1	ENGROSSED HOUSE
2	BILL NO. 2120 By: McEntire of the House
3	and
4	Montgomery of the Senate
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7	An Act relating to insurance; amending 36 O.S. 2011,
8	Section 607.1, as last amended by Section 2, Chapter 73, O.S.L. 2016 (36 O.S. Supp. 2020, Section 607.1), which relates to insurers; modifying conditions that consider an entity an insurer; requiring notice and filing for asserted insolvent insurers; directing compliance with the Insurance Commissioner's requirements; authorizing supervision of insurer; imposing fine; authorizing promulgation of rules; and providing an effective date.
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14	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:
15	SECTION 1. AMENDATORY 36 O.S. 2011, Section 607.1, as
16	last amended by Section 2, Chapter 73, O.S.L. 2016 (36 O.S. Supp.
17	2020, Section 607.1), is amended to read as follows:
18	Section 607.1 A. An entity organized pursuant to the
19	Interlocal Cooperation Act (an "Interlocal Entity") for the purpose
20	of transacting insurance, except those Interlocal Entities created
21	pursuant to the terms of The Governmental Tort Claims Act, that
22	insures an Oklahoma educational institution shall be considered an
23	insurer at such time that the entity has within a twelve-month
24	period received aggregate premiums of One Million Dollars

- (\$1,000,000.00) for all kinds of insurance that the entity
 transacts. Such an entity shall be eligible to qualify for and hold
 a certificate of authority to transact insurance in this state.
- 4 B. Notwithstanding the provisions of subsection A of this 5 section, any Any entity organized pursuant to the Interlocal Cooperation Act that insures an Oklahoma educational institution and 6 7 has within a twelve-month period received premiums or contributions of any amount for any kind of insurance that the Interlocal Entity transacts shall have an annual audit by an independent certified 10 public accountant and shall file an audited financial report by an 11 independent certified public accountant with the Insurance 12 Commissioner within one hundred eighty (180) days immediately 13 following the close of the Interlocal Entity's fiscal year. The 14 annual audited financial report shall be presented in conformity 15 with accounting principles generally accepted in the United States 16 of America and include:
 - The report of an independent certified public accountant in accordance with accounting principles generally accepted in the United States of America;
 - 2. A balance sheet reporting assets, liabilities and equity;
 - 3. A statement of operations;
 - 4. A statement of cash flows;
 - 5. A statement of changes in assets, liabilities and equity;
 - 6. Footnotes to financial statements; and

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- 7. An unqualified opinion from the certified public accountant that the audited financial report represents a fair presentation of the Interlocal Entity's financial position in conformity with accounting principles generally accepted in the United States of America.
- C. Any entity subject to the provisions of subsection B of this section, except those entities which purchase full insurance coverage as determined by the Commissioner, shall file with the Insurance Commissioner an actuarial opinion prepared by a qualified actuary within one hundred eighty (180) days immediately following the close of the Interlocal Entity's fiscal year. The actuarial opinion should certify the amount and adequacy of the Interlocal Entity's reserves for loss and loss adjustment expenses, including amounts for Incurred But Not Reported (IBNR) Claims, and the adequacy of the Interlocal Entity's premiums. The actuarial opinion shall be consistent with the appropriate Actuarial Standards of Practice (ASOP) as promulgated by the Actuarial Standards Board.

As used in this section, "qualified actuary" means an individual who is a member of the American Academy of Actuaries and who has met the Qualification Standards for Actuaries Issuing Statements of Actuarial Opinions in the United States promulgated by the American Academy of Actuaries.

D. Extensions of the filing date may be granted by the Commissioner for thirty-day periods upon a showing by the Interlocal

- Entity and its independent certified public accountant or qualified
 actuary of the reasons for requesting an extension and determination
 by the Commissioner of good cause for an extension. The request for
 extension must be submitted in writing not less than ten (10) days
 prior to the due date in sufficient detail to permit the
 Commissioner to make an informed decision with respect to the
 requested extension.
 - E. The Commissioner may assess a fine for failure to file the required annual audit or actuarial opinion in an amount of not more than Five Hundred Dollars (\$500.00) per day.
 - F. The audited financial reports and actuarial opinions required herein are subject to public inspection pursuant to the Oklahoma Open Records Act.
 - G. The Insurance Commissioner shall, if there is substantial reason to believe that any insurer subject to this section is insolvent, or if any such insurer's condition is such as to render the continuance of its business hazardous to the public or to holders of its policies or certificates of insurance, or it has exceeded its powers, or it has failed to comply with the law, or if such insurer gives its consent:
 - 1. Notify the insurer and its participating members of the Commissioner's determination;

- 2. Require the insurer to file with the Insurance Commissioner a written plan of action to abate the Commissioner's determination within thirty (30) days of notification; and
- 3. If the Commissioner makes a further determination to supervise, notify the insurer that it is under supervision pursuant to this section.
- H. An insurer subject to subsection G of this section shall comply with the lawful requirements of the Commissioner and, if placed under supervision, shall have ninety (90) days from the date of notice within which to comply with the requirements of the Commissioner unless the Commissioner designates a lesser or greater period of time or unless the Commissioner determines at any time during or after the ninety-day period of time that judicial or administrative proceedings should be initiated to place such insurer in conservation, rehabilitation or liquidation proceedings or other delinquency proceedings, pursuant to Sections 1801 through 1920 of this title. If such insurer does not comply with such requirements, such supervision may continue until such requirements are remedied or until the Commissioner approves or completes pursuit of additional options as provided in the Insurance Code.
- I. The Commissioner may assess a fine for failure to timely

 file a written plan of action required under subsection G of this

 section in an amount of not more than Five Hundred Dollars (\$500.00)

 per day.

1	J. The Insurance Commissioner may promulgate rules to implement
2	the provisions of this section.
3	SECTION 2. This act shall become effective November 1, 2021.
4	Passed the House of Representatives the 9th day of March, 2021.
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6	Presiding Officer of the House
7	of Representatives
8	Passed the Senate the day of, 2021.
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11	Presiding Officer of the Senate
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