

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Banking and Insurance

BILL: SB 1098

INTRODUCER: Senator DiCeglie

SUBJECT: Department of Financial Services

DATE: January 19, 2024

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Thomas	Knudson	BI	Pre-meeting
2.	_____	_____	AEG	_____
3.	_____	_____	FP	_____

I. Summary:

SB 1098 revises provisions of multiple programs within the Department of Financial Services (DFS) to:

- Rename the Division of Investigative and Forensic Services to the Florida Division of Investigations and repeal the Division of Public Assistance Fraud (DPAF), moving its responsibilities to the renamed division;
- Revise provisions relating to the My Safe Florida Home Program;
- Eliminate quarterly reports of the total amount of salary indemnification benefits paid and the total amount of reimbursements from each agency to the State Risk Management Trust Fund;
- Provide for workers' compensation reimbursement for emergency services and care provided when a maximum reimbursement allowance is not available;
- Require that contracts of \$100,000 or more entered into by the Florida Self-Insurers Guaranty Association, the Florida Medical Malpractice Joint Underwriting Association, the Florida Insurance Guaranty Association Guaranty Association, the Florida Life and Health Guaranty Association, the Florida Health Maintenance Organization Consumer Assistance Plan, and the Florida Workers' Compensation Guaranty Association, entered into after July 1, 2024, must first be approved by the DFS and that all such contracts must be competitively procured and be awarded to the most responsible and responsive vendor;
- Revise appointment authority and requirements for the Board of Funeral, Cemetery, and Consumer Services; provides that the Board members are subject to the code of ethics under part III of ch. 112, F.S.
- Amend provisions regarding investigations and prosecutions within the regulatory authority of the DFS;
- Amend various notice requirements for administrative complaints, citations, and litigation under an insurance policy;

- Require surplus lines insurers to respond to the Division of Consumer Services within the DFS within 14 days after receipt of a written request from the Division for documents and information concerning a consumer complaint;
- Provide for applicants to submit cellular telephone numbers as part of the application process on a voluntary basis for purposes of two-factor authentication of login credentials;
- Add “Registered Claims Adjuster (RCA) from American Insurance College” to the list of individuals exempted from the examination requirement to become an agent or adjuster;
- Allow the DFS to disclose confidential investigative information to the subject or the subject’s representative in order to review the details of the investigation;
- Add the designation of “Chartered Customer Service Representative (CCSR) from American Insurance College” to the list of criteria to qualify as a customer representative;
- Require a licensed adjuster to identify themselves in any advertisements, solicitations or written documents based on the adjuster appointment type held;
- Provide that a general lines agent while licensed as a surplus lines agent may appoint licenses with a single surplus license agent appointment;
- Require that the renewal notice sent to the named insured containing changes in policy terms must be in bold type of not less than 14 points and included as a single page within the written notice;
- Provide that each insurer subject to the Florida Insurance Guarantee Association requirements must prepare, implement, and maintain a data transfer plan;
- Revise provisions under the State Fire Marshal relating to standards on the use of fireworks, the Florida Fire Prevention Code, and uniform fire safety standards for mobile food dispensing vehicles and energy storage systems;
- Allow motor vehicle service agreement companies to utilize multiple contractual liability insurance policies when backing their financial obligations;
- Revise financial requirements for warranty associations and exempt employees and agents of a municipal or county government from the licensing and appointment requirements;
- Revise provisions relating to bail bond agents and agencies; provide that bail bond agents are not required to be employed with a bail bond agency; and
- Revise provisions of the Florida Disposition of Unclaimed Property Act.

The bill has an indeterminate, yet insignificant impact on state government revenues and expenditures. *See* Section V. Fiscal Impact Statement.

The bill takes effect upon becoming a law.

II. Present Situation:

Powers and Duties of the Department of Financial Services

The organizational structure of the Department of Financial Services (DFS) is set forth in s. 20.121, F.S. The DFS is statutorily responsible for:

- Carrying out the state’s accounting and auditing functions, including preparing the state’s Comprehensive Annual Financial Report; monitoring state contracts; and making payment for state expenditures.

- Implementing state fire prevention and control measures, including the investigation of arson and other suspicious fires; training and certification of firefighter candidates; and regulation of explosive storage and use.
- Operating the state's risk management program and securing insurance and reinsurance for covered state liabilities.
- Managing the state Treasury and directing safekeeping and the investment of all state funds.
- Managing the deferred compensation program for state employees.
- Investigating fraud, including insurance fraud, public assistance fraud, and false claims against the state.
- Regulating cemeteries and funeral homes.
- Licensing and oversight of insurance agents and agencies.
- Ensuring that Florida employers provide workers' compensation coverage for their employees in a cost effective manner.
- Assisting consumers in the resolution of issues pertaining to insurance and funeral services.
- Collecting and returning unclaimed property belonging to Florida residents.¹

The DFS is composed of the following thirteen divisions:

- Accounting and Auditing;
- Administration;
- Consumer Services;
- Funeral, Cemetery, and Consumer Services;
- Insurance Agent and Agency Services;
- Investigative and Forensic Services;
- Public Assistance Fraud;
- Rehabilitation and Liquidation;
- Risk Management;
- State Fire Marshal;
- Treasury;
- Unclaimed Property; and
- Workers' Compensation.²

Division of Investigative and Forensic Services

The Division of Investigative and Forensic Services (DIFS) functions as a criminal justice agency for purposes of ss. 943.045-943.08, F.S., and is authorized to conduct investigations within or outside of Florida, as necessary. The DIFS includes the following office and bureaus:

- The Bureau of Forensic Services;
- The Bureau of Fire, Arson, and Explosives Investigations;
- The Office of Fiscal Integrity;
- The Bureau of Insurance Fraud; and
- The Bureau of Workers' Compensation Fraud.

¹ Florida Department of Financial Services, *Statement of Agency Organization and Operation*, <https://www.myfloridacfo.com/required/agency-org> (last visited January 18, 2024).

² Florida Department of Financial Services, *Divisions and Offices* <https://www.myfloridacfo.com/> (last visited January 18, 2024).

DIFS encompasses all enforcement and forensic components within the DFS, investigating a wide range of fraudulent and criminal acts including:

- Insurance fraud investigations;
- Workers' compensation fraud investigations;
- Fire, arson, and explosives investigations;
- Theft/misuse of state funds; and
- Fire and explosives sample analysis.³

The DIFS investigates various types of insurance fraud including Personal Injury Protection fraud, workers' compensation fraud, vehicle fraud, application fraud, licensee fraud, homeowner's insurance fraud, and healthcare fraud.⁴ The DIFS is directed by statute to investigate fraudulent insurance acts, violations of the Unfair Insurance Trade Practices Act,⁵ false and fraudulent insurance claims,⁶ and willful violations of the Florida Insurance Code and rules adopted pursuant to the Code.⁷ The DIFS employs sworn law enforcement officers to investigate insurance fraud.

Investigations by the DIFS are conducted as provided in s. 626.989, F.S. These provisions include:

- Authority to administer oaths and affirmations, request the attendance of witnesses or proffering of matter, and collect evidence;
- Authority to request that an individual who refuses to comply with a request be ordered by the circuit court to provide the testimony or matter;
- Responsibility to report any alleged violations of law which its investigations disclose to the appropriate licensing agency and state attorney or other prosecuting agency having jurisdiction;
- The power to make arrests for criminal violations established as a result of investigations; and
- That its investigators be considered state law enforcement officers for all purposes and have the power to execute arrest warrants and search warrants; to serve subpoenas issued for the examination, investigation, and trial of all offenses.

Division of Public Assistance Fraud

The Division of Public Assistance Fraud (DPAF) is created pursuant to s. 20.121(2)(f), F.S. The DPAF is charged with functioning as a criminal justice agency and to conduct investigations of public assistance fraud.⁸ The DPAF safeguards against public assistance fraud and the impact of those crimes by enforcing relevant state laws. The DPAF partners with the Department of Children and Families, the Agency for Health Care Administration, the Department of Health, and the Department of Education's Office of Early Learning to investigate fraud in programs

³ Department of Financial Services, Investigative and Forensic Services, *About the Division*, <https://myfloridacfo.com/Division/DIFS/> (last visited January 18, 2024).

⁴ *Id.*

⁵ Section 626.9541, F.S.

⁶ Section 817.234, F.S.

⁷ Section 624.15, F.S.

⁸ Section 20.121(2)(f), F.S.

administered by those departments.⁹ On the federal level, the Division partners with the U.S. Department of Agriculture's Food and Nutrition Services, the Social Security Administration, and the Department of Health and Human Services.¹⁰

Special Risk Class

Chapter 121, F.S., contains provisions relating to the Florida Retirement System (FRS). Persons employed in law enforcement, firefighting, criminal detention, and emergency and forensic medical care are members of the Special Risk Class.¹¹ In establishing the Special Risk Class of membership within the FRS, the Legislature recognized that persons employed in certain categories of law enforcement, firefighting, and criminal detention positions must, as an essential function of their positions, perform work that is physically demanding or arduous, or work that requires extraordinary agility and mental acuity.¹² The Legislature further found that as persons in such positions age, they may not be able to continue performing their duties without posing a risk to the health and safety of themselves, the public and their coworkers.¹³ Forensic professionals employed with the Division of State Fire Marshal in the forensic laboratory are included within the Special Risk Class.

My Safe Florida Home Program

In 2006, the Legislature created the My Safe Florida Home (MSFH) Program¹⁴ within the DFS.¹⁵ The original appropriation was \$250 million for a period not to exceed three years with any unused appropriated funds reverting to the state on June 30, 2009.¹⁶ The MSFH Program was created with the intent to provide trained and certified inspectors to perform inspections for owners of site-built, single-family, residential properties, and grants to eligible applicants.¹⁷ From its inception to January 30, 2009, the MSFH Program received approximately 425,193 applications, performed more than 391,000 inspections and awarded 39,000 grants.

In May 2022, during the 2022D Special Session (SB 2-D), the Legislature reestablished the MSFH Program within the DFS.¹⁸ To implement the renewed MSFH Program, \$150 million in nonrecurring funds from the General Revenue Fund was appropriated to the DFS.¹⁹ Another \$102,065,000 was appropriated for the Program in 2023.²⁰

⁹ <https://www.myfloridacfo.com/Division/PAF/> (last visited January 18, 2024).

¹⁰ *Id.*

¹¹ Section 121.0515(2), F.S.

¹² Section 121.0515(1), F.S.

¹³ *Id.*

¹⁴ *Id.*

¹⁵ The Legislature initially established the program as the Florida Comprehensive Hurricane Damage Mitigation Program (ch. 2006-12, L.O.F.) however, the name was subsequently changed in 2007 (ch. 2007-126, L.O.F.).

¹⁶ Chapter 2006-12 L.O.F.

¹⁷ Section 215.5586, F.S.

¹⁸ Section 3, ch. 2022-268, L.O.F. *See* CS/SB 2-D (2022 Special Session).

¹⁹ Section 4, ch. 2022-268, L.O.F.

²⁰ Lines 2368A and 2368B, ch. 2023-239, L.O.F.

During Special Session 2023-C, HB 1-C²¹ was passed, which included provisions relating to the MSFH Program. The bill:

- Appropriated \$176,170,000 in nonrecurring general revenue for the backlog of 17,617 mitigation grant applications that had been submitted and awaiting funding;
- Appropriated \$5,285,100 in nonrecurring general revenue for administrative costs related to the processing of mitigation grants; and
- Prohibited the DFS from continuing to accept applications or to create a waiting list in anticipation of additional funding absent express authority from the Legislature.

State Risk Management and Safety Programs

Chapter 284, F.S., provides for state risk management and safety programs, including workers' compensation for state employees. In 1995, the Legislature created section 284.44, F.S., in order "to provide state agencies with an increased incentive to become actively involved in the prevention and management of workers' compensation claims involving state employees."²² This section requires that each agency covered under the program must provide the initial salary indemnification costs for employees entitled to workers' compensation benefits from funds appropriated for salaries and benefits.²³

The Division of Risk Management is required to prepare quarterly reports of the total amount of salary indemnification benefits paid and the total amount of reimbursements from each agency to the State Risk Management Trust Fund for initial costs each quarter.²⁴ These reports also include information indicating the number of cases and any amounts waived by the Executive Office of the Governor.²⁵ The reports are provided to the Executive Office of the Governor and the chairs of the legislative appropriations committees.²⁶

Workers' Compensation

Workers' Compensation Maximum Reimbursement Allowances

The Division of Workers' Compensation within the DFS provides regulatory oversight of Florida's workers' compensation system, which includes the enforcement of coverage requirements,²⁷ administration of the workers' compensation health care delivery system,²⁸ data collection,²⁹ and assisting injured workers, employers, insurers, and providers in fulfilling their responsibilities under ch. 440, F.S.³⁰ Whether an employer is required to have workers' compensation insurance depends upon the employer's industry and the number of its employees. Employers may secure coverage by purchasing a workers' compensation insurance policy or

²¹ Chapter 2023-349, L.O.F.

²² Section 284.44(1), F.S.

²³ Section 284.44(2), F.S.

²⁴ Section 284.44(6), F.S.

²⁵ *Id.*

²⁶ *Id.*

²⁷ Section 440.107(3), F.S.

²⁸ Section 440.13, F.S.

²⁹ Section 440.185 and 440.593, F.S.

³⁰ Section 440.191, F.S.

qualifying as a self-insurer.³¹ Individuals who elect an exemption are not considered “employees,” for premium calculation purposes, and are not eligible to receive workers’ compensation benefits if they suffer a workplace injury. Florida’s workers’ compensation law provides for medically necessary treatment and care of injured employees, including medications. The law provides reimbursement formulas and methodologies to compensate providers of health services, subject to maximum reimbursement allowances (MRAs).

A three-member panel (panel), consisting of the CFO or the CFO’s designee and two Governor’s appointees, sets the MRAs.³² The DFS incorporates the statewide schedules of the MRAs by rule in reimbursement manuals. In establishing the MRA manuals, the panel considers the usual and customary levels of reimbursement for treatment, services, and care;³³ the cost impact to employers for providing reimbursement that ensures that injured workers have access to necessary medical care;³⁴ and the financial impact of the MRAs on healthcare providers and facilities; Florida law requires the panel to develop MRA manuals that are reasonable, promote the workers’ compensation system’s healthcare cost containment and efficiency, and are sufficient to ensure that medically necessary treatment is available for injured workers.³⁵

The panel develops four different reimbursement manuals to determine statewide schedules of maximum reimbursement allowances. The healthcare provider manual limits the maximum reimbursement for licensed physicians to 110 percent of Medicare reimbursement,³⁶ while reimbursement for surgical procedures is limited to 140 percent of Medicare.³⁷ The hospital manual sets maximum reimbursement for outpatient scheduled surgeries at 60 percent of usual and customary charges,³⁸ while other outpatient services are limited to 75 percent of usual and customary charges.³⁹ Reimbursement of inpatient hospital care is limited based on a schedule of per diem rates approved by the panel.⁴⁰ The ambulatory surgical centers manual limits reimbursement to 60 percent of usual and customary charge as such services are generally scheduled outpatient surgeries. The prescription drug reimbursement manual limits reimbursement to the average wholesale price plus a \$4.18 dispensing fee.⁴¹ Repackaged or relabeled prescription medication dispensed by a dispensing practitioner has a maximum reimbursement of 112.5 percent of the average wholesale price plus an \$8.00 dispensing fee.⁴² Fees may not exceed the schedules adopted under ch. 440, F.S., and DFS rule.⁴³

³¹ Section 440.38, F.S.

³² Section 440.13(12)(a), F.S.

³³ Section 440.13(12)(d)1., F.S.

³⁴ Section 440.13(12)(d)2., F.S.

³⁵ Section 440.13(12)(d)3., F.S.

³⁶ Section 440.13(12)(b)4., F.S.

³⁷ Section 440.13(12)(b)5., F.S.

³⁸ Section 440.13(12)(b)3., F.S.

³⁹ Section 440.13(12)(a), F.S.

⁴⁰ Section 440.13(12)(a), F.S.

⁴¹ Section 440.13(12)(c), F.S.

⁴² *Id.*

⁴³ Section 440.13(13)(b), F.S. The DFS also has broad rulemaking authority under s. 440.591, F.S.

Florida Self-Insurers Guaranty Association

An employer may be eligible to self-insure for their workers' compensation coverage.⁴⁴ Such an employer must furnish proof to the Florida Self-Insurers Guaranty Association (FSIGA) that the employer has the financial strength necessary to ensure timely payment of all current and future claims.⁴⁵ The FSIGA is a nonprofit corporation established pursuant to s. 440.385, F.S., and monitors the financial strength of self-insured entities for the DFS and makes recommendations as to the qualifications to self-insure.⁴⁶ All self-insurers other than governmental entities and public utilities are required to be members of the Association.⁴⁷

Funeral, Cemetery, and Consumer Services

Chapter 497, F.S., known as the Florida Funeral, Cemetery, and Consumer Services Act (Act), provides for the regulation of funeral and cemetery services.⁴⁸ The Act authorizes the Board of Funeral, Cemetery, and Consumer Services (Board) within the DFS to regulate cemeteries, columbaria, cremation services and practices, cemetery companies, dealers and monument builders, funeral directors, and funeral establishments.⁴⁹

Section 20.121(4), F.S., creates the Board within the Division of Funeral, Cemetery, and Consumer Services of the DFS. The Board acts as the licensing and rulemaking authority for certain matters related to examinations and other substantive requirements for licensure within the death care industry under ch. 497, F.S., including facility requirements.⁵⁰

The Board has broad authority over licensure and examination of applicants for various licenses including:

- Authority to determine any and all criteria for licensure;
- Authority to specify who may conduct practical examination;
- Authority to specify the content of examinations for licensure, both written and practical, and the relative weighting of areas examined, and grading criteria, and determination of what constitutes a passing grade;
- Authority to strike any examination question determined before or after an examination to be inappropriate for any reason;
- Authority to specify which national examinations or parts thereof shall or shall not be required or accepted regarding Florida licensure;
- Authority to determine time limits and substantive requirements regarding reexamination of applicants who fail any portion of a licensing examination; and

⁴⁴ Section 440.38(1)(b), F.S.

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ Section 440.385(1)(a), F.S.

⁴⁸ *See* Section 497.001, F.S.

⁴⁹ Sections 497.101 and 497.103, F.S.

⁵⁰ *See* s. 497.103(1)(a)-(cc), F.S. Licenses available to natural persons include: embalmer apprentice and intern; funeral directors and intern; funeral director and embalmer, direct disposer, monument establishment sales agent, and preneed sales agent. Section 497.141(12)(a), F.S. Licenses available to natural persons, corporations, limited liability companies, and partnerships include: funeral establishment, centralized embalming facility, refrigeration facility, direct disposal establishment, monument establishment, cinerator facility, removal service, preneed sales business under s. 497.453, F.S., and cemetery. Section 497.141(12)(b)-(c), F.S.

- Authority to determine substantive requirements and conditions relating to apprenticeships and internships, and temporary licensure pending examination.⁵¹

The Board must have 10 members; one member must be the State Health Officer, or his or her designee, and the remaining nine members must be nominated by the Chief Financial Officer (CFO), appointed by the Governor, and confirmed by the Senate.⁵² The composition of the Board must be as follows:

- The State Health Officer;
- Two funeral directors who are:
 - Licensed under part III of ch. 497, F.S., as funeral directors, and
 - Associated with a funeral establishment;
- One funeral director who is:
 - Licensed under part III of ch. 497, F.S.,
 - Associated with a funeral establishment licensed under part III of ch. 497, F.S., that has a valid preneed license issued pursuant to ch. 497, F.S., and
 - Operates an incinerator facility that is approved under ch. 403, F.S., and licensed under part IV of ch. 497, F.S.;
- Two persons whose primary occupation is associated with a licensed cemetery;
- Three consumers who:
 - Are residents of Florida;
 - Have never been licensed funeral directors or embalmers;
 - Are not connected with a cemetery or licensed cemetery company;
 - Are not connected to the death care industry or the practice of embalming, funeral directing, or direct disposition;
 - At least one of which is at least 60 years of age; and
 - At least one of which is a licensed certified public accountant; and
- One principal of a monument establishment licensed under ch. 497, F.S., as a monument builder.

Two or more members may not be principals or employees of the same company or partnership, or group of companies or partnerships under common control.⁵³ Board members are appointed for four-year terms, except for the State Health Officer, who serves so long as he or she holds the office.⁵⁴

Service of Process

Service of an administrative complaint in a disciplinary matter, whether against a licensee or an unlicensed person or entity, may be in person by the DFS staff or a person authorized to make service of process under the Florida Rules of Civil Procedure.⁵⁵ If the complaint is against a licensee, than service “may in the alternative be made by certified mail, return receipt requested,

⁵¹ Section 497.103(1)(a)-(g), F.S.

⁵² Section 497.101(1), F.S.

⁵³ Section 497.101(2), F.S.

⁵⁴ Section 497.101(3), F.S.

⁵⁵ Section 497.153(4)(a), F.S.

to the last known address of record provided by the licensee to the department.”⁵⁶ Service of a citation may be made in person or by certified mail at the subject’s last known address.⁵⁷

Presuit Notice to Initiate Litigation under an Insurance Policy

As a condition precedent to bringing a bad faith cause of action under s. 624.155, F.S., the insured must have provided the insurer and the DFS at least 60 days written notice of the alleged violation.⁵⁸ The 60-day window contemplated under s. 624.155, F.S., provides insurers with a final opportunity to comply with their claim-handling obligations when a good-faith decision by the insurer would indicate that contractual benefits are owed.⁵⁹ Notice to the authorized insurer must be sent by the DFS to the e-mail address designated by the insurer under s. 624.422, F.S. (which relates to service of process).⁶⁰ The civil remedy notice must specify the following information:

- The statutory provision, including the specific language of the statute, which the authorized insurer allegedly violated;
- The facts and circumstance giving rise to the violation;
- The name of any individual involved in the violation;
- A reference to specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third-party claimant, she or he shall not be required to reference the specific policy language if the authorized insurer has not provided a copy of the policy to the third party claimant pursuant to written request; and
- A statement that the notice is given in order to perfect the right to pursue the civil remedy authorized under s. 624.155, F.S.⁶¹

Outside of the “bad faith” litigation context, a property insurance claimant must provide the DFS with written notice, on a form provided by the DFS, of intent to initiate litigation against an insurer at least 10 business days before filing suit, but may not be given before the insurer has made a determination of coverage under s. 627.70131.⁶² The notice must detail the alleged acts or omissions of the insurer giving rise to the suit. If the insurer denied coverage, the notice must include an estimate of damages, if known. If the insurer did not deny coverage, notice must include a presuit settlement demand that itemizes damages, attorney fees, costs, and the disputed amount. The notice may include supporting documents. The notice and supporting documents are not admissible as evidence in any proceeding.⁶³ A court must dismiss without prejudice any claimant’s suit if the claimant has not complied with the requirement to provide 10 business days’ notice of intent to initiate litigation.⁶⁴

⁵⁶ *Id.*

⁵⁷ Section 497.155(1)(e), F.S.

⁵⁸ Section 624.155(3), F.S.

⁵⁹ See *Talat Enterprises, Inc., v. Aetna Cas. and Sur. Co.*, 753 So.2d 1278, 1284 (Fla. 2000).

⁶⁰ *Id.*

⁶¹ Section 624.155(3)(b)(1)-(5), F.S.

⁶² Section 627.70152(3)(a), F.S.

⁶³ Section 627.70152(6)(a), F.S.

⁶⁴ Section 627.70152(5), F.S.

The insurer must respond in writing within 10 business days after receiving the notice of intent to initiate litigation.⁶⁵ If the insurer denied coverage, the insurer must either accept coverage, deny coverage, or assert the right to re-inspect the property within 14 business days.⁶⁶ If the notice alleges the insurer did an act other than denying coverage, the insurer must respond by making a settlement offer or requiring the claimant to participate in an appraisal or another method of alternative dispute resolution (ADR).⁶⁷ If appraisal or ADR is not concluded within 90 days after the 10-day notice of intent to initiate litigation, the claimant may immediately file suit without providing the insurer additional notice.⁶⁸

DFS - Division of Consumer Services

The Division of Consumer Services (Division) provides education, information, and assistance to consumers for all products or services regulated by the DFS or the Financial Services Commission (Commission).⁶⁹ The Division's duties specifically include:

- Receiving consumer questions and complaints;
- Educating the public about insurance-related topics;
- Providing mediation to resolve disputes between a consumer and insurance company; and
- Serving as a conduit for referrals for further legal action by the DFS.⁷⁰

Section 624.307(10)(b), F.S., permits the Division to impose an administrative penalty on a person who holds a license or certificate of authority from the DFS if that person fails to respond to the Division's request for information within 20 days. A licensed individual must produce any requested documents not subject to attorney-client or work product privilege.

Insurance Field Representatives and Operations

Chapter 626, F.S., governs the regulation of insurance field representatives, navigators, insurance administrators, unauthorized insurers and surplus lines, viatical settlements, structured settlements, and operations.⁷¹ The powers and duties of the CFO and the DFS in part I of ch. 626, F.S., apply only with respect to insurance agents, insurance agencies, managing general agents, insurance adjusters, reinsurance intermediaries, viatical settlement brokers, customer representatives, service representatives, and agencies.⁷² Further, the DFS has jurisdiction to enforce provisions of parts VIII and IX of ch. 626, F.S., with respect to persons engaged in actions for which a license issued by the DFS is required.⁷³ The powers and duties of the

⁶⁵ Section 627.70152(4), F.S.

⁶⁶ Section 627.70152(4)(a), F.S.

⁶⁷ Section 627.70152(4)(b), F.S.

⁶⁸ *Id.*

⁶⁹ DFS, *Department of Financial Services Long Range Program Plan: Fiscal Years 2023-24 through 2027-28*, 15 (Oct. 17, 2022), available at <http://floridafiscalportal.state.fl.us/Document> (last visited January 18, 2024). See also, DFS, *Consumer Guides*, <https://www.myfloridacfo.com> (last visited January 18, 2024).

⁷⁰ Section 624.307(10)(a), F.S.

⁷¹ This includes licensing and other requirements (part I), general lines agents (part II), life insurance agents (part III), health insurance agents (part IV), title insurance agents (part V), insurance adjusters (part VI), insurance administrators (part VII), and viatical settlements (part X).

⁷² Section 626.016(1), F.S.

⁷³ Section 626.016(3), F.S.

Financial Service Commission and the Office of Insurance Regulation (OIR)⁷⁴ specified in part I apply only with respect to service companies, insurance administrators, and viatical settlement providers and contracts.⁷⁵ The OIR has jurisdiction to enforce provisions of parts VIII and IX of ch. 626, F.S., with respect to persons who engage in actions for which a license or certificate of authority issued by the OIR is required.⁷⁶ However, s. 626.016(4), F.S., provides that it is not intended to limit the authority of the DFS and the Division of Investigative and Forensic Services within the DFS, as authorized in s. 626.989, F.S.

The Division of Insurance Agent and Agency Services licenses and appoints individuals and entities authorized to transact insurance in Florida as provided in s. 626.016, F.S. Further, the Division receives and reviews applications for insurance licenses and oversees the examination, licensing, and continuing education of licensees. The Division also conducts investigations of alleged violations of the Florida Insurance Code and refers suspected criminal violations of the Florida Insurance Code to the Division's Bureau of Insurance Fraud within the DFS or other law enforcement agencies as appropriate.⁷⁷

Insurance Adjuster Licensure Examination

An adjuster is an individual employed by an insurer to evaluate losses and settle policyholder claims.⁷⁸ An adjuster may be licensed as either an “all-lines adjuster” or a “public adjuster.”⁷⁹ An all-lines adjuster “is a person who, for money, commission, or any other thing of value, directly or indirectly undertakes on behalf of a public adjuster or an insurer to ascertain and determine the amount of any claim, loss, or damage payable under an insurance contract or undertakes to effect settlement of such claim, loss, or damage.”⁸⁰ Subject to certain exceptions, a public adjuster is someone that is paid by an insured to prepare and file a claim against his or her insurer.⁸¹

Among other requirements, an applicant must pass an examination to obtain an adjuster’s license; however, the examination requirement is waived if the applicant has attained certain professional designations that document their successful completion of professional education coursework. An examination is not required for all-lines adjuster applicants that obtains certain specified professional designations.⁸² The DFS must approve the curriculum, which must include comprehensive analysis of basic property and casualty lines of insurance and testing at least equal to that of standard the DFS testing for the all-lines adjuster license.⁸³

⁷⁴ Pursuant to s. 20.121(3), F.S., the Office of Insurance Regulation is an office within the Financial Services Commission (FSC). The FSC is composed of the Governor, the Attorney General, the CFO, and the Commissioner of Agriculture. The FSC members serve as the agency head for purposes of rulemaking under ss. 120.536-120.565, F.S.

⁷⁵ Section 626.016(2), F.S.

⁷⁶ Section 626.016(3), F.S.

⁷⁷ Sections 624.307, 624.317, and 624.321, F.S.

⁷⁸ Insurance Information Institute. *III Glossary* (defining “adjuster”), <https://www.iii.org/glossary/A> (last visited January 18, 2024).

⁷⁹ Section 626.864, F.S.

⁸⁰ Sections 626.015 and 626.8548, F.S.

⁸¹ Section 626.854(1), F.S.

⁸² Section 626.221, F.S.

⁸³ Section 626.221(2)(j), F.S.

Public Adjusters

A public adjuster is any person, except a duly licensed attorney-at-law, who, for money, commission, or any other things of value, directly or indirectly prepares, completes, or files an insurance claim for an insured or third-party claimant, or who, for money, commission, or any other thing of value, acts on behalf of, or aids an insured or third-party claimant in negotiating for or effecting the settlement of a claim or claims for loss or damage covered by an insurance contract, or who, advertises for employment as an adjuster of such claims.⁸⁴ The term also includes any person who, for money, commission, or any other thing of value, directly or indirectly solicits, investigates, or adjusts such claims on behalf of the public adjuster, an insured, or a third-party claimant.⁸⁵

Unauthorized Insurers and Surplus Lines

A general lines agent while licensed and appointed as a surplus lines agent may originate surplus lines business and may accept surplus lines business from any other originating Florida-licensed general lines agent appointed and licensed as to the kinds of insurance involved and may compensate that agent.⁸⁶ A managing general agent while licensed and appointed as a surplus lines agent may accept and place such surplus lines business as is originated by a Florida-licensed general lines agent appointed and licensed as to the kinds of insurance involved and may compensate that agent.⁸⁷ Such general lines agent may not knowingly misrepresent to the surplus lines agent any material fact involved in any such insurance or in the eligibility thereof for placement with a surplus lines insurer.⁸⁸

Florida Medical Malpractice Joint Underwriting Association

The Florida Medical Malpractice Joint Underwriting Association (FMMJUA) is an insurance risk apportionment plan created by law for the purpose of assuring the availability of medical liability (malpractice) insurance to Florida health care providers (physicians, surgeons, dentists, nurses, physician partnerships or corporations, hospitals, medical facilities and other health care providers).⁸⁹ The FMMJUA provides liability insurance for those medical providers who are unable to obtain coverage from the private market.

The FMMJUA is administered through its Board of Governors (Board). The Board is comprised of representatives from the Florida Medical Association, Florida Hospital Association, The Florida Bar, Florida Dental Association, and the insurance industry. Subject to the final approval of the OIR, the Board approves insurance rates, rate classifications, policy forms, and otherwise sets the FMMJUA policy under the framework of the FMMJUA Plan of Operation. Operational and administrative functions are provided by a general manager and staff located in Tallahassee. The general manager is responsible for implementing policy and conducting the daily activities of the FMMJUA.

⁸⁴ Section 626.854(1), F.S.

⁸⁵ *Id.*

⁸⁶ Section 626.929(1), F.S.

⁸⁷ Section 626.929(2), F.S.

⁸⁸ Section 626.929(3), F.S.

⁸⁹ Section 627.351, F.S. See also www.fmmjua.com (last visited January 18, 2024).

The Insurance Contract

An insurer may change the terms of a policy at the renewal of that policy.⁹⁰ If the terms are going to be changed, the insurer must give the named insured advance written notice summarizing the changes.⁹¹ The notice may be enclosed along with the notice of renewal premium or sent separately within the required timeframe.⁹² The insurer must provide a sample copy of the notice to the insured's insurance agent before or at the same time that notice is provided to the insured. The notice must be entitled "Notice of Change in Policy Terms."⁹³

Each renewal policy that includes the addition of optional coverage that increases the premium may not use the Notice of Change in Policy Terms to add the optional coverage unless the policyholder approves the addition of the optional coverage.⁹⁴ Receipt of the premium payment for the renewal policy is deemed to be acceptance of the new policy terms by the insured.⁹⁵ If the insurer fails to provide the required notice, the original policy terms remain in effect until the next renewal and the proper service of the notice, or until the effective date of replacement coverage obtained by the named insured, whichever occurs first.⁹⁶

Guaranty Associations

A guaranty association generally is a nonprofit corporation created by law directed to protect policyholders from financial losses and delays in claim payment and settlement due to the insolvency of an insurance company.

Florida Insurance Guaranty Association

Section 631.55, F.S., provides for the creation of the Florida Insurance Guaranty Association, Inc. (FIGA). When a property and casualty insurance company becomes insolvent, FIGA is required by law to assume the claims of the insurer and pay the claims of the company's policyholders.⁹⁷ All insurers licensed to sell property and casualty insurance in the state are required to participate in the FIGA as a condition of transacting business in Florida. The FIGA operates under a board of directors as a nonprofit corporation. The Board consists of five to nine members appointed by the DFS to serve four-year terms.⁹⁸

Florida Life and Health Insurance Guaranty Association

Section 631.715, F.S., provides for the creation of the Florida Life and Health Insurance Guaranty Association (FLHIGA). All insurers licensed to sell direct life insurance policies, health insurance policies, annuity contracts, and supplemental contracts with or without life

⁹⁰ Section 627.43141(2), F.S.

⁹¹ *Id.*

⁹² *Id.*

⁹³ *Id.*

⁹⁴ Section 627.43141(3), F.S.

⁹⁵ Section 627.43141(5), F.S.

⁹⁶ Section 627.43141(6), F.S.

⁹⁷ Section 631.57, F.S.

⁹⁸ Section 631.56(1), F.S.

contingencies in the state are required to participate in the FLHIGA as a condition of transacting business in Florida. The FLHIGA operates under a board of directors as a nonprofit corporation. The Board consists of nine to eleven members appointed by member insurers.⁹⁹

Florida Health Maintenance Organization Consumer Assistance Plan

Section 631.815, F.S., provides for the creation of the Florida Health Maintenance Organization Consumer Assistance Plan (FHMOCAP). All health maintenance organizations possessing a valid certificate of authority in the state are required to participate in the FHMOCAP as a condition of transacting business in Florida. The FHMOCAP operates under a board of directors as a nonprofit corporation. The Board consists of five to nine members appointed by the DFS to serve four-year terms.¹⁰⁰

Florida Workers' Compensation Insurance Guaranty Association

Section 631.911, F.S., provides the creation of the Florida Workers' Compensation Insurance Guaranty Association, Incorporated (FWCIGA). All insurers authorized to provide workers' compensation insurance in the state are required to participate in the FWCIGA as a condition of transacting business in Florida. The FWCIGA operates under a board of directors as a nonprofit corporation. The Board consists of eleven members appointed to serve four-year terms.¹⁰¹

State Fire Marshal

State law on fire prevention and control is provided in Chapter 633, F.S. Section 633.104, F.S., designates the Chief Financial Officer (CFO) as the State Fire Marshal, operating through the Division of the State Fire Marshal within the DFS. This law provides "it is the intent of the Legislature that the State Fire Marshal shall have the responsibility to minimize the loss of life and property in this state due to fire."¹⁰² Pursuant to this authority, the State Fire Marshal regulates, trains, and certifies fire service personnel; investigates the causes of fires; enforces arson laws; regulates the installation of fire equipment; conducts firesafety inspections of state property; develops firesafety standards; provides facilities for the analysis of fire debris; and operates the Florida State Fire College.

The State Fire Marshal is charged with adopting the current edition of the National Fire Protection Association's Standard 1, Fire Prevention Code, but is prohibited from adopting a building, mechanical, or plumbing code.¹⁰³ Criminal penalties for violation of the Florida Fire Prevention Code, any order or rule of the State Fire Marshal, or any order to cease and desist or to correct conditions, are set forth in s. 633.124, F.S.

Uniform Firesafety Standards

The DFS is required to establish uniform firesafety standards that apply to:

⁹⁹ Section 631.716(1), F.S.

¹⁰⁰ Section 631.816(1), F.S.

¹⁰¹ Section 631.912(1), F.S.

¹⁰² Section 633.104(2), F.S.

¹⁰³ Section 633.202(2), F.S.

- All new, existing, and proposed state-owned and state-leased buildings.
- All new, existing, and proposed hospitals, nursing homes, assisted living facilities, adult family-care homes, correctional facilities, public schools, transient public lodging establishments, public food service establishments, elevators, migrant labor camps, mobile home parks, lodging parks, recreational vehicle parks, recreational camps, residential and nonresidential child care facilities, facilities for the developmentally disabled, motion picture and television special effects productions, tunnels, and self-service gasoline stations.¹⁰⁴

The uniform firesafety standards must be reasonably prudent with respect to protecting life, safety, and property and which take into consideration the characteristics of the people utilizing the subject buildings and structures and other hazards associated with the subject buildings and structures throughout the state.¹⁰⁵ A local authority may not require more stringent uniform firesafety standards with respect to buildings or structures subject to such standards except in limited circumstances.¹⁰⁶

Motor Vehicle Service Agreement Companies

A person may not transact, administer, market, or attempt any of these activities with respect to a service agreement¹⁰⁷ business in Florida without a license.¹⁰⁸ To qualify for and maintain a license, a service agreement company (“company”) must comply with applicable Florida laws (including the Florida Insurance Code), rules and charter powers, and comply with specified requirements, including, in part:

- Being a solvent corporation;
- Furnishing the OIR with evidence that the management of the company is competent and trustworthy, and can successfully and lawfully manage its affairs;
- Making a deposit required under s. 634.052, F.S.;
- Maintaining the requires reserves and the required ratio of liquid assets to the required reserves;
- Having and maintaining net assets of \$500,000, which all of such assets maintained in the United States; and
- Establishing and maintaining an unearned premium reserve that meets certain requirements, including:

¹⁰⁴ Section 633.206(1), F.S.

¹⁰⁵ Section 633.206(2)(a), F.S.

¹⁰⁶ Section 633.206(2)(b), F.S.

¹⁰⁷ Section 634.011(8), F.S., defines “motor vehicle service agreement” or “service agreement” as a contract or agreement indemnifying the service agreement holder for the motor vehicle listed on the service agreement and arising out of the ownership, operation, and use of the motor vehicle against loss caused by failure of any mechanical or other component part, or any mechanical or other component part that does not function as it was originally intended; however, nothing in this part shall prohibit or affect the giving, free of charge, of the usual performance guarantees by manufacturers or dealers in connection with the sale of motor vehicles. Transactions exempt under s. 624.125, F.S., are expressly excluded from this definition and are exempt from the provisions of this part. The term “motor vehicle service agreement” includes any contract or agreement that provides: (a) for the coverage or protection and which is issued or provided in conjunction with an additive produce applied to the motor vehicle that is the subject of such contract or agreement; (b) For payment of vehicle protection expenses as defined in s. 634.011(8)(b)1.a., F.S.

¹⁰⁸ Section 634.031(1), F.S.

- The unearned premium reserve consists of unencumbered assets equal to a minimum of 50 percent of the unearned gross written premium of each service agreement and must amortize this reserve pro rata over the duration of the service agreement;
- A company utilizing the 50-percent reserve must not allow its ratio of gross written premium to net assets to exceed 10 to 1; and
- The company must deposit with the DFS securities of the type eligible for deposit by insurers under s. 625.52, F.S., equal to 15 percent of the unearned premium reserve; or
- Is not required to establish and maintain an unearned premium reserve if the company secures and maintains contractual liability insurance in accordance with the following:
 - Coverage of 100 percent of the claim exposure is obtained from an insurer approved by the OIR which meets certain criteria;
 - The contractual liability insurance policy binds its issuer to pay or cause to be paid to the service agreement holder all legitimate claims and cancellation refunds if the company does not meet its contractual obligations;
 - If the issuer of the contractual liability policy is fulfilling the service agreements covered by contractual liability policy and the holder cancel the service agreement, the issuer must make a full refund of the unearned premium to the consumer in certain circumstances;
 - The policy's cancellation, termination, or nonrenewal is subject to 90 days written notice by the insurer to the OIR; and
 - The company must provide the OIR with the claims statistics.¹⁰⁹

A policy issued in compliance with this provision may either pay 100 percent of claims as they are incurred, or pay 100 percent of claims due in the event of the failure of the service agreement company to pay such claims when due.¹¹⁰

Home Warranty Associations

Chapter 634, F.S., provides for the regulation of warranty associations. There are three parts to the chapter; Part I for motor vehicle service agreement companies; Part II for home warranty associations; and Part III for service warranty associations.]

A home warranty association is any business other than an authorized insurer that issues home warranties.¹¹¹ A home warranty includes any agreement whereby a business indemnifies the warranty holder against the cost of repair or replacement of any structural component or appliance of a home, necessitated by wear and tear or an inherent defect of any such structural component or appliance.¹¹² It does not include or prohibit the giving, at no charge, of usual performance guarantees by either the builder of a home or the manufacturer or seller.¹¹³ The regulation is administered by the OIR.¹¹⁴

¹⁰⁹ Section 634.041, F.S.

¹¹⁰ Section 634.041(8)(b)6., F.S.

¹¹¹ Section 634.301(3), F.S.

¹¹² Section 634.301(2), F.S.

¹¹³ *Id.*

¹¹⁴ Section 634.302, F.S.

Bail Bonds

A bail bond is a guarantee by a third-party that a defendant in a criminal case will appear in court at all scheduled proceedings. A bail bond agent posts a surety bond to secure the defendant's release from custody; the defendant provides money or other collateral to secure the bail bond and forfeits the premium (10 percent of the amount of bail set by the court) if he or she fails to appear in court or comply with other conditions of the bond. Bail bond agents must be licensed by the DFS and appointed by insurance carriers to execute bail bonds. If a defendant fails to appear in court, the bail bond agent may apprehend and detain the defendant until the defendant is surrendered to the authorities.¹¹⁵

Bail bond agents may execute or sign bonds, handle collateral receipts, deliver bonds to appropriate authorities, or operate an agency or branch agency at a separate location from the supervising bail bond agent, managing general agent, or insurer that employs the bail bond agent.¹¹⁶

Licensure as a Bail Bond Agent

All applicants for bail bond licenses must submit fingerprints for a national criminal background check and pay an application fee. Bail bond agents may not have been convicted of a felony, must be age 18 or older, and must be eligible to work in the United States. A bail bond agent must be appointed by a licensed insurer and the insurer must report the appointment to the DFS. A bail bond agent may not charge a premium other than the rate that has been approved by the OIR, and must retain records related to any bail bonds the agent has executed or countersigned for at least three years after the liability of the surety has been terminated. Additionally, bail bond agents must register with the sheriff and the clerk of the circuit court in the county where the bail bond agent resides. Bail bond agents may not solicit clients at a jail, prison, or courthouse, and may not pay fees for referrals from any person working in the law enforcement community.¹¹⁷

Ownership of a Bail Bond Agency

The owner of a bail bond agency must be a licensed and appointed bail bond agent.¹¹⁸ The owner or operator of a bail bond agency must designate a primary bail bond agent who is responsible for the overall operation and management of a bail bond agency location and file the name and license number of the primary bail bond agent and the address of the bail bond agency with the DFS. A primary bail bond agent may supervise only one location, is responsible for hiring employees and may not employ or contract with any person who has been found guilty of a felony.¹¹⁹

¹¹⁵ Sections 648.24 and 624.26, F.S. *Also see* Department of Financial Services, Division of Consumer Services, *Bail Bonds Overview*, <https://www.myfloridacfo.com/bail-bonds-overview> (last visited January 18, 2024).

¹¹⁶ Section 648.355, F.S.

¹¹⁷ Sections 648.355, 648.33, 648.34, 648.35, 648.36, 648.382, 648.42, and 648.44, F.S.

¹¹⁸ Section 648.285, F.S.

¹¹⁹ Sections 648.25(6) and 648.387, F.S.

Continuing Education

Bail bond agents must complete at least 14 hours of continuing education every two years.¹²⁰ Schools that offer continuing education must be approved and certified by the DFS, and must offer a minimum of three classroom-instruction continuing education classes per calendar year. Continuing education classes must consist of at least two hours of approved coursework and be taught by a supervising instructor who is approved by the DFS.¹²¹

Florida Disposition of Unclaimed Property Act

As part of the DFS' statutory responsibilities, the DFS is to collect and return unclaimed property belonging to Florida residents. Chapter 717, F.S., is entitled the Florida Disposition of Unclaimed Property Act, over which the DFS is responsible to administer. Unclaimed property is any funds or other property, tangible or intangible, that has remained unclaimed by the owner for a certain number of years. Unclaimed property may include savings and checking accounts, money orders, travelers' checks, uncashed payroll or cashiers' checks, stocks, bonds, other securities, insurance policy payments, refunds, security and utility deposits, and contents of safe deposit boxes.¹²² Until claimed, unclaimed money is deposited into the state school fund to be used for public education.

Pursuant to s. 717.124, F.S. a claimant representative must be a Florida-licensed attorney, a licensed Florida-certified public accountant (CPA), or a private investigator licensed under ch. 493, F.S. A claimant representative must register with the DFS on a form designated by the DFS and provide certain documentation (including tax identification number, identification, electronic funds transfer information, business address, and employees and agents) and credentials as to their status as an attorney, CPA, or private investigator.¹²³ In order to move forward in obtaining unclaimed property on a potential client's behalf, the representative must first obtain that client's authorization.

Chapter 717, F.S., details how to determine whether property held by a person belonging to another is unclaimed and how to dispose of it. Any intangible property or income held in the possession of a "holder"¹²⁴ for the benefit of another is presumed unclaimed if the owner fails to claim such property for more than 5 years after the property becomes payable or distributable.¹²⁵

Once the 5-year period elapses, the holder may file a petition with the DFS and request that the DFS accept custody of the property.¹²⁶ Upon delivery of property to the DFS, the state assumes custody and responsibility for the safekeeping of the property. So long as the person who

¹²⁰ Section 648.385, F.S.

¹²¹ Section 648.386, F.S.

¹²² Sections 717.104-717.116, F.S.

¹²³ Section 717.1400, F.S.

¹²⁴ Section 717.101(12), F.S., defines "holder" as a person, wherever organized or domiciled, who is:

- In possession of property belonging to another;
- A trustee in case of a trust; or
- Indebted to another on an obligation.

¹²⁵ Section 717.102(1), F.S.

¹²⁶ Section 717.117(5), F.S.

delivers the property to the DFS has done so in good faith, he or she is relieved of any liability to manage the property.¹²⁷

III. Effect of Proposed Changes:

Division of Investigative and Forensic Services

Section 1 amends s. 20.121, F.S., to:

- Rename the Division of Investigative and Forensic Services to the Florida Division of Investigations and delete provisions relating to the duties of the Division and the bureaus and offices in the Division;
- Abolish the Division of Public Assistance Fraud. The programs and responsibilities within this Division will be moved under the Florida Division of Investigations (which is the Division of Investigative and Forensic Services as renamed by the bill).

Special Risk Class

Section 2 amends s. 121.0515, F.S., to delete reference to employees of the Division of State Fire Marshal and replaces the reference to employees of the Division of Investigative and Forensic Services, since that is the accurate reference to where the forensic employees work.

My Safe Florida Home Program

Section 3 amends s. 215.5586, F.S., relating to the My Safe Florida Home Program to generally reorganize and rephrase certain portions of s. 215.5586, F.S., to provide better clarity.

The bill revises the inspection and grant application process and the eligibility criteria for inspections, as it:

- Allows a subsequent application for a mitigation inspection or mitigation grant if:
 - The original application was denied or withdrawn;
 - The program's eligibility requirements or applicant's qualifications have changed since the original application; and
 - The applicant reasonably believes that the home will be eligible under the new requirements or qualifications;
- Provides that an application for an inspection must contain a signed or electronically verified statement made under penalty of perjury that the applicant has submitted only a single inspection application and must attached documents demonstrating that the applicant meets the requirements for an inspection;
- Authorizes the DFS to request additional information if the application contains apparent errors or omissions; the application is to be considered withdrawn if the DFS does not receive a response to its request within 60 days;
- Provides that an applicant meeting the requirements for a mitigation inspection may receive an inspection of a home even if the applicant is not eligible for a hurricane mitigation grant or the applicant does not apply for such grant; and

¹²⁷ Section 717.1201(5), F.S.

- Requires the homeowner to agree to provide information received from the homeowner's insurer identifying the premium discounts realized by the homeowner due to the mitigation improvements funded through the program.

The bill provides that the DFS will not maintain a list of participating contractors, but rather, the homeowner must use a properly licensed contractor and obtain any required permits for the mitigation project. A homeowners must finalize construction and request a final inspection, or request an extension for an additional 6 months, within 1 year after grant approval. If the homeowner fails to comply, the application is to be deemed abandoned and the grant money reverts back to the DFS.

The bill revises the criteria for eligible improvements to:

- Include within improvements to "opening protection," windows, skylights, exterior doors, and garage doors;
- Clarify language authorizing projects for a "secondary water barrier" for a roof to instead refer to a secondary water "resistance" barrier for a roof.

The bill revises existing language that encourages contractors to distribute to its policyholders the MSFH Program brochure which provides information on the benefits to homeowners of residential hurricane damage mitigation. The MSFH Program provides most education information electronically, thereby negating the need for brochures. In addition, the language directs the DFS to work with Citizens Property Insurance Corporation to educate its policy holders about the program.

State Risk Management and Safety Programs

Section 4 amends s. 284.44, F.S., to repeal the provision requiring the Division of Risk Management to prepare quarterly reports of the total amount of salary indemnification benefits paid and the total amount of reimbursements from each agency to the State Risk Management Trust Fund for initial costs each quarter.

Workers' Compensation

Section 5 amends s. 440.13, F.S., to provide for reimbursement for emergency services and care provided when a maximum reimbursement allowance is not available. In such a case, the maximum allowance must be at 75 percent of the hospital's charge, unless there is a contract, in which case the contract governs reimbursement.

Section 6 amends s. 440.385, F.S., relating to the Florida Self-Insurers Guaranty Association, to require that, after July 1, 2024, all contracts of \$100,000 or more entered into by the association after July 1, 2024, must first be approved by the DFS. The DFS must approve or deny the contract within 10 days or it is deemed approved. All such contracts must be competitively procured and be awarded to the most responsible and responsive vendor.

Funeral, Cemetery, and Consumer Services

Section 7 amends s. 497.101, F.S., relating to the Board of Funeral, Cemetery, and Consumer Services. The bill provides that:

- The CFO is to appoint Board members, rather than the Governor, and removes Senate confirmation from such appointments;
- One of the funeral director members of the Board no longer must own or operate an approved cinerator facility;
- Board members may be reappointed but may not serve for more than 8 consecutive years.
- Members of the Board are subject to the code of ethics under part III of ch. 112, F.S.;
- A Board member may not vote on any measure that would inure to his or her special private gain or loss;
- A Board member may not knowingly accept any gift or expenditure from a person or entity, or an employee or representative of such person or entity, which has a contractual relationship with the DFS or Board, which is under consideration for a contract, or is licensed by the DFS;
- All meetings of the Board are subject to the open meeting requirements of s. 286.011, and all books and records of the Board are open to the public for reasonable inspection except as otherwise provided by law; and
- Except for emergency meetings, the Board must give notice of any Board meeting by publication on the association's [sic]¹²⁸ website at least 7 days before the meeting. The Board must publish its agenda at least 7 days before the meeting. The agenda must contain the items to be considered in order of presentation. After the agenda has been made available, a change may be made only for good cause.

Section 8 amends s. 497.153, F.S., relating to disciplinary procedures and penalties to provide that if service of an administrative complaint on a licensee by certified mail cannot be obtained at the last address provided to the DFS by the licensee, then service may be made by e-mail, delivery receipt required, sent to the most recent e-mail address provided to the DFS by the licensee in accordance with s. 497.146, F.S.

Section 9 amends s. 497.155, F.S., relating to disciplinary citations and minor violations to provide that if service of a citation on a subject by certified mail cannot be obtained at the last address provided to the DFS by the subject, then service may be made by e-mail, delivery receipt required, sent to the most recent e-mail address provided to the DFS by the subject in accordance with s. 497.146, F.S.

Presuit Notice to Initiate Litigation under an Insurance Policy

Section 10 amends s. 624.155, F.S., to allow the DFS to provide the required civil remedy notice of violation to the authorized insurer at an address designated by the insurer, rather than requiring it to be sent to the email address designated by the insurer under s. 624.422, F.S.

Section 20 amends s. 627.70152, F.S., to allow the DFS to provide the required notice of intent to initiate litigation against an insurer to the insurer at an address designated by the insurer,

¹²⁸ Reference here to "association" appears to be an oversight.

rather than requiring it to be sent to the email address designated by the insurer under s. 624.422, F.S.

DFS - Division of Consumer Services

Section 11 amends s. 624.307, F.S., to require eligible surplus lines insurers to respond, in writing or electronically, to the Division of Consumer Services within the DFS within 14 days after receipt of a written request from the Division for documents and information concerning a consumer complaint.

This section of the bill also requires authorized insurers and eligible surplus lines insurers to file e-mail addresses with the DFS to which requests for response to consumer complaints may be directed. The insurer must designate a contact person for escalated complaint issues and must provide the name, e-mail address, and telephone number of the contact person.

Insurance Field Representatives and Operations

Section 12 amends s. 626.171, F.S., to require the DFS to provide for applicants to submit cellular telephone numbers as part of the application process on a voluntary basis for purposes of two-factor authentication of login credentials only. A separate bill, SB 1078, proposes to exempt these phone numbers from public records requirements.

Section 13 amends s. 626.221, F.S., to add “Registered Claims Adjuster (RCA) from American Insurance College” to the list of individuals exempted from the examination requirement to become an agent or adjuster.

Section 14 amends s. 626.601, F.S., to allow the DFS to disclose confidential investigative information to the subject or the subject’s representative in order to review the details of the investigation.

Section 15 amends s. 626.7351, F.S., to add the designation of “Chartered Customer Service Representative (CCSR) from American Insurance College” to the list of criteria to qualify as a customer representative.

Public Adjusters

Section 16 amends s. 626.878, F.S., to require a licensed adjuster to identify themselves in any advertisements, solicitations or written documents based on the adjuster appointment type held.

This section also provides that an adjuster who has had his or her licensed revoked or suspended may not participate in any part of an insurance claim or in the insurance claim adjusting process.

Unauthorized Insurers and Surplus Lines

Section 17 amends s. 626.929, F.S., to provide that a general lines agent while licensed as a surplus lines agent may appoint licenses with a single surplus license agent appointment pursuant to s. 624.501, F.S. Such an appointed agent may only originate surplus lines business and accept surplus lines business from other originating Florida-licensed general lines agents appointed and

licensed as to the kinds of insurance involved and may compensate such agent. Such agent may not be appointed by or transact general lines insurance on behalf of an admitted insurer

Florida Medical Malpractice Joint Underwriting Association

Section 18 amends s. 627.351, F.S., relating to the Florida Medical Malpractice Joint Underwriting Association, to require that, after July 1, 2024, all contracts of \$100,000 or more entered into by the association must first be approved by the DFS. The DFS must approve or deny the contract within 10 days or it is deemed approved. All such contracts must be competitively procured and be awarded to the most responsible and responsive vendor.

The Insurance Contract

Section 19 amends s. 627.43141, F.S., to require that the renewal notice sent to the named insured containing changes in policy terms must be in bold type of not less than 14 points and included as a single page within the written notice.

Florida Insurance Guaranty Association

Section 21 amends s. 631.59, F.S., relating to the Florida Insurance Guaranty Association Guaranty Association, to require that all contracts of \$100,000 or more entered into by the association after July 1, 2024, must first be approved by the DFS. The DFS must approve or deny the contract within 10 days or it is deemed approved. All such contracts must be competitively procured and be awarded to the most responsible and responsive vendor.

Section 22 creates s. 631.6955, F.S., to provide that each insurer subject to the Florida Insurance Guarantee Association (FIGA) requirements must prepare, implement, and maintain a data transfer plan. The data transfer plan is required to be filed with the Commissioner of Insurance Regulation when a company-action level event, as described in s. 624.4085, occurs. A company action level event includes:

- The filing of a risk-based capital report by an insurer which indicates that:
 - The insurer's total adjusted capital is greater than or equal to its regulatory action level risk-based capital but less than its company action level risk-based capital;
 - If a life and health insurer reports using the life and health annual statement instructions, the insurer has total adjusted capital that is greater than or equal to its company action level risk-based capital, but is less than the product of its authorized control level risk-based capital and 3.0, and has a negative trend;
 - If a life and health or property and casualty insurer reports using the health annual statement instructions, the insurer or organization has total adjusted capital that is greater than or equal to its company action level risk-based capital, but is less than the product of its authorized control level risk-based capital and 3.0, and triggers the trend test determined in accordance with the trend test calculation included in the Risk-Based Capital Forecasting and Instructions, Health, updated annually by the National Association of Insurance Commissioners (NAIC); or
 - If a property and casualty insurer reports using the property and casualty annual statement instructions, the insurer has total adjusted capital that is greater than or equal to its company action level risk-based capital, but less than the product of its authorized

- control level risk-based capital and 3.0, and triggers the trend test determined in accordance with the trend test calculation included in the Risk-Based Capital Forecasting and Instructions, Property/Casualty, updated annually by the NAIC;
- The notification by the OIR to the insurer of an adjusted risk-based capital report that indicates an event in subparagraph 1., unless the insurer challenges the adjusted risk-based capital report under subsection (7); or
 - If, under subsection (7), an insurer challenges an adjusted risk-based capital report that indicates an event in subparagraph 1., the notification by the OIR to the insurer that the OIR has, after a hearing, rejected the insurer's challenge.¹²⁹

The bill provides that the plan must outline specific procedures, actions, and safeguards that, at a minimum, include:

- The manner, methods, and formats in which the insurer maintains and preserves its claims and underwriting records.
- The process by which the insurer will transfer all of its claims and underwriting records to the DFS and the FIGA if an order of liquidation is issued.
- Any other information deemed necessary by the Commissioner of Insurance Regulation.

If the insurer uses a third-party vendor to maintain and preserve its claims and underwriting records, the insurer must include in its plan the process by which the third-party vendor will provide the insurer's claims and underwriting records without delay to the DFS and the FIGA if an order of liquidation is issued.

The Commissioner of Insurance Regulation must review each data transfer plan submitted to determine compliance and must consult with the DFS and the FIGA to confirm that the data transfer plans will integrate with the DFS's and the FIGA's manner and means of maintaining records received from insurers that are subject to orders of liquidation. The Commissioner may:

- Investigate and examine the records and operations of insurers to determine if each insurer has implemented and complied with the data transfer plan requirements.
- Direct an insurer to test the processes set forth in its data transfer plan to ensure that the data can be effectively transferred.
- Direct an insurer to modify its data transfer plan to comply with the requirements of this section.
- Require an insurer to prefund the services required to initiate a data transfer.
- Require an insurer to take action to remedy substantial noncompliance with the requirements of this section regarding data transfer plans.

Florida Life and Health Insurance Guaranty Association

Section 23 amends s. 631.722, F.S., relating to the Florida Life and Health Guaranty Association to require that all contracts of \$100,000 or more entered into by the association after July 1, 2024, must first be approved by the DFS. The DFS must approve or deny the contract within 10 days or it is deemed approved. All such contracts must be competitively procured and be awarded to the most responsible and responsive vendor.

¹²⁹ Section 624.4085(3)(a), F.S.

Florida Health Maintenance Organization Consumer Assistance Plan

Section 24 amends s. 631.821, F.S., relating to the Florida Health Maintenance Organization Consumer Assistance Plan (Plan), to require that all contracts of \$100,000 or more entered into by the Plan after July 1, 2024, must first be approved by the DFS. The DFS must approve or deny the contract within 10 days or it is deemed approved. All such contracts must be competitively procured and be awarded to the most responsible and responsive vendor.

Florida Workers' Compensation Insurance Guaranty Association

Section 25 amends s. 631.921, F.S., relating to the Florida Workers' Compensation Guaranty Association, to require that all contracts of \$100,000 or more entered into by the association after July 1, 2024, must first be approved by the DFS. The DFS must approve or deny the contract within 10 days or it is deemed approved. All such contracts must be competitively procured and be awarded to the most responsible and responsive vendor.

State Fire Marshal

Section 26 amends s. 633.124, F.S., to adopt the National Fire Protection Association, Inc., Standard 1126, 2021 Edition, Standard for the Use of Pyrotechnics before a Proximate Audience.

Section 27 amends s. 633.202, F.S., relating to the Florida Fire Prevention Code to provide that the State Fire Marshal may not adopt an accessibility code, since accessibility is provided for under the Florida Building Code ADA accessibility code.

Section 28 amends s. 633.206, F.S., to require the DFS to establish uniform fire safety standards for mobile food dispensing vehicles and energy storage systems.

Motor Vehicle Service Agreement Companies

Section 29 amends s. 634.041, F.S., to allow motor vehicle service agreement companies to utilize multiple contractual liability insurance policies when backing their financial obligations.

Section 30 amends s. 634.081, F.S., to allow motor vehicle service agreement companies to utilize multiple contractual liability insurance policies when backing their financial obligations.

Home Warranty Associations

Section 31 amends s. 634.3077, F.S., to provide that a home service warranty association is not required to establish an unearned premium reserve or maintain contractual liability insurance and may allow its premiums to exceed the ratio to net assets limitation if the association complies with the following:

- The association or, if the association is a direct or indirect wholly owned subsidiary of a parent corporation, its parent corporation has, and maintains at all times, a minimum net worth of at least \$100 million and provides the OIR with the following:
 - A copy of the association's annual audited financial statements or the audited consolidated financial statements of the association's parent corporation, prepared by an

independent certified public accountant in accordance with generally accepted accounting principles, that clearly demonstrate the net worth of the association or its parent corporation to be \$100 million, and a quarterly written certification to the OIR that the association or its parent corporation continues to maintain the net worth required under this paragraph.

- The association's or its parent corporation's Form 10-K, Form 10-Q, or Form 20-F as filed with the United States Securities and Exchange Commission or such other documents required to be filed with a recognized stock exchange, which shall be provided on a quarterly and annual basis within 10 days after the last date each such report must be filed with the Securities and Exchange Commission, the National Association of Security Dealers Automated Quotation system, or other recognized stock exchange.

Failure to timely file the documents required under this paragraph may subject the association to suspension or revocation of its license.

- If the net worth of a parent corporation is used to satisfy the net worth provisions of paragraph (a), the following must be met:
 - The parent corporation must guarantee all service warranty obligations of the association, wherever written, on a form approved in advance by the OIR. A cancellation, termination, or modification of the guarantee does not become effective unless the parent corporation provides the OIR written notice at least 90 days before the effective date of the cancellation, termination, or modification and the OIR approves the request in writing. Before the effective date of the cancellation, termination, or modification of the guarantee, the association must demonstrate to the satisfaction of the OIR compliance with all applicable provisions of this part, including whether the association will meet the requirements of this section by the purchase of contractual liability insurance, establishing required reserves, or other method allowed under this section. If the association or parent corporation does not demonstrate to the satisfaction of the OIR compliance with all applicable provisions of this part, the association or parent association shall immediately cease writing new and renewal business upon the effective date of the cancellation, termination, or modification.
 - The association must maintain at all times net assets of at least \$750,000.

Section 32 amends s. 634.317, F.S., to exempt employees and agents of a municipal or county government from the licensing and appointment requirements set forth in section 634.317, F.S.

Bail Bonds

Section 33 amends s. 648.25, F.S., to provide the following definitions:

- "Referring bail bond agent" is the limited surety agent who is appointed with the surety company issuing the transfer bond that is to be posted in a county where the referring limited surety agent is not registered. The referring bail bond agent is the appointed agent held liable for the transfer bond, along with the issuing surety company.
- "Transfer bond" means the appearance bond and power of attorney form posted by a limited surety agent who is registered in the county where the defendant is being held in custody, and

who is appointed to represent the same surety company issuing the appearance bond as the referring bail bond agent.

Section 34 amends s. 648.26, F.S., to provide that the papers, documents, reports, or any other records of an investigation (related to the regulation of bail bonds) by the DFS that are made confidential and exempt from the public records law until such investigation is completed or ceases to be active, are not confidential and exempt once the DFS or the OIR files a formal administrative complaint, emergency order, or consent order against the individual or entity.

The bill also provides that the confidential and exempt investigative records may be disclosed to the subject or the subject's representative in order to review the details of the investigation.

Section 35 amends s. 648.30, F.S., to provide that bail bond agents are not required to be employed with a bail bond agency.

Section 36 s. 648.355, F.S., to remove the requirement of the submission of a full face photograph with a limited surety's or bail bond agent's application for license.

Section 37 amends s. 648.43, F.S., to require that the license number, in addition to the name and address, of the referring bail bond agent be included on a transfer bond.

Florida Disposition of Unclaimed Property Act

Section 38 amends s. 717.101, F.S., to provide or revise definitions for the following terms: "audit," "audit agent," "banking organization," "business association," "claimant's representative," "domicile," "due diligence," "electronic," "financial organization," "holder," "intangible property," "owner," "person," "record," "unclaimed property purchase agreement," "unclaimed property recovery agreement" and "virtual currency." The bill repeals the definition of "ultimate equitable owner".

Section 39 amends s. 717.102, F.S., to provide that a presumption that property is unclaimed is rebutted by an apparent owner's expression of interest in the property. An owner's expression of interest in property includes:

- A record communicated by the apparent owner to the holder or agent of the holder concerning the property or the account in which the property is held;
- An oral communication by the apparent owner to the holder or agent of the holder concerning the property or the account in which the property is held, if the holder or its agent contemporaneously makes and preserves a record of the fact of the apparent owner's communication;
- Presentment of a check or other instrument of payment of a dividend, interest payment, or other distribution, with respect to an account, underlying security, or interest in a business association;
- Activity directed by an apparent owner in the account in which the property is held, including accessing the account or information concerning the account, or a direction by the apparent owner to increase, decrease, or otherwise change the amount or type of property held in the account;

- A deposit into or withdrawal from an account at a financial organization, excluding an automatic deposit or withdrawal previously authorized by the apparent owner or an automatic reinvestment of dividends or interest, which does not constitute an expression of interest; or
- Any other action by the apparent owner which reasonably demonstrates to the holder that the apparent owner knows that the property exists.

The bill provides that a deceased owner is incapable of expressing an interest in property.

Section 40 amends s. 717.106, F.S., to update a cross-reference.

Section 41 creates s. 717.1065, F.S., to provide that:

- Any virtual currency held or owing by a banking organization, corporation, custodian, exchange, or other entity engaged in virtual currency business activity is presumed unclaimed unless the owner, within 5 years, has communicated in writing with the banking organization, corporation, custodian, exchange, or other entity engaged in virtual currency business activity concerning the virtual currency or otherwise indicated an interest as evidenced by a memorandum or other record on file with the banking organization, corporation, custodian, exchange, or other entity engaged in virtual currency business activity.
- A holder may not deduct from the amount of any instrument subject to this section any charges imposed by reason of the failure to present the instrument for encashment unless there is a valid and enforceable written contract between the holder and the owner of the instrument pursuant to which the holder may impose those charges and does not regularly reverse or otherwise cancel those charges with respect to the instrument.

Section 42 amends s. 717.1101, F.S., to provide that stock or other equity interest in a business association is presumed unclaimed on the date of the earliest of the following:

- Three years after the most recent of any owner-generated activity or communication related to the account, as recorded and maintained in the holder's database and records systems sufficient enough to demonstrate the owner's continued awareness or interest in the property;
- Three years after the date of the death of the owner, as evidenced by:
 - Notice to the holder of the owner's death by an administrator, beneficiary, relative, or trustee, or by a personal representative or other legal representative of the owner's estate;
 - Receipt by the holder of a copy of the death certificate of the owner;
 - Confirmation by the holder of the owner's death through other means; or
 - Other evidence from which the holder may reasonably conclude that the owner is deceased; or
- One year after the date on which the holder receives notice under subparagraph 2. if the notice is received 2 years or less after the owner's death and the holder lacked knowledge of the owner's death during that period of 2 years or less.

Section 43 amends s. 717.112, F.S., to provide that intangible property held in a fiduciary capacity for the benefit of another person is presumed unclaimed unless the owner has within 5 years after it has become payable or distributable increased or decreased the principal, accepted payment of principal or income, communicated "in writing" concerning the property, or

otherwise indicated an interest as evidenced by a memorandum or other record on file with the fiduciary.

Section 44 amends s. 717.117, F.S., to require holders to report owner or account information for unclaimed property valued at \$10 or more to the DFS, rather than the current threshold of \$50, and that such reporting be made electronically.

The bill provides that written notice to the apparent owner must:

- Contain a heading that reads substantially as follows: “Notice. The State of Florida requires us to notify you that your property may be transferred to the custody of the Florida Department of Financial Services if you do not contact us before (insert date that is 30 days after the date of notice).”
- Identify the type, nature, and, except for property that does not have a fixed value, value of the property that is the subject of the notice.
- State that the property will be turned over to the custody of the DFS if no response is received within 30 days after the date of the notice.
- State that any property that is not legal tender of the United States may be sold or liquidated by the DFS.
- State that after the property is turned over to the DFS, an apparent owner seeking return of the property may file a claim with the DFS.
- State that the property is currently with a holder and provide instructions that the apparent owner must follow to prevent the holder from reporting and paying for the property or from delivering the property to the DFS.

Section 45 amends s. 717.119 F.S., to provide that virtual currency reported on the annual report must be remitted to the DFS with the report. The holder must liquidate the virtual currency within 30 days before the filing of the report and remit the proceeds to the DFS. Upon delivery of the proceeds, the holder is relieved of all liability for any losses or damages resulting by the delivery of the virtual currency proceeds.

The bill provides that a holder may not assign or otherwise transfer its obligation to report, pay, or deliver property or to comply with the provisions of this chapter, other than to a parent, subsidiary, or affiliate of the holder. Unless otherwise agreed to by the parties to a transaction, the holder’s successor by merger or consolidation, or any person or entity that acquires all or substantially all of the holder’s capital stock or assets, is responsible for fulfilling the holder’s obligations under the chapter. A holder is not prohibited from contracting with a third party for the reporting of unclaimed property, but the holder remains responsible for the complete, accurate, and timely reporting of the property.

Section 46 amends s. 717.1201, F.S., to provide that a holder’s substantial compliance with s. 717.117(4), F.S., and good faith payment or delivery of property terminates any legal relationship between the holder and the owner and releases and discharges the holder from any and all liability to the owner regardless of whether such property is in fact abandoned property. If the holder delivers property to the DFS in good faith and thereafter any other person or state claims the property, the DFS must defend the holder against the claim and indemnify the holder against any liability on the claim, except that a holder may not be indemnified against penalties imposed by another state.

The bill provides that a payment or delivery of property is made in good faith if:

- The payment or delivery was made in conjunction with an accurate and acceptable report.
- The payment or delivery was made in a reasonable attempt to comply with this chapter.
- The holder had a reasonable basis for believing, based on the facts then known, that the property was unclaimed and subject to this chapter.
- There is no showing that the records pursuant to which the delivery was made did not meet reasonable commercial standards of practice in the industry.

If it appears to the DFS that, because of mistake of fact or error, a person has delivered to the DFS pursuant any property not required to be so delivered, the DFS may, within 5 years after such erroneous payment or delivery, refund or redeliver such money or other property to the person, provided that such money or property has not been paid or delivered to a claimant or otherwise disposed of in accordance with the chapter.

Section 47 amends s. 717.123, F.S., to increase the amount retained in the Unclaimed Property Trust Fund from \$15 to \$65 million. The DFS reports:

Because of the very high amounts of funds disbursed to claimants by the Division of Unclaimed Property, the department desires to increase the current, very low retention amount in the Unclaimed Property Trust Fund from which claims are paid and the Unclaimed Property program operates. The division averages \$35 million per month in claims payments, paid from an account limited to \$15 million at any given time. Amounts above the retention amount are transferred to the State School Trust Fund (SSTF). Once the department transfers funds, the Department of Education does not send them back. The division relies on large loans throughout the fiscal year to pay claims and operate. In the spring-time months when new annual remittances are made by holders of unclaimed property to the division (new accounts received and associated funds), those loans taken throughout the year must be repaid before the end of the fiscal year, and prior to any additional funds being transferred to the SSTF. In the end, the SSTF will receive the same net amount, regardless of the retention limit in the UPTF. It is only a matter of when and how much the SSTF receives at any given time during the course of the fiscal year. The legislature temporarily inserted in the current year appropriations act, an increased retention limit of \$65 million. The department desires and needs to make that permanent. It is also the current year's manner in which the two agencies are sharing this cooperative practice (already the practice this year).¹³⁰

Section 48 amends s. 717.1242, F.S., to include devisee, heir, personal representative, or other interested person of an estate among those persons who must file a claim with the DFS for any interest in unclaimed property. If such person seeks administration of the estate, of which unclaimed property makes up 50 percent or more of the assets, the DFS must be considered an interested party and provided with notice of any such proceeding as provided in the Florida Probate Code and the Florida Probate Rules.

¹³⁰ Department of Financial Services, *Agency Bill Analysis – SB 1098 (December 28, 2023) (on file with the Senate Committee on Banking and Insurance)*.

Section 49 amends s. 717.1243, F.S., to increase the threshold for small estate accounts to be accompanied with a signed affidavit from \$10,000 to \$20,000.

Section 50 amends s. 717.1245, F.S., to provide that a successful plaintiff for a writ of garnishment upon unclaimed property delivered to the DFS must still file a claim for the subject unclaimed property.

Section 51 amends s. 717.129, F.S., to provide that the ten-year period of limitation on the DFS to enforce the provisions of the chapter is tolled by the earlier of the DFS's or audit agent's delivery of a notice that a holder is subject to an audit or examination or the holder's written election to enter into an unclaimed property voluntary disclosure agreement.

Section 52 amends s. 717.1301, F.S., to revise the powers of the DFS in regards to enforcement of the chapter. The powers include the authority to:

- Investigate, examine, inspect, request, or otherwise gather information or evidence on claim documents from a claimant or a claimant's representative during its review of a claim.
- Audit the records of a person or the records in the possession of an agent, representative, subsidiary, or affiliate of the person subject to the chapter to determine whether the person complied with the chapter.
- Take testimony of a person, including the person's employee, agent, representative, subsidiary, or affiliate, to determine whether the person complied with the chapter.
- Issue an administrative subpoena to require that the records specified in paragraph (b) be made available for examination or audit and that the testimony specified in paragraph (c) be provided.
- Bring an action in a court of competent jurisdiction seeking enforcement of an administrative subpoena issued under this section, which the court shall consider under procedures that will lead to an expeditious resolution of the action.
- Bring an administrative action or an action in a court of competent jurisdiction to enforce this chapter.

If a person is subject to reporting property under the chapter, the DFS may require the person to file a verified report that:

- States whether the person is holding property reportable under the chapter;
- Describes the property not previously reported, the property about which the DFS has inquired, or the property that is in dispute as to whether it is reportable under the chapter; and
- States the amount or value of the property.

The DFS may authorize a compliance review of a report for a specified reporting year that is limited to the contents of the report filed and all supporting documents. If the review results in a finding of a deficiency in unclaimed property due and payable, the DFS must notify the holder in writing of the amount of deficiency within 1 year after the authorization of the compliance review. If the holder fails to pay the deficiency within 90 days, the DFS may seek to enforce the assessment under subsection (1). The DFS is not required to conduct a review under this section before initiating an audit.

The bill provides that in a contract providing for the location or collection of unclaimed property, the DFS may authorize the contractor to deduct its fees and expenses for services provided under the contract from the unclaimed property that the contractor has recovered or collected under the contract. The DFS must annually report to the Chief Financial Officer the total amount collected or recovered by each contractor during the previous fiscal year and the total fees and expenses deducted by each contractor.

The bill provides that if any material obtained during an investigation or examination contains a holder's financial or proprietary information, such information may not be disclosed or made public after the investigation or audit is completed, except as required by a court of competent jurisdiction in the course of a judicial proceeding in which the state is a party, or pursuant to an agreement with another state allowing joint audits. Any such material may be considered a trade secret and exempt from the public records law.

Section 53 amends s. 717.1311, F.S., to increase the duration holders must retain records of unclaimed property from 5 to 10 years.

Section 54 amends s. 717.1322, F.S., to remove the requirement that a person must be registered with the DFS in order to purchase unclaimed property.

Section 55 amends s. 717.1333, F.S., to make conforming changes due to the revised definition of "audit agent."

Section 56 amends s. 717.134, F.S., to provide that the penalties only apply to willful violations of the chapter.

Section 57 amends s. 717.137, F.S., to remove the requirement that a purchaser must act through a representative registered with the DFS. The bill provides that an Unclaimed Property Recovery Agreement and the Unclaimed Property Purchase Agreement must contain the name, address, e-mail address, and phone number of the purchaser if a representative is not involved

Removes the threshold of \$2,000 or less for agreements that may be signed electronically, allowing all such agreements to be signed electronically.

Provides that this section does not apply to the sale and purchase of Florida-held unclaimed property accounts through a bankruptcy trustee appointed to represent a debtor's estate in a bankruptcy proceeding in accordance with the United States Bankruptcy Code.

Section 58 amends s. 717.1400, F.S., to make conforming changes for allowing anyone to purchase unclaimed property.

Sections 59 and 60 amend ss. 197.582 and 717.1382, F.S., respectively to conform cross-references necessitated by changes made in the bill.

Division of Law Revision

Section 60 directs the Division of Law Revision to prepare a reviser's bill for the 2025 Regular Session to change the term "Division of Investigative and Forensic Services" wherever the term appears in the Florida Statutes to "Division of Criminal Investigations."

Effective Date

Section 61 provides that the bill is effective upon becoming a law.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The bill requires an insurer to prefund the services required to initiate a data transfer plan should the insurer be liquidated.

C. Government Sector Impact:

The bill makes numerous changes that will require systems and process changes in the Department of Financial Services.

VI. Technical Deficiencies:

On lines 808 and 809 in Section 7 of the bill, reference is made to the “association’s website.” There is not an “association” relevant to this provision. The DFS suggests that “board” and “association” be replaced with “department” on lines 807 – 809.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 20.121, 121.0515, 215.5586, 284.44, 440.13, 440.385, 497.101, 497.153, 497.155, 624.155, 624.307, 626.171, 626.221, 626.601, 626.7351, 626.878, 626.929, 627.351, 627.43141, 627.70152, 631.59, 631.722, 631.821, 631.921, 633.124, 633.202, 633.206, 634.041, 634.081, 634.3077, 634.317, 648.25, 648.26, 648.30, 648.355, 648.43, 717.101, 717.102, 717.106, 717.1101, 717.112, 717.117, 717.119, 717.1201, 717.123, 717.1242, 717.1243, 717.1245, 717.129, 717.1301, 717.1311, 717.1322, 717.1333, 717.134, 717.135, 717.1400, 197.582, and 717.1382.

This bill creates the following sections of the Florida Statutes: 631.6955 and 717.1065.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.