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STATE OF WISCONSIN
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STATE OF WISCONSIN)
)
OFFICE OF THE COMMISSIONER OF INSURANCE)

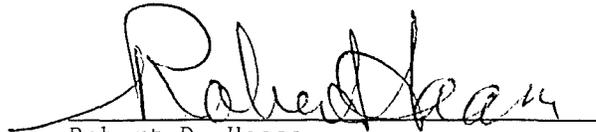
DOUGLAS LA FOLLETTE
SECRETARY OF STATE

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETINGS:

I, Robert D. Haase, Commissioner of Insurance and custodian of the official records of said office, do hereby certify that the annexed order repealing and recreating a rule was issued by this office on August 27, 1987.

I further certify that said copy has been compared by me with the original on file in this office and that the same is a true copy thereof, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name in the City of Madison, State of Wisconsin, this 27th day of August, 1987.



Robert D. Haase
Commissioner of Insurance

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DOUGLAS LA FOLLETTE
SECRETARY OF STATE

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ORDER OF THE COMMISSIONER OF INSURANCE

The Wisconsin insurance commissioner's office repeals Ins 7.03 and repeals and recreates Ins 7.01 and 7.02 relating to the forms used by the commissioner's office.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: s. 601.41 (3), Stats.

Statutes interpreted: s. 227.23 (3), Stats.

These rules list the forms which are used by the insurance commissioner's office. The rules list the form number, the title of the form and information on how to obtain copies of these forms.

SECTION 1. Ins 7.01 and 7.02 are repealed and recreated to read:

Ins 7.01. DIVISION OF ADMINISTRATIVE SERVICES AND POLICY ANALYSIS

FORMS.

Following is a list of the forms which are used by the Division of Administrative Services and Policy Analysis of the commissioner's office including the forms used by the Agent Licensing Section, the Patients Compensation Fund and the Wisconsin Health Insurance Risk-Sharing Plan.

(1) AGENT LICENSING SECTION

<u>Form No.</u>	<u>Title</u>
11-01	Resident/Nonresident Agent Listing
11-05	Application for Temporary Agent License
11-11	Notice of Termination of Agent
11-20	Wisconsin Insurance Agent License
11-203	Certificate of Corporation or Partnership
11-222	Instructions for All Agents Requesting Licensure or Appointment for Variable Contract
11-37	Motor Club Service Agent License
11-371	Instructions for Licensing Motor Club Service Agents
11-38	Application for Motor Club Service Agent's License
11-41	Nonresident Insurance Agent License Application
11-410	Instructions to All Agents Requesting a Nonresident Intermediary Agent License and Authority in Wisconsin
11-50	Application for Permanent Corporation or Partnership Insurance Intermediary License
11-501	Instructions on Insurance Licensing for Corporations and Partnerships
11-51	Notice of Biennial Insurance Agent Regulation Fee
11-513	Order of Suspension of Insurance Agent License
11-514	Letter on End of Suspension for Overdue Biennial Regulation Fee
11-516	Notice of Agent Name or Address Change
11-522	Letter to All Insurance Companies on Resident and Nonresident Annual Listings, Renewals and Initial Listings
11-53	Authorization to Appoint and Terminate Agents
11-60	Wisconsin Intermediary Insurance Corporation or Partnership License
11-61	Notice of Biennial Individual Insurance Intermediary Corporation/Partnership Fee Payable
11-612	Order of Suspension of Corporation/Partnership License
11-70	Insurance Surplus Lines License
11-71	Surplus Lines Agent License
11-72	Surplus Lines Agent Annual Fee Notice
11-73	Surplus Lines License Order of Suspension
11-901	Addendum to Wisconsin Multistate Insurance Licensing Examination Appendix
11-902	Instructions on Self-Study Program for Agents
11-913	Instructions to All Applicants Requesting a Resident Intermediary Agent License and Authority in Wisconsin

(2) PATIENTS COMPENSATION FUND

<u>Form No.</u>	<u>Title</u>
31-1	Patients Compensation Fund Assessment or Exemption
31-1A	Patients Compensation Fund Exemption
31-20	Patients Compensation Fund Certificate of Insurance for Primary Health Care Liability
31-407	Claims Paid Report by Insurers to Patients Compensation Fund
31-409	Patients Compensation Fund Certificate of Compliance

(3) HEALTH INSURANCE RISK-SHARING PLAN

<u>Form No.</u>	<u>Title</u>
43-01	Health Insurance Premiums/Subscriber Charges

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.

Ins 7.02. DIVISION OF REGULATION AND ENFORCEMENT FORMS.

Following is a list of the forms used by the Division of Regulation
and Enforcement including the forms used by the Bureau of Financial
Examinations and the Bureau of Market Regulation.

(1) BUREAU OF FINANCIAL EXAMINATIONS

<u>Form No.</u>	<u>Title</u>
21-1	Application for Certificate of Authority -- Domestic and Nondomestic
21-2	Instructions for Newly Licensed Health Maintenance Organizations
21-3	Application for Certificate of Authority -- Gift Annuities
21-4	Application for Limited Certificate of Authority -- Warranty Plans
21-11	Statement of Education, Prior Occupation, Business Experience and Supplementary Information -- Biographical
21-19	Application for Admission -- Motor Clubs
21-25	Authority of Commissioner to Make Inquiry
21-30	Information for Newly Licensed Limited Service Health Organizations
21-31	Application for Certificate of Authority for Nondomestic Health Maintenance Organizations Licensed Under Chapter 618

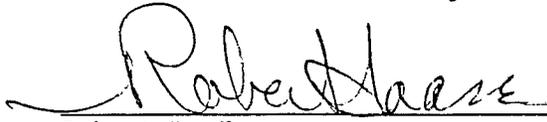
<u>Form No.</u>	<u>Title</u>
21-32	Application for Certificate of Incorporation and Certificate of Authority for Domestic, For-Profit Health Maintenance Organizations Licensed Under Chapter 611
21-600	Instructions on Reporting Requirements for Health Maintenance Organizations
21-63	Application for Continuing Care Permit
22-001	Wisconsin Annual Statement Instructions
22-01	Annual Statement Schedule I: Agents Commission 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
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
22-10B	Fire and Casualty - Nondomestic Annual Statement 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 Domestic 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 Service or Indemnity Corporations on Annual Statement
22-60	Instructions to Health Maintenance Organizations on Annual Statement
22-70	Instructions to Town Mutual Insurance companies on Annual Statement
22-80	Instructions to Gift Annuity Entities on Annual Statement
22-82	Actuarial Instructions -- Certificate of Valuation: Aggregate Reserves on Outstanding Gift Annuities
22-90	Instructions on Mortgage Guaranty Companies Annual Statement Packet -- Domestic
22-91	Instructions on Mortgage Guaranty Companies Annual Statement Packet -- Nondomestic
22-921	Mortgage Guaranty Insurers Report of Policyholders Position
23-1	Certificate of Authority
23-10	Application for Reservation of Corporate Name
24-3	Certification of the Authenticity of Copy of Document on File

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.

SECTION 2. Ins 7.03 is repealed.

EFFECTIVE DATE. Pursuant to s. 227.22 (2), Stats., these rules shall
be effective on the first day of the month commencing after the date of
publication.

Dated at Madison, Wisconsin, this 26th day of August, 1987.



Robert D. Haase
Commissioner of Insurance

The State of Wisconsin
Office of the Commissioner of Insurance

Robert D. Haase
Commissioner
(608) 266-3585



RECEIVED

DATE: August 27, 1987

AUG 27 1987

TO: Gary Poulson

Revisor of Statutes
Bureau

FROM: Mary Grossman, Director
Office of Policy Analysis

SUBJECT: Ins 7.01, 7.02, Clearinghouse No. 87-35

Enclosed are two copies of an Order of the Commissioner of Insurance repealing and recreating rules relating to the forms used by the insurance commissioner's office.

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Enclosure
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<u>Form No.</u>	<u>Title</u>
24-10	Examination Certification
25-01	Loss Reserve Development Schedule -- Quarterly
25-11	Fire and Casualty Companies Quarterly Statement -- Association Edition
25-41	Life and Accident and Health Companies Quarterly Statement -- Association Edition
25-60	Health Maintenance Organizations Quarterly Statement
25-61	Health Maintenance Organizations Quarterly Statement of Revenue and Expenses
25-71	Town Mutual Quarterly Statement
26-3	Amendment to Articles of Organization (or Incorporation) -- 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 Accident 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

<u>Form No.</u>	<u>Title</u>
26-12	Property and Casualty Insurers Required Rate Filing Transmittal
26-14	Certificate of Compliance Form Filing
26-15	Property and Casualty Insurers Required Nonstandard Form Filing Transmittal
28-40	Medicare Supplement Experience Exhibit: Wisconsin Business
28-50	Product Liability Reporting Forms Packet
28-51	Medical Malpractice Reporting Forms Packet
51-05	Original Complaint Form
51-06	Supplemental Complaint Form
51-11	Computer-generated Letter to Company
51-12	Computer-generated Acknowledgement to Consumer
51-13	Computer-generated Follow-up Letters to Company
51-15	Statutory Violation Forfeiture Letters