

2022 Status Report - _____
(Company Name)

2. Parent Companies. List the names, addresses and ownership relationships of the self-insured's parent companies, if any, up to and including the ultimate parent. Designate by asterisk (*) any companies which have filed Assumption of Liability or Guarantee of Payment agreements for the named self-insured.

Name/Address

Relationship/% of Ownership

3. A) Legal entities INCLUDED within Self-Insurance Authority. List the names, addresses and ownership relationships of separate legal entities with Minnesota operations that the self-insured is including within their self-insurance authority, if any. Indicate the percentage of ownership or include other details of relationship.

Name/Address

Relationship/% of Ownership

NOTE: The entities named in 3A) **must** concur with Attachment "A" of your Self-Insurance Authority, if one has been issued for you. Please **do not** list Divisions or Departments. Please contact Eva Crawford at the Department of Commerce if there are any discrepancies on your current license or Attachment "A".

- B) Employee Leasing companies and PEOs must report the name and address of any client company to which it provides employees for 30 days or more during the year, using the Employee Leasing Report found on the website at: <http://mn.gov/commerce/industries/insurance/licensing/self-insurance/>

2022 Status Report _____
(Company Name)

4. (A) Total number of employees _____

(B) Total number of Minnesota employees _____

5. Third Party Administrator. For each administrator (if any) under contract with the self-insured, list the items mentioned below. It is possible to have contracts with more than one administrator since not all are authorized to provide all services. If different persons at the administration company(ies) are responsible for different services (e.g. claims handling, loss control), list the primary person responsible for the account.

Name: _____ Address: _____

Title: _____ Phone #: _____

_____ FAX #: _____

E-Mail: _____

Note: Your TPA MUST BE LICENSED IN Minnesota and maintain an office in the State of Minnesota. Commerce must be notified in writing if there is a change in your TPA during the year.

2022 Status Report - _____
(Company Name)

If you are an **Individual** Self-Insurer, please name **Primary Contact at self-insured's location, Title, Address, Phone/Fax and email:**

Name: _____ Address: _____

Title: _____ Phone #: _____

_____ FAX #: _____

E-Mail: _____

If you are a **Group** Self-Insurer, please attach a list of the Group Board of Directors to include: Name, Office Held, Member Company represented, Title, Address, Phone and Fax Numbers, and emails.

Identify **Group's Fiscal Agent** Name/Address and activities and responsibilities **on separate sheet** per Minnesota Rules Chapter 2780.4300.

Mandatory: If the group has entered into **a new** service agreement or a renewal agreement with a Third Party Administrator, you must enclose a copy of the contract with this report. (Per Minnesota Statutes 60A.23 Subd. 4 (4)).

2022 Status Report - _____
(Company Name)

Who will be the **PRIMARY CONTACT** between the self-insured and the Minnesota Department of Commerce. **This will be the person to whom ALL correspondence relating to your self-insurance authority will be sent by the Minnesota Department of Commerce.** (Note: This could be your TPA or a person at your company)

Company (above)

TPA (above)

Other (fill out below)

Name: _____

Phone Number: _____

Company: _____

Fax Number: _____

Address: _____

E-Mail: _____

6. Have you received written approval for "In-House" Claims Administration by the Department of Commerce? Yes ____ No ____

(If "yes", please provide contact information for your in-house claims manager):

Name: _____

Phone Number: _____

Fax Number: _____

E-mail: _____

2022 Status Report - _____
(Company Name)

7. Minnesota law does not allow you to purchase Specific Excess Workers' Compensation insurance below certain limits from anyone other than the WCRA for operations in Minnesota. If you do, Minnesota should be deleted from that policy. (For exceptions to this, refer to the WCRA Website: www.WCRA.BIZ)

*8. Do you purchase a "Buffer Layer" Specific Workers Compensation policy other than from the WCRA?

____ Yes ____ No If Yes, from which insurance company: _____

Policy Limit: _____ Retention Limit: _____ Policy Dates: _____

*9. Do you purchase Aggregate Excess Workers' Compensation insurance which covers your operations in Minnesota?

____ Yes ____ No If Yes, from which Insurance Co.: _____

Policy Limit: _____ Retention Amount: _____ Policy Dates: _____

(Attachment Point)

***If yes, to either 8 or 9 you must attach copies of the pertinent pages of the policy(ies).**

2022 Status Report - _____
(Company Name)

10. What is your current retention limit with the **WCRA**?

A) ___ Low B) ___ High C) ___ Super D) ___ Jumbo

11. Is this entity or any affiliated entity the subject of a bankruptcy proceeding? Yes ___ No ___

If "Yes", provide full details on a separate attachment.

Name of Person Completing Report

Title

Company

Date