1 A bill to be entitled 2 An act relating to the Florida Insurance Guaranty 3 Association; amending s. 631.54, F.S.; defining the term "assessment year"; amending s. 631.57, F.S.; 4 revising provisions relating to the levy of 5 6 assessments on insurers; specifying the conditions 7 under which such assessments are paid; revising 8 procedures and timeframes for levy of the assessments; 9 revising an exemption for assessments; amending s. 10 631.64, F.S.; requiring charges or recoupments to be displayed separately on premium bills to policyholders 11 and prohibiting their inclusion in rates; amending ss. 12 627.727 and 631.55, F.S.; conforming cross-references; 13 providing an effective date. 14 15 16 Be It Enacted by the Legislature of the State of Florida: 17 Subsections (2) through (9) of section 631.54, 18 Section 1. 19 Florida Statutes, are renumbered as subsections (3) through 20 (10), respectively, and a new subsection (2) is added to that 21 section to read: 22 631.54 Definitions.-As used in this part: 23 (2) "Assessment year" means the 12-month period, which may 24 begin on the first day of any calendar quarter, whether January 25 1, April 1, July 1, or October 1, as specified in an order 26 issued by the office directing insurers to pay an assessment to Page 1 of 15

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27 <u>the association. Upon entry of the order, insurers may begin</u> 28 <u>collecting assessments from policyholders for the assessment</u> 29 <u>year.</u>

30 Section 2. Subsections (3) and (4) of section 631.57,
31 Florida Statutes, are amended to read:

32

631.57 Powers and duties of the association.-

33 (3)(a) To the extent necessary to secure the funds for the 34 respective accounts for the payment of covered claims, to pay 35 the reasonable costs to administer such accounts the same, and 36 to the extent necessary to secure the funds for the account 37 specified in s. 631.55(2)(b) or to retire indebtedness, 38 including, without limitation, the principal, redemption 39 premium, if any, and interest on, and related costs of issuance of, bonds issued under s. 631.695 and the funding of any 40 41 reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been 42 43 issued, the office, upon certification of the board of directors, shall levy assessments initially estimated in the 44 45 proportion that each insurer's net direct written premiums in this state in the classes protected by the account bears to the 46 47 total of said net direct written premiums received in this state 48 by all such insurers for the preceding calendar year for the kinds of insurance included within such account. Assessments 49 50 shall be remitted to and administered by the board of directors 51 in the manner specified by the approved plan and paragraph (f). 52 Each insurer so assessed shall have at least 30 days' written Page 2 of 15

53 notice as to the date the initial assessment payment is due and 54 payable. Every assessment shall be made as a uniform percentage 55 applicable to the net direct written premiums of each insurer in 56 the kinds of insurance included within the account in which the 57 assessment is made. The assessments levied against any insurer 58 may shall not exceed in any one year more than 2 percent of that 59 insurer's net direct written premiums in this state for the 60 kinds of insurance included within such account during the 61 calendar year next preceding the date of such assessments.

(b) If sufficient funds from such assessments, together
with funds previously raised, are not available in any one year
in the respective account to make all the payments or
reimbursements then owing to insurers, the funds available shall
be prorated and the unpaid portion shall be paid as soon
thereafter as funds become available.

The Legislature finds and declares that all 68 (C) 69 assessments paid by an insurer or insurer group as a result of a 70 levy by the office, including assessments levied pursuant to 71 paragraph (a) and emergency assessments levied pursuant to 72 paragraph (e), constitute advances of funds from the insurer to 73 the association. An insurer may fully recoup such advances by 74 applying the uniform assessment percentage levied by the office 75 to all a separate recoupment factor to the premium of policies 76 of the same kind or line as were considered by the office in 77 determining the assessment liability of the insurer or insurer 78 group as set forth in paragraph (f).

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79	1. Assessments levied under subparagraph (f)1. are paid
80	before policy surcharges are collected and result in a
81	receivable for policy surcharges collected in the future. This
82	amount, to the extent it is likely that it will be realized,
83	meets the definition of an admissible asset as specified in the
84	National Association of Insurance Commissioners' Statement of
85	Statutory Accounting Principles No. 4. The asset shall be
86	established and recorded separately from the liability
87	regardless of whether it is based on a retrospective or
88	prospective premium-based assessment. If an insurer is unable to
89	fully recoup the amount of the assessment because of a reduction
90	in writings or withdrawal from the market, the amount recorded
91	as an asset shall be reduced to the amount reasonably expected
92	to be recouped.
93	2. Assessments levied under subparagraph (f)2. are paid
94	after policy surcharges are collected so that the recognition of
95	assets is based on actual premium written offset by the
96	obligation to the association.
97	(d) No State funds <u>may not</u> of any kind shall be allocated
98	or paid to <u>the</u> said association or any of its accounts.
99	(e)1. a. In addition to assessments otherwise authorized in
100	paragraph (a), and to the extent necessary to secure the funds
101	for the account specified in s. 631.55(2)(b) for the direct
102	payment of covered claims of insurers rendered insolvent by the
103	effects of a hurricane and to pay the reasonable costs to
104	administer such claims, or to retire indebtedness, including,
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105 without limitation, the principal, redemption premium, if any, and interest on, and related costs of issuance of, bonds issued 106 107 under s. 631.695 and the funding of any reserves and other payments required under the bond resolution or trust indenture 108 109 pursuant to which such bonds have been issued, the office, upon 110 certification of the board of directors, shall levy emergency 111 assessments upon insurers holding a certificate of authority. 112 The emergency assessments payable under this paragraph by any 113 insurer may shall not exceed in any single year more than 2 percent of that insurer's direct written premiums, net of 114 115 refunds, in this state during the preceding calendar year for 116 the kinds of insurance within the account specified in s. 117 631.55(2)(b).

2.b. Any Emergency assessments authorized under this 118 119 paragraph shall be levied by the office upon insurers referred 120 to in subparagraph 1. sub-subparagraph a., upon certification as 121 to the need for such assessments by the board of directors. If 122 In the event the board of directors participates in the issuance 123 of bonds in accordance with s. 631.695, emergency assessments 124 shall be levied in each year that bonds issued under s. 631.695 125 and secured by such emergency assessments are outstanding τ in 126 such amounts up to such 2-percent limit as required in order to provide for the full and timely payment of the principal of, 127 128 redemption premium, if any, and interest on, and related costs 129 of issuance of, such bonds. The emergency assessments provided 130 for in this paragraph are assigned and pledged to the

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131 municipality, county, or legal entity issuing bonds under s. 132 631.695 for the benefit of the holders of such bonds $_{\overline{\tau}}$ in order 133 to enable such municipality, county, or legal entity to provide 134 for the payment of the principal of, redemption premium, if any, and interest on such bonds, the cost of issuance of such bonds, 135 136 and the funding of any reserves and other payments required 137 under the bond resolution or trust indenture pursuant to which 138 such bonds have been issued, without the necessity of any further action by the association, the office, or any other 139 party. If To the extent bonds are issued under s. 631.695 and 140 141 the association determines to secure such bonds by a pledge of 142 revenues received from the emergency assessments, such bonds, upon such pledge of revenues, shall be secured by and payable 143 from the proceeds of such emergency assessments, and the 144 145 proceeds of emergency assessments levied under this paragraph shall be remitted directly to and administered by the trustee or 146 147 custodian appointed for such bonds.

148 <u>3.e.</u> Emergency assessments <u>used to defease bonds issued</u> 149 under this <u>part</u> paragraph may be payable in a single payment or, 150 at the option of the association, may be payable in 12 monthly 151 installments with the first installment being due and payable at 152 the end of the month after an emergency assessment is levied and 153 subsequent installments being due <u>by</u> not later than the end of 154 each succeeding month.

155 <u>4.d.</u> If emergency assessments are imposed, the report 156 required by s. 631.695(7) <u>must shall</u> include an analysis of the Page 6 of 15

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157 revenues generated from the emergency assessments imposed under 158 this paragraph.

159 <u>5.e.</u> If emergency assessments are imposed, the references 160 in sub-subparagraph (1)(a)3.b. and s. 631.695(2) and (7) to 161 assessments levied under paragraph (a) <u>must shall</u> include 162 emergency assessments imposed under this paragraph.

163 6.2. If the board of directors participates in the 164 issuance of bonds in accordance with s. 631.695, an annual 165 assessment under this paragraph shall continue while the bonds issued with respect to which the assessment was imposed are 166 167 outstanding, including any bonds the proceeds of which were used to refund bonds issued pursuant to s. 631.695, unless adequate 168 provision has been made for the payment of the bonds in the 169 170 documents authorizing the issuance of such bonds.

171 <u>7.3.</u> Emergency assessments under this paragraph are not 172 premium and are not subject to the premium tax, to any fees, or 173 to any commissions. An insurer is liable for all emergency 174 assessments that the insurer collects and shall treat the 175 failure of an insured to pay an emergency assessment as a 176 failure to pay the premium. An insurer is not liable for 177 uncollectible emergency assessments.

(f) The recoupment factor applied to policies in accordance with paragraph (c) shall be selected by the insurer or insurer group so as to provide for the probable recoupment of both assessments levied pursuant to paragraph (a) and emergency assessments over a period of 12 months, unless the insurer or Page 7 of 15

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183	insurer group, at its option, elects to recoup the assessment
184	over a longer period. The recoupment factor shall apply to all
185	policies of the same kind or line as were considered by the
186	office in determining the assessment liability of the insurer or
187	insurer group issued or renewed during a 12-month period. If the
188	insurer or insurer group does not collect the full amount of the
189	assessment during one 12-month period, the insurer or insurer
190	group may apply recalculated recoupment factors to policies
191	issued or renewed during one or more succeeding 12-month
192	periods. If, at the end of a 12-month period, the insurer or
193	insurer group has collected from the combined kinds or lines of
194	policies subject to assessment more than the total amount of the
195	assessment paid by the insurer or insurer group, the excess
196	amount shall be disbursed as follows:
197	1. The association, office, and insurers remitting
198	assessments pursuant to paragraph (a) or paragraph (e) must
199	comply with the following:
200	a. In the order levying an assessment, the office shall
201	specify the actual percentage amount to be collected uniformly
202	from all the policyholders of insurers subject to the assessment
203	and the date on which the assessment year begins, which may not
204	begin before 90 days after the association board certifies such
205	an assessment.
206	b. Insurers shall make an initial payment to the
207	association before the beginning of the assessment year on or
208	before the date specified in the order of the office.
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209	c. Insurers that have written insurance in the calendar
210	year before the year in which the assessment is certified by the
211	board shall make an initial payment based on the net direct
212	written premium amount from the prior calendar year as set forth
213	in the insurers annual statement, multiplied by the uniform
214	percentage of premium specified in the order issued by the
215	office. Insurers that have not written insurance in the prior
216	calendar year in any of the lines under the account which are
217	being assessed, but which are writing insurance as of, or after,
218	the date the board certifies the assessment to the office, shall
219	pay an amount based on a good faith estimate of the amount of
220	net direct written premium anticipated to be written in the
221	subject lines of business for the assessment year, multiplied by
222	the uniform percentage of premium specified in the order issued
223	by the office.
224	d. Insurers shall file a reconciliation report with the
225	association within 45 days after the end of the assessment year
226	which indicates the amount of the initial payment to the
227	association before the assessment year, whether such amount was
228	based on net direct written premium contained in a prior
229	calendar year annual statement or a good faith projection, the
230	amount actually collected during the assessment year, and such
231	other information contained on a form adopted by the association
232	and provided to the insurers in advance. If the insurer
233	collected from policyholders more than the amount initially
234	paid, the insurer shall pay the excess amount to the
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235	association. If the insurer collected from policyholders an
236	amount which is less than the amount initially paid to the
237	association, the association shall credit the insurer that
238	amount against future assessments. Such payment reconciliation
239	report, and any payment of excess amounts collected from
240	policyholders, shall be completed and remitted to the
241	association within 90 days after the end of the assessment year.
242	The association shall send a final reconciliation report on all
243	insurers to the office within 120 days after each assessment
244	year.
245	e. Insurers remitting reconciliation reports under this
246	paragraph to the association are subject to s. 626.9541(1)(e).
247	If the excess amount does not exceed 15 percent of the total
248	assessment paid by the insurer or insurer group, the excess
249	amount shall be remitted to the association within 60 days after
250	the end of the 12-month period in which the excess recoupment
251	charges were collected.
252	2. The association may use a monthly installment method
253	instead of the method described in sub-subparagraphs (f)1.b. and
254	c. or in combination thereof based on the association's
255	projected cash flow. If the association projects that it has
256	cash on hand for the payment of anticipated claims in the
257	applicable account for at least 6 months, the board may make an
258	estimate of the assessment needed and may recommend to the
259	office the assessment percentage that may be collected as a
260	monthly assessment. The office may, in the order levying the
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261 assessment on insurers, specify that the assessment is due and 262 payable monthly as the funds are collected from insureds 263 throughout the assessment year, in which case the assessment 264 shall be a uniform percentage of premium collected during the 265 assessment year and shall be collected from all policyholders 266 with policies in the classes protected by the account. All 267 insurers shall collect the assessment without regard to whether 268 the insurers reported premium in the year preceding the 269 assessment. Insurers are not required to advance funds if the 270 association and the office elect to use the monthly installment 271 option. All funds collected shall be retained by the association 272 for the payment of current or future claims. This subparagraph 273 does not alter the obligation of an insurer to remit assessments 274 levied pursuant to this subsection to the association. If the 275 excess amount exceeds 15 percent of the total assessment paid by 276 the insurer or insurer group, the excess amount shall be 277 returned to the insurer's or insurer group's current 278 policyholders by refunds or premium credits. The association 279 shall use any remitted excess recoupment amounts to reduce 280 future assessments. 281 Amounts recouped pursuant to this subsection for (g)

assessments levied under paragraph (a) due to insolvencies on or after July 1, 2010, are considered premium solely for premium tax purposes and are not subject to fees or commissions. However, insurers shall treat the failure of an insured to pay a recoupment charge as a failure to pay the premium.

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287	(h) Assessments levied under this subsection are levied
288	upon insurers. This subsection does not create a cause of action
289	by a policyholder with respect to the levying of, or a
290	policyholder's duty to pay, such assessments.
291	(h) At least 15 days before applying the recoupment factor
292	to any policies, the insurer or insurer group shall file with
293	the office a statement for informational purposes only setting
294	forth the amount of the recoupment factor and an explanation of
295	how the recoupment factor will be applied. Such statement shall
296	include documentation of the assessment paid by the insurer or
297	insurer group and the arithmetic calculations supporting the

298 recoupment factor. The insurer or insurer group may use the 299 recoupment factor at any time after the expiration of the 15-day 300 period. The insurer or insurer group need submit only one 301 informational statement for all lines of business using the same 302 recoupment factor.

303 (i) No later than 90 days after the insurer or insurer 304 group has completed the recoupment process, the insurer or 305 insurer group shall file with the office, for information 306 purposes only, a final accounting report documenting the recoupment. The report shall provide the amounts of assessments 307 308 paid by the insurer or insurer group, the amounts and 309 percentages recouped by year from each affected line of 310 business, and the direct written premium subject to recoupment 311 by year. The insurer or insurer group need submit only one 312 report for all lines of business using the same recoupment Page 12 of 15

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313	factor.
314	(4) The <u>office</u> department may exempt <u>or temporarily defer</u>
315	any insurer from any regular or emergency assessment if the
316	office finds that the insurer is impaired or insolvent or if an
317	assessment would result in such insurer's financial statement
318	reflecting an amount of capital or surplus less than the sum of
319	the minimum amount required by any jurisdiction in which the
320	insurer is authorized to transact insurance.
321	Section 3. Section 631.64, Florida Statutes, is amended to
322	read:
323	631.64 Recognition of assessments in rates.—Charges or
324	recoupments shall be separately displayed on premium bills to
325	enable policyholders to determine the amount charged for
326	association assessments but may not be included in rates filed
327	and approved by the office. The rates and premiums charged for
328	insurance policies to which this part applies may include
329	amounts sufficient to recoup a sum equal to the amounts paid to
330	the association by the member insurer less any amounts returned
331	to the member insurer by the association, and such rates shall
332	not be deemed excessive because they contain an amount
333	reasonably calculated to recoup assessments paid by the member
334	insurer.
335	Section 4. Subsection (5) of section 627.727, Florida
336	Statutes, is amended to read:
337	627.727 Motor vehicle insurance; uninsured and
338	underinsured vehicle coverage; insolvent insurer protection
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339 (5)Any person having a claim against an insolvent insurer 340 as defined in s. 631.54(6) under the provisions of this section 341 shall present such claim for payment to the Florida Insurance 342 Guaranty Association only. In the event of a payment to a any 343 person in settlement of a claim arising under the provisions of 344 this section, the association is not subrogated or entitled to 345 any recovery against the claimant's insurer. The association, 346 however, has the rights of recovery as set forth in chapter 631 347 in the proceeds recoverable from the assets of the insolvent insurer. 348

349 Section 5. Subsection (1) of section 631.55, Florida 350 Statutes, is amended to read:

351

631.55 Creation of the association.-

352 There is created a nonprofit corporation to be known (1)353 as the "Florida Insurance Guaranty Association, Incorporated." 354 All insurers defined as member insurers in s. 631.54(7) shall be 355 members of the association as a condition of their authority to 356 transact insurance in this state, and, further, as a condition 357 of such authority, an insurer must shall agree to reimburse the 358 association for all claim payments the association makes on the said insurer's behalf if such insurer is subsequently 359 rehabilitated. The association shall perform its functions under 360 361 a plan of operation established and approved under s. 631.58 and 362 shall exercise its powers through a board of directors 363 established under s. 631.56. The corporation shall have all 364 those powers granted or permitted nonprofit corporations, as Page 14 of 15

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365 provided in chapter 617.

366 Section 6. This act shall take effect July 1, 2014.

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