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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/17/2015	.	
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	.	

The Committee on Banking and Insurance (Lee) recommended the following:

Senate Amendment (with title amendment)

Between lines 424 and 425

insert:

Section 1. Section 16.59, Florida Statutes, is amended to read:

16.59 Medicaid fraud control.—The Medicaid Fraud Control Unit is created in the Department of Legal Affairs to investigate all violations of s. 409.920 and any criminal violations discovered during the course of those investigations.



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11 The Medicaid Fraud Control Unit may refer any criminal violation
12 so uncovered to the appropriate prosecuting authority. The
13 offices of the Medicaid Fraud Control Unit, the Agency for
14 Health Care Administration Medicaid program integrity program,
15 and the Divisions of Criminal Investigations ~~Insurance Fraud~~ and
16 Public Assistance Fraud within the Department of Financial
17 Services shall, to the extent possible, be collocated; however,
18 positions dedicated to Medicaid managed care fraud within the
19 Medicaid Fraud Control Unit shall be collocated with the
20 Division of Criminal Investigations ~~Insurance Fraud~~. The Agency
21 for Health Care Administration, the Department of Legal Affairs,
22 and the Divisions of Criminal Investigations ~~Insurance Fraud~~ and
23 Public Assistance Fraud within the Department of Financial
24 Services shall conduct joint training and other joint activities
25 designed to increase communication and coordination in
26 recovering overpayments.

27 Section 2. Subsection (9) of section 400.9935, Florida
28 Statutes, is amended to read:

29 400.9935 Clinic responsibilities.—

30 (9) In addition to the requirements of part II of chapter
31 408, the clinic shall display a sign in a conspicuous location
32 within the clinic readily visible to all patients indicating
33 that, pursuant to s. 626.9892, the Department of Financial
34 Services may pay rewards of up to \$25,000 to persons providing
35 information leading to the arrest and conviction of persons
36 committing crimes investigated by the Division of Criminal
37 Investigations ~~Insurance Fraud~~ arising from violations of s.
38 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234. An
39 authorized employee of the Division of Criminal Investigations



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40 ~~Insurance Fraud~~ may make unannounced inspections of a clinic
41 licensed under this part as necessary to determine whether the
42 clinic is in compliance with this subsection. A licensed clinic
43 shall allow full and complete access to the premises to such
44 authorized employee of the division who makes an inspection to
45 determine compliance with this subsection.

46 Section 3. Subsection (6) of section 409.91212, Florida
47 Statutes, is amended to read:

48 409.91212 Medicaid managed care fraud.—

49 (6) Each managed care plan shall report all suspected or
50 confirmed instances of provider or recipient fraud or abuse
51 within 15 calendar days after detection to the Office of
52 Medicaid Program Integrity within the agency. At a minimum the
53 report must contain the name of the provider or recipient, the
54 Medicaid billing number or tax identification number, and a
55 description of the fraudulent or abusive act. The Office of
56 Medicaid Program Integrity in the agency shall forward the
57 report of suspected overpayment, abuse, or fraud to the
58 appropriate investigative unit, including, but not limited to,
59 the Bureau of Medicaid program integrity, the Medicaid fraud
60 control unit, the Division of Public Assistance Fraud, the
61 Division of Criminal Investigations ~~Insurance Fraud~~, or the
62 Department of Law Enforcement.

63 (a) Failure to timely report shall result in an
64 administrative fine of \$1,000 per calendar day after the 15th
65 day of detection.

66 (b) Failure to timely report may result in additional
67 administrative, civil, or criminal penalties.

68 Section 4. Paragraph (a) of subsection (1) of section



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69 440.105, Florida Statutes, is amended to read:

70 440.105 Prohibited activities; reports; penalties;
71 limitations.—

72 (1)(a) Any insurance carrier, any individual self-insured,
73 any commercial or group self-insurance fund, any professional
74 practitioner licensed or regulated by the Department of Health,
75 except as otherwise provided by law, any medical review
76 committee as defined in s. 766.101, any private medical review
77 committee, and any insurer, agent, or other person licensed
78 under the insurance code, or any employee thereof, having
79 knowledge or who believes that a fraudulent act or any other act
80 or practice which, upon conviction, constitutes a felony or
81 misdemeanor under this chapter is being or has been committed
82 shall send to the Division of Criminal Investigations Insurance
83 ~~Fraud~~, Bureau of Workers' Compensation Fraud, a report or
84 information pertinent to such knowledge or belief and such
85 additional information relative thereto as the bureau may
86 require. The bureau shall review such information or reports and
87 select such information or reports as, in its judgment, may
88 require further investigation. It shall then cause an
89 independent examination of the facts surrounding such
90 information or report to be made to determine the extent, if
91 any, to which a fraudulent act or any other act or practice
92 which, upon conviction, constitutes a felony or a misdemeanor
93 under this chapter is being committed. The bureau shall report
94 any alleged violations of law which its investigations disclose
95 to the appropriate licensing agency and state attorney or other
96 prosecuting agency having jurisdiction with respect to any such
97 violations of this chapter. If prosecution by the state attorney



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98 or other prosecuting agency having jurisdiction with respect to
99 such violation is not begun within 60 days of the bureau's
100 report, the state attorney or other prosecuting agency having
101 jurisdiction with respect to such violation shall inform the
102 bureau of the reasons for the lack of prosecution.

103 Section 5. Subsections (1) and (2) of section 440.1051,
104 Florida Statutes, are amended to read

105 440.1051 Fraud reports; civil immunity; criminal
106 penalties.—

107 (1) The Bureau of Workers' Compensation Insurance Fraud of
108 the Division of Criminal Investigations ~~Insurance Fraud~~ of the
109 department shall establish a toll-free telephone number to
110 receive reports of workers' compensation fraud committed by an
111 employee, employer, insurance provider, physician, attorney, or
112 other person.

113 (2) Any person who reports workers' compensation fraud to
114 the Division of Criminal Investigations ~~Insurance Fraud~~ under
115 subsection (1) is immune from civil liability for doing so, and
116 the person or entity alleged to have committed the fraud may not
117 retaliate against him or her for providing such report, unless
118 the person making the report knows it to be false.

119 Section 6. Paragraph (c) of subsection (1) of section
120 440.12, Florida Statutes, is amended to read:

121 440.12 Time for commencement and limits on weekly rate of
122 compensation.—

123 (1) Compensation is not allowed for the first 7 days of
124 the disability, except for benefits provided under s. 440.13.
125 However, if the injury results in more than 21 days of
126 disability, compensation is allowed from the commencement of the



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127 disability.

128 (c) Each carrier shall keep a record of all payments made
129 under this subsection, including the time and manner of such
130 payments, and shall furnish these records or a report based on
131 these records to the Division of Criminal Investigations
132 ~~Insurance Fraud~~ and the Division of Workers' Compensation, upon
133 request.

134 Section 7. Subsection (1) of section 624.521, Florida
135 Statutes, is amended to read:

136 624.521 Deposit of certain tax receipts; refund of improper
137 payments.—

138 (1) The department ~~of Financial Services~~ shall promptly
139 deposit in the State Treasury to the credit of the Insurance
140 Regulatory Trust Fund all "state tax" portions of agents'
141 licenses collected under s. 624.501 necessary to fund the
142 Division of Criminal Investigations ~~Insurance Fraud~~. The balance
143 of the tax shall be credited to the General Fund. All moneys
144 received by the department ~~of Financial Services~~ or the office
145 not in accordance with the provisions of this code or not in the
146 exact amount as specified by the applicable provisions of this
147 code shall be returned to the remitter. The records of the
148 department or office shall show the date and reason for such
149 return.

150 Section 8. Subsection (4) of section 626.016, Florida
151 Statutes, is amended to read:

152 626.016 Powers and duties of department, commission, and
153 office.—

154 (4) Nothing in this section is intended to limit the
155 authority of the department and the Division of Criminal



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156 Investigations ~~Insurance Fraud~~, as specified in s. 626.989.

157 Section 9. Subsections (2) and (6) of section 626.989,
158 Florida Statutes, are amended to read:

159 626.989 Investigation by department or Division of Criminal
160 Investigations ~~Insurance Fraud~~; compliance; immunity;
161 confidential information; reports to division; division
162 investigator's power of arrest.-

163 (2) If, by its own inquiries or as a result of complaints,
164 the department or its Division of Criminal Investigations
165 ~~Insurance Fraud~~ has reason to believe that a person has engaged
166 in, or is engaging in, a fraudulent insurance act, an act or
167 practice that violates s. 626.9541 or s. 817.234, or an act or
168 practice punishable under s. 624.15, it may administer oaths and
169 affirmations, request the attendance of witnesses or proffering
170 of matter, and collect evidence. The department shall not compel
171 the attendance of any person or matter in any such investigation
172 except pursuant to subsection (4).

173 (6) Any person, other than an insurer, agent, or other
174 person licensed under the code, or an employee thereof, having
175 knowledge or who believes that a fraudulent insurance act or any
176 other act or practice which, upon conviction, constitutes a
177 felony or a misdemeanor under the code, or under s. 817.234, is
178 being or has been committed may send to the Division of Criminal
179 Investigations ~~Insurance Fraud~~ a report or information pertinent
180 to such knowledge or belief and such additional information
181 relative thereto as the department may request. Any professional
182 practitioner licensed or regulated by the Department of Business
183 and Professional Regulation, except as otherwise provided by
184 law, any medical review committee as defined in s. 766.101, any



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185 private medical review committee, and any insurer, agent, or
186 other person licensed under the code, or an employee thereof,
187 having knowledge or who believes that a fraudulent insurance act
188 or any other act or practice which, upon conviction, constitutes
189 a felony or a misdemeanor under the code, or under s. 817.234,
190 is being or has been committed shall send to the Division of
191 Criminal Investigations ~~Insurance Fraud~~ a report or information
192 pertinent to such knowledge or belief and such additional
193 information relative thereto as the department may require. The
194 Division of Criminal Investigations ~~Insurance Fraud~~ shall review
195 such information or reports and select such information or
196 reports as, in its judgment, may require further investigation.
197 It shall then cause an independent examination of the facts
198 surrounding such information or report to be made to determine
199 the extent, if any, to which a fraudulent insurance act or any
200 other act or practice which, upon conviction, constitutes a
201 felony or a misdemeanor under the code, or under s. 817.234, is
202 being committed. The Division of Criminal Investigations
203 ~~Insurance Fraud~~ shall report any alleged violations of law which
204 its investigations disclose to the appropriate licensing agency
205 and state attorney or other prosecuting agency having
206 jurisdiction with respect to any such violation, as provided in
207 s. 624.310. If prosecution by the state attorney or other
208 prosecuting agency having jurisdiction with respect to such
209 violation is not begun within 60 days of the division's report,
210 the state attorney or other prosecuting agency having
211 jurisdiction with respect to such violation shall inform the
212 division of the reasons for the lack of prosecution.

213 Section 10. Subsections (1), (2), and (3) of section



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214 626.9891, Florida Statutes, are amended to read:

215 626.9891 Insurer anti-fraud investigative units; reporting
216 requirements; penalties for noncompliance.—

217 (1) Each ~~Every~~ insurer admitted to do business in this
218 state who in the previous calendar year, at any time during that
219 year, had \$10 million or more in direct premiums written shall:

220 (a) Establish and maintain a unit or division within the
221 company to investigate possible fraudulent claims by insureds or
222 by persons making claims for services or repairs against
223 policies held by insureds; or

224 (b) Contract with others to investigate possible fraudulent
225 claims for services or repairs against policies held by
226 insureds.

227
228 An insurer subject to this subsection shall file with the
229 Division of Criminal Investigations ~~Insurance Fraud~~ of the
230 department on or before July 1, 1996, a detailed description of
231 the unit or division established pursuant to paragraph (a) or a
232 copy of the contract and related documents required by paragraph
233 (b).

234 (2) Every insurer admitted to do business in this state,
235 which in the previous calendar year had less than \$10 million in
236 direct premiums written, must adopt an anti-fraud plan and file
237 it with the Division of Criminal Investigations ~~Insurance Fraud~~
238 of the department on or before July 1, 1996. An insurer may, in
239 lieu of adopting and filing an anti-fraud plan, comply with ~~the~~
240 ~~provisions of~~ subsection (1).

241 (3) Each insurer's ~~insurers~~ anti-fraud plan must ~~plans~~
242 ~~shall~~ include all of the following:



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243 (a) A description of the insurer's procedures for detecting
244 and investigating possible fraudulent insurance acts.~~;~~

245 (b) A description of the insurer's procedures for the
246 mandatory reporting of possible fraudulent insurance acts to the
247 Division of Criminal Investigations ~~Insurance Fraud~~ of the
248 department.~~;~~

249 (c) A description of the insurer's plan for anti-fraud
250 education and training of its claims adjusters or other
251 personnel.~~;~~ ~~and~~

252 (d) A written description or chart outlining the
253 organizational arrangement of the insurer's anti-fraud personnel
254 who are responsible for the investigation and reporting of
255 possible fraudulent insurance acts.

256 Section 11. Subsection (2) of section 626.9892, Florida
257 Statutes, is amended to read:

258 626.9892 Anti-Fraud Reward Program; reporting of insurance
259 fraud.—

260 (2) The department may pay rewards of up to \$25,000 to
261 persons providing information leading to the arrest and
262 conviction of persons committing crimes investigated by the
263 Division of Criminal Investigations ~~Insurance Fraud~~ arising from
264 violations of s. 440.105, s. 624.15, s. 626.9541, s. 626.989, or
265 s. 817.234.

266 Section 12. Subsection (1) of section 626.9893, Florida
267 Statutes, is amended to read:

268 626.9893 Disposition of revenues; criminal or forfeiture
269 proceedings.—

270 (1) The Division of Criminal Investigations ~~Insurance Fraud~~
271 of the Department of Financial Services may deposit revenues



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272 received as a result of criminal proceedings or forfeiture
273 proceedings, other than revenues deposited into the Department
274 of Financial Services' Federal Law Enforcement Trust Fund under
275 s. 17.43, into the Insurance Regulatory Trust Fund. Moneys
276 deposited pursuant to this section shall be separately accounted
277 for and shall be used solely for the division to carry out its
278 duties and responsibilities.

279 Section 13. Subsection (2) of section 626.9894, Florida
280 Statutes, is amended to read:

281 626.9894 Gifts and grants.—

282 (2) All rights to, interest in, and title to such donated
283 or granted property shall immediately vest in the Division of
284 Criminal Investigations ~~Insurance Fraud~~ upon donation. The
285 division may hold such property in coownership, sell its
286 interest in the property, liquidate its interest in the
287 property, or dispose of its interest in the property in any
288 other reasonable manner.

289 Section 14. Paragraph (a) of subsection (1) of section
290 626.9895, Florida Statutes, is amended to read:

291 626.9895 Motor vehicle insurance fraud direct-support
292 organization.—

293 (1) DEFINITIONS.—As used in this section, the term:

294 (a) "Division" means the Division of Criminal
295 Investigations ~~Insurance Fraud~~ of the Department of Financial
296 Services.

297 Section 15. Section 626.99278, Florida Statutes, is amended
298 to read:

299 626.99278 Viatical provider anti-fraud plan.—Every licensed
300 viatical settlement provider and registered life expectancy



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301 provider must adopt an anti-fraud plan and file it with the
302 Division of Criminal Investigations ~~Insurance Fraud~~ of the
303 department. Each anti-fraud plan shall include:

304 (1) A description of the procedures for detecting and
305 investigating possible fraudulent acts and procedures for
306 resolving material inconsistencies between medical records and
307 insurance applications.

308 (2) A description of the procedures for the mandatory
309 reporting of possible fraudulent insurance acts and prohibited
310 practices set forth in s. 626.99275 to the Division of Criminal
311 Investigations ~~Insurance Fraud~~ of the department.

312 (3) A description of the plan for anti-fraud education and
313 training of its underwriters or other personnel.

314 (4) A written description or chart outlining the
315 organizational arrangement of the anti-fraud personnel who are
316 responsible for the investigation and reporting of possible
317 fraudulent insurance acts and for the investigation of
318 unresolved material inconsistencies between medical records and
319 insurance applications.

320 (5) For viatical settlement providers, a description of the
321 procedures used to perform initial and continuing review of the
322 accuracy of life expectancies used in connection with a viatical
323 settlement contract or viatical settlement investment.

324 Section 16. Paragraph (k) of subsection (6) of section
325 627.351, Florida Statutes, is amended to read:

326 627.351 Insurance risk apportionment plans.—

327 (6) CITIZENS PROPERTY INSURANCE CORPORATION.—

328 (k)1. The corporation shall establish and maintain a unit
329 or division to investigate possible fraudulent claims by



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330 insureds or by persons making claims for services or repairs
331 against policies held by insureds; or it may contract with
332 others to investigate possible fraudulent claims for services or
333 repairs against policies held by the corporation pursuant to s.
334 626.9891. The corporation must comply with reporting
335 requirements of s. 626.9891. An employee of the corporation
336 shall notify the corporation's Office of the Inspector General
337 and the Division of Criminal Investigations ~~Insurance Fraud~~
338 within 48 hours after having information that would lead a
339 reasonable person to suspect that fraud may have been committed
340 by any employee of the corporation.

341 2. The corporation shall establish a unit or division
342 responsible for receiving and responding to consumer complaints,
343 which unit or division is the sole responsibility of a senior
344 manager of the corporation.

345 Section 17. Subsections (4) and (7) of section 627.711,
346 Florida Statutes, are amended to read:

347 627.711 Notice of premium discounts for hurricane loss
348 mitigation; uniform mitigation verification inspection form.—

349 (4) An authorized mitigation inspector that signs a uniform
350 mitigation form, and a direct employee authorized to conduct
351 mitigation verification inspections under subsection ~~paragraph~~
352 (3), may not commit misconduct in performing hurricane
353 mitigation inspections or in completing a uniform mitigation
354 form that causes financial harm to a customer or their insurer;
355 or that jeopardizes a customer's health and safety. Misconduct
356 occurs when an authorized mitigation inspector signs a uniform
357 mitigation verification form that:

358 (a) Falsely indicates that he or she personally inspected



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359 the structures referenced by the form;

360 (b) Falsely indicates the existence of a feature which
361 entitles an insured to a mitigation discount which the inspector
362 knows does not exist or did not personally inspect;

363 (c) Contains erroneous information due to the gross
364 negligence of the inspector; or

365 (d) Contains a pattern of demonstrably false information
366 regarding the existence of mitigation features that could give
367 an insured a false evaluation of the ability of the structure to
368 withstand major damage from a hurricane endangering the safety
369 of the insured's life and property.

370 (7) An insurer, person, or other entity that obtains
371 evidence of fraud or evidence that an authorized mitigation
372 inspector or an employee authorized to conduct mitigation
373 verification inspections under subsection ~~paragraph~~ (3) has made
374 false statements in the completion of a mitigation inspection
375 form shall file a report with the Division of Criminal
376 Investigations Insurance-Fraud, along with all of the evidence
377 in its possession that supports the allegation of fraud or
378 falsity. An insurer, person, or other entity making the report
379 shall be immune from liability, in accordance with s.
380 626.989(4), for any statements made in the report, during the
381 investigation, or in connection with the report. The Division of
382 Criminal Investigations Insurance-Fraud shall issue an
383 investigative report if it finds that probable cause exists to
384 believe that the authorized mitigation inspector, or an employee
385 authorized to conduct mitigation verification inspections under
386 subsection ~~paragraph~~ (3), made intentionally false or fraudulent
387 statements in the inspection form. Upon conclusion of the



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388 investigation and a finding of probable cause that a violation
389 has occurred, the Division of Criminal Investigations Insurance
390 ~~Fraud~~ shall send a copy of the investigative report to the
391 office and a copy to the agency responsible for the professional
392 licensure of the authorized mitigation inspector, whether or not
393 a prosecutor takes action based upon the report.

394 Section 18. Paragraph (i) of subsection (4) and subsection
395 (14) of section 627.736, Florida Statutes, are amended to read:

396 627.736 Required personal injury protection benefits;
397 exclusions; priority; claims.—

398 (4) PAYMENT OF BENEFITS.—Benefits due from an insurer under
399 ss. 627.730-627.7405 are primary, except that benefits received
400 under any workers' compensation law must be credited against the
401 benefits provided by subsection (1) and are due and payable as
402 loss accrues upon receipt of reasonable proof of such loss and
403 the amount of expenses and loss incurred which are covered by
404 the policy issued under ss. 627.730-627.7405. If the Agency for
405 Health Care Administration provides, pays, or becomes liable for
406 medical assistance under the Medicaid program related to injury,
407 sickness, disease, or death arising out of the ownership,
408 maintenance, or use of a motor vehicle, the benefits under ss.
409 627.730-627.7405 are subject to the Medicaid program. However,
410 within 30 days after receiving notice that the Medicaid program
411 paid such benefits, the insurer shall repay the full amount of
412 the benefits to the Medicaid program.

413 (i) If an insurer has a reasonable belief that a fraudulent
414 insurance act, for the purposes of s. 626.989 or s. 817.234, has
415 been committed, the insurer shall notify the claimant, in
416 writing, within 30 days after submission of the claim that the



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417 claim is being investigated for suspected fraud. Beginning at
418 the end of the initial 30-day period, the insurer has an
419 additional 60 days to conduct its fraud investigation.
420 Notwithstanding subsection (10), no later than 90 days after the
421 submission of the claim, the insurer must deny the claim or pay
422 the claim with simple interest as provided in paragraph (d).
423 Interest shall be assessed from the day the claim was submitted
424 until the day the claim is paid. All claims denied for suspected
425 fraudulent insurance acts shall be reported to the Division of
426 Criminal Investigations ~~Insurance Fraud~~.

427 (14) FRAUD ADVISORY NOTICE.—Upon receiving notice of a
428 claim under this section, an insurer shall provide a notice to
429 the insured or to a person for whom a claim for reimbursement
430 for diagnosis or treatment of injuries has been filed, advising
431 that:

432 (a) Pursuant to s. 626.9892, the Department of Financial
433 Services may pay rewards of up to \$25,000 to persons providing
434 information leading to the arrest and conviction of persons
435 committing crimes investigated by the Division of Criminal
436 Investigations ~~Insurance Fraud~~ arising from violations of s.
437 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234.

438 (b) Solicitation of a person injured in a motor vehicle
439 crash for purposes of filing personal injury protection or tort
440 claims could be a violation of s. 817.234, s. 817.505, or the
441 rules regulating The Florida Bar and should be immediately
442 reported to the Division of Criminal Investigations ~~Insurance~~
443 ~~Fraud~~ if such conduct has taken place.

444 Section 19. Paragraphs (b) and (c) of subsection (1) of
445 section 627.7401, Florida Statutes, are amended to read:



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446 627.7401 Notification of insured's rights.-

447 (1) The commission, by rule, shall adopt a form for the
448 notification of insureds of their right to receive personal
449 injury protection benefits under the Florida Motor Vehicle No-
450 Fault Law. Such notice shall include:

451 (b) An advisory informing insureds that:

452 1. Pursuant to s. 626.9892, the Department of Financial
453 Services may pay rewards of up to \$25,000 to persons providing
454 information leading to the arrest and conviction of persons
455 committing crimes investigated by the Division of Criminal
456 Investigations Insurance Fraud arising from violations of s.
457 440.105, s. 624.15, s. 626.9541, s. 626.989, or s. 817.234.

458 2. Pursuant to s. 627.736(5)(e)1., if the insured notifies
459 the insurer of a billing error, the insured may be entitled to a
460 certain percentage of a reduction in the amount paid by the
461 insured's motor vehicle insurer.

462 (c) A notice that solicitation of a person injured in a
463 motor vehicle crash for purposes of filing personal injury
464 protection or tort claims could be a violation of s. 817.234, s.
465 817.505, or the rules regulating The Florida Bar and should be
466 immediately reported to the Division of Criminal Investigations
467 Insurance Fraud if such conduct has taken place.

468 Section 20. Subsection (2) of section 631.156, Florida
469 Statutes, is amended to read:

470 631.156 Investigation by the department; scope of
471 authority; sharing of materials.-

472 (2) The department may provide documents, books, and
473 records; other investigative products, work product, and
474 analysis; and copies of any or all of such materials to the



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475 Division of Criminal Investigations ~~Insurance Fraud~~ or any other
476 appropriate government agency. The sharing of these materials
477 shall not waive any work product or other privilege otherwise
478 applicable under law.

479 Section 21. Subsection (4) of section 641.30, Florida
480 Statutes, is amended to read:

481 641.30 Construction and relationship to other laws.—

482 (4) The Division of Criminal Investigations ~~Insurance Fraud~~
483 of the department is vested with all powers granted to it under
484 the Florida Insurance Code with respect to the investigation of
485 any violation of this part.

486 Section 22. Paragraph (1) of subsection (6) of section
487 932.7055, Florida Statutes, is amended to read:

488 932.7055 Disposition of liens and forfeited property.—

489 (6) If the seizing agency is a state agency, all remaining
490 proceeds shall be deposited into the General Revenue Fund.
491 However, if the seizing agency is:

492 (1) The Division of Criminal Investigations ~~Insurance Fraud~~
493 of the Department of Financial Services, the proceeds accrued
494 pursuant to the provisions of the Florida Contraband Forfeiture
495 Act shall be deposited into the Insurance Regulatory Trust Fund
496 as provided in s. 626.9893 or into the Department of Financial
497 Services' Federal Law Enforcement Trust Fund as provided in s.
498 17.43, as applicable.

499
500 ===== T I T L E A M E N D M E N T =====

501 And the title is amended as follows:

502 Delete line 28

503 and insert:



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504 the Administrative Trust Fund; amending ss. 16.59, 400.9935,
505 409.91212, 440.105, 440.1051, 440.12, 624.521, 626.016, 626.989,
506 626.9891, 626.9892, 626.9893, 626.9894, 626.9895, 626.99278,
507 627.351, 627.711, 627.736, 627.7401, 631.156, 641.30, and
508 932.7055, F.S.; conforming provisions to changes made by act;
509 making technical changes; providing an effective