By the Committee on Financial Services and Representative Tamargo

1	A bill to be entitled
2	An act relating to insurance; amending s.
3	215.555, F.S.; revising the method of
4	reimbursement to insurers under the Florida
5	Hurricane Catastrophe Fund; amending s.
6	624.316, F.S.; deleting certain rulemaking
7	authority of the Department of Insurance
8	relating to insurer compliance; amending s.
9	624.426, F.S.; providing that certain
10	transferred policies are exempt from the
11	resident agent and countersignature law;
12	amending s. 624.610, F.S.; specifying purposes
13	of regulation of reinsurance; correcting cross
14	references; amending s. 627.7275, F.S.;
15	modifying coverage requirements and premiums
16	relating to motor vehicle property damage
17	liability; amending s. 627.9126, F.S.;
18	authorizing the Department of Insurance to
19	sample claims or actions for damages; amending
20	s. 627.913, F.S.; revising requirements for
21	annual reports by products liability insurers;
22	repealing s. 624.22, F.S., relating to purposes
23	of regulation of reinsurance; providing an
24	effective date.
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26	Be It Enacted by the Legislature of the State of Florida:
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28	Section 1. Paragraph (e) of subsection (4) of section
29	215.555, Florida Statutes, is amended to read:
30	215.555 Florida Hurricane Catastrophe Fund
31	(4) REIMBURSEMENT CONTRACTS

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- (e)1. Except as provided in subparagraphs 2. and 3., the contract shall provide that if an insurer demonstrates to the board that it is likely to qualify for reimbursement under the contract, and demonstrates to the board that the immediate receipt of moneys from the board is likely to prevent the insurer from becoming insolvent, the board shall advance the insurer, at market interest rates, the amounts necessary to maintain the solvency of the insurer, up to 50 percent of the board's estimate of the reimbursement due the insurer. The insurer's reimbursement shall be reduced by an amount equal to the amount of the loan and interest thereon.
- 2. With respect only to an entity created under s. 627.351, the contract shall also provide that the board may, upon application by such entity, advance to such entity, at market interest rates, up to 90 percent of the lesser of:
- The board's estimate of the amount of reimbursement due to such entity; or
- The entity's share of the actual reimbursement premium paid for that contract year, multiplied by the currently available liquid assets of the fund. In order for the entity to qualify for an advance under this subparagraph, the entity must demonstrate to the board that the advance is essential to allow the entity to pay claims for a covered event and the board must determine that the fund's assets are sufficient and are sufficiently liquid to allow the board to make an advance to the entity and still fulfill the board's reimbursement obligations to other insurers. The entity's final reimbursement for any contract year in which an advance has been made under this subparagraph must be reduced by an amount equal to the amount of the advance and any interest on 31 such advance. In order to determine what amounts, if any, are

due the entity, the board may require the entity to report its exposure and its losses at any time to determine retention levels and reimbursements payable.

- 3. The contract shall also provide specifically and solely with respect to any limited apportionment company under s. 627.351(2)(b)3. that the board may, upon application by such company, advance to such company the amount of the estimated reimbursement payable to such company as calculated pursuant to paragraph (d), up to the lesser of:
- a. Ninety percent of the board's estimate of the reimbursement due to such company, or
- b. Ninety percent of the company's share of the total fund premiums applied to the board's currently available liquid assets,

at market rates, if the company demonstrates to the board that the immediate receipt of such moneys is essential to permit it to pay claims for a covered event and if the board determines that the fund's assets are sufficient and are sufficiently liquid to permit the board to make an advance to such company and at the same time fulfill its reimbursement obligations to the insurers that are participants in the fund. Such company's final reimbursement for any contract year in which an advance pursuant to this subparagraph has been made shall be reduced by an amount equal to the amount of the advance and interest thereon. In order to determine what amounts, if any, are due to such company, the board may require such company to report its exposure and its losses at such times as may be required to determine retention levels and loss reimbursements payable.

Section 2. Paragraph (f) of subsection (2) of section 624.316, Florida Statutes, is amended to read:

624.316 Examination of insurers.--

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- (f)1.a. An examination under this section must be conducted at least once every year with respect to a domestic insurer that has continuously held a certificate of authority for less than 3 years. The examination must cover the preceding fiscal year or the period since the last examination of the insurer. The department may limit the scope of the examination if the insurer has demonstrated sufficient compliance as determined under subparagraph 3.
- b. The department may not accept an independent certified public accountant's audit report in lieu of an examination required by this subparagraph.
- c. An insurer may not be required to pay more than \$25,000 to cover the costs of any one examination under this subparagraph.
- 2. An examination under this section must be conducted not less frequently than once every 5 years with respect to an insurer that has continuously held a certificate of authority, without a change in ownership subject to s. 624.4245 or s. 628.461, for more than 15 years and has demonstrated sufficient compliance as determined under subparagraph 3. The examination must cover the preceding 5 fiscal years of the insurer or the period since the last examination of the insurer. This subparagraph does not limit the ability of the department to conduct more frequent examinations.
- 3. The department must, by rule, adopt procedures and criteria for determining if an insurer has demonstrated sufficient compliance with this code and cooperation with the

department. The rules must include consideration of such factors as financial strength, timeliness, consumer service, economic and community contributions and support, responsiveness to department requests, and any other relevant factors. The department must annually publish and disseminate a listing of those insurers found to demonstrate sufficient compliance under the rules, including special recognition for community contributions and support.

Section 3. Subsection (4) is added to section 624.426, Florida Statutes, to read:

624.426 Exceptions to resident agent and countersignature law.--Section 624.425 does not apply to:

4) Policies of insurance issued by insurers whose agents represent only one company or group of companies under common ownership if a company within one group is transferring policies to another company within the same group and the agent of record remains the same.

Section 4. Subsections (1)-(12) of section 624.610, Florida Statutes, are renumbered as subsections (2)-(13) of said section, respectively, new subsection (1) is added to said section, and renumbered subsection (2) of said section is amended, to read:

624.610 Reinsurance.--

(1) The purpose of this section is to protect the interests of insureds, claimants, ceding insurers, assuming insurers, and the public. It is the intent of the Legislature to ensure adequate regulation of insurers and reinsurers and adequate protection for those to whom they owe obligations.

In furtherance of that state interest, the Legislature requires that upon the insolvency of a non-United States insurer or reinsurer which provides security to fund its

United States obligations in accordance with this section, such security shall be maintained in the United States and claims shall be filed with and valued by the State Insurance Commissioner with regulatory oversight, and the assets shall be distributed in accordance with the insurance laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic United States insurance companies. The Legislature declares that the matters contained in this section are fundamental to the business of insurance in accordance with 15 U.S.C. ss. 1011-1012.

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- (b) Credit in accounting and financial statements on account of reinsurance ceded to a nonapproved reinsurer may be allowed only:
- 1. When it is demonstrated by the ceding insurer to the satisfaction of the department that such reinsurer maintains the standards and meets the financial requirements applicable to an authorized insurer;
- 2. To the extent of deposits by, or funds withheld from, such reinsurer pursuant to express provision therefor in the reinsurance contract as security for the payment of the obligations thereunder if such deposits or funds are held subject to withdrawal by, and under the control of, the ceding insurer or such deposits or funds are placed in trust for such purposes in a bank which is a member of the Federal Reserve System if withdrawals from the trust cannot be made without the consent of the ceding insurer. The funds withheld may be cash or securities which are qualified as admitted assets under part II of chapter 625 and which have a market value equal to or greater than the credit taken; or

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- To the extent that the amount of a clean, unconditional, evergreen, and irrevocable letter of credit, issued for a term of not less than 1 year and in conformity with the requirements set forth in this subparagraph, equals or exceeds the liability of an unauthorized or unapproved reinsurer for unearned premiums, outstanding losses, and an adequate reserve for incurred but not reported losses under a specific reinsurance agreement. The requirements are that such a clean and irrevocable letter of credit be issued under arrangements satisfactory to the department as constituting security to the ceding insurer substantially equal to that of a deposit under subparagraph 2. and that the letter be issued by a banking institution which is a member of the Federal Reserve System and which has financial standing satisfactory to the commissioner. The department may adopt rules requiring that the letter adhere in its wording to a format for letters of credit as the format has been or may be adopted or approved by the National Association of Insurance Commissioners.
- 4. When the reinsurance is ceded to a reinsurer which maintains a trust fund, in a bank or trust company that is subject to supervision by any state of the United States or that is a member of the Federal Reserve System, for the payment of the valid claims for business written in the United States. The trust shall consist of a trusteed account in an amount not less than the reinsurer's liabilities attributable to reinsurance by ceding insurers for business written in the United States and, in addition, the reinsurer shall maintain a trusteed surplus of not less than \$20 million. Such trust shall be established in a form approved, and any amendments to the trust approved, by the insurance commissioner where the trust is domiciled, or the insurance commissioner of another

state who, pursuant to the terms of the trust agreement, has accepted principal regulatory oversight of the trust. The trust shall remain in effect for as long as the reinsurer has outstanding obligations due under the reinsurance agreements subject to the trust. The trust assets must be in cash or securities which are qualified as admitted assets under part II of chapter 625 and which have a market value of the required liabilities and trusteed surplus. The reinsurer shall report quarterly to the insurance commissioner information substantially the same as that required to be reported on the National Association of Insurance Commissioners Annual Statement form by licensed insurers to enable the insurance commissioner to determine the sufficiency of the trust fund. The trust and the reinsurer shall be subject to examination as determined by the commissioner.

- 5. The credit permitted by  $\operatorname{subparagraph}(a)4$ . and the credit permitted by  $\operatorname{subparagraph}(a)2$ . shall not be allowed unless the assuming insurer in substance agrees in the trust agreement to the following conditions:
- a. Notwithstanding any other provisions in the trust instrument, if the trust fund is inadequate because it contains an amount less than the amount required by the department or, if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation, or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the commissioner superintendent with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the commissioner superintendent with regulatory oversight all of the assets of United States trust beneficiaries.

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- The assets shall be distributed by, and claims of United States trust beneficiaries shall be filed with and valued by, the commissioner superintendent with regulatory oversight in accordance with the laws of the state in which the trust is domiciled that are applicable to the liquidation of domestic insurance companies.
- If the commissioner superintendent with regulatory oversight determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims for business written in the United States, the assets or any part thereof shall be returned by the commissioner superintendent with regulatory oversight to the trustee for distribution in accordance with the trust agreement.
- The grantor shall waive any right otherwise available to it under United States law that is inconsistent with this provision.
- (c) For the purposes of this subsection only, the term "ceding insurer" shall include any health maintenance organization operating under a certificate of authority issued under part I of chapter 641.
- Section 5. Paragraph (a) of subsection (2) of section 627.7275, Florida Statutes, is amended to read:
  - 627.7275 Motor vehicle property damage liability.--
- (2)(a) Insurers writing motor vehicle insurance in this state shall make available, subject to the insurers' usual underwriting restrictions, coverage under policies as described in subsection (1) of this section to any applicant for private passenger motor vehicle insurance coverage who is seeking the coverage in order to reinstate the applicant's driving privileges in this state when the driving privileges 31 were revoked or suspended pursuant to s. 316.646 or s. 627.733

due to the failure of the applicant to maintain required security. The policy shall be issued for a period of at least 3 6 months and as to the minimum coverages required under this section shall not be cancelable by the insured for any reason 4 5 or by the insurer after a period not to exceed 30 days during which the insurer must complete underwriting of the policy. 6 7 After the insurer has completed underwriting the policy within 8 the 30-day period, the insurer shall notify the Department of Highway Safety and Motor Vehicles that the policy is in full force and effect and the policy shall not be cancelable for 10 11 the remainder of the policy period. A premium shall be 12 collected and coverage shall be in effect for the 30-day 13 period during which the insurer is completing the underwriting 14 of the policy whether or not the person's driver license, motor vehicle tag, and motor vehicle registration are in 15 16 effect. Once the noncancelable provisions of the policy become effective, the coverage or risk shall not be changed 17 during the policy period and the premium shall be 18 nonrefundable fully earned. If, during the pendency of the 19 20 2-year proof of insurance period required under s. 627.733(7), the insured obtains additional coverage or coverage for an 21 22 additional risk or changes territories, the insured then she or he must obtain a new 6-month noncancelable policy in 23 accordance with the provisions of this section. However, if 24 the insured must obtain a new 6-month policy and obtains the 25 26 policy from the same insurer, the policyholder shall receive 27 credit on the new policy for any premium paid on the 28 previously issued policy. Section 6. Subsections (1) and (2) of section 29 627.9126, Florida Statutes, are amended to read: 30

627.9126 Annual reports of information by liability insurers required.--

- (1) Each insurer transacting commercial multiperil, products liability, commercial automobile liability, private passenger automobile liability, or other line of liability insurance shall maintain information as specified in this section. Such information shall be maintained for each line of insurance and for direct Florida business only. The department may shall annually conduct a sampling of claims or actions for damages for personal injury or property damage claimed to have been caused by error, omission, or negligence of insureds if the claim resulted in:
  - (a) A final judgment in any amount.
  - (b) A settlement in any amount.
- (c) A final disposition not resulting in payment on behalf of the insured.
- (2) Upon request of the department, an insurer shall, within 60 days, submit to the department a report that which contains:
  - (a) A final judgment in any amount.
  - (b) A settlement in any amount.
- (c) A final disposition not resulting in payment on behalf of the insured.
- Section 7. Section 627.913, Florida Statutes, is amended to read:
- 627.913 Reports of information by products liability insurers required.--
- (1) The department may require any insurer authorized to write a policy of products liability insurance in the state to shall transmit the following information, based on its statewide products liability insurance writings. Upon the

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request of, to the department, an each year in the annual
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    report of such insurer shall, within 60 days, submit to the
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    department a report that contains:
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          (1)<del>(a)</del> Premiums written;
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          (2)<del>(b)</del> Premiums earned;
          (3)<del>(c)</del> Unearned premiums;
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          (4)(d) The dollar amount of claims paid;
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          (5)<del>(e)</del> Incurred claims, not including claims incurred
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   but not reported;
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          (6)(f) Claims closed without payment, and the amount
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    reserved for such claims;
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          (7)<del>(g)</del> Loss reserves for all claims except claims
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    incurred but not reported;
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          (8)(h) Reserves for claims incurred but not reported;
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          (9)(i) Losses paid as a percentage of the amount
    reserved for such losses;
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          (10)(j) Net investment gain or loss and other income
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    gain or loss allocated to products liability lines according
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    to the allocation formula used in the annual insurance expense
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    exhibit;
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          (11) (k) Underwriting income or loss;
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          (12)(1) Actual expenses in detail, including, but not
    limited to, loss adjustment expense; commissions; general
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    expense; and advertising, home office, and defense costs;
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          (13) (m) Claims settled after a suit was filed;
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          (14)(n) Claims paid based on a judgment; and
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          (15)<del>(o)</del> Judgments appealed by the insurer, together
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    with the total results of such appeals.
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          (2) The department shall provide a summary of
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    information provided pursuant to subsection (1) in its annual
31 report.
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(3) In the first year that an insurer makes a report pursuant to subsection (1), the insurer shall provide only the information required by paragraphs (a) through (1) of subsection (1) and shall provide such information for the current year and the 3 previous years. Section 8. Section 624.22, Florida Statutes, is repealed. Section 9. This act shall take effect October 1 of the year in which enacted.