

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 — 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 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
22-500	Schedule of Covered Expenses
22-510	Election of Exemption (Opt-out)
22-520	Election to be Subject to Restrictions (Opt-in)
22-530	Termination of Exemption (Opt-out)
22-540	Termination of Election (Opt-in)
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
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

26-002	Resources for Persons with a Positive HIV Test/ The Implications of Testing Positive for HIV
26-12	Property and Casualty Insurers Required Rate 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: Wisconsin Business
28-50	Product Liability Reporting Forms Packet
28-51	Medical Malpractice Reporting Forms Packet
28-52	Commercial Liability Insurance Reporting Form 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

Note: The form numbers listed in this rule do not necessarily reflect the form number on the form. Preceding zeros have been added for automation of records in our office.

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; am. Register, April, 1989, No. 400, eff. 5-1-89; emerg. am. eff. 1-1-90; am. (2), Register, August, 1990, No. 416, eff. 9-1-90; am. (2), Register, April, 1991, No. 424, eff. 5-1-91.