PCS for HB 211 ORIGINAL 2013 1 A bill to be entitled 2 An act relating to the Florida Insurance Guaranty 3 Association; reordering and amending s. 631.57, F.S.; 4 revising the duties of the association; authorizing 5 the association to collect regular assessments 6 directly from policyholders; authorizing the 7 association to collect emergency assessments from insurers under certain circumstances; making technical 8 9 and grammatical corrections; providing an effective 10 date ; providing an effective date. 11 12 Be It Enacted by the Legislature of the State of Florida: 13 Section 1. Subsection (2) of section 631.57, Florida Statutes, is amended, and subsection (3) of that section is 14 15 reordered and amended, to read: 16 631.57 Powers and duties of the association.-The association may: 17 (2)18 (a) Employ or retain such persons as are necessary to handle claims and perform other duties of the association; 19 20 (b) Borrow funds necessary to effect the purposes of this 21 part in accord with the plan of operation, including borrowing 22 necessary to ensure that its cash flow needs are timely met to 23 pay covered claims when regular and emergency assessments are 24 levied on policyholders under subsection (3); 25 Sue or be sued, provided that service of process is (C) 26 shall be made upon the person registered with the department as 27 agent for the receipt of service of process; and 28 Negotiate and become a party to such contracts as are (d) Page 1 of 10 PCS for HB 211

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# ORIGINAL

29 necessary to carry out the purpose of this part. Additionally, The association may also enter into such contracts with a 30 municipality, a county, or a legal entity created pursuant to s. 31 32 163.01(7)(g) as are necessary in order for the municipality, 33 county, or legal entity to issue bonds under s. 631.695. In connection with the issuance of any such bonds and the entering 34 35 into of any such necessary contracts, the association may agree to such terms and conditions as the association deems necessary 36 37 and proper.

38 To the extent necessary to secure the funds for the (3)(a) 39 respective accounts paying for the payment of covered claims, to pay the reasonable costs to administer such accounts the same, 40 and to the extent necessary to secure the funds for the account 41 42 specified in s. 631.55(2)(b) or to retire indebtedness, 43 including, without limitation, the principal, redemption 44 premium, if any, and interest on, and related costs of issuance of, bonds issued under s. 631.695 and the funding of any 45 46 reserves and other payments required under the bond resolution 47 or trust indenture pursuant to which such bonds have been issued, the office, upon certification of the board of 48 directors, shall levy regular assessments in the proportion that 49 50 each insurer's net direct written premiums in this state in the 51 classes protected by the account bears to the total of the said net direct written premiums received in this state by all such 52 53 insurers for the preceding calendar year for the kinds of 54 insurance included within such account. Regular assessments 55 shall be remitted to and administered by the board of directors 56 in the manner specified by the approved plan. Each insurer so

Page 2 of 10

PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

# ORIGINAL

2013

57 assessed has shall have at least 30 days' written notice as to 58 the date the assessment is due and payable. Every assessment 59 shall be made as a uniform percentage applicable to the net direct written premiums of each insurer in the kinds of 60 61 insurance included within the account in which the assessment is 62 made. The regular assessments levied against an any insurer may 63 shall not exceed in any one year exceed more than 2 percent of that insurer's net direct written premiums in this state for the 64 kinds of insurance included within such account during the 65 calendar year next preceding the date of such assessments. The 66 67 Legislature finds and declares that regular assessments paid by 68 an insurer or insurer group as a result of a levy by the office constitute advances of funds from the insurer to the 69 70 association. An insurer may fully recoup regular assessments 71 levied against prior year premiums by applying a separate recoupment factor to the premium of policies of the same kind or 72 73 line as were considered by the office in determining the 74 assessment liability of the insurer or insurer group. 75 In lieu of collecting the regular assessment under (b) 76 paragraph (a) from insurers, the association may collect all or 77 part of the assessment directly from policyholders. If the 78 association elects to collect the assessment directly from 79 policyholders, the office shall issue an order specifying the 80 date the board requires the insurers to begin collecting the 81 assessment, which must be at least 90 days after the date the board certifies the assessment. The order must specify a uniform 82 percentage determined by the board, and verified by the office, 83 84 of the direct written premium for all lines of business in the

Page 3 of 10

PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

#### PCS for HB 211 ORIGINAL 2013 85 applicable accounts. The assessment certified in any one 86 calendar year may not exceed 2 percent of the premium. The 87 insurers shall collect such assessments without being affected 88 by any credit, limitation, exemption, or deferment. Assessments 89 collected under this paragraph shall be transferred regularly to 90 the association as set forth in the order levying the 91 assessment. 92 (c) (b) If sufficient funds from regular and emergency such 93 assessments, together with funds previously raised, are not 94 available in any one year in the respective account to make all 95 the payments or reimbursements then owing to insurers, insureds, 96 or claimants, the funds available shall be prorated and the 97 unpaid portion shall be paid as soon thereafter as funds become 98 available. 99 (c) The Legislature finds and declares that all 100 assessments paid by an insurer or insurer group as a result of a levy by the office, including assessments levied pursuant to 101 paragraph (a) and emergency assessments, constitute advances of 102 103 funds from the insurer to the association. An insurer may fully 104 recoup such advances by applying a separate recoupment factor to 105 the premium of policies of the same kind or line as were 106 considered by the office in determining the assessment liability 107 of the insurer or insurer group. 108 No State funds may not of any kind shall be allocated (d) 109 or paid to the said association or any of its accounts. 110 (e) (e) 1.a. In addition to regular assessments otherwise 111 authorized under in paragraph (a), and to the extent necessary 112 to secure the funds for the account specified in s. 631.55(2)(b) Page 4 of 10

PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

# ORIGINAL

2013

113 for the direct payment of covered claims of insurers rendered 114 insolvent by the effects of a hurricane and to pay the reasonable costs to administer such claims, or to retire 115 116 indebtedness, including, without limitation, the principal, 117 redemption premium, if any, and interest on, and related costs 118 of issuance of, bonds issued under s. 631.695 and the funding of 119 any reserves and other payments required under the bond 120 resolution or trust indenture pursuant to which such bonds have 121 been issued, the office, upon certification of the board of 122 directors, shall levy emergency assessments directly upon 123 policyholders, which shall be collected by insurers holding a 124 certificate of authority. Pursuant to such levy, the office 125 shall issue an order specifying the date the board requires the 126 insurers to begin collecting the assessment, which must be at 127 least 90 days after the date the office levies the assessment. 128 The order must specify a uniform percentage determined by the 129 board, and verified by the office, of the direct written premium 130 for all lines of business in the applicable accounts. The 131 assessment certified in any one calendar year collected may not exceed 2 percent of the premium. The insurers shall collect such 132 133 assessments without being affected by any credit, limitation, 134 exemption, or deferment. Assessments collected by insurers under 135 this paragraph shall be transferred regularly to the association 136 as set forth in the order levying the assessment. 137 1. If, after consultation with its financial advisor, the board determines that it must immediately begin paying the 138 139 covered claims of one or more insolvent insurers and financing is not reasonably available, it may certify the emergency 140

Page 5 of 10 PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

	PCS for HB 211 ORIGINAL 20	013
141	assessment on insurers in the same manner as set forth in	
142	paragraph (a), except that an emergency assessment may be paid	
143	by the insurer in a single payment or, at the option of the	
144	association, in 12 monthly installments with the first	
145	installment being due and payable at the end of the month after	
146	the emergency assessment is levied and subsequent installments	
147	being due by the end of each succeeding month. The emergency	
148	assessments payable under this paragraph by any insurer shall	
149	not exceed in any single year more than 2 percent of that	
150	insurer's direct written premiums, net of refunds, in this stat	e
151	during the preceding calendar year for the kinds of insurance	
152	within the account specified in s. 631.55(2)(b).	
153	2 h Any Emergency assessments authorized under this	

2.b. Any Emergency assessments authorized 153 154 paragraph shall be levied by the office only upon insurers 155 referred to in sub-subparagraph a., upon certification as to the 156 need for such assessments by the board of directors. If In the 157 event the board of directors participates in the issuance of 158 bonds in accordance with s. 631.695, emergency assessments shall 159 be levied in each year that bonds issued under s. 631.695 and 160 secured by such emergency assessments are outstanding  $\tau$  in such 161 amounts up to such 2 percent 2-percent limit as required in order to provide for the full and timely payment of the 162 163 principal of, redemption premium, if any, and interest on, and related costs of issuance of, such bonds. The emergency 164 assessments provided for in this paragraph are assigned and 165 166 pledged to the municipality, county, or legal entity issuing 167 bonds under s. 631.695 for the benefit of the holders of such 168 bonds, in order to enable such municipality, county, or legal

Page 6 of 10

PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

# PCS for HB 211 ORIGINAL

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entity to provide for the payment of the principal of, redemption premium, if any, and interest on such bonds, the cost of issuance of such bonds, and the funding of any reserves and other payments required under the bond resolution or trust indenture pursuant to which such bonds have been issued, without the necessity <u>for</u> <del>of</del> any further action by the association, the office, or any other party. <u>If</u> <del>To the extent</del> bonds are issued under s. 631.695 and the association <u>secures</u> <del>determines to</del> <del>secure</del> such bonds by a pledge of revenues received from the emergency assessments, such bonds, upon such pledge of revenues, shall be secured by and payable from the proceeds of such

emergency assessments, and the proceeds of emergency assessments levied under this paragraph shall be remitted directly to and administered by the trustee or custodian appointed for <u>the</u> payment of such bonds.

184 c. Emergency assessments under this paragraph may be 185 payable in a single payment or, at the option of the 186 association, may be payable in 12 monthly installments with the 187 first installment being due and payable at the end of the month 188 after an emergency assessment is levied and subsequent 189 installments being due not later than the end of each succeeding 190 month.

191 <u>3.d.</u> If emergency assessments are imposed, the report 192 required by s. 631.695(7) <u>must shall</u> include an analysis of the 193 revenues generated from the emergency assessments imposed under 194 this paragraph.

1954.e.If emergency assessments are imposed, the references196in sub-subparagraph (1)(a)3.b. and s. 631.695(2) and (7) to

Page 7 of 10 PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

### ORIGINAL

197 <u>regular</u> assessments levied under paragraph (a) <u>must</u> shall
198 include emergency assessments imposed under this paragraph.

5.2. If the board of directors participates in the 199 200 issuance of bonds in accordance with s. 631.695, an emergency 201 annual assessment under this paragraph must shall continue while 202 the bonds issued with respect to which the assessment was 203 imposed are outstanding, including any bonds the proceeds of 204 which were used to refund bonds issued pursuant to s. 631.695, 205 unless adequate provision has been made for the payment of the 206 bonds in the documents authorizing the issuance of such bonds.

<u>6.3.</u> Emergency assessments under this paragraph are not premium and are not subject to the premium tax, to any fees, or to any commissions. An insurer is liable for all emergency assessments that the insurer collects and shall treat the failure of an insured to pay an emergency assessment as a failure to pay the premium. An insurer is not liable for uncollectible emergency assessments.

214 (f) The recoupment factor applied to policies in 215 accordance with paragraph (a) or subparagraph (e)1. paragraph (c) shall be selected by the insurer or insurer group so as to 216 217 provide for the probable recoupment of both assessments levied 218 pursuant to paragraph (a) and emergency assessments over a 219 period of 12 months, unless the insurer or insurer group, at its 220 option, elects to recoup the assessment over a longer period. 221 The recoupment factor applies shall apply to all policies of the 222 same kind or line as were considered by the office in 223 determining the assessment liability of the insurer or insurer 224 group issued or renewed during a 12-month period.

Page 8 of 10

PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

2013

V

# ORIGINAL

1. If the insurer or insurer group does not collect the full amount of the assessment during one 12-month period, the insurer or insurer group may apply recalculated recoupment factors to policies issued or renewed during one or more succeeding 12-month periods.

230 <u>2.</u> If, at the end of a 12-month period, the insurer or 231 insurer group has collected from the combined kinds or lines of 232 policies subject to assessment more than the total amount of the 233 assessment paid by the insurer or insurer group, the excess 234 amount shall be disbursed as follows:

235 <u>a.1.</u> If the excess amount does not exceed 15 percent of 236 the total assessment paid by the insurer or insurer group, the 237 excess amount shall be remitted to the association within 60 238 days after the end of the 12-month period in which the excess 239 recoupment charges were collected.

240 <u>b.2</u>. If the excess amount exceeds 15 percent of the total 241 assessment paid by the insurer or insurer group, the excess 242 amount shall be returned to the insurer's or insurer group's 243 current policyholders by refunds or premium credits. The 244 association shall use any remitted excess recoupment amounts to 245 reduce future assessments.

246 <u>3.(g)</u> Amounts recouped pursuant to this <u>paragraph</u> 247 subsection for assessments levied under paragraph (a) due to 248 insolvencies on or after July 1, 2010, are considered premium 249 solely for premium tax purposes and are not subject to fees or 250 commissions. However, insurers shall treat the failure of an 251 insured to pay a recoupment charge as a failure to pay the 252 premium.

Page 9 of 10

PCS for HB 211 CODING: Words stricken are deletions; words underlined are additions.

### ORIGINAL

253 4.(h) At least 15 days before applying the recoupment 254 factor to any policies, the insurer or insurer group shall file 255 with the office a statement for informational purposes only 256 setting forth the amount of the recoupment factor and an 257 explanation of how the recoupment factor will be applied. Such 258 statement must shall include documentation of the assessment 259 paid by the insurer or insurer group and the arithmetic 260 calculations supporting the recoupment factor. The insurer or 261 insurer group may use the recoupment factor at any time after 262 the expiration of the 15-day period. The insurer or insurer 263 group need submit only one informational statement for all lines 264 of business using the same recoupment factor.

265 5.(i) Within No later than 90 days after the insurer or 266 insurer group has completed the recoupment process, the insurer 267 or insurer group shall file with the office, for information 268 purposes only, a final accounting report documenting the 269 recoupment. The report must shall provide the amounts of 270 assessments paid by the insurer or insurer group, the amounts and percentages recouped by year from each affected line of 271 272 business, and the direct written premium subject to recoupment 273 by year. The insurer or insurer group need submit only one 274 report for all lines of business using the same recoupment 275 factor.

276 Section 2. This act shall take effect July 1, 2013, and 277 shall apply to any assessment certified and levied after that 278 date regardless of when the insolvency or insolvencies occurred.