

	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/19/2017	•	
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The Committee on Rules (Passidomo) recommended the following:

Senate Amendment (with directory and title amendments)

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Delete lines 325 - 586

and insert:

(3) After the entry of the order of liquidation against a Florida-domiciled insurer, regardless of any prior notice that may have been given to creditors, the receiver shall notify all persons who may have claims against the insurer that they must file such claims with it at a place and within the time specified in the notice, or else such claims will be late-filed forever barred. The Florida receiver need not give such notice

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in ancillary proceedings if the receiver obtains an order from the court authorizing the receiver to not send out such notices, which order the court shall issue upon satisfactory evidence that the domiciliary receiver will be sending out similar notices and will accept and evaluate claims from Florida residents, that Florida residents may have objections to evaluations heard in Florida, and that there are reasonable assurances that Florida policyholders and claimants will be treated fairly and equally as compared to residents of the domicile state. The time specified in the notice shall be as fixed by the court for filing of claims and shall be not less than 6 months after the entry of the order of insolvency. The notice shall be given in such manner and for such reasonable period of time as may be ordered by the court.

- (4) The receiver may petition the receivership court to set a date certain before which all contingent or unliquidated claims are final. In addition to the notice requirements in this section, the receiver shall give notice of filing the petition to all claimants with claims that remain contingent or unliquidated under this section.
- (5) Notwithstanding any other provision of this chapter, the receiver may petition the receivership court to set a date certain after which no further claims may be filed.

Section 10. Section 631.191, Florida Statutes, is amended to read:

- 631.191 Special deposit claims; and secured claims; administration of workers' compensation large deductible policies and insured collateral.-
 - (1) SPECIAL DEPOSIT CLAIMS.—The owners of special deposit

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claims against an insurer against which a liquidation order has been entered in this or any other state shall be given priority against their several special deposits in accordance with the provisions of the statutes governing the creation and maintenance of such deposits. If there is a deficiency in any such deposit so that the claims secured thereby are not fully discharged therefrom, the claimants may share in the general assets, but such sharing shall be deferred until general creditors, and also claimants against other special deposits who have received smaller percentages from their respective special deposits, have been paid percentages of their claims equal to the percentage paid from the special deposit.

(2) SECURED CLAIMS. -

- (a) The owner of a secured claim against an insurer against which a liquidation order has been entered in this or any other state may surrender her or his security and file her or his claim as a general creditor, or the claim may be discharged by resort to the security, in which case the deficiency, if any, shall be treated as a claim against the general assets of the insurer on the same basis as claims of unsecured creditors. If the amount of the deficiency has been adjudicated in ancillary proceedings as provided in this chapter, or if it has been adjudicated by a court of competent jurisdiction in a proceeding in which the domiciliary receiver has had notice and an opportunity to be heard, such amount shall be conclusive; otherwise the amount shall be determined in the delinquency proceeding in the domiciliary state.
- (b) The value of any security held by a secured creditor shall be determined under supervision of the court by:

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- 1. Converting the same into money according to the terms of the agreement pursuant to which the security was delivered to such creditor; or
- 2. If no such agreement exists, the court shall determine the value in the event the creditor and the receiver cannot agree upon same.
- (3) ADMINISTRATION OF WORKERS' COMPENSATION LARGE DEDUCTIBLE POLICIES AND INSURED COLLATERAL.-
 - (a) Definitions.—As used in this subsection, the term:
- 1. "Collateral" means cash, a letter of credit, a surety bond, or any other form of security posted by the insured, or by a captive insurer or reinsurer, to secure the insured's obligation under a large deductible policy to pay deductible claims or to reimburse the insurer for deductible claim payments. "Collateral" may also secure an insured's obligation to reimburse or pay the insurer as may be required for other secured obligations.
- 2. "Deductible claim" means any claim that is within the deductible under a large deductible policy, including a claim for loss and defense and cost containment expense, unless such expense is excluded by the terms of the policy.
- 3.a. "Large deductible policy" means a combination of one or more workers' compensation policies and endorsements issued to an insured, and contracts or security agreements entered into between an insured and the insurer, in which the insured has agreed with the insurer to:
- (I) Pay directly the initial portion of any claim under the policy up to a specified dollar amount or the expenses related to any claim; or

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- (II) Reimburse the insurer for its payment of any claim or related expenses under the policy up to the specified dollar amount of the deductible.
- b. The term also includes policies that contain an aggregate limit on the insured's liability for all deductible claims in addition to a per-claim deductible limit. A policy must meet the current quidelines for large deductible workers' compensation filings as defined by the office, including the eligibility standards regarding the minimum standard premium and the minimum deductible to be deemed a large deductible policy.
- c. The term does not include policies, endorsements, or agreements providing that the initial portion of any covered claim must be self-insured and that the insurer has no payment obligation within the self-insured retention.
- d. The term does not include policies that provide for retrospectively rated premium payments by the insured or reinsurance arrangements or agreements, except to the extent such arrangements or agreements assume, secure, or pay the policyholder's large deductible obligations.
- 4. "Other secured obligations" means obligations of an insured to an insurer other than those under a large deductible policy, such as those under a reinsurance agreement or other agreement involving retrospective premium obligations, the performance of which is secured by collateral that also secures an insured's obligations under a large deductible policy.

(b) Applicability.

1. This subsection applies to workers' compensation large deductible policies issued by an insurer that is subject to delinquency proceedings under this chapter. This subsection does

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not apply to first-party claims, or to covered claims funded by a quaranty association above the deductible unless paragraph (c) applies. Large deductible policies must be administered in accordance with the terms of the policy, except to the extent such terms conflict with this subsection.

- 2. This subsection applies to all delinquency proceedings that commence on or after July 1, 2017.
- (c) Handling of large deductible claims.—Unless otherwise agreed to by the responsible quaranty association, all large deductible claims that are also covered claims as defined by an applicable guaranty association law, including those that may have been funded by an insured before liquidation, must be turned over to the quaranty association for handling. To the extent the insured funds or pays the deductible claim pursuant to an agreement by the guaranty fund or otherwise, the insured's funding or payment of a deductible claim extinguishes the obligations, if any, of the receiver and any guaranty association to pay such claim. A charge may not be made against the receiver or a quaranty association on the basis of an insured's funding or payment of a deductible claim.
 - (d) Deductible claims paid by a quaranty association .-
- 1. To the extent a quaranty association pays any deductible claim for which an insurer would have been entitled to reimbursement from an insured, a guaranty association is entitled to the amount of reimbursements received or collateral available, subject to paragraph (q). Reimbursements paid to the quaranty association pursuant to this paragraph may not be treated as distributions under s. 631.271 or as early access payments under s. 631.397(1).

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- 2. To the extent that a guaranty association pays a deductible claim that is not reimbursed from collateral or by insured payments, or the guaranty association incurred expenses in connection with large deductible policies that are not reimbursed under this subsection, the guaranty association is entitled to assert a claim for those amounts in the delinquency proceeding.
- 3. This paragraph does not limit any right of the receiver or a quaranty association which may otherwise exist under applicable law to obtain reimbursement from insureds for claims payments made by the guaranty association under policies of the insurer or for the quaranty association's related expenses.

(e) Collections.

- 1. The receiver may collect reimbursements owed for deductible claims as provided in this paragraph, and must use reasonable efforts to collect such reimbursements from the insured or the party that is obligated to pay the deductible as specified in the large deductible policy or other agreement. The receiver may bill insureds and others for reimbursement of deductible claims that are:
- a. Paid by the insurer before the commencement of delinquency proceedings;
- b. Paid by a guaranty association upon receipt by the receiver of notice from a quaranty association of reimbursable payments; or
 - c. Paid or allowed by the receiver.
- 2. If the insured or other party does not make payment within the time specified in the large deductible policy, or, if no time is specified, within a reasonable time after the date of

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186 billing, the receiver may take reasonable steps to collect any 187 reimbursements owed.

- 3. The insolvency of the insurer or its inability to perform any of its obligations under the large deductible policy may not be a defense to the insured's reimbursement obligation under the large deductible policy.
- 4. An allegation of improper handling or payment of a deductible claim by the receiver or a quaranty association may not be a defense to the insured's reimbursement obligations under the large deductible policy.

(f) Collateral.-

- 1. Subject to this paragraph, the receiver shall use collateral, when available, to secure the insured's obligation to fund or reimburse deductible claims or other secured obligations or payment obligations. A guaranty association is entitled to collateral as provided for in this paragraph to the extent needed to reimburse a quaranty association for the payment of a deductible claim. Any distributions made to a quaranty association pursuant to this paragraph may not be treated as distributions under s. 631.271 or as early access payments under s. 631.397(1).
- 2. The receiver shall draw down collateral to the extent necessary in the event the insured fails to:
- a. Perform its funding or payment obligations under any large deductible policy;
- b. Pay deductible claim reimbursements within the time specified in the large deductible policy, or, if no time is specified, within 60 days after the date of the billing;
 - c. Pay amounts due to the estate for preliquidation



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- d. Timely fund any other secured obligation; or
- 217 e. Timely pay expenses.
 - 3. Claims that are validly asserted against the collateral must be satisfied in the order in which such claims are received by the receiver. However, if more than one creditor has a valid claim against the same collateral and the available collateral, along with billing collection efforts and to the extent that the collateral is subject to other known secured obligations, are together insufficient to pay each creditor in full, the receiver may prorate payments to each creditor based upon the ratio of the amount of claims each creditor has to the total claims paid by all such creditors.
 - 4. Excess collateral may be returned to the insured, as determined by the receiver, after a periodic review of claims paid, outstanding case reserves, and a factor for claims that were incurred but not reported.
 - (g) Receiver's expenses.—The receiver is entitled to deduct from the collateral or from the deductible reimbursements reasonable and actual expenses incurred in connection with the collection of the collateral and deductible reimbursements as provided pursuant to s. 631.271.
 - (h) Construction.—This subsection does not limit or adversely affect any rights or powers a quaranty association may have under applicable state law to obtain reimbursement from certain classes of policyholders for claims payments made by the quaranty association under policies of the insolvent insurer, or for related expenses the quaranty association incurs.
 - Section 11. Subsection (5) is added to section 631.192,



244 Florida Statutes, to read:

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- 631.192 Allowance of certain claims.
- (5) A claim may not be allowed for postjudgment interest accrued after the date the court enters the order of liquidation.

Section 12. Paragraphs (a), (b), and (j) of subsection (1) of section 631.271, Florida Statutes, are 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 quaranty association in handling claims.
- 3. All of the deputy supervisor's costs and expenses of administration incurred as a result of administrative supervision under part VI of chapter 624.
- (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 guaranty association or foreign guaranty



association, and all claims related to a patient's healthcare coverage by physicians, hospitals, and other providers of a health insurer or health maintenance organization. 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 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. (j) Class 10.—Interest on allowed claims of Classes 1 through 9. The rate of interest payable on an allowed claim must accrue from the date the court enters the order of liquidation until such time as the ===== DIRECTORY CLAUSE AMENDMENT ===== And the directory clause is amended as follows: Delete lines 308 - 309

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and insert: 294

> Section 9. Subsection (3) of section 631.181, Florida Statutes, is amended, and paragraph (g) of subsection (2) and subsections (4) and (5) are added to that section, to

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And the title is amended as follows:

Delete lines 52 - 78



and insert:

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requirements; providing that certain claims against an insurer which do not meet specified filing requirements are deemed late-filed rather than forever barred; authorizing a receiver to petition the receivership court to set certain deadlines; requiring a receiver to provide notice of filing a certain petition to certain claimants; amending s. 631.191, F.S.; defining terms; providing applicability; requiring that specified large deductible claims under certain workers' compensation policies must be turned over to the applicable responsible guaranty association for handling; providing for construction relating to payment of deductible claims; authorizing receivers to collect reimbursements owed for certain deductible claims; providing requirements for such collections; providing for construction relating to such collections; requiring receivers to use collateral, when available, to secure certain obligations; providing that a guaranty association is entitled to collateral for a certain purpose; providing for construction relating to certain distributions; requiring receivers to draw down collateral under certain circumstances; providing a procedure for payment of claims; authorizing the return of excess collateral under certain circumstances; providing that a receiver is entitled to deduct certain expenses from the collateral or deductible reimbursements; providing for construction;



331	amending s. 631.192, F.S.; prohibiting claims for
332	postjugdment interest accrued after the date the court
333	enters the order of