

LEGISLATIVE ACTION

Senate House

Comm: RCS 03/01/2012

The Committee on Budget Subcommittee on General Government Appropriations (Latvala) recommended the following:

Senate Amendment (with title amendment)

Delete lines 88 - 90

and insert:

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11 12 personal injury protection insurance on those vehicles that cannot be legally operated on roads, highways, or streets in this state. Franchise dealers

Between lines 119 and 120 insert:

Section 2. Subsection (8) of section 624.402, Florida Statutes, is amended, and subsection (9) is added to that



section, to read:

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624.402 Exceptions, certificate of authority required.-A certificate of authority shall not be required of an insurer with respect to:

- (8)(a) An insurer domiciled outside the United States covering only persons who, at the time of issuance or renewal, are nonresidents of the United States if:
- 1. The insurer or any affiliated person as defined in s. 624.04 under common ownership or control with the insurer does not solicit, sell, or accept application for any insurance policy or contract to be delivered or issued for delivery to any person in any state;
- 2. The insurer registers with the office via a letter of notification upon commencing business from this state;
- 3. The insurer provides the following information, in English, to the office annually by March 1:
- a. The name of the insurer; the country of domicile; the address of the insurer's principal office and office in this state; the names of the owners of the insurer and their percentage of ownership; the names of the officers and directors of the insurer; the name, e-mail, and telephone number of a contact person for the insurer; and the number of individuals who are employed by the insurer or its affiliates in this state;
- b. The lines of insurance and types of products offered by the insurer;
- c. A statement from the applicable regulatory body of the insurer's domicile certifying that the insurer is licensed or registered for those lines of insurance and types of products in that domicile; and

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- d. A copy of the filings required by the applicable regulatory body of the insurer's country of domicile in that country's official language or in English, if available;
- 4. All certificates, policies, or contracts issued in this state showing coverage under the insurer's policy include the following statement in a contrasting color and at least 10-point type: "The policy providing your coverage and the insurer providing this policy have not been approved by the Florida Office of Insurance Regulation"; and
- 5. If In the event the insurer ceases to do business from this state, the insurer will provide written notification to the office within 30 days after cessation.
- (b) As used in For purposes of this subsection, the term "nonresident" means a trust or other entity organized and domiciled under the laws of a country other than the United States or a person who resides in and maintains a physical place of domicile in a country other than the United States, which he or she recognizes as and intends to maintain as his or her permanent home. A nonresident does not include an unauthorized immigrant present in the United States. Notwithstanding any other provision of law, it is conclusively presumed, for purposes of this subsection, that a person is a resident of the United States if such person has:
- 1. Had his or her principal place of domicile in the United States for 180 days or more in the 365 days before prior to issuance or renewal of the policy;
 - 2. Registered to vote in any state;
 - 3. Made a statement of domicile in any state; or
 - 4. Filed for homestead tax exemption on property in any



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- (c) Subject to the limitations provided in this subsection, services, including those listed in s. 624.10, may be provided by the insurer or an affiliated person as defined in s. 624.04 under common ownership or control with the insurer.
- (d) An alien insurer transacting insurance in this state without complying with this subsection is shall be in violation of this chapter and subject to the penalties provided in s. 624.15.
- (9) (a) Life insurance policies or annuity contracts may be solicited, sold, or issued in this state by an insurer domiciled outside the United States covering only persons who, at the time of issuance, are nonresidents of the United States if:
- 1. The insurer is an authorized insurer in the insurer's country of domicile of the kinds of insurance proposed to be offered and has been an authorized insurer for at least the immediately preceding 3 years, or is the wholly owned subsidiary of an authorized insurer or the wholly owned subsidiary of an already eliqible authorized insurer for the kinds of insurance proposed for at least the immediately preceding 3 years. The office may waive the 3-year requirement if the insurer has operated successfully for at least the immediately preceding year and has capital and surplus of at least \$25 million.
- 2. The insurer furnishes the office with an authenticated copy of its current annual financial statement, in English, with all monetary values therein expressed in United States dollars, at an exchange rate that is current at the time and shown in the statement, in the case of statements originally made in the currencies of other countries, and with such additional

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information relative to the insurer as the office may request.

- 3. The insurer has and maintains surplus as to policyholders of at least \$15 million. Such surplus must be represented by investments consisting of eligible investments for like funds of like domestic insurers under part II of chapter 625. However, such surplus may be represented by investments permitted by the domestic regulator of an alien insurance company if the investments are substantially similar in terms of quality, liquidity, and security to eligible investments for like funds of like domestic insurers under part II of chapter 625.
- 4. The insurer has a good reputation for providing service to its policyholders and for the payment of losses and claims.
- 5. To maintain eligibility, the insurer furnishes the office within the time period specified in s. 624.424(1) an authenticated copy of its current annual and quarterly financial statements, in English, with all monetary values therein expressed in United States dollars, at an exchange rate that is current at the time and shown in the statement, in the case of statements originally made in the currencies of other countries, and with such additional information relative to the insurer as the office may request.
- 6. An insurer determined eligible under this subsection agrees to make its books and records pertaining to its operations in this state available for inspection during normal business hours upon request of the office.
- 7. The insurer notifies the applicant in clear and conspicuous language:
 - a. Of the date of the insurer's organization.

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- b. Of the identity of and rating assigned by each recognized insurance company rating organization that has rated the insurer or, if applicable, that the insurer is unrated.
- c. That the insurer does not hold a certificate of authority issued in this state and that the office does not exercise regulatory oversight over the insurer.
- d. Of the identity and address of the regulatory authority exercising oversight of the insurer. This sub-subparagraph does not impose upon the office any duty or responsibility to determine the actual financial condition or claims practices of any unauthorized insurer, and the status of eligibility, if granted by the office, indicates only that the insurer appears to be financially sound and to have satisfactory claims practices and that the office has no credible evidence to the contrary.
- (b) If the office has reason to believe that an insurer issuing policies or contracts pursuant to this subsection is insolvent or is in unsound financial condition, does not make reasonable prompt payment of benefits, or is no longer eligible under the conditions specified in this subsection, the office may conduct an examination or investigation in accordance with s. 624.316, s. 624.3161, or s. 624.320 and, if the findings of the examination or investigation warrant, may withdraw the eligibility of the insurer to issue policies or contracts pursuant to this subsection without having a certificate of authority issued by the office.
- (c) This subsection does not provide an exception to the agent licensure requirements of chapter 626. An insurer issuing policies or contracts pursuant to this subsection shall appoint



the agents that the insurer uses to sell such policies or contracts as provided in chapter 626.

- (d) An insurer issuing policies or contracts pursuant to this subsection is subject to part IX of chapter 626, the Unfair Insurance Trade Practices Act, and the office may take such actions against the insurer for a violation as are provided in that part.
- (e) Policies and contracts issued pursuant to this subsection are not subject to the premium tax specified in s. 624.509.
- (f) Applications for life insurance coverage offered under this subsection must contain the following statement, in contrasting color and at least 12-point type, on the same page as the applicant's signature:

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This policy is primarily governed by the laws of a foreign country. As a result, all of the rating and underwriting laws applicable to policies filed in this state do not apply to this coverage, which may result in your premiums being higher than would be permissible under a Florida-approved policy. A purchase of individual life insurance should be considered carefully, as future medical conditions may make it impossible to qualify for another individual life policy. If the insurer issuing your policy becomes insolvent, this policy is not covered by the Florida Life and Health Insurance Guaranty Association. For information concerning individual life coverage under a Florida-approved policy, consult



your agent or the Florida Department of Financial Services.

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(q) All life insurance policies and annuity contracts issued pursuant to this subsection must contain on the first page of the policy or contract the following statement, in contrasting color and at least 10-point type:

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The benefits of the policy providing your coverage are governed primarily by the law of a country other than the United States.

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(h) All single-premium life insurance policies and singlepremium annuity contracts issued to persons who are not residents of the United States and are not nonresidents illegally residing in the United States are subject to chapter 896.

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(i) As used in this subsection, the term "nonresident" has the same meaning as provided in subsection (8).

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(j) An alien insurer transacting insurance in this state without complying with this subsection is in violation of this chapter and subject to the penalties provided in s. 624.15 and must pay the fine required for each violation as prescribed by s. 626.910.

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Delete line 147

and insert:

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calendar quarter, and which had fewer or with less than 1,000



216 Delete lines 244 - 260 217 and insert: 218 Section 6. Effective January 1, 2013, section 626.8675, Florida Statutes, is created 219 220 221 Delete lines 289 - 290 222 and insert: 223 Section 8. Effective upon this act becoming a law, 224 paragraph (e) of subsection (2) of section 626.7491, Florida 225 Statutes, is amended to read: 226 626.7491 Business transacted with producer controlled 227 property and casualty insurer.-228 (2) DEFINITIONS.—As used in this section: 229 (e) "Licensed insurer" or "insurer" means any person, firm, 230 association, or corporation licensed to transact a property or 231 casualty insurance business in this state. The following are not 232 licensed insurers for the purposes of this section: 233 1. Any risk retention group as defined in: 234 a. The Superfund Amendments Reauthorization Act of 1986, Pub. L. No. 99-499, 100 Stat. 1613 (1986); 235 236 b. The Risk Retention Act, 15 U.S.C. ss. 3901 et seq. (1982 237 and Supp. 1986); or 238 c. Section 627.942(9). 239 2. Any residual market pool or joint underwriting authority 240 or association; and 241 3. Any captive insurance company insurer as defined in s. 242 628.901.

Section 9. Section 626.9201, Florida Statutes, is amended

to read:

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626.9201 Notice of cancellation or nonrenewal.-

- (1) An insurer issuing a policy providing coverage for property, casualty, surety, or marine insurance must shall give the named insured at least 45 days' advance written notice of nonrenewal. If the policy is not to be renewed, the written notice shall state the reason or reasons as to why the policy is not to be renewed. This subsection does not apply if:
- (a) If the insurer has manifested its willingness to renew, and the offer is not rescinded before the expiration of the policy; or
- (b) If a notice of cancellation for nonpayment of premium is provided under subsection (2).
- (2) An insurer issuing a policy providing coverage for property, casualty, surety, or marine insurance must shall give the named insured written notice of cancellation or termination other than nonrenewal at least 45 days before prior to the effective date of the cancellation or termination, including in the written notice the reason or reasons for the cancellation or termination, except that:
- (a) If When cancellation is for nonpayment of premium, at least 10 days' written notice of cancellation accompanied by the reason for cancellation must therefor shall be given at least 10 days before the cancellation. As used in this paragraph, the term "nonpayment of premium" means the failure of the named insured to discharge when due any of his or her obligations in connection with the payment of premiums on a policy or an installment of such a premium, whether the premium or installment is payable directly to the insurer or its agent or indirectly under a any plan for financing premiums or extension

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of credit or the failure of the named insured to maintain membership in an organization if such membership is a condition precedent to insurance coverage. The term also includes the failure of a financial institution to honor the check of an applicant for insurance which was delivered to a licensed agent for payment of a premium, even if the agent previously delivered or transferred the premium to the insurer. If a correctly dishonored check represents payment of the initial premium, the contract and all contractual obligations are void ab initio unless the nonpayment is cured within the earlier of 5 days after actual notice by certified mail is received by the applicant or 15 days after notice is sent to the applicant by certified mail or registered mail, and, if the contract is void, any premium received by the insurer from a third party shall be refunded to that party in full; and

- (b) If When such cancellation or termination occurs during the first 90 days during which the insurance is in force and if the insurance is canceled or terminated for reasons other than nonpayment, at least 20 days' written notice of cancellation or termination accompanied by the reason for cancellation or termination must therefor shall be given at least 20 days before cancellation or termination, except if where there has been a material misstatement or misrepresentation or failure to comply with the underwriting requirements established by the insurer.
- (3) If an insurer fails to provide the 45-day or 20-day written notice required under this section, the coverage provided to the named insured remains shall remain in effect until 45 days after the notice is given or until the effective date of replacement coverage obtained by the named insured,

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whichever occurs first. The premium for the coverage remains shall remain the same during any such extension period.

Section 10. Paragraph (a) of subsection (1) of section 626.9541, Florida Statutes, is amended to read:

626.9541 Unfair methods of competition and unfair or deceptive acts or practices defined.-

- (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE ACTS.—The following are defined as unfair methods of competition and unfair or deceptive acts or practices:
- (a) Misrepresentations and false advertising of insurance policies.—Knowingly making, issuing, circulating, or causing to be made, issued, or circulated, any estimate, illustration, circular, statement, sales presentation, omission, or comparison, or property and casualty certificate of insurance altered after being issued which:
- 1. Misrepresents the benefits, advantages, conditions, or terms of any insurance policy.
- 2. Misrepresents the dividends or share of the surplus to be received on any insurance policy.
- 3. Makes any false or misleading statements as to the dividends or share of surplus previously paid on any insurance policy.
- 4. Is misleading, or is a misrepresentation, as to the financial condition of any person or as to the legal reserve system upon which any life insurer operates.
- 5. Uses any name or title of any insurance policy or class of insurance policies misrepresenting the true nature thereof.
- 6. Is a misrepresentation for the purpose of inducing, or tending to induce, the lapse, forfeiture, exchange, conversion,



or surrender of any insurance policy.

- 7. Is a misrepresentation for the purpose of effecting a pledge or assignment of, or effecting a loan against, any insurance policy.
- 8. Misrepresents any insurance policy as being shares of stock or misrepresents ownership interest in the company. 9. Uses any advertisement that would mislead or otherwise cause a reasonable person to believe mistakenly that the state or the Federal Government is responsible for the insurance sales activities of any person or stands behind any person's credit or that any person, the state, or the Federal Government guarantees any returns on insurance products or is a source of payment of any insurance obligation of or sold by any person.

Section 11. Paragraph (b) of subsection (2) and paragraph (c) of subsection (6) of section 627.351, Florida Statutes, are amended, and paragraph (ff) is added to subsection (6) of that section, to read:

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Delete lines 818 - 898

351 and insert:

- (6) CITIZENS PROPERTY INSURANCE CORPORATION. -
- (c) The corporation's plan of operation:
- 1. Must provide for adoption of residential property and casualty insurance policy forms and commercial residential and nonresidential property insurance forms, which must be approved by the office before use. The corporation shall adopt the following policy forms:
- a. Standard personal lines policy forms that are comprehensive multiperil policies providing full coverage of a

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residential property equivalent to the coverage provided in the private insurance market under an HO-3, HO-4, or HO-6 policy.

- b. Basic personal lines policy forms that are policies similar to an HO-8 policy or a dwelling fire policy that provide coverage meeting the requirements of the secondary mortgage market, but which is more limited than the coverage under a standard policy.
- c. Commercial lines residential and nonresidential policy forms that are generally similar to the basic perils of full coverage obtainable for commercial residential structures and commercial nonresidential structures in the admitted voluntary market.
- d. Personal lines and commercial lines residential property insurance forms that cover the peril of wind only. The forms are applicable only to residential properties located in areas eligible for coverage under the coastal account referred to in sub-subparagraph (b) 2.a.
- e. Commercial lines nonresidential property insurance forms that cover the peril of wind only. The forms are applicable only to nonresidential properties located in areas eligible for coverage under the coastal account referred to in subsubparagraph (b) 2.a.
- f. The corporation may adopt variations of the policy forms listed in sub-subparagraphs a.-e. which contain more restrictive coverage.
- g. Effective January 1, 2013, the corporation shall offer a basic personal lines policy similar to an HO-8 policy with dwelling repair based on common construction materials and methods.

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- 2. Must provide that the corporation adopt a program in which the corporation and authorized insurers enter into quota share primary insurance agreements for hurricane coverage, as defined in s. 627.4025(2)(a), for eligible risks, and adopt property insurance forms for eligible risks which cover the peril of wind only.
 - a. As used in this subsection, the term:
- (I) "Quota share primary insurance" means an arrangement in which the primary hurricane coverage of an eligible risk is provided in specified percentages by the corporation and an authorized insurer. The corporation and authorized insurer are each solely responsible for a specified percentage of hurricane coverage of an eligible risk as set forth in a quota share primary insurance agreement between the corporation and an authorized insurer and the insurance contract. The responsibility of the corporation or authorized insurer to pay its specified percentage of hurricane losses of an eligible risk, as set forth in the agreement, may not be altered by the inability of the other party to pay its specified percentage of losses. Eligible risks that are provided hurricane coverage through a quota share primary insurance arrangement must be provided policy forms that set forth the obligations of the corporation and authorized insurer under the arrangement, clearly specify the percentages of quota share primary insurance provided by the corporation and authorized insurer, and conspicuously and clearly state that the authorized insurer and the corporation may not be held responsible beyond their specified percentage of coverage of hurricane losses.
 - (II) "Eligible risks" means personal lines residential and

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commercial lines residential risks that meet the underwriting criteria of the corporation and are located in areas that were eligible for coverage by the Florida Windstorm Underwriting Association on January 1, 2002.

- b. The corporation may enter into quota share primary insurance agreements with authorized insurers at corporation coverage levels of 90 percent and 50 percent.
- c. If the corporation determines that additional coverage levels are necessary to maximize participation in quota share primary insurance agreements by authorized insurers, the corporation may establish additional coverage levels. However, the corporation's quota share primary insurance coverage level may not exceed 90 percent.
- d. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation must provide for a uniform specified percentage of coverage of hurricane losses, by county or territory as set forth by the corporation board, for all eligible risks of the authorized insurer covered under the agreement.
- e. Any quota share primary insurance agreement entered into between an authorized insurer and the corporation is subject to review and approval by the office. However, such agreement shall be authorized only as to insurance contracts entered into between an authorized insurer and an insured who is already insured by the corporation for wind coverage.
- f. For all eligible risks covered under quota share primary insurance agreements, the exposure and coverage levels for both the corporation and authorized insurers shall be reported by the corporation to the Florida Hurricane Catastrophe Fund. For all

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policies of eligible risks covered under such agreements, the corporation and the authorized insurer must maintain complete and accurate records for the purpose of exposure and loss reimbursement audits as required by fund rules. The corporation and the authorized insurer shall each maintain duplicate copies of policy declaration pages and supporting claims documents.

- g. The corporation board shall establish in its plan of operation standards for quota share agreements which ensure that there is no discriminatory application among insurers as to the terms of the agreements, pricing of the agreements, incentive provisions if any, and consideration paid for servicing policies or adjusting claims.
- h. The quota share primary insurance agreement between the corporation and an authorized insurer must set forth the specific terms under which coverage is provided, including, but not limited to, the sale and servicing of policies issued under the agreement by the insurance agent of the authorized insurer producing the business, the reporting of information concerning eligible risks, the payment of premium to the corporation, and arrangements for the adjustment and payment of hurricane claims incurred on eligible risks by the claims adjuster and personnel of the authorized insurer. Entering into a quota sharing insurance agreement between the corporation and an authorized insurer is voluntary and at the discretion of the authorized insurer.
- 3.a. May provide that the corporation may employ or otherwise contract with individuals or other entities to provide administrative or professional services that may be appropriate to effectuate the plan. The corporation may borrow funds by

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issuing bonds or by incurring other indebtedness, and shall have other powers reasonably necessary to effectuate the requirements of this subsection, including, without limitation, the power to issue bonds and incur other indebtedness in order to refinance outstanding bonds or other indebtedness. The corporation may seek judicial validation of its bonds or other indebtedness under chapter 75. The corporation may issue bonds or incur other indebtedness, or have bonds issued on its behalf by a unit of local government pursuant to subparagraph (q) 2. in the absence of a hurricane or other weather-related event, upon a determination by the corporation, subject to approval by the office, that such action would enable it to efficiently meet the financial obligations of the corporation and that such financings are reasonably necessary to effectuate the requirements of this subsection. The corporation may take all actions needed to facilitate tax-free status for such bonds or indebtedness, including formation of trusts or other affiliated entities. The corporation may pledge assessments, projected recoveries from the Florida Hurricane Catastrophe Fund, other reinsurance recoverables, market equalization and other surcharges, and other funds available to the corporation as security for bonds or other indebtedness. In recognition of s. 10, Art. I of the State Constitution, prohibiting the impairment of obligations of contracts, it is the intent of the Legislature that no action be taken whose purpose is to impair any bond indenture or financing agreement or any revenue source committed by contract to such bond or other indebtedness.

b. To ensure that the corporation is operating in an efficient and economic manner while providing quality service to

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policyholders, applicants, and agents, the board shall commission an independent third-party consultant having expertise in insurance company management or insurance company management consulting to prepare a report and make recommendations on the relative costs and benefits of outsourcing various policy issuance and service functions to private servicing carriers or entities performing similar functions in the private market for a fee, rather than performing such functions in-house. In making such recommendations, the consultant shall consider how other residual markets, both in this state and around the country, outsource appropriate functions or use servicing carriers to better match expenses with revenues that fluctuate based on a widely varying policy count. The report must be completed by July 1, 2012. Upon receiving the report, the board shall develop a plan to implement the report and submit the plan for review, modification, and approval to the Financial Services Commission. Upon the commission's approval of the plan, the board shall begin implementing the plan by January 1, 2013.

- 4. Must require that the corporation operate subject to the supervision and approval of a board of governors consisting of eight individuals who are residents of this state, from different geographical areas of this state.
- a. The Governor, the Chief Financial Officer, the President of the Senate, and the Speaker of the House of Representatives shall each appoint two members of the board. At least one of the two members appointed by each appointing officer must have demonstrated expertise in insurance and is deemed to be within the scope of the exemption provided in s. 112.313(7)(b). The

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Chief Financial Officer shall designate one of the appointees as chair. All board members serve at the pleasure of the appointing officer. All members of the board are subject to removal at will by the officers who appointed them. All board members, including the chair, must be appointed to serve for 3-year terms beginning annually on a date designated by the plan. However, for the first term beginning on or after July 1, 2009, each appointing officer shall appoint one member of the board for a 2-year term and one member for a 3-year term. A board vacancy shall be filled for the unexpired term by the appointing officer. The Chief Financial Officer shall appoint a technical advisory group to provide information and advice to the board in connection with the board's duties under this subsection. The executive director and senior managers of the corporation shall be engaged by the board and serve at the pleasure of the board. Any executive director appointed on or after July 1, 2006, is subject to confirmation by the Senate. The executive director is responsible for employing other staff as the corporation may require, subject to review and concurrence by the board.

- b. The board shall create a Market Accountability Advisory Committee to assist the corporation in developing awareness of its rates and its customer and agent service levels in relationship to the voluntary market insurers writing similar coverage.
- (I) The members of the advisory committee consist of the following 11 persons, one of whom must be elected chair by the members of the committee: four representatives, one appointed by the Florida Association of Insurance Agents, one by the Florida Association of Insurance and Financial Advisors, one by the

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Professional Insurance Agents of Florida, and one by the Latin American Association of Insurance Agencies; three representatives appointed by the insurers with the three highest voluntary market share of residential property insurance business in the state; one representative from the Office of Insurance Regulation; one consumer appointed by the board who is insured by the corporation at the time of appointment to the committee; one representative appointed by the Florida Association of Realtors; and one representative appointed by the Florida Bankers Association. All members shall be appointed to 3-year terms and may serve for consecutive terms.

- (II) The committee shall report to the corporation at each board meeting on insurance market issues which may include rates and rate competition with the voluntary market; service, including policy issuance, claims processing, and general responsiveness to policyholders, applicants, and agents; and matters relating to depopulation.
- 5. Must provide a procedure for determining the eligibility of a risk for coverage, as follows:
- a. Subject to s. 627.3517, with respect to personal lines residential risks, if the risk is offered coverage from an authorized insurer at the insurer's approved rate under a standard policy including wind coverage or, if consistent with the insurer's underwriting rules as filed with the office, a basic policy including wind coverage, for a new application to the corporation for coverage, the risk is not eligible for any policy issued by the corporation unless the premium for coverage from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. If the

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risk is not able to obtain such offer, the risk is eligible for a standard policy including wind coverage or a basic policy including wind coverage issued by the corporation; however, if the risk could not be insured under a standard policy including wind coverage regardless of market conditions, the risk is eligible for a basic policy including wind coverage unless rejected under subparagraph 8. However, a policyholder of the corporation or a policyholder removed from the corporation through an assumption agreement until the end of the assumption period remains eligible for coverage from the corporation regardless of any offer of coverage from an authorized insurer or surplus lines insurer. The corporation shall determine the type of policy to be provided on the basis of objective standards specified in the underwriting manual and based on generally accepted underwriting practices.

- (I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or to the corporation is not currently appointed by the insurer, the insurer shall:
- (A) Pay to the producing agent of record of the policy for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least 1 year and



offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

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If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

- (II) If the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:
- (A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

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If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

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b. With respect to commercial lines residential risks, for a new application to the corporation for coverage, if the risk is offered coverage under a policy including wind coverage from an authorized insurer at its approved rate, the risk is not eligible for a policy issued by the corporation unless the



premium for coverage from the authorized insurer is more than 15 percent greater than the premium for comparable coverage from the corporation. If the risk is not able to obtain any such offer, the risk is eligible for a policy including wind coverage issued by the corporation. However, a policyholder of the corporation or a policyholder removed from the corporation through an assumption agreement until the end of the assumption period remains eligible for coverage from the corporation regardless of an offer of coverage from an authorized insurer or surplus lines insurer.

- (I) If the risk accepts an offer of coverage through the market assistance plan or through a mechanism established by the corporation before a policy is issued to the risk by the corporation or during the first 30 days of coverage by the corporation, and the producing agent who submitted the application to the plan or the corporation is not currently appointed by the insurer, the insurer shall:
- (A) Pay to the producing agent of record of the policy, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record of the policy to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

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If the producing agent is unwilling or unable to accept

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appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

- (II) If the corporation enters into a contractual agreement for a take-out plan, the producing agent of record of the corporation policy is entitled to retain any unearned commission on the policy, and the insurer shall:
- (A) Pay to the producing agent of record, for the first year, an amount that is the greater of the insurer's usual and customary commission for the type of policy written or a fee equal to the usual and customary commission of the corporation; or
- (B) Offer to allow the producing agent of record to continue servicing the policy for at least 1 year and offer to pay the agent the greater of the insurer's or the corporation's usual and customary commission for the type of policy written.

If the producing agent is unwilling or unable to accept appointment, the new insurer shall pay the agent in accordance with sub-sub-sub-subparagraph (A).

c. For purposes of determining comparable coverage under sub-subparagraphs a. and b., the comparison must be based on those forms and coverages that are reasonably comparable. The corporation may rely on a determination of comparable coverage and premium made by the producing agent who submits the application to the corporation, made in the agent's capacity as the corporation's agent. A comparison may be made solely of the premium with respect to the main building or structure only on the following basis: the same coverage A or other building limits; the same percentage hurricane deductible that applies on

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an annual basis or that applies to each hurricane for commercial residential property; the same percentage of ordinance and law coverage, if the same limit is offered by both the corporation and the authorized insurer; the same mitigation credits, to the extent the same types of credits are offered both by the corporation and the authorized insurer; the same method for loss payment, such as replacement cost or actual cash value, if the same method is offered both by the corporation and the authorized insurer in accordance with underwriting rules; and any other form or coverage that is reasonably comparable as determined by the board. If an application is submitted to the corporation for wind-only coverage in the coastal account, the premium for the corporation's wind-only policy plus the premium for the ex-wind policy that is offered by an authorized insurer to the applicant must be compared to the premium for multiperil coverage offered by an authorized insurer, subject to the standards for comparison specified in this subparagraph. If the corporation or the applicant requests from the authorized insurer a breakdown of the premium of the offer by types of coverage so that a comparison may be made by the corporation or its agent and the authorized insurer refuses or is unable to provide such information, the corporation may treat the offer as not being an offer of coverage from an authorized insurer at the insurer's approved rate.

- 6. Must include rules for classifications of risks and rates.
- 7. Must provide that if premium and investment income for an account attributable to a particular calendar year are in excess of projected losses and expenses for the account

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attributable to that year, such excess shall be held in surplus in the account. Such surplus must be available to defray deficits in that account as to future years and used for that purpose before assessing assessable insurers and assessable insureds as to any calendar year.

- 8. Must provide objective criteria and procedures to be uniformly applied to all applicants in determining whether an individual risk is so hazardous as to be uninsurable. In making this determination and in establishing the criteria and procedures, the following must be considered:
- a. Whether the likelihood of a loss for the individual risk is substantially higher than for other risks of the same class; and
- b. Whether the uncertainty associated with the individual risk is such that an appropriate premium cannot be determined.

The acceptance or rejection of a risk by the corporation shall be construed as the private placement of insurance, and the provisions of chapter 120 do not apply.

- 9. Must provide that the corporation make its best efforts to procure catastrophe reinsurance at reasonable rates, to cover its projected 100-year probable maximum loss as determined by the board of governors.
- 10. The policies issued by the corporation must provide that if the corporation or the market assistance plan obtains an offer from an authorized insurer to cover the risk at its approved rates, the risk is no longer eligible for renewal through the corporation, except as otherwise provided in this subsection.

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- 11. Corporation policies and applications must include a notice that the corporation policy could, under this section, be replaced with a policy issued by an authorized insurer which does not provide coverage identical to the coverage provided by the corporation. The notice must also specify that acceptance of corporation coverage creates a conclusive presumption that the applicant or policyholder is aware of this potential.
- 12. May establish, subject to approval by the office, different eligibility requirements and operational procedures for any line or type of coverage for any specified county or area if the board determines that such changes are justified due to the voluntary market being sufficiently stable and competitive in such area or for such line or type of coverage and that consumers who, in good faith, are unable to obtain insurance through the voluntary market through ordinary methods continue to have access to coverage from the corporation. If coverage is sought in connection with a real property transfer, the requirements and procedures may not provide an effective date of coverage later than the date of the closing of the transfer as established by the transferor, the transferee, and, if applicable, the lender.
- 13. Must provide that, with respect to the coastal account, any assessable insurer with a surplus as to policyholders of \$25 million or less writing 25 percent or more of its total countrywide property insurance premiums in this state may petition the office, within the first 90 days of each calendar year, to qualify as a limited apportionment company. A regular assessment levied by the corporation on a limited apportionment company for a deficit incurred by the corporation for the

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coastal account may be paid to the corporation on a monthly basis as the assessments are collected by the limited apportionment company from its insureds pursuant to s. 627.3512, but the regular assessment must be paid in full within 12 months after being levied by the corporation. A limited apportionment company shall collect from its policyholders any emergency assessment imposed under sub-subparagraph (b) 3.d. The plan must provide that, if the office determines that any regular assessment will result in an impairment of the surplus of a limited apportionment company, the office may direct that all or part of such assessment be deferred as provided in subparagraph (q) 4. However, an emergency assessment to be collected from policyholders under sub-subparagraph (b) 3.d. may not be limited or deferred.

- 14. Must provide that the corporation appoint as its licensed agents only those agents who also hold an appointment as defined in s. 626.015(3) with an insurer who at the time of the agent's initial appointment by the corporation is authorized to write and is actually writing personal lines residential property coverage, commercial residential property coverage, or commercial nonresidential property coverage within the state.
- 15. Must provide a premium payment plan option to its policyholders which, at a minimum, allows for quarterly and semiannual payment of premiums. A monthly payment plan may, but is not required to, be offered.
- 16. Must limit coverage on mobile homes or manufactured homes built before 1994 to actual cash value of the dwelling rather than replacement costs of the dwelling.
 - 17. May provide such limits of coverage as the board



determines, consistent with the requirements of this subsection.

- 18. May require commercial property to meet specified hurricane mitigation construction features as a condition of eligibility for coverage.
- 19. Must provide that new or renewal policies issued by the corporation on or after January 1, 2012, which cover sinkhole loss do not include coverage for any loss to appurtenant structures, driveways, sidewalks, decks, or patios that are directly or indirectly caused by sinkhole activity. The corporation shall exclude such coverage using a notice of coverage change, which may be included with the policy renewal, and not by issuance of a notice of nonrenewal of the excluded coverage upon renewal of the current policy.
- 20. As of January 1, 2012, must require that the agent obtain from an applicant for coverage from the corporation an acknowledgement signed by the applicant, which includes, at a minimum, the following statement:

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ACKNOWLEDGEMENT OF POTENTIAL SURCHARGE AND ASSESSMENT LIABILITY:

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1. AS A POLICYHOLDER OF CITIZENS PROPERTY INSURANCE CORPORATION, I UNDERSTAND THAT IF THE CORPORATION SUSTAINS A DEFICIT AS A RESULT OF HURRICANE LOSSES OR FOR ANY OTHER REASON, MY POLICY COULD BE SUBJECT TO SURCHARGES, WHICH WILL BE DUE AND PAYABLE UPON RENEWAL, CANCELLATION, OR TERMINATION OF THE POLICY, AND THAT THE SURCHARGES COULD BE AS HIGH AS 45 PERCENT OF MY PREMIUM, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.

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- 2. I ALSO UNDERSTAND THAT I MAY BE SUBJECT TO EMERGENCY ASSESSMENTS TO THE SAME EXTENT AS POLICYHOLDERS OF OTHER INSURANCE COMPANIES, OR A DIFFERENT AMOUNT AS IMPOSED BY THE FLORIDA LEGISLATURE.
- 3. I ALSO UNDERSTAND THAT CITIZENS PROPERTY INSURANCE CORPORATION IS NOT SUPPORTED BY THE FULL FAITH AND CREDIT OF THE STATE OF FLORIDA.
- a. The corporation shall maintain, in electronic format or otherwise, a copy of the applicant's signed acknowledgement and provide a copy of the statement to the policyholder as part of the first renewal after the effective date of this subparagraph.
- b. The signed acknowledgement form creates a conclusive presumption that the policyholder understood and accepted his or her potential surcharge and assessment liability as a policyholder of the corporation.
- (ff) In establishing replacement costs for coverage on a dwelling insured by the corporation, the corporation must accept a valuation from any of the following sources and must use the lowest valuation as the insured value of the dwelling, excluding land value, if the valuation was completed within the 12 months before the application or renewal date of coverage:
- 1. A replacement cost valuation software that is specifically designed for use in establishing insurance replacement costs and that includes an itemized calculation of the cost of reconstruction;
- 2. A replacement cost valuation prepared by a real estate appraiser certified or licensed under part II of chapter 475 which is specifically formulated to establish insurance

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replacement cost, rather than market value, and which includes an itemized calculation of the cost of reconstruction; or

3. A replacement cost valuation prepared by a general, building, or residential contractor licensed under s. 489.113, or a professional engineer licensed under s. 471.015, which includes an itemized calculation of the total price of reconstruction.

Section 12. Section 627.6011, Florida Statutes, is created to read:

627.6011 Mandated coverages. - Mandatory health benefits regulated under this chapter which must be covered by an insurer are not intended to apply to the types of health benefit plan listed in s. 627.6561(5)(b)-(e), issued in any market, unless specifically designated otherwise. For purposes of this section, the term "mandatory health benefits" means those benefits set forth in ss. 627.6401-627.64193 and any cross-references to these sections, and any other mandatory treatment or health coverages or benefits enacted on or after July 1, 2012.

Section 13. Paragraph (d) of subsection (3) of section 627.6699, Florida Statutes, is amended to read:

- 627.6699 Employee Health Care Access Act.-
- (3) DEFINITIONS.—As used in this section, the term:
- (d) "Carrier" means a person who provides health benefit plans in this state, including an authorized insurer, a health maintenance organization, a multiple-employer welfare arrangement, or any other person providing a health benefit plan that is subject to insurance regulation in this state. However, the term does not include a multiple-employer welfare arrangement or voluntary employees' beneficiary association, as

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defined under 26 U.S.C. s. 501(c)(9), which multiple-employer welfare arrangement operates solely for the benefit of the members or the members and the employees of such members, is located in this state, and was in existence on January 1, 1992; or an authorized insurer or health maintenance organization that insures the members or the members and the employees of such members of a multiple-employer welfare arrangement or voluntary employees' beneficiary association in existence on January 1, 1992.

Section 14. Subsections (1), (2), (7), and (9) of section 627.7015, Florida Statutes, are amended to read:

627.7015 Alternative procedure for resolution of disputed property insurance claims. -

(1) PURPOSE AND SCOPE.—This section sets forth a nonadversarial alternative dispute resolution procedure for a mediated claim resolution conference prompted by the need for effective, fair, and timely handling of property insurance claims. There is a particular need for an informal, nonthreatening forum for helping parties who elect this procedure to resolve their claims disputes because most homeowner's and commercial residential insurance policies obligate policyholders insureds to participate in a potentially expensive and time-consuming adversarial appraisal process before prior to litigation. The procedure set forth in this section is designed to bring the parties together for a mediated claims settlement conference without any of the trappings or drawbacks of an adversarial process. Before resorting to these procedures, policyholders insureds and insurers are encouraged to resolve claims as quickly and fairly as possible. This

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section is available with respect to claims under personal lines and commercial residential policies before for all claimants and insurers prior to commencing the appraisal process, or before commencing litigation. Mediation may be requested only by the policyholder, as a first-party claimant, or the insurer. If requested by the policyholder insured, participation by legal counsel or any other person having relevant information is shall be permitted. Mediation under this section is also available to litigants referred to the department by a county court or circuit court. This section does not apply to commercial coverages, to private passenger motor vehicle insurance coverages, or to disputes relating to liability coverages in policies of property insurance.

- (2) At the time a first-party claim within the scope of this section is filed by the policyholder, the insurer shall notify the policyholder all first-party claimants of the policyholder's their right to participate in the mediation program under this section. The department shall prepare a consumer information pamphlet for distribution to persons participating in mediation under this section.
- (7) If the insurer fails to comply with subsection (2) by failing to notify a policyholder first-party claimant of the policyholder's its right to participate in the mediation program under this section or if the insurer requests the mediation, and the mediation results are rejected by either party, the policyholder is insured shall not be required to submit to or participate in any contractual loss appraisal process of the property loss damage as a precondition to legal action for breach of contract against the insurer for its failure to pay

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the policyholder's claims covered by the policy.

- (9) For purposes of this section, the term "claim" refers to any dispute between an insurer and a policyholder an insured relating to a material issue of fact other than a dispute:
- (a) With respect to which the insurer has a reasonable basis to suspect fraud;
- (b) Where, based on agreed-upon facts as to the cause of loss, there is no coverage under the policy;
- (c) With respect to which the insurer has a reasonable basis to believe that the policyholder claimant has intentionally made a material misrepresentation of fact which is relevant to the claim, and the entire request for payment of a loss has been denied on the basis of the material misrepresentation; or
- (d) With respect to which the amount in controversy is less than \$500, unless the parties agree to mediate a dispute involving a lesser amount; or
- (e) With respect to a windstorm or hurricane loss that does not comply with s. 627.70132.

Section 15. Subsection (4) of section 627.706, Florida Statutes, is amended to read:

- 627.706 Sinkhole insurance; catastrophic ground cover collapse; definitions.-
- (4) An insurer offering sinkhole coverage to policyholders before or after the adoption of s. 30, chapter 2007-1, Laws of Florida, may renew pursuant to s. 627.43141 or nonrenew the policies of policyholders maintaining sinkhole coverage, at the option of the insurer, and provide an offer of coverage or renewal that includes catastrophic ground cover collapse and

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excludes sinkhole coverage. Insurers acting in accordance with this subsection are subject to the following requirements:

- (a) Policyholders must be notified that the renewal or $\frac{a}{a}$ nonrenewal is for purposes of removing sinkhole coverage, and that the policyholder is being offered a policy that provides coverage for catastrophic ground cover collapse.
- (b) Policyholders must be provided an actuarially reasonable premium credit or discount for the removal of sinkhole coverage and provision of only catastrophic ground cover collapse.
- (c) Subject to the provisions of this subsection and the insurer's approved underwriting or insurability guidelines, the insurer shall provide each policyholder with the opportunity to purchase an endorsement to his or her policy providing sinkhole coverage and may require an inspection of the property before issuance of a sinkhole coverage endorsement.
- (d) Section 624.4305 does not apply to nonrenewal notices issued pursuant to this subsection.

Section 16. Paragraph (e) of subsection (5) of section 627.707, Florida Statutes, is amended, and paragraph (f) is added to that subsection, to read:

- 627.707 Investigation of sinkhole claims; insurer payment; nonrenewals.-Upon receipt of a claim for a sinkhole loss to a covered building, an insurer must meet the following standards in investigating a claim:
- (5) If a sinkhole loss is verified, the insurer shall pay to stabilize the land and building and repair the foundation in accordance with the recommendations of the professional engineer retained pursuant to subsection (2), with notice to the

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policyholder, subject to the coverage and terms of the policy. The insurer shall pay for other repairs to the structure and contents in accordance with the terms of the policy. If a covered building suffers a sinkhole loss or a catastrophic ground cover collapse, the insured must repair such damage or loss in accordance with the insurer's professional engineer's recommended repairs. However, if the insurer's professional engineer determines that the repair cannot be completed within policy limits, the insurer must pay to complete the repairs recommended by the insurer's professional engineer or tender the policy limits to the policyholder.

- (e) Upon the insurer's obtaining the written approval of any lienholder, the insurer may make payment directly to the persons selected by the policyholder to perform the land and building stabilization and foundation repairs. The decision by the insurer to make payment to such persons does not hold the insurer liable for the work performed.
- (f) The policyholder may not accept a rebate from any person performing the repairs specified in this section. If a policyholder does receive a rebate, coverage is void and the policyholder must refund the amount of the rebate to the insurer. Any person making the repairs specified in this section who offers a rebate commits insurance fraud punishable as a third-degree third degree felony as provided in s. 775.082, s. 775.083, or s. 775.084. As used in this paragraph, the term "rebate" means a remuneration, payment, gift, discount, or transfer of any item of value to the policyholder by or on behalf of a person performing the repairs specified in this section as an incentive or inducement to obtain repairs



performed by that person.

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Section 17. Section 627.7405, Florida Statutes, is amended to read:

627.7405 Insurers' right of reimbursement.-

- (1) Notwithstanding any other provisions of ss. 627.730-627.7405, any insurer providing personal injury protection benefits on a private passenger motor vehicle shall have, to the extent of any personal injury protection benefits paid to any person as a benefit arising out of such private passenger motor vehicle insurance, a right of reimbursement against the owner or the insurer of the owner of a commercial motor vehicle, if the benefits paid result from such person having been an occupant of the commercial motor vehicle or having been struck by the commercial motor vehicle while not an occupant of any selfpropelled vehicle.
- (2) For purposes of this section, an owner or registrant identified in s. 627.733(1)(b) is not liable for a right of reimbursement.

Section 18. Effective upon this act becoming a law, section 628.901, Florida Statutes, is amended to read:

- 628.901 Definitions "Captive insurer" defined.—As used in For the purposes of this part, the term: except as provided in s. 628.903, a "captive insurer" is a domestic insurer established under part I to insure the risks of a specific corporation or group of corporations under common ownership owned by the corporation or corporations from which it accepts risk under a contract of insurance.
- (1) "Affiliated company" means a company in the same corporate system as a parent, an industrial insured, or a member

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organization by virtue of common ownership, control, operation, or management.

- (2) "Captive insurance company" means a domestic insurer established under this part. A captive insurance company includes a pure captive insurance company, special purpose captive insurance company, or industrial insured captive insurance company formed and licensed under this part.
- (3) "Captive reinsurance company" means a reinsurance company that is formed and licensed under this part and is wholly owned by a qualifying reinsurance parent company. A captive reinsurance company is a stock corporation and may not directly insure risks. A captive reinsurance company may reinsure only risks.
- (4) "Consolidated debt to total capital ratio" means the ratio of the sum of all debts and hybrid capital instruments as described in paragraph (a) to total capital as described in paragraph (b).
- (a) Debts and hybrid capital instruments include, but are not limited to, all borrowings from banks, all senior debt, all subordinated debts, all trust preferred shares, and all other hybrid capital instruments that are not included in the determination of consolidated GAAP net worth issued and outstanding.
- (b) Total capital consists of all debts and hybrid capital instruments as described in paragraph (a) plus owners' equity determined in accordance with GAAP for reporting to the United States Securities and Exchange Commission.
- (5) "Consolidated GAAP net worth" means the consolidated owners' equity determined in accordance with generally accepted

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1115 accounting principles for reporting to the United States Securities and Exchange Commission. 1116

- (6) "Controlled unaffiliated business" means a company:
- (a) That is not in the corporate system of a parent and affiliated companies;
 - (b) That has an existing contractual relationship with a parent or affiliated company; and
 - (c) Whose risks are managed by a captive insurance company in accordance with s. 628.919.
 - (7) "GAAP" means generally accepted accounting principles.
 - (8) "Industrial insured" means an insured that:
 - (a) Has gross assets in excess of \$50 million;
 - (b) Procures insurance through the use of a full-time employee of the insured who acts as an insurance manager or buyer or through the services of a person licensed as a property and casualty insurance agent, broker, or consultant in such person's state of domicile;
 - (c) Has at least 100 full-time employees; and
 - (d) Pays annual premiums of at least \$200,000 for each line of insurance purchased from the industrial insured captive insurer or at least \$75,000 for any line of coverage in excess of at least \$25 million in the annual aggregate. The purchase of umbrella or general liability coverage in excess of \$25 million in the annual aggregate shall be deemed to be the purchase of a single line of insurance.
 - (9) "Industrial insured captive insurance company" means a captive insurance company that provides insurance only to the industrial insureds that are its stockholders or members, and affiliates thereof, or to the stockholders, and affiliates

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thereof, of its parent corporation. An industrial insured captive insurance company can also provide reinsurance to insurers only on risks written by such insurers for the industrial insureds that are the stockholders or members, and affiliates thereof, of the industrial insured captive insurer, or the stockholders, and affiliates thereof, of the parent corporation of the industrial insured captive insurer.

- (10) "Office" means the Office of Insurance Regulation.
- (11) "Parent" means any corporation, limited liability company, partnership, or individual that directly or indirectly owns, controls, or holds with power to vote more than 50 percent of the outstanding voting interests of a captive insurance company.
- (12) "Pure captive insurance company" means a company that insures risks of its parent, affiliated companies, controlled unaffiliated businesses, or a combination thereof.
- (13) "Qualifying reinsurer parent company" means a reinsurer which currently holds a certificate of authority, letter of eligibility or is an accredited or a satisfactory nonapproved reinsurer in this state possessing a consolidated GAAP net worth of at least \$500 million and a consolidated debt to total capital ratio of not greater than 0.50.
- (14) "Special purpose captive insurance company" means a captive insurance company that is formed or licensed under this chapter that does not meet the definition of any other type of captive insurance company defined in this section.
- (15) "Treasury rates" means the United States Treasury STRIPS asked yield as published in the Wall Street Journal as of a balance sheet date.

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Section 19. Effective upon this act becoming a law, section 628.903, Florida Statutes, is repealed.

Section 20. Effective upon this act becoming a law, section 628.905, Florida Statutes, is amended to read:

628.905 Licensing; authority.-

- (1) A Any captive insurer, if when permitted by its charter or articles of incorporation, may apply to the office for a license to do any and all insurance authorized under the insurance code, provide commercial property, commercial casualty, and commercial marine insurance coverage other than workers' compensation and employer's liability, life, health, personal motor vehicle, and personal residential property insurance coverage, except that: an industrial insured captive insurer may apply for a license to provide workers' compensation and employer's liability insurance as set forth in subsection (6).
- (a) A pure captive insurance company may not insure any risks other than those of its parent, affiliated companies, controlled unaffiliated businesses, or a combination thereof.
- (b) An industrial insured captive insurance company may not insure any risks other than those of the industrial insureds that comprise the industrial insured group and their affiliated companies.
- (c) A special purpose captive insurance company may insure only the risks of its parent.
- (d) A captive insurance company may not accept or cede reinsurance except as provided in this part.
- (2) To conduct insurance business in this state, a No captive insurer, other than an industrial insured captive

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insurer must:, shall insure or accept reinsurance on any risks other than those of its parent and affiliated companies.

- (a) Obtain from the office a license authorizing it to conduct insurance business in this state;
- (b) Hold at least one board of directors' meeting each year in this state;
- (c) Maintain its principal place of business in this state; and
- (d) Appoint a resident registered agent to accept service of process and to otherwise act on its behalf in this state. In the case of a captive insurance company formed as a corporation or a nonprofit corporation, if the registered agent cannot with reasonable diligence be found at the registered office of the captive insurance company, the Chief Financial Officer of this state must be an agent of the captive insurance company upon whom any process, notice, or demand may be served.
- (3) Before receiving a license, a captive insurance company formed as a corporation or a nonprofit corporation must file with the office a certified copy of its articles of incorporation and bylaws, a statement under oath of its president and secretary showing its financial condition, and any other statements or documents required by the office. In addition, an applicant captive insurance company must file with the office evidence of:
- (a) The amount and liquidity of the proposed captive insurance company's assets relative to the risks to be assumed;
- (b) The adequacy of the expertise, experience, and character of the person or persons who will manage the company;
 - (c) The overall soundness of the company's plan of



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- (d) The adequacy of the loss prevention programs of the company's parent, member organizations, or industrial insureds, as applicable; and
- (e) Any other factors considered relevant by the office in ascertaining whether the company will be able to meet its policy obligations. In addition to information otherwise required by this code, each applicant captive insurer shall file with the office evidence of the adequacy of the loss prevention program of its insureds.
- (4) A captive insurance company or captive reinsurance company must pay to the office a nonrefundable fee of \$1,500 for processing its application for license.
- (a) A captive insurance company or captive reinsurance company must also pay an annual renewal fee of \$1,000.
- (b) The office may charge a fee of \$5 for any document requiring certification of authenticity or the signature of the commissioner or his or her designee. An industrial insured captive insurer need not be incorporated in this state if it has been validly incorporated under the laws of another jurisdiction.
- (5) If the commissioner is satisfied that the documents and statements filed by the captive insurance company comply with this chapter, the commissioner may grant a license authorizing the company to conduct insurance business in this state until the next succeeding March 1, at which time the license may be renewed. An industrial insured captive insurer is subject to all provisions of this part except as otherwise indicated.
 - (6) Upon approval of the office, a foreign or alien captive

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insurance company may become a domestic captive insurance company by complying with all of the requirements of law relative to the organization and licensing of a domestic captive insurance company of the same or equivalent type in this state and by filing with the Secretary of State its charter or other organizational documents, together with any appropriate amendments that have been adopted in accordance with the laws of this state to bring the charter or other organizational documents into compliance with the laws of this state, along with a certificate of good standing issued by the office. The captive insurance company is then entitled to the necessary or appropriate certificates and licenses to continue transacting business in this state and is subject to the authority and jurisdiction of this state. In connection with this redomestication, the office may waive any requirements for public hearings. It is not necessary for a captive insurance company redomesticating into this state to merge, consolidate, transfer assets, or otherwise engage in any other reorganization, other than as specified in this section. An industrial insured captive insurer may not provide workers' compensation and employer's liability insurance except in excess of at least \$25 million in the annual aggregate.

(7) An industrial insured captive insurance company need not be incorporated in this state if it has been validly incorporated under the laws of another jurisdiction.

Section 21. Effective upon this act becoming a law, section 628.906, Florida Statutes, is created to read:

628.906 Application requirements; restrictions on eligibility of officers and directors.-

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(1) To evidence competence and trustworthiness of its officers and directors, the application for a license to act as a captive insurance company or captive reinsurance company shall include, but not be limited to, background investigations, biographical affidavits, and fingerprint cards for all officers and directors. Fingerprints must be taken by a law enforcement agency or other entity approved by the office, be accompanied by the fingerprint processing fee specified in s. 624.501, and processed in accordance with s. 624.34.

(2) The office may deny, suspend, or revoke the license to transact captive insurance or captive reinsurance in this state if any person who was an officer or director of an insurer, reinsurer, captive insurance company, captive reinsurance company, financial institution, or financial services business doing business in the United States, any state, or under the law of any other country and who served in that capacity within the 2-year period prior to the date the insurer, reinsurer, captive insurance company, captive reinsurance company, financial institution, or financial services business became insolvent, serves as an officer or director of a captive insurance company or officer or director of a captive reinsurance company licensed in this state unless the officer or director demonstrates that his or her personal actions or omissions were not a contributing cause to the insolvency or unless the officer or director is immediately removed from the captive insurance company or captive reinsurance company.

(3) The office may deny, suspend, or revoke the license to transact insurance or reinsurance in this state of a captive insurance company or captive reinsurance company if any officer

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or director, any stockholder that owns 10 percent or more of the outstanding voting securities of the captive insurance company or captive reinsurance company, or incorporator has been found guilty of, or has pleaded guilty or nolo contendere to, any felony or crime involving moral turpitude, including a crime of dishonesty or breach of trust, punishable by imprisonment of 1 year or more under the law of the United States or any state thereof or under the law of any other country without regard to whether a judgment of conviction has been entered by the court having jurisdiction in such case. However, in the case of a captive insurance company or captive reinsurance company operating under a subsisting license, the captive insurance company or captive reinsurance company shall remove any such person immediately upon discovery of the conditions set forth in this subsection when applicable to such person or upon the order of the office, and the failure to so act shall be grounds for revocation or suspension of the captive insurance company's or captive reinsurance company's license.

Section 22. Effective upon this act becoming a law, section 628.907, Florida Statutes, is amended to read:

628.907 Minimum capital and net assets requirements; restriction on payment of dividends surplus.-

- (1) A $\frac{1}{100}$ captive insurer may not $\frac{1}{100}$ be issued a license unless it possesses and thereafter maintains:
 - (1) unimpaired paid-in capital of:
- 1343 (a) In the case of a pure captive insurance company, at 1344 least \$100,000. \$500,000; and
 - (b) In the case of an industrial insured captive insurance company incorporated as a stock insurer, at least \$200,000.

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- (c) In the case of a special purpose captive insurance company, an amount determined by the office after giving due consideration to the company's business plan, feasibility study, and pro forma financial statements and projections, including the nature of the risks to be insured.
- (2) The office may not issue a license to a captive insurance company incorporated as a nonprofit corporation unless the company possesses and maintains unrestricted net assets of:
- (a) In the case of a pure captive insurance company, Unimpaired surplus of at least \$250,000.
- (b) In the case of a special purpose captive insurance company, an amount determined by the office after giving due consideration to the company's business plan, feasibility study, and pro forma financial statements and projections, including the nature of the risks to be insured.
- (3) Contributions to a captive insurance company incorporated as a nonprofit corporation must be in the form of cash, cash equivalent, or an irrevocable letter of credit issued by a bank chartered by this state or a member bank of the Federal Reserve System with a branch office in this state, or as approved by the office.
- (4) For purposes of this section, the office may issue a license expressly conditioned upon the captive insurance company providing to the office satisfactory evidence of possession of the minimum required unimpaired paid-in capital. Until this evidence is provided, the captive insurance company may not issue any policy, assume any liability, or otherwise provide coverage. The office may revoke the conditional license if satisfactory evidence of the required capital is not provided



within a maximum period of time, not to exceed 1 year, to be established by the office at the time the conditional license is issued.

- (5) The office may prescribe additional capital or net assets based upon the type, volume, and nature of insurance business transacted. Contributions in connection with these prescribed additional net assets or capital must be in the form of:
 - (a) Cash;

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- (b) Cash equivalent;
- (c) An irrevocable letter of credit issued by a bank chartered by this state or a member bank of the Federal Reserve System with a branch office in this state, or as approved by the office; or
- (d) Securities invested as provided in part II of chapter 625.
- (6) A captive insurance company may not pay a dividend out of, or other distribution with respect to, capital or surplus in excess of the limitations set forth in this chapter without the prior approval of the office. Approval of an ongoing plan for the payment of dividends or other distributions must be conditioned upon the retention, at the time of each payment, of capital or surplus in excess of amounts specified by, or determined in accordance with formulas approved by, the office.
- (7) An irrevocable letter of credit that is issued by a financial institution other than a bank chartered by this state or a member bank of the Federal Reserve System must meet the same standards as an irrevocable letter of credit that has been issued by a bank chartered by this state or a member bank of the



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Section 23. Effective upon this act becoming a law, section 628.908, Florida Statutes, is created to read:

628.908 Surplus requirements; restriction on payment of dividends.-

- (1) The office may not issue a license to a captive insurance company unless the company possesses and maintains unimpaired surplus of:
- (a) In the case of a pure captive insurance company, at least \$150,000.
- (b) In the case of an industrial insured captive insurance company incorporated as a stock insurer, at least \$300,000.
- (c) In the case of an industrial insured captive insurance company incorporated as a mutual insurer, at least \$500,000.
- (d) In the case of a special purpose captive insurance company, an amount determined by the office after giving due consideration to the company's business plan, feasibility study, and pro forma financial statements and projections, including the nature of the risks to be insured.
- (2) For purposes of this section, the office may issue a license expressly conditioned upon the captive insurance company providing to the office satisfactory evidence of possession of the minimum required unimpaired surplus. Until this evidence is provided, the captive insurance company may not issue any policy, assume any liability, or otherwise provide coverage. The office may revoke the conditional license if satisfactory evidence of the required surplus is not provided within a maximum period of time, not to exceed 1 year, to be established by the office at the time the conditional license is issued.

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(3) A captive insurance company may not pay a dividend out of, or other distribution with respect to, capital or surplus in excess of the limitations set forth in this chapter without the prior approval of the office. Approval of an ongoing plan for the payment of dividends or other distribution must be conditioned upon the retention, at the time of each payment, of capital or surplus in excess of amounts specified by, or determined in accordance with formulas approved by, the office.

(4) An irrevocable letter of credit that is issued by a financial institution other than a bank chartered by this state or a member bank of the Federal Reserve System must meet the same standards as an irrevocable letter of credit that has been issued by a bank chartered by this state or a member bank of the Federal Reserve System.

Section 24. Effective upon this act becoming a law, section 628.909, Florida Statutes, is amended to read:

628.909 Applicability of other laws.-

- (1) The Florida Insurance Code does shall not apply to captive insurers or industrial insured captive insurers except as provided in this part and subsections (2) and (3).
- (2) The following provisions of the Florida Insurance Code shall apply to captive insurers who are not industrial insured captive insurers to the extent that such provisions are not inconsistent with this part:
- (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085, 624.40851, 624.4095, 624.425, and 624.426.
 - (b) Chapter 625, part II.
 - (c) Chapter 626, part IX.
 - (d) Sections 627.730-627.7405, when no-fault coverage is



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- (e) Chapter 628.
- (3) The following provisions of the Florida Insurance Code shall apply to industrial insured captive insurers to the extent that such provisions are not inconsistent with this part:
- (a) Chapter 624, except for ss. 624.407, 624.408, 624.4085, 624.40851, 624.4095, 624.425, 624.426, and 624.609(1).
- (b) Chapter 625, part II, if the industrial insured captive insurer is incorporated in this state.
 - (c) Chapter 626, part IX.
- (d) Sections 627.730-627.7405 when no-fault coverage is provided.
- (e) Chapter 628, except for ss. 628.341, 628.351, and 628,6018.
 - Section 25. Effective upon this act becoming a law, section 628.910, Florida Statutes, is created to read:
 - 628.910 Incorporation options and requirements.-
 - (1) A pure captive insurance company may be:
 - (a) Incorporated as a stock insurer with its capital divided into shares and held by the stockholders; or
 - (b) Incorporated as a public benefit, mutual benefit, or religious nonprofit corporation with members in accordance with the Florida Not For Profit Corporation Act.
 - (2) An industrial insured captive insurance company may be:
 - (a) Incorporated as a stock insurer with its capital divided into shares and held by the stockholders; or
 - (b) Incorporated as a mutual insurer without capital stock, the governing body of which is elected by its members.
 - (3) A captive insurance company may not have fewer than

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three incorporators of whom not fewer than two must be residents of this state.

- (4) In the case of a captive insurance company formed as a corporation or a nonprofit corporation, before the articles of incorporation are transmitted to the Secretary of State, the incorporators shall file the articles of incorporation in triplicate with the office. The office shall promptly examine the articles of incorporation. If it finds that the articles of incorporation conform to law, it shall endorse its approval on each of the triplicate originals of the articles of incorporation, retain one copy for its files, and return the remaining copies to the incorporators for filing with the Department of State.
- (5) The articles of incorporation, the certificate issued pursuant to this section, and the organization fees required by the Florida Business Corporation Act or the Florida Not For Profit Corporation Act, as applicable, must be transmitted to the Secretary of State, who must record the articles of incorporation and the certificate.
- (6) The capital stock of a captive insurance company incorporated as a stock insurer must be issued at par value of not less than \$1 or more than \$100 per share.
- (7) In the case of a captive insurance company formed as a corporation or a nonprofit corporation, at least one of the members of the board of directors of a captive insurance company incorporated in this state must be a resident of this state.
- (8) A captive insurance company formed as a corporation or a nonprofit corporation, pursuant to the provisions of this chapter, has the privileges and is subject to the provisions of

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the general corporation law, including the Florida Not For Profit Corporation Act for nonprofit corporations, as applicable, as well as the applicable provisions contained in this chapter. If a conflict occurs between a provision of the general corporation law, including the Florida Not For Profit Corporation Act for nonprofit corporations, as applicable, and a provision of this chapter, the latter controls. The provisions of this title pertaining to mergers, consolidations, conversions, mutualizations, and redomestications apply in determining the procedures to be followed by a captive insurance company in carrying out any of the transactions described in such provisions, except that the office may waive or modify the requirements for public notice and hearing in accordance with rules the office may adopt addressing categories of transactions. If a notice of public hearing is required, but no one requests a hearing, the office may cancel the hearing.

(9) The articles of incorporation or bylaws of a captive insurance company may authorize a quorum of a board of directors to consist of no fewer than one-third of the fixed or prescribed number of directors as provided for by the Florida Business Corporation Act or the Florida Not For Profit Corporation Act.

Section 26. Effective upon this act becoming a law, section 628.911, Florida Statutes, is amended to read:

628.911 Reports and statements.-

- (1) A captive insurance company may insurer shall not be required to make any annual report except as provided in this part section.
- (2) Annually no later than March 1, a captive insurance company or a captive reinsurance company insurer shall, within

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60 days after the end of its fiscal year and as often as the office may deem necessary, submit to the office a report of its financial condition verified by oath of two of its executive officers. Except as provided in this part, a captive insurance company or a captive reinsurance company must report using generally accepted accounting principles, unless the office approves the use of statutory accounting principles, with useful or necessary modifications or adaptations required or approved or accepted by the office for the type of insurance and kinds of insurers to be reported upon, and as supplemented by additional information required by the office. The Financial Services Commission may adopt by rule the form in which captive insurance companies insurers shall report.

(3) A captive insurance company may make written application for filing the required report on a fiscal year end that is consistent with the parent company's fiscal year. If an alternative reporting date is granted, the annual report is due 60 days after the fiscal year end.

Section 27. Effective upon this act becoming a law, section 628.912, Florida Statutes, is created to read:

628.912 Discounting of loss and loss adjustment expense reserves.-

- (1) A captive reinsurance company may discount its loss and loss adjustment expense reserves at treasury rates applied to the applicable payments projected through the use of the expected payment pattern associated with the reserves.
- (2) A captive reinsurance company must file annually an actuarial opinion on loss and loss adjustment expense reserves provided by an independent actuary. The actuary may not be an



1579 employee of the captive reinsurance company or its affiliates. 1580 (3) The office may disallow the discounting of reserves if 1581 a captive reinsurance company violates a provision of this part. 1582 Section 28. Effective upon this act becoming a law, section 1583 628.913, Florida Statutes, is amended to read: 1584 (Substantial rewording of section. See 1585 s. 628.913, F.S., for present text.) 1586 628.913 Captive reinsurance companies. (1) A captive reinsurance company, if permitted by its 1587 articles of incorporation or charter, may apply to the office 1588 1589 for a license to write reinsurance covering property and 1590 casualty insurance or reinsurance contracts. A captive 1591 reinsurance company authorized by the office may write 1592 reinsurance contracts covering risks in any state; however, a 1593 captive reinsurance company authorized by the office may not 1594 directly insure risks. 1595 (2) To conduct business in this state, a captive 1596 reinsurance company must: 1597 (a) Obtain from the office a license authorizing it to 1598 conduct business as a captive reinsurance company in this state; 1599 (b) Hold at least one board of directors' meeting each year 1600 in this state; 1601 (c) Maintain its principal place of business in this state; 1602 and 1603 (d) Appoint a registered agent to accept service of process 1604 and act otherwise on its behalf in this state. (3) Before receiving a license, a captive reinsurance 1605 1606 company must file with the office:

(a) A certified copy of its charter and bylaws;

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1608 (b) A statement under oath of its president and secretary 1609 showing its financial condition; and 1610 (c) Other documents required by the office. 1611 (4) In addition to the information required by this 1612 section, the captive reinsurance company must file with the 1613 office evidence of: 1614 (a) The amount and liquidity of the captive reinsurance 1615 company's assets relative to the risks to be assumed; 1616 (b) The adequacy of the expertise, experience, and 1617 character of the person who manages the company; 1618 (c) The overall soundness of the company's plan of 1619 operation; and 1620 (d) Other overall factors considered relevant by the office 1621 in ascertaining if the company would be able to meet its policy 1622 obligations. 1623 Section 29. Effective upon this act becoming a law, section 1624 628.914, Florida Statutes, is created to read: 1625 628.914 Minimum capitalization or reserves for captive 1626 reinsurance companies.-1627 (1) The office may not issue a license to a captive 1628 reinsurance company unless the company possesses and maintains 1629 capital or unimpaired surplus of at least the greater of \$300 1630 million or 10 percent of reserves. The surplus may be in the 1631 form of cash or securities as permitted by part II of chapter 1632 625. 1633 (2) The office may prescribe additional capital or surplus based upon the type, volume, and nature of the insurance 1634 1635 business transacted.

(3) A captive reinsurance company may not pay a dividend

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out of, or other distribution with respect to, capital or surplus in excess of the limitations without the prior approval of the office. Approval of an ongoing plan for the payment of dividends or other distributions must be conditioned upon the retention, at the time of each payment, of capital or surplus in excess of amounts specified by, or determined in accordance with formulas approved by, the office.

Section 30. Effective upon this act becoming a law, section 628.9141, Florida Statutes, is created to read:

- 628.9141 Incorporation of a captive reinsurance company.-
- (1) A captive reinsurance company must be incorporated as a stock insurer with its capital divided into shares and held by its shareholders.
- (2) A captive reinsurance company may not have fewer than three incorporators of whom at least two must be residents of this state.
- (3) Before the articles of incorporation are transmitted to the Secretary of State, the incorporators must comply with all the requirements of s. 628.091.
- (4) The capital stock of a captive reinsurance company must be issued at par value of not less than \$1 or more than \$100 per share.
- (5) At least one of the members of the board of directors of a captive reinsurance company incorporated in this state must be a resident of this state.
- Section 31. Effective upon this act becoming a law, section 628.9142, Florida Statutes, is created to read:
 - 628.9142 Reinsurance; effect on reserves.-
 - (1) A captive insurance company may provide reinsurance, as

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authorized in this part, on risks ceded by any other insurer.

(2) A captive insurance company may take credit for reserves on risks or portions of risks ceded to authorized insurers or reinsurers and unauthorized insurers or reinsurers complying with s. 624.610. A captive insurer may not take credit for reserves on risks or portions of risks ceded to an unauthorized insurer or reinsurer if the insurer or reinsurer is not in compliance with s. 624.610.

Section 32. Effective upon this act becoming a law, section 628.918, Florida Statutes, is created to read:

628.918 Management of assets of captive reinsurance company.—At least 35 percent of the assets of a captive reinsurance company must be managed by an asset manager domiciled in this state.

Section 33. Effective upon this act becoming a law, section 628.919, Florida Statutes, is created to read:

628.919 Standards to ensure risk management control by parent company. - The Financial Services Commission shall adopt rules establishing standards to ensure that a parent or affiliated company is able to exercise control of the risk management function of any controlled unaffiliated business to be insured by the pure captive insurance company.

Section 34. Effective upon this act becoming a law, section 628.920, Florida Statutes, is created to read:

628.920 Eligibility of licensed captive insurance company for certificate of authority to act as insurer.—A licensed captive insurance company that meets the necessary requirements of this part imposed upon an insurer must be considered for issuance of a certificate of authority to act as an insurer in



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Section 35. Section 631.271, Florida Statutes, is amended to read:

631.271 Priority of claims.-

- (1) The priority of distribution of claims from the insurer's estate shall be in accordance with the order in which each class of claims is set forth in this subsection. Every claim in each class shall be paid in full or adequate funds shall be retained for such payment before the members of the next class may receive any payment. No subclasses may be established within any class. The order of distribution of claims shall be:
 - (a) Class 1.—
- 1. All of the receiver's costs and expenses of administration.
- 2. All of the expenses of a guaranty association or foreign guaranty association in handling claims.
- (b) Class 2.—All claims under policies for losses incurred, including third-party claims, all claims against the insurer for liability for bodily injury or for injury to or destruction of tangible property which claims are not under policies, and all claims of a quaranty association or foreign quaranty association. All claims under life insurance and annuity policies, whether for death proceeds, annuity proceeds, or investment values, shall be treated as loss claims. That portion of any loss, indemnification for which is provided by other benefits or advantages recovered by the claimant, may not be included in this class, other than benefits or advantages recovered or recoverable in discharge of familial obligations of

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support or by way of succession at death or as proceeds of life insurance, or as gratuities. No payment by an employer to her or his employee may be treated as a gratuity.

- (c) Class 3.—Claims under nonassessable policies for unearned premiums or premium refunds.
 - (d) Class 4.—Claims of the Federal Government.
- (e) Class 5.—Debts due to employees for services performed, to the extent that the debts do not exceed \$2,000 for each employee and represent payment for services performed within 6 months before the filing of the petition for liquidation. Officers and directors are not entitled to the benefit of this priority. This priority is in lieu of any other similar priority that is authorized by law as to wages or compensation of employees.
 - (f) Class 6.—Claims of general creditors.
- (g) Class 7.—Claims of any state or local government. Claims, including those of any state or local government for a penalty or forfeiture, shall be allowed in this class, but only to the extent of the pecuniary loss sustained from the act, transaction, or proceeding out of which the penalty or forfeiture arose, with reasonable and actual costs occasioned thereby. The remainder of such claims shall be postponed to the class of claims under paragraph (k) $\frac{(i)}{(i)}$.
- (h) Class 8.—Claims filed after the time specified in s. 631.181(3), except when ordered otherwise by the court to prevent manifest injustice, or any claims other than claims under paragraph (i) or under paragraph (k) (j).
- (i) Class 9.—Surplus or contribution notes, or similar obligations, and premium refunds on assessable policies.



Payments to members of domestic mutual insurance companies shall be limited in accordance with law.

- (j) Class 10.—Interest on allowed claims of Classes 1 through 9, according to the terms of a plan to pay interest on allowed claims proposed by the liquidator and approved by the receivership court.
 - (k) Class 11.—The claims of shareholders or other owners.
- (2) In a liquidation proceeding involving one or more reciprocal states, the order of distribution of the domiciliary state shall control as to all claims of residents of this and reciprocal states. All claims of residents of reciprocal states shall be given equal priority of payment from general assets regardless of where such assets are located.

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Between lines 936 and 937

1768 insert:

> Section 16. If CS for SB 578 or similar legislation is adopted in the same legislative session or an extension thereof and becomes law, a surplus lines insurer removing policies from the Citizens Property Insurance Corporation must, pursuant to s. 627.351(6)(q)3.d.(II)(B), Florida Statutes, maintain an A.M. Best Financial Strength Rating of A- or better or, in the alternative, a Demotech Financial Stability Rating of A or better.

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1778 ======= T I T L E A M E N D M E N T =========

1779 And the title is amended as follows:

Delete line 5 1780

1781 and insert:



that cannot be legally operated on roads, highways, or streets; amending s. 624.402, F.S.; revising a provision exempting alien insurers from the requirement to obtain a certificate of authority; revising the definition of the term "nonresident"; providing that a life insurance policy or annuity contract may be issued by an insurer domiciled outside the United States under certain conditions; specifying the terms and conditions that must be satisfied before an alien insured may issue a policy or contract; authorizing the Office of Insurance Regulation to conduct an examination of an alien insurer if the office has reason to believe that the insurer is insolvent or is in unsound financial condition; providing that an alien insurer issuing policies or contracts in this state is subject to the Unfair Insurance Trade Practices Act; providing that policies and contracts issued pursuant to the act are not subject to the premium tax; requiring that an application for a life insurance policy or an annuity contract contain certain specified statements to protect consumers;

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Delete lines 18 - 20

and insert: 1806

circumstances; creating s. 626.8675, F.S.; providing

1808 that

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1810 Delete line 24



1811 and insert: 1812 electronics insurance claims; amending s. 626.9201, 1813 F.S.; clarifying the definition of the term "licensed insurer" or "insurer"; amending s. 626.9201, F.S.; 1814 1815 providing certain exceptions to the notice of 1816 cancellation or nonrenewal requirements; amending s. 1817 626.9541, F.S.; including knowingly altered property 1818 and casualty certificates of insurance to the list of 1819 unfair or deceptive acts or practices; amending s. 1820 627.351, 1821 1822 Delete line 27 and insert: 1823 1824 company; requiring the corporation to offer certain 1825 types of basic personal lines policy; providing 1826 valuation criteria for establishing replacement costs 1827 for coverage on a dwelling issued by the corporation; 1828 creating s. 627.6011, F.S.; providing that 1829 1830 Delete line 29 1831 and insert: 1832 benefit plans; amending s. 627.6699, F.S.; revising the definition of "carrier"; amending s. 627.7015, 1833 1834 F.S.; revising 1835 1836 Between lines 31 and 32 1837 insert: amending s. 627.706, F.S.; providing criteria for the 1838 1839 renewal of sinkhole insurance; amending s. 627.707,



F.S.; defining the term "rebate";

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1842 Delete line 37

1843 and insert:

> protection benefits; amending s. 627.7405, F.S.; providing that certain owners or registrants are not liable for an insurers' right of reimbursement; amending s. 628.901, F.S.; providing definitions; repealing s. 628.903, F.S., relating to the definition of the term "industrial insured captive insurer"; amending s. 628.905, F.S.; expanding the kinds of insurance for which a captive insurer may seek licensure; limiting the risks that certain captive insurers may insure; specifying requirements and conditions relating to a captive insurer's authority to conduct business; requiring that before licensure certain captive insurers must file or submit to the Office of Insurance Regulation specified information, documents, and statements; requiring a captive insurance company to file specific evidence with the office relating to the financial condition and quality of management and operations of the company; specifying certain fees to be paid by captive insurance companies; authorizing a foreign or alien captive insurance company to become a domestic captive insurance company by complying with specified requirements; authorizing the office to waive any requirements for public hearings relating to the redomestication of an alien captive insurance company;

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creating s. 628.906, F.S.; requiring biographical affidavits, background investigations, and fingerprint cards for all officers and directors; providing restrictions on officers and directors involved with insolvent insurers under certain conditions; providing restrictions on officers and directors that are found quilty of, or have pleaded guilty or nolo contendere to, any felony or crime involving moral turpitude, including a crime of dishonesty or breach of trust; amending s. 628.907, F.S.; revising capitalization requirements for specified captive insurance companies; requiring capital of specified captive insurance companies to be held in certain forms; requiring contributions to captive insurance companies that are stock insurer corporations to be in a certain form; authorizing the office to issue a captive insurance company license conditioned upon certain evidence relating to possession of specified capital; authorizing revocation of a conditional license under certain circumstances; authorizing the office to prescribe certain additional capital and net asset requirements; requiring such additional requirements relating to capital and net assets to be held in specified forms; requiring dividends or distributions of capital or surplus to meet certain conditions and be approved by the office; requiring certain irrevocable letters of credit to meet certain standards; creating s. 628.908, F.S.; prohibiting the issuance of a license to specified captive insurance

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companies unless such companies possess and maintain certain levels of unimpaired surplus; authorizing the office to condition issuance of a captive insurance company license upon the provision of certain evidence relating to the possession of a minimum amount of unimpaired surplus; authorizing revocation of a conditional license under certain circumstances; requiring dividends or distributions of capital or surplus to meet certain conditions and be approved by the office; requiring certain irrevocable letters of credit to meet certain standards; amending s. 628.909, F.S.; providing for applicability of certain statutory provisions to specified captive insurers; creating s. 628.910, F.S.; providing requirements, options, and conditions relating to how a captive insurance company may be incorporated or organized as a business; amending s. 628.911, F.S.; providing reporting requirements for specified captive insurance companies and captive reinsurance companies; creating s. 628.912, F.S.; authorizing a captive reinsurance company to discount specified losses subject to certain conditions; amending s. 628.913, F.S.; authorizing a captive reinsurance company to apply to the office for licensure to write reinsurance covering property and casualty insurance or reinsurance contracts; authorizing the office to allow a captive reinsurance company to write reinsurance contracts covering risks in any state; specifying that a captive reinsurance company is subject to specified

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requirements and must meet specified conditions in order to conduct business in this state; creating s. 628.914, F.S.; specifying requirements and conditions relating to the capitalization or maintenance of reserves by a captive reinsurance company; creating s. 628.9141, F.S.; specifying requirements and conditions relating to the incorporation of a captive reinsurance company; creating s. 628.9142, F.S.; providing for the effect on reserves of certain actions taken by a captive insurance company relating to providing reinsurance for specified risks; creating s. 628.918, F.S.; requiring a specified percentage of a captive reinsurance company's assets to be managed by an asset manager domiciled in this state; creating s. 628.919, F.S.; authorizing the Financial Services Commission to adopt rules establishing certain standards for control of an unaffiliated business by a parent or affiliated company relating to coverage by a pure captive insurance company; creating s. 628.920, F.S.; requiring that a licensed captive insurance company must be considered for issuance of a certificate of authority as an insurer under certain circumstances; amending s. 631.271, F.S.; providing for the order of distribution for interest on allowed claims; providing that if CS for SB 578 or similar legislation becomes law, a surplus lines insurer removing policies from the Citizens Property Insurance Corporation must maintain a certain financial rating; providing effective dates.