

Chapter Ins 7

FORMS

Ins 7.01	Purpose	Ins 7.04	Division of regulation and enforcement
Ins 7.02	Bureau of financial analysis and examinations forms	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Note: Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.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

(3) OFFICE OF RESEARCH AND PUBLIC INFORMATION.

Register, January, 1992, No. 433

COMMISSIONER OF INSURANCE

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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.