

	LEGISLATIVE ACTION	
Senate	•	House
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Floor: WD/2R		
03/08/2018 03:51 PM	•	
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Senator Steube moved the following:

## Senate Amendment (with title amendment)

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Before line 78

insert:

Section 1. Paragraph (e) of subsection (2), paragraphs (b) and (c) of subsection (4), and paragraph (b) of subsection (5) of section 215.555, Florida Statutes, are amended to read:

215.555 Florida Hurricane Catastrophe Fund.-

- (2) DEFINITIONS.—As used in this section:
- (e) "Retention" means the amount of losses below which an insurer is not entitled to reimbursement from the fund. An

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insurer's retention shall be calculated as follows:

- 1. The 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 for the contract year occurring 2 years before the particular 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 90percent coverage level.
- 2. The retention multiple as determined under subparagraph 1. must shall be adjusted to reflect the coverage level elected by the insurer.
- a. For insurers electing the 90-percent coverage level, the adjusted retention multiple is 100 percent of the amount determined under subparagraph 1.
- b. For insurers electing the 75-percent coverage level, the retention multiple is 120 percent of the amount determined under subparagraph 1.
- c. For insurers electing the 60-percent coverage level, the retention multiple is 150 percent of the amount determined under subparagraph 1.
- d. For insurers electing the 45-percent coverage level, the adjusted retention multiple is 200 percent of the amount



determined under subparagraph 1.

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- e. For insurers electing the 25-percent coverage level, the retention multiple is 360 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 on or after January 1 of the contract year provided the insurer reports its losses as specified in the reimbursement contract.
  - (4) REIMBURSEMENT CONTRACTS.-
- (b) 1. The contract shall contain a promise by the board to reimburse the insurer for 25 percent, 45 percent, 60 percent, 75 percent, or 90 percent of its losses from each covered event in excess of the insurer's retention, plus up to 12 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

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if no revenue bonds issued under subsection (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.
- (c)1. Effective July 1, 2018, the contract must shall also provide that the obligation of the board with respect to all contracts covering a particular contract year shall be up to \$17 billion, as determined by the aggregate reimbursement coverage purchased by all participating insurers shall not exceed the actual claims-paying capacity of the fund up to a limit of \$17 billion for that contract year, unless the board determines that there is sufficient estimated claims-paying capacity to provide \$17 billion of capacity for the current contract year and an additional \$17 billion of capacity for subsequent contract years. If the board makes such a determination, the estimated claims-paying capacity for the particular contract year shall be determined by adding to the \$17 billion limit one-half of the fund's estimated claims-paying capacity in excess of \$34 billion. However, 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.

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- 2. In May and October of the contract year, the board shall publish in the Florida Administrative Register a statement of the fund's estimated borrowing capacity, the fund's estimated claims-paying capacity, and the projected balance of the fund as of December 31. After the end of each calendar year, the board shall notify insurers of the estimated borrowing capacity, estimated claims-paying 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 (5), the 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.
  - (5) REIMBURSEMENT PREMIUMS.-
- (b) The 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 rate formula must 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 board shall consider the coverage elected under paragraph (4)(b)

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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 board to be appropriate. Beginning in the 2018-2019 contract year, the fund's formula may provide for a rapid cash build-up factor of up to 25 percent only when the available cash balance as of December 31 of the previous year is less than 80 percent of the statutory capacity. For the purpose of calculating the rapid cash build-up factor trigger, the available cash balance may not be reduced by reserves for projected participating insurer's reimbursements The formula must provide for a cash build-up factor. For the 2009-2010 contract year, the factor is 5 percent. For the 2010-2011 contract year, the factor is 10 percent. For the 2011-2012 contract year, the factor is 15 percent. For the 2012-2013 contract year, the factor is 20 percent. For the 2013-2014 contract year and thereafter, the factor is 25 percent. The rate 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.



========= T I T L E A M E N D M E N T ========== 157

And the title is amended as follows:

Delete line 2

and insert:

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An act relating to insurance; amending s. 215.555, F.S.; revising the definition of the term "retention"; adding specified coverage levels to a list of coverage level options that insurers may select from in reimbursement contracts under the Florida Hurricane Catastrophe Fund; revising a requirement for loss adjustment expense reimbursements in such contracts; revising, as of a specified date, the determination of the State Board of Administration's obligation with respect to all contracts covering a particular contract year; providing that the rapid cash build-up factor used in the rate formula for determining premiums to be paid to the fund may be applied only under certain circumstances; amending s. 625.151,