

	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
02/16/2022		
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Appropriations Subcommittee on Agriculture, Environment, and General Government (Burgess) recommended the following:

## Senate Amendment (with title amendment)

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Delete lines 110 - 195

4 and insert:

> expected to be recouped. If an insurer elects not to recoup, the amount recorded as an asset must be reduced to zero.

> 2. Unless an insurer elects not to recoup, assessments levied under subparagraph (f) 2. are paid after policy surcharges are collected so that the recognition of assets is based on actual premium written offset by the obligation to the

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association. If an insurer elects not to recoup, no asset shall be recorded.

- (f) 1. The association, office, and insurers remitting assessments pursuant to paragraph (a) or paragraph (e) must comply with the following:
- a. In the order levying an assessment, the office shall specify the actual percentage amount to be advanced to the association and thereafter collected uniformly from all the policyholders of insurers subject to the assessment and the date on which the assessment year begins, which may not begin before 90 days after the association board certifies such an assessment.
- b. Insurers shall make an initial payment to the association before the beginning of the assessment year on or before the date specified in the order of the office. Each insurer shall have at least 30 days' written notice as to the date on which the initial assessment payment is due and payable. The association may request that the order issued by the office authorize insurers to remit the advance payments in four quarterly installments throughout the assessment year.
- c. Insurers that have written insurance in the calendar year before the year in which the assessment is certified by the board shall make payments an initial payment based on the direct written premium in this state for the classes protected by the account from the previous calendar year as set forth in the insurer's annual statement, multiplied by the uniform percentage of premium specified in the order issued by the office. Insurers that have not written insurance in the previous calendar year in any of the lines under the account which are being assessed, but

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which are writing insurance as of, or after, the date the board certifies the assessment to the office, shall pay an amount based on a good faith estimate of the amount of direct written premium anticipated to be written in the subject lines of business for the assessment year, multiplied by the uniform percentage of premium specified in the order issued by the office.

- d. Insurers shall file one or more a reconciliation reports report with the association which indicate indicates the amount of the initial payment to the association before the assessment year, whether such amount was based on direct written premium contained in a previous calendar year annual statement or a good faith projection, the amount actually collected during the assessment year, and such other information contained on a form and schedule adopted by the association and provided to the insurers in advance. If the insurer collected from policyholders more surcharges than the amount initially paid, the insurer shall pay the excess amount to the association. If the insurer collected surcharges from policyholders in an amount that which is less than the amount initially paid to the association, the association shall credit the insurer that amount against future assessments. Such payment reconciliation report, and any payment of excess amounts collected from policyholders, shall be completed and remitted to the association within 90 days after the end of the assessment year. The association shall send a final reconciliation report on all insurers to the office within 120 days after each assessment year.
- e. Insurers remitting reconciliation reports under this paragraph to the association are subject to s. 626.9541(1)(e).

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2. For assessments required under paragraph (a) or paragraph (e), the association may use a quarterly installment method instead of the method described in sub-subparagraphs 1.b. and c. or in combination thereof based on the association's projected cash flow. If the association projects that it has cash on hand for the payment of anticipated claims in the applicable account for at least 6 months, the board may make an estimate of the assessment needed and may recommend to the office the assessment percentage that may be collected as a quarterly assessment. The office may, in the order levying the assessment on insurers, specify that the assessment is due and payable quarterly as the funds are collected from insureds throughout the assessment year, in which case the assessment shall be a uniform percentage of premium collected during the assessment year and shall be collected from all policyholders with policies in the classes protected by the account. All insurers shall collect the assessment without regard to whether the insurers reported premium in the year preceding the assessment. Insurers are not required to advance funds if the association and the office elect to use the quarterly installment option. All funds collected shall be retained by the association for the payment of current or future claims. This subparagraph does not alter the obligation of an insurer to remit assessments levied pursuant to this subsection to the association. Notwithstanding this subparagraph, an insurer may elect not to collect from policyholders, in which case such insurer must make quarterly payments to the association equal to the amount of premium written in the previous quarter for policies in the classes protected by the account multiplied by



the uniform percentage of premium set <u>forth in the order levying</u> the assessment. Insurers shall file one or more reconciliation

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

And the title is amended as follows:

Delete lines 16 - 25 103

104 and insert:

> recoup advances; specifying requirements for insurers electing not to recoup; revising a requirement for information regarding assessment percentages which must be specified by the Office of Insurance Regulation in orders levying assessments; authorizing the association to request that orders levying assessments issued by the office authorize a certain installment frequency for the remittance of advance payments by insurers; revising the requirement that certain insurers make payments, rather than initial payments, on a certain basis; requiring insurers to make quarterly payments to association under certain circumstances; revising insurer