A bill to be entitled

An act relating to the Florida Insurance Guaranty Association; amending s. 631.52, F.S.; revising the list of kinds of insurance exempted from the guarantee of payments; reordering and amending s. 631.57, F.S.; revising the duties of the association; authorizing the association to collect regular assessments directly from policyholders; authorizing the association to collect emergency assessments from insurers under certain circumstances; making technical and grammatical corrections; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 631.52, Florida Statutes, is amended to read:

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631.52 Scope.—This part shall apply to all kinds of direct insurance, except for any of the following:

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(1) Life, annuity, health, or disability insurance  $\underline{\cdot}$ 

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(2) Mortgage guaranty, financial guaranty, or other forms of insurance offering protection against investment risks $\cdot$ .

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(3) Fidelity or surety bonds, or any other bonding obligations  $\underline{\cdot}$ 

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(4) Credit insurance, vendors' single interest insurance, or collateral protection insurance or any similar insurance protecting the interests of a creditor arising out of a creditor-debtor transaction.

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(5) Warranty, including motor vehicle service, home warranty, or service warranty.

- (6) Ambulance service, health care service, or preneed funeral merchandise or service.  $\div$
- (7) Optometric service plan, pharmaceutical service plan, or dental service plan. $\div$ 
  - (8) Legal expense. +

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- (9) Health maintenance, prepaid health clinic, or continuing care  $\underline{\cdot}$ ;
  - (10) Ocean marine or wet marine insurance.÷
- (11) Self-insurance and any kind of self-insurance fund, liability pool, or risk management fund. $\div$ 
  - (12) Title insurance. +
  - (13) Surplus lines.÷
- (14) Workers' compensation, including claims under employer liability coverage.
- (15) Any transaction or combination of transactions between a person, including affiliates of such person, and an insurer, including affiliates of such insurer, which involves the transfer of investment or credit risk unaccompanied by the transfer of insurance risk.; or
- (16) Any insurance provided by or guaranteed by government, including policies issued by risk apportionment plans under s. 627.351.
- Section 2. Subsection (2) of section 631.57, Florida Statutes, is amended, and subsection (3) of that section is reordered and amended, to read:
  - 631.57 Powers and duties of the association.-

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(2) The association may:

- (a) Employ or retain such persons as are necessary to handle claims and perform other duties of the association;
- (b) Borrow funds necessary to effect the purposes of this part in accord with the plan of operation, including borrowing necessary to ensure that its cash flow needs are timely met to pay covered claims when regular and emergency assessments are levied on policyholders under subsection (3);
- (c) Sue or be sued, provided that service of process <u>is</u> shall be made upon the person registered with the department as agent for the receipt of service of process; and
- (d) Negotiate and become a party to such contracts as are necessary to carry out the purpose of this part. Additionally, The association may also enter into such contracts with a municipality, a county, or a legal entity created pursuant to s. 163.01(7)(g) as are necessary in order for the municipality, county, or legal entity to issue bonds under s. 631.695. In connection with the issuance of any such bonds and the entering into of any such necessary contracts, the association may agree to such terms and conditions as the association deems necessary and proper.
- (3) (a) To the extent necessary to secure the funds for the respective accounts <u>paying</u> for the <u>payment of</u> covered claims, to pay the reasonable costs to administer <u>such accounts</u> the <u>same</u>, and to the extent necessary to secure the funds for the account specified in s. 631.55(2)(b) or to retire indebtedness, including, without limitation, the principal, redemption premium, if any, and interest on, and related costs of issuance

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of, bonds issued under s. 631.695 and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, the office, upon certification of the board of directors, shall levy regular assessments in the proportion that each insurer's net direct written premiums in this state in the classes protected by the account bears to the total of the said net direct written premiums received in this state by all such insurers for the preceding calendar year for the kinds of insurance included within such account. Regular assessments shall be remitted to and administered by the board of directors in the manner specified by the approved plan. Each insurer so assessed has shall have at least 30 days' written notice as to the date the assessment is due and payable. Every assessment shall be made as a uniform percentage applicable to the net direct written premiums of each insurer in the kinds of insurance included within the account in which the assessment is made. The regular assessments levied against an any insurer may shall not exceed in any one year exceed more than 2 percent of that insurer's net direct written premiums in this state for the kinds of insurance included within such account during the calendar year next preceding the date of such assessments. An insurer may fully recoup regular assessments levied against prior year premiums by applying a separate recoupment factor to the premium of policies of the same kind or line as were considered by the office in determining the assessment liability of the insurer or insurer group. In lieu of collecting the regular assessment under

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paragraph (a) from insurers, the association may collect all or part of the assessment directly from policyholders. If the association elects to collect the assessment directly from policyholders, the office shall issue an order specifying the date the board requires the insurers to begin collecting the assessment, which must be at least 90 days after the date the board levies the assessment. The order must specify a uniform percentage determined by the board, and verified by the office, of the direct written premium for all lines of business in the applicable accounts. The assessment collected may not exceed 2 percent of the premium in any single year. The insurers shall collect such assessments without being affected by any credit, limitation, exemption, or deferment. Assessments collected under this paragraph shall be transferred regularly to the association as set forth in the order levying the assessment.

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

(c) The Legislature finds and declares that all assessments paid by an insurer or insurer group as a result of a levy by the office, including assessments levied pursuant to paragraph (a) and emergency assessments, constitute advances of funds from the insurer to the association. An insurer may fully recoup such advances by applying a separate recoupment factor to the premium of policies of the same kind or line as were

considered by the office in determining the assessment liability of the insurer or insurer group.

 $\underline{\text{(f)}}$  (d) No State funds  $\underline{\text{may not}}$  of any kind shall be allocated or paid to  $\underline{\text{the}}$  said association or any of its accounts.

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(c) <del>(e) 1.a.</del> In addition to regular assessments <del>otherwise</del> authorized under in paragraph (a), and to the extent necessary to secure the funds for the account specified in s. 631.55(2)(b) for the direct payment of covered claims of insurers rendered insolvent by the effects of a hurricane and to pay the reasonable costs to administer such claims, or to retire indebtedness, including, without limitation, the principal, redemption premium, if any, and interest on, and related costs of issuance of, bonds issued under s. 631.695 and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, the association office, upon certification of the board of directors, shall levy emergency assessments directly upon policyholders, which shall be collected by insurers holding a certificate of authority. Pursuant to such levy, the office shall issue an order specifying the date the board requires the insurers to begin collecting the assessment, which must be at least 90 days after the date the board levies the assessment. The order must specify a uniform percentage determined by the board, and verified by the office, of the direct written premium for all lines of business in the applicable accounts. The assessment collected may not exceed 2 percent of the premium in any single year. The insurers shall collect such assessments

without being affected by any credit, limitation, exemption, or deferment. Assessments collected by insurers under this paragraph shall be transferred regularly to the association as set forth in the order levying the assessment.

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- 1. If, after consultation with its financial advisor, the board determines that it must immediately begin paying the covered claims of one or more insolvent insurers and financing is not reasonably available, it may levy the emergency assessment on insurers in the same manner as set forth in paragraph (a), except that an emergency assessment may be paid by the insurer in a single payment or, at the option of the association, in 12 monthly installments with the first installment being due and payable at the end of the month after the emergency assessment is levied and subsequent installments being due by the end of each succeeding month. The emergency assessments payable under this paragraph by any insurer shall not exceed in any single year more than 2 percent of that insurer's direct written premiums, net of refunds, in this state during the preceding calendar year for the kinds of insurance within the account specified in s. 631.55(2)(b).
- 2.b. Any Emergency assessments authorized under this paragraph shall be levied by the office only upon insurers referred to in sub-subparagraph a., upon certification as to the need for such assessments by the board of directors. If In the event the board of directors participates in the issuance of bonds in accordance with s. 631.695, emergency assessments shall be levied in each year that bonds issued under s. 631.695 and secured by such emergency assessments are outstanding, in such

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amounts up to such 2 percent 2-percent limit as required in order to provide for the full and timely payment of the principal of, redemption premium, if any, and interest on, and related costs of issuance of, such bonds. The emergency assessments provided for in this paragraph are assigned and pledged to the municipality, county, or legal entity issuing bonds under s. 631.695 for the benefit of the holders of such bonds, in order to enable such municipality, county, or legal entity to provide for the payment of the principal of, redemption premium, if any, and interest on such bonds, the cost of issuance of such bonds, and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, without the necessity for of any further action by the association, the office, or any other party. If To the extent bonds are issued under s. 631.695 and the association secures determines to secure such bonds by a pledge of revenues received from the emergency assessments, such bonds, upon such pledge of revenues, shall be secured by and payable from the proceeds of such emergency assessments, and the proceeds of emergency assessments levied under this paragraph shall be remitted directly to and administered by the trustee or custodian appointed for the payment of such bonds.

c. Emergency assessments under this paragraph may be payable in a single payment or, at the option of the association, may be payable in 12 monthly installments with the first installment being due and payable at the end of the month after an emergency assessment is levied and subsequent

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installments being due not later than the end of each succeeding month.

- $\underline{3.d.}$  If emergency assessments are imposed, the report required by s. 631.695(7)  $\underline{\text{must}}$  shall include an analysis of the revenues generated from the emergency assessments imposed under this paragraph.
- <u>4.e.</u> If emergency assessments are imposed, the references in sub-subparagraph (1)(a)3.b. and s. 631.695(2) and (7) to regular assessments levied under paragraph (a) <u>must shall</u> include emergency assessments imposed under this paragraph.
- 5.2. If the board of directors participates in the issuance of bonds in accordance with s. 631.695, an <a href="emergency">emergency</a>
  <a href="mailto:annual">annual</a> assessment under this paragraph <a href="mailto:must shall">must shall</a> continue while the bonds issued with respect to which the assessment was imposed are outstanding, including any bonds the proceeds of which were used to refund bonds issued pursuant to s. 631.695, unless adequate provision has been made for the payment of the bonds in the documents authorizing the issuance of such bonds.
- 6.3. Emergency assessments under this paragraph are not premium and are not subject to the premium tax, to any fees, or to any commissions. An insurer is liable for all emergency assessments that the insurer collects and shall treat the failure of an insured to pay an emergency assessment as a failure to pay the premium. An insurer is not liable for uncollectible emergency assessments.
- (d) (f) The recoupment factor applied to policies in accordance with paragraph (a) or subparagraph (c)1. paragraph (c) shall be selected by the insurer or insurer group so as to

provide for the probable recoupment of both assessments levied pursuant to paragraph (a) and emergency assessments over a period of 12 months, unless the insurer or insurer group, at its option, elects to recoup the assessment over a longer period. The recoupment factor applies shall apply to all policies of the same kind or line as were considered by the office in determining the assessment liability of the insurer or insurer group issued or renewed during a 12-month period.

- 1. If the insurer or insurer group does not collect the full amount of the assessment during one 12-month period, the insurer or insurer group may apply recalculated recoupment factors to policies issued or renewed during one or more succeeding 12-month periods.
- 2. If, at the end of a 12-month period, the insurer or insurer group has collected from the combined kinds or lines of policies subject to assessment more than the total amount of the assessment paid by the insurer or insurer group, the excess amount shall be disbursed as follows:
- $\underline{a.1.}$  If the excess amount does not exceed 15 percent of the total assessment paid by the insurer or insurer group, the excess amount shall be remitted to the association within 60 days after the end of the 12-month period in which the excess recoupment charges were collected.
- $\underline{b.2.}$  If the excess amount exceeds 15 percent of the total assessment paid by the insurer or insurer group, the excess amount shall be returned to the insurer's or insurer group's current policyholders by refunds or premium credits. The association shall use any remitted excess recoupment amounts to

281 reduce future assessments.

3.(g) Amounts recouped pursuant to this <u>paragraph</u> subsection for <u>regular</u> assessments levied under paragraph (a) due to insolvencies on or after July 1, 2010, are considered premium solely for premium tax purposes and are not subject to fees or commissions. However, insurers shall treat the failure of an insured to pay a recoupment charge as a failure to pay the premium.

4.(h) At least 15 days before applying the recoupment factor to any policies, the insurer or insurer group shall file with the office a statement for informational purposes only setting forth the amount of the recoupment factor and an explanation of how the recoupment factor will be applied. Such statement must shall include documentation of the assessment paid by the insurer or insurer group and the arithmetic calculations supporting the recoupment factor. The insurer or insurer group may use the recoupment factor at any time after the expiration of the 15-day period. The insurer or insurer group need submit only one informational statement for all lines of business using the same recoupment factor.

5.(i) Within No later than 90 days after the insurer or insurer group has completed the recoupment process, the insurer or insurer group shall file with the office, for information purposes only, a final accounting report documenting the recoupment. The report <u>must shall</u> provide the amounts of assessments paid by the insurer or insurer group, the amounts and percentages recouped by year from each affected line of business, and the direct written premium subject to recoupment

by year. The insurer or insurer group need submit only one report for all lines of business using the same recoupment factor.

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Section 3. This act shall take effect July 1, 2013.

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