



TO: Eligible Foreign Surplus Lines Insurers

FROM: Examinations Bureau

SUBJECT: Continuation of Eligibility in Montana

To remain an eligible surplus lines insurer in the state of Montana, the following items must be submitted annually, by April 1:

An Annual Premium by Producer Report for the previous calendar year, in an Excel spreadsheet format. Please ensure that premium information conforms with Schedule T of your annual financial statement. The following items should be included in the report:

- Policyholder Name
- Policyholder Address
- Policy Number
- Insurance Agency
- Individual Agent
- Premium Amount
- Effective Date of Policy

A completed copy of the attached Montana Medical Malpractice Professional Liability Experience Report. This form is only required of companies that wrote medical malpractice professional liability insurance in Montana, during the year. (Mont. Code Ann. § 33-23-310)

The above items should be submitted electronically by emailing CSIExams@mt.gov. If the report is too large to submit by email, it may be sent through the Montana File Transfer Service (FTS). FTS instructions are found at <https://transfer.mt.gov/Home/Instructions>. When using the FTS, please select Tavin Mogus (tmogus@mt.gov) or Ramona Bidon (rbidon@mt.gov) as recipients.

If you have any questions, please contact the Examinations Bureau at CSIExams@mt.gov or (406) 444-2040.

