1 STATE OF OKLAHOMA 2 1st Session of the 58th Legislature (2021) 3 SENATE BILL 1030By: Quinn 4 5 6 AS INTRODUCED 7 An Act relating to the Insurance Department; amending 36 O.S. 2011, Sections 309.1, 309.2, as amended by 8 Section 1, Chapter 154, O.S.L. 2012 (36 O.S. Supp. 2020, Section 309.2) and 311.4, as amended by Section 9 1, Chapter 275, O.S.L. 2014 (36 O.S. Supp. 2020, Section 311.4), which relate to definitions, nature 10 and frequency of examinations and filing fees; defining terms; adding types of examinations 11 Insurance Commissioner may conduct; conforming language; specifying standards, data and materials 12 Commissioner may use in certain market analysis; specifying actions Commissioner may use in certain 13 circumstances; requiring Commissioner to select certain market conduct actions in regards to cost; 14 requiring Commissioner to eliminate certain requests for information; specifying focus of market conduct 15 actions; authorizing Commissioner to allow insurer opportunity to resolve certain issues; providing 16 deadline for paying certain fee; establishing civil penalty for violation; providing enforcement method 17 of penalty; and providing an effective date. 18 19 20 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA: 21 36 O.S. 2011, Section 309.1, is SECTION 1. AMENDATORY 22 amended to read as follows: 23 Section 309.1. As used in Sections 309.1 through 309.7 of this

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title:

1. "Commissioner" means the Insurance Commissioner;

2. "Company" means any person engaging in or proposing or attempting to engage in any transaction or kind of insurance or surety business and any person or group of persons who may otherwise be subject to the administrative or regulatory authority of the Commissioner;

- 3. "Department" means the Insurance Department;
- 4. "Examiner" means any individual or firm having been authorized by the Commissioner to conduct an examination;
- 5. "Insurer" means every person engaged in the business of making contracts of insurance or indemnity including not-for-profit hospital service and medical indemnity corporations; and
- 6. "Market Analysis" means a process whereby market conduct surveillance personnel collect and analyze information from filed schedules, reports, data calls, surveys and other sources in order to develop a baseline understanding of the marketplace and identify patterns or practices of insurers or companies licensed to do business in this state that deviate significantly from industry standards or that pose a potential risk to insurance consumers. For the purpose of this section, "market conduct surveillance" means any of the full range of activities that the Insurance Commissioner may initiate to assess and address the market practices of any company licensed or registered pursuant to this title to conduct business in this state, including market analysis, market regulatory

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investigations, interrogatories and market conduct examinations.

"Interrogatory" means a set of questions used to evaluate an

insurer's handling of compliance or processing issues; and

6. 7. "Person" means any individual, aggregation of individuals, trust, association, recognized legal entity, or any affiliate thereof.

SECTION 2. AMENDATORY 36 O.S. 2011, Section 309.2, as amended by Section 1, Chapter 154, O.S.L. 2012 (36 O.S. Supp. 2020, Section 309.2), is amended to read as follows:

Section 309.2. A. The Insurance Commissioner or an examiner may conduct an examination, including a financial and market conduct examination, under Sections 309.1 through 309.7 of this title of any company as often as the Commissioner deems appropriate but shall at a minimum, conduct a financial examination of every domestic insurer licensed in this state not less frequently than once every five (5) The Commissioner may also conduct market analysis or market years. regulatory investigation, except as provided in subsection E of this section, as often as the Commissioner deems appropriate. Commissioner shall, at a minimum, conduct or cause to be conducted a financial examination of every foreign insurer licensed in this state not less frequently than once every five (5) years. Commissioner may accept examinations conducted by other states on foreign insurers domiciled in such states pursuant to subsection D of this section. In scheduling and determining the nature, scope

and frequency of the examinations, the Commissioner shall consider such matters as the results of financial statement analyses and ratios, changes in management or ownership, actuarial opinions, reports of independent certified financial examiners or public accountants and other criteria as set forth in the Examiners' Handbook adopted by the National Association of Insurance Commissioners and in effect when the Commissioner exercises discretion under this subsection. The Commissioner may also make examinations upon the request of one or more persons pecuniarily interested therein, who shall make affidavit of their belief, with specifications of their reasons therefor, that the company is in an unsound condition.

- B. The Commissioner may adopt rules setting forth criteria and informing domestic insurers of those factors which may contribute to the Commissioner requiring the financial examination of an insurer prior to the end of the five-year-examination requirement provided in subsection A of this section.
- C. For purposes of completing an examination of any company under Sections 309.1 through 309.7 of this title, the Commissioner may examine or investigate any person, or the business of any person, insofar as such examination or investigation is, in the sole discretion of the Commissioner, necessary or material to the examination of the company.

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D. In lieu of an examination under Sections 309.1 through 309.7 of this title of any foreign or alien insurer licensed in this state, the Commissioner may accept an examination report on such company as prepared by the insurance department for the company's state of domicile or port-of-entry state if:

- 1. The insurance department was at the time of the examination accredited under the National Association of Insurance

 Commissioners' Financial Regulation Standards and Accreditation

 Program; or
- 2. The examination is performed with the participation of one or more examiners who are employed by an accredited state insurance department and who, after a review of the examination work papers and report, state under oath that the examination was performed in a manner consistent with the standards and procedures required by their insurance department.
- E. 1. The Commissioner shall apply the following standards in conducting market analysis or market regulatory investigation:
 - a. the Commissioner shall gather information from data currently available to him or her,
 - b. the information shall be analyzed in order to develop a baseline understanding of the marketplace and to identify for further review insurers or practices that deviated significantly from industry standards or that may pose a potential risk to the Commissioner, and

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- <u>c.</u> the National Association of Insurance Commissioners
 Market Regulation Handbook, as well as any other
 handbook adopted by the Association, shall be used by
 the Commissioner as a guide in performing the
 analysis.
- 2. If the analysis supports further investigation or review by the Commissioner into a particular insurer or practice, the following continuum of market conduct actions may be considered prior to conducting an on-site examination. These actions shall include but are not limited to correspondence with an insurer, conducting interviews with insurers, policy and procedures reviews, and review of insurer self-evaluation, if not subject to a privilege of confidentiality.
- 3. The Commissioner shall select a market conduct action that is cost effective for the Insurance Department and the insurer or company, while still protecting the insurance consumer.
- 4. Any materials or documents reviewed by the Commissioner pursuant to paragraph 2 of this subsection are confidential.
- 5. The Commissioner shall take any steps reasonably necessary to eliminate requests for information that duplicate information provided as part of an insurer's annual financial statement, the annual National Association of Insurance Commissioners market conduct statement or other schedules, surveys or reports regularly

<u>submitted to the Commissioner, unless the information is state</u> specific.

- 6. Market conduct actions taken as a result of a market conduct analysis shall focus on the general business practices and compliance activities of insurers rather than identifying infrequent or unintentional random errors that do not cause significant consumer harm.
- 7. The insurer may be given an opportunity to resolve matters
 that arise as a result of a market conduct analysis to the
 satisfaction of the Commissioner before any additional conduct
 actions are taken against the insurer.
- <u>F.</u> The Commissioner may authorize any employee of the Insurance Department to exercise the Commissioner's authority under Sections 309.1 through 309.7 of this title.
- SECTION 3. AMENDATORY 36 O.S. 2011, Section 311.4, as amended by Section 1, Chapter 275, O.S.L. 2014 (36 O.S. Supp. 2020, Section 311.4), is amended to read as follows:

Section 311.4. A. Insurers authorized to do business under the provisions of the Oklahoma Insurance Code shall annually file with the Insurance Commissioner market conduct annual statements reporting market conduct data of insurers on the thirty-first day of December of the previous year. The statements shall report on the lines of insurance and be in such general form and context as approved by the National Association of Insurance Commissioners

(NAIC), and as supplemented for additional information required by the Insurance Commissioner by rule. The statements shall be prepared in accordance with NAIC instructions, including any supplemental filings described in the NAIC instructions. If no forms or instructions are available from the National Association of Insurance Commissioners, the statements shall be in the form and pursuant to instructions and deadlines as provided by the Insurance Commissioner. Insurers not authorized by the Insurance Commissioner to provide the lines of insurance approved by the National Association or the Insurance Commissioner shall not be required to file market conduct annual statements. For good cause shown, the Insurance Commissioner may extend the time within which market conduct annual statements may be filed. The Insurance Commissioner may provide copies of market conduct annual statements, amendments, and addendums to such statements and market conduct data taken from such statements to the National Association of Insurance Commissioners only if, prior to sharing of the market conduct annual statements, amendments, addendums to such statements or market conduct data taken from such statements, the National Association of Insurance Commissioners enters into a written agreement with the Insurance Commissioner to maintain the confidentiality of the shared information.

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section including rules that:

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The Insurance Commissioner may adopt rules implementing this

1 1. Add lines of insurance to be reported in market conduct 2 annual statements; and

- 2. Require the filing of market conduct annual statements and any amendments and addendums to such statements with the National Association of Insurance Commissioners, and the payment of applicable filing fees required by the NAIC.
- C. Insurers shall pay a filing fee of Two Hundred Dollars (\$200.00) to the Insurance Commissioner for the filing of the market conduct annual statement <u>due at the time of filing</u>, in accordance with NAIC filing deadlines.
- D. No waiver of an applicable privilege or claim of confidentiality in the documents, materials, or other information shall occur as a result of disclosure to the Insurance Commissioner or the Commissioner's designee under this section or as a result of sharing the documents, materials or other information as provided in this section.
- E. Market conduct annual statements and any amendments and addendums to such statements, filed with the Insurance Commissioner pursuant to this section in electronic format or otherwise, shall be treated as working papers and documents as set out in subsection F of Section 309.4 of this title.
- F. The Insurance Commissioner may use market conduct annual statements or amendments or addendums to such statements to assist in determining whether a market conduct examination or investigation

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    of an insurer should be conducted. For purposes of completing a
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    market conduct examination of any company under Sections 309.1
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    through 309.7 of this title, the Insurance Commissioner may, in the
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    sole discretion of the Insurance Commissioner, use market conduct
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    annual statements or amendments or addendums to such statements to
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    assist in determining compliance with the laws of this state and
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    rules adopted by the Insurance Commissioner.
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        G. For any violation of this section, the Insurance
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    Commissioner may, after notice and opportunity for a hearing,
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    subject an insurer to a civil penalty of up to One Thousand Dollars
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    ($1,000.00) for each occurrence. The civil penalty may be enforced
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    in the same manner in which civil judgments may be enforced.
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        SECTION 4. This act shall become effective November 1, 2021.
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