

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Note: Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.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

<u>Form Number</u>	<u>Title</u>
21-002	Application for Certificate of Authority—Domestic Nonprofit HMO
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
21-064	Application for Initial and Renewal Life Settlement Provider License
21-190	Application for Admission—Motor Clubs
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
22-051	Life Settlement Provider 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
22-090	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; CR 10-151: cr. Form line 21-064, 22-051 Register August 2012 No. 680, eff. 9-1-12; CR 17-015: r. Form line 21-001, 21-003, 22-001, 22-006, 22-080 Register December 2017 No. 744, eff. 1-1-18.

Ins 7.04 Division of regulation and enforcement.
(1) COMPLAINTS SECTION.

<u>Form Number</u>	<u>Title</u>
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>
11-042	Application for Life Settlement Business Entity Broker License
11-049	Application for Life Settlement Individual Broker License
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; CR 10-151: cr. (2) Form line 11-042, 11-049 Register August 2012 No. 680, eff. 9-1-12.

Ins 7.06 Commissioner.

<u>Form Number</u>	<u>Title</u>
28-053	Medical Malpractice Closed Claims Report

Note: These forms and all other forms currently in use may be obtained from the Office of the Commissioner of Insurance at its website at <http://oci.wi.gov/>, or by writing to P.O. Box 7873, Madison, WI 53707-7878.

History: Cr. Register, January, 1992, No. 433, eff. 2-1-92.