1 A bill to be entitled 2 An act relating to the Florida Hurricane Catastrophe Fund; 3 amending s. 215.555, F.S.; creating the Division of the 4 Florida Hurricane Catastrophe Fund as a division of the 5 State Board of Administration; providing for a board of 6 the division; revising legislative findings; revising 7 certain definitions; providing definitions; revising 8 provisions requiring the State Board of Administration to 9 invest certain funds; requiring the division board to 10 appoint a director; providing duties of the director; providing that the appointment of a director is subject to 11 the approval of the board by a majority vote; authorizing 12 the division to employ or contract with such staff as the 13 14 division deems necessary to administer the fund; requiring 15 the division to enter into a contract with each insurer 16 writing covered policies in this state to provide to the 17 insurer reimbursement as prescribed by state law; requiring that such contracts contain certain elements or 18 19 provisions and provide the division with certain 20 obligations; requiring the division to publish certain 21 information in the Florida Administrative Weekly at 22 specified times; authorizing the payment of advancements 23 of reimbursements or reimbursement premium to certain 24 entities under certain conditions; requiring the division 25 to inspect, examine, and verify the records of each 26 insurer's covered policies for certain reimbursement 27 contract purposes; providing for the payments of expenses 28 associated with such inspection, examination, or

Page 1 of 61

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verification; providing for the reimbursement of the division for such expenses by an insurer under certain circumstances; authorizing the division to take certain action if it finds any insurer's records or other necessary information to be inadequate or inadequately posted, recorded, or maintained; requiring the division to select an independent consultant to develop a formula for determining the actuarially indicated premium to be paid to the fund; requiring the division to consider certain factors when a establishing reimbursement premium; providing for the calculation of such premium by the division; providing for the payment of reimbursement premium; providing for the collection of interest on certain late reimbursement premium payments; providing responsibilities of the division if Citizens Property Insurance Corporation assumes or otherwise provides coverage for policies of an insurer placed in liquidation; authorizing the division to execute agreements regarding revenue bonds or other financing arrangements for the purpose of evidencing, securing, preserving, or protecting a pledge of revenue by the corporation; requiring the Florida Surplus Lines Service Office to assist the division in ensuring the accurate and timely collection and remittance of assessments of surplus lines premiums; requiring the office to report certain information to the division at a time and in a manner prescribed by the division; providing for the issuance of revenue bonds through counties or municipalities; revising the

Page 2 of 61

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membership of the Florida Hurricane Catastrophe Fund Finance Corporation; providing absence of liability on the part of any member of the board of directors or employees of the corporation for any actions taken by them in the performance of their duties; providing additional powers and duties of the division board and the division; requiring the division board to appoint an advisory council; providing for membership of the council; providing duties of the council; authorizing the division to take any action necessary to enforce certain rules and provisions of a reimbursement contract; requiring the division to make certain recommendations to the Legislature upon the creation of a federal or multistate catastrophic insurance or reinsurance program intended to serve purposes similar to the purposes of the fund; providing for the reversion of fund assets upon termination of the fund; providing for optional coverages of the fund; revising the temporary increases in coverage limits (TICL); requiring a TICL addendum to contain a promise by the division to make certain reimbursements to the TICL insurer; including the level of TICL coverage specified by the board among the factors that must be considered when determining the amount of increase in the claims-paying capacity of the fund; amending s. 215.557, F.S.; conforming provisions to changes made by the act; amending s. 215.5586, F.S.; requiring the division director to serve on the advisory council of the My Safe Florida Home Program; amending ss. 215.559 and 215.5595,

Page 3 of 61

F.S.; conforming provisions to changes made by the act; amending s. 627.0628, F.S.; revising legislative intent; assigning the Florida Commission on Hurricane Loss Projection Methodology to the division; requiring the fund director to serve on the commission; requiring the division board to annually appoint one of the members of the commission to serve as chair; requiring the division to provide for travel, expenses, and staff support for the commission; indemnifying members and employees of the division from liability for action taken with respect to the commission or its activities; requiring the division to employ certain methods, principles, standards, models, or output ranges when establishing reimbursement premiums for the fund; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 215.555, Florida Statutes, is amended to read:

103 to read

215.555 Florida Hurricane Catastrophe Fund.--

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(1) FINDINGS AND PURPOSE. -- The Legislature finds and declares as follows:

109 110 viable and orderly private sector market for property insurance in this state. To the extent that the private sector is unable to maintain a viable and orderly market for property insurance in this state, state actions to maintain such a viable and

There is a compelling state interest in maintaining a

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Page 4 of 61

orderly market are valid and necessary exercises of the police power.

- (b) As a result of unprecedented levels of catastrophic insured losses in recent years, and especially as a result of Hurricane Andrew, numerous insurers have determined that in order to protect their solvency, it is necessary for them to reduce their exposure to hurricane losses. Also as a result of these events, world reinsurance capacity has significantly contracted, increasing the pressure on insurers to reduce their catastrophic exposures.
- (c) Mortgages require reliable property insurance, and the unavailability of reliable property insurance would therefore make most real estate transactions impossible. In addition, the public health, safety, and welfare demand that structures damaged or destroyed in a catastrophe be repaired or reconstructed as soon as possible. Therefore, the inability of the private sector insurance and reinsurance markets to maintain sufficient capacity to enable residents of this state to obtain property insurance coverage in the private sector endangers the economy of the state and endangers the public health, safety, and welfare. Accordingly, state action to correct for this inability of the private sector constitutes a valid and necessary public and governmental purpose.
- (d) The insolvencies and financial impairments resulting from Hurricane Andrew demonstrate that many property insurers are unable or unwilling to maintain reserves, surplus, and reinsurance sufficient to enable the insurers to pay all claims in full in the event of a catastrophe. State action is therefore

Page 5 of 61

necessary to protect the public from an insurer's unwillingness or inability to maintain sufficient reserves, surplus, and reinsurance.

- (e) A state program to provide a stable and ongoing source of reimbursement to insurers for a portion of their catastrophic hurricane losses will create additional insurance capacity sufficient to ameliorate the current dangers to the state's economy and to the public health, safety, and welfare.
- (f) It is essential to the functioning of a state program to increase insurance capacity that revenues received be exempt from federal taxation. It is therefore the intent of the Legislature that this program be structured as a state trust fund under the direction and control of the <u>Division of the Florida Hurricane Catastrophe Fund within the State Board of Administration and operate exclusively for the purpose of protecting and advancing the state's interest in maintaining insurance capacity in this state.</u>
- (g) Hurricane Andrew, which caused insured and uninsured losses in excess of \$20 billion, will likely not be the last major windstorm to strike Florida. Recognizing that a future wind catastrophe could cause damages in excess of \$60 billion, especially if a major urban area or series of urban areas were hit, it is the intent of the Legislature to balance equitably its concerns about mitigation of hurricane impact, insurance affordability and availability, and the risk of insurer and joint underwriting association insolvency, as well as assessment and bonding limitations.
  - (2) DEFINITIONS. -- As used in this section:

Page 6 of 61

(a) "Actuarially indicated" means, with respect to premiums paid by insurers for reimbursement provided by the fund, an amount determined according to principles of actuarial science to be adequate, but not excessive, in the aggregate, to pay current and future obligations and expenses of the fund, including additional amounts if needed to pay debt service on revenue bonds issued under this section and to provide required debt service coverage in excess of the amounts required to pay actual debt service on revenue bonds issued under subsection (7) (6), and determined according to principles of actuarial science to reflect each insurer's relative exposure to hurricane losses.

- (b) "Covered event" means any one storm declared to be a hurricane by the National Hurricane Center, which storm causes insured losses in this state.
- (c) "Covered policy" means any insurance policy covering residential property in this state, including, but not limited to, any homeowner's, mobile home owner's, farm owner's, condominium association, condominium unit owner's, tenant's, or apartment building policy, or any other policy covering a residential structure or its contents issued by any authorized insurer, including a commercial self-insurance fund holding a certificate of authority issued by the Office of Insurance Regulation under s. 624.462, the Citizens Property Insurance Corporation, and any joint underwriting association or similar entity created under law. The term "covered policy" includes any collateral protection insurance policy covering personal residences which protects both the borrower's and the lender's financial interests, in an amount at least equal to the coverage

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for the dwelling in place under the lapsed homeowner's policy, if such policy can be accurately reported as required in subsection (6) (5). Additionally, covered policies include policies covering the peril of wind removed from the Florida Residential Property and Casualty Joint Underwriting Association or from the Citizens Property Insurance Corporation, created under s. 627.351(6), or from the Florida Windstorm Underwriting Association, created under s. 627.351(2), by an authorized insurer under the terms and conditions of an executed assumption agreement between the authorized insurer and such association or Citizens Property Insurance Corporation. Each assumption agreement between the association and such authorized insurer or Citizens Property Insurance Corporation must be approved by the Office of Insurance Regulation before the effective date of the assumption, and the Office of Insurance Regulation must provide written notification to the division board within 15 working days after such approval. "Covered policy" does not include any policy that excludes wind coverage or hurricane coverage or any reinsurance agreement and does not include any policy otherwise meeting this definition which is issued by a surplus lines insurer or a reinsurer. All commercial residential excess policies and all deductible buy-back policies that, based on sound actuarial principles, require individual ratemaking shall be excluded by rule if the actuarial soundness of the fund is not jeopardized. For this purpose, the term "excess policy" means a policy that provides insurance protection for large commercial property risks and that provides a layer of coverage above a primary layer insured by another insurer.

(d) "Losses" means direct incurred losses under covered policies, which shall include losses for additional living expenses not to exceed 40 percent of the insured value of a residential structure or its contents and shall exclude loss adjustment expenses. "Losses" does not include losses for fair rental value, loss of rent or rental income, or business interruption losses.

- (e) "Retention" means the amount of losses below which an insurer is not entitled to reimbursement from the fund. An insurer's retention shall be calculated as follows:
- 1. The <u>division</u> board shall calculate and report to each insurer the retention multiples for that year. For the contract year beginning June 1, 2005, the retention multiple shall be equal to \$4.5 billion divided by the total estimated reimbursement premium for the contract year; for subsequent years, the retention multiple shall be equal to \$4.5 billion, adjusted based upon the reported exposure from the prior contract year to reflect the percentage growth in exposure to the fund for covered policies since 2004, divided by the total estimated reimbursement premium for the contract year. Total reimbursement premium for purposes of the calculation under this subparagraph shall be estimated using the assumption that all insurers have selected the 90-percent coverage level.
- 2. The retention multiple as determined under subparagraph 1. shall be adjusted to reflect the coverage level elected by the insurer. For insurers electing the 90-percent coverage level, the adjusted retention multiple is 100 percent of the amount determined under subparagraph 1. For insurers electing

Page 9 of 61

the 75-percent coverage level, the retention multiple is 120 percent of the amount determined under subparagraph 1. For insurers electing the 45-percent coverage level, the adjusted retention multiple is 200 percent of the amount determined under subparagraph 1.

- 3. An insurer shall determine its provisional retention by multiplying its provisional reimbursement premium by the applicable adjusted retention multiple and shall determine its actual retention by multiplying its actual reimbursement premium by the applicable adjusted retention multiple.
- 4. For insurers who experience multiple covered events causing loss during the contract year, beginning June 1, 2005, each insurer's full retention shall be applied to each of the covered events causing the two largest losses for that insurer. For each other covered event resulting in losses, the insurer's retention shall be reduced to one-third of the full retention. The reimbursement contract shall provide for the reimbursement of losses for each covered event based on the full retention with adjustments made to reflect the reduced retentions after January 1 of the contract year provided the insurer reports its losses as specified in the reimbursement contract.
- (f) "Workers' compensation" includes both workers' compensation and excess workers' compensation insurance.
- (g) "Bond" means any bond, debenture, note, or other evidence of financial indebtedness issued under this section.
- (h) "Debt service" means the amount required in any fiscal year to pay the principal of, redemption premium, if any, and interest on revenue bonds and any amounts required by the terms

Page 10 of 61

of documents authorizing, securing, or providing liquidity for revenue bonds necessary to maintain in effect any such liquidity or security arrangements.

- (i) "Debt service coverage" means the amount, if any, required by the documents under which revenue bonds are issued, which amount is to be received in any fiscal year in excess of the amount required to pay debt service for such fiscal year.
- (j) "Local government" means a unit of general purpose local government as defined in s. 218.31(2).
- (k) "Pledged revenues" means all or any portion of revenues to be derived from reimbursement premiums under subsection (6) (5) or from emergency assessments under paragraph (7)(b) (6)(b), as determined by the board.
- (1) "Estimated claims-paying capacity" means the sum of the projected year-end balance of the fund as of December 31 of a contract year, plus any reinsurance purchased by the fund, plus the <u>division's board's</u> estimate of the board's borrowing capacity.
- (m) "Actual claims-paying capacity" means the sum of the balance of the fund as of December 31 of a contract year, plus any reinsurance purchased by the fund, plus the amount the board is able to raise through the issuance of revenue bonds under subsection (7) (6).
- (n) "Corporation" means the Florida Hurricane Catastrophe Fund Finance Corporation created in paragraph (7) (d)  $\frac{(6)}{(d)}$ .
- (o) "Division" means the Division of the Florida Hurricane Catastrophe Fund.
  - (p) "Director" means the chief administrator of the

Page 11 of 61

division, who shall act on behalf of the division as authorized by the board.

(q) "FHCF" or "fund" means the Florida Hurricane Catastrophe Fund.

- (r) "Board" means the governing board of the division, which shall be composed of the Governor and the Cabinet.
- CREATED. -- There is created a division of the State Board of Administration known as the Division of the Florida Hurricane Catastrophe Fund, which shall administer the Florida Hurricane Catastrophe Fund. For purposes of this section, the board of the division shall consist of the Governor and the Cabinet. The Governor shall serve as chair of the board, the Attorney General shall serve as secretary of the board, and the Chief Financial Officer shall serve as treasurer of the board.
- (4)(3) FLORIDA HURRICANE CATASTROPHE FUND CREATED.—There is created the Florida Hurricane Catastrophe Fund within to be administered by the State Board of Administration. Moneys in the fund may not be expended, loaned, or appropriated except to pay obligations of the fund arising out of reimbursement contracts entered into under subsection (5) (4), payment of debt service on revenue bonds issued under subsection (7) (6), costs of the mitigation program under subsection (8) (7), costs of procuring reinsurance, and costs of administration of the fund. The State Board of Administration board shall invest the moneys in the fund pursuant to ss. 215.44-215.52. Except as otherwise provided in this section, earnings from all investments shall be retained in the fund. The board shall appoint a director, who shall be

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responsible for the administration of the fund. The appointment of the director of the Division of the Florida Hurricane Catastrophe Fund shall be subject to the approval by a majority vote of the board. The division <del>board</del> may employ or contract with such staff and professionals as the division board deems necessary for the administration of the fund. The board may adopt such rules as are reasonable and necessary to implement this section and shall specify interest due on any delinquent remittances, which interest may not exceed the fund's rate of return plus 5 percent. Such rules must conform to the Legislature's specific intent in establishing the fund as expressed in subsection (1), must enhance the fund's potential ability to respond to claims for covered events, must contain general provisions so that the rules can be applied with reasonable flexibility so as to accommodate insurers in situations of an unusual nature or where undue hardship may result, except that such flexibility may not in any way impair, override, supersede, or constrain the public purpose of the fund, and must be consistent with sound insurance practices. The board may, by rule, provide for the exemption from subsections (5) (4) and (6) (5) of insurers writing covered policies with less than \$10 million in aggregate exposure for covered policies if the exemption does not affect the actuarial soundness of the fund. The division shall have the power to sue and be sued in the name of the division.

- (5) (4) REIMBURSEMENT CONTRACTS.--
- (a) The <u>division</u> board shall enter into a contract with each insurer writing covered policies in this state to provide

Page 13 of 61

to the insurer the reimbursement described in paragraphs (b) and (d), in exchange for the reimbursement premium paid into the fund under subsection (6) (5). As a condition of doing business in this state, each such insurer shall enter into such a contract.

- (b)1. The contract shall contain a promise by the <u>division</u> board to reimburse the insurer for 45 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's retention, plus 5 percent of the reimbursed losses to cover loss adjustment expenses.
- 2. The insurer must elect one of the percentage coverage levels specified in this paragraph and may, upon renewal of a reimbursement contract, elect a lower percentage coverage level if no revenue bonds issued under subsection (7) (6) after a covered event are outstanding, or elect a higher percentage coverage level, regardless of whether or not revenue bonds are outstanding. All members of an insurer group must elect the same percentage coverage level. Any joint underwriting association, risk apportionment plan, or other entity created under s. 627.351 must elect the 90-percent coverage level.
- 3. The contract shall provide that reimbursement amounts shall not be reduced by reinsurance paid or payable to the insurer from other sources.
- 4. Notwithstanding any other provision contained in this section, the board shall make available to insurers that purchased coverage provided by this subparagraph in 2007, insurers qualifying as limited apportionment companies under s. 627.351(6)(c), and insurers that have been approved to

Page 14 of 61

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participate in the Insurance Capital Build-Up Incentive Program pursuant to s. 215.5595 a contract or contract addendum that provides an additional amount of reimbursement coverage of up to \$10 million. The premium to be charged for this additional reimbursement coverage shall be 50 percent of the additional reimbursement coverage provided, which shall include one prepaid reinstatement. The minimum retention level that an eligible participating insurer must retain associated with this additional coverage layer is 30 percent of the insurer's surplus as of December 31, 2007. This coverage shall be in addition to all other coverage that may be provided under this section. The coverage provided by the fund under this subparagraph shall be in addition to the claims-paying capacity as defined in subparagraph (c)1., but only with respect to those insurers that select the additional coverage option and meet the requirements of this subparagraph. The claims-paying capacity with respect to all other participating insurers and limited apportionment companies that do not select the additional coverage option shall be limited to their reimbursement premium's proportionate share of the actual claims-paying capacity otherwise defined in subparagraph (c) 1. and as provided for under the terms of the reimbursement contract. Coverage provided in the reimbursement contract shall not be affected by the additional premiums paid by participating insurers exercising the additional coverage option allowed in this subparagraph. This subparagraph expires on May 31, 2009. (c)1. The contract shall also provide that the obligation

of the <u>division</u> <del>board</del> with respect to all contracts covering a

Page 15 of 61

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particular contract year shall not exceed the actual claims-paying capacity of the fund up to a limit of \$15 billion for that contract year adjusted based upon the reported exposure from the prior contract year to reflect the percentage growth in exposure to the fund for covered policies since 2003, provided the dollar growth in the limit may not increase in any year by an amount greater than the dollar growth of the balance of the fund as of December 31, less any premiums or interest attributable to optional coverage, as defined by rule which occurred over the prior calendar year.

In May before the start of the upcoming contract year and in October during the contract year, the division board shall publish in the Florida Administrative Weekly a statement of the fund's estimated borrowing capacity and the projected balance of the fund as of December 31. After the end of each calendar year, the division board shall notify insurers of the estimated borrowing capacity and the balance of the fund as of December 31 to provide insurers with data necessary to assist them in determining their retention and projected payout from the fund for loss reimbursement purposes. In conjunction with the development of the premium formula, as provided for in subsection (6) (5), the division board shall publish factors or multiples that assist insurers in determining their retention and projected payout for the next contract year. For all regulatory and reinsurance purposes, an insurer may calculate its projected payout from the fund as its share of the total fund premium for the current contract year multiplied by the sum of the projected balance of the fund as of December 31 and the

estimated borrowing capacity for that contract year as reported under this subparagraph.

- (d)1. For purposes of determining potential liability and to aid in the sound administration of the fund, the contract shall require each insurer to report such insurer's losses from each covered event on an interim basis, as directed by the division board. The contract shall require the insurer to report to the division board no later than December 31 of each year, and quarterly thereafter, its reimbursable losses from covered events for the year. The contract shall require the division board to determine and pay, as soon as practicable after receiving these reports of reimbursable losses, the initial amount of reimbursement due and adjustments to this amount based on later loss information. The adjustments to reimbursement amounts shall require the division board to pay, or the insurer to return, amounts reflecting the most recent calculation of losses.
- 2. In determining reimbursements pursuant to this subsection, the contract shall provide that the <u>division</u> board shall pay to each insurer such insurer's projected payout, which is the amount of reimbursement it is owed, up to an amount equal to the insurer's share of the actual premium paid for that contract year, multiplied by the actual claims-paying capacity available for that contract year.
- (e)1. Except as provided in subparagraphs 2. and 3., the contract shall provide that if an insurer demonstrates to the division board that it is likely to qualify for reimbursement under the contract, and demonstrates to the division board that

Page 17 of 61

the immediate receipt of moneys from the <u>division</u> board is likely to prevent the insurer from becoming insolvent, the <u>division</u> 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 <u>division's board's</u> estimate of the reimbursement due the insurer. The insurer's reimbursement shall be reduced by an amount equal to the amount of the advance and interest thereon.

- 2. With respect only to an entity created under s. 627.351, the contract shall also provide that the <u>division</u> board may, upon application by such entity, advance to such entity, at market interest rates, up to 90 percent of the lesser of:
- a. The  $\underline{\text{division's}}$   $\underline{\text{board's}}$  estimate of the amount of reimbursement due to such entity; or
- b. 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 division board that the advance is essential to allow the entity to pay claims for a covered event and the division board must determine that the fund's assets are sufficient and are sufficiently liquid to allow the division 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 such advance. In order to determine what amounts, if any, are

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

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- The contract shall also provide specifically and solely with respect to any limited apportionment company under s. 627.351(2)(b)3. that the division 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), at market interest rates, if the division board determines that the fund's assets are sufficient and are sufficiently liquid to permit the division 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 division 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.
- (f) In order to ensure that insurers have properly reported the insured values on which the reimbursement premium is based and to ensure that insurers have properly reported the losses for which reimbursements have been made, the <u>division</u> board shall inspect, examine, and verify the records of each insurer's covered policies at such times as the <u>division</u> board deems appropriate and according to standards established by rule

Page 19 of 61

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for the specific purpose of validating the accuracy of exposures and losses required to be reported under the terms and conditions of the reimbursement contract. The costs of the examinations shall be borne by the division board. However, in order to remove any incentive for an insurer to delay preparations for an examination, the division board shall be reimbursed by the insurer for any examination expenses incurred in addition to the usual and customary costs of the examination, which additional expenses were incurred as a result of an insurer's failure, despite proper notice, to be prepared for the examination or as a result of an insurer's failure to provide requested information while the examination is in progress. If the division board finds any insurer's records or other necessary information to be inadequate or inadequately posted, recorded, or maintained, the division <del>board</del> may employ experts to reconstruct, rewrite, record, post, or maintain such records or information, at the expense of the insurer being examined, if such insurer has failed to maintain, complete, or correct such records or deficiencies after the division board has given the insurer notice and a reasonable opportunity to do so. Any information contained in an examination report, which information is described in s. 215.557, is confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, as provided in s. 215.557. Nothing in this paragraph expands the exemption in s. 215.557.

(g) The contract shall provide that in the event of the insolvency of an insurer, the fund shall pay directly to the Florida Insurance Guaranty Association for the benefit of

Florida policyholders of the insurer the net amount of all reimbursement moneys owed to the insurer. As used in this paragraph, the term "net amount of all reimbursement moneys" means that amount which remains after reimbursement for:

- 1. Preliminary or duplicate payments owed to private reinsurers or other inuring reinsurance payments to private reinsurers that satisfy statutory or contractual obligations of the insolvent insurer attributable to covered events to such reinsurers; or
- 2. Funds owed to a bank or other financial institution to cover obligations of the insolvent insurer under a credit agreement that assists the insolvent insurer in paying claims attributable to covered events.

The private reinsurers, banks, or other financial institutions shall be reimbursed or otherwise paid prior to payment to the Florida Insurance Guaranty Association, notwithstanding any law to the contrary. The guaranty association shall pay all claims up to the maximum amount permitted by chapter 631; thereafter, any remaining moneys shall be paid pro rata to claims not fully satisfied. This paragraph does not apply to a joint underwriting association, risk apportionment plan, or other entity created under s. 627.351.

- (6) (5) REIMBURSEMENT PREMIUMS.--
- (a) Each reimbursement contract shall require the insurer to annually pay to the fund an actuarially indicated premium for the reimbursement.

Page 21 of 61

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The division State Board of Administration shall select an independent consultant to develop a formula for determining the actuarially indicated premium to be paid to the fund. The formula shall specify, for each zip code or other limited geographical area, the amount of premium to be paid by an insurer for each \$1,000 of insured value under covered policies in that zip code or other area. In establishing premiums, the division <del>board</del> shall consider the coverage elected under paragraph (5) (b)  $\frac{(4)(b)}{(b)}$  and any factors that tend to enhance the actuarial sophistication of ratemaking for the fund, including deductibles, type of construction, type of coverage provided, relative concentration of risks, and other such factors deemed by the division board to be appropriate. The formula may provide for a procedure to determine the premiums to be paid by new insurers that begin writing covered policies after the beginning of a contract year, taking into consideration when the insurer starts writing covered policies, the potential exposure of the insurer, the potential exposure of the fund, the administrative costs to the insurer and to the fund, and any other factors deemed appropriate by the board. The formula must be approved by unanimous vote of the board. The board may, at any time, revise the formula pursuant to the procedure provided in this paragraph.

(c) No later than September 1 of each year, each insurer shall notify the <u>division</u> board of its insured values under covered policies by zip code, as of June 30 of that year. On the basis of these reports, the <u>division</u> board shall calculate the premium due from the insurer, based on the formula adopted under

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paragraph (b). The insurer shall pay the required annual premium pursuant to a periodic payment plan specified in the contract. The <u>division</u> board shall provide for payment of reimbursement premium in periodic installments and for the adjustment of provisional premium installments collected prior to submission of the exposure report to reflect data in the exposure report. The <u>division</u> board shall collect interest on late reimbursement premium payments consistent with the assumptions made in developing the premium formula in accordance with paragraph (b).

- (d) All premiums paid to the fund under reimbursement contracts shall be treated as premium for approved reinsurance for all accounting and regulatory purposes.
- If Citizens Property Insurance Corporation assumes or otherwise provides coverage for policies of an insurer placed in liquidation under chapter 631 pursuant to s. 627.351(6), the corporation may, pursuant to conditions mutually agreed to between the corporation and the division State Board of Administration, obtain coverage for such policies under its contract with the fund or accept an assignment of the liquidated insurer's contract with the fund. If Citizens Property Insurance Corporation elects to cover these policies under the corporation's contract with the division fund, it shall notify the division <del>board</del> of its insured values with respect to such policies within a specified time mutually agreed to between the corporation and the division board, after such assumption or other coverage transaction, and the division fund shall treat such policies as having been in effect as of June 30 of that year. In the event of an assignment, the fund shall apply that

contract to such policies and treat Citizens Property Insurance Corporation as if the corporation were the liquidated insurer for the remaining term of the contract, and the corporation shall have all rights and duties of the liquidated insurer beginning on the date it provides coverage for such policies, but the corporation is not subject to any preexisting rights, liabilities, or duties of the liquidated insurer. The assignment, including any unresolved issues between the liquidated insurer and Citizens Property Insurance Corporation under the contract, shall be provided for in the liquidation order or otherwise determined by the court. However, if a covered event occurs before the effective date of the assignment, the corporation may not obtain coverage for such policies under its contract with the fund and shall accept an assignment of the liquidated insurer's contract as provided in this paragraph.

## (7) REVENUE BONDS.--

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- (a) General provisions. --
- 1. Upon the occurrence of a hurricane and a determination that the moneys in the fund are or will be insufficient to pay reimbursement at the levels promised in the reimbursement contracts, the board may take the necessary steps under paragraph (c) or paragraph (d) for the issuance of revenue bonds for the benefit of the fund. The proceeds of such revenue bonds may be used to make reimbursement payments under reimbursement contracts; to refinance or replace previously existing borrowings or financial arrangements; to pay interest on bonds; to fund reserves for the bonds; to pay expenses incident to the

Page 24 of 61

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issuance or sale of any bond issued under this section, including costs of validating, printing, and delivering the bonds, costs of printing the official statement, costs of publishing notices of sale of the bonds, and related administrative expenses; or for such other purposes related to the financial obligations of the fund as the board may determine. The term of the bonds may not exceed 30 years. The board may pledge or authorize the corporation to pledge all or a portion of all revenues under subsection (6)  $\frac{(5)}{(5)}$  and under paragraph (b) to secure such revenue bonds and the division board may execute such agreements between the division board and the issuer of any revenue bonds and providers of other financing arrangements under paragraph (8)(b) <del>(7)(b)</del> as the division <del>board</del> deems necessary to evidence, secure, preserve, and protect such pledge. If reimbursement premiums received under subsection (6) (5) or earnings on such premiums are used to pay debt service on revenue bonds, such premiums and earnings shall be used only after the use of the moneys derived from assessments under paragraph (b). The funds, credit, property, or taxing power of the state or political subdivisions of the state shall not be pledged for the payment of such bonds. The division board may also enter into agreements under paragraph (c) or paragraph (d) for the purpose of issuing revenue bonds in the absence of a hurricane upon a determination that such action would maximize the ability of the fund to meet future obligations.

2. The Legislature finds and declares that the issuance of bonds under this subsection is for the public purpose of paying the proceeds of the bonds to insurers, thereby enabling insurers

to pay the claims of policyholders to assure that policyholders are able to pay the cost of construction, reconstruction, repair, restoration, and other costs associated with damage to property of policyholders of covered policies after the occurrence of a hurricane.

(b) Emergency assessments. --

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If the board determines that the amount of revenue produced under subsection (6) (5) is insufficient to fund the obligations, costs, and expenses of the fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy, by order, an emergency assessment on direct premiums for all property and casualty lines of business in this state, including property and casualty business of surplus lines insurers regulated under part VIII of chapter 626, but not including any workers' compensation premiums or medical malpractice premiums. As used in this subsection, the term "property and casualty business" includes all lines of business identified on Form 2, Exhibit of Premiums and Losses, in the annual statement required of authorized insurers by s. 624.424 and any rule adopted under this section, except for those lines identified as accident and health insurance and except for policies written under the National Flood Insurance Program. The assessment shall be specified as a percentage of direct written premium and is subject to annual adjustments by the board in order to meet debt obligations. The same percentage shall apply to all policies in lines of business subject to the assessment

issued or renewed during the 12-month period beginning on the effective date of the assessment.

- 2. A premium is not subject to an annual assessment under this paragraph in excess of 6 percent of premium with respect to obligations arising out of losses attributable to any one contract year, and a premium is not subject to an aggregate annual assessment under this paragraph in excess of 10 percent of premium. An annual assessment under this paragraph shall continue as long as the revenue bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund the revenue bonds, unless adequate provision has been made for the payment of the bonds under the documents authorizing issuance of the bonds.
- 3. Emergency assessments shall be collected from policyholders. Emergency assessments shall be remitted by insurers as a percentage of direct written premium for the preceding calendar quarter as specified in the order from the Office of Insurance Regulation. The office shall verify the accurate and timely collection and remittance of emergency assessments and shall report the information to the <u>division</u> board in a form and at a time specified by the <u>division</u> board. Each insurer collecting assessments shall provide the information with respect to premiums and collections as may be required by the office to enable the office to monitor and verify compliance with this paragraph.
- 4. With respect to assessments of surplus lines premiums, each surplus lines agent shall collect the assessment at the

Page 27 of 61

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same time as the agent collects the surplus lines tax required by s. 626.932, and the surplus lines agent shall remit the assessment to the Florida Surplus Lines Service Office created by s. 626.921 at the same time as the agent remits the surplus lines tax to the Florida Surplus Lines Service Office. The emergency assessment on each insured procuring coverage and filing under s. 626.938 shall be remitted by the insured to the Florida Surplus Lines Service Office at the time the insured pays the surplus lines tax to the Florida Surplus Lines Service Office. The Florida Surplus Lines Service Office shall remit the collected assessments to the fund or corporation as provided in the order levied by the Office of Insurance Regulation. The Florida Surplus Lines Service Office shall verify the proper application of such emergency assessments and shall assist the division board in ensuring the accurate and timely collection and remittance of assessments as required by the board. The Florida Surplus Lines Service Office shall annually calculate the aggregate written premium on property and casualty business, other than workers' compensation and medical malpractice, procured through surplus lines agents and insureds procuring coverage and filing under s. 626.938 and shall report the information to the division <del>board</del> in a form and at a time specified by the division board.

5. Any assessment authority not used for a particular contract year may be used for a subsequent contract year. If, for a subsequent contract year, the board determines that the amount of revenue produced under subsection (6) (5) is insufficient to fund the obligations, costs, and expenses of the

fund and the corporation, including repayment of revenue bonds and that portion of the debt service coverage not met by reimbursement premiums, the board shall direct the Office of Insurance Regulation to levy an emergency assessment up to an amount not exceeding the amount of unused assessment authority from a previous contract year or years, plus an additional 4 percent provided that the assessments in the aggregate do not exceed the limits specified in subparagraph 2.

- 6. The assessments otherwise payable to the corporation under this paragraph shall be paid to the fund unless and until the Office of Insurance Regulation and the Florida Surplus Lines Service Office have received from the corporation and the fund a notice, which shall be conclusive and upon which they may rely without further inquiry, that the corporation has issued bonds and the fund has no agreements in effect with local governments under paragraph (c). On or after the date of the notice and until the date the corporation has no bonds outstanding, the fund shall have no right, title, or interest in or to the assessments, except as provided in the fund's agreement with the corporation.
- 7. Emergency assessments are not premium and are not subject to the premium tax, to the surplus lines tax, to any fees, or to any commissions. An insurer is liable for all assessments that it collects and must treat the failure of an insured to pay an assessment as a failure to pay the premium. An insurer is not liable for uncollectible assessments.
- 8. When an insurer is required to return an unearned premium, it shall also return any collected assessment

Page 29 of 61

attributable to the unearned premium. A credit adjustment to the collected assessment may be made by the insurer with regard to future remittances that are payable to the fund or corporation, but the insurer is not entitled to a refund.

- 9. When a surplus lines insured or an insured who has procured coverage and filed under s. 626.938 is entitled to the return of an unearned premium, the Florida Surplus Lines Service Office shall provide a credit or refund to the agent or such insured for the collected assessment attributable to the unearned premium prior to remitting the emergency assessment collected to the fund or corporation.
- 10. The exemption of medical malpractice insurance premiums from emergency assessments under this paragraph is repealed May 31, 2010, and medical malpractice insurance premiums shall be subject to emergency assessments attributable to loss events occurring in the contract years commencing on June 1, 2010.
- (c) Revenue bond issuance through counties or municipalities.--
- 1. If the board elects to enter into agreements with local governments for the issuance of revenue bonds for the benefit of the fund, the division board shall enter into such contracts with one or more local governments, including agreements providing for the pledge of revenues, as are necessary to effect such issuance. The governing body of a county or municipality is authorized to issue bonds as defined in s. 125.013 or s. 166.101 from time to time to fund an assistance program, in conjunction with the Florida Hurricane Catastrophe Fund, for the purposes

Page 30 of 61

set forth in this section or for the purpose of paying the costs of construction, reconstruction, repair, restoration, and other costs associated with damage to properties of policyholders of covered policies due to the occurrence of a hurricane by assuring that policyholders located in this state are able to recover claims under property insurance policies after a covered event.

- 2. In order to avoid needless and indiscriminate proliferation, duplication, and fragmentation of such assistance programs, any local government may provide for the payment of fund reimbursements, regardless of whether or not the losses for which reimbursement is made occurred within or outside of the territorial jurisdiction of the local government.
- 3. The state hereby covenants with holders of bonds issued under this paragraph that the state will not repeal or abrogate the power of the board to direct the Office of Insurance Regulation to levy the assessments and to collect the proceeds of the revenues pledged to the payment of such bonds as long as any such bonds remain outstanding unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing the issuance of such bonds.
- 4. There shall be no liability on the part of, and no cause of action shall arise against any members or employees of the governing body of a local government for any actions taken by them in the performance of their duties under this paragraph.
- (d) Florida Hurricane Catastrophe Fund Finance Corporation.--

1. In addition to the findings and declarations in subsection (1), the Legislature also finds and declares that:

- a. The public benefits corporation created under this paragraph will provide a mechanism necessary for the costeffective and efficient issuance of bonds. This mechanism will eliminate unnecessary costs in the bond issuance process, thereby increasing the amounts available to pay reimbursement for losses to property sustained as a result of hurricane damage.
- b. The purpose of such bonds is to fund reimbursements through the Florida Hurricane Catastrophe Fund to pay for the costs of construction, reconstruction, repair, restoration, and other costs associated with damage to properties of policyholders of covered policies due to the occurrence of a hurricane.
- c. The efficacy of the financing mechanism will be enhanced by the corporation's ownership of the assessments, by the insulation of the assessments from possible bankruptcy proceedings, and by covenants of the state with the corporation's bondholders.
- 2.a. There is created a public benefits corporation, which is an instrumentality of the state, to be known as the Florida Hurricane Catastrophe Fund Finance Corporation.
- b. The corporation shall operate under a <u>six-member</u> fivemember board of directors consisting of the Governor or a
  designee, the Chief Financial Officer or a designee, the
  Attorney General or a designee, <u>the Commissioner of the</u>
  Department of Agriculture and Consumer Services or a designee,

Page 32 of 61

the director of the Division of Bond Finance of the State Board of Administration, and the <u>director of the Division</u> senior employee of the State Board of Administration responsible for operations of the Florida Hurricane Catastrophe Fund of the State Board of Administration.

- c. The corporation has all of the powers of corporations under chapter 607 and under chapter 617, subject only to the provisions of this subsection.
- d. The corporation may issue bonds and engage in such other financial transactions as are necessary to provide sufficient funds to achieve the purposes of this section.
- e. The corporation may invest in any of the investments authorized under s. 215.47.
- f. There shall be no liability on the part of, and no cause of action shall arise against, any member of the board of directors members or employees of the corporation for any actions taken by them in the performance of their duties under this paragraph.
- 3.a. In actions under chapter 75 to validate any bonds issued by the corporation, the notice required by s. 75.06 shall be published only in Leon County and in two newspapers of general circulation in the state, and the complaint and order of the court shall be served only on the State Attorney of the Second Judicial Circuit.
- b. The state hereby covenants with holders of bonds of the corporation that the state will not repeal or abrogate the power of the board to direct the Office of Insurance Regulation to levy the assessments and to collect the proceeds of the revenues

Page 33 of 61

pledged to the payment of such bonds as long as any such bonds remain outstanding unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing the issuance of such bonds.

- 4. The bonds of the corporation are not a debt of the state or of any political subdivision, and neither the state nor any political subdivision is liable on such bonds. The corporation does not have the power to pledge the credit, the revenues, or the taxing power of the state or of any political subdivision. The credit, revenues, or taxing power of the state or of any political subdivision shall not be deemed to be pledged to the payment of any bonds of the corporation.
- 5.a. The property, revenues, and other assets of the corporation; the transactions and operations of the corporation and the income from such transactions and operations; and all bonds issued under this paragraph and interest on such bonds are exempt from taxation by the state and any political subdivision, including the intangibles tax under chapter 199 and the income tax under chapter 220. This exemption does not apply to any tax imposed by chapter 220 on interest, income, or profits on debt obligations owned by corporations other than the Florida Hurricane Catastrophe Fund Finance Corporation.
- b. All bonds of the corporation shall be and constitute legal investments without limitation for all public bodies of this state; for all banks, trust companies, savings banks, savings associations, savings and loan associations, and investment companies; for all administrators, executors, trustees, and other fiduciaries; for all insurance companies and

Page 34 of 61

associations and other persons carrying on an insurance business; and for all other persons who are now or may hereafter be authorized to invest in bonds or other obligations of the state and shall be and constitute eligible securities to be deposited as collateral for the security of any state, county, municipal, or other public funds. This sub-subparagraph shall be considered as additional and supplemental authority and shall not be limited without specific reference to this sub-subparagraph.

- 6. The corporation and its corporate existence shall continue until terminated by law; however, no such law shall take effect as long as the corporation has bonds outstanding unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing the issuance of such bonds. Upon termination of the existence of the corporation, all of its rights and properties in excess of its obligations shall pass to and be vested in the state.
  - (e) Protection of bondholders.--

1. As long as the corporation has any bonds outstanding, neither the fund nor the corporation shall have the authority to file a voluntary petition under chapter 9 of the federal Bankruptcy Code or such corresponding chapter or sections as may be in effect, from time to time, and neither any public officer nor any organization, entity, or other person shall authorize the fund or the corporation to be or become a debtor under chapter 9 of the federal Bankruptcy Code or such corresponding chapter or sections as may be in effect, from time to time, during any such period.

2. The state hereby covenants with holders of bonds of the corporation that the state will not limit or alter the denial of authority under this paragraph or the rights under this section vested in the fund or the corporation to fulfill the terms of any agreements made with such bondholders or in any way impair the rights and remedies of such bondholders as long as any such bonds remain outstanding unless adequate provision has been made for the payment of such bonds pursuant to the documents authorizing the issuance of such bonds.

- 3. Notwithstanding any other provision of law, any pledge of or other security interest in revenue, money, accounts, contract rights, general intangibles, or other personal property made or created by the fund or the corporation shall be valid, binding, and perfected from the time such pledge is made or other security interest attaches without any physical delivery of the collateral or further act and the lien of any such pledge or other security interest shall be valid, binding, and perfected against all parties having claims of any kind in tort, contract, or otherwise against the fund or the corporation irrespective of whether or not such parties have notice of such claims. No instrument by which such a pledge or security interest is created nor any financing statement need be recorded or filed.
  - (8) (8) (7) ADDITIONAL POWERS AND DUTIES.--
- (a) The board may <u>authorize the division's procurement of</u> procure reinsurance from reinsurers acceptable to the Office of Insurance Regulation for the purpose of maximizing the capacity of the fund and may enter into capital market transactions,

Page 36 of 61

including, but not limited to, industry loss warranties, catastrophe bonds, side-car arrangements, or financial contracts permissible for the <u>State Board of Administration's board's</u> usage under s. 215.47(10) and (11), consistent with prudent management of the fund.

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- (b) In addition to borrowing under subsection (7) (6), the board may also <u>authorize the division to</u> borrow from, or enter into other financing arrangements with, any market sources at prevailing interest rates.
- Each fiscal year, the Legislature shall appropriate from the investment income of the Florida Hurricane Catastrophe Fund an amount no less than \$10 million and no more than 35 percent of the investment income based upon the most recent fiscal year-end audited financial statements for the purpose of providing funding for local governments, state agencies, public and private educational institutions, and nonprofit organizations to support programs intended to improve hurricane preparedness, reduce potential losses in the event of a hurricane, provide research into means to reduce such losses, educate or inform the public as to means to reduce hurricane losses, assist the public in determining the appropriateness of particular upgrades to structures or in the financing of such upgrades, or protect local infrastructure from potential damage from a hurricane. Moneys shall first be available for appropriation under this paragraph in fiscal year 1997-1998. Moneys in excess of the \$10 million specified in this paragraph shall not be available for appropriation under this paragraph if the board State Board of Administration finds that an

appropriation of investment income from the fund would jeopardize the actuarial soundness of the fund.

- (d) The <u>division</u> board may allow insurers to comply with reporting requirements and reporting format requirements by using alternative methods of reporting if the proper administration of the fund is not thereby impaired and if the alternative methods produce data which is consistent with the purposes of this section.
- (e) In order to assure the equitable operation of the fund, the <u>division</u> board may impose a reasonable fee on an insurer to recover costs involved in reprocessing inaccurate, incomplete, or untimely exposure data submitted by the insurer.
- (9) (8) ADVISORY COUNCIL. -- The division State Board of Administration shall appoint a nine-member advisory council that consists of an actuary, a meteorologist, an engineer, a representative of insurers, a representative of insurance agents, a representative of reinsurers, and three consumers who shall also be representatives of other affected professions and industries, to provide the division board with information and advice in connection with its duties under this section. Members of the advisory council shall serve at the pleasure of the board and are eligible for per diem and travel expenses under s. 112.061.
- (10) (9) APPLICABILITY OF S. 19, ART. III OF THE STATE CONSTITUTION.—The Legislature finds that the Florida Hurricane Catastrophe Fund created by this section is a trust fund established for bond covenants, indentures, or resolutions

within the meaning of s. 19(f)(3), Art. III of the State Constitution.

- (11) (10) VIOLATIONS.--Any violation of this section or of rules adopted under this section constitutes a violation of the insurance code.
- (12)(11) LEGAL PROCEEDINGS.--The <u>division</u> board is authorized to take any action necessary to enforce the rules, and the provisions and requirements of the reimbursement contract, required by and adopted pursuant to this section.
- (13) (12) FEDERAL OR MULTISTATE CATASTROPHIC FUNDS. -- Upon the creation of a federal or multistate catastrophic insurance or reinsurance program intended to serve purposes similar to the purposes of the fund created by this section, the division, upon approval by the board, State Board of Administration shall promptly make recommendations to the Legislature for coordination with the federal or multistate program, for termination of the fund, or for such other actions as the board finds appropriate in the circumstances.
- (14) (13) REVERSION OF FUND ASSETS UPON TERMINATION. -- The fund, the division, and the duties of the board under this section may be terminated only by law. Upon termination of the fund, all assets of the fund shall revert to the General Revenue Fund.
- (15)(14) SEVERABILITY.--If any provision of this section or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the section which can be given effect without

the invalid provision or application, and to this end the provisions of this section are declared severable.

(16) (15) COLLATERAL PROTECTION INSURANCE. -- As used in this section and ss. 627.311 and 627.351, the term "collateral protection insurance" means commercial property insurance of which a creditor is the primary beneficiary and policyholder and which protects or covers an interest of the creditor arising out of a credit transaction secured by real or personal property. Initiation of such coverage is triggered by the mortgagor's failure to maintain insurance coverage as required by the mortgage or other lending document. Collateral protection insurance is not residential coverage.

(17) (16) TEMPORARY EMERGENCY OPTIONS FOR ADDITIONAL COVERAGE OPTIONS.--

(a) Findings and intent. --

- 1. The Legislature finds that:
- a. Because of temporary disruptions in the market for catastrophic reinsurance, many property insurers were unable to procure reinsurance for the 2006 hurricane season with an attachment point below the insurers' respective Florida Hurricane Catastrophe Fund attachment points, were unable to procure sufficient amounts of such reinsurance, or were able to procure such reinsurance only by incurring substantially higher costs than in prior years.
- b. The reinsurance market problems were responsible, at least in part, for substantial premium increases to many consumers and increases in the number of policies issued by the Citizens Property Insurance Corporation.

Page 40 of 61

c. It is likely that the reinsurance market disruptions will not significantly abate prior to the 2007 hurricane season.

- 2. It is the intent of the Legislature to create a temporary emergency program, applicable to the 2007, 2008, and 2009 hurricane seasons, to address these market disruptions and enable insurers, at their option, to procure additional coverage from the Florida Hurricane Catastrophe Fund.
- (b) Applicability of other provisions of this section.—All provisions of this section and the rules adopted under this section apply to the program created by this subsection unless specifically superseded by this subsection.
- (c) Optional coverage.—For the contract year commencing June 1, 2007, and ending May 31, 2008, the contract year commencing June 1, 2008, and ending May 31, 2009, and the contract year commencing June 1, 2009, and ending May 31, 2010, the board shall offer for each of such years the optional coverage as provided in this subsection.
- (d) Additional definitions.—As used in this subsection, the term:
- 1. "TEACO options" means the temporary emergency additional coverage options created under this subsection.
- 2. "TEACO insurer" means an insurer that has opted to obtain coverage under the TEACO options in addition to the coverage provided to the insurer under its reimbursement contract.
- 3. "TEACO reimbursement premium" means the premium charged by the fund for coverage provided under the TEACO options.

4. "TEACO retention" means the amount of losses below which a TEACO insurer is not entitled to reimbursement from the fund under the TEACO option selected. A TEACO insurer's retention options shall be calculated as follows:

- a. The <u>division</u> board shall calculate and report to each TEACO insurer the TEACO retention multiples. There shall be three TEACO retention multiples for defining coverage. Each multiple shall be calculated by dividing \$3 billion, \$4 billion, or \$5 billion by the total estimated mandatory FHCF reimbursement premium assuming all insurers selected the 90-percent coverage level.
- b. The TEACO retention multiples as determined under subsubparagraph a. shall be adjusted to reflect the coverage level elected by the insurer. For insurers electing the 90-percent coverage level, the adjusted retention multiple is 100 percent of the amount determined under sub-subparagraph a. For insurers electing the 75-percent coverage level, the retention multiple is 120 percent of the amount determined under sub-subparagraph a. For insurers electing the 45-percent coverage level, the adjusted retention multiple is 200 percent of the amount determined under sub-subparagraph a.
- c. An insurer shall determine its provisional TEACO retention by multiplying its estimated mandatory FHCF reimbursement premium by the applicable adjusted TEACO retention multiple and shall determine its actual TEACO retention by multiplying its actual mandatory FHCF reimbursement premium by the applicable adjusted TEACO retention multiple.

d. For TEACO insurers who experience multiple covered events causing loss during the contract year, the insurer's full TEACO retention shall be applied to each of the covered events causing the two largest losses for that insurer. For other covered events resulting in losses, the TEACO option does not apply and the insurer's retention shall be one-third of the full retention as calculated under paragraph (2)(e).

- 5. "TEACO addendum" means an addendum to the reimbursement contract reflecting the obligations of the fund and TEACO insurers under the program created by this subsection.
  - 6. "FHCF" means the Florida Hurricane Catastrophe Fund.
  - (e) TEACO addendum. --

- 1. The TEACO addendum shall provide for reimbursement of TEACO insurers for covered events occurring during the contract year, in exchange for the TEACO reimbursement premium paid into the fund under paragraph (f). Any insurer writing covered policies has the option of choosing to accept the TEACO addendum for any of the 3 contract years that the coverage is offered.
- 2. The TEACO addendum shall contain a promise by the division board to reimburse the TEACO insurer for 45 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's TEACO retention, plus 5 percent of the reimbursed losses to cover loss adjustment expenses. The percentage shall be the same as the coverage level selected by the insurer under paragraph (5)(b) (4)(b).
- 3. The TEACO addendum shall provide that reimbursement amounts shall not be reduced by reinsurance paid or payable to the insurer from other sources.

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The TEACO addendum shall also provide that the obligation of the division board with respect to all TEACO addenda shall not exceed an amount equal to two times the difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion, \$4 billion, or \$5 billion industry TEACO retention level options actually selected, but in no event may the division's board's obligation exceed the actual claims-paying capacity of the fund plus the additional capacity created in paragraph (g). If the actual claims-paying capacity and the additional capacity created under paragraph (g) fall short of the division's board's obligations under the reimbursement contract, each insurer's share of the fund's capacity shall be prorated based on the premium an insurer pays for its mandatory reimbursement coverage and the premium paid for its optional TEACO coverage as each such premium bears to the total premiums paid to the fund times the available capacity.

- 5. The priorities, schedule, and method of reimbursements under the TEACO addendum shall be the same as provided under subsection (5)  $\frac{(4)}{}$ .
- 6. A TEACO insurer's maximum reimbursement for a single event shall be equal to the product of multiplying its mandatory FHCF premium by the difference between its FHCF retention multiple and its TEACO retention multiple under the TEACO option selected and by the coverage selected under paragraph (5)(b) (4)(b), plus an additional 5 percent for loss adjustment expenses. A TEACO insurer's maximum reimbursement under the

TEACO option selected for a TEACO insurer's two largest events shall be twice its maximum reimbursement for a single event.

(f) TEACO reimbursement premiums. --

- 1. Each TEACO insurer shall pay to the fund, in the manner and at the time provided in the reimbursement contract for payment of reimbursement premiums, a TEACO reimbursement premium calculated as specified in this paragraph.
- 2. The insurer's TEACO reimbursement premium associated with the \$3 billion retention option shall be equal to 85 percent of a TEACO insurer's maximum reimbursement for a single event as calculated under subparagraph (e) 6. The TEACO reimbursement premium associated with the \$4 billion retention option shall be equal to 80 percent of a TEACO insurer's maximum reimbursement for a single event as calculated under subparagraph (e) 6. The TEACO premium associated with the \$5 billion retention option shall be equal to 75 percent of a TEACO insurer's maximum reimbursement for a single event as calculated under subparagraph (e) 6.
- (g) Effect on claims-paying capacity of the fund.--For the contract term commencing June 1, 2007, the contract year commencing June 1, 2008, and the contract term beginning June 1, 2009, the program created by this subsection shall increase the claims-paying capacity of the fund as provided in subparagraph (5)(c)1. (4)(e)1. by an amount equal to two times the difference between the industry retention level calculated under paragraph (2)(e) and the \$3 billion industry TEACO retention level specified in sub-subparagraph (d)4.a. The additional capacity shall apply only to the additional coverage provided by the

TEACO option and shall not otherwise affect any insurer's reimbursement from the fund.

- (18) (17) TEMPORARY INCREASE IN COVERAGE LIMIT OPTIONS.--
- (a) Findings and intent. --

- 1. The Legislature finds that:
- a. Because of temporary disruptions in the market for catastrophic reinsurance, many property insurers were unable to procure sufficient amounts of reinsurance for the 2006 hurricane season or were able to procure such reinsurance only by incurring substantially higher costs than in prior years.
- b. The reinsurance market problems were responsible, at least in part, for substantial premium increases to many consumers and increases in the number of policies issued by Citizens Property Insurance Corporation.
- c. It is likely that the reinsurance market disruptions will not significantly abate prior to the  $\underline{2008}$   $\underline{2007}$  hurricane season.
- 2. It is the intent of the Legislature to create options for insurers to purchase a temporary increased coverage limit above the statutorily determined limit in subparagraph (5)(c)1. (4)(c)1., applicable for the 2007, 2008, and 2009 hurricane seasons, to address market disruptions and enable insurers, at their option, to procure additional coverage from the Florida Hurricane Catastrophe Fund.
- (b) Applicability of other provisions of this section.—All provisions of this section and the rules adopted under this section apply to the coverage created by this

Page 46 of 61

subsection unless specifically superseded by provisions in this subsection.

- (c) Optional coverage.--For the contract year commencing June 1, 2007, and ending May 31, 2008, the contract year commencing June 1, 2008, and ending May 31, 2009, and the contract year commencing June 1, 2009, and ending May 31, 2010, the board shall offer, for each of such years, the optional coverage as provided in this subsection.
- (d) Additional definitions. -- As used in this subsection, the term:
  - 1. "FHCF" means Florida Hurricane Catastrophe Fund.
- 2. "FHCF reimbursement premium" means the premium paid by an insurer for its coverage as a mandatory participant in the FHCF, but does not include additional premiums for optional coverages.
- 3. "Payout multiple" means the number or multiple created by dividing the statutorily defined claims-paying capacity as determined in subparagraph (5)(c)1. (4)(c)1. by the aggregate reimbursement premiums paid by all insurers estimated or projected as of calendar year-end.
  - 4. "TICL" means the temporary increase in coverage limit.
- 5. "TICL options" means the temporary increase in coverage options created under this subsection.
- 6. "TICL insurer" means an insurer that has opted to obtain coverage under the TICL options addendum in addition to the coverage provided to the insurer under its FHCF reimbursement contract.

Page 47 of 61

7. "TICL reimbursement premium" means the premium charged by the fund for coverage provided under the TICL option.

- 8. "TICL coverage multiple" means the coverage multiple when multiplied by an insurer's  $\underline{FHCF}$  reimbursement premium that defines the temporary increase in coverage limit.
- 9. "TICL coverage" means the coverage for an insurer's losses above the insurer's statutorily determined claims-paying capacity based on the claims-paying limit in subparagraph (5)(c)1. (4)(c)1., which an insurer selects as its temporary increase in coverage from the fund under the TICL options selected. A TICL insurer's increased coverage limit options shall be calculated as follows:
- a. The <u>division</u> board shall calculate and report to each TICL insurer the TICL coverage multiples based on <u>nine</u> 12 options for increasing the insurer's FHCF coverage limit. Each TICL coverage multiple shall be calculated by dividing \$1 billion, \$2 billion, \$3 billion, \$4 billion, \$5 billion, \$6 billion, \$7 billion, \$8 billion, <u>and</u> \$9 billion, \$10 billion, \$11 billion, or \$12 billion by the total estimated aggregate FHCF reimbursement premiums for the 2007-2008 contract year, the 2008-2009 contract year, and the 2009-2010 contract year.
- b. The TICL insurer's increased coverage shall be the FHCF reimbursement premium multiplied by the TICL coverage multiple for the TICL option selected. In order to determine an insurer's total limit of coverage, an insurer shall add its TICL coverage multiple to its payout multiple. The total shall represent a number that, when multiplied by an insurer's FHCF reimbursement premium for a given reimbursement contract year, defines an

insurer's total limit of FHCF reimbursement coverage for that reimbursement contract year.

- 10. "TICL options addendum" means an addendum to the reimbursement contract reflecting the obligations of the fund and insurers selecting an option to increase an insurer's FHCF coverage limit.
  - (e) TICL options addendum. --

- 1. The TICL options addendum shall provide for reimbursement of TICL insurers for covered events occurring between June 1, 2007, and May 31, 2008, and between June 1, 2008, and May 31, 2009, or between June 1, 2009, and May 31, 2010, in exchange for the TICL reimbursement premium paid into the fund under paragraph (f). Any insurer writing covered policies has the option of selecting an increased limit of coverage under the TICL options addendum and shall select such coverage at the time that it executes the FHCF reimbursement contract.
- 2. The TICL addendum shall contain a promise by the board to reimburse the TICL insurer for 70 percent of the TICL coverage for the TICL option selected for the insurer's 45 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's retention, plus 5 percent of the reimbursed losses to cover loss adjustment expenses. The percentage shall be the same as the coverage level selected by the insurer under paragraph (4)(b).
- 3. The TICL addendum shall provide that reimbursement amounts shall not be reduced by reinsurance paid or payable to the insurer from other sources.

Page 49 of 61

4. The priorities, schedule, and method of reimbursements under the TICL addendum shall be the same as provided under subsection (5)  $\frac{(4)}{(4)}$ .

- (f) TICL reimbursement premiums.—Each TICL insurer shall pay to the fund, in the manner and at the time provided in the reimbursement contract for payment of reimbursement premiums, a TICL reimbursement premium determined as specified in subsection (5).
- (g) Effect on claims-paying capacity of the fund.—For the contract terms commencing June 1, 2007, June 1, 2008, and June 1, 2009, the program created by this subsection shall increase the claims-paying capacity of the fund as provided in subparagraph (5)(c)1. (4)(c)1. by an amount not to exceed \$6 \$12 billion and shall depend on the TICL coverage options selected and the number of insurers that select the TICL optional coverage. The additional capacity shall apply only to the additional coverage provided under the TICL options and shall not otherwise affect any insurer's reimbursement from the fund if the insurer chooses not to select the temporary option to increase its limit of coverage under the FHCF.
- (h) Increasing the claims-paying capacity of the fund.—For the contract years commencing June 1, 2007, June 1, 2008, and June 1, 2009, the board may increase the claims-paying capacity of the fund as provided in paragraph (g) by an amount not to exceed \$4 billion in four \$1 billion options and shall depend on the TICL coverage options selected and the number of insurers that select the TICL optional coverage. Each insurer's TICL premium shall be calculated based upon the additional limit

Page 50 of 61

of increased coverage that the insurer selects. Such limit is determined by multiplying the TICL multiple associated with one of the four options times the insurer's FHCF reimbursement premium. The reimbursement premium associated with the additional coverage provided in this paragraph shall be determined as specified in subsection (6) (5).

Section 2. Section 215.557, Florida Statutes, is amended to read:

215.557 Reports of insured values.—The reports of insured values under covered policies by zip code submitted to the Division of the Florida Hurricane Catastrophe Fund State Board of Administration pursuant to s. 215.555, as created by s. 1, ch. 93-409, Laws of Florida, or similar legislation, are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

Section 3. Paragraph (h) of subsection (4) of section 215.5586, Florida Statutes, is amended to read:

215.5586 My Safe Florida Home Program.—There is established within the Department of Financial Services the My Safe Florida Home Program. The department shall provide fiscal accountability, contract management, and strategic leadership for the program, consistent with this section. This section does not create an entitlement for property owners or obligate the state in any way to fund the inspection or retrofitting of residential property in this state. Implementation of this program is subject to annual legislative appropriations. It is the intent of the Legislature that the My Safe Florida Home Program provide inspections for at least 400,000 site-built,

Page 51 of 61

single-family, residential properties and provide grants to at least 35,000 applicants before June 30, 2009. The program shall develop and implement a comprehensive and coordinated approach for hurricane damage mitigation that shall include the following:

- (4) ADVISORY COUNCIL. -- There is created an advisory council to provide advice and assistance to the department regarding administration of the program. The advisory council shall consist of:
- (h) The <u>director</u> <u>senior officer</u> of the <u>Division of the</u> Florida Hurricane Catastrophe Fund.

Members appointed under paragraphs (a)-(d) shall serve at the pleasure of the Financial Services Commission. Members appointed under paragraphs (e) and (f) shall serve at the pleasure of the appointing officer. All other members shall serve voting ex officio. Members of the advisory council shall serve without compensation but may receive reimbursement as provided in s. 112.061 for per diem and travel expenses incurred in the performance of their official duties.

Section 4. Subsection (1) of section 215.559, Florida Statutes, is amended to read:

215.559 Hurricane Loss Mitigation Program. --

(1) There is created a Hurricane Loss Mitigation Program. The Legislature shall annually appropriate \$10 million of the moneys authorized for appropriation under  $\underline{s.\ 215.555(8)(c)}\ \underline{s.}$  215.555(7)(c) from the Florida Hurricane Catastrophe Fund to the

Page 52 of 61

Department of Community Affairs for the purposes set forth in this section.

- Section 5. Subsection (2) and paragraph (a) of subsection (3) of section 215.5595, Florida Statutes, are amended to read: 215.5595 Insurance Capital Build-Up Incentive Program.--
- (2) The purpose of this section is to provide funds in exchange for surplus notes to be issued by new or existing authorized residential property insurers under the Insurance Capital Build-Up Incentive Program administered by the <u>Division of the Florida Hurricane Catastrophe Fund of the State Board of Administration</u>, under the following conditions:
- (a) The amount of state funds provided in exchange for a surplus note to any insurer, other than an insurer writing only manufactured housing policies, may not exceed \$25 million or 20 percent of the total amount of funds appropriated for the program, whichever is greater. The amount of the surplus note for any insurer or insurer group writing residential property insurance covering only manufactured housing may not exceed \$7 million.
- (b) On or after April 1, 2008, the insurer must contribute an amount of new capital to its surplus which is at least equal to the amount of the surplus note and must apply to the board by September 1, 2008. If an insurer applies after September 1, 2008, but before June 1, 2009, the amount of the surplus note is limited to one-half of the new capital that the insurer contributes to its surplus, except that an insurer writing only manufactured housing policies is eligible to receive a surplus note of up to \$7 million. For purposes of this section, new

Page 53 of 61

CODING: Words stricken are deletions; words underlined are additions.

capital must be in the form of cash or cash equivalents as specified in s. 625.012(1).

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- (c) The insurer's surplus, new capital, and the surplus note must total at least \$50 million, except for insurers writing residential property insurance covering only manufactured housing. The insurer's surplus, new capital, and the surplus note must total at least \$14 million for insurers writing only residential property insurance covering manufactured housing policies as provided in paragraph (a).
- The insurer must commit to increase its writings of residential property insurance, including the peril of wind, and to meet a minimum writing ratio of net written premium to surplus of at least 1:1 for the first calendar year after receiving the state funds or renegotiation of the surplus note, 1.5:1 for the second calendar year, and 2:1 for the remaining term of the surplus note. Alternatively, the insurer must meet a minimum writing ratio of gross written premium to surplus of at least 3:1 for the first calendar year after receiving the state funds or renegotiation of the surplus note, 4.5:1 for the second calendar year, and 6:1 for the remaining term of the surplus note. The writing ratios shall be determined by the Office of Insurance Regulation and certified quarterly to the board. For this purpose, the term "premium" means premium for residential property insurance in this state, including the peril of wind, and "surplus" means the new capital and surplus note of the insurer. An insurer that makes an initial application after July 1, 2008, must also commit to writing at least 15 percent of its net or gross written premium for new policies, not including

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renewal premiums, for policies taken out of Citizens Property Insurance Corporation, during each of the first 3 years after receiving the state funds in exchange for the surplus note, which shall be determined by the Office of Insurance Regulation and certified annually to the board. The insurer must also commit to maintaining a level of surplus and reinsurance sufficient to cover in excess of its 1-in-100 year probable maximum loss, as determined by a hurricane loss model accepted by the Florida Commission on Hurricane Loss Projection Methodology, which shall be determined by the Office of Insurance Regulation and certified annually to the board. If the board determines that the insurer has failed to meet any of the requirements of this paragraph during the term of the surplus note, the board may increase the interest rate, accelerate the repayment of interest and principal, or shorten the term of the surplus note, subject to approval by the Commissioner of Insurance of payments by the insurer of principal and interest as provided in paragraph (f).

(e) If the requirements of this section are met, the board may approve an application by an insurer for funds in exchange for issuance of a surplus note, unless the board determines that the financial condition of the insurer and its business plan for writing residential property insurance in Florida places an unreasonably high level of financial risk to the state of nonpayment in full of the interest and principal. The board shall consult with the Office of Insurance Regulation and may contract with independent financial and insurance consultants in making this determination.

(f) The surplus note must be repayable to the state with a term of 20 years. The surplus note shall accrue interest on the unpaid principal balance at a rate equivalent to the 10-year U.S. Treasury Bond rate, require the payment only of interest during the first 3 years, and include such other terms as approved by the board. The board may charge late fees up to 5 percent for late payments or other late remittances. Payment of principal, interest, or late fees by the insurer on the surplus note must be approved by the Commissioner of Insurance, who shall approve such payment unless the commissioner determines that such payment will substantially impair the financial condition of the insurer. If such a determination is made, the commissioner shall approve such payment that will not substantially impair the financial condition of the insurer.

(g) The total amount of funds available for the program is limited to the amount appropriated by the Legislature for this purpose. If the amount of surplus notes requested by insurers exceeds the amount of funds available, the board may prioritize insurers that are eligible and approved, with priority for funding given to insurers writing only manufactured housing policies, regardless of the date of application, based on the financial strength of the insurer, the viability of its proposed business plan for writing additional residential property insurance in the state, and the effect on competition in the residential property insurance market. Between insurers writing residential property insurance covering manufactured housing, priority shall be given to the insurer writing the highest percentage of its policies covering manufactured housing.

HB 437 2009

Notwithstanding paragraph (d), a newly formed manufactured housing insurer that is eligible for a surplus note under this section shall meet the premium to surplus ratio provisions of s. 624.4095.

As used in this section, "an insurer writing only manufactured housing policies" includes:

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- A Florida domiciled insurer that begins writing personal lines residential manufactured housing policies in Florida after March 1, 2007, and that removes a minimum of 50,000 policies from Citizens Property Insurance Corporation without accepting a bonus, provided at least 25 percent of its policies cover manufactured housing. Such an insurer may count any funds above the minimum capital and surplus requirement that were contributed into the insurer after March 1, 2007, as new capital under this section.
- A Florida domiciled insurer that writes at least 40 percent of its policies covering manufactured housing in Florida.
  - As used in this section, the term:
- "Board" means the Division of the Florida Hurricane 1578 Catastrophe Fund of the State Board of Administration.
  - Section 6. Paragraph (c) of subsection (1), paragraphs (a), (b), (d), (f), and (g) of subsection (2), and paragraph (c) of subsection (3) of section 627.0628, Florida Statutes, are amended to read:
  - 627.0628 Florida Commission on Hurricane Loss Projection Methodology; public records exemption; public meetings exemption. --

Page 57 of 61

(1) LEGISLATIVE FINDINGS AND INTENT. --

- (c) It is the intent of the Legislature to create the Florida Commission on Hurricane Loss Projection Methodology as a panel of experts to provide the most actuarially sophisticated guidelines and standards for projection of hurricane losses possible, given the current state of actuarial science. It is the further intent of the Legislature that such standards and guidelines must be used by the <u>Division of the Florida Hurricane Catastrophe Fund of the</u> State Board of Administration in developing reimbursement premium rates for the Florida Hurricane Catastrophe Fund, and, subject to paragraph (3)(d) (3)(e), must be used by insurers in rate filings under s. 627.062 unless the way in which such standards and guidelines were applied by the insurer was erroneous, as shown by a preponderance of the evidence.
  - (2) COMMISSION CREATED. --
- (a) There is created the Florida Commission on Hurricane Loss Projection Methodology, which is assigned to the <u>Division</u> of the Florida Hurricane Catastrophe Fund of the State Board of Administration. For the purposes of this section, the term "commission" means the Florida Commission on Hurricane Loss Projection Methodology. The commission shall be administratively housed within the State Board of Administration, but it shall independently exercise the powers and duties specified in this section.
- (b) The commission shall consist of the following 11 members:
  - 1. The insurance consumer advocate.

Page 58 of 61

2. The <u>director of the Division of the Florida Hurricane</u>

<u>Catastrophe Fund senior employee</u> of the State Board of

Administration responsible for operations of the Florida

<u>Hurricane Catastrophe Fund</u>.

3. The Executive Director of the Citizens Property Insurance Corporation.

- 4. The Director of the Division of Emergency Management of the Department of Community Affairs.
- 5. The actuary member of the Florida Hurricane Catastrophe Fund Advisory Council.
- 6. An employee of the office who is an actuary responsible for property insurance rate filings and who is appointed by the director of the office.
- 7. Five members appointed by the Chief Financial Officer, as follows:
- a. An actuary who is employed full time by a property and casualty insurer which was responsible for at least 1 percent of the aggregate statewide direct written premium for homeowner's insurance in the calendar year preceding the member's appointment to the commission.
- b. An expert in insurance finance who is a full-time member of the faculty of the State University System and who has a background in actuarial science.
- c. An expert in statistics who is a full-time member of the faculty of the State University System and who has a background in insurance.
- d. An expert in computer system design who is a full-time member of the faculty of the State University System.

Page 59 of 61

e. An expert in meteorology who is a full-time member of the faculty of the State University System and who specializes in hurricanes.

- (d) The board of the Division of the Florida Hurricane

  Catastrophe Fund of the State Board of Administration shall annually appoint one of the members of the commission to serve as chair.
- of the State Board of Administration shall, as a cost of administration of the Florida Hurricane Catastrophe Fund, provide for travel, expenses, and staff support for the commission.
- cause of action of any nature shall arise against, any member of the commission, any member of the State Board of Administration, or any employee of the Division of the Florida Hurricane

  Catastrophe Fund of the State Board of Administration for any action taken in the performance of their duties under this section. In addition, the commission may, in writing, waive any potential cause of action for negligence of a consultant, contractor, or contract employee engaged to assist the commission.
  - (3) ADOPTION AND EFFECT OF STANDARDS AND GUIDELINES. --
- (c) In establishing reimbursement premiums for the Florida

  Hurricane Catastrophe Fund, the <u>Division of the Florida</u>

  <u>Hurricane Catastrophe Fund</u> State Board of Administration must,

  to the extent feasible, employ actuarial methods, principles,

Page 60 of 61

standards, models, or output ranges found by the commission to be accurate or reliable.

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Section 7. This act shall take effect July 1, 2009.

Page 61 of 61