

Chapter Ins 7

FORMS

Ins 7.01 Purpose  
 Ins 7.02 Bureau of financial analysis and examinations forms  
 Ins 7.04 Division of regulation and enforcement  
 Ins 7.06 Commissioner

Note: Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.

**Ins 7.01 Purpose.** This chapter lists the title and form number of each form prescribed by the office of the commissioner of insurance which imposes requirements meeting the definition of a rule in s. 227.01 (13), Stats., and which is required to be published under s. 227.23 (3), Stats.

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.

**Ins 7.02 Bureau of financial analysis and examinations forms.**

<u>Form Number</u>	<u>Title</u>
21-001	Application for Certificate of Authority - Nondomestic
21-002	Application for Certificate of Authority - Domestic Nonprofit HMO
21-003	Application for Certificate of Authority - Gift Annuities
21-004	Application for Limited Certificate of Authority Warranty Plans
21-005	Application for Certificate of Authority - Domestic
21-030	Application for Certificate of Authority - Domestic Nonprofit LSHO
21-031	Application for Certificate of Authority - Nondomestic HMO
21-032	Application for Certificate of Authority - Domestic for Profit HMO
21-040	Application for Certificate of Authority - Fraternal
21-063	Application for Continuing Care Permit
21-190	Application for Admission - Motor Clubs
22-001	Instructions to Prepare Annual Statement Blank According to NAIC Form, Instructions, and Accounting Standards
22-006	Investments in Parents, Subsidiaries, and Affiliates - Quarterly
22-007	Comparative Balance Sheet
22-008	P&C Compulsory and Security Surplus Calculation - Quarterly Statement
22-009	Life Compulsory and Security Surplus Calculation - Quarterly Statement
22-010	Fire and Casualty - Domestic Annual Statement Packet
22-011	Fire and Casualty - Nondomestic Annual Statement Packet
22-020	Title Annual Statement Packet

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22-030	Fraternal Annual Statement Packet
22-040	Life and Accident & Health - Domestic Annual Statement Packet
22-041	Life and Accident & Health - Nondomestic Annual Statement Packet
22-050	Hospital, Medical & Dental Service or Indemnity Corporation - Annual Statement Packet
22-055	Employe Welfare Funds Annual Statement Packet
22-060	Health Maintenance Organization Insurer Annual Statement Packet
22-065	Limited Service Health Organization Annual Statement Packet
22-070	Town Mutual Annual Statement Packet
22-080	Gift Annuity Annual Statement Packet
22-090	Mortgage Guaranty - Domestic Annual Statement Packet
22-091	Mortgage Guaranty - Nondomestic Annual Statement Packet
22-093	Mortgage Guaranty Insurers Report of Policyholders Position - Quarterly Statement
22-510	Election of Exemption (Opt-Out)
22-520	Election to be Subject to Restrictions (Opt-In)
22-530	Termination of Exemption (Termination of Opt-Out)
22-540	Termination of Election to be Subject to Restrictions (Termination of Opt-In)
26-003	Amendment to Articles of Organization (or Incorporation) - Town Mutual Insurance Companies
28-060	HMO Companies Compulsory and Security Surplus Calculation - Quarterly

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.

**Ins 7.04 Division of regulation and enforcement. (1) COMPLAINTS SECTION.**

<u>Form Number</u>	<u>Title</u>
51-011	Complaint Review Request Letter
51-013	Complaint Follow-up - Provide Information Within 5 days
51-020	Complaint Follow-up - Recontact the Complainant

**(2) BUREAU OF MARKET REGULATION.**

<u>Form Number</u>	<u>Title</u>
26-004	Grievance Procedure Experience Reports
26-030	Rescission Reporting Form for Long-term Care
28-040	Medicare Supplement Experience Exhibit
28-042	Nursing Home Insurance Experience Exhibit

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(3) OFFICE OF RESEARCH AND PUBLIC INFORMATION.

Form Number

Title

17-020

Long-Term Care Report Form

17-500

Medicare Supplement Insurance Report Form

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.

Ins 7.06 Commissioner.

Form Number

Title

28-053

Medical Malpractice Closed Claims Report

Note: These forms may be obtained from the Office of the Commissioner of Insurance, P. O. Box 7873, Madison, WI 53707-7873.

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.