

STATE OF OKLAHOMA

2nd Session of the 55th Legislature (2016)

HOUSE BILL 2761

By: Kirby

AS INTRODUCED

An Act relating to insurance; amending 36 O.S. 2011, Section 309.4, as amended by Section 1, Chapter 298, O.S.L. 2015 (36 O.S. Supp. 2015, Section 309.4), which relates to examination reports; providing that certain waivers of confidentiality shall not occur under certain circumstances; amending 36 O.S. 2011, Section 607.1, as last amended by Section 1, Chapter 296, O.S.L. 2015 (36 O.S. Supp. 2015, Section 607.1), which relates to entities considered insurers; exempting certain entities from filing certain actuarial opinions; amending 36 O.S. 2011, Section 1452, as last amended by Section 2, Chapter 145, O.S.L. 2014 (36 O.S. Supp. 2015, Section 1452), which relates to the Third-Party Administrator Act; limiting certain annual reports that shall be reviewed by a certified public accountant; requiring certain application for waiver under certain circumstances; amending 36 O.S. 2011, Section 1510, as amended by Section 1, Chapter 50, O.S.L. 2014 (36 O.S. Supp. 2015, Section 1510), which relates to valuation; eliminating certain exemption for certain domestic companies; amending 36 O.S. 2011, Section 1654, as amended by Section 9, Chapter 269, O.S.L. 2013 (36 O.S. Supp. 2015, Section 1654), which relates to registration of insurers; requiring annual registration; requiring certain annual enterprise risk report be filed by certain date; amending 36 O.S. 2011, Section 4101.1, which relates to group life insurance policies and annuities; increasing age cap for certain dependents; amending 36 O.S. 2011, Section 6060.4, which relates to child immunization coverage; modifying which health benefit plans are exempted from certain requirements; amending 36 O.S. 2011, Sections 6121 and 6124, which relate to prepaid funeral services; authorizing the Insurance

1 Commissioner to deny permit to certain persons;  
2 prohibiting new permit after prior refusal to issue  
3 permit; amending 36 O.S. 2011, Sections 6220, as  
4 amended by Section 5, Chapter 297, O.S.L. 2015 and  
5 Section 7, Chapter 297, O.S.L. 2015 (36 O.S. Supp.  
6 2015, Section 6220 and 6223), which relate to the  
7 Insurance Adjusters Licensing Act; modifying causes  
8 to deny, suspend or revoke license; modifying content  
9 requirements for certain disclosure document;  
10 amending 36 O.S. 2011, Section 6470.2, as last  
11 amended by Section 14, Chapter 298, O.S.L. 2015 and  
12 Section 6470.3, as amended by Section 15, Chapter  
13 298, O.S.L. 2015 (36 O.S. Supp. 2015, Sections 6470.2  
14 and 6470.3), which relate to the Oklahoma Captive  
15 Insurance Company Act; modifying punctuation;  
16 modifying insurable risks; amending 36 O.S. 2011,  
17 Section 6670, as last amended by Section 22, Chapter  
18 15, O.S.L. 2013 (36 O.S. Supp. 2015, Section 6670),  
19 which relates to insurance coverage of portable  
20 electronics; updating citation; and providing an  
21 effective date.

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BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 36 O.S. 2011, Section 309.4, as  
amended by Section 1, Chapter 298, O.S.L. 2015 (36 O.S. Supp. 2015,  
Section 309.4), is amended to read as follows:

Section 309.4 A. All examination reports shall be comprised of  
only facts appearing upon the books, records, or other documents of  
the company, its agents or other persons examined, or as ascertained  
from the testimony of its officers or agents or other persons  
examined concerning its affairs, and such conclusions and  
recommendations as the examiners find reasonably warranted from such  
facts.

1 B. No later than thirty (30) days following completion of the  
2 examination, the examiner in charge shall file with the Insurance  
3 Department a verified written report of examination under oath.  
4 Upon receipt of the verified report, the Department shall transmit  
5 the report to the company examined, together with a notice which  
6 shall afford such company examined a reasonable opportunity of not  
7 more than twenty (20) days to make a written submission or written  
8 rebuttal with respect to any matters contained in the examination  
9 report.

10 C. Within twenty (20) days of the end of the period allowed for  
11 the receipt of written submissions or written rebuttals, the  
12 Insurance Commissioner shall fully consider and review the report,  
13 together with any written submissions or written rebuttals and any  
14 relevant portions of the examiners' work papers and enter an order:

15 1. Adopting the examination report as filed or with  
16 modification or corrections. If the examination report reveals that  
17 the company is operating in violation of any law, regulation or  
18 prior order of the Commissioner, the Commissioner may order the  
19 company to take any action the Commissioner considers necessary and  
20 appropriate to cure such violation;

21 2. Rejecting the examination report with directions to the  
22 examiners to reopen the examination for purposes of obtaining  
23 additional data, documentation or information, and refiling pursuant  
24 to subsection A of this section; or

1           3. Calling for an investigatory hearing with notice pursuant to  
2 the Administrative Procedures Act to the company for purposes of  
3 obtaining additional documentation, data, information and testimony.

4           D. 1. All orders entered pursuant to paragraph 1 of subsection  
5 C of this section shall be accompanied by findings and conclusions  
6 resulting from the Commissioner's consideration and review of the  
7 examination report, relevant examiner work papers and any written  
8 submissions or rebuttals. Any such order shall be considered a  
9 final administrative decision and may be appealed pursuant to the  
10 Administrative Procedures Act, and shall be served upon the company  
11 by certified mail, together with a copy of the adopted examination  
12 report. Within thirty (30) days of the issuance of the adopted  
13 report, the company shall file affidavits executed by each of its  
14 directors stating under oath that they have received a copy of the  
15 adopted report and related orders.

16           2. Any hearing conducted pursuant to paragraph 3 of subsection  
17 C of this section by the Commissioner or authorized representative,  
18 shall be conducted as a nonadversarial confidential investigatory  
19 proceeding as necessary for the resolution of any inconsistencies,  
20 discrepancies or disputed issues apparent upon the face of the filed  
21 examination report or raised by or as a result of the Commissioner's  
22 review of relevant work papers or by the written submission or  
23 rebuttal of the company. Within thirty (30) days of the conclusion  
24

1 of any such hearing, the Commissioner shall enter an order pursuant  
2 to paragraph 1 of subsection C of this section.

3 3. The Commissioner shall not appoint an examiner as an  
4 authorized representative to conduct the hearing. The Commissioner  
5 or a representative of the Commissioner may issue subpoenas for the  
6 attendance of any witnesses or the production of any documents  
7 deemed relevant to the investigation whether under the control of  
8 the Department, the company or other persons. The documents  
9 produced shall be included in the record, and testimony taken by the  
10 Commissioner or representative of the Commissioner shall be under  
11 oath and preserved for the record.

12 4. Nothing contained in this section shall require the  
13 Department to disclose any information or records which would  
14 indicate or show the existence or content of any investigation or  
15 activity of a criminal justice agency.

16 5. The hearing shall proceed with the Commissioner or a  
17 representative of the Commissioner posing questions to the persons  
18 subpoenaed. Thereafter the company and the Department may present  
19 testimony relevant to the investigation. The company and the  
20 Department shall be permitted to make closing statements and may be  
21 represented by counsel of their choice.

22 E. 1. Upon the adoption of the examination report under  
23 paragraph 1 of subsection C of this section, the Commissioner shall  
24 continue to hold the content of the examination report as private

1 and confidential information for a period of two (2) days except to  
2 the extent provided in subsection B of this section and subsection F  
3 of Section 309.3 of this title. Thereafter, the Commissioner may  
4 open the report for public inspection so long as no court of  
5 competent jurisdiction has stayed its publication.

6 2. Nothing contained in Sections 309.1 through 309.7 of this  
7 title shall prevent or be construed as prohibiting the Commissioner  
8 from disclosing the content of an examination report, preliminary  
9 examination report or results, or any matter relating thereto, to  
10 the insurance department of this or any other state or country, or  
11 to law enforcement officials of this or any other state or agency of  
12 the federal government at any time, so long as such agency or office  
13 receiving the report or matters relating thereto agrees in writing  
14 to hold it confidential and in a manner consistent with Sections  
15 309.1 through 309.7 of this title.

16 3. In the event the Commissioner determines that regulatory  
17 action is appropriate as a result of any examination, the  
18 Commissioner may initiate any proceedings or actions as provided by  
19 law.

20 4. No waiver of any applicable privilege or claim of  
21 confidentiality in the documents, materials or information provided  
22 to the Commissioner shall occur as a result of disclosure to the  
23 Commissioner under this section or as a result of sharing as  
24 authorized in subparagraph 2 of this paragraph.

1 F. All working papers, recorded information, documents and  
2 copies thereof produced by, obtained by or disclosed to the  
3 Commissioner or any other person in the course of an examination  
4 made under Sections 309.1 through 309.7 of this title, or in the  
5 course of analysis by the Commissioner or any other person of the  
6 financial condition or market conduct of a company, shall be given  
7 confidential treatment and are not subject to subpoena and may not  
8 be made public by the Commissioner or any other person, except to  
9 the extent provided in subsection E of this section and subsection F  
10 of Section 309.3 of this title. Access may also be granted to the  
11 National Association of Insurance Commissioners. Such parties shall  
12 agree in writing prior to receiving the information to provide to it  
13 the same confidential treatment as required by this section, unless  
14 the prior written consent of the company to which it pertains has  
15 been obtained.

16 SECTION 2. AMENDATORY 36 O.S. 2011, Section 607.1, as  
17 last amended by Section 1, Chapter 296, O.S.L. 2015 (36 O.S. Supp.  
18 2015, Section 607.1), is amended to read as follows:

19 Section 607.1 A. An entity organized pursuant to the  
20 Interlocal Cooperation Act (an "Interlocal Entity") for the purpose  
21 of transacting insurance, except those Interlocal Entities created  
22 pursuant to the terms of The Governmental Tort Claims Act, shall be  
23 considered an insurer at such time that the entity has within a  
24 twelve-month period received aggregate premiums of One Million

1 Dollars (\$1,000,000.00) for all kinds of insurance that the entity  
2 transacts. Such an entity shall be eligible to qualify for and hold  
3 a certificate of authority to transact insurance in this state.

4 B. Notwithstanding the provisions of subsection A of this  
5 section, any entity organized pursuant to the Interlocal Cooperation  
6 Act that insures an Oklahoma educational institution and has within  
7 a twelve-month period received premiums or contributions of any  
8 amount for any kind of insurance that the Interlocal Entity  
9 transacts shall have an annual audit by an independent certified  
10 public accountant and shall file an audited financial report by an  
11 independent certified public accountant with the Insurance  
12 Commissioner within one hundred eighty (180) days immediately  
13 following the close of the Interlocal Entity's fiscal year. The  
14 annual audited financial report shall be presented in conformity  
15 with accounting principles generally accepted in the United States  
16 of America and include:

- 17 1. The report of an independent certified public accountant in  
18 accordance with accounting principles generally accepted in the  
19 United States of America;
- 20 2. A balance sheet reporting assets, liabilities and equity;
- 21 3. A statement of operations;
- 22 4. A statement of cash flows;
- 23 5. A statement of changes in assets, liabilities and equity;
- 24 6. Footnotes to financial statements; and



1           7. An unqualified opinion from the certified public accountant  
2 that the audited financial report represents a fair presentation of  
3 the Interlocal Entity's financial position in conformity with  
4 accounting principles generally accepted in the United States of  
5 America.

6           C. Any entity subject to the provisions of subsection B of this  
7 section, except those entities which purchase full insurance  
8 coverage as determined by the Commissioner, shall file with the  
9 Insurance Commissioner an actuarial opinion prepared by a qualified  
10 actuary within one hundred eighty (180) days immediately following  
11 the close of the Interlocal Entity's fiscal year. The actuarial  
12 opinion should certify the amount and adequacy of the Interlocal  
13 Entity's reserves for loss and loss adjustment expenses, including  
14 amounts for Incurred But Not Reported (IBNR) Claims, and the  
15 adequacy of the Interlocal Entity's premiums. The actuarial opinion  
16 shall be consistent with the appropriate Actuarial Standards of  
17 Practice (ASOP) as promulgated by the Actuarial Standards Board.

18           As used in this section, "qualified actuary" means an individual  
19 who is a member of the American Academy of Actuaries and who has met  
20 the Qualification Standards for Actuaries Issuing Statements of  
21 Actuarial Opinions in the United States promulgated by the American  
22 Academy of Actuaries.

23           D. Extensions of the filing date may be granted by the  
24 Commissioner for thirty-day periods upon a showing by the Interlocal

1 Entity and its independent certified public accountant or qualified  
2 actuary of the reasons for requesting an extension and determination  
3 by the Commissioner of good cause for an extension. The request for  
4 extension must be submitted in writing not less than ten (10) days  
5 prior to the due date in sufficient detail to permit the  
6 Commissioner to make an informed decision with respect to the  
7 requested extension.

8 E. The Commissioner may assess a fine for failure to file the  
9 required annual audit or actuarial opinion in an amount of not more  
10 than Five Hundred Dollars (\$500.00) per day.

11 F. The audited financial reports and actuarial opinions  
12 required herein are subject to public inspection pursuant to the  
13 Oklahoma Open Records Act.

14 SECTION 3. AMENDATORY 36 O.S. 2011, Section 1452, as  
15 last amended by Section 2, Chapter 145, O.S.L. 2014 (36 O.S. Supp.  
16 2015, Section 1452), is amended to read as follows:

17 Section 1452. A. On or before June 1 of each year, all  
18 licensed administrators shall file an annual report for the previous  
19 calendar year. The Any report filed by an administrator with  
20 accumulated year-to-date premiums collected or claims paid of Fifty  
21 Thousand Dollars (\$50,000.00) or more, whichever is greater, shall  
22 have been reviewed by a certified public accountant who shall be  
23 independent of the administrator. The report shall be subscribed  
24 and sworn to by the president and attested to by the secretary or

1 other proper officers substantiating that the information contained  
2 in the report is true and factual concerning each of the plans they  
3 administer which are governed pursuant to the provisions of the  
4 Third-party Administrator Act. The report shall include the name  
5 and address of each fund and a statement of fund equity, paid claims  
6 by the covered unit, the accumulated year-to-date paid claims, and  
7 the year-to-date reserve status. Failure of any third-party  
8 administrator to execute and file the annual reports as required by  
9 this section shall constitute cause, after notice and opportunity  
10 for hearing, for censure, suspension, or revocation of administrator  
11 licensure to transact business in this state, or a civil penalty of  
12 not less than One Hundred Dollars (\$100.00) or more than One  
13 Thousand Dollars (\$1,000.00) for each occurrence, or both censure,  
14 suspension, or revocation and civil penalty.

15 B. If a licensed administrator has had no business or activity  
16 in the past calendar year, has not administered any insurance plans  
17 or business in the past calendar year and no funds are under the  
18 licensed administrator's oversight and administration, then the  
19 licensed administrator shall submit an application for waiver of the  
20 annual report described in subsection A of this section ~~may be~~  
21 ~~waived upon application to the Insurance Commissioner by the~~  
22 ~~administrator~~ on a form prescribed by the Commissioner. Upon  
23 applying for a waiver, the administrator shall state under oath that  
24 the administrator has had no business, has not administered any

1 funds and the licensee's administration of premiums and claims has  
2 been dormant for the past calendar year. The application must be  
3 submitted no later than ~~May~~ April 1st on the form prescribed by the  
4 Commissioner.

5 SECTION 4. AMENDATORY 36 O.S. 2011, Section 1510, as  
6 amended by Section 1, Chapter 50, O.S.L. 2014 (36 O.S. Supp. 2015,  
7 Section 1510), is amended to read as follows:

8 Section 1510. A. Definitions. For the purposes of this  
9 section the following definitions shall apply on or after the  
10 operative date of the valuation manual:

11 1. "Accident and health insurance" means contracts that  
12 incorporate morbidity risk and provide protection against economic  
13 loss resulting from accident, sickness, or medical conditions and as  
14 may be specified in the valuation manual;

15 2. "Company" means an entity which:

16 a. has written, issued, or reinsured life insurance  
17 contracts, accident and health insurance contracts, or  
18 deposit-type contracts in this state and has at least  
19 one such policy in force or on claim, or

20 b. has written, issued, or reinsured life insurance  
21 contracts, accident and health insurance contracts, or  
22 deposit-type contracts in any state and is required to  
23 hold a certificate of authority to write life  
24

1 insurance, accident and health insurance, or deposit-  
2 type contracts in this state;

3 3. "Deposit-type contract" means contracts that do not  
4 incorporate mortality or morbidity risks and as may be specified in  
5 the valuation manual;

6 4. "Life insurance" means contracts that incorporate mortality  
7 risk, including annuity and pure endowment contracts, and as may be  
8 specified in the valuation manual;

9 5. "NAIC" means the National Association of Insurance  
10 Commissioners;

11 6. "Policyholder behavior" means any action a policyholder,  
12 contract holder or any other person with the right to elect options,  
13 such as a certificate holder, may take under a policy or contract  
14 subject to this section, including, but not limited to, lapse,  
15 withdrawal, transfer, deposit, premium payment, loan, annuitization,  
16 or benefit elections prescribed by the policy or contract but  
17 excluding events of mortality or morbidity that result in benefits  
18 prescribed in their essential aspects by the terms of the policy or  
19 contract;

20 7. "Principle-based valuation" means a reserve valuation that  
21 uses one or more methods or one or more assumptions determined by  
22 the insurer and is required to comply with subsection Q of this  
23 section as specified in the valuation manual;

1 8. "Tail risk" means a risk that occurs either where the  
2 frequency of low probability events is higher than expected under a  
3 normal probability distribution or where there are observed events  
4 of very significant size or magnitude; and

5 9. "Valuation manual" means the manual of valuation  
6 instructions adopted by the NAIC as specified in this section or as  
7 subsequently amended.

8 B. Reserve Valuation.

9 1. Policies and Contracts Issued Prior to the Operative Date of  
10 the Valuation Manual.

11 (a) The Insurance Commissioner shall annually make  
12 calculations of all outstanding policies, additions  
13 thereto, unpaid dividends, annuity and pure endowment  
14 contracts and all other obligations of every life  
15 insurance corporation doing business in this state  
16 issued prior to the operative date of the valuation  
17 manual. In lieu of the valuation of the reserves  
18 required of a foreign or alien company, the Insurance  
19 Commissioner may accept a valuation made, or caused to  
20 be made, by the insurance supervisory official of any  
21 state or other jurisdiction when the valuation  
22 complies with the minimum standard provided in this  
23 section.  
24

1 (b) The provisions set forth in subsections C, D, E, F, G,  
2 H, J, K, L, M, N and O of this section shall apply to  
3 all policies and contracts, as appropriate, subject to  
4 this section issued prior to the operative date of the  
5 valuation manual and the provisions set forth in  
6 subsections P and Q of this section shall not apply to  
7 any such policies and contracts.

8 2. Policies and Contracts Issued On and After the Operative  
9 Date of the Valuation Manual.

10 (a) The Insurance Commissioner shall annually make  
11 calculations of all outstanding policies, additions  
12 thereto, unpaid dividends, annuity and pure endowment  
13 contracts, accident and health contracts, deposit-type  
14 contracts, and all other obligations of every company  
15 doing business in this state issued on or after the  
16 operative date of the valuation manual. In lieu of  
17 the valuation of the reserves required of a foreign or  
18 alien company, the Insurance Commissioner may accept a  
19 valuation made, or caused to be made, by the insurance  
20 supervisory official of any state or other  
21 jurisdiction when the valuation complies with the  
22 minimum standard provided in this section.

23 (b) The provisions set forth in subsections P and Q of  
24 this section shall apply to all policies and contracts

1            issued on or after the operative date of the valuation  
2            manual.

3            C. 1.    Valuations made by the Insurance Commissioner shall be  
4            made upon the net premium basis. In the case of alien insurers,  
5            such valuation shall be limited to its United States business. The  
6            legal minimum standard for valuation of contracts issued before the  
7            first day of January, 1910, shall be the Actuaries or Combined  
8            Experience Table of Mortality, with interest at four percent (4%)  
9            per annum, and for valuation of contracts issued on or after said  
10           date and before June 6, 1949, shall be the American Experience Table  
11           of Mortality, or the American Men Table of Mortality, with interest  
12           at three and one-half percent (3 1/2%) per annum. Except as  
13           otherwise provided policies issued on or after the operative date of  
14           paragraph 4 of subsection I of Section 4029 of this title, policies  
15           issued on or after June 6, 1949, shall be valued, collectively as to  
16           all such policies or severally as to policies of any plan or form at  
17           the option of the company according to the American Experience Table  
18           of Mortality, the American Men Table of Mortality, the Commissioners  
19           1941 Standard Ordinary Mortality Table or on and after July 1, 1962,  
20           the Commissioners 1958 Standard Ordinary Mortality Table for  
21           policies of ordinary insurance, and the Standard Industrial  
22           Mortality Table (1907), or the 1941 Standard Industrial Mortality  
23           Table or the Commissioners 1961 Standard Industrial Mortality Table  
24           for policies of industrial insurance, with interest at not more than



1 three and one-half percent (3 1/2%) per annum, or four percent (4%)  
2 per annum in the case of policies issued on or after April 11, 1974,  
3 and prior to March 17, 1978, and four and one-half percent (4 1/2%)  
4 per annum for policies issued on or after March 17, 1978; provided,  
5 however, that policies issued to substandard risks or other special  
6 classes may be valued according to such other mortality tables, with  
7 interest at not more than three and one-half percent (3 1/2%) per  
8 annum, or four percent (4%) per annum in the case of policies issued  
9 on or after April 11, 1974, and prior to March 17, 1978, and four  
10 and one-half percent (4 1/2%) per annum for policies issued on or  
11 after March 17, 1978, as may be approved by the Insurance  
12 Commissioner.

13 2. For individual annuity and pure endowment contracts,  
14 excluding any disability and accidental death benefits in such  
15 policies, the 1937 Standard Annuity Mortality Table, or, at the  
16 option of the company, the Annuity Mortality Table for 1949,  
17 Ultimate, or any modification of either of these tables approved by  
18 the Commissioner.

19 3. For group annuity and pure endowment contracts, excluding  
20 any disability and accidental death benefits in such policies, the  
21 Group Annuity Mortality Table for 1951, any modification of such  
22 table approved by the Commissioner, or, at the option of the  
23 company, any of the tables or modifications of tables specified for  
24 individual annuity and pure endowment contracts.

1           4. The mortality table used in determining the minimum standard  
2 for the valuation of ordinary life insurance policies issued on or  
3 after the operative date of paragraph 4 of subsection I of Section  
4 4029 of this title shall be (i) the Commissioners 1980 Standard  
5 Ordinary Mortality Table, or (ii) at the election of the company for  
6 any one or more specified plans of life insurance, the Commissioners  
7 1980 Standard Ordinary Mortality Table with Ten-Year Select  
8 Mortality Factors, or (iii) any ordinary mortality table, adopted  
9 after 1980 by the NAIC, that is approved by regulation promulgated  
10 by the Commissioner for use in determining the minimum standard of  
11 valuation for such policies.

12           5. Except as provided in subsection D of this section, the  
13 minimum standard of valuation for individual annuity and pure  
14 endowment contracts issued on or after the operative date of this  
15 section and for annuities and pure endowments purchased on or after  
16 such operative date under group annuity and pure endowment contracts  
17 shall be the Commissioner's reserve valuation methods defined in  
18 subsections G and H of this section and the following tables and  
19 interest rates:

- 20           (a) For individual annuity and pure endowment contracts  
21               issued prior to August 29, 1977, excluding any  
22               disability and accidental death benefit in such  
23               contracts, the 1971 Individual Annuity Mortality  
24               Table, or any modification of this table approved by

1 the Commissioner, and six percent (6%) interest for  
2 single premium immediate annuity contracts, and four  
3 percent (4%) interest for all other individual annuity  
4 and pure endowment contracts,

5 (b) For individual single premium immediate annuity  
6 contracts issued on or after August 29, 1977,  
7 excluding any disability and accidental death benefits  
8 in such contracts, the 1971 Individual Annuity  
9 Mortality Table or any individual annuity mortality  
10 table adopted after 1980 by the NAIC that is approved  
11 by regulation promulgated by the Commissioner for use  
12 in determining the minimum standard of valuation for  
13 such contracts, or any modification of these tables  
14 approved by the Commissioner, and seven and one-half  
15 percent (7 1/2%) interest,

16 (c) For individual annuity and pure endowment contracts  
17 issued on or after August 29, 1977, other than single  
18 premium immediate annuity contracts, excluding any  
19 disability and accidental death benefits in such  
20 contracts, the 1971 Individual Annuity Mortality Table  
21 or any individual annuity mortality table adopted  
22 after 1980 by the NAIC that is approved by regulation  
23 promulgated by the Commissioner for use in determining  
24 the minimum standard of valuation for such contracts,

1 or any modification of these tables approved by the  
2 Commissioner, and five and one-half percent (5 1/2%)  
3 interest for single premium deferred annuity and pure  
4 endowment contracts and four and one-half percent (4  
5 1/2%) interest for all other such individual annuity  
6 and pure endowment contracts,

7 (d) For all annuities and pure endowments purchased prior  
8 to August 29, 1977, under group annuity and pure  
9 endowment contracts, excluding any disability and  
10 accidental death benefits purchased under such  
11 contracts, the 1971 Group Annuity Mortality Table, or  
12 any modification of this table approved by the  
13 Commissioner, and six percent (6%) interest, and

14 (e) For all annuities and pure endowments purchased on or  
15 after August 29, 1977, under group annuity and pure  
16 endowment contracts, excluding any disability and  
17 accidental death benefits purchased under such  
18 contracts, the 1971 Group Annuity Mortality Table or  
19 any group annuity mortality table adopted after 1980  
20 by the NAIC that is approved by regulation promulgated  
21 by the Commissioner for use in determining the minimum  
22 standard of valuation for such annuities and pure  
23 endowments, or any modification of these tables  
24

1                   approved by the Commissioner, and seven and one-half  
2                   percent (7 1/2%) interest.

3           After June 14, 1973, any company may file with the Commissioner  
4 a written notice of its election to comply with the provisions of  
5 this section after a specified date before January 1, 1985, which  
6 shall be the operative date of this section for such company,  
7 provided, a company may elect a different operative date for  
8 individual annuity and pure endowment contracts from that elected  
9 for group annuity and pure endowment contracts. If a company makes  
10 no such election, the operative date of this section for such  
11 company shall be January 1, 1985.

12           D. 1. The interest rates used in determining the minimum  
13 standard for the valuation of all life insurance policies issued in  
14 a particular calendar year on or after the operative date of  
15 paragraph 4 of subsection I of Section 4029 of this title shall be  
16 the calendar year statutory valuation interest rates as defined in  
17 this section.

18           2. The interest rates used in determining the minimum standard  
19 valuation of individual annuity and pure endowment contracts issued  
20 in a particular calendar year on or after January 1, 1985, and  
21 annuities and pure endowments purchased in a particular calendar  
22 year on or after January 1, 1985, under group annuity and pure  
23 endowment contracts shall be the calendar year statutory valuation  
24 interest rates as defined in this section.

1 E. 1. The calendar year statutory valuation interest rates, I,  
2 shall be determined as follows and the results rounded to the  
3 nearest one-fourth of one percent (1/4 of 1%):

4 (a) For life insurance,

$$5 I = .03 + W (R_a - .03) + (W/2) (R_b - .09)$$

6 where  $R_a$  is the lesser of  $R$  and  $.09$ ,  $R_b$  is the greater  
7 of  $R$  and  $.09$ ,  $R$  is the reference interest rate defined  
8 in this section, and  $W$  is the weighting factor defined  
9 in this section,

10 (b) For single premium immediate annuities and for annuity  
11 benefits involving life contingencies arising from  
12 other annuities with cash settlement options and from  
13 guaranteed interest contracts with cash settlement  
14 options,

$$15 I = .03 + W(r - .03)$$

16 where  $R_1$  is the lesser of  $R$  and  $.09$ ,  $R_2$  is the  
17 greater of  $R$  and  $.09$ ,  $R$  is the reference interest rate  
18 defined in this section, and  $W$  is the weighting factor  
19 defined in this section,

20 (c) For other annuities with cash settlement options and  
21 guaranteed interest contracts with cash settlement  
22 options, valued on an issue year basis, except as  
23 stated in subparagraph (b) of this paragraph, the  
24 formula for life insurance stated in subparagraph (a)

1 of this paragraph shall apply to annuities and  
2 guaranteed interest contracts with guarantee durations  
3 in excess of ten (10) years and the formula for single  
4 premium immediate annuities stated in subparagraph (b)  
5 of this paragraph shall apply to annuities and  
6 guaranteed interest contracts with guarantee duration  
7 of ten (10) years or less,

8 (d) For other annuities with no cash settlement options  
9 and for guaranteed interest contracts with no cash  
10 settlement options, the formula for single premium  
11 immediate annuities stated in subparagraph (b) of this  
12 paragraph shall apply, and

13 (e) For other annuities with cash settlement options and  
14 guaranteed interest contracts with cash settlement  
15 options, valued on a change in fund basis, the formula  
16 for single premium immediate annuities stated in  
17 subparagraph (b) of this paragraph shall apply.

18 2. However, if the calendar year statutory valuation interest  
19 rate for any life insurance policies issued in any calendar year  
20 determined without reference to this sentence differs from the  
21 corresponding actual rate for similar policies issued in the  
22 immediately preceding calendar year by less than one-half of one  
23 percent (1/2 of 1%), the calendar year statutory valuation interest  
24 rate for such life insurance policies shall be equal to the

1 corresponding actual rate for the immediately preceding calendar  
2 year. For purposes of applying the immediately preceding sentence,  
3 the calendar year statutory valuation interest rate for life  
4 insurance policies issued in a calendar year shall be determined for  
5 1980, using the reference interest rate defined for 1979, and shall  
6 be determined for each subsequent calendar year.

7 F. 1. The weighting factors referred to in the formulas stated  
8 above are given in the following table:

9 (a) Weighting Factors for Life Insurance:

10 Guarantee	
11 Duration	Weighting
12 (Years)	Factors
13 10 or less	.50
14 More than 10, but not	
15 more than 20	.45
16 More than 20	.35

17 For life insurance, the guarantee duration is the  
18 maximum number of years the life insurance can remain  
19 in force on a basis guaranteed in the policy or under  
20 options to convert to plans of life insurance with  
21 premium rates or nonforfeiture values or both which  
22 are guaranteed in the original policy.

23 (b) Weighting factor for single premium immediate  
24 annuities and for annuity benefits involving life



contingencies arising from other annuities with cash settlement options and guaranteed interest contracts with cash settlement options: .80

(c) Weighting factors for other annuities and for guaranteed interest contracts, except as stated in subparagraph (b) of this paragraph, shall be as specified in tables (1), (2) and (3) below, according to the rules and definitions in (4) and (5) below:

(1) For annuities and guaranteed interest contracts valued on an issue year basis:

Guarantee Duration (Years)	Weighting Factor for Plan Type		
	A	B	C
5 or less	.80	.60	.50
More than 5, but not more than 10	.75	.60	.50
More than 10, but not more than 20	.65	.50	.45
More than 20	.45	.35	.35

(2) For annuities and guaranteed interest contracts valued on a change in fund basis, the factors shown in (1) above increased by:

Plan Type

	A	B	C
	.15	.25	.05

(3) For annuities and guaranteed interest contracts valued on an issue year basis (other than those with no cash settlement options) which do not guarantee interest on considerations received more than one (1) year after issue or purchase and for annuities and guaranteed interest contracts valued on a change in fund basis which do not guarantee interest rates on considerations received more than twelve (12) months beyond the valuation date, the factors shown in (1) or derived in (2) increased by:

	Plan Type		
	A	B	C
	.05	.05	.05

(4) For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, the guarantee duration is the number of years for which the contract guarantees interest rates in excess of the calendar year statutory valuation interest rate for life insurance policies with guarantee duration in excess of twenty (20) years. For other annuities with no cash settlement options and for

1 guaranteed interest contracts with no cash  
2 settlement options, the guarantee duration is the  
3 number of years from the date of issue or date of  
4 purchase to the date annuity benefits are  
5 scheduled to commence.

6 (5) Plan type as used in the above tables is defined  
7 as follows:

8 Plan Type A: At any time policyholder may  
9 withdraw funds only (1) with an adjustment to  
10 reflect changes in interest rates or asset values  
11 since receipt of the funds by the insurance  
12 company, or (2) without such adjustment but in  
13 installments over five (5) years or more, or (3)  
14 as an immediate life annuity, or (4) no  
15 withdrawal permitted.

16 Plan Type B: Before expiration of the interest  
17 rate guarantee, policyholder may withdraw funds  
18 only (1) with adjustment to reflect changes in  
19 interest rates or asset values since receipt of  
20 the funds by the insurance company, or (2)  
21 without such adjustment but in installments over  
22 five (5) years or more, or (3) no withdrawal  
23 permitted. At the end of interest rate  
24 guarantee, funds may be withdrawn without such

1 adjustment in a single sum or installments over  
2 less than five (5) years.

3 Plan Type C: Policyholder may withdraw funds  
4 before expiration of interest rate guarantee in a  
5 single sum or installments over less than five  
6 (5) years either (1) without adjustment to  
7 reflect changes in interest rates or asset values  
8 since receipt of the funds by the insurance  
9 company, or (2) subject only to a fixed surrender  
10 charge stipulated in the contract as a percentage  
11 of the fund.

12 2. A company may elect to value guaranteed interest contracts  
13 with cash settlement options and annuities with cash settlement  
14 options on either an issue year basis or on a change in fund basis.  
15 Guaranteed interest contracts with no cash settlement options and  
16 other annuities with no cash settlement options shall be valued on  
17 an issue year basis. As used in this section, an issue year basis  
18 of valuation refers to a valuation basis under which the interest  
19 rate used to determine the minimum valuation standard for the entire  
20 duration of the annuity or guaranteed interest contract is the  
21 calendar year valuation interest rate for the year of issue or year  
22 of purchase of the annuity or guaranteed interest contract, and the  
23 change in fund basis of valuation refers to a valuation basis under  
24 which the interest rate used to determine the minimum valuation

1 standard applicable to each change in the fund held under the  
2 annuity or guaranteed interest contract is the calendar year  
3 valuation interest rate for the year of the change in the fund.

4 G. 1. The reference interest rate referred to above shall be  
5 defined as follows:

6 (a) For life insurance, the lesser of the average over a  
7 period of thirty-six (36) months and the average over  
8 a period of twelve (12) months, ending on June 30 of  
9 the calendar year next preceding the year of issue, of  
10 Moody's Corporate Bond Yield Average - Monthly Average  
11 Corporates, as published by Moody's Investors Service,  
12 Inc.,

13 (b) For single premium immediate annuities and for annuity  
14 benefits involving life contingencies arising from  
15 other annuities with cash settlement options and  
16 guaranteed interest contracts with cash settlement  
17 options, the average over a period of twelve (12)  
18 months, ending on June 30 of the calendar year of  
19 issue or year of purchase of the Monthly Average of  
20 the Composite Yield on Seasoned Corporate Bonds, as  
21 published by Moody's Investors Service, Inc.,

22 (c) For other annuities with cash settlement options and  
23 guaranteed interest contracts with cash settlement  
24 options, valued on an issue year basis, except as

1 stated in subparagraph (b) of this paragraph, with  
2 guarantee duration in excess of ten (10) years, the  
3 lesser of the average over a period of thirty-six (36)  
4 months and the average over a period of twelve (12)  
5 months, ending on June 30 of the calendar year of  
6 issue or purchase, of the Monthly Average of the  
7 Composite Yield on Seasoned Corporate Bonds, as  
8 published by Moody's Investors Service, Inc.,

9 (d) For other annuities with cash settlement options and  
10 guaranteed interest contracts with cash settlement  
11 options, valued on an issue year basis, except as  
12 stated in subparagraph (b) of this paragraph, with  
13 guarantee duration of ten (10) years or less, the  
14 average over a period of twelve (12) months, ending on  
15 June 30 of the calendar year of issue or purchase, of  
16 the Monthly Average of the Composite Yield on Seasoned  
17 Corporate Bonds, as published by Moody's Investors  
18 Service, Inc.,

19 (e) For other annuities with no cash settlement options  
20 and for guaranteed interest contracts with no cash  
21 settlement options, the average over a period of  
22 twelve (12) months, ending on June 30 of the calendar  
23 year of issue or purchase, of the Monthly Average of  
24

1 the Composite Yield on Seasoned Corporate Bonds, as  
2 published by Moody's Investors Service, Inc., and

3 (f) For other annuities with cash settlement options and  
4 guaranteed interest contracts with cash settlement  
5 options, valued on a change in fund basis, except as  
6 stated in subparagraph (b) of this paragraph, the  
7 average over a period of twelve (12) months, ending on  
8 June 30 of the calendar year of the change in the  
9 fund, of the Monthly Average of the Composite Yield on  
10 Seasoned Corporate Bonds, as published by Moody's  
11 Investors Service, Inc.

12 H. In the event that the Moody's Corporate Bond Yield Average -  
13 Monthly Average Corporates is no longer published by Moody's  
14 Investors Service, Inc., or in the event that the NAIC determines  
15 that the Moody's Corporate Bond Yield Average - Monthly Average  
16 Corporates as published by Moody's Investors Service, Inc., is no  
17 longer appropriate for the determination of the reference interest  
18 rate, then an alternative method for determination of the reference  
19 interest rate, which is adopted by the NAIC and approved by  
20 regulation promulgated by the Commissioner, may be substituted.

21 I. The Commissioner may vary the standards of interest and  
22 mortality in particular cases of invalid life and other extra  
23 hazards and value policies in groups, use approximate averages for  
24 fractions of a year and otherwise, and accept the valuation of the

1 Department of Insurance of any other state or country, if made upon  
2 a basis and according to standards not lower than herein required or  
3 authorized, in place of the valuation herein required.

4 J. If in any contract year the gross premium charged by any  
5 company on any policy or contract is less than the valuation net  
6 premium for the policy or contract calculated by the method used in  
7 computing the reserve liability thereon but using the minimum  
8 valuation standards of mortality and rate of interest, the minimum  
9 reserve required for such policy or contract shall be the greater of  
10 either the reserve calculated according to the mortality table, rate  
11 of interest and method actually used for such policy or contract, or  
12 the reserve calculated by the method actually used for such policy  
13 or contract, but using the minimum valuation standards of mortality  
14 and rate of interest and replacing the valuation net premium by the  
15 actual gross premium in each contract year for which the valuation  
16 net premium exceeds the actual gross premium. The minimum valuation  
17 standards of mortality and rate of interest referred to in this  
18 subsection are those standards stated in this section.

19 Provided that for any life insurance policy issued on or after  
20 January 1, 1986, for which the gross premium in the first policy  
21 year exceeds that of the second year and for which no comparable  
22 additional benefit is provided in the first year for such excess,  
23 and which provides an endowment benefit or a cash surrender value or  
24 a combination thereof in an amount greater than such excess premium,



1 the foregoing provisions of this subsection shall be applied as if  
2 the method actually used in calculating the reserve for such policy  
3 were the method described in paragraph 2 of subsection L of this  
4 section, ignoring subparagraph (c) of that paragraph. The minimum  
5 reserve at each policy anniversary of such a policy shall be the  
6 greater of the minimum reserve calculated in accordance with  
7 paragraph 2 of subsection L of this section, including subparagraph  
8 (c) of that paragraph, and the minimum reserve calculated in  
9 accordance with this subsection.

10 K. Term Insurance.

11 Policies issued by life insurance companies doing business in  
12 this state may provide for not more than one (1) year preliminary  
13 term insurance, purchased by the whole or part of the premium to be  
14 received during the first policy year, under the conditions  
15 prescribed in this section.

16 L. Reserves.

17 1. Reserves on policies of ordinary insurance which are valued  
18 in accordance with the American Experience Table of Mortality, or  
19 the American Men Table of Mortality, and policies of industrial  
20 insurance which are valued in accordance with the Standard  
21 Industrial Mortality Table (1907), which are issued on or after June  
22 6, 1949, may be computed as follows: If the premium charged for  
23 term insurance under a limited payment life preliminary term policy  
24 providing for the payment of all premiums thereon in less than

1 twenty (20) years from the date of the policy or under an endowment  
2 preliminary term policy, exceeds that charged for life insurance,  
3 under twenty-year payment life preliminary term policies of the same  
4 company, the reserve thereon at the end of any year, including the  
5 first, shall not be less than the reserve on a twenty-payment life  
6 preliminary term policy issued in the same year and at the same age,  
7 together with an amount which shall be equivalent to the  
8 accumulation of a net level premium sufficient to provide for a pure  
9 endowment at the end of the premium payment period equal to the  
10 difference between the value at the end of such period of such a  
11 twenty-payment life preliminary term policy and the full reserve at  
12 such time of such a limited payment life or endowment policy. The  
13 premium payment period is the period during which premiums are  
14 concurrently payable under such twenty-payment life preliminary term  
15 policy and such limited payment life or endowment policy. Any  
16 policy valued in accordance with this paragraph shall specify the  
17 mortality table, rate of interest, and method used in calculating  
18 the reserves on the policy.

19 2. Reserves on policies of ordinary insurance which are valued  
20 in accordance with the Commissioners 1941 Standard Ordinary  
21 Mortality Table, the Commissioners 1958 Standard Ordinary Mortality  
22 Table, or the Commissioners 1980 Standard Ordinary Mortality Table,  
23 policies of industrial insurance which are valued in accordance with  
24 the 1941 Standard Industrial Mortality Table or the Commissioners

1 1961 Standard Industrial Mortality Table and policies valued in  
2 accordance with any substandard mortality table approved by the  
3 Commissioner pursuant to this section, issued on or after June 6,  
4 1949, may be computed in accordance with the Commissioners Reserve  
5 Valuation method, defined as follows: Reserves for the life  
6 insurance and endowment benefits of policies providing for a uniform  
7 amount of insurance and requiring the payment of uniform premiums  
8 shall be the excess, if any, of the present value, at the date of  
9 valuation, of such future guaranteed benefits provided for by such  
10 policies, over the then present value of any future modified net  
11 premiums therefor. The modified net premiums for any such policy  
12 shall be such uniform percentage of the respective contract premiums  
13 for such benefits that the present value, at the date of issue of  
14 the policy, of all such modified net premiums shall be equal to the  
15 sum of the then present value of such benefits provided for by the  
16 policy and the excess of subparagraph (a) over subparagraph (b) as  
17 follows:

- 18 (a) a net level annual premium equal to the present value,  
19 at the date of issue, of such benefits provided for  
20 after the first policy year, divided by the present  
21 value, at the date of issue, of an annuity of one per  
22 annum payable on the first and each subsequent  
23 anniversary of such policy on which a premium falls  
24 due; provided, however, that such level annual premium

1 shall not exceed the net level annual premium on the  
2 nineteen-year premium whole life plan for insurance of  
3 the same amount at the age one (1) year higher than  
4 the age at issue of such policy,

5 (b) a net one-year term premium for such benefits provided  
6 for in the first policy year, and

7 (c) provided that for any life insurance policy issued on  
8 or after January 1, 1986, for which the contract  
9 premium in the first policy year exceeds that of the  
10 second year and for which no comparable additional  
11 benefit is provided in the first year for such excess  
12 and which provides an endowment benefit or a cash  
13 surrender value or a combination thereof in an amount  
14 greater than such excess premium, the reserve  
15 according to the commissioners reserve valuation  
16 method as of any policy anniversary occurring on or  
17 before the assumed ending date defined herein as the  
18 first policy anniversary on which the sum of any  
19 endowment benefit and any cash surrender value then  
20 available is greater than such excess premium shall,  
21 except as otherwise provided in subsection J of this  
22 section, be the greater of the reserve as of such  
23 policy anniversary calculated as described in this  
24 paragraph and the reserve as of such policy

1 anniversary calculated as described in subparagraph  
2 (a) of this paragraph, but with (i) the value defined  
3 in subparagraph (a) of that paragraph being reduced by  
4 fifteen percent (15%) of the amount of such excess  
5 first-year premium, (ii) all present values of  
6 benefits and premiums being determined without  
7 reference to premiums or benefits provided for by the  
8 policy after the assumed ending date, (iii) the policy  
9 being assumed to mature on such date as an endowment,  
10 and (iv) the cash surrender value provided on such  
11 date being considered as an endowment benefit. In  
12 making the above comparison, the mortality and  
13 interest bases stated in this section shall be used.

14 Reserves for life insurance policies providing for a varying  
15 amount of insurance or requiring the payment of varying premiums  
16 shall be calculated by a method consistent with the principles of  
17 paragraph 2 of this subsection, provided that any extra premiums  
18 charged because of impairments or special hazards shall be  
19 disregarded in the determination of modified net premiums. All  
20 modified net premiums and present values referred to in this  
21 section, except those based on sex-distinct mortality tables, may be  
22 calculated according to an age not more than six (6) years younger  
23 than the actual age of the insured in the case of any category of  
24 ordinary policies issued on female risks.

1 M. 1. Reserves on policies of any category may be computed, at  
2 the option of the company, according to any valuation standard which  
3 produces greater aggregate reserves than those computed according to  
4 the minimum standard provided in this section.

5 2. In the case of any plan of life insurance which provides for  
6 future premium determination, the amounts of which are to be  
7 determined by the insurance company based on then estimates of  
8 future experience, or in the case of any plan of life insurance or  
9 annuity which is of such a nature that the minimum reserves cannot  
10 be determined by the methods described in subsections C, I, J, K,  
11 and N of this section, the reserves which are held under any such  
12 plan must:

13 (a) be appropriate in relation to the benefits and the  
14 pattern of premiums for that plan, and

15 (b) be computed by a method which is consistent with the  
16 principles of this Standard Valuation Law,

17 as determined by regulations promulgated by the Commissioner.

18 N. This section shall apply to all annuity and pure endowment  
19 contracts other than group annuity and pure endowment contracts  
20 purchased under a retirement plan or plan of deferred compensation,  
21 established or maintained by an employer (including a partnership or  
22 sole proprietorship) or by an employee organization, or by both,  
23 other than a plan providing individual retirement accounts or  
24

1 individual retirement annuities under Section 408 of the Internal  
2 Revenue Code, as now or hereafter amended.

3 Reserves according to the Commissioners Annuity Reserve method  
4 for benefits under annuity or pure endowment contracts, excluding  
5 any disability and accidental death benefits in such contracts,  
6 shall be the greatest of the respective excesses of the present  
7 values, at the date of valuation, of the future guaranteed benefits,  
8 including guaranteed nonforfeiture benefits, provided for by such  
9 contracts at the end of each respective contract year, over the  
10 present value, at the date of valuation, of any future valuation  
11 considerations derived from future gross considerations, required by  
12 the terms of such contract, that become payable prior to the end of  
13 such respective contract year. The future guaranteed benefits shall  
14 be determined by using the mortality table, if any, and the interest  
15 rate, or rates, specified in such contracts for determining  
16 guaranteed benefits. The valuation considerations are the portions  
17 of the respective gross considerations applied under the terms of  
18 such contracts to determine nonforfeiture values.

19 O. For accident and health insurance contracts issued on or  
20 after the operative date of the valuation manual, the standard  
21 prescribed in the valuation manual is the minimum standard of  
22 valuation required under paragraph 2 of subsection B of this  
23 section. For accident and health insurance contracts issued prior  
24

1 to the operative date of the valuation manual, the minimum standard  
2 of valuation is the standard adopted by the commissioner by rule.

3 P. Valuation Manual for Policies Issued On or After the  
4 Operative Date of the Valuation Manual.

5 1. For policies issued on or after the operative date of the  
6 valuation manual, the standard prescribed in the valuation manual is  
7 the minimum standard of valuation required under paragraph 2 of  
8 subsection B of this section, except as provided under paragraphs 5  
9 or 7 of this subsection.

10 2. The operative date of the valuation manual is January 1 of  
11 the first calendar year following the first July 1 as of which all  
12 of the following have occurred:

- 13 a. the valuation manual has been adopted by the NAIC by  
14 an affirmative vote of at least forty-two members, or  
15 three-fourths of the members voting, whichever is  
16 greater,
- 17 b. the Standard Valuation Law, as amended by the NAIC in  
18 2009, or legislation including substantially similar  
19 terms and provisions, has been enacted by states  
20 representing greater than seventy-five percent (75%)  
21 of the direct premiums written as reported in the  
22 following annual statements submitted for 2008: life,  
23 accident and health annual statements; health annual  
24 statements; or fraternal annual statements, and



1 c. the Standard Valuation Law, as amended by the NAIC in  
2 2009, or legislation including substantially similar  
3 terms and provisions, has been enacted by at least  
4 forty-two of the following fifty-five jurisdictions:  
5 the fifty states of the United States, American Samoa,  
6 the American Virgin Islands, the District of Columbia,  
7 Guam, and Puerto Rico.

8 3. Unless a change in the valuation manual specifies a later  
9 effective date, changes to the valuation manual shall be effective  
10 on January 1 following the date when all of the following have  
11 occurred:

12 a. the change to the valuation manual has been adopted by  
13 the NAIC by an affirmative vote representing:

14 (1) at least three-fourths (3/4) of the members of  
15 the NAIC voting, but not less than a majority of  
16 the total membership, and

17 (2) members of the NAIC representing jurisdictions  
18 totaling greater than seventy-five percent (75%)  
19 of the direct premiums written as reported in the  
20 following annual statements most recently  
21 available prior to the vote in division (1) of  
22 this subparagraph: life, accident and health  
23 annual statements; health annual statements; or  
24 fraternal annual statements, and

1           b.    the valuation manual becomes effective pursuant to  
2                   order adopted by the commissioner.

3    4.   The valuation manual must specify all of the following:

4           a.    minimum valuation standards for and definitions of the  
5                   policies or contracts subject to paragraph 2 of  
6                   subsection B of this section.  Such minimum valuation  
7                   standards shall be:

8                   (1)  the commissioner's reserve valuation method for  
9                         life insurance contracts, other than annuity  
10                        contracts, subject to paragraph 2 of subsection B  
11                        of this section,

12                   (2)  the commissioner's annuity reserve valuation  
13                         method for annuity contracts subject to paragraph  
14                         2 of subsection B of this section, and

15                   (3)  minimum reserves for all other policies or  
16                         contracts subject to paragraph 2 of subsection B  
17                         of this section,

18           b.    which policies or contracts or types of policies or  
19                   contracts that are subject to the requirements of a  
20                   principle-based valuation in paragraph 1 of subsection  
21                   Q of this section and the minimum valuation standards  
22                   consistent with those requirements,

23           c.    for policies and contracts subject to a principle-  
24                   based valuation under subsection Q of this section:

1 (1) requirements for the format of reports to the  
2 commissioner under subparagraph (c) of paragraph  
3 2 of subsection Q of this section and which shall  
4 include information necessary to determine if the  
5 valuation is appropriate and in compliance with  
6 this section,

7 (2) assumptions shall be prescribed for risks over  
8 which the company does not have significant  
9 control or influence, and

1 0 (3) procedures for corporate governance and oversight  
1 1 of the actuarial function, and a process for  
1 2 appropriate waiver or modification of such  
1 3 procedures,

1 4 d. for policies not subject to a principle-based  
1 5 valuation under subsection Q of this section, the  
1 6 minimum valuation standard shall either

1 7 (1) be consistent with the minimum standard of  
1 8 valuation prior to the operative date of the  
1 9 valuation manual, or

2 0 (2) develop reserves that quantify the benefits and  
2 1 guarantees, and the funding, associated with the  
2 2 contracts and their risks at a level of  
2 3 conservatism that reflects conditions that  
2 4

1 include unfavorable events that have a reasonable  
2 probability of occurring,

3 e. other requirements, including, but not limited to,  
4 those relating to reserve methods, models for  
5 measuring risk, generation of economic scenarios,  
6 assumptions, margins, use of company experience, risk  
7 measurement, disclosure, certifications, reports,  
8 actuarial opinions and memorandums, transition rules  
9 and internal controls, and

10 f. the data and form of the data required under  
11 subsection R of this section, with whom the data must  
12 be submitted, and may specify other requirements,  
13 including data analyses and reporting of analyses.

14 5. In the absence of a specific valuation requirement or if a  
15 specific valuation requirement in the valuation manual is not, in  
16 the opinion of the commissioner, in compliance with this subsection,  
17 then the company shall, with respect to such requirements, comply  
18 with minimum valuation standards prescribed by the commissioner by  
19 regulation.

20 6. The commissioner may engage a qualified actuary, at the  
21 expense of the company, to perform an actuarial examination of the  
22 company and opine on the appropriateness of any reserve assumption  
23 or method used by the company, or to review and opine on a company's  
24 compliance with any requirement set forth in this section. The

1 commissioner may rely upon the opinion, regarding provisions  
2 contained within this section, of a qualified actuary engaged by the  
3 commissioner of another state, district or territory of the United  
4 States. As used in this paragraph, the term "engage" includes  
5 employment and contracting.

6 7. The commissioner may require a company to change any  
7 assumption or method that in the opinion of the commissioner is  
8 necessary in order to comply with the requirements of the valuation  
9 manual or this section; and the company shall adjust the reserves as  
10 required by the commissioner. The commissioner may take other  
11 disciplinary action as permitted pursuant to rule.

12 Q. Requirements of a Principle-Based Valuation.

13 1. A company must establish reserves using a principle-based  
14 valuation that meets the following conditions for policies or  
15 contracts as specified in the valuation manual:

- 16 a. quantify the benefits and guarantees, and the funding,  
17 associated with the contracts and their risks at a  
18 level of conservatism that reflects conditions that  
19 include unfavorable events that have a reasonable  
20 probability of occurring during the lifetime of the  
21 contracts. For policies or contracts with significant  
22 tail risk, reflects conditions appropriately adverse  
23 to quantify the tail risk,  
24

1 b. incorporate assumptions, risk analysis methods and  
2 financial models and management techniques that are  
3 consistent with, but not necessarily identical to,  
4 those utilized within the company's overall risk  
5 assessment process, while recognizing potential  
6 differences in financial reporting structures and any  
7 prescribed assumptions or methods,

8 c. incorporate assumptions that are derived in one of the  
9 following manners:

10 (1) the assumption is prescribed in the valuation  
11 manual,

12 (2) for assumptions that are not prescribed, the  
13 assumptions shall:

14 (i) be established utilizing the company's  
15 available experience, to the extent it is  
16 relevant and statistically credible, or

17 (ii) to the extent that company data is not  
18 available, relevant, or statistically  
19 credible, be established utilizing other  
20 relevant, statistically credible experience,  
21 and

22 d. provide margins for uncertainty including adverse  
23 deviation and estimation error, such that the greater  
24

1 the uncertainty the larger the margin and resulting  
2 reserve.

3 2. A company using a principle-based valuation for one or more  
4 policies or contracts subject to this subsection as specified in the  
5 valuation manual shall:

6 a. establish procedures for corporate governance and  
7 oversight of the actuarial valuation function  
8 consistent with those described in the valuation  
9 manual,

10 b. provide to the commissioner and the board of directors  
11 an annual certification of the effectiveness of the  
12 internal controls with respect to the principle-based  
13 valuation. Such controls shall be designed to assure  
14 that all material risks inherent in the liabilities  
15 and associated assets subject to such valuation are  
16 included in the valuation, and that valuations are  
17 made in accordance with the valuation manual. The  
18 certification shall be based on the controls in place  
19 as of the end of the preceding calendar year, and

20 c. develop, and file with the commissioner upon request,  
21 a principle-based valuation report that complies with  
22 standards prescribed in the valuation manual.

23 3. A principle-based valuation may include a prescribed  
24 formulaic reserve component.

1 R. Experience Reporting for Policies In Force On or After the  
2 Operative Date of the Valuation Manual.

3 A company shall submit mortality, morbidity, policyholder  
4 behavior, or expense experience and other data as prescribed in the  
5 valuation manual.

6 S. When the actual funds of any life insurance company doing  
7 business in this state, exclusive of its capital, are not of a net  
8 cash value equal to its liabilities including the net value of its  
9 policies according to the basis and minimum standards prescribed or  
10 authorized by the laws of this state, it shall be the duty of the  
11 Insurance Commissioner to give notice to such company and its agents  
12 to discontinue issuing new policies within this state, until such  
13 time as its funds have become equal to its liabilities as aforesaid.  
14 Any officer or agent who, after such notice has been given, issues  
15 or delivers a new policy from and on behalf of such company before  
16 its funds have become equal to its liabilities, as aforesaid, shall  
17 forfeit to the state for each offense a sum not less than One  
18 Hundred Dollars (\$100.00) nor more than Five Thousand Dollars  
19 (\$5,000.00) for each occurrence.

20 T. Single State Exemption.

21 1. The Commissioner may exempt specific product forms or  
22 product lines of a domestic company that is licensed and doing  
23 business only in Oklahoma from the requirements of subsection P of  
24 this section provided:



1 a. the Commissioner has issued an exemption in writing to  
2 the company and has not subsequently revoked the  
3 exemption in writing, and

4 b. the company computes reserves using assumptions and  
5 methods used prior to the operative date of the  
6 valuation manual in addition to any requirements  
7 established by the commissioner and promulgated by  
8 regulation.

9 2. ~~A domestic company that has less than Three Hundred Million  
10 Dollars (\$300,000,000.00) of ordinary life premiums and is licensed  
11 and doing business in Oklahoma is exempt from the requirements of  
12 subsection P provided:~~

13 a. ~~if the company is a member of a group of life  
14 insurers, the group has combined ordinary life  
15 premiums of less than One Billion Dollars  
16 (\$1,000,000,000.00),~~

17 b. ~~the company has an RBC ratio of at least four hundred  
18 and fifty percent (450%) of authorized control level  
19 RBC, and~~

20 c. ~~the appointed actuary has provided an unqualified  
21 opinion on the reserves in accordance with subsections  
22 A and B of Section 4061 of this title.~~

23  
24

1       ~~3. For purposes of subsection 2 above, ordinary life premiums~~  
2 ~~are measured as direct plus reinsurance assumed from an unaffiliated~~  
3 ~~company from the prior calendar year annual statement.~~

4       4. For any company that is exempt or is granted an exemption  
5 under this section, subsections B and C of Section 4061 of this  
6 title and subsections C, D, E, F, G, H, J, K, L, M, N and O of this  
7 section shall be applicable. With respect to any company applying  
8 this exemption, any reference to subsection P found in subsections B  
9 and C of Section 4061 and subsections C, D, E, F, G, H, J, K, L, M,  
10 N and O of this section not be applicable.

11       U. Conflict of law.

12       If any provision of law is inconsistent with the provisions of  
13 this section, this section shall prevail.

14       SECTION 5.       AMENDATORY       36 O.S. 2011, Section 1654, as  
15 amended by Section 9, Chapter 269, O.S.L. 2013 (36 O.S. Supp. 2015,  
16 Section 1654), is amended to read as follows:

17       Section 1654. A. Every insurer which is authorized to do  
18 business in this state and which is a member of an insurance holding  
19 company system and every individual who controls an insurer shall  
20 annually register with the Insurance Commissioner, except a foreign  
21 insurer subject to disclosure requirements and standards adopted by  
22 statute or regulation in the jurisdiction of its domicile which are  
23 substantially similar to those contained in this section. Any  
24 insurer which is subject to registration under this section shall

1 register thirty (30) days after it becomes subject to registration,  
2 and annually thereafter by May 1 of each year for the previous  
3 calendar year, unless the Commissioner for good cause shown extends  
4 the time for registration, and then within such extended time. The  
5 Commissioner may require any authorized insurer which is a member of  
6 a holding company system which is not subject to registration under  
7 this section to furnish a copy to the Commissioner of the  
8 registration statement or other information filed by such insurance  
9 company with the insurance regulatory authority of domiciliary  
10 jurisdiction.

11 B. Every insurer subject to registration shall file a  
12 registration statement on a form prescribed by the National  
13 Association of Insurance Commissioners, which shall contain current  
14 information about:

15 1. The capital structure, general financial condition,  
16 ownership and management of the insurer and any person controlling  
17 the insurer;

18 2. The identity and relationship of every member of the  
19 insurance holding company system;

20 3. The following agreements in force, relationships subsisting,  
21 and transactions currently outstanding or which have occurred during  
22 the previous calendar year between such insurer and its affiliates:  
23  
24

- 1 a. loans, other investments or purchases, sales or  
2 exchanges of securities of the affiliates by the  
3 insurer or of the insurer by its affiliates,  
4 b. purchases, sales or exchanges of assets,  
5 c. transactions not in the ordinary course of business,  
6 d. guarantees or undertakings for the benefit of an  
7 affiliate which result in an actual contingent  
8 exposure of the insurer's assets to liability, other  
9 than insurance contracts entered into in the ordinary  
10 course of the insurer's business,  
11 e. all management and service contracts and all cost-  
12 sharing arrangements,  
13 f. reinsurance agreements covering all or substantially  
14 all of one or more lines of insurance of the ceding  
15 company,  
16 g. dividends and other distributions to shareholders, and  
17 h. consolidated tax allocation agreements;

18 4. Other matters concerning transactions between registered  
19 insurers or fraternal benefit society and any affiliates as may be  
20 included from time to time in any registration forms adopted or  
21 approved by the Commissioner; and

22 5. Any pledge of the insurer's stock, including stock of any  
23 subsidiary or controlling affiliate, for a loan made to any member  
24 of the insurance holding company system.

1 C. No information need be disclosed on the registration  
2 statement filed pursuant to subsection B of this section if such  
3 information is not material for the purposes of this section.  
4 Unless the Commissioner by rule, regulation or order provides  
5 otherwise, sales purchases, exchanges, loans or extensions of  
6 credit, or investments, involving one-half of one percent (1/2 of  
7 1%) or less of an insurer's admitted assets as of December 31 next  
8 preceding shall not be deemed material for purposes of this section.

9 D. Each registered insurer shall keep current the information  
10 required to be disclosed in its registration statement by reporting  
11 all material changes or additions on amendment forms provided by the  
12 Commissioner within fifteen (15) days after the end of the month in  
13 which it learns of each such change or addition; provided, however,  
14 that subject to subsection (c) of Section 1655 of this title, each  
15 registered insurer shall so report all dividends and other  
16 distributions to shareholders within two (2) business days following  
17 the declaration thereof.

18 E. The Commissioner shall terminate the registration of any  
19 insurer which demonstrates that it no longer is a member of an  
20 insurance holding company system.

21 F. The Commissioner may require two or more affiliated insurers  
22 subject to registration hereunder to file a consolidated  
23 registration statement or consolidated reports amending their  
24 consolidated registration statement, so long as such consolidated

1 filings correctly reflect the condition of and transactions between  
2 such persons.

3 G. The Commissioner may allow an insurer which is authorized to  
4 do business in this state and which is a part of an insurance  
5 holding company system to register on behalf of any affiliated  
6 insurer which is required to register under subsection A of this  
7 section and to file all information and material required to be  
8 filed under Sections 1651 through 1662 of this title.

9 H. The provisions of this section shall not apply to any  
10 insurer, information or transaction if and to the extent that the  
11 Commissioner by rule, regulation, or order shall exempt the same  
12 from the provisions of this section.

13 I. Any person may file with the Commissioner a disclaimer of  
14 affiliation with any authorized insurer or such a disclaimer may be  
15 filed by such insurer or any member of an insurance holding company  
16 system. The disclaimer shall fully disclose all material  
17 relationships and bases for affiliation between such person and such  
18 insurer as well as the basis for disclaiming such affiliation.  
19 After a disclaimer has been filed, the insurer shall be relieved of  
20 any duty to register or report under this section which may arise  
21 out of the insurer's relationship with such person unless and until  
22 the Commissioner disallows such a disclaimer. The Commissioner  
23 shall disallow such a disclaimer only after furnishing all parties  
24

1 in interest with notice and opportunity to be heard and after making  
2 specific findings of fact to support such disallowance.

3 J. All registration statements shall contain a summary  
4 outlining all items in the current registration statement  
5 representing changes from the prior registration statement.

6 K. Every domestic insurer that is a member of a holding company  
7 system shall report to the Insurance Department all dividends to  
8 shareholders within five (5) business days following declaration and  
9 at least ten (10) days, commencing from date of receipt by the  
10 Department, prior to payment thereof.

11 L. The ultimate controlling person of every insurer subject to  
12 registration shall also file an annual enterprise risk report by May  
13 1 of each year for the previous calendar year. The report shall, to  
14 the best of the ultimate controlling person's knowledge and belief,  
15 identify the material risks within the insurance holding company  
16 system that could pose enterprise risk to the insurer. The report  
17 shall be filed with the lead state commissioner of the insurance  
18 holding company system as determined by the procedures within the  
19 Financial Analyst Handbook adopted by the National Association of  
20 Insurance Commissioners.

21 M. Any person within an insurance holding company system  
22 subject to registration shall be required to provide complete and  
23 accurate information to an insurer where such information is  
24

1 reasonably necessary to enable the insurer to comply with the  
2 provisions of this article.

3 N. The failure to file a registration statement, any summary of  
4 the registration statement thereto, or any additional information  
5 required by this section within the time specified for such filing  
6 shall be a violation of this section.

7 SECTION 6. AMENDATORY 36 O.S. 2011, Section 4101.1, is  
8 amended to read as follows:

9 Section 4101.1 A. Insurance under any group life insurance  
10 policy issued pursuant to subsections A, C, and D, of Section 4101  
11 of this title, may be extended to insure the dependents, or any  
12 class or classes thereof, of each insured employee or member who so  
13 elects in amounts in accordance with a plan which precludes  
14 individual selection. The term "dependent" is the spouse of the  
15 insured employee or member and an insured employee's or member's  
16 child under ~~twenty-one (21)~~ twenty-six (26) years of age or his or  
17 her child ~~twenty-one (21)~~ twenty-six (26) years or older who is  
18 attending an educational institution and relying upon the insured  
19 employee or member for financial support.

20 B. Premiums for the insurance on such dependents shall be paid  
21 by the policyholder either wholly from policyholder's funds, or from  
22 funds contributed wholly by the employees or members, or partly from  
23 funds contributed by the policyholder and partly by the employees or  
24 members.



1 C. A dependent pursuant to this section shall have the same  
2 conversion right as to the insurance on his or her life as is vested  
3 in the employee or union member.

4 D. Notwithstanding the provisions of paragraph 7 of Section  
5 4103 of this title, only one certificate need be issued for each  
6 family unit if a statement concerning any dependent's coverage is  
7 included in such certificate.

8 SECTION 7. AMENDATORY 36 O.S. 2011, Section 6060.4, is  
9 amended to read as follows:

10 Section 6060.4 A. A health benefit plan delivered, issued for  
11 delivery or renewed in this state on or after January 1, 1998, that  
12 provides benefits for the dependents of an insured individual shall  
13 provide coverage for each child of the insured, from birth through  
14 the date the child is eighteen (18) years of age for:

15 1. Immunization against:

- 16 a. diphtheria,
- 17 b. hepatitis B,
- 18 c. measles,
- 19 d. mumps,
- 20 e. pertussis,
- 21 f. polio,
- 22 g. rubella,
- 23 h. tetanus,
- 24 i. varicella,

1           j.    haemophilus influenzae type B, and

2           k.    hepatitis A; and

3           2.    Any other immunization subsequently required for children by  
4 the State Board of Health.

5           B.    Benefits required pursuant to subsection A of this section  
6 shall not be subject to a deductible, co-payment, or coinsurance  
7 requirement.

8           C.    1.    For purposes of this section, "health benefit plan"  
9 means a plan that:

10           a.    provides benefits for medical or surgical expenses  
11                incurred as a result of a health condition, accident,  
12                or sickness, and

13           b.    is offered by any insurance company, group hospital  
14                service corporation, the State and Education Employees  
15                Group Insurance Board, or health maintenance  
16                organization that delivers or issues for delivery an  
17                individual, group, blanket, or franchise insurance  
18                policy or insurance agreement, a group hospital  
19                service contract, or an evidence of coverage, or, to  
20                the extent permitted by the Employee Retirement Income  
21                Security Act of 1974, 29 U.S.C., Section 1001 et seq.,  
22                by a multiple employer welfare arrangement as defined  
23                in Section 3 of the Employee Retirement Income  
24                Security Act of 1974, or any other analogous benefit

1 arrangement, whether the payment is fixed or by  
2 indemnity.

3 2. The term "health benefit plan" shall not include:

4 a. a plan that provides coverage:

5 (1) only for a specified disease or diseases or under  
6 an individual limited benefit policy,

7 (2) only for accidental death or dismemberment,

8 (3) only for dental or vision care,

9 (4) a hospital confinement indemnity policy,

10 (5) disability income insurance or a combination of  
11 accident-only and disability income insurance, or

12 (6) as a supplement to liability insurance,

13 b. a Medicare supplemental policy as defined by Section  
14 1882(g)(1) of the Social Security Act (42 U.S.C.,  
15 Section 1395ss),

16 c. ~~worker's~~ workers' compensation insurance coverage,

17 d. medical payment insurance issued as part of a motor  
18 vehicle insurance policy,

19 e. a long-term care policy, including a nursing home  
20 fixed indemnity policy, unless a determination is made  
21 that the policy provides benefit coverage so  
22 comprehensive that the policy meets the definition of  
23 a health benefit plan, or  
24

1 f. short-term health insurance issued on a nonrenewable  
2 basis with a duration of six (6) months or less.

3 SECTION 8. AMENDATORY 36 O.S. 2011, Section 6121, is  
4 amended to read as follows:

5 Section 6121. A. Any individual, firm, partnership,  
6 corporation, or association (hereinafter called "organization")  
7 which shall accept money or anything of value for prearranged, or  
8 prepaid funeral services, or funeral service merchandise as defined  
9 in the Funeral Services Licensing Act or for any contract providing  
10 future funeral services or funeral merchandise at a fixed price or  
11 at a cost plus a percentage, or at retail price less a percentage  
12 discount, or providing for any special consideration of any kind to  
13 be granted or made available to the purchaser or holder of such  
14 contract, in this state, under any sales contract, bond, certificate  
15 or other form of written document providing for prepaid, discounted  
16 or otherwise specially priced funeral or burial benefits or services  
17 or funeral merchandise to be delivered at an undetermined future  
18 date dependent upon the death of a contracting party or other person  
19 designated by a contracting party (hereinafter called "prepaid  
20 funeral benefits") shall first obtain a permit from the Insurance  
21 Commissioner authorizing the transaction of this type of business  
22 before entering into any such contract. It shall be unlawful to  
23 sell prepaid funeral benefits unless the seller holds a valid,  
24 current permit at the time the contract is made.

1 B. The Insurance Commissioner may deny the issuance of a permit  
2 if the organization:

3 1. Makes a material misstatement or misrepresentation in an  
4 application for a permit; ~~or~~

5 2. Fraudulently or deceptively obtains or attempts to obtain a  
6 permit for another; or

7 3. If any of its officers, owners, partners, or directors are  
8 determined by the Commissioner to not be competent, trustworthy,  
9 financially responsible, and of good personal and business  
10 reputation and character.

11 C. The Insurance Commissioner may approve an application of an  
12 organization for a permit and deny the request of the organization  
13 to act as a trustor if the organization does not satisfy all  
14 qualifications. This shall not hinder an organization from entering  
15 into contracts funded by assignments of insurance.

16 D. All permits issued pursuant to the provisions of this  
17 section shall be displayed in a conspicuous place at all times on  
18 the premises of the organization. No organization may consent to,  
19 or allow the use or display of, the permit by a person other than  
20 the persons authorized to represent the organization in contracting  
21 prepaid funeral benefits.

22 E. The organization shall not be entitled to enforce a contract  
23 made in violation of the act, but the purchaser or the heirs of the  
24 purchaser, or legal representative, shall be entitled to recover

1 triple the amounts paid to the organization with interest thereon at  
2 the rate of six percent (6%) per annum under any contract made in  
3 violation hereof.

4 SECTION 9. AMENDATORY 36 O.S. 2011, Section 6124, is  
5 amended to read as follows:

6 Section 6124. A. Each organization desiring to accept money or  
7 anything of value for prepaid funeral benefits or an agreement to  
8 provide funeral benefits in the future at a fixed or predetermined  
9 cost, shall file an application for a permit with the Insurance  
10 Commissioner, and shall at the time of filing an application pay one  
11 initial filing fee of Fifty Dollars (\$50.00). The Insurance  
12 Commissioner shall issue a permit upon:

13 1. The receipt of the application and payment of the filing  
14 fee;

15 2. Determination that the organization is in good standing as a  
16 funeral establishment with the Oklahoma Funeral Board; and

17 3. Making a finding that the organization has complied with the  
18 rules promulgated under this act by the Insurance Commissioner. All  
19 applications shall be signed by the organization requesting the  
20 permit, and shall contain a statement that the organization will  
21 comply with all the requirements as established by this act. All  
22 permits shall expire on December 31 of the year the permit is first  
23 issued, unless renewed; permits may be renewed for a period not to  
24 exceed the succeeding December 31 upon the payment of a renewal fee

1 of Fifty Dollars (\$50.00). Late application for renewal of a permit  
2 shall require a fee of double the renewal fee. No application for  
3 renewal of a permit shall be accepted after January 31 of each year.  
4 The Insurance Commissioner may authorize acceptance of a new permit  
5 application pursuant to this section prior to the expiration of the  
6 one-year period upon good cause shown.

7 B. The Insurance Commissioner may cancel a permit or refuse to  
8 issue a permit or refuse to issue a renewal of a permit for failure  
9 to comply with any provision of this act, or any valid rule, which  
10 the Insurance Commissioner has promulgated, after reasonable notice  
11 to the organization and after hearing if the organization requests a  
12 hearing. When the Insurance Commissioner cancels a permit or  
13 refuses to issue a renewal of a permit for a violation as provided  
14 by this subsection, the Insurance Commissioner shall notify the  
15 Oklahoma Funeral Board of the action and the nature of any  
16 violations.

17 C. No organization shall be entitled to a new permit for a  
18 period of one (1) year after cancellation, or refusal by the  
19 Insurance Commissioner to issue or renew the permit of the  
20 organization, but shall thereafter be entitled to a new permit upon  
21 satisfactory proof of compliance with this law, after the expiration  
22 of the one-year period.

1 D. Any person or organization aggrieved by the actions of the  
2 Insurance Commissioner may appeal therefrom as provided by Article  
3 II of the Administrative Procedures Act.

4 SECTION 10. AMENDATORY 36 O.S. 2011, Section 6220, as  
5 amended by Section 5, Chapter 297, O.S.L. 2015 (36 O.S. Supp. 2015,  
6 Section 6220), is amended to read as follows:

7 Section 6220. A. The Commissioner may censure, suspend,  
8 revoke, or refuse to issue or renew a license after hearing for any  
9 of the following causes:

10 1. Material misrepresentation or fraud in obtaining an  
11 adjuster's license;

12 2. Any cause for which original issuance of a license could  
13 have been refused;

14 3. Misappropriation, conversion to the personal use of the  
15 licensee, or illegal withholding of monies required to be held by  
16 the licensee in a fiduciary capacity;

17 4. Material misrepresentation of the terms and effect of any  
18 insurance contract, with intent to deceive, or engaging in, or  
19 attempting to engage in, any fraudulent transaction with respect to  
20 a claim or loss that the licensee or the trainee is adjusting and,  
21 in the case of a public adjuster, misrepresentation of the services  
22 offered or the fees or commission to be charged;



1 5. Conviction of or pleading guilty or nolo contendere to a  
2 felony pursuant to the laws of this state, any other state, the  
3 United States, or any foreign country;

4 6. If in the conduct of business affairs, the licensee or  
5 trainee has shown himself to be, and is so deemed by the  
6 Commissioner, incompetent, untrustworthy or a source of injury to  
7 the public;

8 7. Refusal to comply with any lawful order of the Commissioner;

9 8. Violation of any provision of the Insurance Adjusters  
10 Licensing Act;

11 9. Adjusting losses or negotiating claim settlements arising  
12 pursuant to provisions of insurance contracts on behalf of an  
13 insurer or insured without proper licensing from the Commissioner ~~or~~  
14 and authority from the licensed insurer or the insured party;

15 10. Failing to respond to any inquiry (including electronic  
16 communications) from the Department within thirty (30) calendar days  
17 of receipt of such inquiry;

18 11. Forging another's name to any document;

19 12. Obtaining or attempting to obtain a license through  
20 misrepresentation or fraud;

21 13. Having admitted or been found to have committed any  
22 insurance unfair trade practice or insurance fraud;

23  
24

1 14. Having an insurance adjuster license or its equivalent  
2 denied, suspended, censured, placed on probation or revoked in any  
3 other state, province, district or territory;

4 15. Failing to inform the Department, by any means acceptable  
5 to the Department, of a change of address, change of legal name or  
6 change of information submitted on the application within thirty  
7 (30) days of the change; or

8 16. Providing services as a public adjuster, company adjuster  
9 or independent adjuster on the same claim.

10 B. In addition to or in lieu of any applicable denial,  
11 suspension, or revocation of a license, any person violating the  
12 provisions of the Insurance Adjusters Licensing Act may be subject  
13 to a civil fine of not more than One Thousand Dollars (\$1,000.00)  
14 for each violation. This fine may be enforced in the same manner in  
15 which civil judgment may be enforced.

16 C. If the license of an adjuster is suspended, revoked, or not  
17 renewed, the licensee shall surrender said license to the  
18 Commissioner.

19 D. The Commissioner shall not reinstate a license to any person  
20 whose license has been suspended, revoked, or refused renewal until  
21 the Commissioner determines that the cause or causes for the  
22 suspension, revocation, or nonrenewal of said license no longer  
23 exist.  
24

1 E. The Department shall retain the authority to enforce the  
2 provisions of and impose any penalty or remedy authorized by this  
3 title against any person who is under investigation for or charged  
4 with a violation even if the person's license or registration has  
5 been surrendered or has lapsed by operation of law.

6 F. It shall be unlawful for any person, firm, association,  
7 company or corporation to act as an adjuster without first obtaining  
8 a license pursuant to the Insurance Adjusters Licensing Act. Any  
9 person convicted of violating the provisions of this subsection  
10 shall be guilty of a misdemeanor and shall be punished as set forth  
11 in Section 10 of Title 21 of the Oklahoma Statutes.

12 SECTION 11. AMENDATORY Section 7, Chapter 297, O.S.L.  
13 2015 (36 O.S. Supp. 2015, Section 6223), is amended to read as  
14 follows:

15 Section 6223. A. A public adjuster shall not misrepresent to a  
16 claimant that the public adjuster is an adjuster representing an  
17 insurer in any capacity, including acting as an employee of the  
18 insurer or acting as an independent adjuster.

19 B. No public adjuster shall split any commission, service fee  
20 or other valuable consideration for performing adjusting services  
21 with any person or entity unless that person or entity is required  
22 to be licensed as a public adjuster under this title and is so  
23 licensed.  
24

1 C. Prior to the signing of the contract the public adjuster  
2 shall provide the insured with a separate disclosure document  
3 regarding the claim process that states:

4 1. Property insurance policies obligate the insured to present  
5 a claim to his or her insurance company for consideration. There  
6 are three types of adjusters that could be involved in that process.  
7 The definitions of the three types are as follows:

8 a. "company adjuster" means the insurance adjusters who  
9 are employees of an insurance company. They represent  
10 the interest of the insurance company and are paid by  
11 the insurance company. They will not charge you a  
12 fee,

13 b. "independent adjuster" means the insurance adjusters  
14 who are hired on a contract basis by an insurance  
15 company to represent the insurance company's interest  
16 in the settlement of the claim. They are paid by your  
17 insurance company. They will not charge you a fee,  
18 and

19 c. "public adjuster" means the insurance adjusters who do  
20 not work for any insurance company. They work for the  
21 insured to assist in the preparation, presentation and  
22 settlement of the claim. The insured hires them by  
23 signing a contract agreeing to pay them a fee or  
24

1                   commission based on a percentage of the settlement, or  
2                   other method of compensation;

3           2. The insured is not required to hire a public adjuster to  
4 help the insured meet his or her obligations under the policy, but  
5 has the right to do so;

6           3. The public adjuster is not a representative or employee of  
7 the ~~insured~~ insurer; and

8           4. The salary, fee, commission or other consideration is the  
9 obligation of the insured, not the insurer.

10          D. The public adjuster shall provide the insurer a notification  
11 letter which has been signed by the insured authorizing the public  
12 adjuster to represent the insured's interest.

13          E. A public adjuster who receives, accepts or holds any funds  
14 on behalf of an insured towards the settlement of a claim for loss  
15 or damage shall deposit the funds in a non-interest-bearing escrow  
16 or trust account in a financial institution that is insured by an  
17 agency of the federal government in the public adjuster's home state  
18 or where the loss occurred.

19          F. A public adjuster shall maintain a complete record of each  
20 transaction as a public adjuster for at least five (5) years after  
21 the termination of the transaction and the record shall be open to  
22 examination by the Department at all times. The records required by  
23 this subsection shall include the following:

24           1. Name of the insured;

1           2. Date, location and amount of the loss;

2           3. Copy of the signed contract between the public adjuster and  
3 insured;

4           4. Name of the insurer, amount, expiration date and number of  
5 each policy carried with respect to the loss;

6           5. Itemized statement of the insured's recoveries;

7           6. Itemized statement of all compensation received by the  
8 public adjuster, from any source whatsoever, in connection with the  
9 loss;

10          7. A register of all monies received, deposited, disbursed or  
11 withdrawn in connection with a transaction with an insured,  
12 including fees, transfers and disbursements from a trust account,  
13 and all transactions concerning all interest-bearing accounts;

14          8. Name of the public adjuster who executed the contract; and

15          9. Name of the attorney representing the insured, if  
16 applicable, and the name of the claims representatives of the  
17 insurance company.

18          G. A public adjuster is obligated under his or her license to  
19 serve with objectivity and complete loyalty to the interest of his  
20 or her client alone; and to render to the insured such information,  
21 counsel and service as within the knowledge, understanding and  
22 opinion in good faith of the licensee will best serve the insured's  
23 insurance claim needs and interest.  
24

1 H. A public adjuster shall not solicit or attempt to solicit an  
2 insured during the progress of a loss-producing occurrence.

3 I. A public adjuster shall not permit an unlicensed employee or  
4 representative of the public adjuster to conduct business for which  
5 a license is required.

6 J. A public adjuster shall not acquire any interest in salvage  
7 of property subject to the contract with the insured unless the  
8 public adjuster obtains written permission from the insured after  
9 settlement of the claim with the insurer.

10 K. The public adjuster shall not refer or direct the insured to  
11 obtain needed repairs or services in connection with a loss from any  
12 person or entity with whom the public adjuster has a financial  
13 interest or from whom the public adjuster may receive direct or  
14 indirect compensation for the referral.

15 L. Any compensation or anything of value in connection with an  
16 insured's specific loss that will be received by a public adjuster  
17 from any third party shall be disclosed by the public adjuster to  
18 the insured in writing including the source and amount of any such  
19 compensation.

20 M. A public adjuster shall not enter into a contract or accept  
21 a power of attorney that vests in the public adjuster the effective  
22 authority to choose the persons who shall perform repair work.

23 N. A public adjuster may not agree to any loss settlement  
24 without the insured's knowledge and consent.

1           0. On a percentage fee contract, a public adjuster may not  
2 require, demand or accept any fee, retainer, compensation, deposit  
3 or other thing of value prior to payment of any claim proceeds,  
4 whether such payment is partial in nature or payment in full.

5           SECTION 12.           AMENDATORY           36 O.S. 2011, Section 6470.2, as  
6 last amended by Section 14, Chapter 298, O.S.L. 2015 (36 O.S. Supp.  
7 2015, Section 6470.2), is amended to read as follows:

8           Section 6470.2 As used in the Oklahoma Captive Insurance  
9 Company Act:

10           1. "Alien company" means an insurance company formed and  
11 licensed pursuant to the laws of a country or jurisdiction other  
12 than the United States of America, or any of its states, districts,  
13 commonwealths and possessions;

14           2. "Affiliated company" means a company in the same corporate  
15 system as a parent, an industrial insured, or a member organization  
16 by virtue of common ownership, control, operation, or management;

17           3. "Association" means a legal association of individuals,  
18 corporations, partnerships, or associations that has been in  
19 continuous existence for at least one (1) year or such lesser period  
20 of time approved by the Commissioner:

21           a. the member organizations of which, or which does  
22           itself or either of them acting in concert directly or  
23           indirectly own, control, or hold with power to vote  
24           all of the outstanding voting securities or interests



1 of, or have complete voting control over an  
2 association captive insurance company, or

3 b. the member organizations of which collectively  
4 constitute all of the subscribers of an association  
5 captive insurance company formed as a reciprocal  
6 insurer;

7 4. "Association captive insurance company" means a captive  
8 insurance company that insures risks of the member organizations of  
9 the association and their affiliated companies;

10 5. "Branch business" means any insurance business transacted by  
11 a branch captive insurance company in this state;

12 6. "Branch captive insurance company" means an alien captive  
13 insurance company licensed by the Insurance Commissioner to transact  
14 the business of insurance in this state through a business unit with  
15 a principal place of business in this state. A branch captive  
16 insurance company must be a pure captive insurance company with  
17 respect to operations in this state, unless otherwise permitted by  
18 the Insurance Commissioner;

19 7. "Branch operations" means any business operations of a  
20 branch captive insurance company in this state;

21 8. "Capital and surplus" means the amount by which the value of  
22 all of the assets of the captive insurance company exceeds all of  
23 the liabilities of the captive insurance company, as determined  
24

1 under the method of accounting utilized by the captive insurance  
2 company in accordance with the applicable provisions of this act;

3 9. "Captive insurance company" means a pure captive insurance  
4 company, association captive insurance company, sponsored captive  
5 insurance company, special purpose captive insurance company, or  
6 industrial insured captive insurance company formed or licensed  
7 under the Oklahoma Captive Insurance Company Act;

8 10. "Controlled unaffiliated business" means a company:

- 9 a. that is not in the corporate system of a parent and  
10 affiliated companies,  
11 b. that has an existing contractual relationship with a  
12 parent or affiliated company, and  
13 c. whose risks are managed by a pure captive insurance  
14 company in accordance with Section 6470.27 of this  
15 title;

16 11. "Insurance Commissioner" means the Insurance Commissioner  
17 of the State of Oklahoma or designee of the Insurance Commissioner;

18 12. "Department" means the Oklahoma Department of Insurance;

19 13. "GAAP" means generally accepted accounting principles;

20 14. "Industrial insured" means an insured:

- 21 a. who procures the insurance of any risk or risks by use  
22 of the services of a full-time employee acting as an  
23 insurance manager or buyer,  
24

1           b. whose aggregate annual premiums for insurance on all  
2           risks total at least Twenty-five Thousand Dollars  
3           (\$25,000.00), and

4           c. who has at least twenty-five full-time employees;

5           15. "Industrial insured captive insurance company" means a  
6           company that insures risks of the industrial insureds that comprise  
7           the industrial insured group and their affiliated companies;

8           16. "Industrial insured group" means a group of industrial  
9           insureds that collectively directly or indirectly owns, controls, or  
10          holds with power to vote all of the outstanding voting securities or  
11          other voting interests or has complete control over an industrial  
12          insured captive insurance company;

13          17. "Member organization" means any individual, corporation,  
14          partnership, or association that belongs to an association;

15          18. "Parent" means any corporation, partnership, or individual  
16          that directly or indirectly owns, controls, or holds with power to  
17          vote more than fifty percent (50%) of the outstanding voting  
18          securities of a pure captive insurance company;

19          19. "Participant" means an entity as defined in Section 6470.31  
20          of this title, and any affiliates of that entity, that are insured  
21          by a sponsored captive insurance company, where the losses of the  
22          participant are limited through a participant contract to the  
23          participant's pro rata share of the assets of one or more protected  
24          cells identified in the participant contract;

1           20. "Participant contract" means a contract by which a  
2 sponsored captive insurance company insures the risks of one or more  
3 participants and limits the losses of each participant to its pro  
4 rata share of the assets of one or more protected cells identified  
5 in the participant contract;

6           21. "Protected cell" means a separate and distinct account  
7 established and maintained by or on behalf of a sponsored captive  
8 insurance company in which assets are accounted for and recorded for  
9 one or more participants in accordance with the terms of one or more  
10 participant contracts to fund the liability of the sponsored captive  
11 insurance company assumed on behalf of the participants as set forth  
12 in the participant contracts;

13           22. "Pure captive insurance company" means a company that  
14 insures risks of its parent, affiliated companies, of its parent,  
15 and any controlled unaffiliated business, or a combination thereof.  
16 For purposes of this paragraph, "controlled unaffiliated business"  
17 means an entity insured by a pure captive insurance company:

- 18           a. that is not in the corporate system of a parent and  
19           affiliated companies,
  - 20           b. that has an existing contractual relationship with a  
21           parent or affiliated company, and
  - 22           c. whose risks are managed by a pure captive insurance  
23           company;
- 24

1 23. "Reciprocal insurer" has the meaning given that term in  
2 Article 29 of the Oklahoma Insurance Code;

3 24. "Risk retention group" means a risk retention group formed  
4 pursuant to the Liability Risk Retention Act of 1986 under Section  
5 3901 of Title 15 of the United States Code;

6 25. "Special purpose captive insurance company" means a captive  
7 insurance company that is formed or licensed under the Oklahoma  
8 Captive Insurance Company Act that does not meet the definition of  
9 any other type of captive insurance company defined in this section  
10 and is designated as a special purpose captive insurance company by  
11 the Commissioner;

12 26. "Sponsor" means an entity that meets the requirements of  
13 Section 6470.30 of this title and is approved by the Insurance  
14 Commissioner to provide all or part of the capital and surplus  
15 required by applicable law and to organize and operate a sponsored  
16 captive insurance company;

17 27. "Sponsored captive insurance company" means a captive  
18 insurance company:

- 19 a. in which the minimum capital and surplus required by  
20 applicable law is provided by one or more sponsors,  
21 b. that is formed or licensed under the Oklahoma Captive  
22 Insurance Company Act,  
23 c. that insures the risks of its participants only  
24 through separate participant contracts, and

1 d. that funds its liability to each participant through  
2 one or more protected cells and segregates the assets  
3 of each protected cell from the assets of other  
4 protected cells and from the assets of the sponsored  
5 captive insurance company's general account; and

6 28. "Workers' compensation insurance" means insurance provided  
7 in satisfaction of an employer's responsibility as set forth in the  
8 Administrative Workers' Compensation Act and the Oklahoma Employee  
9 Injury Benefit Act.

10 SECTION 13. AMENDATORY 36 O.S. 2011, Section 6470.3, as  
11 amended by Section 15, Chapter 298, O.S.L. 2015 (36 O.S. Supp. 2015,  
12 Section 6470.3), is amended to read as follows:

13 Section 6470.3 A. A captive insurance company, when permitted  
14 by its articles of incorporation or charter, may apply to the  
15 Insurance Commissioner for a license to do any and all insurance  
16 authorized by this title; however:

17 1. A pure captive insurance company may not insure any risks  
18 other than those of its parent, affiliated companies of its parent,  
19 or any controlled unaffiliated business, or a combination thereof;

20 2. An association captive insurance company may not insure any  
21 risks other than those of the member organizations of its  
22 association and their affiliated companies;

23 3. An industrial insured captive insurance company may not  
24 insure any risks other than those of the industrial insureds that

1 comprise the industrial insured group and their affiliated  
2 companies;

3 4. A special purpose captive insurance company may provide  
4 insurance or reinsurance, or both, for risks as approved by the  
5 Insurance Commissioner;

6 5. A captive insurance company may not provide personal motor  
7 vehicle or homeowner's insurance coverage or any component of these  
8 coverages; and

9 6. Any captive insurance company may provide workers'  
10 compensation insurance, insurance in the nature of workers'  
11 compensation insurance, and reinsurance of such policies, unless  
12 prohibited by federal law or laws of this state or any other state  
13 having jurisdiction over the transaction.

14 B. To conduct insurance business in this state a captive  
15 insurance company shall:

16 1. Obtain from the Insurance Commissioner a license authorizing  
17 it to conduct insurance business in this state;

18 2. Maintain a place of business in this state designated as its  
19 registered office; and

20 3. Appoint a resident registered agent to accept service of  
21 process and to otherwise act on its behalf in this state. Whenever  
22 the registered agent cannot with reasonable diligence be found at  
23 the registered office of the captive insurance company, the  
24 Insurance Commissioner shall be deemed an agent of the captive

1 insurance company upon whom any process, notice, or demand may be  
2 served.

3 C. 1. Before receiving a license, a captive insurance company  
4 shall file with the Commissioner a certified copy of its  
5 organizational documents, a statement under oath of its president or  
6 other authorized person showing its financial condition, a  
7 feasibility study, a business plan, and any other statements,  
8 information or documents required by the Commissioner.

9 2. In addition to the information required by paragraph 1 of  
10 this subsection, an applicant captive insurance company shall file  
11 with the Insurance Commissioner evidence of:

- 12 a. the amount and liquidity of its assets relative to the  
13 risks to be assumed,
- 14 b. the adequacy of the expertise, experience, and  
15 character of the person or persons who will manage it,
- 16 c. the overall soundness of its plan of operation,
- 17 d. the adequacy of the loss prevention programs of its  
18 insureds, and
- 19 e. such other factors considered relevant by the  
20 Insurance Commissioner in ascertaining whether the  
21 proposed captive insurance company will be able to  
22 meet its obligations.

23 3. Information submitted pursuant to this subsection is  
24 confidential and may not be made public by the Insurance



1 Commissioner or an agent or employee of the Insurance Commissioner  
2 without the written consent of the company, except that:

3 a. information may be discoverable by a party in a civil  
4 action or contested case to which the captive  
5 insurance company that submitted the information is a  
6 party, upon a showing by the party seeking to discover  
7 the information that:

8 (1) the information sought is relevant to and  
9 necessary for the furtherance of the action or  
10 case,

11 (2) the information sought is unavailable from other  
12 nonconfidential sources, and

13 (3) a subpoena issued by a judicial or administrative  
14 officer of competent jurisdiction has been  
15 submitted to the Insurance Commissioner; however,  
16 the provisions of this paragraph do not apply to  
17 an industrial insured captive insurance company  
18 insuring the risks of an industrial insured  
19 group, and

20 b. the Insurance Commissioner may disclose the  
21 information to a public officer having jurisdiction  
22 over the regulation of insurance in another state if:

23 (1) the public official agrees in writing to maintain  
24 the confidentiality of the information, and

1 (2) the laws of the state in which the public  
2 official serves require the information to be  
3 confidential.

4 D. A captive insurance company shall pay to the Department a  
5 nonrefundable application fee of Two Hundred Dollars (\$200.00) for  
6 reviewing its application to determine whether it is complete and in  
7 addition, the Insurance Commissioner may retain legal, financial,  
8 and examination services from outside the Department, the reasonable  
9 cost of which may be charged against the applicant. Also, a captive  
10 insurance company shall pay a license fee for the year of  
11 registration and a renewal fee of Three Hundred Dollars (\$300.00).

12 E. If the Insurance Commissioner is satisfied that the  
13 documents and statements filed by the captive insurance company  
14 comply with the provisions of the Oklahoma Captive Insurance Company  
15 Act, the Insurance Commissioner may grant a license authorizing the  
16 company to do insurance business in this state until the succeeding  
17 March 1 at which time the license may be renewed.

18 F. 1. Notwithstanding any other provision of this act, the  
19 Insurance Commissioner may issue a provisional license to any  
20 applicant captive insurance company for a period not to exceed sixty  
21 (60) days if the Insurance Commissioner deems that the public  
22 interest will be served by the issuance of such license.

23 2. As a condition precedent to the issuance of a provisional  
24 license under this section, the applicant shall have filed a

1 complete application containing all information required by this  
2 section, paid all fees required for licensure and the Insurance  
3 Commissioner shall have made a preliminary finding that the  
4 expertise, experience and character of the person or persons who  
5 will control and manage the applicant captive insurer are  
6 acceptable.

7 3. The Insurance Commissioner may by order limit the authority  
8 of any provisional licensee in any way deemed necessary to protect  
9 insureds and the public. The Insurance Commissioner may by order  
10 revoke a provisional license if the interests of insureds or the  
11 public are endangered. If the applicant fails to complete the  
12 regular licensure application process, the provisional license shall  
13 terminate automatically.

14 SECTION 14. AMENDATORY 36 O.S. 2011, Section 6670, as  
15 last amended by Section 22, Chapter 15, O.S.L. 2013 (36 O.S. Supp.  
16 2015, Section 6670), is amended to read as follows:

17 Section 6670. As used in this section through Section 6676 of  
18 this title:

- 19 1. "Commissioner" means the Insurance Commissioner;
- 20 2. "Enrolled customer" means a customer who elects coverage  
21 under a portable electronics insurance policy issued to a vendor of  
22 portable electronics;
- 23 3. "Customer" means a person who purchases portable electronics  
24 or services;

1 4. "Location" means any physical location in the State of  
2 Oklahoma or any website, call center site, or similar location  
3 directed to residents of the State of Oklahoma;

4 5. "Portable electronics" means electronic devices that are  
5 portable in nature, their accessories and services related to the  
6 use of the device;

7 6. "Portable electronics insurance" means insurance providing  
8 coverage for the repair or replacement of portable electronics which  
9 may provide coverage for portable electronics against any one or  
10 more of the following causes of loss: loss, theft, inoperability due  
11 to mechanical failure, malfunction, damage or other similar causes  
12 of loss. "Portable electronics insurance" does not include:

- 13 a. a service contract governed by the Service Warranty  
14 Act,  
15 b. a policy of insurance covering a seller's or a  
16 manufacturer's obligations under a warranty,  
17 c. a homeowner's, renter's, private passenger automobile,  
18 commercial multi-peril, or similar policy, or  
19 d. a contract excluded from the definition of a service  
20 warranty as set forth by subparagraphs a through e g  
21 of paragraph ~~14~~ 17 of Section ~~6602~~ 141.2 of ~~this title~~  
22 Title 15 of the Oklahoma Statutes;

23 7. "Portable electronics transaction" means:  
24

- 1           a.    the sale or lease of portable electronics by a vendor  
2                    to a customer, or  
3           b.    the sale of a service related to the use of portable  
4                    electronics by a vendor to a customer;

5           8.    "Supervising entity" means a business entity that is a  
6 licensed insurer or insurance producer; and

7           9.    "Vendor" means a person in the business of engaging in  
8 portable electronics transactions directly or indirectly.

9           SECTION 15. This act shall become effective November 1, 2016.

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