

## 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**Note:** Chapter Ins 7 as it existed on January 31, 1992 was repealed and a new chapter Ins 7 was created effective February 1, 1992.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 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—Fraternals
- 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
- 22-001 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
- 22-051 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
- 22-080 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; **CR 10-151: cr. Form line 21-064, 22-051 Register August 2012 No. 680, eff. 9-1-12.**

**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.**

**Form**  
**Number**

**Title**

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|--------|---|
| 11-042 | Application for Life Settlement Business Entity<br>Broker License |
| 11-049 | Application for Life Settlement Individual Broker<br>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.**

**Form**  
**Number**

**Title**

- |        |   |
|--------|---|
| 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.**

**Form**  
**Number**

**Title**

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|--------|--|
| 28-053 | Medical Malpractice Closed Claims Report |
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**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.