1		AN AC	Γ relating to insurance regulatory requirements.
2	Be i	t enacted	by the General Assembly of the Commonwealth of Kentucky:
3		<b>→</b> Section	on 1. KRS 304.2-205 is amended to read as follows:
4	(1)	The pro	visions of this section apply to all domestic, foreign, and alien insurers,
5		fraternal	benefit societies, health maintenance organizations, and nonprofit hospital,
6		medical-	surgical, dental, and health service corporations authorized to transact
7		business	pursuant to this chapter.
8	(2)	(a) <u>1.</u>	Each domestic, foreign, and alien insurer, [and] fraternal benefit society,
9			health maintenance organization, and nonprofit hospital, medical-
10			surgical, dental, and health service corporation authorized to transact
11			business pursuant to this chapter shall annually on or before March 1 of
12			each year file with the National Association of Insurance Commissioners
13			a copy of its annual statement convention blank, along with additional
14			filings as prescribed by the commissioner, for the preceding year.
15		<u>2.</u>	The information filed with the National Association of Insurance
16			Commissioners shall:
17			<u>a.</u> Be <u>submitted electronically;</u>
18			$\underline{b}$ . $\underline{Be}$ in the same format and scope as that required by the
19			commissioner; and[ shall ]
20			<u>c.</u> Include the:
21			<u>i.</u> Signed jurat page: and [ the ]
22			<u>ii.</u> Life and health actuarial certification.
23		<u>3.</u>	Any amendments or additions to the annual statement filing
24			subsequently filed with the commissioner shall also be filed
25			<u>electronically</u> with the National Association of Insurance
26			Commissioners.
27		(b) Fo	reign insurers, health maintenance organizations, and fraternal benefit

Page 1 of 58
HB035010.100 - 1465 - XXXX

societies that are domiciled in states which have laws substantially similar to paragraph (a) of this subsection shall be deemed in compliance with this section.

- (c) Nothing contained in this section shall be deemed to require anyone filing documents with the National Association of Insurance Commissioners to pay any filing fee for a filing.
- (3) Members of the National Association of Insurance Commissioners, their duly authorized committees, subcommittees, and task forces, their delegates, National Association of Insurance Commissioners employees, and all others charged with the responsibility of collecting, reviewing, analyzing, or disseminating the information developed from the filing of the annual statement convention blanks shall not be subject to civil liability for defamation or any other cause of action by virtue of their collection, review, analysis, or dissemination of the data and information collected from the filings required by this section while acting in good faith.
- → Section 2. KRS 304.2-230 is amended to read as follows:

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- 16 (1) Whenever the commissioner determines to examine the affairs of any person, he or 17 she shall designate one (1) or more examiners, which may include analysts, and instruct them as to the scope of the examination. The examiner or analyst shall, 18 19 upon demand, exhibit his or her official credentials to the person under 20 examination. In conducting the examination, the examiner *or analyst* shall observe 21 those guidelines and procedures set forth in the Examiners' Handbook adopted by 22 the National Association of Insurance Commissioners. The commissioner may also 23 employ other guidelines or procedures as the commissioner deems appropriate.
- 24 (2) (a) <u>1.</u> An examiner <u>or analyst</u> may not be appointed by the commissioner if
  25 the examiner <u>or analyst</u>, either directly or indirectly, has a conflict of
  26 interest or is affiliated with the management of or owns a pecuniary
  27 interest in any person subject to examination.

Page 2 of 58
HB035010.100 - 1465 - XXXX

1			2. This subsection shall not be construed to automatically preclude an
2			examiner or analyst from being:
3			<u>a.</u> [1.] A policyholder or claimant under an insurance policy;
4			$\underline{b.}[2.]$ A grantor of a mortgage or similar instrument on the examiner's $\underline{or}$
5			analyst's residence to a regulated entity if done under customary
6			terms and in the ordinary course of business;
7			$\underline{c.[3.]}$ An investment owner in shares of regulated diversified investment
8			companies; or
9			$\underline{d}$ .[4.] A settler or beneficiary of a "blind trust" into which any otherwise
10			impermissible holdings have been placed.
11		(b)	Notwithstanding the requirements of paragraph (a) of this subsection, the
12			commissioner may retain from time to time, on an individual basis, qualified
13			actuaries, certified public accountants, or other similar individuals who are
14			independently practicing their professions even though these persons may
15			from time to time be similarly employed or retained by persons subject to
16			examination.
17	(3)	<u>(a)</u>	Except as provided in paragraph (b) of this subsection, any examiner or
18			<u>analyst</u> [person] performing an examination of an insurer on behalf of, and as
19			called by, the commissioner, including any analyst engaged in review,
20			verification, and analysis of an insurer, shall have official immunity and
21			shall be immune from suit and liability, both personally and in their official
22			capacities, for any claim for damage to, or loss of property, or personal injury,
23			or other civil liability caused by or resulting from any alleged act, error, or
24			omission of the examiner or analyst, or any assistant or contractor, arising out
25			of, or by reason of, their duties or employment.
26		<u>(b)</u>	Nothing in this subsection shall be construed to hold the examiner or analyst,
27			or any assistant or contractor, immune from suit and liability for any damage,

Page 3 of 58
HB035010.100 - 1465 - XXXX

1			loss, injury, or liability caused by the intentional or willful and wanton	
2			misconduct of the examiner $\underline{\textit{or analyst}}[\cdot, ]\underline{\textit{or}}$ any assistant $[\cdot, ]$ or contractor.	
3	(4)	The	commissioner shall conduct <u>the</u> [such] examination in an expeditious, fair, and	
4		impa	artial manner.	
5	(5)	Upo	on[ any such] examination, the commissioner, or the examiner or analyst if	
6		spec	eifically so authorized in writing by the commissioner, shall have power to issue	
7		subp	poenas, administer oaths, and to examine under oath any individual as to any	
8		matt	ter relevant to the affairs under examination or relevant to the examination.	
9	(6)	Eve	ry person being examined, and its officers, attorneys, employees, agents, and	
10		repr	esentatives, shall:	
11		<u>(a)</u>	Make freely available to the commissioner, or his or her examiners or	
12			analysts, the accounts, records, documents, files, information, assets, and	
13			matters of <u>the</u> [such] person in <u>its</u> [his] possession or control relating to the	
14			subject of the examination; and shall	
15		<u>(b)</u>	Facilitate the examination.	
16	(7)	<u>(a)</u>	Neither the commissioner nor any examiner or analyst shall remove any	
17			record, account, document, file, or other property of the person being	
18			examined from the offices or place of that [such] person except with the	
19			<u>person's</u> written consent[ of such person] in advance of <u>the</u> [such] removal or	
20			pursuant to an order of court duly obtained.	
21		<u>(b)</u>	This <u>subsection</u> [provision] shall not be deemed to affect the making and	
22			removal of copies or abstracts of any[ such] record, account, document, or	
23			file.	
24	(8)	Any	individual who refuses without just cause to be examined under oath or who	
25		will	fully obstructs or interferes with the examiners or analysts in the exercise of	
26		their authority pursuant to this section is guilty of a violation of this code.		

Page 4 of 58 HB035010.100 - 1465 - XXXX

The commissioner may terminate or suspend an examination in order to

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<u>(a)</u>

1			pursue other legal or regulatory action pursuant to the insurance laws of this
2			state.
3		<u>(b)</u>	Findings of fact and conclusions made pursuant to an examination shall be
4			prima facie evidence in any legal or regulatory action.
5		<u>(c)</u>	The commissioner may use, and [,] if appropriate, may make public, any final
6			or preliminary examination report, any examiner's or analyst's workpapers or
7			other documents, or any other information discovered or developed during the
8			course of the examination in the furtherance of any legal or regulatory action
9			that the commissioner may, in his <u>or her</u> sole discretion, deem appropriate.
10		<u>(d)</u>	Nothing in this subsection shall be binding upon the court in making
11			determinations about relevancy and admissibility in any civil action pertaining
12			to any <u>examination</u> [such] documents.
13		<b>→</b> S	ection 3. KRS 304.3-240 is amended to read as follows:
14	(1)	<u>(a)</u>	Each authorized insurer shall annually file with the commissioner a true
15			statement of its financial condition, transactions, and affairs as of December
16			31 preceding.
17		<u>(b)</u>	The statement shall be:
18			1. Filed electronically on forms prescribed by the National Association of
19			Insurance Commissioners: [ and shall be ]
20			2. Completed according to the instructions of the National Association of
21			Insurance Commissioners: and shall be
22			<u>3.</u> Verified by the oaths of at least two (2) of the insurer's principal officers.
23			The annual statement of a reciprocal insurer shall be made and verified
24			by its attorney-in-fact.
25		<u>(c)</u>	The annual statement shall be filed by March 1 of each year <del>[, or, if filed by</del>
26			mail, postmarked no later than March 1].
27		<u>(d)</u>	The annual statement of a foreign or alien insurer may be executed or verified

Page 5 of 58 HB035010.100 - 1465 - XXXX

1		by facsimile or reproduced signature; however, the annual statement of a			
2		domestic insurer shall contain original signatures.			
3	(2)	The statement forms shall be in general form and context as approved by the			
4		National Association of Insurance Commissioners for the kinds of insurance to be			
5		reported upon, and as supplemented for additional information required by the			
6		commissioner.			
7	(3)	The annual statement of an alien insurer shall:			
8		(a) Relate only to its assets, transactions, and affairs in the United States unless			
9		the commissioner requires otherwise; and[. The statement shall]			
10		(b) Be verified by the insurer's United States manager or by its officers duly			
11		authorized.			
12	(4)	The commissioner may suspend or revoke the authority of any insurer failing to file			
13		its annual and quarterly statement when due or failing so to file during any			
14		extension of time therefor, which the commissioner, for good cause, may grant.			
15	(5)	Notwithstanding the provisions of this section or any other law of this			
16		Commonwealth: [, ]			
17		(a) An authorized insurer may, subject to the requirements of administrative			
18		regulations adopted by the commissioner, publish financial statements or			
19		information based on financial statements prepared on a basis which:			
20		1. Is in accordance with requirements of a competent authority; and			
21		<del>[which]</del>			
22		2. Differs from the basis of the statements which have been filed with the			
23		commissioner in compliance with this section; and[.]			
24		(b) The [Such] differing financial statements, or information based on the			
25		financial statements, shall not be made the basis for the application of any			
26		provision of this chapter not relating solely to the publication of financial			
27		information unless the provision specifically so requires.			

Page 6 of 58
HB035010.100 - 1465 - XXXX

1		<b>→</b> S	ection 4. KRS 304.5-140 is amended to read as follows:
2	(1)	(a)	For the purposes of subsection (4)(c) of this section, a "qualified United States
3			financial institution" means an institution that:
4			1. Is organized or, in the case of a United States office of a foreign banking
5			organization, licensed under the laws of the United States or any state
6			thereof;
7			2. Is regulated, supervised, and examined by the United States federal or
8			state authorities having regulatory authority over banks and trust
9			companies; and
10			3. Has been determined by the commissioner, or the Securities Valuation
11			Office of the NAIC, to meet the standards of financial condition and
12			standing considered necessary and appropriate to regulate the quality of
13			financial institutions whose letters of credit will be acceptable to the
14			commissioner.
15		(b)	A "qualified United States financial institution" means, for purposes of those
16			provisions of this section specifying those institutions that are eligible to act as
17			a fiduciary of a trust, an institution that:
18			1. Is organized or, in the case of a United States branch or agency office of
19			a foreign banking organization, licensed under the laws of the United
20			States or any state thereof and has been granted authority to operate with
21			fiduciary powers; and
22			2. Is regulated, supervised, and examined by federal or state authorities
23			having regulatory authority over banks and trust companies.
24		(c)	For purposes of subsection (3)(f)1. of this section, "reciprocal jurisdiction"
25			means a jurisdiction that meets one (1) of the following:
26			1. A non-United States jurisdiction that is subject to an in-force covered

Page 7 of 58
HB035010.100 - 1465 - XXXX

agreement with the United States, each within its legal authority, or, in

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1			the case of a covered agreement between the United States and the
2			European Union, is a member state of the European Union;
3			2. A United States jurisdiction that meets the requirements for
4			accreditation under the NAIC's financial standards and accreditation
5			program;
6			3. A qualified jurisdiction, as determined by the commissioner pursuant to
7			subsection (3)(e)4. of this section, which is not otherwise described in
8			this paragraph, and which meets certain additional requirements,
9			consistent with the terms and conditions of in-force covered agreements,
10			as specified by the commissioner in administrative regulation; or
11			4. Any other jurisdiction contained on the list of reciprocal jurisdictions
12			published by the commissioner in accordance with subsection (3)(g) of
13			this section.
14		(d)	As used in this section:
15			1. "Covered agreement" means an agreement entered into pursuant to the
16			Dodd-Frank Wall Street Reform and Consumer Protection Act, 31
17			U.S.C. secs. 313 and 314, and that is currently in effect or in a period of
18			provisional application and addresses the elimination, under specified
19			conditions, of collateral requirements as a condition for entering into any
20			reinsurance agreement with the ceding insurer domiciled in this state or
21			for allowing the ceding insurer to recognize credit for reinsurance; and
22			2. "NAIC" means National Association of Insurance Commissioners.
23	(2)	(a)	Credit for reinsurance shall be allowed a ceding insurer as either an asset or a
24			deduction from liability on account of reinsurance ceded only when the
25			reinsurer meets the requirements of:
26			1. Subsection (3)(a), (b), (c), (d), (e), (f), or (h) of this section; and
27			2. Paragraphs (b), (c), (d), and (e) of this subsection.

Page 8 of 58
HB035010.100 - 1465 - XXXX

I		(b)	The commissioner may promulgate administrative regulations pursuant to			
2			subsection (8)(a)2. of this section that establish specific additional			
3			requirements relating to or setting forth:			
4			1. The valuation of assets or reserve credits;			
5			2. The amount and forms of security supporting reinsurance arrangements			
6			described in that subsection; and			
7			3. The circumstances pursuant to which credit will be reduced or			
8			eliminated.			
9		(c)	For reinsurers meeting the requirements of subsection (3)(c) of this section,			
10			the requirements of paragraph (i) of that subsection shall also be met.			
11		(d)	For reinsurers meeting the requirements of subsection (3)(d) of this section,			
12			the requirements of paragraphs (i) and (j) of that subsection shall also be met.			
13		(e)	For reinsurers meeting the requirements of subsection (3)(e) of this section,			
14			the requirements of paragraph (j) of that subsection shall also be met.			
15	(3)	(a)	Credit shall be allowed when the reinsurance is ceded to an assuming insurer			
16			that is authorized to transact insurance or reinsurance in Kentucky.			
17		(b)	1. Credit shall be allowed when the reinsurance is ceded to an assuming			
18			insurer that is accredited as a reinsurer in Kentucky. An accredited			
19			reinsurer is one which:			
20			a. Files with the commissioner evidence of its submission to			
21			Kentucky's jurisdiction;			
22			b. Submits to Kentucky's authority to examine its books and records;			
23			c. Is licensed to transact insurance or reinsurance in at least one (1)			
24			state, or in the case of a United States branch of an alien assuming			
25			insurer, is entered through and licensed to transact insurance or			
26			reinsurance in at least one (1) state;			
27			d. Files annually with the commissioner a copy of its annual			

Page 9 of 58 HB035010.100 - 1465 - XXXX

1		statement filed with the insurance regulatory official of its state of
2		domicile and a copy of its most recent audited financial statement;
3		and
4		e. Demonstrates to the satisfaction of the commissioner that it has
5		adequate financial capacity to meet its reinsurance obligations and
6		is otherwise qualified to assume reinsurance from domestic
7		insurers. An assuming insurer meets the requirements of this
8		subdivision at the time of its application if:
9		i. It maintains a surplus as regards policyholders in an amount
10		that is not less than twenty million dollars (\$20,000,000);
11		and
12		ii. Its accreditation has not been denied by the commissioner
13		within ninety (90) days after submission of its accreditation
14		application.
15		2. Credit shall not be allowed a ceding insurer under this paragraph if the
16		assuming insurer's accreditation has been revoked by the commissioner
17		after notice and hearing.
18	(c)	Credit shall be allowed when the reinsurance is ceded to an assuming insurer
19		that is domiciled and licensed in or, in the case of a United States branch of an
20		alien assuming insurer, is entered through a state which employs standards
21		regarding credit for reinsurance substantially similar to those applicable under
22		this section and the assuming insurer or United States branch of an alien
23		insurer:
24		1. Maintains a surplus as regards policyholders in an amount not less than
25		twenty million dollars (\$20,000,000); and
26		2. Submits to the authority of the commissioner to examine its books and
27		records.

Page 10 of 58
HB035010.100 - 1465 - XXXX

However, subparagraph 1. of this paragraph shall not apply to reinsurance ceded and assumed pursuant to pooling arrangements among insurers in the same holding company system.

- (d) 1. Credit shall be allowed when the reinsurance is ceded to an assuming insurer that maintains a trust in a qualified United States financial institution for the payment of valid claims of its United States policyholders and ceding insurers, their assigns, and successors in interest. The assuming insurer shall report annually to the commissioner information substantially the same as that required to be reported on the NAIC annual statement form by authorized insurers to enable the commissioner to determine the sufficiency of the trust.
  - 2. a. In the case of a single assuming insurer, the trust shall consist of a trusteed account representing the assuming insurer's liabilities attributable to business written in the United States and, in addition, except as provided in subdivision b. of this subparagraph, the assuming insurer shall maintain a trusteed surplus of not less than twenty million dollars (\$20,000,000).
    - b. At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three (3) years, the commissioner may authorize a reduction in the trusteed surplus required by subdivision a. of this subparagraph, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of United States ceding insurers, policyholders, and claimants in light of a reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash

HB035010.100 - 1465 - XXXX

1		flows, and shall consider all material risk factors, including, when
2		applicable, the lines of business involved, the stability of the
3		incurred loss estimates, and the effect of the surplus requirements
4		on the assuming insurer's liquidity or solvency. The minimum
5		required trusteed surplus may not be reduced to an amount less
6		than thirty percent (30%) of the assuming insurer's liabilities
7		attributable to reinsurance ceded by United States ceding insurers
8		covered by the trust.
9	3.	In the case of a group including incorporated and individual
10		unincorporated underwriters:
11		a. The trust shall consist of a trusteed account representing the
12		respective underwriter's liabilities attributable to business written
13		in the United States;
14		b. The group shall maintain a trusteed surplus of which one hundred
15		million dollars (\$100,000,000) shall be held jointly for the benefit
16		of United States ceding insurers of any member of the group;
17		c. The incorporated members of which group shall not be engaged in
18		any business other than underwriting as a member of the group and
19		shall be subject to the same level of solvency regulation and
20		control by the group's domiciliary regulator as are the
21		unincorporated members; and
22		d. The group shall make available to the commissioner an annual
23		certification of the solvency of each underwriter by the group's
24		domiciliary insurance regulatory official and its independent public
25		accountants.
26	4.	In the case of a group of incorporated underwriters under common

Page 12 of 58
HB035010.100 - 1465 - XXXX GA

administration, the group shall:

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1		a.	Comply with the reporting requirements contained in subparagraph
2			1. of this paragraph;
3		b.	Have continuously transacted insurance business outside the
4			United States for at least three (3) years immediately prior to
5			making an application for accreditation;
6		c.	Maintain a trust in an amount not less than the group's several
7			liabilities attributable to business ceded by United States ceding
8			insurers to any member of the group pursuant to reinsurance
9			contracts issued in the name of the group;
10		d.	Maintain an aggregate policyholders' surplus of at least ten billion
11			dollars (\$10,000,000,000);
12		e.	Maintain a joint trusteed surplus of which one hundred million
13			dollars (\$100,000,000) shall be held jointly for the benefit of
14			United States ceding insurers of any member of the group; and
15		f.	Each member of the group shall make available to the
16			commissioner an annual certification of the member's solvency by
17			the member's domiciliary insurance regulatory official and its
18			independent public accountant.
19	5.	The	trust shall be established in a form approved by the commissioner.
20		The	trust instrument shall provide that contested claims shall be valid
21		and	enforceable upon the final order of any court of competent
22		juris	diction in the United States. The trust shall vest legal title to its
23		asset	es in the trustees of the trust for its United States policyholders and
24		cedin	ng insurers, their assigns, and successors in interest. The trust and
25		the a	assuming insurer shall be subject to examination as determined by
26		the o	commissioner. The trust shall remain in effect for as long as the

Page 13 of 58
HB035010.100 - 1465 - XXXX GA

assuming insurer shall have outstanding obligations due under the

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1			rein	surance agreements subject to the trust.
2		6.	No	later than February 28 of each year, the trustees of the trust shall
3			repo	ort to the commissioner in writing setting forth the balance of the
4			trus	t and listing the trust's investments at the preceding year end and
5			shal	l certify the date of termination of the trust, if so planned, or certify
6			that	the trust shall not expire prior to the next following December 31.
7	(e)	1.	Cree	dit shall be allowed when the reinsurance is ceded to an assuming
8			insu	rer that:
9			a.	Has been certified by the commissioner as a reinsurer in this state;
10				and
11			b.	Secures its obligations in accordance with the requirements of this
12				paragraph.
13		2.	In o	rder to be eligible for certification, the assuming insurer shall:
14			a.	Be domiciled and licensed to transact insurance or reinsurance in a
15				qualified jurisdiction, as determined by subparagraph 4. of this
16				paragraph;
17			b.	Maintain minimum capital and surplus, or its equivalent, in an
18				amount to be determined by the commissioner by administrative
19				regulation;
20			c.	Maintain financial strength ratings from two (2) or more rating
21				agencies deemed acceptable by the commissioner by
22				administrative regulation;
23			d.	Agree to submit to the jurisdiction of this state, appoint the
24				commissioner as its agent for service of process in this state, and
25				agree to provide security for one hundred percent (100%) of the
26				assuming insurer's liabilities attributable to reinsurance ceded by
27				United States ceding insurers if the assuming insurer resists

Page 14 of 58
HB035010.100 - 1465 - XXXX

1		enforcement of a final United States judgment;
2	e.	Agree to meet applicable information filing requirements as
3		determined by the commissioner, both with respect to an initial
4		application for certification and on an ongoing basis; and
5	f.	Satisfy any other relevant requirements for certification as
6		determined by the commissioner.
7 3.	. An a	association, including incorporated and individual unincorporated
8	unde	rwriters, may be certified as a reinsurer in this state if the
9	assoc	ciation satisfies the requirements of subparagraph 2. of this
10	paraş	graph and:
11	a.	The association satisfies its minimum capital and surplus
12		requirements through the capital and surplus equivalents (net of
13		liabilities) of the association and its members, which shall include
14		a joint central fund that may be applied to any unsatisfied
15		obligation of the association or any of its members, in an amount
16		determined by the commissioner to provide adequate protection;
17	b.	The incorporated members of the association are not engaged in
18		any business other than underwriting as a member of the
19		association and are subject to the same level of regulation and
20		solvency control by the association's domiciliary regulator as are
21		the unincorporated members; and
22	c.	The association provides the commissioner an annual certification
23		by the association's domiciliary regulator of the solvency of each
24		underwriter member within ninety (90) days after its financial
25		statements are due to be filed with the association's domiciliary
26		regulator, or if a certification is unavailable, financial statements,
27		prepared by independent public accountants, of each underwriter

Page 15 of 58
HB035010.100 - 1465 - XXXX GA

1 member of the association.

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4. a. The commissioner shall create and publish a list of qualified jurisdictions under which an assuming insurer licensed and domiciled in the qualified jurisdiction is eligible to be considered for certification by the commissioner as a certified reinsurer.

- In order to determine whether the domiciliary jurisdiction of an assuming insurer from a jurisdiction outside of the United States is eligible to be recognized as a qualified jurisdiction, the commissioner shall evaluate the appropriateness and effectiveness of the reinsurance supervisory system of the jurisdiction outside of the United States, both initially and on an ongoing basis, and consider the rights, benefits, and the extent of reciprocal recognition afforded by the jurisdiction outside of the United States to reinsurers licensed and domiciled in the United States. A qualified jurisdiction shall agree to share information and cooperate with the commissioner with respect to all certified reinsurers domiciled within that jurisdiction. A jurisdiction may not be recognized as a qualified jurisdiction if the commissioner has determined that the jurisdiction does not adequately and promptly enforce final United States judgments and arbitration awards. Additional factors may be considered in the discretion of the commissioner.
- c. The commissioner shall consider the list of qualified jurisdictions published through the NAIC's committee process when determining qualified jurisdictions. If the commissioner approves a jurisdiction as qualified that does not appear on the list, the commissioner shall provide justification in accordance with

Page 16 of 58 HB035010.100 - 1465 - XXXX

1			criteria to be developed by the commissioner by administrative
2			regulation.
3		d.	Jurisdictions within the United States that meet the requirements
4			for accreditation under the NAIC's financial standards and
5			accreditation program shall be recognized as qualified.
6		e.	If a certified reinsurer's domiciliary jurisdiction ceases to be a
7			qualified jurisdiction, the commissioner may revoke or suspend the
8			reinsurer's certification indefinitely, in lieu of revocation.
9	5.	The	commissioner shall assign a rating to each certified reinsurer, giving
10		due	consideration to the financial strength ratings that have been
11		assi	gned by rating agencies deemed acceptable to the commissioner by
12		adm	inistrative regulation. The commissioner shall publish a list of all
13		certi	ified reinsurers and their ratings.
14	6.	a.	A certified reinsurer shall secure obligations assumed from United
15			States ceding insurers pursuant to this paragraph at a level
16			consistent with its rating as specified by administrative regulation
17			promulgated by the commissioner.
18		b.	In order for a domestic ceding insurer to qualify for full financial
19			statement credit for reinsurance ceded to a certified reinsurer, the
20			certified reinsurer shall maintain security in a form acceptable to
21			the commissioner and consistent with subsection (4) of this
22			section, or in a multi-beneficiary[multibeneficiary] trust in
23			accordance with paragraph (d) of this subsection, except as
24			otherwise provided in this paragraph.
25		c.	If a certified reinsurer maintains a trust to fully secure its
26			obligations subject to paragraph (d) of this subsection, and chooses
27			to secure its obligations incurred as a certified reinsurer in the form

Page 17 of 58
HB035010.100 - 1465 - XXXX GA

1	of a <u>multi-beneficiary</u> [multibeneficiary] trust, the certified
2	reinsurer shall maintain separate trust accounts for:
3	i. Its obligations incurred under reinsurance agreements issued
4	or renewed as a certified reinsurer with reduced security as
5	permitted by this paragraph or comparable laws of other
6	United States jurisdictions; and
7	ii. Its obligation subject to paragraph (d) of this subsection.
8 d.	The commissioner shall not grant a certification pursuant to this
9	paragraph unless the certified reinsurer agrees to bind itself, by
10	language of the trust and agreement with the commissioner with
11	principal regulatory oversight of each trust account, to fund, upon
12	termination of any applicable trust account, out of the remaining
13	surplus of the trust any deficiency of any other trust account.
14 e.	The minimum trusteed surplus requirements provided in paragraph
15	(d) of this subsection are not applicable to a <u>multi-</u>
16	beneficiary[multibeneficiary] trust maintained by a certified
17	reinsurer for the purpose of securing obligations incurred pursuant
18	to this paragraph, except that the <u>multi-</u>
19	beneficiary[multibeneficiary] trust shall maintain a minimum
20	trusteed surplus of ten million dollars (\$10,000,000).
21 f.	With respect to obligations incurred by a certified reinsurer
22	pursuant to this paragraph, if the security is insufficient, the
23	commissioner shall reduce the allowable credit by an amount
24	proportionate to the deficiency, and the commissioner may impose
25	further reductions in allowable credit upon finding that there is a
26	material risk that the certified reinsurer's obligations will not be
27	paid in full when due.

Page 18 of 58
HB035010.100 - 1465 - XXXX

1			g. i.	For purposes of this paragraph, a certified reinsurer whose
2				certification has been terminated for any reason shall be
3				treated as a certified reinsurer required to secure one hundred
4				percent (100%) of its obligations.
5			ii.	As used in this subdivision, "terminated" includes
6				revocation, suspension, voluntary surrender, and inactive
7				status, except if the commissioner continues to assign a
8				higher rating as permitted by this subsection, a certified
9				reinsurer in inactive status or reinsurer whose certification
10				has been suspended shall not be considered "terminated."
11		7.	If an app	plicant for certification has been certified as a reinsurer in an
12			NAIC-ac	credited jurisdiction, the commissioner may defer to that
13			jurisdicti	on's certification and the rating assigned by that jurisdiction,
14			and the re	einsurer shall be considered a certified reinsurer in this state.
15		8.	A certifie	ed reinsurer that ceases to assume new business in this state may
16			request to	o maintain its certification in inactive status in order to continue
17			to qualify	y for a reduction in security for its in-force business. An inactive
18			certified	reinsurer shall continue to comply with all applicable
19			requirem	ents of this subsection, and the commissioner shall assign a
20			rating tha	at takes into account, if relevant, the reasons why the reinsurer
21			is not ass	suming new business.
22	(f)	Cred	dit shall be	allowed when the reinsurance is ceded to an assuming insurer
23		if:		
24		1.	The assu	nming insurer has its head office in, or is domiciled in, as
25			applicabl	e, and is licensed in, a reciprocal jurisdiction;
26		2.	The assur	ming insurer has and maintains, on an ongoing basis:

Page 19 of 58
HB035010.100 - 1465 - XXXX

For assuming insurers that are not associations:

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a.

1			i.	Minimum capital and surplus, or its equivalent, calculated
2				according to the methodology of its domiciliary jurisdiction,
3				in an amount to be set forth in administrative regulation; and
4			ii.	A minimum solvency or capital ratio, as applicable, as set
5				forth in administrative regulation; or
6		b.	For a	assuming insurers that are associations, including incorporated
7			and i	individual unincorporated underwriters:
8			i.	Minimum capital and surplus equivalents, net of liabilities,
9				calculated according to the methodology applicable in its
10				domiciliary jurisdiction, and a central fund containing a
11				balance in amounts to be set forth by the commissioner in
12				administrative regulation; and
13			ii.	A minimum solvency or capital ratio in the reciprocal
14				jurisdiction where the assuming insurer has its head office or
15				is domiciled, as applicable, and is also licensed;
16	3.	The	assum	ning insurer agrees, and provides adequate assurance, in a form
17		preso	cribed	by the commissioner, to the following:
18		a.	To	provide prompt written notice and explanation to the
19			com	missioner if the assuming insurer falls below the minimum
20			requ	irements set forth in subparagraph 2. of this paragraph, or if
21			any	regulatory action is taken against the assuming insurer for
22			serio	ous noncompliance with applicable law;
23		b.	То	submit the assuming insurer's consent, in writing, to the
24			juris	diction of the courts of this state and to the appointment of the
25			com	missioner as an agent for service of process. The
26			com	missioner may require that consent for service of process be
27			prov	ided to the commissioner and included in each reinsurance

Page 20 of 58
HB035010.100 - 1465 - XXXX

agreement. Nothing in this subdivision shall be construed to limit,

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2		or in any way alter, the capacity for the parties to a reinsurance
3		agreement to agree to alternative dispute resolution mechanisms,
4		except to the extent such agreements are unenforceable under
5		applicable insolvency or delinquency laws;
6	c.	To submit the assuming insurer's consent, in writing, to pay all
7		final judgments, wherever enforcement is sought, obtained by a
8		ceding insurer or its legal successor, that have been declared
9		enforceable in the jurisdiction where the judgment was obtained;
10	d.	To include in each reinsurance agreement, a provision requiring
11		the assuming insurer to provide security in an amount equal to one
12		hundred percent (100%) of the assuming insurer's liabilities
13		attributable to reinsurance ceded pursuant to that agreement if the
14		assuming insurer resists enforcement of a final judgment that is
15		enforceable under the law of the jurisdiction in which it was
16		obtained or a properly enforceable arbitration award, whether
17		obtained by the ceding insurer or by its legal successor on behalf of
18		its resolution estate; and
19	e.	i. To confirm that the assuming insurer is not presently
20		participating in any solvent scheme of arrangement which
21		involves this state's ceding insurers; and
22		ii. To notify the ceding insurer and the commissioner, and to
23		provide security in the amount of one hundred percent
24		(100%) of the assuming insurer's liabilities to the ceding
25		insurer, should the assuming insurer enter into a solvent
26		scheme of arrangement referenced in subpart i. of this
27		subdivision. The security required under this subdivision

Page 21 of 58 HB035010.100 - 1465 - XXXX GA

shall be in a form consistent with the provisions of paragraph

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2				(e) of this subsection and subsection (4) of this section, as
3				specified by the commissioner in administrative regulation;
4		4.	The a	assuming insurer or its legal successor provides, upon request of the
5			comn	nissioner, on behalf of itself and any legal predecessors, any
6			docu	mentation prescribed by the commissioner in administrative
7			regul	ation;
8		5.	The a	assuming insurer maintains a practice of prompt payment of claims
9			unde	reinsurance agreements, pursuant to criteria set forth by the
10			comn	nissioner in administrative regulation; and
11		6.	The	assuming insurer's supervisory authority confirms to the
12			comn	nissioner on an annual basis, as of the preceding December 31 or at
13			the	annual date otherwise statutorily reported to the reciprocal
14			jurisc	liction, that the assuming insurer complies with the requirements of
15			subpa	aragraph 2. of this paragraph.
16			Noth	ing in this paragraph precludes an assuming insurer from providing
17			the co	ommissioner with information on a voluntary basis.
18	(g)	For	purpos	es of paragraph (f) of this subsection:
19		1.	a.	The commissioner shall timely create and publish a list of
20				reciprocal jurisdictions which shall include reciprocal jurisdictions
21				as defined in subsection (1) of this section.
22			b.	The commissioner shall consider, and may approve, any other
23				reciprocal jurisdiction:
24				i. On the list of reciprocal jurisdictions published by the NAIC,
25				through the NAIC committee process; and
26				ii. That meets the criteria established by the commissioner by
27				administrative regulation.

Page 22 of 58 HB035010.100 - 1465 - XXXX

1		c.	The commissioner may remove a jurisdiction from the list of
2			reciprocal jurisdictions upon a determination that the jurisdiction
3			no longer meets the requirements of a reciprocal jurisdiction, in
4			accordance with a process established by the commissioner by
5			administrative regulation, except the commissioner shall not
6			remove a reciprocal jurisdiction, as defined in subsection (1) of
7			this section. Upon removal of a reciprocal jurisdiction from the
8			commissioner's list, credit for reinsurance ceded to an assuming
9			insurer that has its home office or is domiciled in that jurisdiction
10			shall be allowed if otherwise allowed under this section;
11	2.	a.	The commissioner shall timely create and publish a list of
12			assuming insurers that have satisfied the conditions set forth in
13			paragraph (f) of this subsection[,] and to which cessions shall be
14			granted <u>credit in accordance with [, as set forth in]</u> paragraph (f) of
15			this subsection.
16		b.	The commissioner may add an assuming insurer to the
17			eommissioner's] list described in subdivision a. of assuming
18			insurers under] this subparagraph if an NAIC-accredited[NAIC
19			accredited] jurisdiction has added the[such] assuming insurer to
20			$\underline{a}$ [its] list of such assuming insurers, or if upon initial eligibility,
21			the assuming insurer submits information to the commissioner as
22			required under paragraph (f)4. of this subsection and complies with
23			any additional requirements that the commissioner may impose by
24			administrative regulation, except to the extent that <u>they</u> [there is a]
25			conflict with an applicable covered agreement.
26			

Page 23 of 58 HB035010.100 - 1465 - XXXX

subparagraph:

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1			i. If an NAIC-accredited jurisdiction has determined that the
2			conditions set forth in paragraph (f) of this subsection have
3			been met, the commissioner may defer to that jurisdiction's
4			<u>determination;</u>
5			ii The commissioner may accept financial documentation
6			filed with another NAIC-accredited jurisdiction or with the
7			NAIC;
8			iii. If an assuming insurer requests the commissioner to defer
9			to another NAIC-accredited jurisdiction's determination,
10			the insurer shall submit the request on forms prescribed by
11			the commissioner, and any additional information as the
12			commissioner may require, by administrative regulation;
13			<u>and</u>
14			iv. Upon receiving a request described in subpart iii. of this
15			subdivision, the commissioner shall notify other states
16			through the NAIC committee process and provide relevant
17			information with respect to the determination of eligibility;
18	3.	a.	If the commissioner determines that an assuming insurer no longer
19			meets one (1) or more of the requirements of paragraph (f) of this
20			subsection, the commissioner may revoke or suspend the eligibility
21			of the assuming insurer for recognition under paragraph (f) of this
22			subsection, in accordance with procedures set forth in
23			administrative regulation.
24		b.	While an assuming insurer's eligibility is suspended, no
25			reinsurance agreement issued, amended, or renewed after the
26			effective date of the suspension qualifies for credit, except to the
27			extent that the assuming insurer's obligations under the contract are

Page 24 of 58
HB035010.100 - 1465 - XXXX GA

1 secured in accordance with subsection (4) of this section. 2 If an assuming insurer's eligibility is revoked, no credit for c. 3 reinsurance may be granted after the effective date of the 4 revocation with respect to any reinsurance agreements entered into 5 by the assuming insurer, including reinsurance agreements entered into prior to the date of revocation, except to the extent that the 6 7 assuming insurer's obligations under the contract are secured in a form acceptable to the commissioner and consistent with the 8 9 provisions of subsection (4) of this section; 10 4. If subject to legal process of rehabilitation, liquidation, or conservation, 11 as applicable, the ceding insurer, or its representative, may seek and, if 12 determined appropriate by the court in which the proceedings are 13 pending, may obtain an order requiring that the assuming insurer post 14 security for all outstanding ceded liabilities; 15 5. Credit may be taken under paragraph (f) of this subsection for a. 16 reinsurance agreements entered into, amended, or renewed, on or 17 after July 15, 2020, and only with respect to losses incurred and 18 reserves reported after the later of: 19 i. The date on which the assuming insurer has met all eligibility 20 requirements pursuant to paragraph (f) of this subsection; or 21 The effective date of the new reinsurance agreement, ii. 22 amendment, or renewal. 23 b. Nothing in this paragraph shall be construed to alter or impair a 24 ceding insurer's right to take credit for reinsurance, to the extent 25 that credit is not available under paragraph (f) of this subsection, as 26 long as the reinsurance qualifies for credit under any other

Page 25 of 58 HB035010.100 - 1465 - XXXX

provision of this section; and

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1		6. Nothing in this paragraph or paragraph (f) of this subsection shall be
2		construed to:
3		a. Limit or in any way alter the capacity of the parties to a
4		reinsurance agreement to:
5		i. Agree on requirements for security or other terms in the
6		reinsurance agreement, except as expressly prohibited by this
7		section or other applicable law; or
8		ii. Renegotiate the agreement; or
9		b. Authorize an assuming insurer to withdraw or reduce the security
10		provided under any reinsurance agreement, except as permitted by
11		the terms of the agreement.
12	(h)	Credit shall be allowed when the reinsurance is ceded to an assuming insurer
13		not meeting the requirements of paragraph (a), (b), (c), (d), (e), or (f) of this
14		subsection, but only with respect to the insurance of risks located in
15		jurisdictions where such reinsurance is required by applicable law or
16		regulation of that jurisdiction or reinsurance ceded to a residual market
17		mechanism reinsurance association, or the members thereof, created pursuant
18		to law or which has been voluntarily created as such by its members with the
19		approval of the commissioner.
20	(i)	If the assuming insurer is not authorized, certified, or accredited to transact
21		insurance or reinsurance in Kentucky, the credit permitted by paragraphs (c)
22		and (d) of this subsection shall not be allowed unless the assuming insurer
23		agrees in the reinsurance agreements:
24		1. That in the event of the failure of the assuming insurer to perform its
25		obligations under the terms of the reinsurance agreement, the assuming
26		insurer, at the request of the ceding insurer, shall submit to the
27		jurisdiction of any court of competent jurisdiction in any state of the

Page 26 of 58 HB035010.100 - 1465 - XXXX

United States, shall comply with all requirements necessary to give the

2 court jurisdiction, and shall abide by the final decision of the court or of 3 any appellate court in the event of an appeal; and 4 2. To designate the Secretary of State or a designated attorney as its true 5 and lawful attorney upon whom may be served any lawful process in any 6 action, suit, or proceeding instituted by or on behalf of the ceding 7 insurer. 8 This paragraph is not intended to conflict with or override the obligation of 9 the parties to a reinsurance agreement to arbitrate their disputes, if this 10 obligation is created in the agreement. 11 (i) If the assuming insurer does not satisfy the requirements of paragraph (a), (b), 12 (c), or (f) of this subsection, the credit permitted by paragraph (d) or (e) of this 13 subsection shall not be allowed unless the assuming insurer agrees in the trust 14 agreements to the following conditions: 15 Notwithstanding any other provisions in the trust instrument, if the trust 1. 16 is inadequate because it contains an amount less than the amount 17 required by paragraph (d)2. of this subsection, or if the grantor of the trust has been declared insolvent or placed into receivership, 18 19 rehabilitation, liquidation, or similar proceedings under the laws of its 20 state or country of domicile, the trustee shall comply with an order of the 21 commissioner with regulatory oversight over the trust or with an order of 22 a court of competent jurisdiction directing the trustee to transfer to the 23 commissioner with regulatory oversight all of the assets of the trust; 24 2. The assets shall be distributed by and claims shall be filed with and 25 valued by the commissioner with regulatory oversight in accordance with the laws of the state in which the trust is domiciled that are 26

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Page 27 of 58 HB035010.100 - 1465 - XXXX

applicable to the liquidation of domestic insurance companies;

1		3.	If the commissioner with regulatory oversight determines that the assets
2			of the trust fund or any part thereof are not necessary to satisfy the
3			claims of the United States ceding insurers of the grantor of the trust, the
4			assets or part thereof shall be returned by the commissioner with
5			regulatory oversight to the trustee for distribution in accordance with the
6			trust agreement; and
7		4.	The grantor shall waive any right otherwise available to it under United
8			States law that is inconsistent with this paragraph.
9	(k)	1.	If an accredited or certified reinsurer ceases to meet the requirements for
10			accreditation or certification, the commissioner may suspend or revoke
11			the reinsurer's accreditation or certification.
12		2.	The commissioner shall provide the reinsurer notice and an opportunity
13			for hearing prior to the entry of a suspension or revocation order.
14		3.	A suspension or revocation order shall not take effect until after a
15			hearing is conducted, unless:
16			a. The reinsurer waives its right to hearing;
17			b. The commissioner's order is based on regulatory action by the
18			reinsurer's domiciliary jurisdiction or the voluntary surrender or
19			termination of the reinsurer's eligibility to transact insurance or
20			reinsurance business in its domiciliary jurisdiction or in the
21			primary certifying state of the reinsurer under paragraph (e)7. of
22			this subsection; or
23			c. The commissioner finds that an emergency requires immediate
24			action and a court of competent jurisdiction has not stayed the
25			commissioner's action.
26		4.	While a reinsurer's accreditation or certification is suspended, no

Page 28 of 58
HB035010.100 - 1465 - XXXX

reinsurance contract issued or renewed after the effective date of the

27

1			susp	pensio	n qualifies for credit except to the extent that the reinsurer's
2			obli	gation	as under the contract are secured in accordance with subsection
3			(4)	of th	is section. If a reinsurer's accreditation or certification is
4			revo	oked,	no credit for reinsurance may be granted after the effective date
5			of t	he re	vocation except to the extent that the reinsurer's obligations
6			und	er the	contract are secured in accordance with paragraph (e)6. of this
7			sub	section	n or subsection (4) of this section.
8	(1)	1.	A c	eding	insurer shall manage its reinsurance recoverables proportionate
9			to it	s own	book of business and diversify its reinsurance program.
10		2.	a.	A d	omestic ceding insurer shall notify the commissioner within
11				thirt	ry (30) days after:
12				i.	Reinsurance recoverables from any single assuming insurer,
13					or group of affiliated assuming insurers, exceeds fifty percent
14					(50%) of the domestic ceding insurer's last reported surplus
15					to policyholders; or
16				ii.	It is determined that reinsurance recoverables from any single
17					assuming insurer, or group of affiliated assuming insurers, is
18					likely to exceed the limit set forth in subpart i. of this
19					subdivision.
20			b.	A d	omestic ceding insurer shall notify the commissioner within
21				thirt	ry (30) days after:
22				i.	Ceding to any single assuming insurer, or group of affiliated
23					assuming insurers, more than twenty percent (20%) of the
24					ceding insurer's gross written premium in the prior calendar
25					year; or
26				ii.	It has determined that the reinsurance ceded to any single

Page 29 of 58 HB035010.100 - 1465 - XXXX

assuming insurer, or group of affiliated assuming insurers, is

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1			likely to exceed the limit set forth in subpart i. of this
2			subdivision.
3			c. The notification required by this subparagraph shall demonstrate
4			that the exposure is safely managed by the domestic ceding
5			insurer.
6	(m)	1.	In order to facilitate the prompt payment of claims, the commissioner
7			may permit a certified reinsurer to defer posting the security for
8			catastrophic recoverables for a period of up to one (1) year from the date
9			of the first instance of a liability reserve entry by the ceding insurer as a
10			result of a loss from a catastrophic occurrence.
11		2.	Upon notice by the ceding insurer to the commissioner that the certified
12			reinsurer has failed to pay claims owed under a reinsurance agreement in
13			a timely manner, the commissioner shall notify the certified reinsurer
14			that it is no longer permitted to defer the posting of security for
15			catastrophic recoverables.
16		3.	Reinsurance recoverables for only the following lines of business, as
17			reported on the NAIC's annual financial statement related specifically to
18			the catastrophic occurrence, shall be included in the deferral:
19			a. Fire;
20			b. Allied lines;
21			c. Farmowner's multiple peril;
22			d. Homeowner's multiple peril;
23			e. Commercial multiple peril;
24			f. Inland marine;
25			g. Earthquake; and
26			h. Auto physical damage.
27		4.	The commissioner may promulgate administrative regulations to

Page 30 of 58 HB035010.100 - 1465 - XXXX

establish the process for a certified reinsurer to seek a deferral of posting of security for catastrophic recoverables.

- An asset or a reduction from liability for the reinsurance ceded by an insurer to an assuming insurer not meeting the requirements of subsections (2) and (3) of this section shall be allowed in an amount not exceeding the liabilities carried by the ceding insurer and the reduction shall be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the ceding insurer, under a reinsurance contract with the assuming insurer as security for the payment of obligations thereunder, if the security is held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer, or, in the case of a trust, held in a qualified United States financial institution. This security may be in the form of:
- (a) Cash;

- (b) Securities listed by the Securities Valuation Office of the NAIC and qualifying as admitted assets, including those deemed exempt from filing, as defined by the Purposes and Procedures Manual of the Securities Valuation Office, and qualifying as admitted assets;
- (c) Clean, irrevocable, unconditional letters of credit issued or confirmed by a qualified United States financial institution no later than December 31 in respect of the year for which filing is being made, and in the possession of the ceding insurer on or before the filing date of its annual statement. Letters of credit meeting applicable standards of issuer acceptability as of the dates of their issuance, or confirmation, shall, notwithstanding the issuing, or confirming, institution's subsequent failure to meet applicable standards of issuer acceptability, continue to be acceptable as security until their expiration, extension, renewal, modification, or amendment, whichever first occurs; or

Page 31 of 58
HB035010.100 - 1465 - XXXX

(d) Any other form of security acceptable to the commissioner.

2 (5) Cession of bulk reinsurance by a domestic insurer is subject to KRS 304.24-420.

(6) (a) Credit shall be allowed as an asset or as a deduction from liability, to any ceding insurer for reinsurance ceded to an assuming insurer qualified therefor under subsection (2), (3), (4), or (5) of this section, except that no such credit shall be allowed unless the reinsurance contract provides, in substance, that in the event of the insolvency of the ceding insurer, the reinsurance shall be payable under a contract reinsured by the assuming insurer on the basis of reported claims allowed by the liquidation court, without diminution because of the insolvency of the ceding insurer. Such payments shall be made directly to the ceding insurer or to its domiciliary liquidator except:

- Where the contract or other written agreement specifically provides another payee of such reinsurance in the event of the insolvency of the ceding insurer; or
- 2. Where the assuming insurer, with the consent of the direct insured, has assumed such policy obligations of the ceding insurer as direct obligations of the assuming insurer to the payees under such policies and in substitution for the obligations of the ceding insurer to such payees.
- (b) The reinsurance agreement may provide that the domiciliary liquidator of an insolvent ceding insurer shall give written notice to the assuming insurer of the pendency of a claim against such ceding insurer on the contract reinsured within a reasonable time after such claim is filed in the liquidation proceeding. During the pendency of such claim, any assuming insurer may investigate such claim and interpose, at its own expense, in the proceeding where such claim is to be adjudicated, any defenses which it deems available to the ceding insurer or its liquidator. Such expense may be filed as a claim against the insolvent ceding insurer to the extent of a proportionate share of the benefit

HB035010.100 - 1465 - XXXX

1			whi	ch m	ay accrue to the ceding insurer solely as a result of the defense
2			und	ertake	en by the assuming insurer. Where two (2) or more assuming insurers
3			are	involv	ved in the same claim and a majority in interest elect to interpose a
4			defe	ense to	such claim, the expense shall be apportioned in accordance with the
5			tern	ns of t	the reinsurance agreement as though such expense had been incurred
6			by t	he ced	ding insurer.
7	(7)	Upo	n re	quest	of the commissioner an insurer shall promptly inform the
8		com	missi	oner i	in writing of the cancellation or any other material change of any of
9		its r	einsu	rance	treaties or arrangements.
10	(8)	(a)	The	comr	missioner may promulgate administrative regulations to:
11			1.	Imp	element the provisions of this section; and
12			2.	Reg	gulate any of the following reinsurance arrangements:
13				a.	Life insurance policies with guaranteed nonlevel gross premium or
14					guaranteed nonlevel benefits;
15				b.	Universal life insurance policies with provisions resulting in the
16					ability of a policyholder to keep a policy in force over a secondary
17					guarantee period;
18				c.	Variable annuities with guaranteed death or living benefits;
19				d.	Long-term care insurance policies; or
20				e.	Such other life and health insurance and annuity products as to
21					which the NAIC adopts model regulatory requirements with
22					respect to credit for reinsurance.
23		(b)	An	admii	nistrative regulation adopted pursuant to paragraph (a)2.a. or b. of
24			this	subse	ection may apply to any treaty containing policies issued:
25			1.	On	or after January 1, 2015; or
26			2.	Pric	or to January 1, 2015, if risk pertaining to these policies is ceded in
27				con	nection with the treaty in whole or in part, on or after January 1,

Page 33 of 58 HB035010.100 - 1465 - XXXX

1			2015.
2		(c)	An administrative regulation adopted pursuant to paragraph (a)2. of this
3			subsection:
4			1. May require the ceding insurer, in calculating the amounts or forms of
5			security required to be held by the insurer pursuant to this section, to use
6			the Valuation Manual adopted by the NAIC under Section 11B(1) of the
7			NAIC Standard Valuation Law, including all amendments adopted by
8			the NAIC and in effect on the date as of which the calculation is made,
9			to the extent applicable; and
10			2. Shall not apply to cessions to an assuming insurer that:
11			a. Meets the requirements set forth in subsection (3)(f) of this
12			section;
13			b. Is certified in this state; or
14			c. Maintains at least two hundred fifty million dollars (\$250,000,000)
15			in capital and surplus when determined in accordance with the
16			NAIC Accounting Practices and Procedures Manual, including all
17			amendments thereto adopted by the NAIC, excluding the impact of
18			any permitted or prescribed practices, and is:
19			i. Licensed in at least twenty-six (26) states; or
20			ii. Licensed in at least ten (10) states, and licensed or accredited
21			in a total of at least thirty-five (35) states.
22		(d)	The authority to promulgate administrative regulations pursuant to paragraph
23			(a)2. of this subsection shall not limit the commissioner's general authority to
24			promulgate administrative regulations pursuant to paragraph (a)1. of this
25			subsection.
26	(9)	Subs	ections (1) to (4) of this section shall apply to all cessions after July 14, 1992,
27		unde	r reinsurance agreements which have had an inception, anniversary, or renewal

Page 34 of 58 HB035010.100 - 1465 - XXXX

	date not less than six (6) months after July 14, 1992.
	→ Section 5. KRS 304.6-134 is amended to read as follows:
(1)	The commissioner may exempt specific product forms or product lines of a
	domestic company, that is licensed and doing business only in Kentucky, from the
	requirements of KRS 304.6-143 if:
	(a) The commissioner has issued an exemption in writing to the company and has
	not subsequently revoked the exemption in writing; and
	(b) The company computes reserves using assumptions and methods used prior to
	the operative date of the valuation manual and any requirements established
	by the commissioner and promulgated by administrative regulation.
(2)	A domestic company that has less than three hundred million dollars
	(\$300,000,000) of ordinary life premiums or a company that is a member of a group
	of life insurers that has combined ordinary life premiums of less than six hundred
	million dollars (\$600,000,000) and that is licensed and doing business in Kentucky
	is exempt from the requirements of KRS 304.6-143 and 304.6-151 if:
	(a) [The company reported total adjusted capital of at least four hundred fifty
	percent (450%) of authorized control level risk-based capital in the risk-based
	capital report for the prior calendar year;
	(b)]The appointed actuary has provided an unqualified opinion on the reserves in
	accordance with KRS 304.6-171 for the prior calendar year; and
	$(\underline{b})$ The company has provided a certification by a qualified actuary that any
	universal life policy with a secondary guarantee, issued or assumed by the
	company after the operative date of the valuation manual, meets the definition
	of a nonmaterial secondary guarantee universal life product as defined in the
	valuation manual.
(3)	For purposes of subsection (2) of this section, ordinary life premiums are measured
	(2)

Page 35 of 58 HB035010.100 - 1465 - XXXX

27

as direct, plus reinsurance assumed from an unaffiliated company, from the prior

1		calendar year annual statement.
2	(4)	A domestic company that meets the requirements of subsection (2) of this section
3		shall file a statement with the commissioner certifying that these requirements have
4		been met for the current calendar year based on premiums and other values from the
5		prior calendar year's financial statements prior to July 1 of the current calendar year.
6	(5)	For a domestic company that files a statement under subsection (4) of this section,
7		KRS 304.6-130, 304.6-132, 304.6-133, 304.6-140, 304.6-141, 304.6-145, 304.6-
8		150, 304.6-155, 304.6-160, 304.6-170, 304.6-171, 304.6-180, and 304.15-410 shall
9		be applicable; however, any references to KRS 304.6-143 and 304.6-151 shall not
10		apply.
11		→ Section 6. KRS 304.17A-300 is amended to read as follows:
12	(1)	(a) A provider-sponsored integrated health delivery network may be created
13		before the effective date of this Act by health care providers for the purpose
14		of providing health care services.
15		(b) No person shall be eligible to obtain a certificate of filing under subsection
16		(2) of this section on or after the effective date of this Act.
17	(2)	No person shall in this Commonwealth be, act as, or hold itself out as a provider-
18		sponsored integrated health delivery network unless it holds a certificate of filing
19		from the commissioner. Each provider-sponsored integrated health delivery network
20		that seeks to offer services shall first be certified by the department.
21	(3)	To qualify as a provider-sponsored integrated health delivery network, an applicant
22		shall submit information acceptable to the department to satisfactorily demonstrate
23		that the provider-sponsored integrated health delivery network:
24		(a) Is licensed and in good standing with the licensure boards for participating
25		providers;
26		(b) Has demonstrated the capacity to administer the health plans it is offering;

Page 36 of 58
HB035010.100 - 1465 - XXXX GA

Has the ability, experience, and structure to arrange for the appropriate level

27

(c)

1			and type of health care services;
2		(d)	Has the ability, policies, and procedures to conduct utilization management
3			activities;
4		(e)	Has the ability to achieve, monitor, and evaluate the quality and cost
5			effectiveness of care provided by its provider network;
6		(f)	Is financially solvent;
7		(g)	Has the ability to assure enrollees adequate access to providers, including
8			geographic availability and adequate numbers and types;
9		(h)	Has the ability and procedures to monitor access to its provider network;
10		(i)	Has a satisfactory grievance procedure and the ability to respond to enrollees'
11			inquiries and complaints;
12		(j)	Does not limit the participation of any health care provider in its provider
13			network in another provider network;
14		(k)	Has the ability and policies that allow patients to receive care in the most
15			appropriate, least restrictive setting;
16		(1)	Does not discriminate in enrolling members;
17		(m)	Participates in coordination of benefits;
18		(n)	Uses standardized electronic claims and billing processes and formats; and
19		(o)	Discloses to the cooperative reimbursement arrangements with providers.
20	(4)	Fees	for the following services shall be paid to the commissioner by every provider-
21		spon	sored integrated health delivery network, and the fees shall be the same as
22		those	e for insurers as specified in Subtitle 4 of this chapter:
23		(a)	For filing an application for a certificate of filing or amendment thereto;
24		(b)	For filing an annual statement; and
25		(c)	For other services deemed necessary by the commissioner.
26	(5)	Prov	ider-sponsored integrated health delivery networks shall be subject to the
27		prov	isions of this subtitle, and to the following provisions of this chapter, to the

Page 37 of 58 HB035010.100 - 1465 - XXXX GA

27

- 1 extent applicable and not in conflict with the expressed provisions of this subtitle:
- 2 (a) Subtitle 1 -- Scope of Code;
- 3 (b) Subtitle 2 -- Commissioner of the Department of Insurance;
- 4 (c) Subtitle 3 -- Authorization of Insurers and General Requirements;
- 5 (d) Subtitle 4 -- Fees and Taxes;
- 6 (e) Subtitle 5 -- Kinds of Insurance--Limits of Risk--Reinsurance;
- 7 (f) Subtitle 6 -- Assets and Liabilities;
- 8 (g) Subtitle 7 -- Investments;
- 9 (h) Subtitle 8 -- Administration of Deposits;
- 10 (i) Subtitle 9 -- Agents, Consultants, Solicitors, and Adjusters;
- 11 (j) Subtitle 12 -- Trade Practices and Frauds;
- 12 (k) Subtitle 14 -- KRS 304.14-120 to 304.14-130 and 304.14-500 to 304.14-560;
- 13 (1) Subtitle 25 -- Continuity of Management;
- 14 (m) Subtitle 33 -- Insurers Rehabilitation and Liquidation;
- 15 (n) Subtitle 37 -- Insurance Holding Company Systems; and
- 16 (o) Subtitle 99 -- Penalties.
- → Section 7. KRS 304.37-010 is amended to read as follows:
- 18 As used in this subtitle, unless the context requires otherwise:
- 19 (1) "Affiliate" or person "affiliated" with a specific person means a person that directly,
- or indirectly through one (1) or more intermediaries, controls, or is controlled by, or
- is under common control with, the person specified;
- 22 (2) "Commissioner" means:
- 23 (a) The commissioner of insurance of this state; or the Department of Insurance,
- 24 <u>as appropriate</u>
- 25 (b) When the context requires, the commissioner of insurance, or an equivalent
- 26 <u>official, of another state;</u>
- 27 (3) (a) "Control," "controlling," "controlled by," and "under common control with"

mean the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a loan contract or commercial contract for goods or nonmanagement services, or otherwise, unless the power is the result of an official position with or corporate office held by the person.

- (b) Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing ten percent (10%) or more of the voting securities of any other person. This presumption may be rebutted by a showing, made in the manner provided by KRS 304.37-020(13), [(12)] that control does not exist in fact. The commissioner may determine, after forwarding all persons in interest notice and opportunity to be heard and making specific findings of fact to support the determination, that control exists in fact, notwithstanding the absence of a presumption to that effect;
- (4) "Enterprise risk" means any activity, circumstance, event, or series of events involving one (1) or more affiliates of an insurer that, if not remedied promptly: [,]
  - (a) Is likely to have a material adverse effect upon the financial condition or liquidity of the insurer or its insurance holding company system as a whole, including but not limited to anything that would cause the insurer's risk-based capital to fall into company action level as set forth in KRS 304.3-125 and administrative regulations promulgated thereunder: or
  - (b) Would cause the insurer to be in hazardous financial condition in accordance with KRS 304.2-065;
- 25 (5) "Groupwide supervisor" means the regulatory official authorized to engage in 26 conducting and coordinating groupwide supervision activities in accordance with 27 KRS 304.37-160;

1	(6)	"Inst	urance	holdi	ing con	npany	system"	mean	ıs two	(2)	or mor	e affili	ated per	sons, one
2		(1) c	r mor	e of w	hich is	an ins	surer;							
3	(7)	"Inst	urer"	has t	he san	ne me	aning a	as in	KRS	304	.1-040	<del>[inclu</del>	des eve	<del>ry person</del>
4		enga	<del>iged a</del>	s prin	icipal a	and as	indemr	nitor,	surety	<del>, or</del>	<del>contra</del>	ictor i	n the bu	isiness of
5		ente	ring	into (	contrac	ts of	insuran	<del>ce]</del> ,	except	t it	shall	not i	nclude	agencies,
6		auth	orities	s, or in	nstrume	entaliti	es of the	e Unit	ed Sta	ates,	its pos	ssessio	ns and t	erritories,
7		the (	Comm	onwe	alth of	Puerto	Rico, t	he Di	strict	of C	olumb	ia, or a	a state o	r political
8		subd	livisio	n of a	state;									
9	(8)	"Inte	ernatio	onally	active	insur	ance gr	oup"	mean	s an	insur	ance 1	nolding	company
10		syste	em tha	ıt:										
11		(a)	Inclu	ides ai	n insure	er regi	stered ui	nder K	CRS 30	04.37	7-020;	and		
12		(b)	Mee	ts the	followi	ing cri	teria:							
13			1.	Has <sub>]</sub>	premiu	ms wr	itten in a	at leas	t three	(3)	countr	ies;		
14			2.	Has	gross p	remiu	ms writt	en out	tside c	of the	Unite	ed State	es that a	re at least
15				ten p	ercent	(10%)	of the s	ystem	's total	l gro	ss writ	ten pre	emiums;	and
16			3.	Base	d on a	three (	(3) year 1	olling	g avera	ige:				
17				a.	Has	total	assets	that	are	at	least	fifty	billion	dollars
18					(\$50,0	00,00	0,000);	or						
19				b.	Has to	otal gro	oss writt	en pre	mium	s tha	ıt are a	t least	ten billi	on dollars
20					(\$10,0	00,00	0,000).							
21	(9)	''NA	IC'' 1	<u>neans</u>	the No	<u>itiona</u>	l Associa	ation (	of Ins	uran	ce Cor	mmiss	ioners;	
22	<u>(10)</u>	"Per	son" <u>:</u>											
23		<u>(a)</u>	Mea	ns an	individ	ual, a	corporat	tion, a	partn	ershi	p, an a	associa	tion, a j	oint stock
24			com	pany,	an u	nincor	porated	orga	nizatio	on,	any s	similar	entity,	or any
25			com	binatio	on of th	ne fore	going ac	ting i	n conc	ert <u>;</u>	<u>and[, </u>	<del>out]</del>		
26		<u>(b)</u>	Shal	l not i	nclude	any <u>:</u>								
27			<u>1.</u>	Bank	in its	fiducia	ary capac	city <u>;</u> o	r					

Page 40 of 58 HB035010.100 - 1465 - XXXX

1	2. Securities broker performing no more than the usual and customary
2	broker's function;
3	(11)[(10)] "Subsidiary" of a specified person means an affiliate controlled by the person
4	directly or indirectly through one (1) or more intermediaries;
5	(12)[(11)] "Supervisory college" means a forum for cooperation and communication
6	between the involved supervisors established for the fundamental purpose of
7	facilitating the effectiveness of supervision of entities which belong to an insurance
8	group and facilitating both the supervision of the group as a whole on a groupwide
9	basis and improving the legal entity supervision of the entities within the insurance
10	group; and
11	(13)[(12)] "Voting security" includes any security convertible into or evidencing a right
12	to acquire a voting security.
13	→ Section 8. KRS 304.37-020 is amended to read as follows:
14	(1) As used in this section:
15	(a) "Group capital calculation instructions" means the group capital
16	calculation instructions adopted or amended by the NAIC in accordance
17	with procedures adopted by the NAIC; and
18	(b) 1. "NAIC Liquidity Stress Test Framework" means a separate NAIC
19	publication that includes:
20	a. A history of the NAIC's development of regulatory liquidity
21	stress testing; and
22	b. The following, as adopted or amended by the NAIC in
23	accordance with procedures adopted by the NAIC:
24	i. The scope criteria applicable for a specific data year, and
25	ii. The liquidity stress test instructions and reporting
26	templates for a specific data year.
27	2. As used in this paragraph, "scope criteria" means the designated

1		exposure bases, along with minimum magnitudes thereof for the
2		specified data year, used to establish a preliminary list of insurers
3		considered scoped into the NAIC Liquidity Stress Test Framework for
4		that data year.
5	(2) (a)	Every insurer that which is authorized to do business in this state and
6		which] is a member of an insurance holding company system shall register
7		with the commissioner, except a foreign or alien insurer subject to disclosure
8		requirements and standards adopted by statute or regulation in the jurisdiction
9		of its domicile that which are substantially similar to those contained in this
10		section.
11	<u>(b)</u>	For an alien insurer, the domiciliary state shall be deemed to be its state of
12		entry.
13	<u>(c)</u>	Any insurer <u>that</u> [which] is subject to registration under this section shall
14		register[ within sixty (60) days after June 16, 1972, or] fifteen (15) days after
15		it becomes subject to registration[, whichever is later,] and annually thereafter
16		by April 1 of each year for the previous calendar year, unless the
17		commissioner for good cause shown extends the time for registration[,] and
18		then, within the extended time.
19	<u>(d)</u>	The commissioner may require any authorized insurer that [which] is a
20		member of a holding company system <u>but</u> {which} is not subject to registration
21		under this section to furnish a copy of the registration statement or other
22		information filed by the insurer with the insurance regulatory authority of its
23		domiciliary jurisdiction.
24	<u>(3)</u> [(2)]	Every insurer subject to registration shall file a registration statement on a
25	form	n provided by the commissioner, which shall contain current information about:
26	(a)	The capital structure, general financial condition, ownership, and management
27		of the insurer and any person controlling the insurer;

Page 42 of 58
HB035010.100 - 1465 - XXXX

27

1	(b)	The identity of every member of the insurance holding company system;
2	(c)	The following agreements in force, relationships subsisting, and transactions
3		currently outstanding between <u>the</u> [such] insurer and its affiliates:
4		1. Loans to, other investments in, or purchases, sales, or exchanges of
5		securities of the affiliates by the insurer or of the insurer by its affiliates;
6		2. Purchases, sales, or exchanges of assets;
7		3. Transactions not in the ordinary course of business;
8		4. Guarantees or undertakings for the benefit of an affiliate which result in
9		an actual contingent exposure of the insurer's assets to liability, other
10		than insurance contracts entered in the ordinary course of the insurer's
11		business;
12		5. All management and service contracts and all cost-sharing
13		arrangements;
14		6. All reinsurance agreements;
15		7. Dividend and other distributions to shareholders; and
16		8. Consolidated tax allocation agreements;
17	(d)	Any pledge of the insurer's stock, including stock of any subsidiary or
18		controlling affiliate for a loan made to any member of the insurance holding
19		company system;
20	(e)	$\underline{1.}$ If requested by the commissioner, financial statements of, or within, an
21		insurance holding company system, including all affiliates.
22		2. Financial statements may include but are not limited to annual audited
23		financial statements filed with the United States Securities and
24		Exchange Commission, pursuant to the Securities Act of 1933, as
25		amended, or the Securities Exchange Act of 1932, as amended.
26		3. An insurer required to file financial statements pursuant to this

Page 43 of 58 HB035010.100 - 1465 - XXXX GA

paragraph may satisfy the request by providing the commissioner with

I		the most recently filed parent corporation financial statements that have
2		been filed with the United States Securities and Exchange Commission;
3	(f)	Other matters concerning transactions between registered insurers and any
4		affiliates as may be included from time to time in any registration forms
5		adopted or approved by the commissioner;
6	(g)	Statements that the insurer's:
7		<u>1.</u> Board of directors oversees corporate governance and internal controls:
8		and[ that the insurer's ]
9		2. Officers or senior management have approved, implemented, and
10		continue to maintain and monitor corporate governance and internal
11		control procedures; and
12	(h)	Any other information required by the commissioner through administrative
13		regulations.
14	<u>(4)</u> [(3)]	(a) It shall not be necessary to disclose information on the registration
15		statement filed pursuant to subsection $(3)[(2)]$ of this section if the
16		information is not material for the purposes of this section.
17	<u>(b)</u>	Unless the commissioner by administrative regulation or order provides
18		otherwise, sales, purchases, exchanges, loans, or extensions of credit, or
19		investments, involving one-half of one percent (0.5%) or less of an insurer's
20		admitted assets as of the thirty-first day of December next preceding shall not
21		be deemed material for purposes of this section.
22	<u>(c)</u>	The materiality guidelines provided in this subsection shall not apply for
23		purposes of the information required under subsections (15) and (16) of this
24		section.
25	<u>(5)[(4)]</u>	Each registered insurer shall keep current the information required to be
26	disc	losed in its registration statement by reporting all material changes or additions
27	on a	mendment forms provided by the commissioner within thirty (30) days after the

Page 44 of 58
HB035010.100 - 1465 - XXXX

I	end of the month in which the insurer [it] learns of each change or addition.
2	(6)[(5)] All registration statements shall contain a summary outlining all items in the
3	current registration statement representing changes from the prior registration
4	statement.
5	(7)[(6)] Subject to KRS 304.37-030(5), each registered insurer shall report to the
6	commissioner all dividends and other distributions to shareholders within fifteen
7	(15) business days following the dividend or distribution declaration.
8	(8)[(7)] Any person within an insurance holding company system subject to
9	registration shall be required to provide complete and accurate information to an
10	insurer, if the information is reasonably necessary to enable the insurer to comply
11	with the provisions of this subtitle.
12	(9)[(8)] The commissioner shall terminate the registration of any insurer which
13	demonstrates that it no longer is a member of an insurance holding company
14	system.
15	(10)[(9)] The commissioner may require or allow two (2) or more affiliated insurers
16	subject to registration to file a consolidated registration statement or consolidated
17	reports amending their consolidated registration statement or their individual
18	registration statements.
19	$(11)$ [(10)] The commissioner may allow an insurer $\underline{that}$ [which] is authorized to do
20	business in this state and which is part of an insurance holding company system to:
21	(a) Register on behalf of any affiliated insurer that which is required to register
22	under subsection (2) of this section; [(1)] and [to]
23	(b) File all information and material required to be filed under this section.
24	(12)[(11)] The provisions of this section shall not apply to any insurer, information, or
25	transaction if and to the extent that the commissioner by administrative regulation
26	or order <u>exempts</u> [shall exempt] it from the provisions of this section.
27	(13)[(12)] (a) Any person may file with the commissioner a disclaimer of affiliation

Page 45 of 58
HB035010.100 - 1465 - XXXX GA

1		with any authorized insurer or a disclaimer may be filed by the insurer or any
2		member of an insurance holding company system.
3	<u>(b)</u>	The disclaimer shall fully disclose all material relationships and bases for
4		affiliation between the persons and the insurer as well as the basis for
5		disclaiming the affiliation.
6	<u>(c)</u>	A disclaimer of affiliation shall be deemed to have been granted unless the
7		commissioner, within thirty (30) days following receipt of a complete
8		disclaimer, notifies the filing party the disclaimer is disallowed.
9	<u>(d)</u>	In the event of disallowance, the disclaiming party may request an
10		administrative hearing, which shall be granted.
11	<u>(e)</u>	The disclaiming party shall be relieved of its duty to register under this section
12		if <u>:</u>
13		$\underline{1.}$ Approval of the disclaimer has been granted by the commissioner: $\underline{1.}$ or
14		<del>[if]</del>
15		<u>2.</u> The disclaimer is deemed to have been approved.
16	<u>(14)</u> [(13)]	(a) [On and after July 15, 2014, ]The ultimate controlling person of every
17		insurer subject to registration shall also file an annual enterprise risk report.
18	<u>(b)</u>	The report shall: [; ]
19		1. To the best of the ultimate controlling person's knowledge and belief,
20		identify the material risks within the insurance holding company system
21		that could pose enterprise risk to the insurer; and[. The report shall]
22		2. Be filed with the lead state commissioner of the insurance holding
23		company system, as determined by the procedures within the Financial
24		Analysis Handbook adopted by the NAIC National Association of
25		Insurance Commissioners].
26	(15) (a)	Except as provided in this subsection, the ultimate controlling person of
27		every insurer subject to registration shall concurrently file with the

Page 46 of 58
HB035010.100 - 1465 - XXXX

1	registration an annual group capital calculation as directed by the lead state
2	commissioner.
3	(b) The report shall be:
4	1. Completed in accordance with the group capital calculation
5	instructions, which may permit the lead state commissioner to allow a
6	controlling person that is not the ultimate controlling person to file the
7	group capital calculation; and
8	2. Filed with the lead state commissioner of the insurance holding
9	company system as determined by the commissioner in accordance
10	with the procedures within the Financial Analysis Handbook adopted
11	by the NAIC.
12	(c) An insurance holding company system shall be exempt from filing the
13	group capital calculation if:
14	1. The system:
15	a. Has only one (1) insurer within its holding company structure;
16	b. Only writes business in its domestic state; and
17	c. Assumes no business from any other insurer;
18	2. a. The system is required to perform a group capital calculation
19	specified by the United States Federal Reserve Board.
20	b. The lead state commissioner shall request the calculation from
21	the Federal Reserve Board under the terms of information
22	sharing agreements in effect. If the Federal Reserve Board
23	cannot share the calculation with the lead state commissioner,
24	the insurance holding company system is not exempt from the
25	group capital calculation filing;
26	3. The system's non-United States groupwide supervisor is located within
27	a reciprocal jurisdiction, as defined in Section 4 of this Act, that

I		recognizes the United States state regulatory approach to group
2		supervision and group capital; or
3		4. The system:
4		a. Provides information to the lead state that meets the
5		requirements for accreditation under the NAIC Financial
6		Regulation Standards and Accreditation Program, either directly
7		or indirectly, through the groupwide supervisor, who has
8		determined the information is satisfactory to allow the lead state
9		to comply with the NAIC group supervision approach, as
10		detailed in the NAIC Financial Analysis Handbook; and
11		b. Has a non-United States groupwide supervisor, which is not in a
12		reciprocal jurisdiction as defined in Section 4 of this Act, that
13		recognizes and accepts, as specified by the commissioner in
14		administrative regulation, the group capital calculation as the
15		worldwide group capital assessment for United States insurance
16		groups who operate in that jurisdiction.
17	<u>(d)</u>	Notwithstanding the provisions of paragraphs (c)3. and (c)4. of this
18		subsection, a lead state commissioner shall require the group capital
19		calculation for the United States operations of any insurance holding
20		company system not based in the United States where, after any necessary
21		consultation with other supervisors or officials, it is deemed appropriate by
22		the lead state commissioner for:
23		1. Prudential oversight and solvency monitoring purposes; or
24		2. Ensuring the competitiveness of the insurance marketplace.
25	<u>(e)</u>	In addition to the exemptions established in paragraph (c) of this
26		subsection, the lead state commissioner may exempt the ultimate controlling
27		person from filing the annual group capital calculation or accept a limited

I		group capital filing or report in accordance with criteria specified by the
2		commissioner in administrative regulation.
3	<u>(f)</u>	If the lead state commissioner determines that an insurance holding
4		company system no longer meets one (1) or more of the requirements for an
5		exemption from filing the group capital calculation under this subsection,
6		the system shall file the group capital calculation at the next annual filing
7		date unless given an extension by the lead state commissioner based on
8		reasonable grounds shown.
9	(16) (a)	The ultimate controlling person of every insurer subject to registration and
10		also scoped into the NAIC Liquidity Stress Test Framework shall file the
11		results of a specific year's liquidity stress test.
12	<u>(b)</u>	The filing shall be made to the lead state commissioner of the insurance
13		holding company system, as determined by the procedures within the
14		Financial Analysis Handbook adopted by the NAIC.
15	<u>(c)</u>	1. The NAIC Liquidity Stress Test Framework shall include scope
16		<u>criteria:</u>
17		a. Applicable to a specific data year; and
18		b. Reviewed at least annually by the NAIC's Financial Stability
19		Task Force or its successor.
20		2. Any change to the NAIC Liquidity Stress Test Framework or to the
21		data year for which the scope criteria are to be measured shall be
22		effective on January 1 of the year following the calendar year when
23		the changes are adopted.
24		3. a. Insurers meeting at least one (1) threshold of the scope criteria
25		shall be considered scoped into the NAIC Liquidity Stress Test
26		Framework for the specified data year unless the lead state
27		commissioner, in consultation with the NAIC Financial Stability

I	Task Force or its successor, determines the insurer should not be
2	scoped into the framework for that data year.
3	b. Insurers that do not trigger at least one (1) threshold of the scope
4	criteria shall be considered scoped out of the NAIC Liquidity
5	Stress Test Framework for the specified data year, unless the
6	lead state commissioner, in consultation with the NAIC
7	Financial Stability Task Force or its successor, determines the
8	insurer should be scoped into the framework for that data year.
9	4. The lead state commissioner, in consultation with the NAIC Financial
10	Stability Task Force or its successor, shall assess concerns related to
11	insurers being scoped in and out of the NAIC Liquidity Stress Test
12	Framework on a frequent basis as part of the scope criteria
13	determination for an insurer.
14	(d) The performance of, and the filing of the results from, a specified year's
15	liquidity stress test shall comply with:
16	1. The NAIC Liquidity Stress Test Framework's instructions and
17	reporting templates for that year; and
18	2. Any lead state commissioner determinations, made in consultation
19	with the NAIC Financial Stability Task Force or its successor,
20	provided within the NAIC Liquidity Stress Test Framework.
21	(17) [(14)] The failure to file a registration statement or any amendment thereto, a
22	summary of the registration statement, [or ] an enterprise risk filing, or any other
23	filing or report required by this section within the time specified for the filing or
24	<u>report</u> shall be a violation of this subtitle.
25	→ Section 9. KRS 304.37-050 is amended to read as follows:
26	(1) (a) Subject to paragraph (b) of this subsection <u>and subsection</u> (3) of this section,
27	all documents, materials, or other information in the possession or control of

1		the department that are obtained by or disclosed to the commissioner or any
2		other person in the course of an examination, analysis, or investigation made
3		under KRS 304.37-040 and all information reported or provided to the
4		department under KRS 304.37-020, 304.37-030, and 304.37-160[,] shall:
5		1. Be confidential by law and privileged; [ and]
6		2. Not be subject to:
7		a. The Kentucky Open Records Act, KRS 61.872 to 61.884;
8		b Subpoena; or
9		c. Discovery or admission into evidence in any private civil action:
10		<u>and</u>
11		3. Be recognized as being proprietary and containing trade secrets.
12	(b)	The commissioner may use the documents, materials, or other information in
13		the furtherance of any regulatory or legal action brought as a part of the
14		commissioner's official duties.
15	(c)	The commissioner shall not otherwise make the documents, materials, or
16		other information public without the prior written consent of the insurer to
17		which it pertains unless the commissioner, after giving the insurer and its
18		affiliates who would be affected thereby notice and opportunity to be heard,
19		determines that the interests of policyholders, shareholders, or the public will
20		be served by the publication thereof, in which event the commissioner may
21		publish all or any part thereof in such manner as the commissioner may deem
22		appropriate.
23	<u>(d)</u>	For purposes of the information reported and provided to the department
24		pursuant to Section 8 of this Act, KRS 304.37-030, 304.37-040, and 304.37-
25		160, the commissioner shall maintain the confidentiality of the:
26		1. Group capital calculation and the group capital ratio produced within
27		the calculation and any group capital information received from an

Page 51 of 58
HB035010.100 - 1465 - XXXX GA

1		insurance holding company supervised by the Federal Reserve Board
2		or any United States groupwide supervisor; and
3		2. Liquidity stress test results and supporting disclosures and any
4		liquidity stress test information received from an insurance holding
5		company supervised by the Federal Reserve Board and non-United
6		States groupwide supervisors.
7	(2)	Neither the commissioner nor any person who received documents, materials, or
8		other information while acting under the authority of the commissioner or with
9		whom <u>the[such]</u> documents, materials, or other information are shared, pursuant to
10		this subtitle, shall be permitted or required to testify in any private civil action
11		concerning any confidential documents, materials, or other information subject to
12		subsection (1) of this section.
13	(3)	The commissioner:
14		(a) May share documents, materials, or other information, including confidential
15		and privileged documents, materials, or other information subject to
16		subsection (1) of this section, including documents and materials containing
17		trade secrets or proprietary information, with:
18		<u>1.</u> Other state, federal, and international regulatory agencies: [, ]
19		2. The NAIC; National Association of Insurance Commissioners and its
20		affiliates and subsidiaries,]
21		3. Any third-party consultants designated by the commissioner; and
22		with]
23		4. State, federal, and international law enforcement authorities, including
24		members of any supervisory college described in KRS 304.37-055:[,]
25		if the recipient agrees in writing to maintain the confidentiality and privileged
26		status of the documents, materials, or other information, and has verified in
27		writing the legal authority to maintain confidentiality;

Page 52 of 58 HB035010.100 - 1465 - XXXX

(b)	May only share confidential and privileged documents, materials, or other
	information reported pursuant to KRS 304.37-020(14)[(13)], notwithstanding
	paragraph (a) of this subsection, with commissioners of states having statutes
	or regulations substantially similar to subsection (1) of this section, and who
	have agreed in writing not to disclose the [such] information;

- (c) 1. May receive documents, materials, or other information, including confidential and privileged documents, materials, or other information, including proprietary information or trade secrets, from the NAIC[National Association of Insurance Commissioners] and its affiliates and subsidiaries and from regulatory and law enforcement officials of other foreign or domestic jurisdictions[jurisdiction]; and
  - 2. Shall maintain as confidential or privileged any documents, materials, or other information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the documents, materials, or other information; and
- (d) Shall enter into written agreements with the <u>NAIC and any third-party</u>

  <u>consultant designated by the commissioner</u>[National Association of

  <u>Insurance Commissioners</u>] governing sharing and use of information provided

  pursuant to this subtitle[,] <u>and</u> consistent with this subsection that:
  - 1. Specify procedures and protocols regarding the confidentiality and security of information shared with the <u>NAIC or a designated third-party consultant</u> [National Association of Insurance Commissioners and its affiliates and subsidiaries,] pursuant to this subtitle, including procedures and protocols for sharing <u>by</u> the <u>NAIC</u> [National Association of Insurance Commissioners] with other state, federal, or international regulators. <u>The agreement shall provide that the recipient agrees in</u> writing to maintain the confidentiality and privileged status of the

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documents, materials, or other information and has verified in writing

2		the legal authority to maintain such confidentiality;
3	2.	Specify that ownership of information shared with the NAIC or a third-
4		party consultant[National Association of Insurance Commissioners and
5		its affiliates and subsidiaries,] pursuant to this subtitle[subsection,]
6		remains with the commissioner, and the NAIC's or a designated third-
7		party consultant's [National Association of Insurance Commissioners']
8		use of the information is subject to the direction of the commissioner;
9	3.	Except for documents, material, or information reported pursuant to
10		subsection (16) of Section 8 of this Act, prohibit the NAIC or
11		designated third-party consultant from storing the information shared
12		pursuant to this subtitle in a permanent database after the underlying
13		analysis is completed;
14	<u>4.</u>	Require prompt notice be given to an insurer whose confidential
15		information[,] in the possession of the NAIC or a designated third-party
16		consultant[National Association of Insurance Commissioners,] pursuant
17		to this subtitle[,] is subject to a request or subpoena to the NAIC or a
18		designated third-party consultant[National Association of Insurance
19		Commissioners, pursuant to this subtitle,] for disclosure or production;
20		and]
21	<u>5.[4.</u>	Require the NAIC or a designated third-party consultant [National
22		Association of Insurance Commissioners and its affiliates and
23		subsidiaries] to consent to intervention by an insurer in any judicial or
24		administrative action in which the NAIC or a designated third-party
25		consultant[National Association of Insurance Commissioners and its
26		affiliates and subsidiaries] may be required to disclose confidential
27		information about the insurer shared with the NAIC or a designated

Page 54 of 58 HB035010.100 - 1465 - XXXX

1			third-party consultant pursuant to this subtitle; and [National
2			Association of Insurance Commissioners and its affiliates and
3			subsidiaries]
4			6. For documents, material, or information reporting pursuant to
5			subsection (16) of Section 8 of this Act, in the case of an agreement
6			involving a third-party consultant, provide for notification of the
7			identity of the consultant to the applicable insurers.
8	(4)	The	sharing of information by the commissioner shall not constitute a delegation of
9		regu	latory authority or rulemaking, and the commissioner is solely responsible for
10		adm	inistration, execution, and enforcement of this subtitle.
11	(5)	A w	vaiver of any applicable privilege or claim of confidentiality in the documents,
12		mate	erials, or information shall not occur as a result of disclosure to the
13		com	missioner under this section or as a result of sharing as authorized in subsection
14		(3)	of this section.
15	(6)	Doc	uments, materials, or information in the possession or control of the NAIC or a
16		thire	d-party consultant designated by the commissioner[National Association of
17		Insu	rance Commissioners and its affiliates and subsidiaries,] pursuant to this
18		subt	itle <del>[,]</del> shall:
19		(a)	Be confidential by law and privileged; and
20		(b)	Not be subject to:
21			1. The Kentucky Open Records Act, KRS 61.872 to 61.884;
22			2. Subpoena; or
23			3. Discovery or admission into evidence in any private civil action.
24	<u>(7)</u>	(a)	The group capital calculation and resulting group capital ratio, and the
25			liquidity stress test along with its results and supporting disclosures,
26			required under Section 8 of this Act are regulatory tools for assessing group
27			risks and capital adequacy and group liquidity risks, respectively, and are

1		not intended as a means to rank insurers or insurance holding company
2		systems generally.
3	<u>(b)</u>	Except as permitted under paragraph (c) of this subsection or as may
4		otherwise be required under the provisions of this subtitle, no person shall
5		make, publish, disseminate, circulate, or place before the public, or cause
6		directly or indirectly to be made, published, disseminated, circulated, or
7		placed before the public:
8		1. In a newspaper, magazine, or other publication;
9		2. In the form of a notice, circular, pamphlet, letter, or poster;
10		3. Over any radio or television station or any electronic means of
11		communication available to the public; or
12		4. In any other way as an advertisement, announcement, or statement;
13		containing a representation or statement with regard to the group capital
14		calculation, group capital ratio, the liquidity stress test results, or
15		supporting disclosures for the liquidity stress test of any insurer or insurer
16		group or of any component derived in the calculation by any insurer,
17		broker, or other person engaged in any manner in the insurance business.
18	<u>(c)</u>	If any materially false statement with respect to the:
19		1. Group capital calculation, resulting group capital ratio, an
20		inappropriate comparison of any amount to an insurer's or insurance
21		group's group capital calculation or resulting group capital ratio; or
22		2. Liquidity stress test result, supporting disclosures for the liquidity
23		stress test, or an inappropriate comparison of any amount to an
24		insurer's or insurance group's liquidity stress test result or supporting
25		<u>disclosures;</u>
26		is published in any written publication and the insurer is able to
27		demonstrate to the commissioner with substantial proof the falsity of such

statement or the inappropriateness, as the case may be, then the insurer
may publish announcements in a written publication if the sole purpose of
the announcement is to rebut the materially false statement.

**→** Section 10. KRS 304.99-152 is amended to read as follows:

- (1) Any insurer failing, without just cause, to file any registration statement as required by Subtitle 37 of this chapter, shall be required, after notice and hearing, to pay a civil penalty of ten thousand dollars (\$10,000) for each day's delay to the commissioner. The maximum civil penalty under this section shall be one hundred thousand dollars (\$100,000). The commissioner may reduce the civil penalty if the insurer demonstrates to the commissioner that the imposition of the penalty would constitute a financial hardship to the insurer.
- (2) Every director or officer of an insurance holding company system who knowingly violates, participates in, assents to, or who knowingly permits any of the officers or agents of the insurer to engage in transactions or make investments which have not been properly reported or submitted pursuant to KRS 304.37-020(2)[(1)], 304.37-030(2), or 304.37-030(5), or which violate Subtitle 37 of this chapter, shall pay, in their individual capacities, a civil penalty of not more than five thousand dollars (\$5,000) per violation, after notice and hearing before the commissioner. In determining the amount of the civil penalty, the commissioner shall take into account the appropriateness of the civil penalty with respect to the gravity of the violation, the history of previous violations, and other matters justice may require.
- (3) If it appears that any insurer subject to Subtitle 37 of this chapter, or any director, officer, employee, or agent has engaged in any transaction or entered into any contract which is subject to KRS 304.37-030 and which would not have been approved had approval been requested, the commissioner may order the insurer to cease and desist immediately any further activity under that transaction or contract.

27 After notice and hearing, the commissioner may also order the insurer to void the

Page 57 of 58 HB035010.100 - 1465 - XXXX GA

contracts and restore the status quo if the action is in the best interest of the policyholders, creditors, or the public.

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- If it appears that any insurer or any director, officer, employee, or agent has committed a willful violation of Subtitle 37 of this chapter, the commissioner may cause criminal proceedings to be instituted in the Circuit Court for the county in which the principal office of the insurer is located, or if the insurer has no office in Kentucky, in the Franklin Circuit Court against the insurer or the responsible director, officer, employee, or agent. Any insurer which willfully violates Subtitle 37 of this chapter, may be fined not more than one hundred thousand dollars (\$100,000). Any individual who willfully violates Subtitle 37 of this chapter, may be fined in his or her individual capacity not more than one thousand dollars (\$1,000), be imprisoned for not more than one (1) to three (3) years, or both.
- 13 Any officer, director, or employee of an insurance holding company system who 14 willfully and knowingly subscribes to or makes or causes to be made any false 15 statements or false reports or false filings with the intent to deceive the 16 commissioner in the performance of his or her duties under Subtitle 37 of this 17 chapter, upon conviction, shall be imprisoned for not more than one (1) year or more than five (5) years, or fined ten thousand dollars (\$10,000), or both. Any fines 18 19 imposed shall be paid by the officer, director, or employee in his or her individual 20 capacity.
- 21 (6) If it appears to the commissioner that any person has committed a violation of KRS
  22 304.37-120 which prevents the full understanding of the enterprise risk to the
  23 insurer by affiliates or by the insurance holding company system, the violation may
  24 serve as an independent basis for disapproving dividends or distributions and for
  25 placing the insurer under an order of supervision in accordance with Subtitle 33 of
  26 this chapter.