



### **HOUSE BILL No. 1318**

DIGEST OF HB 1318 (Updated February 7, 2017 2:25 pm - DI 92)

**Citations Affected:** IC 27-1; IC 27-7; IC 27-9; IC 34-6; IC 34-13.

Synopsis: Insurance matters. Provides that, for purposes of the insurance law, a United States Postal Service intelligent mail bar code tracking record, a certificate of mailing, or another similar first class mail method may be used as proof of mailing. Provides that an insurance producer education course may concern sales, motivation, psychology, and time management. Allows a prospective continuing education provider to electronically submit supporting materials for a course. Amends the description of an extraordinary dividend or distribution for purposes of the insurance holding company system law. Removes requirements for independent insurance adjuster applicants to submit Social Security numbers to the department of insurance. Changes references in the Lloyds insurance law from the auditor of state to the insurance commissioner. Removes certain transfer and notice requirements that apply to an insurer that transfers an insured under a commercial property and casualty, an automobile insurance, or a residential property policy to an affiliate of the insurer. Allows a person to exercise certain rights connected to a netting agreement, qualified financial contract, or similar agreements without respect to any provision of IC 27. Defines "cyber liability" for purposes of the tort claims act and allows the state to purchase a policy of insurance to cover cyber liability risks. Repeals a current transfer notice requirement that applies to residential property policies. Makes technical changes.

**Effective:** Upon passage; July 1, 2017.

# Carbaugh, Lehman, Austin, Hamm

January 10, 2017, read first time and referred to Committee on Insurance. February 2, 2017, amended, reported — Do Pass. February 7, 2017, read second time, amended, ordered engrossed.



First Regular Session of the 120th General Assembly (2017)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2016 Regular Session of the General Assembly.

# **HOUSE BILL No. 1318**

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1	SECTION 1. IC 27-1-3-34 IS ADDED TO THE INDIANA CODE
2	AS A <b>NEW</b> SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3	1, 2017]: Sec. 34. For purposes of this title, a person may use the
4	following as proof of mailing:
5	(1) A United States Postal Service intelligent mail bar code
6	tracking record, as proof of the type of mailing to which the
7	record applies.
8	(2) A United States Postal Service certificate of mailing at the
9	last known address of the recipient, as proof of the type of
0	mailing to which the certificate applies.
1	(3) Another similar method of first class mail tracking that
2	identifies the recipient, the recipient's last known address, and
3	the date of mailing, as proof of mailing by first class mail.
4	SECTION 2. IC 27-1-15.7-4, AS AMENDED BY P.L.57-2005,
5	SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
6	JULY 1, 2017]: Sec. 4. (a) The commissioner shall approve and
7	disapprove continuing education courses after considering



1 2	recommendations made by the insurance producer education and
3	continuing education advisory council created under section 6 of this
4	chapter.
5	(b) The commissioner may not approve a course under this section
	if the course:
6	(1) is designed to prepare an individual to receive an initial
7	license under this chapter;
8	(2) concerns only routine, basic office skills, including filing,
9	keyboarding, and basic computer skills;
10	(3) concerns sales promotion and sales techniques;
11	(4) concerns motivation, psychology, or time management; or
12	(5) (3) may be completed by a licensee without supervision by an
13	instructor, unless the course involves an examination process that
14	is:
15	(A) completed and passed by the licensee as determined by the
16	provider of the course; and
17	(B) approved by the commissioner.
18	(c) The commissioner shall approve a course under this section that
19	is submitted for approval by an insurance trade association or
20	professional insurance association if:
21	(1) the objective of the course is to educate a manager or an
22	owner of a business entity that is required to obtain an insurance
21 22 23 24 25	producer license under IC 27-1-15.6-6(d);
24	(2) the course teaches insurance producer management and is
25	designed to result in improved efficiency in insurance producer
26	operations, systems use, or key functions;
27	(3) the course is designed to benefit consumers; and
28	(4) the course is not described in subsection (b).
29	(d) Approval of a continuing education course under this section
30	shall be for a period of not more than two (2) years.
31	(e) A prospective provider of a continuing education course shall
32	pay:
33	(1) a fee of forty dollars (\$40) for each course submitted for
34	approval of the commissioner under this section; or
35	(2) an annual fee of five hundred dollars (\$500) not later than
36	January 1 of a calendar year, which entitles the prospective
37	provider to submit an unlimited number of courses for approval
38	of the commissioner under this section during the calendar year.
39	The commissioner may waive all or a portion of the fee for a course
40	submitted under a reciprocity agreement with another state for the
41	approval or disapproval of continuing education courses. Fees collected
42	under this subsection shall be deposited in the department of insurance
τ∠	under and subsection shan be deposited in the department of insurance



1	for describing a surface IC 27.1.2.20
1 2	fund established under IC 27-1-3-28.
3	(f) A prospective provider of a continuing education course may
3 4	electronically deliver to the commissioner any supporting materials for the course.
5	(f) (g) The commissioner shall adopt rules under IC 4-22-2 to
6	establish procedures for approving continuing education courses.
7	SECTION 3. IC 27-1-23-4, AS AMENDED BY P.L.72-2016,
8	
9	SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
	UPON PASSAGE]: Sec. 4. (a) Material transactions within an
10 11	insurance holding company system to which an insurer subject to
	registration is a party shall be subject to the following standards:
12	(1) The terms shall be fair and reasonable.
13	(2) Agreements concerning cost sharing services and management
14	must include provisions required by the commissioner in rules
15	adopted under IC 4-22-2.
16	(3) The charges or fees for services performed shall be
17	reasonable.
18	(4) The expenses incurred and payment received shall be
19	allocated to the insurer in conformity with customary insurance
20	accounting practices consistently applied.
21	(5) The books, accounts, and records of each party as to all
22	transactions described in this subsection shall be so maintained as
23	to clearly and accurately disclose the nature and details of the
24	transactions, including accounting information necessary to
25	support the reasonableness of the charges or fees to the respective
26	parties.
27	(6) The insurer's surplus as regards policyholders following any
28	transactions with affiliates or shareholder dividend shall be
29	reasonable in relation to the insurer's outstanding liabilities and
30	adequate to its financial needs.
31	(b) The following transactions involving a domestic insurer and any
32	person in its insurance holding company system (including
33	amendments or modifications to affiliate agreements previously filed
34	under this chapter) that are subject to any materiality standards
35	described in subdivisions (1) through (7) may not be entered into
36	unless the insurer has notified the commissioner in writing of its
37	intention to enter into such transaction at least thirty (30) days prior
38	thereto, or such shorter period as the commissioner may permit, and the
39	commissioner has not disapproved it within that period:
40	(1) Sales, purchases, exchanges, loans or extensions of credit,

guarantees, or investments, provided those transactions are equal



41

42

to or exceed:

1	(A) with respect to nonlife insurers, the lesser of three percent
2	(3%) of the insurer's admitted assets or twenty-five percent
3	(25%) of surplus as regards policyholders; and
4	(B) with respect to life insurers, three percent (3%) of the
5	insurer's admitted assets;
6	each as of December 31 next preceding.
7	(2) Loans or extensions of credit to any person who is not an
8	affiliate, where the insurer makes those loans or extensions of
9	credit with the agreement or understanding that the proceeds of
10	such transactions, in whole or in substantial part, are to be used
11	to make loans or extensions of credit to, to purchase assets of, or
12	to make investments in, any affiliate of the insurer making such
13	loans or extensions of credit, provided those transactions are
14	equal to or exceed:
15	(A) with respect to nonlife insurers, the lesser of three percent
16	(3%) of the insurer's admitted assets or twenty-five percent
17	(25%) of surplus as regards policyholders; and
18	(B) with respect to life insurers, three percent (3%) of the
19	insurer's admitted assets;
20	each as of December 31 next preceding.
21	(3) Reinsurance agreements or modifications thereto, including:
22	(A) reinsurance pooling agreements; and
23	(B) agreements under which:
24	(i) a reinsurance premium;
25	(ii) a change in the insurer's liabilities; or
26	(iii) the projected reinsurance premium;
27	in any of the immediately succeeding three (3) years equals or
28	exceeds five percent (5%) of the insurer's surplus as regards
29	policyholders, as of December 31 next preceding, including
30	those agreements that may require as consideration the transfer
31	of assets from an insurer to a nonaffiliate, if an agreement or
32	understanding exists between the insurer and nonaffiliate that
33	any portion of the assets will be transferred to one (1) or more
34	affiliates of the insurer.
35	(4) Management agreements, service contracts, cost-sharing
36	arrangements, lease agreements, guarantees, and tax allocation
37	agreements.
38	(5) Guarantees made by the insurer, only as follows:
39	(A) A guarantee, the amount of which is not quantifiable.
40	(B) A guarantee, the amount of which is quantifiable, if the
41	amount of the guarantee exceeds the lesser of:
42	(i) one-half of one percent (0.5%) of the insurer's admitted



1	assets; or
2	(ii) ten percent (10%) of surplus as regards policyholders;
3	on December 31 of the immediately preceding calendar year.
4	(6) Direct or indirect acquisitions or investments, as follows:
5	(A) In:
6	(i) a person that controls the insurer; or
7	(ii) an affiliate of the insurer in an amount that, together with
8	the insurer's present holdings in the investments, exceeds
9	two and one-half percent (2.5%) of the insurer's surplus to
10	policyholders.
11	(B) This subdivision does not apply to direct or indirect
12	acquisitions or investments in:
13	(i) subsidiaries acquired under section 2.6 of this chapter; or
14	(ii) nonsubsidiary insurance affiliates that are subject to this
15	chapter.
16	(7) Material transactions, specified by rule, that the commissioner
17	determines may adversely affect the interests of the insurer's
18	policyholders.
19	This subsection does not authorize or permit any transactions that, in
20	the case of an insurer not a member of the same insurance holding
21	company system, would be otherwise contrary to law. Notice
22	concerning amendments or modifications of a transaction must include
23	the reasons for the change and the financial impact on the domestic
24	insurer. Not more than thirty (30) days after an agreement that was
25	previously filed under this section is terminated, the domestic insurer
26	shall send written notice of the termination to the commissioner. The
27	commissioner shall determine whether a filing concerning the
28	termination is required and shall notify the domestic insurer of the
29	commissioner's determination.
30	(c) A domestic insurer may not enter into transactions that are part
31	of a plan or series of like transactions with persons within the insurance
32	holding company system if the purpose of those separate transactions
33	is to avoid the statutory threshold amount and thus avoid the review
34	that would occur otherwise.
35	(d) The commissioner, in reviewing transactions pursuant to
36	subsection (b), shall consider whether the transactions comply with the
37	standards set forth in subsection (a) and whether the transactions may
38	adversely affect the interests of policyholders.
39	(e) The commissioner shall be notified within thirty (30) days of any
40	investment of the domestic insurer in any one (1) corporation if the

total investment in that corporation by the insurance holding company

system exceeds ten percent (10%) of the corporation's voting securities.



41

1	(1) For purposes of this chapter, in determining whether an insurer's
2	surplus is reasonable in relation to the insurer's outstanding liabilities
3	and adequate to its financial needs, the following factors, among others,
4	shall be considered:
5	(1) The size of the insurer as measured by its assets, capital and
6	surplus, reserves, premium writings, insurance in force and other
7	appropriate criteria.
8	(2) The extent to which the insurer's business is diversified among
9	the several lines of insurance.
10	(3) The number and size of risks insured in each line of business.
11	(4) The extent of the geographical dispersion of the insurer's
12	insured risks.
13	(5) The nature and extent of the insurer's reinsurance program.
14	(6) The quality, diversification, and liquidity of the insurer's
15	investment portfolio.
16	(7) The recent past and projected future trend in the size of the
17	insurer's surplus as regards policyholders.
18	(8) The surplus as regards policyholders maintained by other
19	comparable insurers in respect of the factors described in
20	subdivisions (1) through (7).
21	(9) The adequacy of the insurer's reserves.
22	(10) The quality and liquidity of investments in subsidiaries,
23	except that the commissioner may discount or treat any such
24	investment in subsidiaries as a disallowed asset for purposes of
25	determining the adequacy of surplus whenever in the
26	commissioner's judgment such investment so warrants.
27	(11) The quality of the earnings of the insurer and the extent to
28	which the reported earnings of the insurer include extraordinary
29	items.
30	(g) No domestic insurer subject to registration under section 3 of
31	this chapter shall pay an extraordinary dividend or make any other
32	extraordinary distribution to its security holders until:
33	(1) thirty (30) days after the commissioner has received notice of
34	the declaration thereof and has not within such period
35	disapproved such payment; or
36	(2) the commissioner shall have approved such payment within
37	such thirty (30) day period.
38	(h) For purposes of subsection (g), the following apply with respect
39	to an extraordinary dividend or distribution:
40	(1) an extraordinary dividend or distribution is any dividend or
41	distribution of cash or other property whose fair market value,
42	together with that of other dividends or distributions made within



1 2	the twelve (12) consecutive months ending on the date on which the proposed dividend or distribution is scheduled to be made,
3	exceeds the <del>lesser</del> greater of:
4	(A) (1) ten percent (10%) of such insurer's surplus as regards
5	policyholders as of the most recently preceding December 31;
6	or
7	<del>(B)</del> (2) the:
8	(i) (A) net gain from operations of such insurer, if such
9	insurer is a life insurer; or
10	(ii) (B) net income, if such insurer is not a life insurer;
11	not including realized eapital gains, for the twelve (12) month
12	period ending on the most recently preceding December 31.
13	(2) An extraordinary dividend or distribution does not include pro
14	rata distribution of any class of an insurer's own securities.
15	(3) For purposes of determining whether a dividend or
16	distribution is extraordinary, an insurer that is not a life insurer
17	may carry forward net income that:
18	(A) was received during the two (2) immediately preceding
19	calendar years; and
20	(B) has not been paid out as dividends;
21	computed by subtracting the amount of dividends paid in the first
22	and second immediately preceding calendar years from the
23	amount of net income, not including realized capital gains,
24	received in the second and third immediately preceding calendar
25	<del>years.</del>
26	(i) Notwithstanding any other provision of law, a domestic insurer
27	may declare an extraordinary dividend or distribution which is
28	conditional upon the commissioner's approval thereof, but such a
29	declaration shall confer no rights upon shareholders until:
30	(1) the commissioner has approved the payment of such dividend
31	or distribution; or
32	(2) the commissioner has not disapproved the payment within the
33	thirty (30) day period referred to in subsection (g).
34	(j) The commissioner may impose a civil penalty of five thousand
35	dollars (\$5,000) on a person who fails to file a transaction as required
36	by this section. The commissioner shall deposit a civil penalty collected
37	under this subsection in the department of insurance fund established
38	by IC 27-1-3-28.
39	SECTION 4. IC 27-1-28-11, AS ADDED BY P.L.11-2011,
40	SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
41	JULY 1, 2017]: Sec. 11. (a) If a catastrophe is declared, an insurer may
42	contract with an individual who:



1	(1) is not licensed under this chapter; but
2	(2) is otherwise qualified to adjust claims;
3	to act as a temporary emergency independent adjuster on behalf of the
4	insurer if the insurer obtains for the individual a temporary emergency
5	independent adjuster license under this section.
6	(b) An insurer described in subsection (a) must, not more than five
7	(5) days after the individual begins to adjust claims arising from the
8	declared catastrophe, submit to the commissioner an application for
9	temporary emergency licensure of the individual under this section.
10	(c) An application submitted under subsection (b) must include the
11	following information in a format prescribed by the commissioner:
12	(1) The name of the individual.
13	(2) The Social Security number of the individual.
14	(3) (2) The name of the insurer.
15	(4) (3) The effective date of the contract between the insurer and
16	the individual.
17	(5) (4) The catastrophe or loss number.
18	(6) (5) The catastrophe event name.
19	(7) (6) Other information the commissioner considers necessary.
20	(d) The commissioner shall establish standards and procedures for
21	temporary emergency independent adjuster licensure under this
22	section.
23	(e) A temporary emergency independent adjuster license issued
24	under this section is effective for not more than ninety (90) days, unless
25	extended by the commissioner. In the event of multiple catastrophes,
26	an individual who holds a temporary emergency independent adjuster
27	license issued under this section with respect to one (1) declared
28	catastrophe may adjust claims arising from any other catastrophe that
29	occurs within the ninety (90) day period during which the license is
30	effective under this subsection without the insurer applying for an
31	additional temporary emergency independent adjuster license.
32	(f) The rules adopted by the commissioner under section 2 of this
33	chapter may establish a fee for an application submitted under this
34	section.
35	SECTION 5. IC 27-1-28-13, AS ADDED BY P.L.11-2011,
36	SECTION 22, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
37	JULY 1, 2017]: Sec. 13. (a) A business entity may apply for a resident
38	independent adjuster license by submitting:
39	(1) a uniform business entity application to the commissioner with
40	a declaration, under penalty of suspension, revocation, or refusal
41	of licensure, that the statements made in the application are true
42	and complete to the best knowledge of the individual submitting



1	the application on behalf of the business entity;
2	(2) an application fee of forty dollars (\$40); and
3	(3) the name, address, Social Security number, and criminal and
4	administrative history of each of the following:
5	(A) An owner that has at least ten percent (10%) interest or
6	voting interest in the business entity.
7	(B) A partner of the business entity.
8	(C) An executive officer of the business entity.
9	(D) A director of the business entity.
10	(b) The commissioner shall approve an application submitted by a
11	business entity under subsection (a) upon finding all of the following:
12	(1) The business entity is eligible to designate Indiana as the
13	business entity's home state.
14	(2) The business entity has designated an individual independent
15	adjuster licensed under this chapter to be responsible for the
16	business entity's compliance with Indiana insurance law.
17	(3) The business entity has not committed any act that is grounds
18	for probation, suspension, revocation, or refusal of an independent
19	adjuster license under section 18 of this chapter.
20	(c) The commissioner may require a business entity applying under
21	this section to produce any documents reasonably necessary to verify
22	the information contained in the application.
23	SECTION 6. IC 27-1-31-3 IS AMENDED TO READ AS
24	FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 3. (a) If an insurer
25	refuses to renew a policy of insurance written by the insurer, the insurer
26	shall provide written notice of nonrenewal to the insured:
27	(1) at least forty-five (45) days before the expiration date of the
28	policy, if the coverage provided is for one (1) year, or less; or
29	(2) at least forty-five (45) days before the anniversary date of the
30	policy, if the coverage provided is for more than one (1) year.
31	(b) A notice of nonrenewal is not required if:
32	(1) the insured is transferred from an insurer to an affiliate of the
33	insurer for future coverage; as a result of a merger, an acquisition,
34	or a company restructuring; and
35	(2) the transfer results in the same or broader coverage. and
36	(3) the insured approves the transfer.
37	SECTION 7. IC 27-7-1-1 IS AMENDED TO READ AS FOLLOWS
38	[EFFECTIVE JULY 1, 2017]: Sec. 1. Except on a surplus lines basis
39	under IC 27-1-15.8, no persons, partnerships or corporations shall
40	engage in the business of such insurance as is herein specified as
41	"Lloyds" unless twenty-five (25) or more persons, partnerships or
42	corporations, a majority of whom shall be bona fide residents of the



- state of Indiana shall have a certificate of authority from the auditor of state (commissioner of insurance) insurance commissioner so to do. The application for such certificate of authority shall be signed by the attorney or attorneys in fact of those persons desiring such certificate, and must be accompanied by a declaration which must set forth the following provisions:
- 1. The name under which the business is to be conducted, which name shall contain the word "Lloyds," and shall not be similar to that of any existing Lloyds association or corporation in this state, as, in the opinion of the auditor of state, insurance commissioner, is calculated to deceive or mislead.
- 2. The exact location of the principal office in which the business is to be conducted, which office must be in the state of Indiana.
- 3. The kind of insurance intended to be written, which shall be only as hereinafter stated.
- 4. An exact copy of the articles of association or copartnership agreement, made by and between such underwriters.
- 5. Name, address and amount subscribed by each of the underwriters so proposing to engage in said business.
- 6. The designation or appointment of one (1) or more attorneys in fact, who shall have residence in Indiana, with full name and address, upon any one of whom summons or consent legal process can be served.
- 7. That amounts subscribed by said underwriters have been paid as follows:
  - **(A)** Not less than twenty-five per cent percent (25%) of said subscriptions in cash.
  - **(B)** Not more than fifty percent (50%) of said subscription secured by collateral note (payable on thirty (30) days' days demand) duly approved by a committee selected by the subscribers to pass thereon. and
  - **(C)** Not over more than twenty-five per cent percent (25%) of said subscription evidenced by subscriber's individual note.
- 8. That the total of said subscription shall not be less than two hundred and fifty thousand dollars (\$250,000), and that at least twenty-five per cent percent (25%) thereof has been paid in cash.

SECTION 8. IC 27-7-1-2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 2. There shall be filed with the auditor of state insurance commissioner a copy of each form of policy by it issued. Said policies shall show the name and address, as well as the amount of the subscription of each subscriber, and shall be signed by the attorneys in fact, and they shall contain the following special



provisions:

First: Whenever, under the terms of this policy, notice or consent is required to be given to or by the company, notice or consent given to or by the attorney or attorneys in fact shall be sufficient compliance therewith, and each underwriter hereon shall be bound thereby, the same as though notice or consent had been given to or by each of such underwriters individually.

Second: In no event, shall the liability of any underwriter exceed the sum underwritten by him the underwriter or them underwriters hereon, and, in no event, shall any underwriter be liable for any part of the sum underwritten hereon by any other underwriter.

Third: The insured agrees by the acceptance of this policy that no underwriter hereon shall, in any event, be liable for claims exceeding, in the aggregate, on all policies, certificates or contracts issued on his or their behalf of the underwriter or underwriters, in the name of this Lloyds for an amount in excess of the unpaid portion, if any, of the his or their original subscription or contribution of the underwriter or underwriters to said Lloyds, as indorsed endorsed hereon.

Fourth: In case of action brought to enforce the provisions of this policy, same shall be brought against the attorney or attorneys in fact for the underwriters, as representing all of the said underwriters, and each of the underwriters hereto hereby agrees to abide by the final results of any suit so brought as fixing the proportionate amount of his or their the individual liability of the underwriter or underwriters.

Fifth: This policy is made and accepted subject to all the stipulations and conditions contained therein, together with such other provisions, agreements or conditions as may be indorsed endorsed hereon, or added hereto, and as to such provisions and conditions, no officer, agent or representative shall have such power or be deemed or held to have waived such provisions or conditions unless such waiver, if any, shall be indorsed endorsed upon or attached hereto, nor shall any privilege or permission affecting the insurance under this policy exist or be claimed by the assured unless so indorsed endorsed or attached.

SECTION 9. IC 27-7-1-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 3. After any Lloyds is authorized to do business in this state pursuant to this law, it may be joined by other and additional underwriters, but, in that event, such underwriters who may thereafter join such authorized Lloyds shall be held to be bound by the documents on file with the auditor of state insurance commissioner concerning such Lloyds.

SECTION 10. IC 27-7-1-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 4. After such



documents specified shall have been filed, the auditor of state insurance commissioner shall cause an examination of such Lloyds to be made, and after he the insurance commissioner has specified that all of the facts alleged in the declaration are true, and that the articles of association or copartnership agreement is of such character that the rights of the policyholders will be protected thereunder, he the insurance commissioner shall issue, or cause to be issued, a certificate of authority to such Lloyds to do such business as is specified in the declaration, which certificate shall be issued to such Lloyds under the name designated and approved, authorizing the underwriters thereof to do the business permitted through its attorney or attorneys in fact.

SECTION 11. IC 27-7-1-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 8. The auditor of state insurance commissioner shall have the same supervision and control over Lloyds as he the insurance commissioner has over stock insurance companies incorporated under the laws of Indiana.

SECTION 12. IC 27-7-1-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 9. The insurance commissioner may, in his the insurance commissioner's discretion, issue a certificate of authority to a Lloyds domiciled in another state to do business in this state, for permission to do which application is made as may be authorized by the articles of association or copartnership agreement under which said Lloyds is operated. provided, However, that in no event shall authority be given to any such Lloyds to do any kind of insurance business other than those specified in section 7 of this chapter. The application for such certificate shall specify the kind of business such Lloyds desires the authority to transact in this state. It must be signed by the attorney or attorneys in fact for such Lloyds, and must file with the auditor of state **insurance commissioner** a certificate from the insurance department of its home state that it has and maintains at all times an unearned premium reserve as is required of stock companies of said state, and that the total subscription of its subscribers shall not be less than two hundred and fifty thousand dollars (\$250,000), and that at least twenty-five percent (25%) thereof is paid in cash.

SECTION 13. IC 27-7-1-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 10. A true copy of the articles of association or copartnership agreement, power of attorney, and a copy of each form of policy by it issued, verified by the attorney or attorneys in fact, shall be filed with the auditor of state, insurance commissioner, as well as a copy of the last report filed with the insurance department of its home state, and also a declaration and



agreement, duly executed and acknowledged by the attorneys in fact of said Lloyds, appointing the auditor of state insurance commissioner as a true and lawful attorney for such Lloyds and the underwriters thereof in and for this state, upon whom all legal process in any action or proceedings against said Lloyds or the underwriters thereof may be served, and that any service upon him the insurance commissioner shall be equivalent to the personal service within the state of such persons of each and every such underwriter.

SECTION 14. IC 27-7-6-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 6. (a) No insurer shall fail to renew a policy unless it shall mail or deliver to the named insured, at the address shown in the policy, at least twenty (20) days' days advance notice of its intention not to renew. In the event such policy was procured by an insurance producer duly licensed by the state of Indiana notice of intent not to renew shall be mailed or delivered to the insurance producer at least ten (10) days prior to such mailing or delivery to the named insured unless such notice of intent is or has been waived in writing by the insurance producer.

- (b) This section shall not apply:
  - (1) if the insurer has manifested its willingness to renew; or
  - (2) in case of nonpayment of premium.

However, notwithstanding the failure of an insurer to comply with this section, the policy shall terminate on the effective date of any other insurance policy with respect to any automobile designated in both policies.

- (c) A notice of intention not to renew is not required if
  - (1) the insured is transferred from an insurer to an affiliate of the insurer for future coverage. as a result of a merger, an acquisition, or a company restructuring;
  - (2) the transfer results in the same or broader coverage; and
  - (3) the insured approves the transfer.
- (d) Renewal of a policy shall not constitute a waiver or estoppel with respect to grounds for cancellation which existed before the effective date of such renewal.

SECTION 15. IC 27-7-12-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 4. (a) Notice of nonrenewal by an insurer must:

- (1) be in writing;
- (2) be delivered or mailed to the named insured at the last known address of the named insured;
- (3) state the insurer's intention not to renew the policy upon expiration of the current policy period;



1	(4) upon request of the named insured, be accompanied by a
2	written explanation of the specific reasons for the nonrenewal
3	and
4	(5) be provided to the named insured at least twenty (20) days
5 6	before the expiration of the current policy period.
7	(b) If the policy was procured by an independent insurance produce licensed in Indiana, the insurer shall deliver or mail notice or
8	nonrenewal to the insurance producer not less than ten (10) days before
9	the insurer delivers or mails the notice to the named insured, unless that
10	obligation to notify the insurance producer is waived in writing by the
11	insurance producer.
12	(c) Notice of nonrenewal under this section is not required if the
13	named insured is transferred from an insurer to an affiliate of the
14	insurer for future coverage.
15	(c) (d) If an insurer mails or delivers to an insured a renewal notice
16	bill, certificate, or policy indicating the insurer's willingness to renew
17	a policy and the insured does not respond, the insurer is not required to
18	provide to the insured notice of intention not to renew.
19	SECTION 16. IC 27-7-12-8 IS REPEALED [EFFECTIVE JULY 1
20	2017]. Sec. 8. The named insured must be given notice of a transfer of
21	a policy, including a transfer between insurers within the same
22	insurance group. The notice must:
23	(1) be in writing;
24	(2) be delivered or mailed to the named insured at the last known
25	address of the named insured;
26	(3) be provided to the named insured at least twenty (20) days
27	before the transfer; and
28	(4) identify the insurer to which the policy will be transferred.
29	SECTION 17. IC 27-9-3.1-12, AS ADDED BY P.L.11-2011
30	SECTION 36, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
31	JULY 1, 2017]: Sec. 12. Notwithstanding a any other provision of
32	IC 27-9-3 or this chapter title to the contrary, a person may exercise
33	any of the following:
34	(1) A contractual right to cause the termination, liquidation
35	acceleration, or close-out of obligations in connection with a
36	netting agreement or qualified financial contract with an insure
37	due to:
38	(A) the insolvency, financial condition, or default of the
39	insurer if the right is enforceable under applicable law other
40	than this <del>chapter;</del> <b>title;</b> or

(B) the commencement of a formal delinquency proceeding



41

42

under IC 27-9-3.

1	(2) A right under:
2	(A) a pledge, security, collateral, reimbursement, guarantee
3	agreement, or similar security agreement; or
4	(B) an arrangement or credit enhancement relating to at least
5	one (1) netting agreement or qualified financial contract.
6	(3) A right to set off or net out a termination value, payment
7	amount, or other transfer obligation arising in connection with at
8	least one (1) qualified financial contract in which the counterparty
9	or the counterparty's guarantor is organized under the laws of:
10	(A) the United States; or
11	(B) a state or foreign jurisdiction approved as eligible for
12	netting by the Securities Valuation Office of the NAIC.
13	SECTION 18. IC 34-6-2-32.5 IS ADDED TO THE INDIANA
14	CODE AS A <b>NEW</b> SECTION TO READ AS FOLLOWS
15	[EFFECTIVE JULY 1, 2017]: Sec. 32.5. "Cyber liability" means
16	liability related to use of computer systems.
17	SECTION 19. IC 34-13-3-20, AS AMENDED BY P.L.35-2012,
18	SECTION 106, IS AMENDED TO READ AS FOLLOWS
19	[EFFECTIVE JULY 1, 2017]: Sec. 20. (a) A political subdivision may
20	purchase insurance to cover the liability of itself or its employees,
21	including a member of a board, a committee, a commission, an
22	authority, or another instrumentality of a governmental entity. Any
23	liability insurance so purchased shall be purchased by invitation to and
24	negotiation with providers of insurance and may be purchased with
25	other types of insurance. If such a policy is purchased, the terms of the
26	policy govern the rights and obligations of the political subdivision and
27	the insurer with respect to the investigation, settlement, and defense of
28	claims or suits brought against the political subdivision or its
29	employees covered by the policy. However, the insurer may not enter
30	into a settlement for an amount that exceeds the insurance coverage
31	without the approval of the mayor, if the claim or suit is against a city,
32	or the governing body of any other political subdivision, if the claim or
33	suit is against such political subdivision.
34	(b) The state may purchase insurance to cover the cyber liability
35	of itself or its employees, including a member of a board, a
36	committee, a commission, an authority, or another instrumentality
37	of the state. Any liability insurance so purchased shall be
38	purchased by invitation to and negotiation with providers of
39	insurance and may be purchased with other types of insurance. If
40	such a policy is purchased, the terms of the policy govern the rights

and obligations of the state and the insurer with respect to the

investigation, settlement, and defense of claims or suits brought



41

1	against the state or state employees covered by the policy.
2	However, the insurer may not enter into a settlement for an
3	amount that exceeds the insurance coverage without the approval
4	of the governor.
5	(b) (c) The state may not purchase insurance to cover the liability of
6	the state or its employees. This subsection does not prohibit any of the
7	following:
8	(1) The requiring of contractors to carry insurance.
9	(2) The purchase of insurance to cover losses occurring on real
10	property owned by:
11	(A) the Indiana public retirement system; or
12	(B) a public pension and retirement fund administered by the
13	Indiana public retirement system.
14	(3) The purchase of insurance by a separate body corporate and
15	politic to cover the liability of itself or its employees.
16	(4) The purchase of casualty and liability insurance for foster
17	parents (as defined in IC 27-1-30-4) on a group basis.
18	(5) A purchase of cyber liability insurance under subsection
19	(b).
20	SECTION 20. An emergency is declared for this act.



#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, to which was referred House Bill 1318, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, between lines 6 and 7, begin a new paragraph and insert: "SECTION 3. IC 27-1-23-4, AS AMENDED BY P.L.72-2016, SECTION 12, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. (a) Material transactions within an insurance holding company system to which an insurer subject to registration is a party shall be subject to the following standards:

- (1) The terms shall be fair and reasonable.
- (2) Agreements concerning cost sharing services and management must include provisions required by the commissioner in rules adopted under IC 4-22-2.
- (3) The charges or fees for services performed shall be reasonable.
- (4) The expenses incurred and payment received shall be allocated to the insurer in conformity with customary insurance accounting practices consistently applied.
- (5) The books, accounts, and records of each party as to all transactions described in this subsection shall be so maintained as to clearly and accurately disclose the nature and details of the transactions, including accounting information necessary to support the reasonableness of the charges or fees to the respective parties
- (6) The insurer's surplus as regards policyholders following any transactions with affiliates or shareholder dividend shall be reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs.
- (b) The following transactions involving a domestic insurer and any person in its insurance holding company system (including amendments or modifications to affiliate agreements previously filed under this chapter) that are subject to any materiality standards described in subdivisions (1) through (7) may not be entered into unless the insurer has notified the commissioner in writing of its intention to enter into such transaction at least thirty (30) days prior thereto, or such shorter period as the commissioner may permit, and the commissioner has not disapproved it within that period:
  - (1) Sales, purchases, exchanges, loans or extensions of credit, guarantees, or investments, provided those transactions are equal



to or exceed:

- (A) with respect to nonlife insurers, the lesser of three percent (3%) of the insurer's admitted assets or twenty-five percent (25%) of surplus as regards policyholders; and
- (B) with respect to life insurers, three percent (3%) of the insurer's admitted assets;

each as of December 31 next preceding.

- (2) Loans or extensions of credit to any person who is not an affiliate, where the insurer makes those loans or extensions of credit with the agreement or understanding that the proceeds of such transactions, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, provided those transactions are equal to or exceed:
  - (A) with respect to nonlife insurers, the lesser of three percent (3%) of the insurer's admitted assets or twenty-five percent (25%) of surplus as regards policyholders; and
  - (B) with respect to life insurers, three percent (3%) of the insurer's admitted assets:

each as of December 31 next preceding.

- (3) Reinsurance agreements or modifications thereto, including:
  - (A) reinsurance pooling agreements; and
  - (B) agreements under which:
    - (i) a reinsurance premium;
    - (ii) a change in the insurer's liabilities; or
    - (iii) the projected reinsurance premium;

in any of the immediately succeeding three (3) years equals or exceeds five percent (5%) of the insurer's surplus as regards policyholders, as of December 31 next preceding, including those agreements that may require as consideration the transfer of assets from an insurer to a nonaffiliate, if an agreement or understanding exists between the insurer and nonaffiliate that any portion of the assets will be transferred to one (1) or more affiliates of the insurer.

- (4) Management agreements, service contracts, cost-sharing arrangements, lease agreements, guarantees, and tax allocation agreements.
- (5) Guarantees made by the insurer, only as follows:
  - (A) A guarantee, the amount of which is not quantifiable.
  - (B) A guarantee, the amount of which is quantifiable, if the amount of the guarantee exceeds the lesser of:



- (i) one-half of one percent (0.5%) of the insurer's admitted assets: or
- (ii) ten percent (10%) of surplus as regards policyholders; on December 31 of the immediately preceding calendar year.
- (6) Direct or indirect acquisitions or investments, as follows:
  - (A) In:
    - (i) a person that controls the insurer; or
    - (ii) an affiliate of the insurer in an amount that, together with the insurer's present holdings in the investments, exceeds two and one-half percent (2.5%) of the insurer's surplus to policyholders.
  - (B) This subdivision does not apply to direct or indirect acquisitions or investments in:
    - (i) subsidiaries acquired under section 2.6 of this chapter; or
    - (ii) nonsubsidiary insurance affiliates that are subject to this chapter.
- (7) Material transactions, specified by rule, that the commissioner determines may adversely affect the interests of the insurer's policyholders.

This subsection does not authorize or permit any transactions that, in the case of an insurer not a member of the same insurance holding company system, would be otherwise contrary to law. Notice concerning amendments or modifications of a transaction must include the reasons for the change and the financial impact on the domestic insurer. Not more than thirty (30) days after an agreement that was previously filed under this section is terminated, the domestic insurer shall send written notice of the termination to the commissioner. The commissioner shall determine whether a filing concerning the termination is required and shall notify the domestic insurer of the commissioner's determination.

- (c) A domestic insurer may not enter into transactions that are part of a plan or series of like transactions with persons within the insurance holding company system if the purpose of those separate transactions is to avoid the statutory threshold amount and thus avoid the review that would occur otherwise.
- (d) The commissioner, in reviewing transactions pursuant to subsection (b), shall consider whether the transactions comply with the standards set forth in subsection (a) and whether the transactions may adversely affect the interests of policyholders.
- (e) The commissioner shall be notified within thirty (30) days of any investment of the domestic insurer in any one (1) corporation if the total investment in that corporation by the insurance holding company



system exceeds ten percent (10%) of the corporation's voting securities.

- (f) For purposes of this chapter, in determining whether an insurer's surplus is reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs, the following factors, among others, shall be considered:
  - (1) The size of the insurer as measured by its assets, capital and surplus, reserves, premium writings, insurance in force and other appropriate criteria.
  - (2) The extent to which the insurer's business is diversified among the several lines of insurance.
  - (3) The number and size of risks insured in each line of business.
  - (4) The extent of the geographical dispersion of the insurer's insured risks.
  - (5) The nature and extent of the insurer's reinsurance program.
  - (6) The quality, diversification, and liquidity of the insurer's investment portfolio.
  - (7) The recent past and projected future trend in the size of the insurer's surplus as regards policyholders.
  - (8) The surplus as regards policyholders maintained by other comparable insurers in respect of the factors described in subdivisions (1) through (7).
  - (9) The adequacy of the insurer's reserves.
  - (10) The quality and liquidity of investments in subsidiaries, except that the commissioner may discount or treat any such investment in subsidiaries as a disallowed asset for purposes of determining the adequacy of surplus whenever in the commissioner's judgment such investment so warrants.
  - (11) The quality of the earnings of the insurer and the extent to which the reported earnings of the insurer include extraordinary items.
- (g) No domestic insurer subject to registration under section 3 of this chapter shall pay an extraordinary dividend or make any other extraordinary distribution to its security holders until:
  - (1) thirty (30) days after the commissioner has received notice of the declaration thereof and has not within such period disapproved such payment; or
  - (2) the commissioner shall have approved such payment within such thirty (30) day period.
- (h) For purposes of subsection (g), the following apply with respect to an extraordinary dividend or distribution:
  - (1) an extraordinary dividend or distribution is any dividend or distribution of cash or other property whose fair market value,



together with that of other dividends or distributions made within the twelve (12) consecutive months ending on the date on which the proposed dividend or distribution is scheduled to be made, exceeds the lesser greater of:

- (A) (1) ten percent (10%) of such insurer's surplus as regards policyholders as of the most recently preceding December 31; or
- (B) (2) the:
  - (i) (A) net gain from operations of such insurer, if such insurer is a life insurer; or
- (ii) **(B)** net income, if such insurer is not a life insurer; not including realized capital gains, for the twelve (12) month period ending on the most recently preceding December 31.
- (2) An extraordinary dividend or distribution does not include pro rata distribution of any class of an insurer's own securities.
- (3) For purposes of determining whether a dividend or distribution is extraordinary, an insurer that is not a life insurer may carry forward net income that:
  - (A) was received during the two (2) immediately preceding ealendar years; and
  - (B) has not been paid out as dividends;
- computed by subtracting the amount of dividends paid in the first and second immediately preceding calendar years from the amount of net income, not including realized capital gains, received in the second and third immediately preceding calendar years.
- (i) Notwithstanding any other provision of law, a domestic insurer may declare an extraordinary dividend or distribution which is conditional upon the commissioner's approval thereof, but such a declaration shall confer no rights upon shareholders until:
  - (1) the commissioner has approved the payment of such dividend or distribution; or
  - (2) the commissioner has not disapproved the payment within the thirty (30) day period referred to in subsection (g).
- (j) The commissioner may impose a civil penalty of five thousand dollars (\$5,000) on a person who fails to file a transaction as required by this section. The commissioner shall deposit a civil penalty collected under this subsection in the department of insurance fund established by IC 27-1-3-28.".

Page 8, delete lines 19 through 41.

Page 11, line 7, delete ", including liability for" and insert ".".

Page 11, delete lines 8 through 28.





Page 12, after line 31, begin a new paragraph and insert:

"SECTION 22. An emergency is declared for this act.".

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1318 as introduced.)

**CARBAUGH** 

Committee Vote: yeas 12, nays 0.

#### **HOUSE MOTION**

Mr. Speaker: I move that House Bill 1318 be amended to read as follows:

Page 9, delete lines 23 through 36, begin a new paragraph and insert:

"SECTION 6. IC 27-1-31-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2017]: Sec. 3. (a) If an insurer refuses to renew a policy of insurance written by the insurer, the insurer shall provide written notice of nonrenewal to the insured:

- (1) at least forty-five (45) days before the expiration date of the policy, if the coverage provided is for one (1) year, or less; or
- (2) at least forty-five (45) days before the anniversary date of the policy, if the coverage provided is for more than one (1) year.
- (b) A notice of nonrenewal is not required if:
  - (1) the insured is transferred from an insurer to an affiliate of the insurer for future coverage; as a result of a merger, an acquisition, or a company restructuring; and
  - (2) the transfer results in the same or broader coverage. and
  - (3) the insured approves the transfer.".

Renumber all SECTIONS consecutively.

(Reference is to HB 1318 as printed February 3, 2017.)

**TORR** 

