- 1 HB111
- 2 150676-8
- 3 By Representative Hill
- 4 RFD: Insurance
- 5 First Read: 14-JAN-14
- 6 PFD: 01/10/2014

1	ENGROSSED
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4 A BILL

5 TO BE ENTITLED

6 AN ACT

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Relating to insurance; to revise the Alabama Insurance Holding Company System Regulatory Act; to require assessment of enterprise risk within the insurance holding company system; to provide for public hearings; to require pre-acquisition notice to the Commissioner of Insurance and give the commissioner the power to disapprove acquisitions; to authorize the commissioner to enter into supervisory colleges with other regulators for a domestic insurer that is part of an international holding company; to add additional penalties; and to grant additional recovery rights to receivers for a domestic insurer and in connection, would amend Sections 10A-20-6.16, 27-21A-23, 27-29-1, 27-29-2, 27-29-3, 27-29-4, 27-29-5, 27-29-6, 27-29-7, 27-29-10, and 27-34-54, Code of Alabama 1975, and to add Sections 27-29-3.1, 27-29-6.1, and 27-29-11.1 to the Code of Alabama 1975; and in connection therewith would have as its purpose or effect the requirement of a new or increased expenditure of local funds within the meaning of Amendment 621 of the Constitution of Alabama of 1901, now appearing as Section 111.05 of the Official

- 1 Recompilation of the Constitution of Alabama of 1901, as
- 2 amended.

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- 3 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:
- 4 Section 1. Sections 10A-20-6.16, 27-21A-23, 27-29-1,
- 5 27-29-2, 27-29-3, 27-29-4, 27-29-5, 27-29-6, 27-29-7,
- 27-29-10, and 27-34-54, Code of Alabama 1975, are amended to
- 7 read as follows:
- 8 "\$10A-20-6.16.
- "(a) No statute of this state applying to insurance companies shall be applicable to any corporation organized under this article and amendments thereto or to any contract made by the corporation unless expressly mentioned in this article and made applicable; except as follows the corporation shall be subject to the following:
- "(1) The corporation shall be subject to the

 provisions regarding annual premium tax to be paid by insurers

 on insurance premiums.
 - "(2) The corporation shall be subject to the provisions of Chapter 55, of Title 27, regarding the prohibition of unfair discriminatory acts by insurers on the basis of an applicant's or insured's abuse status.
 - "(3) The corporation shall be subject to the provisions regarding Medicare Supplement Minimum Standards set forth in Article 2 of Chapter 19 of Title 27, and Long-Term Care Insurance Policy Minimum Standards set forth in Article 3 of Chapter 19 of Title 27.

- "(4) The corporation shall be subject to Section 2 27-1-17, requiring insurers and health plans to pay health 3 care providers in a timely manner.
- "(5) The corporation shall be subject to the

 provisions of Chapter 56 of Title 27, regarding the Access to

 Eye Care Act.

- "(6) The corporation shall be subject to the regulations Rules promulgated by the Commissioner of Insurance pursuant to Sections 27-7-43 and 27-7-44.
 - "(7) The corporation shall be subject to the provisions of Chapter 54 of Title 27.
 - "(8) The corporation shall be subject to the provisions of Chapter 57 of Title 27, requiring coverage to be offered for the payment of colorectal cancer examinations for covered persons who are 50 years of age or older, or for covered persons who are less than 50 years of age and at high risk for colorectal cancer according to current American Cancer Society colorectal cancer screening guidelines.
 - "(9) The corporation shall be subject to Chapter 58 of Title 27, requiring that policies and contracts including coverage for prostate cancer early detection be offered, together with identification of associated costs.
 - "(10) The corporation shall be subject to Chapter 59 of Title 27, requiring that policies and contracts including coverage for chiropractic be offered, together with identification of associated costs.

"(11) The corporation shall be subject to Chapter

54A of Title 27_ requiring that policies and contracts to

offer coverage for certain treatment for Autism Spectrum

Disorder under certain conditions.

"(12) The corporation shall be subject to Chapter
12A of Title 27.

"(13) Chapter 29 of Title 27.

"(b) The provisions in subsection (a) that require specific types of coverage to be offered or provided shall not apply when the corporation is administering a self-funded benefit plan or similar plan, fund, or program that it does not insure.

"\$27-21A-23.

- "(a) Except as otherwise provided in this chapter, provisions of the insurance law and provisions of health care service plan laws shall not be applicable to any health maintenance organization granted a certificate of authority under this chapter. This provision shall not apply to an insurer or health care service plan licensed and regulated pursuant to the insurance law or the health care service plan laws of this state except with respect to its health maintenance organization activities authorized and regulated pursuant to this chapter.
- "(b) Solicitation of enrollees by a health maintenance organization granted a certificate of authority shall not be construed to violate any provision of law

relating to solicitation or advertising by health professionals.

- "(c) Any health maintenance organization authorized under this chapter shall not be deemed to be practicing medicine and shall be exempt from the provisions of Section 34-24-310, et seq., relating to the practice of medicine.
- "(d) No person participating in the arrangements of a health maintenance organization other than the actual provider of health care services or supplies directly to enrollees and their families shall be liable for negligence, misfeasance, nonfeasance, or malpractice in connection with the furnishing of such services and supplies.
- "(e) Nothing in this chapter shall be construed in any way to repeal or conflict with any provision of the certificate of need law.
- "(f) Notwithstanding the provisions of subsection

 (a), a health maintenance organization shall be subject to <u>all</u>

 of the following:
 - "(1) Section 27-1-17.
- "(g) Notwithstanding the provisions of subsection

 (a), a health maintenance organization shall be subject to the provisions of (2) Chapter 56 of this title, regarding the Access to Eye Care Act.
- "(h) Notwithstanding the provisions of subsection

 (a), a health maintenance organization shall be subject to the provisions of (3) Chapter 54 of this title, regarding mental illness coverage.

1	" (i) Notwithstanding the provisions of subsection
2	(a), a health maintenance organization shall be subject to the
3	provisions of (4) Chapter 57 of this title, requiring coverage
4	to be offered for the payment of colorectal cancer
5	examinations for covered persons who are 50 years of age or
6	older, or for covered persons who are less than 50 years of
7	age and at high risk for colorectal cancer according to
8	current American Cancer Society colorectal cancer screening
9	guidelines.
10	"(j) Notwithstanding the provisions of subsection
11	(a), a health maintenance organization shall be subject to (5)
12	Chapter 58 of Title 27, requiring that policies and contracts
13	including coverage for prostate cancer early detection be
14	offered, together with identification of associated costs.
15	"(k) Notwithstanding the provisions of subsection
16	(a), a health maintenance organization shall be subject to (6)
17	Chapter 59 of this title, requiring that policies and
18	contracts including coverage for chiropractic be offered,
19	together with identification of associated costs.
20	"(1) Notwithstanding the provisions of subsection
21	(a), a health maintenance organization shall be subject to
22	regulations (7) Rules promulgated by the Commissioner of
23	Insurance pursuant to Sections 27-7-43 and 27-7-44.
24	"(m) Notwithstanding the provisions of subsection
25	(a), a health maintenance organization shall be subject to (8)
26	Chapter 12A.

Τ	" (n) Notwithstanding the provisions of subsection
2	(a), a health maintenance organization shall be subject to (9)
3	Chapter 54A $_{m L}$ of this title requiring policies and contracts to
4	offer coverage for certain treatment for Autism Spectrum
5	Disorder under certain conditions.
6	"(10) Chapter 29, regarding insurance holding
7	<pre>company systems.</pre>
8	" §27-29-1.
9	"For purposes of this chapter, unless otherwise
10	stated, the following terms shall have the meanings
11	respectively ascribed to them by this section:
12	"(1) AFFILIATE. The term shall include an
13	"affiliate" of, or person "affiliated" with, a specific
14	person, and shall mean a person that directly, or indirectly
15	through one or more intermediaries, controls, or is controlled
16	by, or is under common control with, the person specified.
17	"(2) COMMISSIONER. The Commissioner of Insurance,
18	his or her deputies, or the Insurance Department as
19	appropriate.
20	"(3) CONTROL. The term shall include "controlling,"
21	"controlled by," or "under common control with" and shall mean
22	the possession, direct or indirect, of the power to direct or
23	cause the direction of the management and policies of a
24	person, whether through the ownership of voting securities, by
25	contract other than a commercial contract for goods or
26	nonmanagement services, or otherwise, unless the power is the

result of an official position with or corporate office held

by the person. Control shall be presumed to exist if any person, directly or indirectly owns, controls, holds with the power to vote, or holds proxies representing five percent or more of the voting securities of any other person. This presumption may be rebutted by a showing made in the manner provided by subsection (i) (k) of Section 27-29-4 that control does not exist in fact. Such "control" as used in this section shall not be deemed to exist where proxies have been obtained by management of such insurer solely in connection with voting at an annual or other regular meeting of the shareholders of such insurer. The commissioner may determine, after furnishing all persons in interest notice and opportunity to be heard and making a specific finding of fact to support such determination, that control exists in fact, notwithstanding the absence of a presumption to that effect.

"(4) ENTERPRISE RISK. Any activity, circumstance,
event, or series of events involving one or more affiliates of
an insurer that, if not remedied promptly, is likely to have a
material adverse effect upon the financial condition or
liquidity of the insurer or its insurance holding company
system as a whole, including, but not limited to, anything
that would cause the insurer's risk-based capital to fall into
company action level as set forth in Section 27-2B-4 or would
cause the insurer to be in hazardous financial condition.

"(4) (5) INSURANCE HOLDING COMPANY SYSTEM. A system which consists of two or more affiliated persons, one or more of which is an insurer.

"(5)(6) INSURER. An insurance company as set forth
in Section 27-1-2, except that it shall not include: agencies,
authorities, or instrumentalities of the United States, its
possessions and territories, the Commonwealth of Puerto Rico,
the District of Columbia, or a state or political subdivision
of a state.

"a. Agencies, authorities, or instrumentalities of

"a. Agencies, authorities, or instrumentalities of the United States, its possessions and territories, the Commonwealth of Puerto Rico, the District of Columbia, or a state or political subdivision of a state;

"b. Fraternal benefit societies; or

"c. Nonprofit medical and hospital service associations.

"Notwithstanding the foregoing, for purposes of Section 27-29-3, a domestic insurer shall include any other person controlling a domestic insurer unless such other person is either directly or through its affiliates primarily engaged in business other than the business of insurance.

"(6)(7) PERSON. An individual, a corporation, a limited liability company, a partnership, a limited partnership, an association, a joint-stock company, a trust, an unincorporated organization, or any similar entity or any combination of the foregoing acting in concert, but shall not include any securities broker performing no more than the usual and customary broker's function joint venture partnership exclusively engaged in owning, managing, leasing, or developing real or tangible personal property.

"(7)(8) SECURITYHOLDER. One who owns any security of such person, including common stock, preferred stock, debt obligations, and other security convertible into, or

evidencing, the right to acquire any of the foregoing.

"(8) (9) SUBSIDIARY. An affiliate controlled by such person, directly or indirectly, through one or more intermediaries.

"(9) (10) VOTING SECURITY. The term shall include any security convertible into, or evidencing, a right to acquire a voting security.

"\$27-29-2.

- "(a) Authorization. Any A domestic insurer, either by itself or in cooperation with one or more persons, may organize or acquire one or more subsidiaries or affiliates in accordance with the provisions contained in this section. Such The subsidiaries or affiliates may conduct any kind of business, or businesses, permitted by the Constitution and the laws of this state, and their authority to do so shall not be limited by reason of the fact that they are subsidiaries or affiliates of a domestic insurer.
- "(b) Additional investment authority. In addition to investments in common stock, preferred stock, debt obligations, and other securities permitted under all other sections of this title, a domestic insurer may also:
- "(1) Invest, in common stock, preferred stock, debt obligations, and other securities of one or more subsidiaries or affiliates, including, without limitation, domestic or

1 foreign insurance subsidiaries or affiliates, amounts which do not exceed the lesser of 10 percent of such insurer's assets or 50 percent of the total of the insurer's capital and surplus as shown in the latest annual report of the insurer filed pursuant to subsection (a) of Section 27-3-26, less the minimum capital and surplus required of said insurer for 6 7 authority to transact insurance by Sections 27-3-7 and 27-3-8 as regards policyholders, provided that after such investments, the insurer's surplus as regards policyholders will be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs. In 12 calculating the amount of such investments, investments in 13 domestic and foreign insurance subsidiaries and health maintenance organizations shall be excluded, and there shall be included both of the following:

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"a. Total net moneys or other consideration expended and obligations assumed in the acquisition or formation of a subsidiary or affiliate, including all organizational expenses and contributions to capital and surplus of such subsidiary or affiliate, whether or not represented by the purchase of capital stock or issuance of other securities; and.

"b. All amounts expended in acquiring additional common stock, debt obligations, and other securities and all contributions to the capital or surplus of a subsidiary or affiliate subsequent to its acquisition or formation;.

"(2) Invest any amount in common stock, preferred stock, debt obligations, and other securities of one or more subsidiaries engaged or organized to engage exclusively in the ownership and management of assets authorized as investments for the insurer provided that each such subsidiary agrees to limit its investments in any asset so that such investments will not cause the amount of the total investment of the insurer to exceed any of the investment limitations specified in subdivision (1) of this subsection or in Sections 27-41-15 through 27-41-18 and 27-41-35. For the purpose of this subdivision, "the total investment of the insurer" shall include both of the following:

"a. Any direct investment by the insurer in an asset; and.

"b. The insurer's proportionate share of any investment in an asset by any subsidiary or affiliate of the insurer, which shall be calculated by multiplying the amount of the subsidiary's investment by the percentage of the insurer's ownership of such subsidiary or affiliate;

- "(3) With the approval of the commissioner, invest any greater amount in common stock, preferred stock, debt obligations, or other securities of one or more subsidiaries or affiliates, provided that after such investment the insurer's surplus as regards policyholders will be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs.
- "(c) Exemption from investment restrictions.

 Investments in common stock, preferred stock, debt
 obligations, or other securities of subsidiaries or affiliates

made pursuant to subsection (b) of this section shall not be subject to any of the otherwise applicable restrictions or prohibitions contained in this title applicable to such investments of insurers.

"(d) Qualification of investment; when determined. Whether any investment pursuant to subsection (b) of this section meets the applicable requirements thereof is to be determined immediately after before such investment is made, by calculating the applicable investment limitations as though the investment had already been made, taking into account the then outstanding principal balance on all previous investments in debt obligations and the value of all previous investments in equity securities as of the date they were made, net of any return of capital invested, not including dividends.

"(e) Cessation of control. If an insurer ceases to control a subsidiary, it shall dispose of any investment therein made pursuant to this section within three years from the time of the cessation of control or within such further time as the commissioner may prescribe, unless at any time after such investment shall have been made such investment shall have met the requirements for investment under any other section of this title, and the insurer has notified the commissioner.

"§27-29-3.

"(a) (1) Filing and approval requirements. No person other than the issuer shall make a tender offer for or a request or invitation for tenders of, or enter into any

agreement to exchange securities for, seek to acquire, or acquire in the open market any voting security of a domestic insurer if, after the consummation thereof, such person would, directly or indirectly, or by conversion or by exercise of any right to acquire, be in control of such insurer, and no person shall enter into an agreement to merge with or otherwise to acquire control of a domestic insurer, or any person controlling a domestic insurer unless, at the time any such offer, request, or invitation is made or any such agreement is entered into, or prior to the acquisition of such securities if no offer or agreement is involved or within 15 days after any such offer, request, or invitation is made or any such agreement is entered into, such person has filed with the commissioner and has sent to such insurer a statement containing the information required by this section and such offer, request, invitation, agreement, or acquisition either: has been approved by the commissioner in the manner prescribed in this section.

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"(1) Has been approved by the commissioner in the manner prescribed in this section; or

"(2) Expressly states that it is subject to approval by the commissioner in the manner prescribed in this section.

"An offer, request, invitation, agreement, or acquisition which contains such a condition and which is approved by the commissioner in the manner so prescribed shall be effective and binding according to its terms from the date on which it was made.

1	"(2) For purposes of this section, any controlling
2	person of a domestic insurer seeking to divest its controlling
3	interest in the domestic insurer, in any manner, shall file
4	with the commissioner, with a copy to the insurer,
5	confidential notice of its proposed divestiture at least 30
6	days prior to the cessation of control. The commissioner shall
7	determine those instances in which the party or parties
8	seeking to divest or to acquire a controlling interest in an
9	insurer, will be required to file for and obtain approval of
10	the transaction. The information shall remain confidential
11	until the conclusion of the transaction unless the
12	commissioner, in his or her discretion, determines that
13	confidential treatment will interfere with enforcement of this
14	section. If the statement referred to in subdivision (1) is
15	otherwise filed, this subdivision shall not apply.
16	"(3) With respect to a transaction subject to this
17	section, the acquiring person must also file a pre-acquisition
18	notification with the commissioner, which shall contain the
19	information set forth in subdivision (1) of subsection (c) of
20	Section 27-29-3.1. A failure to file the notification may be
21	subject to penalty specified in subdivision of (3) of
22	subsection (e) of Section 27-29-3.1.
23	"(4) For purposes of this section:
24	"a. A domestic insurer includes any person
25	controlling a domestic insurer unless the person, as
26	determined by the commissioner, is either directly or through

1	its	affiliates	primarily	engaged	in	business	other	than	the
2	hug	iness of ins	surance						

"b. Person does not include any securities broker holding, in the usual and customary broker's function, less than 20 percent of the voting securities of an insurance company or of any person which controls an insurance company.

"(b) Content of statement.

"(1) The statement to be filed with the commissioner under this section shall be made under oath or affirmation and shall contain all of the following information:

"(1)a. The name and address of each person by whom, or on whose behalf, the merger or other acquisition of control referred to in subsection (a) of this section is to be effected (hereinafter called "acquiring party"), and either of the following:

"a.1. If such the person is an individual, his or her principal occupation and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations during the past 10 years; or.

"b.2. If such the person is not an individual, a report of the nature of its business operations during the past five years or for such the lesser period as such person and any predecessors thereof shall have been in existence; an informative description of the business intended to be done by such the person and such the person's subsidiaries; and a list of all individuals who are, or who have been selected to become, directors or executive officers of such the person or

who perform, or will perform, functions appropriate to such the positions. Such The list shall include for each such individual the information required by paragraph a. of this subdivision; subparagraph 1.

"(2)b. The source, nature, and amount of the consideration used, or to be used, in effecting the merger or other acquisition of control, a description of any transaction wherein funds were, or are to be, obtained for any such purpose, including any pledge of the insurer's stock, or the stock of any of its subsidiaries or controlling affiliates, and the identity of persons furnishing such consideration; provided, however, that where a source of such consideration is a loan made in the lender's ordinary course of business, the identity of the lender shall remain confidential if the person filing such statement so requests.

"(3)c. Fully audited financial information as to the earnings and financial condition of each acquiring party for the preceding five fiscal years of each such acquiring party, or for such lesser period as such acquiring party and any predecessors thereof shall have been in existence, and similar unaudited information as of a date not earlier than 90 days prior to the filing of the statement; provided, however, that in the case of an acquiring party which is an insurer actively engaged in the business of insurance, the financial statements of such insurer need not be audited, except such audit may be required if the need therefor is determined by the commissioner;.

"(4)d. Any plans or proposals which each acquiring party may have to liquidate such insurer, to sell its assets, or to merge or consolidate it with any person or to make any other material change in its business or corporate structure or management.

"(5)e. The number of shares of any security referred to in subsection (a) of this section which each acquiring party proposes to acquire, the terms of the offer, request, invitation, agreement, or acquisition referred to in subsection (a) of this section, and a statement as to the method by which the fairness of the proposal was arrived at.

"(6) f. The amount of each class of any security referred to in subsection (a) of this section which is beneficially owned or concerning which there is a right to acquire beneficial ownership by each acquiring party τ .

"(7)g. A full description of any contracts, arrangements, or understandings with respect to any security referred to in subsection (a) of this section in which any acquiring party is involved, including, but not limited to, transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. Such description shall identify the persons with whom such contracts, arrangements, or understandings have been entered into;.

"(8)h. A description of the purchase of any security
referred to in subsection (a) of this section during the 12
calendar months preceding the filing of the statement by any
acquiring party, including the dates of purchase, names of the
purchasers, and consideration paid, or agreed to be paid,
therefor;.

"(9)i. A description of any recommendations to purchase any security referred to in subsection (a) of this section made during the 12 calendar months preceding the filing of the statement by any acquiring party or by anyone based upon interviews or at the suggestion of such acquiring party.

"(10)j. Copies of all tender offers for, requests or invitations for tenders of, exchange offers for and agreements to acquire or exchange any securities referred to in subsection (a) of this section and, if distributed, of additional soliciting material relating thereto.

"(11)k. The terms of any agreement, contract, or understanding made with or proposed to be made with any broker-dealer as to solicitation of securities referred to in subsection (a) of this section for tender and the amount of any fees, commissions, or other compensation to be paid to broker-dealers with regard thereto; and.

"1. An agreement by the person required to file the statement referred to in subsection (a) that it will provide the annual report, specified in subsection (l) of Section 27-29-4, for so long as control exists.

"m. An acknowledgement by the person required to file the statement referred to in subsection (a) that the person and all subsidiaries within its control in the insurance holding company system will provide information to the commissioner upon request as necessary to evaluate enterprise risk to the insurer.

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"(12)n. Such additional information as the commissioner may, by rule or regulation, prescribe as necessary or appropriate for the protection of policyholders and securityholders of the insurer or in the public interest.

"(2) If the person required to file the statement referred to in subsection (a) of this section is a partnership, limited partnership, syndicate, or other group, the commissioner may require that the information called for by subdivisions (1) paragraphs a. through (12) n. of this subsection subdivision (1) shall be given with respect to each partner of such partnership or limited partnership, each member of such syndicate or group, and each person who controls such partner or member. If any such partner, member, or person is a corporation or the person required to file the statement referred to in subsection (a) of this section is a corporation, the commissioner may require that the information called for by subdivisions (1) paragraphs a. through (12) n. of this subsection subdivision (1) shall be given with respect to such corporation, each officer and director of such corporation, and each person who is, directly or indirectly, the beneficial owner of more than 15 10 percent of the

outstanding voting securities of such corporation. If any material change occurs in the facts set forth in the statement filed with the commissioner and sent to such insurer pursuant to this section, an amendment setting forth such change, together with copies of all documents and other materials relevant to such change, shall be filed with the commissioner and sent to such insurer within two business days after the person learns of such change. Such insurer shall send such amendment to its shareholders.

- "(c) Alternative filing materials. If any offer, request, invitation, agreement, or acquisition referred to in subsection (a) of this section is proposed to be made by means of a registration statement under the Securities Act of 1933, or in circumstances requiring the disclosure of similar information under the Securities Exchange Act of 1934, or under a state law requiring similar registration or disclosure, the person required to file the statement referred to in subsection (a) of this section may utilize such documents in furnishing the information called for by that statement.
 - "(d) Approval by commissioner; hearings.
- "(1) The commissioner shall approve any merger or other acquisition of control referred to in subsection (a) of this section unless, after a public hearing thereon, he or she finds that any of the following:
- "a. After the change of control, the domestic insurer referred to in subsection (a) of this section would

1 not be able to satisfy the requirements for the issuance of a license to write the line, or lines, of insurance for which it 2 is presently licensed;. 3 "b. The effect of the merger or other acquisition of control would be substantially to lessen competition in 5 6 insurance in this state or to create a monopoly therein. In 7 applying the competitive standard in this paragraph: "1. The informational requirements of subdivision 8 (1) of subsection (c) of Section 27-29-3.1 and the standards 9 10 of subdivision (2) of subsection (d) of Section 27-29-3.1 shall apply. 11 12 "2. The merger or other acquisition shall not be 13 disapproved if the commissioner finds that any of the 14 situations meeting the criteria provided by subdivision (3) of 15 subsection (d) of Section 27-29-3.1 exist. "3. The commissioner may condition the approval of 16 17 the merger or other acquisition on the removal of the basis of disapproval within a specified period of time. 18 "c. The financial condition of any acquiring party 19 is such as might jeopardize the financial stability of the 20 21 insurer or prejudice the interest of its policyholders. 22 "d. The plans or proposals which the acquiring party 23 has to liquidate the insurer, to sell its assets, or to 24 consolidate or merge it with any person or to make any other 25 material change in its business or corporate structure or

management are unfair and unreasonable to policyholders of the

insurer and not in the public interest; or.

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"e. The competence, experience, and integrity of those persons who would control the operation of the insurer are such that it would not be in the interest of policyholders of the insurer and of the public to permit the merger or other acquisition of control.

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"f. The acquisition is likely to be hazardous or prejudicial to the insurance-buying public.

"(2) The public hearing referred to in subdivision (1) of this subsection shall be held within 45 30 days after the statement required by subsection (a) of this section is filed, and at least 20 days' notice thereof shall be given by the commissioner to the person filing the statement. Not less than 15 seven days' notice of such public hearing shall be given by the person filing the statement to the insurer and to such other persons as may be designated by the commissioner. The insurer shall give such notice to its securityholders. The commissioner shall make a determination within 30 days after the conclusion of such hearing the 60-day period preceding the effective date of the proposed transaction. At such hearing, the person filing the statement, the insurer, any person to whom notice of hearing was sent, and any other person whose interest may be affected thereby shall have the right to present evidence, examine and cross-examine witnesses and offer oral and written arguments and, in connection therewith, shall be entitled to conduct discovery proceedings in the same manner as is presently allowed in the circuit courts of this state. All discovery proceedings shall be concluded not later

than <u>five three</u> days prior to the commencement of the public hearing.

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"(3) If the proposed acquisition of control will require the approval of more than one commissioner, the public hearing referred to in subdivision (2) may be held on a consolidated basis upon request of the person filing the statement referred to in subsection (a). The person shall file the statement referred to in subsection (a) with the National Association of Insurance Commissioners within five days of making the request for a public hearing. A commissioner may opt out of a consolidated hearing, and shall provide notice to the applicant of the opt-out within 10 days of the receipt of the statement referred to in subsection (a). A hearing conducted on a consolidated basis shall be public and shall be held within the United States before the commissioners of the states in which the insurers are domiciled. The commissioners shall hear and receive evidence. A commissioner may attend the hearing, in person or by telecommunication.

"(4) In connection with a change of control of a domestic insurer, any determination by the commissioner that the person acquiring control of the insurer shall be required to maintain or restore the capital of the insurer to the level required by the laws and regulations of this state shall be made not later than 60 days after the date of notification of the change in control submitted pursuant to subdivision (1) of subsection (a).

	"(5) The commissioner may retain any attorneys,	
actuaries,	accountants, and other experts not otherwise a par	<u>:t</u>
of the com	missioner's staff as may be reasonably necessary to	<u>)</u>
assist the	commissioner in reviewing the proposed acquisition	<u>1</u>
of control	, the reasonable expenses of which shall be borne k	ΣУ
the acquir	ing person.	

"(e) Mailings to stockholders; payments of expenses.

All statements, amendments, or other material filed pursuant to subsections (a) or (b) of this section and all notices of public hearings held pursuant to subsection (d) of this section shall be mailed by the insurer to its stockholders within 10 business days after the insurer has received such statements, amendments, other material, or notices. The expenses of mailing shall be borne by the person making the filing. As security for the payment of such expenses, such person shall file with the commissioner an acceptable bond or other deposit in an amount to be determined by the commissioner.

"(f) (e) Exemptions. The provisions of this section shall not apply to any offer, request, invitation, agreement, or acquisition which the commissioner by order shall exempt therefrom as:

"(1) Any transaction which is subject to the provisions of Sections 27-27-45 and 27-27-46, dealing with the merger or consolidation of two or more insurers.

Τ	"(2) Any offer, request, invitation, agreement, or
2	acquisition which the commissioner by order shall exempt
3	therefrom as either of the following:
4	" (1) a. Not having been made or entered into for the
5	purpose and not having the effect of changing or influencing
6	the control of a domestic insurer; or
7	"(2)b. As otherwise not comprehended within the
8	purposes of this section.
9	" $\frac{(g)}{(f)}$ Violations. The following shall be
10	violations of this section:
11	"(1) The failure to file any statement, amendment,
12	or other material required to be filed pursuant to subsections
13	(a) or (b) of this section; or .
14	"(2) The effectuation, or any attempt to effectuate,
15	an acquisition of control of, or merger with, a domestic
16	insurer unless the commissioner has given his or her approval
17	thereto.
18	"(h)(q) Jurisdiction; consent to service of process.
19	The courts of this state are hereby vested with jurisdiction
20	over every person not resident, domiciled, or authorized to do
21	business in this state who files a statement with the
22	commissioner under this section and over all actions involving
23	such person arising out of violations of this section, and
24	each such person shall be deemed to have performed acts
25	equivalent to and constituting an appointment by such a person
26	of the commissioner to be his or her true and lawful attorney
27	upon whom may be served all lawful process in any action or

proceeding arising out of violations of this section. Copies
of all such lawful process shall be served on the commissioner
and transmitted by registered or certified mail by the
commissioner to such person at his or her last known address.

"§27-29-4.

"(a) Registration.

"(1) Every insurer which is authorized to do business in this state and which is a member of an insurance holding company system shall register with the commissioner, except a foreign insurer subject to registration requirements and standards adopted by statute or regulation in the jurisdiction of its domicile which are substantially similar to those contained in this section and Section 27-29-5. both of the following:

"a. Subdivision (1) of subsection (a) of Section 27-29-5, and subsections (b) and (d) of Section 27-29-5.

"b. Either subdivision (2) of subsection (a) of
Section 27-29-5 or a provision such as the following: Each
registered insurer shall keep current the information required
to be disclosed in its registration statement by reporting all
material changes or additions within 15 days after the end of
the month in which it learns of each change or addition.

"(2) Any insurer which is subject to registration under this section shall register within 60 days after

September 3, 1973, or 15 days after it becomes subject to registration, and annually thereafter by June 1 of each year for the previous calendar year, unless the commissioner for

good cause shown extends the time for registration and, then,
within such extended time. The commissioner may require any
authorized insurer which is a member of a an insurance holding
company system which is not subject to registration under this
section to furnish a copy of the registration statement, the
summary specified in subsection (c) or other information filed
by such insurance company with the insurance regulatory
authority of domiciliary jurisdiction.

- "(b) Information and form required. Every insurer subject to registration shall file a registration statement on a form provided prescribed by the commissioner by rule which shall contain the following current information about:
 - "(1) The capital structure, general financial condition, ownership, and management of the insurer and any person controlling the insurer $\frac{1}{1}$.
 - "(2) The identity of every member of the insurance holding company system;.
 - "(3) The following agreements in force, relationships subsisting, and transactions currently outstanding or which have occurred during the last calendar year between such insurer and its affiliates:
- "a. Loans, other investments or purchases, sales or exchanges of securities of the affiliates by the insurer or of the insurer by its affiliates.
 - "b. Purchases, sales, or exchanges of assets 7.
- "c. Transactions not in the ordinary course of business.

1 "d. Guarantees or undertakings for the benefit of an 2 affiliate which result in an actual contingent exposure of the insurer's assets to liability, other than insurance contracts 3 entered into in the ordinary course of the insurer's business;. 5 6 "e. All management agreements and service contracts 7 and all cost-sharing arrangements;. "f. Reinsurance agreements;. 8 "q. Dividends and other distributions to 9 10 shareholders; and. "h. Consolidated tax allocation agreements; 11 12 "(4) Any pledge of the insurer's stock, including 13 stock of any subsidiary or controlling affiliate, for a loan 14 made to any member of the insurance holding company system;. 15 "(5) If requested by the commissioner, the insurer shall include financial statements of or within an insurance 16 17 holding company system, including all affiliates. Financial statements may include, but are not limited to, annual audited 18 financial statements filed with the U.S. Securities and 19 Exchange Commission pursuant to the Securities Act of 1933, as 20 21 amended, or the Securities Exchange Act of 1934, as amended. 22 An insurer required to file financial statements pursuant to 23 this subdivision may satisfy the request by providing the 24 commissioner with the most recently filed parent corporation 25 financial statements that have been filed with the Securities Exchange Commission. Financial statements of insurer's 26

affiliates required to be filed with the commissioner may be

1	filed by the insurer in the accounting standard utilized by
2	the affiliate in its usual course of business at the time of
3	the filing.
4	"(5)(6) Other matters concerning transactions
5	between registered insurers and any affiliates as may be
6	included, from time to time, in any registration forms adopted
7	or approved by the commissioner.
8	"(7) Statements that the insurer's board of
9	directors or an appropriate committee of the board oversees
10	corporate governance and internal controls and that the
11	insurer's officers or senior management have approved,
12	implemented, and continue to maintain and monitor corporate
13	governance and internal control procedures.
14	"(8) Any other information required by the
15	commissioner by rule.
16	"(c) All registration statements shall contain a
17	summary outlining all items in the current registration
18	statement representing changes from the prior registration
19	statement.
20	" (c) (d) Materiality. No information need be
21	disclosed on the registration statement filed pursuant to
22	subsection (b) of this section if such information is not

disclosed on the registration statement filed pursuant to subsection (b) of this section if such information is not material for the purposes of this section. Unless the commissioner by rule, regulation, or order provides otherwise, sales, purchases, exchanges, loans, or extensions of credit or investments involving one-half of one percent or less of an

insurer's admitted assets as of December 31, next preceding, shall not be deemed material for purposes of this section.

"(d) (e) Amendments to registration statements. Each registered insurer shall keep current the information required to be disclosed in its registration statement by reporting all material changes or additions on amendment forms provided by the commissioner within 15 days after the end of the month in which it learns of each such change or addition, but at least annually, as provided in subsection (a); provided, however, that subject Subject to subsection (b) of Section 27-29-5, each registered insurer shall so report all dividends and other distributions to shareholders within five 15 business days following the declaration thereof.

"(f) Any person within an insurance holding company system subject to registration shall be required to provide complete and accurate information to an insurer, where the information is reasonably necessary to enable the insurer to comply with the provisions of this chapter.

"(e)(q) Termination of registration. The commissioner shall terminate the registration of any insurer which demonstrated that it no longer is a member of an insurance holding company system.

"(f) (h) Consolidated filing. The commissioner may require or allow two or more affiliated insurers subject to registration under this section to file a consolidated registration statement or consolidated reports amending their

consolidated registration statement or their individual registration statements.

"(g)(i) Alternative registration. The commissioner may allow an insurer which is authorized to do business in this state and which is part of an insurance holding company system to register on behalf of any affiliated insurer which is required to register under subsection (a) of this section and to file all information and material required to be filed under this section.

"(h)(j) Exemptions. The provisions of this section shall not apply to any insurer, information, or transaction if, and to the extent that, the commissioner by rule, regulation, or order shall exempt the same from the provisions of this section.

"(i)(k) Disclaimer. Any person may file with the commissioner a disclaimer of affiliation with any authorized insurer or such a disclaimer may be filed by such the insurer or any member of an insurance holding company system. The disclaimer shall fully disclose all material relationships and bases for affiliation between such the person and such the insurer as well as the basis for disclaiming such affiliation. After a disclaimer has been filed, the insurer shall be relieved of any duty to register or report under this section which may arise out of the insurer's relationship with such person, unless and until the commissioner disallows such a disclaimer only after furnishing all parties in interest with notice and

opportunity to be heard and after making specific findings of fact to support such disallowance. A disclaimer of affiliation shall be deemed to have been granted unless the commissioner, within 30 days following receipt of a complete disclaimer, notifies the filing party the disclaimer is disallowed. In the event of disallowance, the disclaiming party may request an administrative hearing, which shall be granted. The disclaiming party shall be relieved of its duty to register under this section if approval of the disclaimer has been granted by the commissioner, or if the disclaimer is deemed to have been approved.

"(1) (1) Except as provided in subdivisions (2) and (4), the ultimate controlling person of every insurer subject to registration shall also file an annual enterprise risk report. The report shall, to the best of the ultimate controlling person's knowledge and belief, identify the material risks within the insurance holding company system that could pose enterprise risk to the insurer. The report shall be filed with the lead state commissioner of the insurance holding company system as determined by the procedures within the Financial Analysis Handbook adopted by the National Association of Insurance Commissioners.

"(2) Except as provided in subdivision (3), the ultimate controlling person of an insurer with total direct or assumed annual premiums of less than three hundred million dollars (\$300,000,000) is not required to submit an enterprise risk report under subdivision (1).

1	"(3) Regardless of total direct or assumed annual
2	premium, the ultimate controlling person of an insurer that is
3	not in compliance with applicable risk-based capital standards
4	or that is otherwise in hazardous condition, as determined by
5	the commissioner, shall file an enterprise risk report
6	required by subdivision (1) as directed by the commissioner.
7	"(4) An insurer that in the preceding calendar year
8	had direct written and assumed premiums of more than three
9	hundred million dollars (\$300,000,000) but less than five
10	hundred million dollars (\$500,000,000) may request an
11	exemption from the reporting requirements of subdivision (1)
12	by filing with the commissioner a written statement describing
13	the undue financial or organizational hardship the insurer
14	would suffer as a result of complying with subdivision (1).
15	The commissioner may grant the exemption if the commissioner
16	finds that compliance with subdivision (1) would impose an
17	undue financial or organizational hardship on the insurer.
18	" $\frac{(j)}{(m)}$ Wiolations. The failure to file a
19	registration statement or any amendment thereto summary of the
20	registration statement or enterprise risk filing required by
21	this section within the time specified for such filing shall
22	be a violation of this section.
23	" §27-29-5.
24	"(a) Transactions with affiliates. Material
25	transactions by registered insurers with their affiliates
26	Transactions within an insurance holding company system to

1	which an insurer subject to registration is a party shall be
2	subject to <u>all of</u> the following standards:
3	"(1) The terms shall be fair and reasonable;.
4	"(2) Agreements for cost sharing services and
5	management shall include such provisions as required by rule
6	and regulation issued by the commissioner.
7	" (2) (3) Charges or fees for services performed shall
8	be reasonable ; .
9	" (3) (4) Expenses incurred and payment received shall
10	be allocated to the insurer in conformity with customary
11	insurance accounting practices consistently applied $\frac{1}{7}$.
12	" $\frac{(4)}{(5)}$ The books, accounts, and records of each
13	party will to all such transactions shall be so maintained as
14	to clearly and accurately disclose the precise nature and
15	details of the transactions; and including such accounting
16	information as is necessary to support the reasonableness of
17	the charges or fees to the respective parties.
18	" (5) (6) The insurer's surplus as regards
19	policyholders following any dividends or distributions to
20	shareholder affiliates shall be reasonable in relation to the
21	insurer's outstanding liabilities and adequate to its
22	financial needs.
23	"(b) $\underline{(1)}$ The following transactions involving a
24	domestic insurer and any person in its insurance holding
25	company system, including amendments or modifications of
26	affiliate agreements previously filed pursuant to this section
27	which are subject to any materiality standards contained in

paragraphs a. through q., may not be entered into unless the insurer has notified the commissioner in writing of its intention to enter into such the transaction at least 30 days prior thereto, or such shorter period as the commissioner may permit, and the commissioner has not disapproved it within that period. The notice for amendments or modifications shall include the reasons for the change and the financial impact on the domestic insurer. Informal notice shall be reported, within 30 days after a termination of a previously filed agreement, to the commissioner for determination of the type of filing required, if any.

"(1)a. Sales, purchases, exchanges, loans or extensions of credit, guarantees, or investments provided the transactions are equal to or exceed the following:

"a.1. With respect to nonlife insurers, the lesser of three percent of the insurer's admitted assets or 25 percent of surplus as regards policyholders as of the 31st day of December next preceding.

"b.2. With respect to life insurers, three percent of the insurer's admitted assets as of the 31st day of December next preceding.

"(2)b. Loans or extensions of credit to any person who is not an affiliate, where the insurer makes loans or extensions of credit with the agreement or understanding that the proceeds of the transactions, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase assets of, or to make investments in, any

affiliate of the insurer making the loans or extensions of credit provided the transactions are equal to or exceed the following:

"a.1. With respect to nonlife insurers, the lesser of three percent of the insurer's admitted assets or 25 percent of surplus as regards policyholders as of the 31st day of December next preceding.

"b.2. With respect to life insurers, three percent of the insurer's admitted assets as of the 31st day of December next preceding.

"(3)c. Reinsurance agreements or modifications thereto, including:

"1. All reinsurance pooling agreements.

"2. Agreements in which the reinsurance premium or a change in the insurer's liabilities, or the projected reinsurance premium or a change in the insurer's liabilities in any of the next three years, equals or exceeds five percent of the insurer's surplus as regards policyholders, as of the 31st day of December next preceding, including those agreements which may require as consideration the transfer of assets from an insurer to a nonaffiliate, if an agreement or understanding exists between the insurer and nonaffiliate that any portion of such the assets will be transferred to one or more affiliates of the insurer.

"(4)d. All management agreements, service contracts, tax allocation agreements, quarantees and all cost-sharing arrangements; and.

1	"e. Guarantees when made by a domestic insurer;
2	provided, however, that a quarantee which is quantifiable as
3	to amount is not subject to the notice requirements of this
4	paragraph unless it exceeds the lesser of one-half of one
5	percent of the insurer's admitted assets or 10 percent of
6	surplus as regards policyholders as of the 31st day of
7	December next preceding. Further, all guarantees which are not
8	quantifiable as to amount are subject to the notice
9	requirements of this paragraph.
0	"f. Direct or indirect acquisitions or investments

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in a person that controls the insurer or in an affiliate of the insurer in an amount which, together with its present holdings in such investments, exceeds two and one-half percent of the insurer's surplus to policyholders. Direct or indirect acquisitions or investments in subsidiaries acquired pursuant to Section 27-29-2, or authorized under any other section of this title, or in non-subsidiary insurance affiliates that are subject to this chapter, are exempt from this requirement.

"(5)g. Any material transactions, specified by regulation, which the commissioner determines may adversely affect the interests of the insurer's policyholders.

- "(2) Nothing herein contained in this subsection shall be deemed to authorize or permit any transactions which, in the case of an insurer not a member of the same holding company system, would be otherwise contrary to law.
- "(c) A domestic insurer may not enter into transactions which are part of a plan or series of like

transactions with persons within the <u>insurance</u> holding company
system if the purpose of those separate transactions is to
avoid the statutory threshold amount and thus avoid the review
that would occur otherwise. If the commissioner determines
that such separate transactions were entered into over any
12-month period for that purpose, he or she the commissioner
may exercise his or her authority under Section 27-29-10.

- "(d) The commissioner, in reviewing transactions pursuant to subsection (b), shall consider whether the transactions comply with the standards set forth in subsection (a) and whether they may adversely affect the interests of policyholders.
- "(e) The commissioner shall be notified within 30 days of any investment of the domestic insurer in any one corporation if the total investment in such the corporation by the insurance holding company system exceeds 10 percent of the corporation's voting securities.
- "(f) Adequacy of surplus. For purposes of this chapter in determining whether an insurer's surplus as regards policyholders is reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs, the following factors, among others, shall be considered:
- "(1) The size of the insurer as measured by its assets, capital and surplus, reserves, premium writings, insurance in force, and other appropriate criteria.

1	"(2) The extent to which the insurer's business is
2	diversified among the several lines of insurance $\frac{1}{7}$.
3	"(3) The number and size of risks insured in each
4	line of business ; .
5	"(4) The extent of the geographical dispersion of
6	the insurer's insured risks 7.
7	"(5) The nature and extent of the insurer's
8	reinsurance program; .
9	"(6) The quality, diversification, and liquidity of
10	the insurer's investment portfolio; .
11	"(7) The recent past and projected future trend in
12	the size of the insurer's surplus as regards policyholders;
13	investment portfolio.
14	"(8) The surplus as regards policyholders maintained
15	by other comparable insurers 7.
16	"(9) The adequacy of the insurer's reserves $\frac{1}{1}$.
17	"(10) The quality and liquidity of investments in
18	subsidiaries made pursuant to Section 27-29-2 affiliates. The
19	commissioner may treat any such investment as a disallowed
20	asset for purposes of determining the adequacy of surplus as
21	regards policyholders whenever, in $rac{ ext{his or her}}{ ext{the}}$ judgment
22	such of the commissioner, the investment so warrants; and.
23	"(11) The quality of the company's earnings and the
24	extent to which the reported earnings include extraordinary
25	items.
26	"(g) Dividends and other distributions.

"(1) a. A domestic insurer shall not pay any extraordinary dividend or make any other extraordinary distribution to its shareholders until 30 days after the commissioner has received notice of the declaration of the dividend or distribution thereof and has not disapproved such payment within the period, or until the time the commissioner has approved the payment within the 30-day period.

"b. For purposes of this paragraph section, an "extraordinary dividend or distribution" includes any dividend or distribution of cash or other property, whose fair market value together with that of other dividends or distributions made within the preceding 12 months exceeds the greater of the following:

"a.1. Ten percent of the insurer's surplus as regards policyholders as of the 31st day of December next preceding; or.

"b.2. The net gain from operations of the insurer, if the insurer is a life insurer, or the net income, if the insurer is not a life insurer, not including realized capital gains or the pro rata distribution of any class of the insurer's own securities, for the 12-month period ending the 31st day of December next preceding. An extraordinary dividend or distribution does not include pro rata distributions of any class of the insurer's own securities.

"(2) A domestic insurer subject to registration under Section 27-29-4 shall report to the commissioner all dividends to shareholders within five business days following

the declaration of the dividends and not less than 10 days

prior to the payment of the dividends. This report shall also

include a schedule setting forth all dividends or other

distributions made within the previous 12 months.

"(3) In determining whether a dividend or distribution is extraordinary, an insurer other than a life insurer may carry forward net income from the previous two calendar years that has not already been paid out as dividends. This carryforward shall be computed by taking the net income from the second and third preceding calendar years, not including realized capital gains, less dividends paid in the second and immediate preceding calendar years.

"(3)(4) Notwithstanding any other provision of law, a domestic an insurer may declare an extraordinary dividend or distribution which is conditional upon the commissioner's approval of the dividend or distribution. Such The declaration does not shall confer any no rights upon shareholders until the commissioner has approved the payment of the dividend or distribution or the commissioner has not disapproved the payment within the 30-day period as provided in subdivision (1).

"(4)(5) The commissioner shall assess such reasonable charges as he or she deems necessary for the review conducted pursuant to this section. All funds received shall be deposited in the State Treasury to the credit of the Special Examination Revolving Fund, from which the expenses incurred shall be paid.

1 "\$27-29-6.

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2 "(a) Power of commissioner. Subject to the limitation contained in this section and in addition to the 3 powers which the commissioner has under Sections 27-2-7, 27-2-21, 27-2-23, and 27-2-26, relating to the examination of insurers, the commissioner shall also have the power to order 6 7 examine any insurer registered under Section 27-29-4 to produce such records, books, or other information papers in 8 9 the possession of the insurer, or its affiliates, as shall be necessary and its affiliates to ascertain the financial 10 condition or legality of conduct of such the insurer, and to 11 12 verify the information required to be contained in the 13 insurer's registration statement and any additional 14 information pertinent to transactions between the insurer and 15 its affiliates. In the event such insurer fails to comply with 16 such order, the commissioner shall have the power to examine 17 such affiliates to obtain such information including the enterprise risk to the insurer by the ultimate controlling 18 party, by any entity or combination of entities within the 19 insurance holding company system, or by the insurance holding 20 21 company system on a consolidated basis.

"(b) Purpose and limitation of examination. The commissioner shall exercise his power under subsection (a) of this section only if the examination of the insurer under Sections 27-2-7, 27-2-21, 27-2-23, and 27-2-26 is inadequate or the interests of the policyholders of such insurer may be adversely affected.

1 "(b)(1) The commissioner may order any insurer registered under Section 27-29-4 to produce such records, 2 books, or other information papers in the possession of the 3 insurer or its affiliates as are reasonably necessary to determine compliance with this title. 5

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"(2) To determine compliance with this title, the commissioner may order any insurer registered under Section 27-29-4 to produce information not in the possession of the insurer if the insurer can obtain access to such information pursuant to contractual relationships, statutory obligations, or other methods. In the event the insurer cannot obtain the information requested by the commissioner, the insurer shall provide the commissioner a detailed explanation of the reason that the insurer cannot obtain the information and the identity of the holder of information. Whenever it appears to the commissioner that the detailed explanation is without merit, the commissioner may require, after notice and hearing, the insurer to pay a penalty of up to one thousand dollars (\$1,000) for each day's delay, or may suspend or revoke the insurer's license.

"(c) Use of consultants. The commissioner may retain at the registered insurer's expense such attorneys, actuaries, accountants, and other experts not otherwise a part of the commissioner's staff as shall be reasonably necessary to assist in the conduct of the examination under subsection (a) of this section. Any persons so retained shall be under the

direction and control of the commissioner and shall act in a purely advisory capacity.

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"(d) Expenses. Each registered insurer producing for examination records, books, and papers pursuant to subsection

(a) of this section shall be liable for and shall pay the expense of such examination as provided in Section 27-2-25.

"(e) In the event the insurer fails to comply with an order, the commissioner shall have the power to examine the affiliates to obtain the information. In accordance with Sections 27-2-26 and 27-2-27, the commissioner shall also have the power to issue subpoenas, to administer oaths, and to examine under oath any person for purposes of determining compliance with this section. Upon the failure or refusal of any person to obey a subpoena, the commissioner may petition a court of competent jurisdiction, and upon proper showing, the court may enter an order compelling the witness to appear and testify or produce documentary evidence. Failure to obey the court order shall be punishable as contempt of court. Every person shall be obliged to attend as a witness at the place specified in the subpoena, when subpoenaed, anywhere within the state. He or she shall be entitled to the same fees and mileage, if claimed, as a witness in circuit court, which fees, mileage, and actual expense, if any, necessarily incurred in securing the attendance of witnesses, and their testimony, shall be itemized and charged against, and be paid by, the company being examined.

"§27-29-7.

"(a) All information, documents, materials or other information, and copies thereof, in the possession or control of the Department of Insurance that are obtained by or disclosed to the commissioner or any other person in the course of an examination or investigation made pursuant to Section 27-29-6 and all information reported pursuant to subdivisions (12) and (13) paragraphs 1. and m. of subdivision (1) of subsection (b) of Section 27-29-3, Section 27-29-4, and Section 27-29-5 shall be given confidential treatment by law and privileged, shall not be subject to any open records, freedom of information, sunshine or other public record disclosure laws and, shall not be subject to subpoena, shall not be subject to discovery or admissible in evidence in any private civil action, and shall not be made to subpoena and . However, the commissioner may use the documents, materials, and other information in the furtherance of any regulatory or legal action in the course of the commissioner's official duties. The documents, materials, and other information shall not be made public by the commissioner or any other person, except to insurance departments of other states, without the prior written consent of the insurer to which it pertains unless the commissioner, after giving the insurer and its affiliates who would be affected thereby not less than five days' written notice and opportunity to be heard, determines that the interests of policyholders, shareholders, or the public will be served by the publication thereof, in which event he the commissioner may publish all, or any part

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thereof, in such manner as he the commissioner may deem
appropriate. Prior to making this determination, the
commissioner shall give the insurer and its affiliates who
would be affected thereby no less than 10 days' written notice
of the opportunity to request a hearing on the matter.

"(b) Neither the commissioner nor any person who received documents, materials, or other information while acting under the authority of the commissioner or with whom such documents, materials, or other information are shared pursuant to this chapter shall be permitted or required to testify in any private civil action concerning any confidential documents, materials, or information subject to subsection (a).

"(c) In order to assist in the performance of the commissioner's duties, the commissioner:

"(1) May share documents, materials, or other information, including the confidential and privileged documents, materials, or information subject to subsection (a), with other state, federal, and international regulatory agencies, and with state, federal, and international law enforcement authorities, including members of any supervisory college described in Section 27-29-6.1, provided that the recipient agrees in writing to maintain the confidentiality and privileged status of the document, material, or other information, and has verified in writing the legal authority to maintain confidentiality.

1	"(2) Notwithstanding subdivision (1) above, may
2	share confidential and privileged documents, material, or
3	information reported pursuant to subsection (1) of Section
4	27-29-4 only with commissioners of states having statutes or
5	regulations substantially similar to subsection (a) and who
6	have agreed in writing not to disclose such information.
7	"(3) May receive documents, materials, or
8	information, including otherwise confidential and privileged
9	documents, materials, or information from the National
10	Association of Insurance Commissioners and its affiliates and
11	subsidiaries and from regulatory and law enforcement officials
12	of other foreign or domestic jurisdictions, and shall maintain
13	as confidential or privileged any document, material, or
14	information received with notice or the understanding that it
15	is confidential or privileged under the laws of the
16	jurisdiction that is the source of the document, material, or
17	<u>information.</u>
18	"(4) Shall enter into written agreements with the
19	National Association of Insurance Commissioners governing
20	sharing and use of information provided pursuant to this
21	chapter consistent with this subsection that shall:
22	"a. Specify procedures and protocols regarding the
23	confidentiality and security of information shared with the
24	National Association of Insurance Commissioners and its
25	affiliates and subsidiaries pursuant to this chapter,
26	including procedures and protocols for sharing by the National

1	Association of Insurance Commissioners with other state,
2	federal, or international regulators.
3	"b. Specify that ownership of information shared
4	with the National Association of Insurance Commissioners and
5	its affiliates and subsidiaries pursuant to this chapter
6	remains with the commissioner and the use of the information
7	by the National Association of Insurance Commissioners is
8	subject to the direction of the commissioner.
9	"c. Require at least 10 days' notice to be given to
10	an insurer whose confidential information in the possession of
11	the National Association of Insurance Commissioners pursuant
12	to this chapter is subject to a request or subpoena to the
13	National Association of Insurance Commissioners for disclosure
14	or production.
15	"d. Require the National Association of Insurance
16	Commissioners and its affiliates and subsidiaries to consent
17	to intervention by an insurer in any judicial or
18	administrative action in which the National Association of
19	Insurance Commissioners and its affiliates and subsidiaries
20	may be required to disclose confidential information about the
21	insurer shared with the National Association of Insurance
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22	Commissioners and its affiliates and subsidiaries pursuant to
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	Commissioners and its affiliates and subsidiaries pursuant to
23	Commissioners and its affiliates and subsidiaries pursuant to this chapter.

solely responsible for the administration, execution, and enforcement of this chapter.

"(e) No waiver of any applicable privilege or claim of confidentiality in the documents, materials, or information shall occur as a result of disclosure to the commissioner under this section or as a result of sharing as authorized in subsection (c).

"(f) Documents, materials, or other information in the possession or control of the National Association of

Insurance Commissioners pursuant to this chapter shall be confidential by law and privileged, shall not be subject to open records, freedom of information, sunshine or other public records disclosure laws, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action.

"\$27-29-10.

"(a) Any insurer failing, without just cause, to file any registration statement as required in this chapter shall be required, after notice and hearing, to pay a penalty of up to one thousand dollars (\$1,000) for each day's delay, to be recovered by the commissioner and the penalty so recovered shall be paid into the state General Fund. The maximum penalty under this section is fifty thousand dollars (\$50,000). The commissioner may reduce the penalty if the commissioner, in the commissioner's sole discretion, determines it is equitable to do so or the insurer

demonstrates to the commissioner that the imposition of the penalty would constitute a financial hardship to the insurer.

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"(b) Every director or officer of an insurance holding company system who knowingly violates, participates in, or permits any of the officers or agents of the insurer to engage in transactions or make investments that have not been properly reported or submitted pursuant to subsection (a) of Section 27-29-4, subdivision (1) of subsection (b) of Section 27-29-5, or subsection (q) of Section 27-29-5, or which violate this chapter, shall pay, in their individual capacity, a civil forfeiture of not more than ten thousand dollars (\$10,000) per violation, after notice and hearing before the commissioner. In determining the amount of the civil forfeiture, the commissioner shall take into account the appropriateness of the forfeiture with respect to the gravity of the violation, the history of previous violations, and such other matters as justice may require. A director or officer of an insurance holding company system acts knowingly when he or she has actual and not constructive or apparent knowledge of the nature of conduct described in this section or that a circumstance exists as described in this section.

"(c) Whenever it appears to the commissioner that any insurer subject to this chapter or any director, officer, employee, or agent thereof has engaged in any transaction or entered into a contract which is subject to Section 27-29-5 and which would not have been approved had the approval been requested, the commissioner may order the insurer to cease and

desist immediately any further activity under that transaction or contract. After notice and hearing, the commissioner may also order the insurer to void any contracts and restore the status quo if the action is in the best interest of the policyholders, creditors, or the public.

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"(d) Whenever it appears to the commissioner that any insurer or any director, officer, employee, or agent thereof has committed a willful violation of this chapter, the commissioner may cause criminal proceedings to be instituted by the district attorney for the county in which the principal office of the insurer is located, or if such insurer has no such office in the state, then by the District Attorney for Montgomery County, against such insurer or the responsible director, officer, employee, or agent thereof. Any insurer which willfully violates this chapter may upon conviction be fined not more than (\$10,000.00) ten thousand dollars (\$10,000). Any individual who willfully violates this chapter may upon conviction be fined not more than \$1,000.00 one thousand dollars (\$1,000) or, if such willful violation involves the deliberate perpetration of a fraud upon the commissioner, imprisoned not more than two years, or both.

"(e) Any officer, director, or employee of an insurance holding company system who willfully and knowingly subscribes to or makes or causes to be made any false statements or false reports or false filings with the intent to deceive the commissioner in the performance of his or her duties under this chapter, upon conviction, shall be

1 imprisoned for not more than five years or fined not more than 2 fifty thousand dollars (\$50,000), or both. Any fines imposed shall be paid by the officer, director, or employee in his or 3 4 her individual capacity. "(f) Whenever it appears to the commissioner that 5 6 any person has committed a violation of Section 27-29-3 and 7 which prevents the full understanding of the enterprise risk to the insurer by affiliates or by the insurance holding 8 9 company system, the violation may serve as an independent basis for disapproving dividends or distributions and for 10 placing the insurer under an order of supervision in 11 12 accordance with Section 27-2-33. "\$27-34-54. 13 14 "In addition to the provisions heretofore contained 15 or referred to in this chapter, other chapters and provisions of this title shall apply to fraternal benefit societies, to 16 17 the extent applicable and not in conflict with the express provisions of this chapter, and the reasonable implications 18 thereof, as follows: 19 "(1) Chapter 1;. 20 21 "(2) Chapter 2;. 22 "(3) The following sections of Chapter 3: "a. Section 27-3-4; and. 23 24 "b. Section 27-3-5; 25 "(4) The following sections of Chapter 10: "a. Section 27-10-1;. 26 27 "b. Section 27-10-2; and.

"c. Section 27-10-3. 1 2 "(5) Chapter 12_{7} . "(6) Section 27-15-29. 3 "(7) The following sections of Chapter 27: "a. Section 27-27-26; 5 "b. Section 27-27-27. 6 7 "c. Section 27-27-29; and. "d. Section 27-27-50; and. 8 "(8) Chapter 32. 9 10 "(9) Chapter 29." Section 2. Sections 27-29-3.1, 27-29-6.1, and 11 12 27-29-11.1 are added to the Code of Alabama 1975, to read as follows: 13 \$27-29-3.1. 14 15 (a) The following definitions shall apply for the 16 purposes of this section only: 17 (1) ACQUISITION. Any agreement or arrangement the consummation of which results in a person acquiring directly 18 or indirectly the control of another person, and includes, but 19 is not limited to, the acquisition of voting securities, the 20 21 acquisition of assets, bulk reinsurance, and mergers. 22 (2) INVOLVED INSURER. Includes an insurer which either acquires or is acquired, is affiliated with an acquirer 23 24 or acquired, or is the result of a merger. 25 (b) (1) Except as exempted in subdivision (2), this

section applies to any acquisition in which there is a change

in control of an insurer authorized to do business in this state.

- (2) This section shall not apply to the following:
- a. A purchase of securities solely for investment purposes so long as the securities, by voting or otherwise, are not used to cause or attempt to cause the substantial lessening of competition in any insurance market in this state. If a purchase of securities results in a presumption of control under subsection (c) of Section 27-29-1, it is not solely for investment purposes unless the commissioner of the insurer's state of domicile accepts a disclaimer of control or affirmatively finds that control does not exist and the disclaimer action or affirmative finding is communicated by the domiciliary commissioner to the commissioner of this state.
- b. The acquisition of a person by another person when both persons are neither directly nor through affiliates primarily engaged in the business of insurance, if pre-acquisition notification is filed with the commissioner in accordance with subdivision (1) of subsection (c) 30 days prior to the proposed effective date of the acquisition. However, such pre-acquisition notification is not required for exclusion from this section if the acquisition would otherwise be excluded from this section by any other paragraph of subdivision (2) of subsection (b).
 - c. The acquisition of already affiliated persons.

- d.1. An acquisition if, as an immediate result of the acquisition, any of the follow occurs:
- 3 (i) The combined market share of the involved 4 insurers does not exceed five percent of the total market in 5 any market.
 - (ii) There is no increase in any market share.
- 7 (iii) Both of the following do not occur in any
- 8 market:

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- 9 A. The combined market share of the involved 10 insurers exceeds 12 percent of the total market.
 - B. The market share increases by more than two percent of the total market.
 - 2. For the purpose of this paragraph, a market means direct written insurance premium in this state for a line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state.
 - e. An acquisition for which a pre-acquisition notification would be required pursuant to this section due solely to the resulting effect on the ocean marine insurance line of business.
 - f. An acquisition of an insurer whose domiciliary commissioner affirmatively finds that the insurer is in failing condition, there is a lack of feasible alternative to improving such condition, the public benefits of improving the insurer's condition through the acquisition exceed the public benefits that would arise from not lessening competition, and

the findings are communicated by the domiciliary commissioner to the commissioner of this state.

- (c) An acquisition covered by subsection (d) may be subject to an order pursuant to subsection (e) unless the acquiring person files a pre-acquisition notification and the waiting period has expired. The acquired person may file a pre-acquisition notification. The commissioner shall give confidential treatment to information submitted under this subsection in the same manner as provided in Section 27-29-7.
- (1) The pre-acquisition notification shall be in such form and contain such information as prescribed by the commissioner relating to those markets which, under paragraph d. of subdivision (2) of subsection (b), cause the acquisition not to be exempted from this section. The commissioner may require such additional material and information as deemed necessary to determine whether the proposed acquisition, if consummated, would violate the competitive standard of subsection (d). The required information may include an opinion of an economist as to the competitive impact of the acquisition in this state accompanied by a summary of the education and experience of such person indicating his or her ability to render an informed opinion.
- (2) The waiting period required shall begin on the date of receipt of the commissioner of a pre-acquisition notification and shall end on the earlier of the thirtieth day after the date of receipt, or termination of the waiting period by the commissioner. Prior to the end of the waiting

period, the commissioner, on a one-time basis, may require the submission of additional needed information relevant to the proposed acquisition, in which event the waiting period shall end on the earlier of the thirtieth day after receipt of the additional information by the commissioner or termination of the waiting period by the commissioner.

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- (d) (1) The commissioner may enter an order under subdivision (1) of subsection (e) with respect to an acquisition if there is substantial evidence that the effect of the acquisition may be substantially to lessen competition in any line of insurance in this state or to create a monopoly or if the insurer fails to file adequate information in compliance with subsection (c).
- (2) In determining whether a proposed acquisition would violate the competitive standard of subdivision (1), the commissioner shall consider the following:
- a.1. Any acquisition covered under subsection (b) involving two or more insurers competing in the same market may be considered prima facie evidence of violation of the competitive standards.
- (i) If the market is highly concentrated and the involved insurers possess the following shares of the market:

23	Insurer A	Insurer B
24	4%	4% or more
25	10%	2% or more

1 15% 1% or more

2 (ii) Or, if the market is not highly concentrated
3 and the involved insurers possess the following shares of the
4 market:

5	Insurer A	Ins	sure	er B
6	5%	5%	or	more
7	10%	4%	or	more
8	15%	3%	or	more
9	19%	1%	or	more

- 2. A highly concentrated market is one in which the share of the four largest insurers is 75 percent or more of the market. Percentages not shown in the tables are interpolated proportionately to the percentages that are shown. If more than two insurers are involved, exceeding the total of the two columns in the table may be considered prima facie evidence of violation of the competitive standard in subdivision (1). For the purpose of this paragraph, the insurer with the largest share of the market shall be deemed to be Insurer A.
- b. There is a significant trend toward increased concentration when the aggregate market share of any grouping of the largest insurers in the market, from the two largest to

the eight largest, has increased by seven percent or more of
the market over a period of time extending from any base year
five to 10 years prior to the acquisition up to the time of
the acquisition. Any acquisition or merger covered under
subsection (b) involving two or more insurers competing in the
same market may be considered prima facie evidence of
violation of the competitive standard in subdivision (1) if
all of the following occur:

1. There is a significant trend toward increased concentration in the market.

- 2. One of the insurers involved is one of the insurers in a grouping of large insurers showing the requisite increase in the market share.
- 3. Another involved insurer's market is two percent or more.
 - c. For the purposes of this subdivision:
 - 1. "Insurer" includes any company or group of companies under common management, ownership, or control.
 - 2. "Market" means the relevant product and geographical markets. In determining the relevant product and geographical markets, the commissioner shall give due consideration to, among other things, the definitions or guidelines, if any, published by the National Association of Insurance Commissioners and to information, if any, submitted by parties to the acquisition. In the absence of sufficient information to the contrary, the relevant product market is assumed to be the direct written insurance premium for a line

of business, such line being that used in the annual statement required to be filed by insurers doing business in this state, and the relevant geographical market is assumed to be this state.

- 3. The burden of showing prima facie evidence of violation of the competitive standard rests upon the commissioner.
- d. Even though an acquisition is not prima facie violative of the competitive standard under paragraphs a. and b., the commissioner may establish the requisite anticompetitive effect based upon other substantial evidence. Even though an acquisition is prima facie violative of the competitive standard under paragraphs a. and b., a party may establish the absence of the requisite anticompetitive effect based upon other substantial evidence. Relevant factors in making a determination under this paragraph include, but are not limited to, the following: Market shares, volatility of ranking of market leaders, number of competitors, concentration, trend of concentration in the industry, and ease of entry and exit into the market.
- (3) An order may not be entered under subdivision(1) of subsection (e) in either of the following instances:
- a. The acquisition will yield substantial economies of scale or economies in resource utilization that cannot be feasibly achieved in any other way, and the public benefits which would arise from such economies exceed the public benefits which would arise from not lessening competition.

b. The acquisition will substantially increase the
availability of insurance, and the public benefits of the
increase exceed the public benefits which would arise from not
lessening competition.

- (e)(1)a. If an acquisition which takes place after the effective date of this act violates the standards of this section, the commissioner may enter an order doing either of the following:
- 1. Requiring an involved insurer to cease and desist from doing business in this state with respect to the line or lines of insurance involved in the violation.
- 2. Denying the application of an acquired or acquiring insurer for a license to do business in this state.
- b. The order shall not be entered unless all of the following occur:
- 1. There is a hearing conducted within six years of the acquisition.
- 2. Notice of the hearing is issued prior to the end of the waiting period and not less than 15 days prior to the hearing.
- 3. The hearing is concluded and the order is issued no later than 60 days after the date of the filing of the pre-acquisition notification with the commissioner.
- c. Every order shall be accompanied by a written decision of the commissioner setting forth findings of fact and conclusions of law.

- d. An order pursuant to this paragraph shall not apply if the acquisition is not consummated.
 - (2) Any person who violates a cease and desist order of the commissioner under subdivision (1) while the order is in effect, after notice and hearing and upon order of the commissioner, is subject to one or more of the following:
 - a. A monetary penalty of not more than ten thousand dollars (\$10,000) for every day of violation.
 - b. Suspension or revocation of the person's license.
 - (3) Any insurer or other person who fails to make any filing required by this section, and who also fails to demonstrate a good faith effort to comply with any filing requirement, is subject to a fine of not more than fifty thousand dollars (\$50,000).
 - (f) Subsections (b) and (c) of Section 27-29-9 and Section 27-29-11 do not apply to acquisitions covered under subsection (b).

\$27-29-6.1.

(a) With respect to any insurer registered under Section 27-29-4, and in accordance with subsection (c), the commissioner shall also have the power to participate in a supervisory college for any domestic insurer that is part of an insurance holding company system with international operations in order to determine compliance by the insurer with this title. The powers of the commissioner with respect to supervisory colleges include, but are not limited to, the following:

1 (1) Initiating the establishment of a supervisory college.

- (2) Clarifying the membership and participation of other supervisors in the supervisory college.
- (3) Clarifying the functions of the supervisory college and the role of other regulators, including the establishment of a group-wide supervisor.
- (4) Coordinating the ongoing activities of the supervisory college, including planning meetings, supervisory activities, and processes for information sharing.
 - (5) Establishing a crisis management plan.
- (b) Each registered insurer subject to this section shall be liable for and shall pay the reasonable expenses of the commissioner's participation in a supervisory college in accordance with subsection (c), including reasonable travel expenses. For purposes of this section, a supervisory college may be convened as either a temporary or permanent forum for communication and cooperation between the regulators charged with the supervision of the insurer or its affiliates, and the commissioner may establish a regular assessment to the insurer for the payment of these expenses.
- (c) In order to assess the business strategy, financial position, legal and regulatory position, risk exposure, risk management, and governance processes, and as part of the examination of individual insurers in accordance with Section 27-29-6, the commissioner may participate in a supervisory college with other regulators charged with

supervision of the insurer or its affiliates, including other state, federal, and international regulatory agencies. The commissioner may enter into agreements in accordance with subsection (c) of Section 27-29-7 providing the basis for cooperation between the commissioner and the other regulatory agencies, and the activities of the supervisory college.

Nothing in this section shall delegate to the supervisory college the authority of the commissioner to regulate or supervise the insurer or its affiliates within its jurisdiction.

\$27-29-11.1.

(a) If an order for liquidation or rehabilitation of a domestic insurer has been entered, the receiver appointed under the order shall have a right to recover on behalf of the insurer, (1) from any parent corporation, holding company, person, or affiliate who otherwise controlled the insurer, the amount of distributions, other than distributions of shares of the same class of stock, paid by the insurer on its capital stock, or (2) any payment in the form of a bonus, termination settlement, or extraordinary lump sum salary adjustment made by the insurer or its subsidiary to a director, officer, or employee, where the distribution or payment pursuant to (1) or (2) is made at any time during the one year preceding the petition for liquidation, conservation, or rehabilitation, as the case may be, subject to the limitations of subsections (b), (c), and (d).

(b) No distribution shall be recoverable if the parent or affiliate shows that when paid the distribution was lawful and reasonable, and that the insurer did not know and could not reasonably have known that the distribution might adversely affect the ability of the insurer to fulfill its contractual obligations.

- (c) Any person who was a parent corporation, holding company, or a person who otherwise controlled the insurer or affiliate at the time the distributions were paid shall be liable up to the amount of distributions or payments under subsection (a) which the person received. Any person who otherwise controlled the insurer at the time the distributions were declared shall be liable up to the amount of distributions that would have been received if they had been paid immediately. If two or more persons are liable with respect to the same distributions, they shall be jointly and severally liable.
- (d) The maximum amount recoverable under this section shall be the amount needed in excess of all other available assets of the impaired or insolvent insurer to pay the contractual obligations of the impaired or insolvent insurer and to reimburse any guaranty associations.
- (e) To the extent that any person liable under subsection (c) is insolvent or otherwise fails to pay claims due from it, its parent corporation, holding company, or person who otherwise controlled it at the time the distribution was paid, shall be jointly and severally liable

for any resulting deficiency in the amount recovered from the parent corporation, holding company, or person who otherwise controlled it.

Section 3. Although this bill would have as its purpose or effect the requirement of a new or increased expenditure of local funds, the bill is excluded from further requirements and application under Amendment 621, now appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as amended, because the bill defines a new crime or amends the definition of an existing crime.

Section 4. This act shall become effective on January 1, 2016, following its passage and approval by the Governor, or its otherwise becoming law.

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3	House of Representatives
4 5 6 7	Read for the first time and re- ferred to the House of Representa- tives committee on Insurance 14-JAN-14
8 9	Read for the second time and placed on the calendar 1 amendment
10	
11 12	Read for the third time and passed as amended 27-FEB-14
13	Yeas 99, Nays 0, Abstains 0
14	
15 16 17	Jeff Woodard Clerk