

## 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**Note:** Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.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.**

**Form  
Number**

**Title**

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
21-050	Initial Registration for Vehicle Protection Product Warranty
21-051	Vehicle Protection Product Warranty Annual Registration
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
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	Employee 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; CR 04-133: am. Register June 2005 No. 594, eff. 7-1-05.

**Ins 7.04 Division of regulation and enforcement.**

**(1) COMPLAINTS SECTION.**

**Form  
Number**

**Title**

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.

<u>Form Number</u>	<u>Title</u>
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.**

<u>Form Number</u>	<u>Title</u>
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.