

Chapter Ins 7

FORMS

Ins 7.01 Purpose. Ins 7.02 Bureau of financial analysis and examinations forms.	Ins 7.04 Division of regulation and enforcement. Ins 7.06 Commissioner.
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Note: Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.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 Warranties 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.