COMMISSIONER OF INSURANCE

21-25 21-30	Authority of Commissioner to Make Inquiry Information for Newly Licensed Limited Service
21-31	Health Organizations Application for Certificate of Authority for Nondomestic Health Maintenance Organizations
21-32	Licensed Under Chapter 618 Application for Certificate of Incorporation and Certificate of Authority for Domestic, For-Profit Health Maintenance Organizations Licensed Under Chapter 611
21-600	Instructions on Reporting Requirements for Health Maintenance Organizations
21-63	Application for Continuing Care Permit
22-001	Wisconsin Annual Statement Instructions
22-01	Annual Statement Schedule I: Agents Commis- sion on Wisconsin Business
22-02	Report of Executive Compensation — Domestic Insurers
22-03	Property and Casualty Compulsory and Security Surplus Calculation — Annual
22-04	Life Companies Compulsory and Security Surplus Calculation — Annual
22-05	Fraternal Compulsory and Security Surplus Calculation
22-06	Investments in Parent Companies, Subsidiaries and Affiliates
22-07	Comparative Balance Sheet
22-08	Property and Casualty Compulsory and Security Surplus Calculation — Quarterly
22-09	Life Companies Compulsory and Security Surplus Calculation — Quarterly
22-10B	Fire and Casualty - Nondomestic Annual State- ment Packet
22-11	Fire and Casualty - Domestic Annual Statement Packet for Town Mutuals
22-20	Title - Nondomestic Annual Statement Packet
22-30	Fraternal Expenditures, Activities and Programs
22-40	Instructions to Life and Accident and Health Do- mestic Companies on Annual Statement
22-41	Instructions to Life and Accident and Health Nondomestic Companies on Annual Statement
22-420	Wisconsin Annuity Considerations and Deposits
22-50	Instructions to Hospital, Medical and Dental Ser- vice or Indemnity Corporations on Annual Statement
22-60	Instructions to Health Maintenance Organiza- tions on Annual Statement
22-70	Instructions to Town Mutual Insurance compa- nies on Annual Statement
22-80	Instructions to Gift Annuity Entities on Annual Statement
22-82	Actuarial Instructions — Certificate of Valua- tion: Aggregate Reserves on Outstanding Gift Annuities
22-90	Instructions on Mortgage Guaranty Companies Annual Statement Packet — Domestic
	Register, December, 1987, No. 384

321

Ins 7

322 WISC	ONSIN ADMINISTRATIVE CODE
Ins 7	
22-91	Instructions on Mortgage Guaranty Companies
22-921	Annual Statement Packet — Nondomestic Mortgage Guaranty Insurers Report of Policy-
	holders Position
23-1	Certificate of Authority
23-10	Application for Reservation of Corporate Name
24-3	Certification of the Authenticity of Copy of Doc- ument on File
24-10	Examination Certification
25-01	Loss Reserve Development Schedule — Quarterly
25-11	Fire and Casualty Companies Quarterly State- ment — Association Edition
25-41	Life and Accident and Health Companies Quar-
20-41	terly Statement — Association Edition
25-60	Health Maintenance Organizations Quarterly
OF 41	Statement
25-61	Health Maintenance Organizations Quarterly
25-71	Statement of Revenue and Expenses Town Mutual Quarterly Statement
26-3	Amendment to Articles of Organization (or Incor-
20-0	poration) — Town Mutual Insurance Companies
27-10	Fire Department Dues
27-11	Schedule of Taxes and Fees — Nondomestic Fire
	and Casualty and Mortgage Guaranty Companies
27-13	Quarterly Estimated Taxes
27-13A	Instructions to Insurers on Quarterly Payments
	of Estimated Premium Taxes
27-15	Surplus Lines Tax Report
27-41	Report of Premiums and License Fees for Year
	Ending December 31, 19 (Life and Accident and Health Insurers)
27-41A	Instructions on Report of Premiums and License
	Fees (Life and Accident and Health Insurers)
27-130	Quarterly Payment Deficiencies (Fire and Casualty)
27-140	Quarterly Payment Deficiencies (Life and Acci-
	dent and Health)
29-01	Exemption/Check List Under Ins 16.02
29-02	Check List Under Ins 16.02 for Town Mutuals
29-03	Exemption Under Ins 16.02 for Town Mutuals
(2) BUREAU OF	MARKET REGULATION
26-12	Property and Casualty Insurers Required Rate
00.14	Filing Transmittal
26-14	Certificate of Compliance Form Filing
26-15	Property and Casualty Insurers Required Non- standard Form Filing Transmittal
28-40	Medicare Supplement Experience Exhibit: Wis-
20 10	consin Business
28-50	Product Liability Reporting Forms Packet
28-51	Medical Malpractice Reporting Forms Packet
751-05	Original Complaint Form
51-06	Supplemental Complaint Form
51-11	Computer-generated Letter to Company
Register, December, 198'	7, No. 384

COMMISSIONER OF INSURANCE

51-12	Computer-generated Acknowledgement to
51-13	Consumer Computer-generated Follow-up Letters to
51-15	Company Statutory Violation Forfeiture Letters

Note: These forms may be obtained from the Office of the Commissioner of Insurance, 123 West Washington Avenue, P.O. Box 7873, Madison, Wisconsin 53707-7873.

History: Cr. Register, July, 1959, No. 43, eff. 8-1-59; r. and recr. Register, October, 1987, No. 382, eff. 11-1-87; reprinted to include missing copy, Register, December, 1987, No. 384.

Ins 7.03 State life fund forms. History: Cr. Register, July, 1959, No. 43, eff. 8-1-59; r. Register, October, 1987, No. 382, eff. 11-1-87.



Register, December, 1987, No. 384