



CR 94-144

State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Tommy G. Thompson
Governor

Josephine W. Musser
Commissioner

121 East Wilson Street
P.O. Box 7873
Madison, Wisconsin 53707-7873
(608) 266-3585

STATE OF WISCONSIN
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DEC 12 1994
DOUGLAS LA FOLLETTE
SECRETARY OF STATE

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REVISOR OF STATUTES
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STATE OF WISCONSIN)
OFFICE OF THE COMMISSIONER OF INSURANCE)

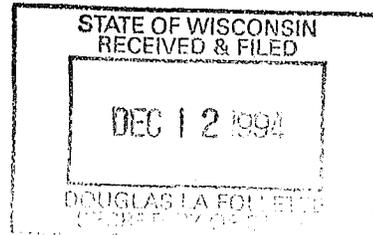
I, Randy Blumer, Deputy Commissioner of Insurance and custodian of the official records of this Office, certify that the attached rule-making order affecting sections Ins 6.85, Wis. Adm. Code relating to the notice required regarding the right to file a complaint with the commissioner., was issued by this Office on December 9, 1994.

I further certify that I have compared this copy with the original on file in this Office and that it is a true copy of the whole of the original.

Dated at Madison, Wisconsin, on December 9, 1994.

Randy Blumer
Randy Blumer
Deputy Commissioner of Insurance

2-1-95



ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE

AMENDING A RULE

To amend s. Ins 6.85 (4) (b) and Appendix 1 relating to the notice required regarding the right to file a complaint with the commissioner.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

This change will modify the notice of the right to file a complaint by requiring that the insurer's address be included. In addition, if the insurer has a toll free phone number, it must be listed.

Statutory authority: 631.28 and 601.41 (3), Stats.

Statutes interpreted: 631.28, Stats.

SECTION 1. Section Ins 6.85 (4) (b) and Appendix 1 are amended to read:

6.85 (4) (b) ~~Allow the issuer to include its address and~~ Include the issuer's address, toll free phone number, if available, and phone number in no less than 12-point type and bold print.

APPENDIX 1

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? - If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

{Optional} (INSURER NAME)
{Optional} (CUSTOMER SERVICE)
{Optional} (ADDRESS)
{Optional} (CITY, STATE, ZIP)
{Optional} (TOLL FREE TELEPHONE NUMBER, if available)
{Optional} (TELEPHONE NUMBER)

You can also contact the OFFICE OF THE COMMISSIONER OF INSURANCE, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can contact the OFFICE OF THE COMMISSIONER OF INSURANCE by ~~writing to~~ contacting:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103

SECTION 2. INITIAL APPLICABILITY. This rule first applies to any notice sent on or after March 1, 1995.

Dated at Madison, Wisconsin, this 9th day of December, 1994.



Randy Blumer
Deputy Commissioner of Insurance