

LEGISLATIVE ACTION

Senate House

Comm: WD 04/13/2010

The Committee on General Government Appropriations (Baker) recommended the following:

Senate Amendment (with title amendment)

Between lines 1675 and 1676 insert:

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Section 13. Subsection (3) of section 624.4085, Florida Statutes, is amended to read:

624.4085 Risk-based capital requirements for insurers.-

- (3) (a) A company action level event includes:
- 1. The filing of a risk-based capital report by an insurer which indicates that:
- a. The insurer's total adjusted capital is greater than or equal to its regulatory action level risk-based capital but less

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than its company action level risk-based capital; or

- b. If a life and health insurer, the insurer has total adjusted capital that is greater than or equal to its company action level risk-based capital, but is less than the product of its authorized control level risk-based capital and 2.5, and has a negative trend;
- 2. The notification by the office to the insurer of an adjusted risk-based capital report that indicates an event in subparagraph 1., unless the insurer challenges the adjusted risk-based capital report under subsection (7); or
- 3. If, under subsection (7), an insurer challenges an adjusted risk-based capital report that indicates an event in subparagraph 1., the notification by the office to the insurer that the office has, after a hearing, rejected the insurer's challenge.
- (b)1. If a company action level event occurs, the insurer shall prepare and submit to the office a risk-based capital plan, which must:
- a.1. Identify the conditions that contribute to the company action level event;
- b.2. Contain proposals of corrective actions that the insurer intends to take and that are reasonably expected to result in the elimination of the company action level event;
- c.3. Provide projections of the insurer's financial results in the current year and at least the 4 succeeding years, both in the absence of proposed corrective actions and giving effect to the proposed corrective actions, including projections of statutory operating income, net income, capital, and surplus. The projections for both new and renewal business may include

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separate projections for each major line of business and, if separate projections are provided, must separately identify each significant income, expense, and benefit component;

- d.4. Identify the key assumptions affecting the insurer's projections and the sensitivity of the projections to the assumptions; and
- e.5. Identify the quality of, and problems associated with, the insurer's business, including, but not limited to, its assets, anticipated business growth and associated surplus strain, extraordinary exposure to risk, mix of business, and any use of reinsurance.
- 2. A residential property insurer that conducts any business with affiliates shall include a columnar worksheet that includes all affiliates who have contracted with, done business with, or otherwise received remuneration from the insurer, and separately for each affiliate shall list the following financial information from the immediately preceding calendar year:
 - a. Total assets;
 - b. Total liabilities;
 - c. Surplus or shareholders equity;
 - d. Net income;
- e. Total amounts receivable from parents, subsidiaries, and affiliates;
- f. Total amounts payable to a parents, subsidiaries, and affiliates;
 - g. Dividends paid to shareholders of common stock;
- h. Debt service, including principle and interest paid on debt incurred to capitalize or recapitalize an insurance company or fund other insurance-related activities; and

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- i. Payments made for other contractual obligations to support insurance-related activities.
 - (c) The risk-based capital plan must be submitted:
 - 1. Within 45 days after the company action level event; or
- 2. If the insurer challenges an adjusted risk-based capital report under subsection (7), within 45 days after notification to the insurer that the office has, after a hearing, rejected the insurer's challenge.
- (d) Within 60 days after the submission by an insurer of a risk-based capital plan to the office, the office shall notify the insurer whether the risk-based capital plan must be implemented or is, in the judgment of the office, unsatisfactory. If the office determines that the risk-based capital plan is unsatisfactory, the notification to the insurer must set forth the reasons for the determination and may set forth proposed revisions. Upon notification from the office, the insurer shall prepare a revised risk-based capital plan, which may incorporate by reference any revisions proposed by the office, and shall submit the revised risk-based capital plan to the office:
- 1. Within 45 days after the notification from the office;
- 2. If the insurer challenges the notification from the office under subsection (7), within 45 days after a notification to the insurer that the office has, after a hearing, rejected the insurer's challenge.
- (e) If the office notifies an insurer that the insurer's risk-based capital plan or revised risk-based capital plan is unsatisfactory, the office may, at its discretion and subject to

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the insurer's right to a hearing under subsection (7), specify in the notification that the notification is a regulatory action level event.

- (f) Each domestic insurer that files a risk-based capital plan or a revised risk-based capital plan with the office shall file a copy of the risk-based capital plan or the revised riskbased capital plan with the insurance department in any other state in which the insurer is authorized to do business if:
- 1. That state has a risk-based capital law that is substantially similar to paragraph (8)(a); and
- 2. The insurance department of that state has notified the insurer of its request for the filing in writing, in which case the insurer shall file a copy of the risk-based capital plan or the revised risk-based capital plan in that state no later than the later of:
- a. Fifteen days after the receipt of notice to file a copy of its risk-based capital plan or revised risk-based capital plan with the state; or
- b. The date on which the risk-based capital plan or the revised risk-based capital plan is filed under paragraph (c) or paragraph (d).

Section 14. Section 626.7452, Florida Statutes, is amended to read:

626.7452 Managing general agents; examination authority.-The acts of the managing general agent are considered to be the acts of the insurer on whose behalf it is acting. A managing general agent may be examined as if it were the insurer except in the case where the managing general agent solely represents a single domestic insurer.

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Section 15. Section 628.801, Florida Statutes, is amended to read:

628.801 Insurance holding companies; registration; regulation.-

(1) Every insurer that is authorized to do business in this state and that is a member of an insurance holding company shall register with the office and be subject to regulation with respect to its relationship to the holding company as provided by rule or statute. The commission shall adopt rules establishing the information and form required for registration and the manner in which registered insurers and their affiliates are regulated. The rules apply to domestic insurers, foreign insurers, and commercially domiciled insurers, except for a foreign insurer domiciled in states that are accredited by the National Association of Insurance Commissioners by December 31, 1995. Except to the extent of any conflict with this code, the rules must include all requirements and standards of ss. 4 and 5 of the Insurance Holding Company System Regulatory Act and the Insurance Holding Company System Model Regulation of the National Association of Insurance Commissioners, as the Regulatory Act and the Model Regulation existed on November 30, 2001, and shall may include a prohibition on oral contracts between affiliated entities. Upon request, the office may waive filing requirements under this section for a domestic insurer that is the subsidiary of an insurer that is in full compliance with the insurance holding company registration laws of its state of domicile, which state is accredited by the National Association of Insurance Commissioners.

(2) Unless otherwise authorized in the Florida Insurance



Code, an insurer may not:

- (a) Pay any remuneration to a managing general agent outside the terms of a written agreement, unless the insurer has notified the office at least 30 days in advance of such payment and the office does not object to such payment before the payment date; or
- (b) Engage, contract with, or pay any third party to perform material duties required of an affiliate under terms of a written agreement, unless the insurer has notified the office at least 30 days in advance of such engagement or execution of a contract and the office does not object to such payment before the effective date of the engagement or contract. However, the insurer may engage third parties to supplement the managing general agent in the event of a catastrophe and shall notify the office within 30 days after such engagement.

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======= T I T L E A M E N D M E N T ======== And the title is amended as follows:

Delete line 128 176

177 and insert:

> proceeding has exclusive jurisdiction; amending s. 624.4085, F.S.; requiring a residential property insurer that conducts business with affiliates to provide the Office of Insurance Regulation with a list of financial dealings with affiliates; amending s. 626.7452, F.S.; deleting a exception to examinations of a managing general agent; amending s. 628.801, F.S.; requiring the Office of Insurance Regulation to prohibit oral contracts between affiliated entities by

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rule; prohibiting an insurers from paying renumeration to a managing general agent outside the terms of a written agreement unless the Office of Insurance Regulation does not object to such payments; prohibiting an insurer from contracting with a third party to perform material duties required of an affiliate unless the Office of Insurance Regulation does not object; providing an exception; providing an