State of Wisconsin

Commissioner of Insurance

Form 4

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

(Filed pursuant to Wisconsin Administrative Code section Ins 6.43)

(Name of insurance company)

(Name of person whose ownership is reported)

(Business address of such person; street, city, state, zip code)

Relationship of such person to company named above. (See Ins 6.43(5))

Statement of Calendar Month of ______, 19____

Changes During Month and Month-End Ownership (See Ins 6.43(6))

| Title of Security Ins 6.43(7) | Date of Transaction Ins 6.43(8) | Amount Bought or otherwise acquired Ins 6.43(9) | Amount Sold or otherwise disposed of Ins 6.43(9) | Nature of Ownership Ins 6.43(10) | Amount Owned beneficially at end of month Ins 6.43(9) |
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Remarks: (See Ins 6.43(11))

I affirm under penalty of perjury that the foregoing is full, true, and correct.

Date of statement

Signature

History: Cr. Register, August, 1966, No. 128, eff. 9-1-66; am. Register, September, 1976, No. 249, eff. 10-1-76.

**Ins 6.50 Kinds of individual intermediary-agents licenses.** (1) PURPOSE. This rule set forth the kinds of individual intermediary-agents licenses which may be issued.

(2) KINDS OF LICENSES. The following individual intermediary-agent licenses may be issued, each authorizing the solicitation of the kind or kinds of insurance indicated:

(a) Life insurance—as described in s. Ins 6.75 (1) (a);

(b) Disability insurance—as described in s. Ins 6.75 (1) (c) or (2) (c);

(c) Property insurance—as described in s. Ins 6.75 (2) (a) and (b);

(d) Casualty insurance—as described in s. Ins 6.75 (2) (d) through (n);

(e) Credit life and credit accident and sickness insurance as described in s. Ins 6.75 (1) (a) 1. and (1) (c) 1. or (2) (c) 1.;

(g) Automobile insurance—as described in s. Ins 6.75 (2) (e);

(h) Title insurance—as described in s. Ins 6.75 (2) (h);

(i) Town mutual non-property insurance—as described in s. 612.31 (3), Stats.

History: Cr. Register, December, 1967, No. 144, eff. 1-1-68; r. and recr. (3) (d), Register, November, 1971, No. 191, eff. 12-1-71; am. (2) (e), Register, February, 1973, No. 206, eff. 3-1-73; am. (2) (h), Register, September, 1973, No. 213, eff. 10-1-73; cr. (2) (o), Register, May, 1975, No. 233, eff. 6-1-75; emerg. am. (1), (2), (3) (a) and (c), eff. 6-22-76; am. (1), (2), (3) (a) and (c), Register, September, 1976, No. 249, eff. 10-1-76; r. and recr., Register, August, 1977, No. 260, eff. 9-1-77; r. (2) (f), Register, October, 1981, No. 310, eff. 11-1-81.

**Ins 6.51 Group life and disability coverage termination and replacement.** (1) PURPOSE. This section is intended to promote the fair and equitable treatment of group policyholders, insurers, employes and dependents, and the general public by setting out procedures to be followed when a group life or disability insurance policy is terminated or replaced, and to interpret ss. 632.79 and 632.897, Stats.

(2) SCOPE. This section shall apply to all group life and group disability policies covering employes or employes and dependents, issued by insurers providing insurance as defined in s. Ins 6.75 (1) (a) or (c) or (2) (c). It shall apply to blanket policies only if they provide 24-hour coverage for both injury and sickness; any blanket policy, covering any type of group, which provides for renewal shall be subject to subs. (4) and (5); any blanket policy covering students of a college or university, regardless of whether it provides for renewal, shall be subject to subs. (6) and (7). Subsection (4) (a) shall apply only to group policies as defined in sub. (3) (c) 2. Subsections (6) and (7) do not apply to excess or stop-loss insurance purchased under s. 120.13 (2) (c), Stats., by a county or school district that self-insures employe health benefits.

(3) DEFINITIONS. (a) "Blanket policy" has the meaning in s. 600.03 (35) (c), Stats.

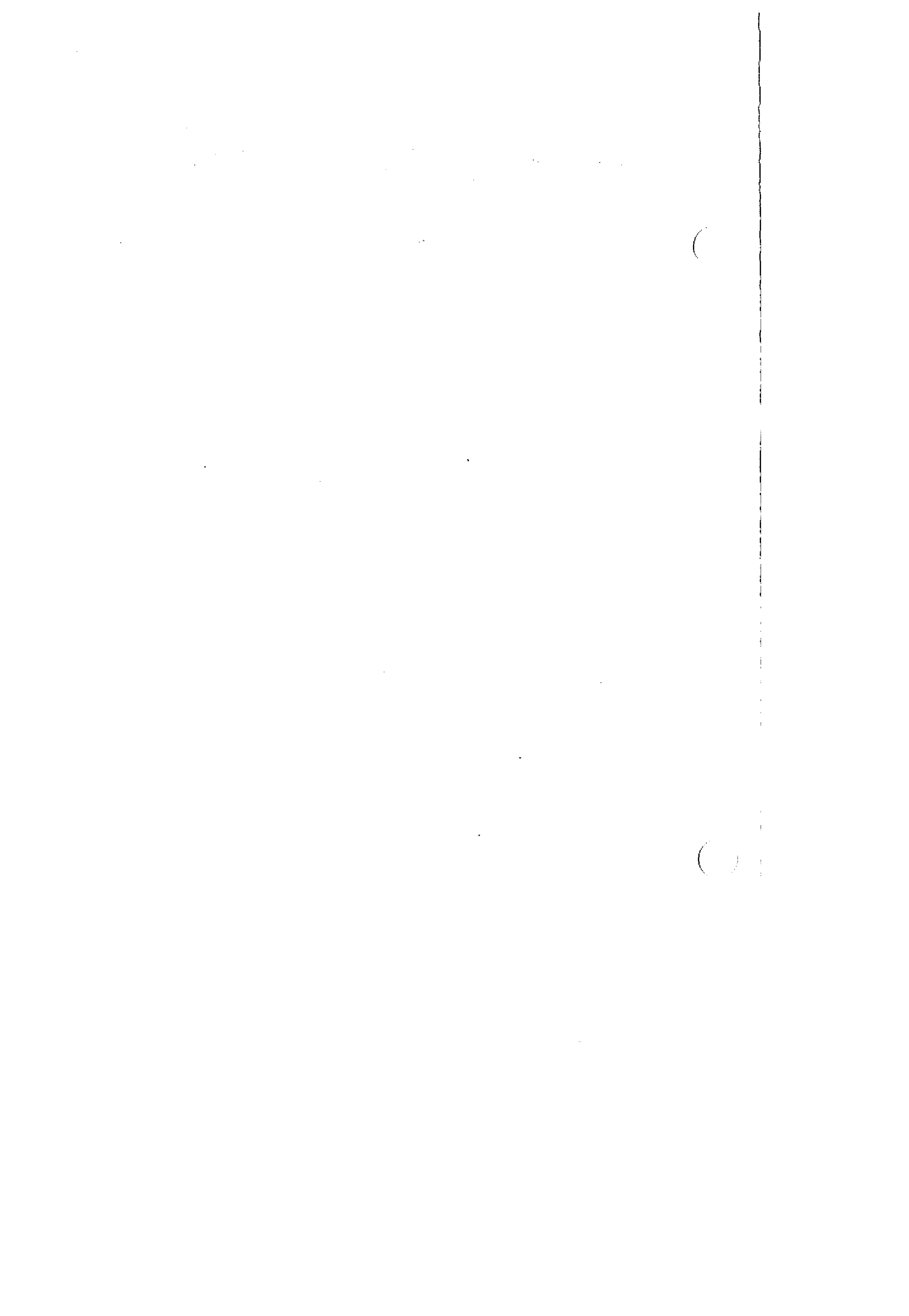
(b) "Employe" means an employe of an employer or a member of a union or association or a student of a college or university.

(c) "Group policy:" 1. Means a policy or contract covering employes issued by an insurer to an employer, labor union, association or trust fund or, in the case of a blanket policy, a college or university, or a group type plan, except that;

2. In sub. (4) (a), means only a policy or contract issued by an insurer or a s. 185.981, Stats., co-operative or a group type plan issued by a ch. 613, Stats., corporation, providing hospital, surgical or medical expense coverage to or on behalf of an employer.

(d) A "group policy providing medical expense coverage" does not include a policy providing coverage for dental, vision care, hearing care or prescription drug expense coverage only.

(e) "Group policyholder" means an employer, labor union, association, trust fund or other entity responsible for making group policy premium payments to an insurer.



(iii) For an individual who is totally disabled on the effective date of the succeeding group policy, under a type of coverage for which sub. (6) requires an extension of coverage, the end of any period of extended coverage required of the prior insurer or, if the prior insurer's group policy was not subject to sub. (6), would have been required of the prior insurer had its group policy been so subject.

3. Pre-existing conditions. If the succeeding insurer's group policy contains a pre-existing condition limitation, the coverage for these conditions of persons becoming covered by the succeeding group policy under subd. 1 or 2, during the period the limitation applies under that group policy, shall be the lesser of:

a. The coverage of the succeeding group policy determined without application of the limitation and

b. The coverage of the prior group policy determined after application of any such limitation contained in the policy.

4. Deductibles and waiting periods. The succeeding insurer, in applying any deductibles or waiting periods contained in its group policy, including pre-existing condition waiting periods, shall give credit for the satisfaction or partial satisfaction of the same or similar provisions under the prior group policy, to the extent that the prior and succeeding group policies provide similar coverage. Deductible provision credit shall be given for the same or overlapping benefit periods for expenses incurred and applied against the deductible provisions of the prior group policy during the 90 days preceding the effective date of the succeeding group policy, but only to the extent that these expenses are recognized under the succeeding group policy and are subject to a similar deductible provision.

5. Determination of prior insurer's coverage. Where a determination of the prior insurer's coverage is required by the succeeding insurer, the prior insurer, at the succeeding insurer's request, shall furnish a statement of the coverage available and a copy of pertinent group policy provisions to permit the succeeding insurer to verify the coverage statement or make its own coverage determination. Coverage of the prior group policy shall be determined in accorance with the definitions, conditions and covered expense provisions of that group policy rather than those of the succeeding group policy. The coverage determination shall be made as if coverage had not been replaced by the succeeding insurer.

(8) MORE FAVORABLE PROVISIONS PERMITTED. This section sets out minimum requirements. It does not prohibit a group policyholder and an insurer from agreeing to policy provisions which are more favorable to insured persons.

(9) EFFECTIVE DATE. As provided in s. 227.026 (1) (intro), this section shall take effect on the first day of the month following its publication.

History: Cr. Register, October, 1972, No. 202, eff. 11-1-72; emerg. am. (1) and (2), eff. 6-22-76; am. (1) and (2), Register, September, 1976, No. 249, eff. 10-1-76; am. (1), (2) and (7) (c), Register, March, 1979, No. 279, eff. 4-1-79; r. and recr., Register, March 1982, No. 315, eff. 4-1-82; am. (2), Register, April, 1988, No. 388, eff. 5-1-88.

**Ins 6.52 Biographical data relating to company officers and directors.** (1) PURPOSE. This rule is intended to implement and interpret ss. 611.13 (2), 611.54 (1) (a), 611.57, 618.11 (4) and 618.21 (1) (b), Stats., for the purpose of setting standards for the reporting of biographical data relating

to company officers, directors, promoters and incorporators, or other persons similarly situated.

(2) SCOPE. This rule shall apply to all persons proposing to form an insurer under the laws of this state and to all nondomestic insurers applying for admission to this state and to all insurers authorized to do business in this state except as follows:

(b) Domestic fraternal benefit societies.

(c) Nonprofit service plans, cooperatives sickness care plans organized or operating under ss. 185.981 to 185.985, Stats., voluntary benefit plans organized or operating under s. 185.991 and motor club service companies organized or operating under ss. 616.71 to 616.74 and 616.76 to 616.82, Stats., and donor annuity societies.

(3) REPORT OF ORGANIZATION OF A DOMESTIC INSURER OR ADMISSION OF A NONDOMESTIC INSURER. Biographical information in form and substance substantially in accordance with Form A, shown at the end of this rule, shall be furnished to the commissioner of insurance by all promoters, incorporators, directors, trustees and principal officers or proposed directors and principal officers, as the case may be, of an insurer being organized or of an insurer applying for admission. Financial and character reports of any such persons may be ordered by the commissioner and the cost or expense of such reports shall be paid by the incorporators as an organization expense or by the insurer applying for admission.

(4) DEFINITION. The term "officer" as used in this rule shall include the president, one or more vice presidents, secretary, treasurer, chief actuary, general counsel, comptroller and any person, however described, who enjoys in fact the executive authority of any such officers.

(5) REPORTING WITH RESPECT TO NEW OFFICERS AND DIRECTORS SUBSEQUENT TO ORGANIZATION OR ADMISSION. A report shall be provided by each domestic insurer to which this rule applies with respect to the appointment or election of any new director, trustee or officer elected or appointed within 15 days after such appointment or election. Such report shall be prepared by the company in form and substance substantially in accordance with Form B, shown at the end of this rule.

(6) SUBSEQUENT REPORTS. When such a report has been provided to the commissioner by a company in accordance with subs. (3) and (5) of this rule, no further report concerning subsequent changes in his status as an officer or director of such company need be reported to the commissioner provided, however, the company shall promptly report to the commissioner any information concerning the conviction of an officer or director for a felony or the naming of a director, trustee or officer, other than as a party plaintiff or complainant, in any criminal action or in a civil action in which fraud was an issue.

(7) ADDITIONAL INFORMATION. The commissioner may request from any company such additional information with respect to any of its officers or directors as he may deem necessary and such request shall be promptly complied with by the company to which such request is directed.