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

1	150676-5 : n	:01/06/2014:FC/th LRS2013-1387R4
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8	SYNOPSIS:	Under existing law, members of an insurance
9		holding company system are required to meet certain
10		requirements deemed appropriate to protect the
11		solvency of the insurers within the system.
12		Under existing law, the commissioner is
13		required to hold a public hearing to consider a
14		proposed acquisition of control of an
15		Alabama-domiciled insurer.
16		Under existing law, insurers or officers,
17		directors, employees, or agents thereof willfully
18		violating the holding company act can be criminally
19		prosecuted and, upon conviction, fined up to ten
20		thousand dollars (\$10,000) for an insurer and up to
21		one thousand dollars (\$1,000) for an individual, or
22		up to two years in prison, or both.
23		This bill would add requirements to the
24		insurance holding company system law for assessing
25		the "enterprise risk" within the entire holding
26		company system, including the risk caused by

non-insurance affiliates.

The bill would permit the commissioner to
hold the public hearing required to consider a

proposed acquisition of control of an
Alabama-domiciled insurer on a consolidated basis
with other commissioners if the approval of
commissioner from other states is also required.

2.2

The bill would require, in certain circumstances, a pre-acquisition notification to the commissioner, and give the commissioner authority to order the acquisition not occur under certain circumstances and according to certain requirements.

The bill would authorize the commissioner to participate in a supervisory college with other regulators for any domestic insurer that is part of a holding company with international operations in order to determine compliance by the insurer with this law.

The bill would add additional penalties for certain violations of the act, including a daily fine of up to (\$1,000) for failure to file any registration required to be filed under the act, up to a maximum of (\$50,000); a civil forfeiture of up to (\$10,000) per violation for any officers or directors of an insurance holding company system who knowingly violate, participate in, or assent to, or who knowingly permit the officers or agents

of the insurer to engage in transactions or investments not properly reported or submitted pursuant to the act; and a criminal penalty of up to five years in prison or a fine of up to (\$50,000), or both, for 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 statement or false reports or false filings with the intent to deceive the commissioner in the performance of the

commissioner's duties under this act.

2.2

The bill would provide certain recovery rights to a receiver appointed to liquidate or rehabilitate a domestic insurer from any parent corporation or holding company or person or affiliate who otherwise controlled the insurer the amounts of distributions paid by the insurer on its capital stock or in the form of a bonus, termination settlement, or extraordinary lump sum salary adjustment to a director, officer, or employee made at any time during the one year preceding the petition for liquidation, conservation, or rehabilitation, with certain limitations and exceptions.

Amendment 621 of the Constitution of Alabama of 1901, now appearing as Section 111.05 of the Official Recompilation of the Constitution of

Alabama of 1901, as amended, prohibits a general law whose purpose or effect would be to require a new or increased expenditure of local funds from becoming effective with regard to a local governmental entity without enactment by a 2/3 vote unless: it comes within one of a number of specified exceptions; it is approved by the affected entity; or the Legislature appropriates funds, or provides a local source of revenue, to the entity for the purpose.

The purpose or effect of this bill would be to require a new or increased expenditure of local funds within the meaning of the amendment. However, the bill does not require approval of a local governmental entity or enactment by a 2/3 vote to become effective because it comes within one of the specified exceptions contained in the amendment.

A BILL

TO BE ENTITLED

21 AN ACT

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 2 authorize the commissioner to enter into supervisory colleges with other regulators for a domestic insurer that is part of 3 an international holding company; to add additional penalties; and to grant additional recovery rights to receivers for a 5 6 domestic insurer and in connection, would amend Sections 7 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 8 Alabama 1975, and to add Sections 27-29-3.1, 27-29-6.1, and 9 10 27-29-11.1 to the Code of Alabama 1975; and in connection therewith would have as its purpose or effect the requirement 11 12 of a new or increased expenditure of local funds within the 13 meaning of Amendment 621 of the Constitution of Alabama of 14 1901, now appearing as Section 111.05 of the Official Recompilation of the Constitution of Alabama of 1901, as 15 16 amended.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. Sections 10A-20-6.16, 27-21A-23, 27-29-1, 18 27-29-2, 27-29-3, 27-29-4, 27-29-5, 27-29-6, 27-29-7, 19 27-29-10, and 27-34-54, Code of Alabama 1975, are amended to 20 read as follows: 21

"\$10A-20-6.16.

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"(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

1	article and made applicable; except as follows the corporation
2	shall be subject to the following:
3	"(1) The corporation shall be subject to the
4	provisions regarding annual premium tax to be paid by insurers
5	on insurance premiums.
6	"(2) The corporation shall be subject to the
7	provisions of Chapter 55, of Title 27, regarding the
8	prohibition of unfair discriminatory acts by insurers on the
9	basis of an applicant's or insured's abuse status.
10	"(3) The corporation shall be subject to the
11	provisions regarding Medicare Supplement Minimum Standards set
12	forth in Article 2 of Chapter 19 of Title 27, and Long-Term
13	Care Insurance Policy Minimum Standards set forth in Article 3
14	of Chapter 19 of Title 27.
15	"(4) The corporation shall be subject to Section
16	27-1-17, requiring insurers and health plans to pay health
17	care providers in a timely manner.
18	"(5) The corporation shall be subject to the
19	provisions of Chapter 56 of Title 27, regarding the Access to
20	Eye Care Act.
21	"(6) The corporation shall be subject to the
22	regulations Rules promulgated by the Commissioner of Insurance
23	pursuant to Sections 27-7-43 and 27-7-44.
24	"(7) The corporation shall be subject to the
25	provisions of Chapter 54 of Title 27.
26	"(8) The corporation shall be subject to the
27	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.
- 26 "\$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 1 2 any way to repeal or conflict with any provision of the certificate of need law. 3 "(f) Notwithstanding the provisions of subsection (a), a health maintenance organization shall be subject to all 5 of the following: 6 7 "(1) Section 27-1-17. "(g) Notwithstanding the provisions of subsection 8 9 (a), a health maintenance organization shall be subject to the provisions of (2) Chapter 56 of this title, regarding the 10 11 Access to Eye Care Act. 12 "(h) Notwithstanding the provisions of subsection 13 (a), a health maintenance organization shall be subject to the 14 provisions of (3) Chapter 54 of this title, regarding mental 15 illness coverage. "(i) Notwithstanding the provisions of subsection 16 17 (a), a health maintenance organization shall be subject to the provisions of (4) Chapter 57 of this title, requiring coverage 18 to be offered for the payment of colorectal cancer 19 examinations for covered persons who are 50 years of age or 20 21 older, or for covered persons who are less than 50 years of 22 age and at high risk for colorectal cancer according to 23 current American Cancer Society colorectal cancer screening 24 quidelines. 25 "(j) Notwithstanding the provisions of subsection

(a), a health maintenance organization shall be subject to (5)

Chapter 58 of Title 27, requiring that policies and contracts

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1	including coverage for prostate cancer early detection be
2	offered, together with identification of associated costs.
3	"(k) Notwithstanding the provisions of subsection
4	(a), a health maintenance organization shall be subject to (6)
5	Chapter 59 of this title, requiring that policies and
6	contracts including coverage for chiropractic be offered,
7	together with identification of associated costs.
8	"(1) Notwithstanding the provisions of subsection
9	(a), a health maintenance organization shall be subject to
10	regulations (7) Rules promulgated by the Commissioner of
11	Insurance pursuant to Sections 27-7-43 and 27-7-44.
12	"(m) Notwithstanding the provisions of subsection
13	(a), a health maintenance organization shall be subject to (8)
14	Chapter 12A.
15	"(n) Notwithstanding the provisions of subsection
16	(a), a health maintenance organization shall be subject to (9)
17	Chapter 54A_ of this title requiring policies and contracts to
18	offer coverage for certain treatment for Autism Spectrum
19	Disorder under certain conditions.
20	"(10) Chapter 29, regarding insurance holding
21	<pre>company systems.</pre>
22	"\$27-29-1.
23	"For purposes of this chapter, unless otherwise
24	stated, the following terms shall have the meanings
25	respectively ascribed to them by this section:
26	"(1) AFFILIATE. The term shall include an
27	"affiliate" of, or person "affiliated" with, a specific

person, and shall mean a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

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"(2) COMMISSIONER. The Commissioner of Insurance, his or her deputies, or the Insurance Department as appropriate.

"(3) CONTROL. The term shall include "controlling," "controlled by," or "under common control with" and shall mean the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or 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 \underline{a} specific finding of fact to support such

1	determination, that control exists in fact, notwithstanding
2	the absence of a presumption to that effect.
3	"(4) ENTERPRISE RISK. Any activity, circumstance,
4	event, or series of events involving one or more affiliates of
5	an insurer that, if not remedied promptly, is likely to have a
6	material adverse effect upon the financial condition or
7	liquidity of the insurer or its insurance holding company
8	system as a whole, including, but not limited to, anything
9	that would cause the insurer's risk-based capital to fall into
10	company action level as set forth in Section 27-2B-4 or would
11	cause the insurer to be in hazardous financial condition.
12	"(4)(5) INSURANCE HOLDING COMPANY SYSTEM. A system
13	which consists of two or more affiliated persons, one or more
14	of which is an insurer.
15	" $\frac{(5)}{(6)}$ INSURER. An insurance company as set forth
16	in Section 27-1-2, except that it shall not include: agencies,
17	authorities, or instrumentalities of the United States, its
18	possessions and territories, the Commonwealth of Puerto Rico,
19	the District of Columbia, or a state or political subdivision
20	of a state.
21	"a. Agencies, authorities, or instrumentalities of
22	the United States, its possessions and territories, the
23	Commonwealth of Puerto Rico, the District of Columbia, or a
24	state or political subdivision of a state;
25	"b. Fraternal benefit societies; or
26	"c. Nonprofit medical and hospital service
27	associations.

1 "Notwithstanding the foregoing, for purposes of 2 Section 27-29-3, a domestic insurer shall include any other person controlling a domestic insurer unless such other person 3 is either directly or through its affiliates primarily engaged in business other than the business of insurance. 5 "(6)(7) PERSON. An individual, a corporation, <u>a</u> 6 7 limited liability company, a partnership, a limited partnership, an association, a joint-stock company, a trust, 8 9 an unincorporated organization, or any similar entity or any combination of the foregoing acting in concert, but shall not 10 include any securities broker performing no more than the 11 12 usual and customary broker's function joint venture 13 partnership exclusively engaged in owning, managing, leasing, 14 or developing real or tangible personal property. 15 " $\frac{(7)}{(8)}$ (8) SECURITYHOLDER. One who owns any security of such person, including common stock, preferred stock, debt 16 17 obligations, and other security convertible into, or evidencing, the right to acquire any of the foregoing. 18 "(8)(9) SUBSIDIARY. An affiliate controlled by such 19 person, directly or indirectly, through one or more 20 21 intermediaries. 22 "(9)(10) VOTING SECURITY. The term shall include any 23 security convertible into, or evidencing, a right to acquire a 24 voting security. "\$27-29-2. 25 "(a) Authorization. Any A domestic insurer, either 26 27 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.

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"(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 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 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 calculating the amount of such investments, investments in domestic and foreign insurance subsidiaries and health

"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 <u>greater</u> 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.

"(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.

"(2) For purposes of this section, any controlling person of a domestic insurer seeking to divest its controlling interest in the domestic insurer, in any manner, shall file with the commissioner, with a copy to the insurer, confidential notice of its proposed divestiture at least 30 days prior to the cessation of control. The commissioner shall determine those instances in which the party or parties seeking to divest or to acquire a controlling interest in an insurer, will be required to file for and obtain approval of the transaction. The information shall remain confidential until the conclusion of the transaction unless the commissioner, in his or her discretion, determines that

1	confidential treatment will interfere with enforcement of this
2	section. If the statement referred to in subdivision (1) is
3	otherwise filed, this subdivision shall not apply.
4	"(3) With respect to a transaction subject to this
5	section, the acquiring person must also file a pre-acquisition
6	notification with the commissioner, which shall contain the
7	information set forth in subdivision (1) of subsection (c) of
8	Section 27-29-3.1. A failure to file the notification may be
9	subject to penalty specified in subdivision of (3) of
10	subsection (e) of Section 27-29-3.1.
11	"(4) For purposes of this section:
12	"a. A domestic insurer includes any person
13	controlling a domestic insurer unless the person, as
14	determined by the commissioner, is either directly or through
15	its affiliates primarily engaged in business other than the
16	business of insurance.
17	"b. Person does not include any securities broker
18	holding, in the usual and customary broker's function, less
19	than 20 percent of the voting securities of an insurance
20	company or of any person which controls an insurance company.
21	"(b) Content of statement.
22	" $\underline{(1)}$ The statement to be filed with the commissioner
23	under this section shall be made under oath or affirmation and
24	shall contain <u>all of</u> the following information:
25	" $\frac{(1)}{a}$. The name and address of each person by whom,
26	or on whose behalf, the merger or other acquisition of control
27	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 τ .

"(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.

"(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 τ .

"(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) \underline{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.

" $\frac{(12)}{n}$. 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.

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"(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 not be able to satisfy the requirements for the issuance of a license to write the line, or lines, of insurance for which it is presently licensed.

"b. The effect of the merger or other acquisition of control would be substantially to lessen competition in insurance in this state or to create a monopoly therein; In applying the competitive standard in this paragraph:

"1. The informational requirements of subdivision

(1) of subsection (c) of Section 27-29-3.1 and the standards

of subdivision (2) of subsection (d) of Section 27-29-3.1

shall apply.

"2. The merger or other acquisition shall not be disapproved if the commissioner finds that any of the

situations meeting the criteria provided by subdivision (3) of subsection (d) of Section 27-29-3.1 exist.

- "3. The commissioner may condition the approval of the merger or other acquisition on the removal of the basis of disapproval within a specified period of time.
- "c. The financial condition of any acquiring party is such as might jeopardize the financial stability of the insurer or prejudice the interest of its policyholders.
- "d. The plans or proposals which the acquiring party has to liquidate the insurer, to sell its assets, or to consolidate or merge it with any person or to make any other 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.
- "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.
- "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 five three 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 part of the commissioner's staff as may be reasonably necessary to assist the commissioner in reviewing the proposed acquisition of control, the reasonable expenses of which shall be borne by the acquiring 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

1	filing. As security for the payment of such expenses, such
2	person shall file with the commissioner an acceptable bond or
3	other deposit in an amount to be determined by the
4	commissioner.
5	" $\frac{(f)}{(e)}$ Exemptions. The provisions of this section
6	shall not apply to any offer, request, invitation, agreement,
7	or acquisition which the commissioner by order shall exempt
8	therefrom as:
9	"(1) Any transaction which is subject to the
10	provisions of Sections 27-27-45 and 27-27-46, dealing with the
11	merger or consolidation of two or more insurers.
12	"(2) Any offer, request, invitation, agreement, or
13	acquisition which the commissioner by order shall exempt
14	therefrom as either of the following:
15	" (1) a. Not having been made or entered into for the
16	purpose and not having the effect of changing or influencing
17	the control of a domestic insurer; or
18	" (2) b. As otherwise not comprehended within the
19	purposes of this section.
20	" $\frac{(g)}{(f)}$ Violations. The following shall be
21	violations of this section:
22	"(1) The failure to file any statement, amendment,
23	or other material required to be filed pursuant to subsections
24	(a) or (b) of this section; or .
25	"(2) The effectuation, or any attempt to effectuate,
26	an acquisition of control of, or merger with, a domestic

insurer unless the commissioner has given his or her approval thereto.

"(h)(q) Jurisdiction; consent to service of process. The courts of this state are hereby vested with jurisdiction over every person not resident, domiciled, or authorized to do business in this state who files a statement with the commissioner under this section and over all actions involving such person arising out of violations of this section, and each such person shall be deemed to have performed acts equivalent to and constituting an appointment by such a person of the commissioner to be his or her true and lawful attorney 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:

	" <u>a</u> .	Subdivision	(1)	of	sub	sect	ion	(a)	of	Section	on
<u>27-29-5,</u>	and	subsections	(b)	and	(d)	of	Sect	ion	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	"(1) The capital structure, general financial
2	condition, ownership, and management of the insurer and any
3	person controlling the insurer 7.
4	"(2) The identity of every member of the insurance
5	holding company system;
6	"(3) The following agreements in force,
7	relationships subsisting, and transactions currently
8	outstanding or which have occurred during the last calendar
9	<pre>year between such insurer and its affiliates:</pre>
10	"a. Loans, other investments or purchases, sales or
11	exchanges of securities of the affiliates by the insurer or of
12	the insurer by its affiliates 7.
13	"b. Purchases, sales, or exchanges of assets 7.
14	"c. Transactions not in the ordinary course of
15	business ; .
16	"d. Guarantees or undertakings for the benefit of an
17	affiliate which result in an actual contingent exposure of the
18	insurer's assets to liability, other than insurance contracts
19	entered into in the ordinary course of the insurer's
20	business ; .
21	"e. All management <u>agreements</u> and service contracts
22	and all cost-sharing arrangements 7.
23	"f. Reinsurance agreements;.
24	"g. Dividends and other distributions to
25	shareholders; and.
26	"h. Consolidated tax allocation agreements;

1	"(4) Any pledge of the insurer's stock, including
2	stock of any subsidiary or controlling affiliate, for a loan
3	made to any member of the insurance holding company system; .
4	"(5) If requested by the commissioner, the insurer
5	shall include financial statements of or within an insurance
6	holding company system, including all affiliates. Financial
7	statements may include, but are not limited to, annual audited
8	financial statements filed with the U.S. Securities and
9	Exchange Commission pursuant to the Securities Act of 1933, as
10	amended, or the Securities Exchange Act of 1934, as amended.
11	An insurer required to file financial statements pursuant to
12	this subdivision may satisfy the request by providing the
13	commissioner with the most recently filed parent corporation
14	financial statements that have been filed with the Securities
15	Exchange Commission. Financial statements of insurer's
16	affiliates required to be filed with the commissioner may be
17	filed by the insurer in the accounting standard utilized by
18	the affiliate in its usual course of business at the time of
19	the filing.
20	" $\frac{(5)}{(6)}$ Other matters concerning transactions
21	between registered insurers and any affiliates as may be
22	included, from time to time, in any registration forms adopted

"(7) Statements that the insurer's board of directors or an appropriate committee of the board oversees corporate governance and internal controls and that the insurer's officers or senior management have approved,

or approved by the commissioner.

L	implemented,	and	continue	to	maintain	and	monitor	corporate
				•	_			
)	governance a	nd ir	nternal c	ontr	col proced	lures	3.	

"(8) Any other information required by the commissioner by rule.

"(c) All registration statements shall contain a summary outlining all items in the current registration statement representing changes from the prior registration statement.

"(c)(d) Materiality. No information need be 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 <u>five 15</u> 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) (g) 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.

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"(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. The commissioner shall disallow 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	
2	(4), the ultimate controlling person of every insurer subject	
3	to registration shall also file an annual enterprise risk	
4	report. The report shall, to the best of the ultimate	
5	controlling person's knowledge and belief, identify the	
6	material risks within the insurance holding company system	
7	that could pose enterprise risk to the insurer. The report	
8	shall be filed with the lead state commissioner of the	
9	insurance holding company system as determined by the	
10	procedures within the Financial Analysis Handbook adopted by	
11	the National Association of Insurance Commissioners.	
12	"(2) Except as provided in subdivision (3), the	
13	ultimate controlling person of an insurer with total direct or	
14	assumed annual premiums of less than three hundred million	
15	dollars (\$300,000,000) is not required to submit an enterprise	
16	risk report under subdivision (1).	
17	"(3) Regardless of total direct or assumed annual	
18	premium, the ultimate controlling person of an insurer that is	
19	not in compliance with applicable risk-based capital standards	
20	or that is otherwise in hazardous condition, as determined by	
21	the commissioner, shall file an enterprise risk report	
22	required by subdivision (1) as directed by the commissioner.	
23	"(4) An insurer that in the preceding calendar year	
24	had direct written and assumed premiums of more than three	
25	hundred million dollars (\$300,000,000) but less than five	
26	hundred million dollars (\$500,000,000) may request an	
27	exemption from the reporting requirements of subdivision (1)	

1	by filing with the commissioner a written statement describing		
2	the undue financial or organizational hardship the insurer		
3	would suffer as a result of complying with subdivision (1).		
4	The commissioner may grant the exemption if the commissioner		
5	finds that compliance with subdivision (1) would impose an		
6	undue financial or organizational hardship on the insurer.		
7	" (j) (m) Violations. The failure to file a		
8	registration statement or any amendment thereto summary of the		
9	registration statement or enterprise risk filing required by		
10	this section within the time specified for such filing shall		
11	be a violation of this section.		
12	" §27-29-5.		
13	"(a) Transactions with affiliates. Material		
14	transactions by registered insurers with their affiliates		
15	Transactions within an insurance holding company system to		
16	which an insurer subject to registration is a party shall be		
17	subject to <u>all of</u> the following standards:		
18	"(1) The terms shall be fair and reasonable $\frac{1}{7}$.		
19	"(2) Agreements for cost sharing services and		
20	management shall include such provisions as required by rule		
21	and regulation issued by the commissioner.		
22	" $\frac{(2)}{(3)}$ Charges or fees for services performed shall		
23	be reasonable ; .		
24	" $\frac{(3)}{(4)}$ Expenses incurred and payment received shall		
O E			
25	be allocated to the insurer in conformity with customary		

"(4)(5) The books, accounts, and records of each party will to all such transactions shall be so maintained as to clearly and accurately disclose the precise nature and details of the transactions; and including such accounting information as is necessary to support the reasonableness of the charges or fees to the respective parties.

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"(5)(6) The insurer's surplus as regards policyholders following any dividends or distributions to shareholder affiliates shall be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs.

"(b)(1) The following transactions involving a domestic insurer and any person in its insurance holding company system, including amendments or modifications of affiliate agreements previously filed pursuant to this section 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	" (1) a. Sales, purchases, exchanges, loans or
2	extensions of credit, guarantees, or investments provided the
3	transactions are equal to or exceed the following:
4	"a.1. With respect to nonlife insurers, the lesser
5	of three percent of the insurer's admitted assets or 25
6	percent of surplus as regards policyholders as of the 31st day
7	of December next preceding;.
8	"b.2. With respect to life insurers, three percent
9	of the insurer's admitted assets as of the 31st day of
10	December next preceding ;.
11	" $\frac{(2)}{b}$ Loans or extensions of credit to any person
12	who is not an affiliate, where the insurer makes loans or
13	extensions of credit with the agreement or understanding that
14	the proceeds of the transactions, in whole or in substantial
15	part, are to be used to make loans or extensions of credit to,
16	to purchase assets of, or to make investments in, any
17	affiliate of the insurer making the loans or extensions of
18	credit provided the transactions are equal to or exceed $\underline{\text{the}}$
19	<pre>following:</pre>
20	"a.1. With respect to nonlife insurers, the lesser
21	of three percent of the insurer's admitted assets or 25
22	percent of surplus as regards policyholders as of the 31st day
23	of December next preceding ;.
24	"b.2. With respect to life insurers, three percent
25	of the insurer's admitted assets as of the 31st day of
26	December next preceding 7.

1	" (3) c. Reinsurance agreements or modifications		
2	thereto, including:		
3	"1. All reinsurance pooling agreements.		
4	"2. Agreements in which the reinsurance premium or a		
5	change in the insurer's liabilities, or the projected		
6	reinsurance premium or a change in the insurer's liabilities		
7	in any of the next three years, equals or exceeds five percent		
8	of the insurer's surplus as regards policyholders, as of the		
9	31st day of December next preceding, including those		
10	agreements which may require as consideration the transfer of		
11	assets from an insurer to a nonaffiliate, if an agreement or		
12	understanding exists between the insurer and nonaffiliate that		
13	any portion of $\frac{\text{such}}{\text{the}}$ assets will be transferred to one or		
14	more affiliates of the insurer;		
15	" (4) <u>d.</u> All management agreements, service contracts,		
16	tax allocation agreements, quarantees and all cost-sharing		
17	arrangements; and.		
18	"e. Guarantees when made by a domestic insurer;		
19	provided, however, that a quarantee which is quantifiable as		
20	to amount is not subject to the notice requirements of this		
21	paragraph unless it exceeds the lesser of one-half of one		
22	percent of the insurer's admitted assets or 10 percent of		
23	surplus as regards policyholders as of the 31st day of		
24	December next preceding. Further, all guarantees which are not		
25	quantifiable as to amount are subject to the notice		
26	requirements of this paragraph.		

"f. Direct or indirect acquisitions or investments
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

 and whether they may adversely affect the interests of
- 3 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 $\frac{1}{7}$.
- "(2) The extent to which the insurer's business is diversified among the several lines of insurance.
- "(3) The number and size of risks insured in each line of business.
- "(4) The extent of the geographical dispersion of the insurer's insured risks \div .
- "(5) The nature and extent of the insurer's reinsurance program.
- "(6) The quality, diversification, and liquidity of the insurer's investment portfolio;.

"(7) The recent past and projected future trend in the size of the insurer's surplus as regards policyholders; investment portfolio.

- "(8) The surplus as regards policyholders maintained by other comparable insurers 7.
 - "(9) The adequacy of the insurer's reserves.
- "(10) The quality and liquidity of investments in subsidiaries made pursuant to Section 27-29-2 affiliates. The commissioner may treat any such investment as a disallowed asset for purposes of determining the adequacy of surplus as regards policyholders whenever, in his or her the judgment such of the commissioner, the investment so warrants; and.
- "(11) The quality of the company's earnings and the extent to which the reported earnings include extraordinary items.
 - "(g) Dividends and other distributions.
- "(1)<u>a.</u> 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

1 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.

"\$27-29-6.

"(a) Power of commissioner. Subject to the limitation contained in this section and in addition to the 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 examine any insurer registered under Section 27-29-4 to produce such records, books, or other information papers in the possession of the insurer, or its affiliates, as shall be necessary and its affiliates to ascertain the financial

condition or legality of conduct of such the insurer, and to verify the information required to be contained in the insurer's registration statement and any additional information pertinent to transactions between the insurer and its affiliates. In the event such insurer fails to comply with such order, the commissioner shall have the power to examine such affiliates to obtain such information including the enterprise risk to the insurer by the ultimate controlling party, by any entity or combination of entities within the insurance holding 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.

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

"(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.
- "(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) 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, 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 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 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.

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"(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	"(1) May share documents, materials, or other
2	information, including the confidential and privileged
3	documents, materials, or information subject to subsection
4	(a), with other state, federal, and international regulatory
5	agencies, and with state, federal, and international law
6	enforcement authorities, including members of any supervisory
7	college described in Section 27-29-6.1, provided that the
8	recipient agrees in writing to maintain the confidentiality
9	and privileged status of the document, material, or other
10	information, and has verified in writing the legal authority
11	to maintain confidentiality.
12	"(2) Notwithstanding subdivision (1) above, may
13	share confidential and privileged documents, material, or
14	information reported pursuant to subsection (1) of Section
15	27-29-4 only with commissioners of states having statutes or
16	regulations substantially similar to subsection (a) and who
17	have agreed in writing not to disclose such information.
18	"(3) May receive documents, materials, or
19	information, including otherwise confidential and privileged
20	documents, materials, or information from the National
21	Association of Insurance Commissioners and its affiliates and
22	subsidiaries and from regulatory and law enforcement officials
23	of other foreign or domestic jurisdictions, and shall maintain
24	as confidential or privileged any document, material, or
25	information received with notice or the understanding that it
26	is confidential or privileged under the laws of the

1	jurisdiction that is the source of the document, material, or	
2	information.	
3	"(4) Shall enter into written agreements with the	
4	National Association of Insurance Commissioners governing	
5	sharing and use of information provided pursuant to this	
6	<pre>chapter consistent with this subsection that shall:</pre>	
7	"a. Specify procedures and protocols regarding the	
8	confidentiality and security of information shared with the	
9	National Association of Insurance Commissioners and its	
10	affiliates and subsidiaries pursuant to this chapter,	
11	including procedures and protocols for sharing by the National	
12	Association of Insurance Commissioners with other state,	
13	federal, or international regulators.	
14	"b. Specify that ownership of information shared	
15	with the National Association of Insurance Commissioners and	
16	its affiliates and subsidiaries pursuant to this chapter	
17	remains with the commissioner and the use of the information	
18	by the National Association of Insurance Commissioners is	
19	subject to the direction of the commissioner.	
20	"c. Require at least 10 days' notice to be given to	
21	an insurer whose confidential information in the possession of	
22	the National Association of Insurance Commissioners pursuant	
23	to this chapter is subject to a request or subpoena to the	
24	National Association of Insurance Commissioners for disclosure	
25	or production.	
26	"d. Require the National Association of Insurance	
27	Commissioners and its affiliates and subsidiaries to sensent	

1	to intervention by an insurer in any judicial or
2	administrative action in which the National Association of
3	Insurance Commissioners and its affiliates and subsidiaries
4	may be required to disclose confidential information about the
5	insurer shared with the National Association of Insurance
6	Commissioners and its affiliates and subsidiaries pursuant to
7	this chapter.

"(d) The sharing of information by the commissioner pursuant to this chapter shall not constitute a delegation of regulatory authority or rulemaking, and the commissioner is 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.

1	"(a) Any insurer failing, without just cause, to	
2	file any registration statement as required in this chapter	
3	shall be required, after notice and hearing, to pay a penalty	
4	of up to one thousand dollars (\$1,000) for each day's delay,	
5	to be recovered by the commissioner and the penalty so	
6	recovered shall be paid into the state General Fund. The	
7	maximum penalty under this section is fifty thousand dollars	
8	(\$50,000). The commissioner may reduce the penalty if the	
9	commissioner, in the commissioner's sole discretion,	
10	determines it is equitable to do so or the insurer	
11	demonstrates to the commissioner that the imposition of the	
12	penalty would constitute a financial hardship to the insurer.	
13	"(b) Every director or officer of an insurance	
14	holding company system who knowingly violates, participates	
15	in, or permits any of the officers or agents of the insurer to	
16	engage in transactions or make investments that have not been	
17	properly reported or submitted pursuant to subsection (a) of	
18	Section 27-29-4, subdivision (1) of subsection (b) of Section	
19	27-29-5, or subsection (g) of Section 27-29-5, or which	
20	violate this chapter, shall pay, in their individual capacity,	
21	a civil forfeiture of not more than ten thousand dollars	
22	(\$10,000) per violation, after notice and hearing before the	
23	commissioner. In determining the amount of the civil	
24	forfeiture, the commissioner shall take into account the	
25	appropriateness of the forfeiture with respect to the gravity	
26	of the violation, the history of previous violations, and such	
27	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.

"(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 imprisoned for not more than five years or fined not more than fifty thousand dollars (\$50,000), or both. Any fines imposed shall be paid by the officer, director, or employee in his or her individual capacity.

"(f) Whenever it appears to the commissioner that any person has committed a violation of Section 27-29-3 and which prevents the full understanding of the enterprise risk to the insurer by affiliates or by the insurance holding company system, the violation may serve as an independent basis for disapproving dividends or distributions and for placing the insurer under an order of supervision in accordance with Section 27-2-33.

"\$27-34-54.

"In addition to the provisions heretofore contained or referred to in this chapter, other chapters and provisions of this title shall apply to fraternal benefit societies, to the extent applicable and not in conflict with the express

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        provisions of this chapter, and the reasonable implications
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        thereof, as follows:
                   "(1) Chapter 1_{7}.
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                   "(2) Chapter 2_{7}.
                   "(3) The following sections of Chapter 3:
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                   "a. Section 27-3-4; and.
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                   "b. Section 27-3-5;.
                   "(4) The following sections of Chapter 10:
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                   "a. Section 27-10-1;
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                   "b. Section 27-10-2; and.
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                   "c. Section 27-10-3;
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                   "(5) Chapter 12 \div.
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                   "(6) Section 27-15-29.
                   "(7) The following sections of Chapter 27:
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                   "a. Section 27-27-26;
                   "b. Section 27-27-27.
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                   "c. Section 27-27-29; and.
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                   "d. Section 27-27-50; and.
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                   "(8) Chapter 32.
                   "(9) Chapter 29."
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                   Section 2. Sections 27-29-3.1, 27-29-6.1, and
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        27-29-11.1 are added to the Code of Alabama 1975, to read as
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        follows:
                   $27-29-3.1.
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                   (a) The following definitions shall apply for the
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        purposes of this section only:
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(1) ACQUISITION. Any agreement or arrangement the consummation of which results in a person acquiring directly or indirectly the control of another person, and includes, but is not limited to, the acquisition of voting securities, the acquisition of assets, bulk reinsurance, and mergers.

- (2) INVOLVED INSURER. Includes an insurer which either acquires or is acquired, is affiliated with an acquirer or acquired, or is the result of a merger.
- (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
- 9 c. The acquisition of already affiliated persons.

subdivision (2) of subsection (b).

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

- 1 may be considered prima facie evidence of violation of the 2 competitive standards.
- 3 (i) If the market is highly concentrated and the 4 involved insurers possess the following shares of the market:

5	Insurer A	Insurer B
6	4%	4% or more
7	10%	2% or more
8	15%	1% or more

9 (ii) Or, if the market is not highly concentrated
10 and the involved insurers possess the following shares of the
11 market:

12	Insurer A	Insurer B
13	5%	5% or more
14	10%	4% or more
15	15%	3% or more
16	19%	1% or more

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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) 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.

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(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.