

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
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

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22-91	Instructions on Mortgage Guaranty Companies Annual Statement Packet — Nondomestic
22-921	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

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.

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.