- 1 HB78
- 2 216113-2
- 3 By Representative Rich
- 4 RFD: Insurance
- 5 First Read: 11-JAN-22

1	ENGROSSED
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4	A BILL
5	TO BE ENTITLED
6	AN ACT
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8	Relating to insurance; to amend Section 27-15-28.2,
9	Code of Alabama 1975, relating to the standard nonforfeiture
10	law for individual deferred annuities, to decrease the minimum
11	interest rate to 15 basis points (0.15%); and to exempt
12	contingent deferred annuities from the standard nonforfeiture
13	law and to authorize the Commissioner of Insurance to adopt by
14	rule the nonforfeiture benefits for contingent deferred
15	annuities; to amend Sections 27-29-1, 27-29-3, 27-29-4, and
16	27-29-7 of the Code of Alabama 1975, to revise the Alabama
17	Insurance Holding Company System Regulatory Act and the
18	regulation of insurance holding company systems by the
19	Commissioner of Insurance; to provide for a group capital

confidentiality of information in the possession of the
Commissioner of Insurance and third party consultants
designated by the commissioner relating to insurance holding

holding company system; to further provide for the

company regulation and would include the group capital

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calculation and resulting group capital ratio and for the

calculation and a liquidity stress test within the insurance

liquidity stress test and its results and supporting

documentation as filed with the commissioner within the 1 2 confidentiality provisions; and to amend Section 27-36A-20, Code of Alabama 1975, as amended by Act 2021-397, 2021 Regular 3 Session, the Standard Valuation Law, which requires the Commissioner of Insurance to annually value the reserves for outstanding life insurance policies and other contracts of 7 life insurance companies doing business in this state; and to revise the small company alternative valuation provisions. BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. Section 27-15-28.2 of the Code of Alabama 1975, is amended to read as follows:

"\$27-15-28.2.

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"(a) This section shall be known as the standard nonforfeiture law for individual deferred annuities.

"(b)(1) This section shall not apply to any reinsurance group annuity purchased under a retirement plan or plan of deferred compensation established or maintained by an employer (including a partnership or sole proprietorship) or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under Section 408 of the Internal Revenue Code, as now or hereafter amended, premium deposit fund, variable annuity, investment annuity, immediate annuity, any deferred annuity contract after annuity payments have commenced or reversionary annuity, nor to any contract which shall be delivered outside this state through an agent or other representative of the company issuing the contract.

"(2) Subsections (c) through (h) shall not apply to contingent deferred annuities.

- "(3) Notwithstanding subdivision (2), the commissioner may adopt by rule nonforfeiture benefits for contingent deferred annuities that, in the opinion of the commissioner, are equitable to the policy holder, appropriate given the risks insured, and to the extent possible, consistent with the general intent of this section.
- "(c)(1) In the case of contracts issued on or after the operative date of this section as defined in subsection (1) no contract of annuity, except as stated in subsection (b), shall be delivered or issued for delivery in this state unless it contains in substance the following provisions, or corresponding provisions which in the opinion of the commissioner are at least as favorable to the contract holder, upon cessation of payment of considerations under the contract:
- "a. That upon cessation of payment of considerations under a contract, or upon the written request of the contract owner, the company shall grant a paid-up annuity benefit on a plan stipulated in the contract of such value as is specified in subsections (e), (f), (g), (h), and (j).
- "b. If a contract provides for a lump sum settlement at maturity, or at any other time, that upon surrender of the contract at or prior to the commencement of any annuity payments, the company shall pay in lieu of any paid-up annuity benefit a cash surrender benefit of such amount as is

specified in subsections (e), (f), (h), and (j). The company may reserve the right to defer the payment of such cash surrender benefit for a period not to exceed six months after demand therefor with surrender of the contract after making written request and receiving written approval of the commissioner. The request shall address the necessity and equitability to all policyholders of the deferral.

"c. A statement of the mortality table, if any, and interest rates used in calculating any minimum paid-up annuity, cash surrender or death benefits that are guaranteed under the contract, together with sufficient information to determine the amounts of such benefits.

"d. A statement that any paid-up annuity, cash surrender or death benefits that may be available under the contract are not less than the minimum benefits required by any statute of the state in which the contract is delivered and an explanation of the manner in which such benefits are altered by the existence of any additional amounts credited by the company to the contract, any indebtedness to the company on the contract or any prior withdrawals from or partial surrenders of the contract.

"(2) Notwithstanding the requirements of this section, any deferred annuity contract may provide that if no considerations have been received under a contract for a period of two full years and the portion of the paid-up annuity benefit at maturity on the plan stipulated in the contract arising from considerations paid prior to such period

would be less than twenty dollars (\$20) monthly, the company may at its option terminate such contract by payment in cash of the then present value of such portion of the paid-up annuity benefit, calculated on the basis of the mortality table, if any, and interest rate specified in the contract for determining the paid-up annuity benefit, and by such payment shall be relieved of any further obligation under such contract.

"(d) The minimum values as specified in subsections (e), (f), (g), (h), and (j) of any paid-up annuity, cash surrender or death benefits available under an annuity contract shall be based upon minimum nonforfeiture amounts as defined in this subsection.

- "(1)a. The minimum nonforfeiture amount at any time at, or prior to, the commencement of any annuity payments shall be equal to an accumulation up to such time at rates of interest as indicated in subdivision (2) of the net considerations (as hereinafter defined) paid prior to such time, decreased by the sum of subparagraphs 1, 2, 3, and 4:
- "1. Any prior withdrawals from or partial surrenders of the contract accumulated at rates of interest as indicated in subdivision (2).
- "2. An annual contract charge of fifty dollars (\$50), accumulated at rates of interest as indicated in subdivision (2).

"3. Any premium tax paid by the company for the contract, accumulated at rates of interest as indicated in subdivision (2).

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- "4. The amount of any indebtedness to the company on the contract, including interest due and accrued.
  - "b. The net consideration for a given contract year used to define the minimum nonforfeiture amount shall be an amount equal to eighty-seven and one-half percent (87.5%) of the gross considerations credited to the contract during that contract year.
  - "(2) The interest rate used in determining minimum nonforfeiture amounts shall be an annual rate of interest determined as the lesser of three percent per annum and the following, which shall be specified in the contract if the interest rate will be reset:
  - "a. The five-year constant maturity treasury rate reported by the Federal Reserve as of a date, or average over a period, rounded to the nearest 1/20th of one percent, specified in the contract no longer than 15 months prior to the contract issue date or redetermination date under paragraph d.
    - "b. Reduced by 125 basis points (1.25%).
  - "c. Where the resulting interest rate is not less than  $\frac{15 \text{ basis points (0.15\%)}}{15 \text{ basis points (0.15\%)}}$ .
  - "d. The interest rate shall apply for an initial period and may be redetermined for additional periods. The redetermination date, basis and period, if any, shall be

stated in the contract. The basis is the date or average over a specified period that produces the value of the five-year constant maturity treasury rate to be used at each redetermination date.

- "(3) During the period or term that a contract provides substantive participation in an equity indexed benefit, it may increase the reduction described in paragraph b. of subdivision (2) by up to an additional 100 basis points to reflect the value of the equity index benefit. The present value at the contract issue date, and at each redetermination date thereafter, of the additional reduction shall not exceed the market value of the benefit. The commissioner may require a demonstration that the present value of the additional reduction does not exceed the market value of the benefit. Lacking such a demonstration that is acceptable to the commissioner, the commissioner may disallow or limit the additional reduction.
- "(4) The commissioner may adopt rules to implement subdivision (3) and to provide for further adjustments to the calculation of minimum nonforfeiture amounts for contracts that provide substantive participation in an equity index benefit and for other contracts that the commissioner determines adjustments are justified.
- "(e) Any paid-up annuity benefit available under a contract shall be such that its present value on the date annuity payments are to commence is at least equal to the minimum nonforfeiture amount on that date. Such present value

shall be computed using the mortality table, if any, and the interest rate specified in the contract for determining the minimum paid-up annuity benefits guaranteed in the contract.

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"(f) For contracts which provide cash surrender benefits, such cash surrender benefits available prior to maturity shall not be less than the present value as of the date of surrender of that portion of the maturity value of the paid-up annuity benefit which would be provided under the contract at maturity arising from considerations paid prior to the time of cash surrender reduced by the amount appropriate to reflect any prior withdrawals from or partial surrender of the contract, such present value being calculated on the basis of an interest rate not more than one percent (1%) higher than the interest rate specified in the contract for accumulating the net considerations to determine such maturity value, decreased by the amount of any indebtedness to the company on the contract, including interest due and accrued, and increased by any existing additional amounts credited by the company to the contract. In no event shall any cash surrender benefit be less than the minimum nonforfeiture amount at that time. The death benefit under such contracts shall be at least equal to the cash surrender benefit.

"(g) For contracts which do not provide cash surrender benefits, the present value of any paid-up annuity benefit available as a nonforfeiture option at any time prior to maturity shall not be less than the present value of that portion of the maturity value of the paid-up annuity benefit

provided under the contract arising from considerations paid prior to the time the contract is surrendered in exchange for, or changed to, a deferred paid-up annuity, such present value being calculated for the period prior to the maturity date on the basis of the interest rate specified in the contract for accumulating the net considerations to determine such maturity value, and increased by any existing additional amounts credited by the company to the contract. For contracts which do not provide any death benefits prior to the commencement of any annuity payments, such present values shall be calculated on the basis of such interest rate and mortality table specified in the contract for determining the maturity value of the paid-up annuity benefit. However, in no event shall the present value of the paid-up annuity benefit be less than the minimum nonforfeiture amount at that time.

"(h) For the purpose of determining the benefits calculated under subsections (f) and (g) in the case of annuity contracts under which an election may be made to have annuity payments commence at optional maturity dates, the maturity date shall be deemed to be the latest date for which election shall be permitted by the contract, but shall not be deemed to be later than the anniversary of the contract next following the annuitant's seventieth birthday or the tenth anniversary of the contract, whichever is later.

"(i) Any contract which does not provide cash surrender benefits or does not provide death benefits at least equal to the minimum nonforfeiture amount prior to the

commencement of any annuity payments shall include a statement in a prominent place in the contract that such benefits are not provided.

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- "(j) Any paid-up annuity, cash surrender or death benefits available at any time, other than on the contract anniversary under any contract with fixed scheduled considerations, shall be calculated with allowance for the lapse of time and the payment of any scheduled considerations beyond the beginning of the contract year in which cessation of payment of considerations under the contract occurs.
- "(k) For any contract which provides, within the same contract by rider or supplemental contract provisions, both annuity benefits and life insurance benefits that are in excess of the greater cash surrender benefits or a return of the gross considerations with interest, the minimum nonforfeiture benefits shall be equal to the sum of the minimum nonforfeiture benefits for the annuity portion and the minimum nonforfeiture benefits, if any, for the life insurance portion computed as if each portion were a separate contract. Notwithstanding the provisions of subsections (e), (f), (g), (h), and (j) additional benefits payable (1) in the event of total and permanent disability, (2) as reversionary annuity or deferred reversionary annuity benefits or, (3) as other policy benefits additional to life insurance, endowment and annuity benefits, and considerations for all such additional benefits shall be disregarded in ascertaining the minimum nonforfeiture amounts, paid-up annuity, cash surrender and death benefits

- that may be required by this section. The inclusion of such additional benefits, unless such additional benefits separately would require minimum nonforfeiture amounts,
- 4 paid-up annuity, cash surrender, and death benefits.
  - "(1) After June 30, 2004, any company may elect to apply the provisions of this section to annuity contracts on a contract form-by-contract form basis before July 1, 2006. In all other instances, this section shall become operative with respect to annuity contracts issued by the company after June 30, 2006.
- "(m) The commissioner may adopt rules to implement the provisions of this section."
- Section 2. Sections 27-29-1, 27-29-3, 27-29-4, and 27-29-7 of the Code of Alabama 1975, are amended to read as follows:
- 16 "\$27-29-1.

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- "For purposes of this chapter, unless otherwise stated, the following terms shall have the meanings respectively ascribed to them by this section:
  - "(1) AFFILIATE. The term shall include an 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.
- "(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 (k) of Section 27-29-4 that control does not exist in fact. The commissioner may determine, after furnishing all persons in interest notice and opportunity to be heard and making a specific finding of fact to support such determination, that control exists in fact, notwithstanding the absence of a presumption to that effect.

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

company action level as set forth in Section 27-2B-4 or would cause the insurer to be in hazardous financial condition.

- "(5) GROUP-WIDE SUPERVISOR. The regulatory official authorized to engage in conducting and coordinating group-wide supervision activities who is determined or acknowledged by the commissioner under this chapter to have sufficient significant contacts with the internationally active insurance group.
- "(6) GROUP CAPITAL CALCULATION INSTRUCTIONS. The group capital calculation instructions as adopted and amended by the NAIC, from time to time, in accordance with the procedures adopted by the NAIC.
  - "(6) (7) INSURANCE HOLDING COMPANY SYSTEM. A system which consists of two or more affiliated persons, one or more of which is an insurer.
  - "(7) (8) INSURER. An insurance company as set forth in Section 27-1-2, including, without limitation, any fraternal benefit society, health care service plan, and health maintenance organization, except that it shall not include agencies, authorities, or instrumentalities of the United States, its possessions and territories, the Commonwealth of Puerto Rico, the District of Columbia, or a state or political subdivision of a state.
  - "(8) (9) INTERNATIONALLY ACTIVE INSURANCE GROUP. An insurance holding company system that incudes an insurer registered under Section 27-29-4 that meets all of the following criteria:

1		"a.	Premiums	are	written	in	at	least	three
2	countries.								

"b. The percentage of gross premiums written outside the United States is at least 10 percent of the insurance holding company system's total gross written premiums.

"c. Based on a three-year rolling average, the total assets of the insurance holding company system are at least fifty billion dollars (\$50,000,000,000) or the total gross written premiums of the insurance holding company system are at least ten billion dollars (\$10,000,000,000).

## "(10) NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS OR NAIC. The National Association of Insurance Commissioners.

"(11) NAIC LIQUIDITY STRESS TEST FRAMEWORK. A separate NAIC publication which includes a history of the NAIC's development of regulatory liquidity stress testing, the scope criteria applicable for a specific data year, and the liquidity stress test instructions and reporting templates for a specific data year, the scope criteria, instructions, and reporting template as adopted and amended by the NAIC, from time to time, in accordance with the procedures adopted by the NAIC.

"(9) (12) PERSON. An individual, a corporation, a limited liability company, a partnership, an association, a joint-stock company, a trust, an unincorporated organization, or any similar entity or any combination of the foregoing acting in concert, but shall not include any joint venture

partnership exclusively engaged in owning, managing, leasing,
or developing real or tangible personal property.

"(13) SCOPE CRITERIA. As detailed in the NAIC
Liquidity Stress Test Framework, the designated exposure bases
along with minimum magnitudes thereof for the specified data
year, used to establish a preliminary list of insurers
considered scoped into the NAIC Liquidity Stress Test
Framework for that data year.

"(10) (14) SECURITYHOLDER. One who owns any security of such person, including common stock, preferred stock, debt obligations, and other security convertible into, or evidencing, the right to acquire any of the foregoing.

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

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

"\$27-29-3.

"(a) (1) 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 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 has been approved by the commissioner in the manner prescribed in this section.

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"(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 confidential treatment will interfere with enforcement of this section. If the statement referred to in subdivision (1) is otherwise filed, this subdivision shall not apply.

"(3) With respect to a transaction subject to this section, the acquiring person must also file a pre-acquisition

notification with the commissioner, which shall contain the information set forth in subdivision (1) of subsection (c) of Section 27-29-3.1. A failure to file the notification may be subject to penalty specified in subdivision of (3) of subsection (e) of Section 27-29-3.1.

"(4) For purposes of this section:

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"a. A domestic insurer includes any person controlling a domestic insurer unless the person, as determined by the commissioner, is either directly or through its affiliates primarily engaged in business other than the business of insurance.

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

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

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

"1. If 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.

"2. If the person is not an individual, a report of the nature of its business operations during the past five years or for 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 the person and the person's subsidiaries; and a list of all individuals who are, or who have been selected to become, directors or executive officers of the person or who perform, or will perform, functions appropriate to the positions. The list shall include for each individual the information required by subparagraph 1.

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"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.

"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.

"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.

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

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

"g. A full description of any contracts, arrangements, or understandings with respect to any security referred to in subsection (a) 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.

"h. A description of the purchase of any security
referred to in subsection (a) 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.

- "i. A description of any recommendations to purchase any security referred to in subsection (a) 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.
- "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) and, if distributed, of additional soliciting material relating thereto.
- "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) for tender and the amount of any fees, commissions, or other compensation to be paid to broker-dealers with regard thereto.
- "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 <u>subdivision (1) of</u> subsection (1) of Section 27-29-4, for so long as control exists.
- "m. An acknowledgement by the person required to file the statement referred to in subsection (a) that the

person and all subsidiaries within its control in the insurance holding company system will provide information to the commissioner upon request as necessary to evaluate enterprise risk to the insurer.

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

"(2) If the person required to file the statement referred to in subsection (a) is a partnership, limited partnership, syndicate, or other group, the commissioner may require that the information called for by paragraphs a. through n. of 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) is a corporation, the commissioner may require that the information called for by paragraphs a. through n. of 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 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.

- "(c) If any offer, request, invitation, agreement, or acquisition referred to in subsection (a) 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) may utilize such documents in furnishing the information called for by that statement.
- "(d)(1) The commissioner shall approve any merger or other acquisition of control referred to in subsection (a) unless, after a public hearing thereon, he or she finds any of the following:
- "a. After the change of control, the domestic insurer referred to in subsection (a) 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.

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- "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.
- "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) shall be held within 30 days after the statement required by subsection (a) is filed, and at least 20 days' notice thereof shall be given by the commissioner to the person filing the statement. Not less than 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 commissioner shall make a determination within 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 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 NAIC 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) The provisions of this section shall not apply to:
  - "(1) Any transaction which is subject to the provisions of Sections 27-27-45 and 27-27-46, dealing with the merger or consolidation of two or more insurers.

- "(2) Any offer, request, invitation, agreement, or acquisition which the commissioner by order shall exempt therefrom as either of the following:
  - "a. Not having been made or entered into for the purpose and not having the effect of changing or influencing the control of a domestic insurer.
- 7 "b. As otherwise not comprehended within the purposes of this section.

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- 9 "(f) The following shall be violations of this section:
  - "(1) The failure to file any statement, amendment, or other material required to be filed pursuant to subsections (a) or (b).
  - "(2) The effectuation, or any attempt to effectuate, an acquisition of control of, or merger with, a domestic insurer unless the commissioner has given his or her approval thereto.
  - "(g) 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) (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 both of the following:

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

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

"(2) Any insurer which is subject to registration under this section shall register within 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 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
  iurisdiction.
- 7 "(b) Every insurer subject to registration shall
  8 file a registration statement on a form prescribed by the
  9 commissioner by rule which shall contain the following current
  10 information:

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- "(1) The capital structure, general financial condition, ownership, and management of the insurer and any person controlling the insurer.
- "(2) The identity of every member of the insurance holding company system.
- "(3) The following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between such insurer and its affiliates:
- "a. Loans, other investments or purchases, sales or exchanges of securities of the affiliates by the insurer or of the insurer by its affiliates.
  - "b. Purchases, sales, or exchanges of assets.
- "c. Transactions not in the ordinary course of business.
  - "d. Guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the

insurer's assets to liability, other than insurance contracts
entered into in the ordinary course of the insurer's business.

"e. All management agreements and service contracts and all cost-sharing arrangements.

"f. Reinsurance agreements.

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"g. Dividends and other distributions to shareholders.

"h. Consolidated tax allocation agreements.

"(4) Any pledge of the insurer's stock, including stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

"(5) If requested by the commissioner, financial statements of or within an insurance holding company system, including all affiliates. Financial statements may include, but are not limited to, annual audited financial statements filed with the U.S. Securities and Exchange Commission pursuant to the Securities Act of 1933, as amended, or the Securities Exchange Act of 1934, as amended. An insurer required to file financial statements pursuant to this subdivision may satisfy the request by providing the commissioner with the most recently filed parent corporation financial statements that have been filed with the Securities Exchange Commission. Financial statements of insurer's affiliates required to be filed with the commissioner may be filed by the insurer in the accounting standard utilized by the affiliate in its usual course of business at the time of the filing.

"(6) Other matters concerning transactions between registered insurers and any affiliates as may be included, from time to time, in any registration forms adopted or approved by the commissioner.

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- "(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, implemented, and continue to maintain and monitor corporate governance and internal control procedures.
- "(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.
- "(d) No information need be disclosed on the registration statement filed pursuant to subsection (b) 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. The definition of materiality provided in this subsection shall not apply for purposes of the Group Capital Calculation or the Liquidity Stress Test Framework.

"(e) Subject to subsection (b) of Section 27-29-5, each registered insurer shall so report all dividends and other distributions to shareholders within 15 business days following the declaration thereof.

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- "(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.
- "(g) The commissioner shall terminate the registration of any insurer which demonstrated that it no longer is a member of an insurance holding company system.
- "(h) The commissioner may require or allow two or more affiliated insurers subject to registration under this section to file a consolidated registration statement.
- "(i) 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) and to file all information and material required to be filed under this section.
- "(j) 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.
- "(k) Any person may file with the commissioner a disclaimer of affiliation with any authorized insurer or a

disclaimer may be filed by the insurer or any member of an insurance holding company system. The disclaimer shall fully disclose all material relationships and bases for affiliation between the person and the insurer, as well as the basis for disclaiming such affiliation. 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) Enterprise Risk Filings.

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

1	"(2) Group Capital Calculation. Except as provided
2	in this subdivision, the ultimate controlling person of every
3	insurer subject to registration shall concurrently file with
4	the registration an annual group capital calculation as
5	directed by the lead state commissioner. The report shall be
6	completed in accordance with the NAIC Group Capital
7	Calculation Instructions, which may permit the lead state
8	commissioner to allow a controlling person that is not the
9	ultimate controlling person to file the group capital
10	calculation. The report shall be filed with the lead state
11	commissioner of the insurance holding company system as
12	determined by the commissioner in accordance with the
13	procedures within the Financial Analysis Handbook adopted by
14	the NAIC. The following insurance holding company systems
15	described are exempt from filing the group capital
16	<pre>calculation:</pre>
17	"a. An insurance holding company system that has
18	only one insurer within its holding company structure, that
19	only writes business and is only licensed in its domestic
20	state, and assumes no business from any other insurer.
21	"b. An insurance holding company system that is
22	required to perform a group capital calculation specified by
23	the United States Federal Reserve Board. The lead state
24	commissioner shall request the calculation from the Federal
25	Reserve Board under the terms of information sharing
26	agreements in effect. If the Federal Reserve Board cannot
27	share the calculation with the lead state commissioner, the

1	insurance holding company system is not exempt from the group
2	capital calculation filing.
3	"c. An insurance holding company system whose
4	non-U.S. group-wide supervisor is located within a Reciprocal
5	Jurisdiction as described in Section 27-5B-8.1, as added to
6	the Code of Alabama 1975, by Act 2021-235, 2021 Regular
7	Session, which recognizes the U.S. state regulatory approach
8	to group supervision and group capital.
9	"d. An insurance holding company system meeting both
10	of the following:
11	"1. That provides information to the lead state that
12	meets the requirements for accreditation under the NAIC
13	financial standards and accreditation program, either directly
14	or indirectly through the group-wide supervisor, who has
15	determined such information is satisfactory to allow the lead
16	state to comply with the NAIC group supervision approach, as
17	detailed in the NAIC Financial Analysis Handbook.
18	2. Whose non-U.S. group-wide supervisor that is not
19	in a Reciprocal Jurisdiction recognizes and accepts, as
20	specified by the commissioner in regulation, the group capital
21	calculation as the world-wide group capital assessment for
22	U.S. insurance groups who operate in that jurisdiction.
23	"e. Notwithstanding the provisions of paragraphs c.
24	and d., a lead state commissioner shall require the group
25	capital calculation for U.S. operations of any non-U.S. based
26	insurance holding company system when, after any necessary
27	consultation with other supervisors or officials, the lead

1	state commissioner deems it appropriate for prudential
2	oversight and solvency monitoring purposes or for ensuring the
3	competitiveness of the insurance marketplace.

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"f. Notwithstanding the exemptions from filing the group capital calculation stated in paragraphs a. through d., the lead state commissioner may exempt the ultimate controlling person from filing the annual group capital calculation or to accept a limited group capital filing or report in accordance with criteria as specified by the commissioner in regulation.

"g. If the lead state commissioner determines that an insurance holding company system no longer meets one or more of the requirements for an exemption from filing the group capital calculation under this section, the insurance holding company system shall file the group capital calculation at the next annual filing date, unless given an extension by the lead state commissioner based on reasonable grounds shown.

"(3) Liquidity Stress Test.

"a. The ultimate controlling person of every insurer subject to registration and also scoped into the NAIC

Liquidity Stress Test Framework shall file the results of a specific year's liquidity stress test. The filing shall be made to the lead state insurance commissioner of the insurance holding company system as determined by the procedures within the Financial Analysis Handbook adopted by the NAIC.

1	"b. The NAIC Liquidity Stress Test Framework
2	includes scope criteria applicable to a specific data year.
3	These scope criteria are reviewed at least annually by the
4	Financial Stability Task Force or its successor. Any change to
5	the NAIC Liquidity Stress Test Framework, or to the data year
6	for which the scope criteria are to be measured, shall be
7	effective on January 1 of the year following the calendar year
8	when such changes are adopted. Insurers meeting at least one
9	threshold of the scope criteria are considered scoped into the
10	NAIC Liquidity Stress Test Framework for the specified data
11	year, unless the lead state insurance commissioner, in
12	consultation with the NAIC Financial Stability Task Force or
13	its successor, determines the insurer should not be scoped
14	into the framework for that data year. Similarly, insurers
15	that do not trigger at least one threshold of the scope
16	criteria are considered scoped out of the NAIC Liquidity
17	Stress Test Framework for the specified data year, unless the
18	lead state insurance commissioner, in consultation with the
19	NAIC Financial Stability Task Force or its successor,
20	determines the insurer should be scoped into the framework for
21	that data year.
22	"c. Regulators should avoid having insurers scoped
23	in and out of the NAIC Liquidity Stress Test Framework on a
24	frequent basis. The lead state insurance commissioner, in
25	consultation with the Financial Stability Task Force or its
26	successor, shall assess this concern as part of the

determination for an insurer.

"d. The performance of, and filing of the results

from, a specific year's liquidity stress test shall comply

with the NAIC Liquidity Stress Test Framework's instructions

and reporting templates for that year and any lead state

insurance commissioner determinations, in conjunction with the

Financial Stability Task Force or its successor, provided

within the Framework.

"(m) The failure to file a registration statement or any summary of the registration statement or enterprise risk filing required by this section within the time specified for filing shall be a violation of this section.

"\$27-29-7.

"(a) (1) All documents, materials, or other information, and copies thereof, in the possession or control of the department 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 paragraphs 1. and m. of subdivision (1) of subsection (b) of Section 27-29-3, Section 27-29-4, Section 27-29-5, and Section 27-29-6.2 are recognized by this state as being proprietary and containing trade secrets, and shall be confidential by law and privileged, shall not be subject to any open records, freedom of information, sunshine or other public record disclosure laws, and shall not be subject to subpoena. The commissioner may use the documents, materials, and other information in the furtherance of any regulatory or legal action in the course of

the commissioner's official duties. The documents, materials, and other information shall not be made public by the commissioner or any other person without the prior written consent of the insurer to which it pertains unless the commissioner determines that the interests of policyholders, shareholders, or the public will be served by the publication thereof, in which event the commissioner may publish all, or any part thereof, in such manner as 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.

"(2) For purposes of the information reported and provided to the commissioner pursuant to subdivision (2) of subsection (1) of Section 27-29-4, the commissioner shall maintain the confidentiality of the group capital calculation and group capital ratio produced within the calculation and any group capital information received from an insurance holding company supervised by the Federal Reserve Board or any U.S. group-wide supervisor.

"(3) For purposes of the information reported and provided to the commissioner pursuant to subdivision (3) of subsection (1) of Section 27-29-4, the commissioner shall maintain the confidentiality of the liquidity stress test results and supporting disclosures and any liquidity stress test information received from an insurance holding company

1 supervised by the Federal Reserve Board and any non-U.S.
2 group-wide supervisors.

- "(b) Neither the commissioner nor any person who received documents, materials, or other information while acting under the authority of the commissioner or with whom such documents, materials, or other information are shared pursuant to this chapter shall be permitted or required to testify in any private civil action concerning any confidential documents, materials, or information subject to subsection (a).
- "(c) In order to assist in the performance of the commissioner's duties, the commissioner:
- "(1) May share documents, materials, or other information, including the confidential and privileged documents, materials, or information subject to subsection (a), including proprietary and trade secret documents and materials, with other state, federal, and international regulatory agencies, with the National Association of Insurance Commissioners NAIC, with any third-party consultants designated by the commissioner to perform examination or actuarial functions, and its affiliates and subsidiaries, and with state, federal, and international law enforcement authorities, including members of any supervisory college described in Section 27-29-6.1, provided that the recipient agrees in writing to maintain the confidentiality and privileged status of the document, material, or other

information, and has verified in writing the legal authority to maintain confidentiality.

"(2) Notwithstanding subdivision (1) above, may share confidential and privileged documents, material, or information reported pursuant to subsection (1) of Section 27-29-4 only with commissioners of states having statutes or regulations substantially similar to subsection (a) and who have agreed in writing not to disclose such information.

"(3) May receive documents, materials, or information, including otherwise confidential and privileged documents, materials, or information, including proprietary and trade secret information from the National Association of Insurance Commissioners NAIC and its affiliates and subsidiaries and from regulatory and law enforcement officials of other foreign or domestic jurisdictions, and shall maintain as confidential or privileged any document, material, or information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the document, material, or information.

"(4) Shall enter into written agreements with the National Association of Insurance Commissioners NAIC and any third-party consultant designated by the commissioner to perform examination or actuarial functions governing sharing and use of information provided pursuant to this chapter consistent with this subsection that shall:

"a. Specify procedures and protocols regarding the confidentiality and security of information shared with the National Association of Insurance Commissioners and its affiliates and subsidiaries NAIC or a third-party consultant designated by the commissioner pursuant to this chapter, including procedures and protocols for sharing by the National Association of Insurance Commissioners NAIC with other state, federal, or international regulators. The agreement shall provide that the recipient agrees in writing to maintain the confidentiality and privileged status of the documents, materials, or other information and has verified in writing the legal authority to maintain the confidentiality.

"b. Specify that ownership of information shared with the National Association of Insurance Commissioners NAIC or a third-party consultant and its affiliates and subsidiaries pursuant to this chapter remains with the commissioner and the use of the information by the National Association of Insurance Commissioners NAIC or a third-party consultant as designated by the commissioner to perform examination or actuarial functions is subject to the direction of the commissioner.

"c. Require at least 10 days' notice to be given to an insurer whose confidential information in the possession of the National Association of Insurance Commissioners NAIC or a third-party consultant designated by the commissioner pursuant to this chapter is subject to a request or subpoena to the National Association of Insurance Commissioners NAIC or a

third-party consultant designated by the commissioner for disclosure or production.

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"d. Require the National Association of Insurance
Commissioners and its affiliates and subsidiaries NAIC or a
third-party consultant designated by the commissioner to
perform examination or actuarial functions to consent to
intervention by an insurer in any judicial or administrative
action in which the National Association of Insurance
Commissioners and its affiliates and subsidiaries NAIC or a
third-party consultant designated by the commissioner may be
required to disclose confidential information about the
insurer shared with the National Association of Insurance
Commissioners and its affiliates and subsidiaries NAIC or a
third-party consultant designated by the commissioner pursuant
to this chapter.

"e. Excluding documents, materials, or other information reported pursuant to subdivision (3) of subsection (1) of Section 27-29-4, prohibit the NAIC or a third-party consultant designated by the commissioner to perform examination or actuarial functions from storing the information shared pursuant to this chapter in a permanent database after the underlying analysis is completed.

"f. For documents, materials, or other information reported pursuant to subdivision (3) of subsection (1) of Section 27-29-4, in the case of an agreement involving a third-party consultant, provide for notification of the identity of the consultant to the applicable insurers.

"(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 Tnsurance Commissioners NAIC or a third-party consultant designated by the commissioner 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.
- "(g) The group capital calculation and resulting group capital ratio required under subdivision (2) of subsection (1) of Section 27-29-4 and the liquidity stress test along with its results and supporting disclosures required under subdivision (3) of subsection (1) of Section 27-29-4 are regulatory tools for assessing group risks and capital adequacy and group liquidity risks, respectively, and are not intended as a means to rank insurers or insurance

1	holding company systems generally. Therefore, except as
2	otherwise may be required under the provisions of this
3	chapter, the making, publishing, disseminating, circulating,
4	or placing before the public, or causing directly or
5	indirectly to be made, published, disseminated, circulated, or
6	placed before the public in a newspaper, magazine, or other
7	publication, or in the form of a notice, circular, pamphlet,
8	letter, or poster, or over any radio or television station, or
9	any electronic means of communication available to the public,
10	or in any other way as an advertisement, announcement, or
11	statement containing a representation or statement with regard
12	to the group capital calculation, group capital ratio, the
13	liquidity stress test result, or supporting disclosures for
14	the liquidity stress test of any insurer or any insurer group,
15	or of any component derived in the calculation by any insurer,
16	broker, or other person engaged in any manner in the insurance
17	business would be misleading and is therefore prohibited;
18	provided, however, that if any materially false statement with
19	respect to the group capital calculation, resulting group
20	capital ratio, an inappropriate comparison of any amount to an
21	insurer's or insurance group's group capital calculation or
22	resulting group capital ratio, liquidity stress test result,
23	supporting disclosures for the liquidity stress test, or an
24	inappropriate comparison of any amount to an insurer's or
25	insurance group's liquidity stress test result or supporting
26	disclosures is published in any written publication and the
27	insurer is able to demonstrate to the commissioner with

substantial proof the falsity of such statement or the

inappropriateness, as the case may be, then the insurer may

publish announcements in a written publication if the sole

purpose of the announcement is to rebut the materially false

statement.

Section 3. Section 27-36A-20 of the Code of Alabama 1975, is amended to read as follows:

"\$27-36A-20.

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"(a) A company calculating reserves under this section shall calculate reserves for ordinary life insurance, accident and health insurance contracts, credit life contracts, group life contracts, annuities, or deposit-type contracts in this state as if the policies were issued before the operative date of the valuation manual Valuation Manual. For policies issued on or after the operative date of the valuation manual Valuation Manual, any mortality and interest rates applicable actuarial assumptions defined by the valuation manual Valuation Manual for net premium reserves shall be used. A company calculating reserves under this section shall comply with Section 27-36A-4(a) instead of Section 27-36A-4(b) and meet all, if it meets at least one of the following conditions: set forth in subdivisions (1) or (2), may file a statement of exemption for individual life insurance policies and certificates, except for those policies identified in subsection (c) issued directly or assumed during the current calendar year that would otherwise be subject to

1	Chapter 20 of the Valuation Manual, a statement of exemption
2	is not required.
3	"(1) The company has less than three hundred million
4	dollars (\$300,000,000) of ordinary life exemption premium.
5	$\underline{\text{and}}_{r}$ (2) If $\underline{\text{if}}$ the company is a member of a group $\underline{\text{of}}$ $\underline{\text{that}}$
6	includes other life insurers insurance companies, the group
7	has combined ordinary life exemption premium of less than six
8	hundred million dollars (\$600,000,000).
9	" <del>(3)</del> <u>(2)</u> A universal life policy with a secondary
10	guarantee issued after the operative date of the valuation
11	manual meets the definition of a non-material secondary
12	guarantee universal life product as defined in the valuation
13	manual. The only new policies that would otherwise be subject
14	to Chapter 20 of the Valuation Manual being issued or assumed
15	by the company are due to election of policy benefits or
16	features from existing policies valued under Appendix A and
17	Appendix C of the Valuation Manual and the company was
18	exempted from, or otherwise not subject to, the requirements
19	of Chapter 20 of the Valuation Manual in the policy year.
20	"(b) The exemption premium is determined under the
21	Valuation Manual as follows:
22	"(1) The amount reported in the prior calendar year
23	life/health annual statement, Exhibit 1, Part 1, Column 3
24	(Ordinary Life Insurance), line 20.1; plus
25	"(2) The portion of the amount in the prior calendar

year life/health annual statement, Exhibit 1, Part 1, Column 3

Τ	(Ordinary Life Insurance), line 20.2 assumed from unaffiliated
2	companies; minus
3	"(3) The amount included in either (1) or (2) that
4	is associated with guaranteed issue insurance policies and/or
5	preneed life insurance policies; minus
6	"(4) The amount included in either a. or b. that
7	represents transfers of reserves in force as of the effective
8	date of a reinsurance assumed transaction; plus
9	"(5) The amount of premium for individual life
10	certificates issued under a group life certificate which meets
11	the conditions defined in Chapter 20 of the Valuation Manual
12	and that are not included in either (1) or (2).
13	"(c) The following policies are excluded from the
14	Life Principal Based Reserving (PBR) Exemption:
15	"(1) Universal Life with Secondary Guarantee (ULSG)
16	policies.
17	"(2) Policies other than ULSG policies that contain
18	a rider with a secondary guarantee, in which the secondary
19	guarantee does not meet the Valuation Manual definition of a
20	nonmaterial secondary guarantee.
21	"(b) (d) Each exemption or lack of exemption
22	pursuant to this section applies to policies issued or assumed
23	in the current year and to all future valuation dates for
24	those policies.
25	"(c) For purposes of subdivisions (a)(1) and (a)(2),
26	ordinary life premium is measured as direct premium plus

reinsurance assumed from an unaffiliated company, as reported in the prior calendar year annual statement.

"(d) (e) An Alabama-domiciled company intending to calculate reserves as described in this section must file a statement with the commissioner prior to July 1 of each year certifying that these at least one of the conditions of subdivisions (1) or (2) of subsection (a) is are met for the current calendar year based on premiums and other values from the prior financial statements. The commissioner may reject the statement prior to September 1 if the commissioner specifically identifies risk in the affected policies that requires a principle-based valuation and require the company to comply with the valuation manual Valuation Manual requirements.

"(f) If a filed statement of exemption is not rejected by the commissioner, the filing of subsequent statements of exemption is not required if the company continues to qualify for the exemption. Ongoing statements of exemption for each new calendar year shall not be deemed to be rejected, unless both of the following apply:

"(1) The company does not meet at least one condition in subdivisions (1) or (2) of subsection (a).

"(2) The commissioner notifies the company prior to September 1 that the statement of exemption is rejected.

"(g) If an ongoing statement of exemption is rejected, the statement of exemption for the current calendar year is deemed rejected and a new statement of exemption must

1	be filed and not rejected in order for the company to exempt
2	additional policies.
3	"(h) The minimum reserve requirements for life
4	insurance, accident and health insurance contracts, credit
5	life contracts, group life contracts, annuities, or
6	deposit-type contracts issued on or after the operative date
7	of the Valuation Manual for a company calculating reserves
8	under this section are those pursuant to applicable
9	requirements in Appendix A and Appendix C of the Valuation
10	Manual using the mortality as defined in Section 3.C.1 of
11	Chapter 20 and Appendix M of the Valuation Manual.
12	" $\frac{\text{(e)}}{\text{(i)}}$ A company that reports reserves using the
13	alternative valuation shall also be exempt from the
14	principle-based reserves corporate governance requirements,
15	certification of effectiveness of principle-based reserves
16	internal controls, and a principle-based reserves valuation
17	report."
18	Section 4. This act shall become effective
19	immediately following its passage and approval by the
20	Governor, or its otherwise becoming law.

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3	House of Representatives
4 5 6 7	Read for the first time and referred to the House of Representatives committee on Insurance 11-JAN-22
8	Read for the second time and placed on the calendar 1 amendment 09-FEB-22
10	
11 12	Read for the third time and passed as amended 16-FEB-22
13	Yeas 102, Nays 0, Abstains 0
14 15 16 17	Jeff Woodard Clerk