By Senator Latvala

	20-00549B-15 2015836
1	A bill to be entitled
2	An act relating to the Florida Insurance Guaranty
3	Association; amending s. 631.54, F.S.; defining the
4	term "assessment year"; amending s. 631.57, F.S.;
5	revising provisions relating to the levy of
6	assessments on insurers by the Florida Insurance
7	Guaranty Association; specifying conditions under
8	which such assessments are paid; revising procedures
9	and timeframes for the levying of the assessments;
10	revising provisions relating to assessments that are
11	premium and not subject to the premium tax; limiting
12	an insurer's liability for uncollectible emergency
13	assessments; deleting the requirement to file a final
14	accounting report documenting the recoupment; revising
15	an exemption for assessments; amending s. 631.64,
16	F.S.; requiring charges or recoupments to be displayed
17	separately on premium statements to policyholders and
18	prohibiting their inclusion in rates; amending ss.
19	627.727 and 631.55, F.S.; conforming cross-references;
20	providing an effective date.
21	
22	Be It Enacted by the Legislature of the State of Florida:
23	
24	Section 1. Subsections (2) through (9) of section 631.54,
25	Florida Statutes, are renumbered as subsections (3) through
26	(10), respectively, and a new subsection (2) is added to that
27	section to read:
28	631.54 Definitions.—As used in this part:
29	(2) "Assessment year" means the 12-month period, which may

# Page 1 of 14

1	20-00549B-15 2015836
30	begin on the first day of any calendar quarter, whether January
31	1, April 1, July 1, or October 1, as specified in an order
32	issued by the office directing insurers to pay an assessment to
33	the association.
34	Section 2. Subsections (3) and (4) of section 631.57,
35	Florida Statutes, are amended to read:
36	631.57 Powers and duties of the association
37	(3)(a) To the extent necessary to secure <del>the</del> funds for the
38	respective accounts for the payment of covered claims, to pay
39	the reasonable costs to administer <u>such accounts</u> <del>the same</del> , and
40	<del>to the extent necessary</del> to secure <del>the</del> funds for the account
41	specified in s. 631.55(2)(b) or to retire indebtedness,
42	including, without limitation, the principal, redemption
43	premium, if any, and interest on, and related costs of issuance
44	of, bonds issued under s. 631.695 and the funding of <del>any</del>
45	reserves and other payments required under the bond resolution
46	or trust indenture pursuant to which such bonds have been
47	issued, the office, upon certification of the board of
48	directors, shall levy assessments, in accordance with
49	subparagraphs (f)1. or 2., initially estimated in the proportion
50	that each insurer's net direct written premiums in this state in
51	the classes protected by the account bears to the total of said
52	net direct written premiums received in this state by all such
53	insurers for the preceding calendar year for the kinds of
54	insurance included within such account. Assessments shall be
55	remitted to and administered by the board of directors in the
56	manner specified by the approved plan <u>and paragraph (f)</u> . Each
57	insurer so assessed shall have at least 30 days' written notice
58	as to the date the <u>initial</u> assessment <u>payment</u> is due and
1	

# Page 2 of 14

CODING: Words stricken are deletions; words underlined are additions.

SB 836

20-00549B-15 2015836 59 payable. Every assessment shall be made as a uniform percentage 60 applicable to the net direct written premiums of each insurer in the kinds of insurance included within the account in which the 61 62 assessment is made. The assessments levied against any insurer 63 may shall not exceed in any one calendar year more than 2 percent of that insurer's net direct written premiums in this 64 65 state for the kinds of insurance included within such account 66 during the calendar year next preceding the date of such 67 assessments. (b) If sufficient funds from such assessments, together 68 69 with funds previously raised, are not available in any one year 70 in the respective account to make all the payments or 71 reimbursements then owing to insurers, the funds available shall 72 be prorated and the unpaid portion shall be paid as soon 73 thereafter as funds become available.

74 (c) The Legislature finds and declares that all assessments 75 paid by an insurer or insurer group as a result of a levy by the 76 office, including assessments levied pursuant to paragraph (a) 77 and emergency assessments levied pursuant to paragraph (e), 78 constitute advances of funds from the insurer to the 79 association. An insurer may fully recoup such advances by 80 applying the uniform assessment percentage levied by the office 81 to all a separate recoupment factor to the premium of policies 82 of the same kind or line as were considered by the office in 83 determining the assessment liability of the insurer or insurer group as set forth in paragraph (f). 84

85 <u>1. Assessments levied under subparagraph (f)1. are paid</u> 86 <u>before policy surcharges are collected and result in a</u> 87 receivable for policy surcharges collected in the future. This

#### Page 3 of 14

	20-00549B-15 2015836
88	amount, to the extent it is likely that it will be realized,
89	meets the definition of an admissible asset as specified in the
90	National Association of Insurance Commissioners' Statement of
91	Statutory Accounting Principles No. 4. The asset shall be
92	established and recorded separately from the liability
93	regardless of whether it is based on a retrospective or
94	prospective premium-based assessment. If an insurer is unable to
95	fully recoup the amount of the assessment because of a reduction
96	in writings or withdrawal from the market, the amount recorded
97	as an asset shall be reduced to the amount reasonably expected
98	to be recouped.
99	2. Assessments levied under subparagraph (f)2. are paid
100	after policy surcharges are collected so that the recognition of
101	assets is based on actual premium written offset by the
102	obligation to the association.
103	(d) <del>No</del> State funds <u>may not</u> <del>of any kind shall</del> be allocated
104	or paid to <u>the</u> <del>said</del> association or any of its accounts.
105	(e)1. <del>a.</del> In addition to assessments <del>otherwise</del> authorized in
106	paragraph (a) $_{{\it \prime}}$ and to the extent necessary to secure the funds
107	for the account specified in s. 631.55(2)(b) for the direct
108	payment of covered claims of insurers rendered insolvent by the
109	effects of a hurricane and to pay the reasonable costs to
110	administer such claims, or to retire indebtedness, including,
111	without limitation, the principal, redemption premium, if any,
112	and interest on, and related costs of issuance of, bonds issued
113	under s. 631.695 and the funding of any reserves and other
114	payments required under the bond resolution or trust indenture
115	pursuant to which such bonds have been issued, the office, upon
116	certification of the board of directors, shall levy emergency

#### Page 4 of 14

20-00549B-15 2015836 117 assessments upon insurers holding a certificate of authority. 118 The emergency assessments levied against payable under this paragraph by any insurer may shall not exceed in any one 119 120 calendar single year more than 2 percent of that insurer's net 121 direct written premiums, net of refunds, in this state during 122 the preceding calendar year for the kinds of insurance within 123 the account specified in s. 631.55(2)(b). 124 2.b. Any Emergency assessments authorized under this 125 paragraph shall be levied by the office upon insurers in 126 accordance with subparagraph (f) referred to in sub-subparagraph 127 a., upon certification as to the need for such assessments by 128 the board of directors. If In the event the board of directors 129 participates in the issuance of bonds in accordance with s. 130 631.695, emergency assessments shall be levied in each year that 131 bonds issued under s. 631.695 and secured by such emergency 132 assessments are outstanding  $\tau$  in such amounts up to such 2-133 percent limit as required in order to provide for the full and 134 timely payment of the principal of, redemption premium, if any, 135 and interest on, and related costs of issuance of, such bonds. 136 The emergency assessments provided for in this paragraph are 137 assigned and pledged to the municipality, county, or legal 138 entity issuing bonds under s. 631.695 for the benefit of the 139 holders of such bonds, in order to enable such municipality, 140 county, or legal entity to provide for the payment of the principal of, redemption premium, if any, and interest on such 141 bonds, the cost of issuance of such bonds, and the funding of 142 143 any reserves and other payments required under the bond 144 resolution or trust indenture pursuant to which such bonds have 145 been issued, without the necessity of any further action by the

#### Page 5 of 14

146 association, the office, or any other party. If To the extent 147 bonds are issued under s. 631.695 and the association determines 148 to secure such bonds by a pledge of revenues received from the emergency assessments, such bonds, upon such pledge of revenues, 149 150 shall be secured by and payable from the proceeds of such 151 emergency assessments, and the proceeds of emergency assessments 152 levied under this paragraph shall be remitted directly to and 153 administered by the trustee or custodian appointed for such 154 bonds.

<u>3.e.</u> Emergency assessments <u>used to defease bonds issued</u> under this <u>part</u> <del>paragraph</del> may be payable in a single payment or, at the option of the association, may be payable in 12 monthly installments with the first installment being due and payable at the end of the month after an emergency assessment is levied and subsequent installments being due <u>by</u> not later than the end of each succeeding month.

162 <u>4.d.</u> If emergency assessments are imposed, the report 163 required by s. 631.695(7) <u>must shall</u> include an analysis of the 164 revenues generated from the emergency assessments imposed under 165 this paragraph.

166 <u>5.e.</u> If emergency assessments are imposed, the references 167 in sub-subparagraph (1) (a) 3.b. and s. 631.695(2) and (7) to 168 assessments levied under paragraph (a) <u>must shall</u> include 169 emergency assessments imposed under this paragraph.

170 <u>6.2.</u> If the board of directors participates in the issuance 171 of bonds in accordance with s. 631.695, an annual assessment 172 under this paragraph shall continue while the bonds issued with 173 respect to which the assessment was imposed are outstanding, 174 including any bonds the proceeds of which were used to refund

#### Page 6 of 14

CODING: Words stricken are deletions; words underlined are additions.

2015836

20-00549B-15

20-00549B-15

bonds issued pursuant to s. 631.695, unless adequate provision 175 176 has been made for the payment of the bonds in the documents 177 authorizing the issuance of such bonds. 178 3. Emergency assessments under this paragraph are not 179 premium and are not subject to the premium tax, to any fees, or 180 to any commissions. An insurer is liable for all emergency 181 assessments that the insurer collects and shall treat the 182 failure of an insured to pay an emergency assessment as a 183 failure to pay the premium. An insurer is not liable for 184 uncollectible emergency assessments. 185 (f) The recoupment factor applied to policies in accordance 186 with paragraph (c) shall be selected by the insurer or insurer 187 group so as to provide for the probable recoupment of both 188 assessments levied pursuant to paragraph (a) and emergency assessments over a period of 12 months, unless the insurer or 189 190 insurer group, at its option, elects to recoup the assessment over a longer period. The recoupment factor shall apply to all 191 policies of the same kind or line as were considered by the 192 193 office in determining the assessment liability of the insurer or 194 insurer group issued or renewed during a 12-month period. If the 195 insurer or insurer group does not collect the full amount of the 196 assessment during one 12-month period, the insurer or insurer 197 group may apply recalculated recoupment factors to policies issued or renewed during one or more succeeding 12-month 198 199 periods. If, at the end of a 12-month period, the insurer or 200 insurer group has collected from the combined kinds or lines of 201 policies subject to assessment more than the total amount of the assessment paid by the insurer or insurer group, the excess 202 amount shall be disbursed as follows: 203

#### Page 7 of 14

CODING: Words stricken are deletions; words underlined are additions.

2015836

	20-00549B-15 2015836
204	
205	emergency assessments pursuant to paragraph (a) or paragraph (e)
206	must comply with the following:
207	a. In the order levying an assessment, the office shall
208	specify the actual percentage amount to be collected uniformly
209	from all the policyholders of insurers subject to the assessment
210	and the date on which the assessment year begins, which may not
211	begin before 90 days after the association board certifies such
212	an assessment.
213	b. Insurers shall make an initial payment to the
214	association before the beginning of the assessment year on or
215	before the date specified in the order of the office.
216	c. Insurers that have written insurance in the calendar
217	year before the year in which the assessment is certified by the
218	board shall make an initial payment based on the net direct
219	written premium amount from the previous calendar year as set
220	forth in the insurers annual statement, multiplied by the
221	uniform percentage of premium specified in the order issued by
222	the office. Insurers that have not written insurance in the
223	previous calendar year in any of the lines under the account
224	which are being assessed, but which are writing insurance as of,
225	or after, the date the board certifies the assessment to the
226	office, shall pay an amount based on a good faith estimate of
227	the amount of net direct written premium anticipated to be
228	written in the subject lines of business for the assessment
229	year, multiplied by the uniform percentage of premium specified
230	in the order issued by the office.
231	d. Insurers shall file a reconciliation report with the
232	association within 45 days after the end of the assessment year

# Page 8 of 14

	20-00549B-15 2015836
233	which indicates the amount of the initial payment to the
234	association before the assessment year, whether such amount was
235	based on net direct written premium contained in a previous
236	calendar year annual statement or a good faith projection, the
237	amount actually collected during the assessment year, and such
238	other information contained on a form adopted by the association
239	and provided to the insurers in advance. If the insurer
240	collected from policyholders more than the amount initially
241	paid, the insurer shall pay the excess amount to the
242	association. If the insurer collected from policyholders an
243	amount which is less than the amount initially paid to the
244	association, the association shall credit the insurer that
245	amount against future assessments. Such payment reconciliation
246	report, and any payment of excess amounts collected from
247	policyholders, shall be completed and remitted to the
248	association within 90 days after the end of the assessment year.
249	The association shall send a final reconciliation report on all
250	insurers to the office within 120 days after each assessment
251	year.
252	e. Insurers remitting reconciliation reports under this
253	paragraph to the association are subject to s. 626.9541(1)(e).
254	If the excess amount does not exceed 15 percent of the total
255	assessment paid by the insurer or insurer group, the excess
256	amount shall be remitted to the association within 60 days after
257	the end of the 12-month period in which the excess recoupment
258	charges were collected.
259	2. For assessments required under paragraph (a) or
260	paragraph (e), the association may use a monthly installment
261	method instead of the method described in sub-subparagraphs 1.b.

# Page 9 of 14

	20-00549B-15 2015836
262	and c. or in combination thereof based on the association's
263	projected cash flow. If the association projects that it has
264	cash on hand for the payment of anticipated claims in the
265	applicable account for at least 6 months, the board may make an
266	estimate of the assessment needed and may recommend to the
267	office the assessment percentage that may be collected as a
268	monthly assessment. The office may, in the order levying the
269	assessment on insurers, specify that the assessment is due and
270	payable monthly as the funds are collected from insureds
271	throughout the assessment year, in which case the assessment
272	shall be a uniform percentage of premium collected during the
273	assessment year and shall be collected from all policyholders
274	with policies in the classes protected by the account. All
275	insurers shall collect the assessment without regard to whether
276	the insurers reported premium in the year preceding the
277	assessment. Insurers are not required to advance funds if the
278	association and the office elect to use the monthly installment
279	option. All funds collected shall be retained by the association
280	for the payment of current or future claims. This subparagraph
281	does not alter the obligation of an insurer to remit assessments
282	levied pursuant to this subsection to the association. If the
283	excess amount exceeds 15 percent of the total assessment paid by
284	the insurer or insurer group, the excess amount shall be
285	returned to the insurer's or insurer group's current
286	policyholders by refunds or premium credits. The association
287	shall use any remitted excess recoupment amounts to reduce
288	future assessments.
289	(g) Amounts recouped pursuant to this subsection for
290	assessments levied under paragraph (a) due to insolvencies on or

# Page 10 of 14

	20-00549B-15 2015836
291	after July 1, 2010, are considered premium solely for premium
292	tax purposes and are not subject to fees or commissions.
293	However, Insurers shall treat the failure of an insured to pay a
294	recoupment charge as a failure to pay the premium.
295	(h) Assessments levied under this subsection are levied
296	upon insurers. This subsection does not create a cause of action
297	by a policyholder with respect to the levying of, or a
298	policyholder's duty to pay, such assessments.
299	(i) Assessments levied under this subsection are not
300	premium and are not subject to the premium tax, to any fees, or
301	to any commissions. An insurer is liable for any emergency
302	assessments that the insurer collects and shall treat the
303	failure of an insured to pay an emergency assessment as a
304	failure to pay the premium. An insurer is not liable for
305	uncollectible emergency assessments.
306	(h) At least 15 days before applying the recoupment factor
307	to any policies, the insurer or insurer group shall file with
308	the office a statement for informational purposes only setting
309	forth the amount of the recoupment factor and an explanation of
310	how the recoupment factor will be applied. Such statement shall
311	include documentation of the assessment paid by the insurer or
312	insurer group and the arithmetic calculations supporting the
313	recoupment factor. The insurer or insurer group may use the
314	recoupment factor at any time after the expiration of the 15-day
315	period. The insurer or insurer group need submit only one
316	informational statement for all lines of business using the same
317	recoupment factor.
318	(i) No later than 90 days after the insurer or insurer

# Page 11 of 14

CODING: Words stricken are deletions; words underlined are additions.

SB 836

20-00549B-15

320 insurer group shall file with the office, for information 321 purposes only, a final accounting report documenting the 322 recoupment. The report shall provide the amounts of assessments 323 paid by the insurer or insurer group, the amounts and percentages recouped by year from each affected line of 324 325 business, and the direct written premium subject to recoupment 326 by year. The insurer or insurer group need submit only one 327 report for all lines of business using the same recoupment 328 factor. (4) The office department may exempt or temporarily defer 329 330 any insurer from any regular or emergency assessment if the 331 office finds that the insurer is impaired or insolvent or if an 332 assessment would result in such insurer's financial statement reflecting an amount of capital or surplus less than the sum of 333 334 the minimum amount required by any jurisdiction in which the 335 insurer is authorized to transact insurance. 336 Section 3. Section 631.64, Florida Statutes, is amended to 337 read: 631.64 Recognition of assessments in rates.-Charges or 338 339 recoupments shall be separately displayed on premium statements 340 to enable policyholders to determine the amount charged for 341 association assessments but may not be included in rates filed 342 and approved by the office. The rates and premiums charged for insurance policies to which this part applies may include 343 344 amounts sufficient to recoup a sum equal to the amounts paid to 345 the association by the member insurer less any amounts returned 346 to the member insurer by the association, and such rates shall 347 not be deemed excessive because they contain an amount reasonably calculated to recoup assessments paid by the member 348

#### Page 12 of 14

CODING: Words stricken are deletions; words underlined are additions.

SB 836

2015836

20-00549B-15 2015836 349 insurer. 350 Section 4. Subsection (5) of section 627.727, Florida 351 Statutes, is amended to read: 352 627.727 Motor vehicle insurance; uninsured and underinsured 353 vehicle coverage; insolvent insurer protection.-354 (5) Any person having a claim against an insolvent insurer 355 as defined in s. 631.54(6) under the provisions of this section 356 shall present such claim for payment to the Florida Insurance 357 Guaranty Association only. In the event of a payment to a any 358 person in settlement of a claim arising under the provisions of 359 this section, the association is not subrogated or entitled to 360 any recovery against the claimant's insurer. The association, 361 however, has the rights of recovery as set forth in chapter 631 362 in the proceeds recoverable from the assets of the insolvent 363 insurer. 364 Section 5. Subsection (1) of section 631.55, Florida 365 Statutes, is amended to read: 366 631.55 Creation of the association.-367 (1) There is created a nonprofit corporation to be known as 368 the "Florida Insurance Guaranty Association, Incorporated." All 369 insurers defined as member insurers in s. 631.54 (7) shall be 370 members of the association as a condition of their authority to 371 transact insurance in this state, and, further, as a condition 372 of such authority, an insurer must shall agree to reimburse the 373 association for all claim payments the association makes on the 374 said insurer's behalf if such insurer is subsequently 375 rehabilitated. The association shall perform its functions under 376 a plan of operation established and approved under s. 631.58 and 377 shall exercise its powers through a board of directors

#### Page 13 of 14

CODING: Words stricken are deletions; words underlined are additions.

SB 836

-	20-00549B-15 2015836
378	established under s. 631.56. The corporation shall have all
379	those powers granted or permitted nonprofit corporations, as
380	provided in chapter 617.
381	Section 6. This act shall take effect July 1, 2015.