SENATE BILL 5717

State of Washington 64th Legislature 2015 Regular Session

By Senators Angel, Mullet, and Keiser; by request of Insurance Commissioner

Read first time 01/30/15. Referred to Committee on Financial Institutions & Insurance.

- AN ACT Relating to the insurer holding company act; amending RCW 1 2 48.31B.005, 48.31B.010, 48.31B.015, 48.31B.020, 48.31B.025, 3 48.31B.030, 48.31B.035, 48.31B.040, 48.31B.050, 48.31B.070, 42.56.400, 48.02.065, 48.13.061, 48.97.005, 48.125.140, 48.155.010, 4 5 and 48.155.015; reenacting and amending RCW 42.56.400; adding new sections to chapter 48.31B RCW; repealing RCW 48.31C.010, 48.31C.020, 6 7 48.31C.030, 48.31C.040, 48.31C.050, 48.31C.060, 48.31C.070, 8 48.31C.080, 48.31C.090, 48.31C.100, 48.31C.110, 48.31C.120, 48.31C.130, 48.31C.140, 48.31C.150, 48.31C.160, 48.31C.900, and 9 10 48.31C.901; prescribing penalties; providing effective dates; and providing an expiration date. 11
- 12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 13 **Sec. 1.** RCW 48.31B.005 and 1993 c 462 s 2 are each amended to 14 read as follows:
- 15 ((As used in this chapter, the following terms have the meanings 16 set forth in this section, unless the context requires otherwise.))
- 17 The definitions in this section apply throughout this chapter unless
- 18 <u>the context clearly requires otherwise.</u>
- 19 (1) ((An)) "Affiliate" means an affiliate of, or person 20 ((-)) affiliated((-)) with, a specific person, ((is)) and includes a
- 20 (()/drifficaced() / with, a specific person, ((is)) and includes

21 person ((who)) that directly, or indirectly through one or more

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intermediaries, controls, or is controlled by, or is under common control with, the person specified.

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- (2) ((The term)) "Commissioner" means the insurance commissioner, the commissioner's deputies, or the office of the insurance commissioner, as appropriate.
- 6 "Control," including the terms "controlling," "controlled by, " and "under common control with, " means the possession, direct or 7 indirect, of the power to direct or cause the direction of the 8 management and policies of a person, whether through the ownership of 9 voting securities, by contract other than a commercial contract for 10 goods or nonmanagement services, or otherwise, unless the power is 11 12 the result of an official position with or corporate office held by the person. Control is presumed to exist if ((a)) any person, 13 directly or indirectly, owns, controls, holds with the power to vote, 14 or holds proxies representing, ten percent or more of the voting 15 16 securities of any other person. This presumption may be rebutted by a 17 showing made in a manner similar to that provided by RCW 48.31B.025(11) that control does not exist in fact. The commissioner 18 may determine, after furnishing all persons in interest notice and 19 opportunity to be heard and making specific findings of fact to 20 21 support such determination, that control exists 22 notwithstanding the absence of a presumption to that effect.
 - (((3) An)) (4) "Enterprise risk" means any activity, circumstance, event, or series of events involving one or more affiliates of an insurer that, if not remedied promptly, 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 RCW 48.05.440 or 48.43.310 or would cause the insurer to be in hazardous financial condition as defined in WAC 284-16-310.
- 32 <u>(5)</u> "Insurance holding company system" means a system that 33 consists of two or more affiliated persons, one or more of which is 34 an insurer.
 - ((4) The term)) (6) "Insurer" ((has the same meaning as set forth in RCW 48.01.050;)) includes an insurer authorized under chapter 48.05 RCW, a fraternal mutual insurer or society holding a license under RCW 48.36A.290, a health care service contractor registered under chapter 48.44 RCW, a health maintenance organization registered under chapter 48.46 RCW, and a self-funded multiple

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- 1 employer welfare arrangement under chapter 48.125 RCW, as well as all persons engaged as, or purporting to be engaged as insurers, 2 fraternal benefit societies, health care service contractors, health 3 maintenance organizations, or self-funded multiple employer welfare 4 arrangements in this state, and to persons in process of organization 5 6 to become insurers, fraternal benefit societies, health care service 7 contractors, health maintenance organizations, or self-funded multiple employer welfare arrangements, except it does not include 8 agencies, authorities, or instrumentalities of the United States, its 9 10 possessions and territories, the commonwealth of Puerto Rico, the 11 District of Columbia, or a state or political subdivision of a state.
 - (((5) A)) <u>(7)</u> "Person" ((is)) means an individual, a corporation, a partnership, an association, a joint stock company, a trust, an unincorporated organization, ((a)) any similar entity, or any combination of the foregoing acting in concert, but does not include a joint venture partnership exclusively engaged in owning, managing, leasing, or developing real or tangible personal property.

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- 18 (((6) A)) <u>(8)</u> "Securityholder" means a securityholder of a 19 specified person ((is one)) who owns ((a)) any security of that 20 person, including common stock, preferred stock, debt obligations, 21 and any other security convertible into or evidencing the right to 22 acquire any of the foregoing.
- $((\frac{7)}{A}))$ (9) "Subsidiary" means a subsidiary of a specified person who is an affiliate controlled by that person directly or indirectly through one or more intermediaries.
- 26 $((\frac{8)}{\text{The term}})$ $(\frac{10}{\text{The term}})$ "Voting security" includes $(\frac{a}{\text{The term}})$ security convertible into or evidencing a right to acquire a voting security.
- 29 **Sec. 2.** RCW 48.31B.010 and 1993 c 462 s 3 are each amended to 30 read as follows:
- 31 (1) A domestic insurer, either by itself or in cooperation with 32 one or more persons, may organize or acquire one or more 33 subsidiaries. The subsidiaries may conduct any kind of business or 34 businesses and their authority to do so is not limited by reason of 35 the fact that they are subsidiaries of a domestic insurer.
- (2) In addition to investments in common stock, preferred stock,
 debt obligations, and other securities permitted under this title, a
 domestic insurer may also:

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(a) Invest in common stock, preferred stock, debt obligations, and other securities of one or more subsidiaries, amounts which do not exceed the lesser of ten percent of the insurer's assets or fifty percent of the insurer's surplus as regards policyholders, provided that, after such investments, the insurer's surplus as regards policyholders will be reasonable in relation to the insurer's outstanding liabilities and adequate to meet its financial needs. In calculating the amount of such investments, investments in domestic or foreign insurance subsidiaries, health maintenance organizations, and health care service contractors are excluded, and there is included:

- (i) Total net moneys or other consideration expended and obligations assumed in the acquisition or formation of a subsidiary, including all organizational expenses and contributions to capital and surplus of the subsidiary whether or not represented by the purchase of capital stock or issuance of other securities;
- 17 <u>(ii) All amounts expended in acquiring additional common stock,</u>
 18 <u>preferred stock, debt obligations, and other securities; and</u>
 - (iii) All contributions to the capital and surplus of a subsidiary subsequent to its acquisition or formation;
 - (b) Invest any amount in common stock, preferred stock, debt obligations, and other securities of one or more subsidiaries engaged or organized to engage exclusively in the ownership and management of assets authorized as investments for the insurer provided that each subsidiary agrees to limit its investments in any asset so that such investments will not cause the amount of the total investment of the insurer to exceed any of the investment limitations specified in (a) of this subsection or chapter 48.13 RCW applicable to the insurer. For the purpose of this subsection, the total investment of the insurer includes:
 - (i) Any direct investment by the insurer in an asset;
- (ii) The insurer's proportionate share of any investment in an asset by any subsidiary of the insurer, which is calculated by multiplying the amount of the subsidiary's investment by the percentage of the ownership of the subsidiary; and
- (iii) With the approval of the commissioner, any greater amount
 in common stock, preferred stock, debt obligations, or other
 securities of one or more subsidiaries, provided that after the
 investment the insurer's surplus as regards policyholders will be

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reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs.

- (3) Investments in common stock, preferred stock, debt obligations, or other securities made according to subsection (2) of this section are not subject to any of the otherwise applicable restrictions or prohibitions contained in this title applicable to such investments of insurers.
- (4) Whether any investment made according to subsection (2) of this section meets the applicable requirements of that subsection is to be determined before the investment is made, by calculating the applicable investment limitations as though the investment had already been made, taking into account the then outstanding principal balance on all previous investments in debt obligations, and the value of all previous investments in equity securities as of the day they were made, net of any return of capital invested, net including dividends.
- **Sec. 3.** RCW 48.31B.015 and 1993 c 462 s 4 are each amended to read as follows:
- (1)(a) No person other than the issuer may make a tender offer for or a request or invitation for tenders of, or enter into ((an)) any agreement to exchange securities of, seek to acquire, or acquire, in the open market or otherwise, voting security of a domestic insurer if, after the consummation thereof, the person would, directly or indirectly, or by conversion or by exercise of a right to acquire, be in control of the insurer((-)) and no person may enter into an agreement to merge with or otherwise to acquire control of a domestic insurer or any person controlling a domestic insurer unless, at the time the offer, request, or invitation is made or the agreement is entered into, or ((before)) prior to the acquisition of the securities if no offer or agreement is involved, the person has filed with the commissioner and has sent to the insurer, a statement containing the information required by this section and the offer,

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request, invitation, agreement, or acquisition has been approved by the commissioner as prescribed in this ((section)) chapter.

- (b) For purposes of this section, any controlling person of a domestic insurer seeking to divest its controlling interest in the domestic insurer, in any manner, must file with the commissioner, with a copy to the insurer, confidential notice of its proposed divestiture at least thirty days prior to the cessation of control. The commissioner determines whether the person or persons seeking to divest or acquire a controlling interest in an insurer must file and obtain approval of the transaction. The information remains confidential until the conclusion of the transaction unless the commissioner, in his or her discretion, determines that the confidential treatment interferes with the enforcement of this section. If the statement referred to in (a) of this subsection is otherwise filed, this subsection does not apply.
- (c) With respect to a transaction subject to this section, the acquiring person must also file a preacquisition notification with the commissioner, which must contain the information set forth in RCW 48.31B.020(3)(a). A failure to file the notification may be subject to penalties specified in RCW 48.31B.020(5)(c).
- (d) For purposes of this section a domestic insurer includes a person controlling a domestic insurer unless the person, as determined by the commissioner, is either directly or through its affiliates primarily engaged in business other than the business of insurance. ((However, the person shall file a preacquisition notification with the commissioner containing the information set forth in RCW 48.31B.020(3)(a) sixty days before the proposed effective date of the acquisition. Persons who fail to file the required preacquisition notification with the commissioner are subject to the penalties in RCW 48.31B.020(5)(c).)) For the purposes of this section, "person" does not include ((a)) any securities broker holding, in usual and customary broker's function, less than twenty percent of the voting securities of an insurance company or of ((a)) any person who controls an insurance company.
- (2) The statement to be filed with the commissioner under this section must be made under oath or affirmation and must contain the following ((information)):
- (a) The name and address of each person by whom or on whose behalf the merger or other acquisition of control referred to in subsection (1) of this section is to be effected, ((hereinafter

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called ")) and referred to in this section as the acquiring 1 party((-,-)) and:

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- (i) If that person is an individual, his or her principal occupation and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations during the past ten years; and
- (ii) If that person is not an individual, a report of the nature of its business operations during the past five years or for such lesser period as the person and any predecessors have been in existence; an informative description of the business intended to be done by the person and the person's subsidiaries; ((any convictions of crimes during the past ten years;)) and a list of all individuals who are or who have been selected to become directors or executive officers of the person, or who perform or will perform functions appropriate to those positions. The list must include for each such individual the information required by (a)(i) of subsection((-));
- (b) The source, nature, and amount of the consideration used or to be used in effecting the merger or other acquisition of control, a description of any transaction ((in which)) where funds were or are to be obtained for any such purpose, including ((a)) any pledge of controlling affiliates, and the identity of persons furnishing ((the)) consideration. However, ((where)) when a source of ((the)) consideration is a loan made in the lender's ordinary course of business, the identity of the lender must remain confidential, if the person filing the statement so requests ((-))
- (c) Fully audited financial information as to the earnings and financial condition of each acquiring party for the preceding five fiscal years of each acquiring party, or for such lesser period as the acquiring party and any predecessors have been in existence, and similar unaudited information as of a date not earlier than ninety days ((before)) prior to the filing of the statement((-));
- (d) Any plans or proposals that each acquiring party may have to liquidate the insurer, to sell its assets or merge or consolidate it with any person, or to make any other material change in its business or corporate structure or management $((-))_{\underline{i}}$
- any security referred to The number of shares of subsection (1) of this section ((that)) which each acquiring party proposes to acquire, the terms of the offer, request, invitation,

p. 7 SB 5717 agreement, or acquisition referred to in subsection (1) of this section, and a statement as to the method by which the fairness of the proposal was arrived at $((\cdot))$:

- (f) The amount of each class of any security referred to in subsection (1) of this section that is beneficially owned or concerning which there is a right to acquire beneficial ownership by each acquiring party((\cdot, \cdot)):
- (g) A full description of any contracts, arrangements, or understandings with respect to any security referred to in subsection (1) of this section in which ((an)) any acquiring party is involved, including but not limited to transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. The description must identify the persons with whom the contracts, arrangements, or understandings have been entered into((\cdot,\cdot)):
- (h) A description of the purchase of any security referred to in subsection (1) of this section during the twelve calendar months ((before)) preceding the filing of the statement, by an acquiring party, including the dates of purchase, names of the purchasers, and consideration paid or agreed to be paid ((for the security.));
- (i) A description of any recommendations to purchase any security referred to in subsection (1) of this section made during the twelve calendar months ((before)) preceding the filing of the statement, by an acquiring party, or by anyone based upon interviews or at the suggestion of the acquiring party((\cdot, \cdot)):
- (j) Copies of all tender offers for, requests or invitations for tenders of, exchange offers for, and agreements to acquire or exchange any securities referred to in subsection (1) of this section, and, if distributed, of additional soliciting material relating to ((the securities.)) them;
- (k) The term of an agreement, contract, or understanding made with or proposed to be made with ((a)) any broker-dealer as to solicitation or securities referred to in subsection (1) of this section for tender, and the amount of fees, commissions, or other compensation to be paid to broker-dealers with regard ((to the securities.)) thereto;
- (1) An agreement by the person required to file the statement referred to in subsection (1) of this section that it will provide

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the annual report, specified in RCW 48.31B.025(12), for so long as control exists;

- (m) An acknowledgment by the person required to file the statement referred to in subsection (1) of this section that the person and all subsidiaries within its control in the insurance holding company system will provide information to the commissioner upon request as necessary to evaluate enterprise risk to the insurer;
- (n) Such additional information as the commissioner may prescribe by rule as necessary or appropriate for the protection of policyholders of the insurer or in the public interest((-)):
- (o) If the person required to file the statement referred to in subsection (1) of this section is a partnership, limited partnership, syndicate, or other group, the commissioner may require that the information called for by (a) through $((\langle +1 \rangle))$ (n) of this subsection ((shall)) must be given with respect to each partner of the partnership or limited partnership, each member of the syndicate or group, and each person who controls a partner or member. If ((a)) any partner, member, or person is a corporation ((-,)) or the person required to file the statement referred to in subsection (1) of this section is a corporation, the commissioner may require that the information called for by (a) through (((+1))) (n) of this subsection ((shall)) must be given with respect to the corporation, each officer and director of the corporation, and each person who is directly or indirectly the beneficial owner of more than ten percent of the outstanding voting securities of the corporation ((-,))
- (p) If ((a)) any material change occurs in the facts set forth in the statement filed with the commissioner and sent to the insurer under this section, an amendment setting forth the change, together with copies of all documents and other material relevant to the change, must be filed with the commissioner and sent to the insurer within two business days after the person learns of the change.
- (3) If ((an)) any offer, request, invitation, agreement, or acquisition referred to in subsection (1) of this section is proposed to be made by means of a registration statement under the securities act of 1933 or in circumstances requiring the disclosure of similar information under the securities exchange act of 1934, or under a state law requiring similar registration or disclosure, the person required to file the statement referred to in subsection (1) of this section may ((use those)) utilize the documents in furnishing the information called for by that statement.

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1 The commissioner shall approve a merger or acquisition of control referred to in subsection (1) of this section 2 unless, after a public hearing thereon, he or she finds that: 3

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- (i) After the change of control, the domestic insurer referred to in subsection (1) of this section would not be able to satisfy the requirements for the issuance of a license to write the line or lines of insurance for which it is presently licensed;
- (ii) The effect of the merger or other acquisition of control would be substantially to lessen competition in insurance in this state or tend to create a monopoly therein. In applying the competitive standard in this subsection (4)(a)(ii) ((of this subsection)):
- (A) The informational requirements of RCW 48.31B.020(3)(a) and 13 14 the standards of RCW 48.31B.020(4)(b) apply;
- (B) The ((commissioner may not disapprove the)) merger or other 15 acquisition may not be disapproved if the commissioner finds that any situations meeting the criteria provided the RCW 48.31B.020(4)(c) exist; and
 - (C) The commissioner may condition the approval of the merger or other acquisition on the removal of the basis of disapproval within a specified period of time;
 - (iii) The financial condition of ((an)) any acquiring party is such as might jeopardize the financial stability of the insurer, or prejudice the interest of its policyholders;
 - (iv) The plans or proposals ((that)) which the acquiring party has to liquidate the insurer, sell its assets, consolidate or merge it with any person, or to make any other material change in its business or corporate structure or management, are unfair and unreasonable to policyholders of the insurer and not in the public interest;
 - (v) The competence, experience, and integrity of those persons who would control the operation of the insurer are such that it would not be in the interest of policyholders of the insurer and of the public to permit the merger or other acquisition of control; or
 - (vi) The acquisition is likely to be hazardous or prejudicial to the insurance-buying public.
 - (b) ((The commissioner shall approve an exchange or other acquisition of control referred to in this section within sixty days after he or she declares the statement filed under this section to be complete and after holding a public hearing. At the hearing, the

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person filing the statement, the insurer, and any person whose 1 significant interest is determined by the commissioner to be affected 2 may present evidence, examine and cross-examine witnesses, and offer 3 oral and written arguments and in connection therewith may conduct 4 5 discovery proceedings in the same manner as is allowed in the superior court of this state. All discovery proceedings must be 6 7 concluded not later than three days before the commencement of)) The public hearing referred to in (a) of this subsection must be held 8 within thirty days after the statement required by subsection (1) of 9 10 this section is filed, and at least twenty days' notice must be given by the commissioner to the person filing the statement. Not less than 11 seven days' notice of the public hearing must be given by the person 12 13 filing the statement to the insurer and to such other persons as may be designated by the commissioner. The commissioner must make a 14 determination within the sixty-day period preceding the effective 15 date of the proposed transaction. At the hearing, the person filing 16 17 the statement, the insurer, any person to whom notice of the hearing was sent, and any other person whose interest may be affected has the 18 right to present evidence, examine, and cross-examine witnesses, and 19 offer oral and written arguments and in connection therewith are 20 entitled to conduct discovery proceedings in the same manner as is 21 presently allowed in the superior court of this state. All discovery 22 proceedings must be concluded not later than three days prior to the 23 24 commencement of the public hearing.

approval of more than one commissioner, the public hearing referred to in (b) of this subsection may be held on a consolidated basis upon request of the person filing the statement referred to in subsection (1) of this section. Such person shall file the statement referred to in subsection of insurance commissioners within five days of making the request for a public hearing. A commissioner may opt out of a consolidated hearing, and shall provide notice to the applicant of the opt out within ten days of the receipt of the statement referred to in subsection (1) of this section. A hearing conducted on a consolidated basis shall be public and shall be held within the United States before the commissioners of the states in which the insurers are domiciled. Such commissioners shall hear and receive evidence. A commissioner may attend such hearing, in person, or by telecommunication.

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- (d) In connection with a change of control of a domestic insurer, any determination by the commissioner that the person acquiring control of the insurer shall be required to maintain or restore the capital of the insurer to the level required by the laws and rules of this state shall be made not later than sixty days after the date of notification of the change in control submitted pursuant to subsection (1)(a) of this section.
- (e) The commissioner may retain at the acquiring person's expense any attorneys, actuaries, accountants, and other experts not otherwise a part of the commissioner's staff as may be reasonably necessary to assist the commissioner in reviewing the proposed acquisition of control. ((All reasonable costs of a hearing held under this section, as determined by the commissioner, including costs associated with the commissioner's use of investigatory, professional, and other necessary personnel, mailing of required notices and other information, and use of equipment or facilities, must be paid before issuance of the commissioner's order by the acquiring person.))
 - (5) This section does not apply to:

- 20 (a) ((A)) Any transaction that is subject to RCW 48.31.010, dealing with the merger or consolidation of two or more insurers;
 - (b) An offer, request, invitation, agreement, or acquisition $((\frac{that}{)})$ which the commissioner by order $(\frac{thas}{)}$ exempted from this section as: (i) Not)) exempts as not having been made or entered into for the purpose and not having the effect of changing or influencing the control of a domestic insurer, or $((\frac{ti}{)})$ as otherwise not comprehended within the purposes of this section.
 - (6) The following are violations of this section:
 - (a) The failure to file a statement, amendment, or other material required to be filed under subsection (1) or (2) of this section; or
 - (b) The effectuation or an attempt to effectuate an acquisition of control of, <u>divestiture of</u>, or merger with, a domestic insurer unless the commissioner has given approval thereto.
 - (7) The courts of this state ((have)) are hereby vested with jurisdiction over every person not resident, domiciled, or authorized to do business in this state who files a statement with the commissioner under this section, and over all actions involving that person arising out of violations of this section, and each such person is deemed to have performed acts equivalent to and constituting an appointment by that person of the commissioner to be

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- 1 the person's true and lawful attorney upon whom may be served all
- lawful process in an action, suit, or proceeding arising out of 2
- violations of this section. Copies of all ((such)) lawful process 3
- ((shall)) <u>must</u> be served on the commissioner and transmitted by 4
- registered or certified mail by the commissioner to such person at 5
- 6 the person's last known address.

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- 7 **Sec. 4.** RCW 48.31B.020 and 1993 c 462 s 5 are each amended to read as follows: 8
- 9 The <u>following</u> definitions ((in this subsection)) apply (1)10 ((only)) for the purposes of this section $((\cdot))$ only:
- (a) "Acquisition" means ((an)) any agreement, arrangement, or activity((7)) the consummation of which results in a person acquiring 12 13 directly or indirectly the control of another person, and includes but is not limited to the acquisition of voting securities, the 14 15 acquisition of assets, bulk reinsurance, and mergers.
- 16 (b) An "involved insurer" includes an insurer which either 17 acquires or is acquired, is affiliated with an acquirer or acquired, or is the result of a merger. 18
- (2)(a) Except as exempted in (b) of this subsection, this section 19 20 applies to any acquisition in which there is a change in control of an insurer authorized to do business in this state. 21
 - (b) This section does not apply to the following:
- (i) ((An acquisition subject to approval or disapproval by the 23 24 commissioner under RCW 48.31B.015;
 - (ii))) A purchase of securities solely for investment purposes so long as the securities are not used by voting or otherwise to cause or attempt to cause the substantial lessening of competition in any insurance market in this state. If a purchase of securities results in a presumption of control under RCW $48.31B.005((\frac{2}{2}))$ (3), it is not solely for investment purposes unless the commissioner of the insurer's state of domicile accepts a disclaimer of control or affirmatively finds that control does not exist and the disclaimer action or affirmative finding is communicated by the domiciliary commissioner to the commissioner of this state;
 - (((iii))) (ii) The acquisition of a person by another person when neither person is directly nor through affiliates primarily engaged in the business of insurance, if preacquisition notification is filed with the commissioner in accordance with subsection (3)(a) of this section ((sixty)) thirty days ((before)) prior to the proposed

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- (((iv))) <u>(iii)</u> The acquisition of already affiliated persons;
- 6 $((\frac{\langle v \rangle}{\langle v \rangle}))$ (iv) An acquisition if, as an immediate result of the 7 acquisition:
- 8 (A) In no market would the combined market share of the involved 9 insurers exceed five percent of the total market;
 - (B) There would be no increase in any market share; or
 - (C) In no market would the:

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- 12 (I) ((The)) Combined market share of the involved insurers exceed 13 twelve percent of the total market; and
- 14 (II) ((The)) Market share increase by more than two percent of the total market.
 - For the purpose of this subsection (2)(b)((v)) of this subsection)) (iv), a ((w)) market ((w)) means direct written insurance premium in this state for a line of business as contained in the annual statement required to be filed by insurers licensed to do business in this state;
- $((\frac{vi}{vi}))$ <u>(v)</u> An acquisition for which a preacquisition notification would be required under this section due solely to the resulting effect on the ocean marine insurance line of business;
 - $((\frac{(\text{vii})}{}))$ <u>(vi)</u> An acquisition of an insurer whose domiciliary commissioner affirmatively finds $((\div))$ that the insurer is in failing condition $((\div))$, there is a lack of feasible alternative to improving such condition $((\div))$, and the public benefits of improving the insurer's condition through the acquisition exceed the public benefits that would arise from not lessening competition; and the findings are communicated by the domiciliary commissioner to the commissioner of this state.
 - (3) An acquisition covered by subsection (2) of this section may be subject to an order under subsection (5) of this section unless the acquiring person files a preacquisition notification and the waiting period has expired. The acquired person may file a preacquisition notification. The commissioner must give confidential treatment to information submitted under this subsection (3) in the same manner as provided in section 9 of this act.
- 39 (a) The preacquisition notification must be in such form and 40 contain such information as prescribed by the <u>national association of</u>

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- 1 <u>insurance</u> commissioners relating to those markets that, under subsection (2)(b)((v)) of this section, cause the acquisition 2 3 not to be exempted from this section. The commissioner may require such additional material and information as he or she deems necessary 4 to determine whether the proposed acquisition, if consummated, would 5 6 violate the competitive standard of subsection (4) of this section. The required information may include an opinion of an economist as to 7 the competitive impact of the acquisition in this state accompanied 8 by a summary of the education and experience of the person indicating 9 his or her ability to render an informed opinion. 10
- 11 (b) The waiting period required begins on the date of the receipt 12 by the commissioner ((declares the)) of a preacquisition notification ((to be complete)) and ends on the earlier of the ((sixtieth)) 13 thirtieth day after the date of the ((declaration)) receipt or the 14 termination of the waiting period by the commissioner. ((Before)) 15 16 Prior to the end of the waiting period, the commissioner on a one-17 time basis may require the submission of additional 18 information relevant to the proposed acquisition((. If additional 19 information is required)), in which event the waiting period ends on the ((sixtieth)) thirtieth day after ((the 20 the earlier of commissioner declares he or she has received)) receipt of the 21 22 additional information by the commissioner or the termination of the waiting period by the commissioner. 23
 - (4)(a) The commissioner may enter an order under subsection (5)(a) of this section with respect to an acquisition if there is substantial evidence that the effect of the acquisition may be substantially to lessen competition in a line of insurance in this state or tend to create a monopoly therein or if the insurer fails to file adequate information in compliance with subsection (3) of this section.

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- 31 (b) In determining whether a proposed acquisition would violate 32 the competitive standard of (a) of this subsection, the commissioner 33 shall consider the following:
 - (i) An acquisition covered under subsection (2) of this section involving two or more insurers competing in the same market is prima facie evidence of violation of the competitive standards:
- 37 (A) If the market is highly concentrated and the involved 38 insurers possess the following shares of the market:

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1	Insurer A	Insurer B
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3	4%	4% or more
4	10%	2% or more
5	15%	1% or more; or

6 (B) If the market is not highly concentrated and the involved 7 insurers possess the following shares of the market:

8	Insurer A	Insurer B
9		
10	5%	5% or more
11	10%	4% or more
12	15%	3% or more
13	19%	1% or more

A highly concentrated market is one in which the share of the four largest insurers is seventy-five percent or more of the market. Percentages not shown in the tables are interpolated proportionately to the percentages that are shown. If more than two insurers are involved, exceeding the total of the two columns in the table is prima facie evidence of violation of the competitive standard in (a) of this subsection. For the purpose of this subsection (4)(b)(i) ((efthis subsection)), the insurer with the largest share of the market is Insurer A.

(ii) There is a significant trend toward increased concentration when the aggregate market share of a grouping of the largest insurers in the market, from the two largest to the eight largest, has increased by seven percent or more of the market over a period of time extending from a base year five to ten years before the acquisition up to the time of the acquisition. An acquisition or merger covered under subsection (2) of this section involving two or more insurers competing in the same market is prima facie evidence of violation of the competitive standard in (a) of this subsection if:

(A) There is a significant trend toward increased concentration in the market;

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- 1 (B) One of the insurers involved is one of the insurers in a 2 grouping of such large insurers showing the requisite increase in the 3 market share; and
 - (C) Another involved insurer's market is two percent or more.

- 5 (iii) For the purposes of <u>this subsection (4)(b) ((of this subsection))</u>:
 - (A) ((The term)) "Insurer" includes ((a)) any company or group of companies under common management, ownership, or control;
 - (B) ((The term)) "Market" means the relevant product and geographical markets. In determining the relevant product and geographical markets, the commissioner shall give due consideration to, among other things, the definitions or guidelines, if any, adopted by the National Association of Insurance Commissioners and to information, if any, submitted by parties to the acquisition. In the absence of sufficient information to the contrary, the relevant product market is assumed to be the direct written insurance premium for a line of business, such line being that used in the annual statement required to be filed by insurers doing business in this state, and the relevant geographical market is assumed to be this state;
- 21 (C) The burden of showing prima facie evidence of violation of 22 the competitive standard rests upon the commissioner.
 - (iv) Even though an acquisition is not prima facie violative of the competitive standard under (b)(i) and (ii) of this subsection, the commissioner may establish the requisite anticompetitive effect based upon other substantial evidence. Even though an acquisition is prima facie violative of the competitive standard under (b)(i) and (ii) of this subsection, a party may establish the absence of the requisite anticompetitive effect based upon other substantial evidence. Relevant factors in making a determination under ($(\frac{b}{v})$) this subsection include, but are not limited to, the following: Market shares, volatility of ranking of market leaders, number of competitors, concentration, trend of concentration in the industry, and ease of entry and exit into the market.
- 35 (c) An order may not be entered under subsection (5)(a) of this 36 section if:
 - (i) The acquisition will yield substantial economies of scale or economies in resource use that cannot be feasibly achieved in any other way, and the public benefits that would arise from the

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- 1 economies exceed the public benefits that would arise from not 2 lessening competition; or
 - (ii) The acquisition will substantially increase the availability of insurance, and the public benefits of the increase exceed the public benefits that would arise from not lessening competition.
- 6 (5)(a)(i) If an acquisition violates the standards of this 7 section, the commissioner may enter an order:
- 8 (A) Requiring an involved insurer to cease and desist from doing 9 business in this state with respect to the line or lines of insurance 10 involved in the violation; or
- 11 (B) Denying the application of an acquired or acquiring insurer 12 for a license to do business in this state.
- 13 (ii) ((The commissioner)) Such an order may not ((enter the order)) be entered unless:
 - (A) There is a hearing;

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- 16 (B) Notice of the hearing is issued ((before)) prior to the end 17 of the waiting period and not less than fifteen days ((before)) prior 18 to the hearing; and
- 19 (C) The hearing is concluded and the order is issued no later 20 than sixty days after the ((end of the waiting period)) filing of the 21 preacquisition notification with the commissioner.
 - (iii) Every order must be accompanied by a written decision of the commissioner setting forth ((his or her)) findings of fact and conclusions of law.
 - ((iii) An order entered under (a) of this subsection may not become final earlier than thirty days after it is issued, during which time the involved insurer may submit a plan to remedy the anticompetitive impact of the acquisition within a reasonable time. Based upon the plan or other information, the commissioner shall specify the conditions, if any, under the time period during which the aspects of the acquisition causing a violation of the standards of this section would be remedied and the order vacated or modified.)
 - (iv) An order pursuant to this subsection (5)(a) ((of this subsection)) does not apply if the acquisition is not consummated.
 - (b) ((A)) Any person who violates a cease and desist order of the commissioner under (a) of this subsection and while the order is in effect, may, after notice and hearing and upon order of the commissioner, be subject at the discretion of the commissioner to one or more of the following:

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- 1 (i) A monetary ((penalty)) fine of not more than ten thousand dollars for every day of violation; or
 - (ii) Suspension or revocation of the person's license; or
 - (iii) Both (b)(i) and $((\frac{b}{b}))(ii)$ of this subsection.
- 5 (c) ((An)) Any insurer or other person who fails to make a filing 6 required by this section, and who also fails to demonstrate a good 7 faith effort to comply with the filing requirement, is subject to a 8 civil penalty of not more than fifty thousand dollars.
- 9 (6) RCW 48.31B.045 (2) and (3) and ((48.31B.050)) 48.31B.055 do 10 not apply to acquisitions covered under subsection (2) of this 11 section.
- 12 **Sec. 5.** RCW 48.31B.025 and 2000 c 214 s 1 are each amended to 13 read as follows:
 - (1) Every insurer that is authorized to do business in this state ((that)) and is a member of an insurance holding company system shall register with the commissioner, except a foreign insurer subject to registration requirements and standards adopted by statute or regulation in the jurisdiction of its domicile that are substantially similar to those contained in:
- 20 (a) This section;

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- 21 (b) RCW 48.31B.030 (1)(a), (2), and (3); and
 - (c) Either RCW 48.31B.030(1)(b) or a provision such as the following: Each registered insurer shall keep current the information required to be disclosed in its registration statement by reporting all material changes or additions within fifteen days after the end of the month in which it learns of each change or addition.
 - ((An)) Any insurer which is subject to registration under this section shall register within fifteen days after it becomes subject to registration, and annually thereafter by May ((15th)) 1st of each year for the previous calendar year, unless the commissioner for good cause shown extends the time for registration, and then within the extended time. The commissioner may require ((an)) any insurer authorized to do business in the state that is a member of a holding company system, ((but that)) and which is not subject to registration under this section, to furnish a copy of the registration statement, the summary specified in subsection (3) of this section, or other information filed by the insurance company with the insurance regulatory authority of its domiciliary jurisdiction.

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- 1 (2) ((An)) Every insurer subject to registration shall file the registration statement on a form and in a format prescribed by the 2 national association of insurance commissioners, containing the 3 following current information: 4
- (a) The capital structure, general financial condition, 5 6 ownership, and management of the insurer and any person controlling 7 the insurer;
- (b) The identity and relationship of every member of the 8 insurance holding company system; 9
- (c) The following agreements in force, and transactions currently 10 11 outstanding or that have occurred during the last calendar year 12 between the insurer and its affiliates:
- (i) Loans, other investments, or purchases, sales, or exchanges 13 14 of securities of the affiliates by the insurer or of the insurer by its affiliates; 15
 - (ii) Purchases, sales, or exchange of assets;
 - (iii) Transactions not in the ordinary course of business;
- (iv) Guarantees or undertakings for the benefit of an affiliate 18 19 that result in an actual contingent exposure of the insurer's assets to liability, other than insurance contracts entered into in the 20 21 ordinary course of the insurer's business;
- (v) All management agreements, service contracts, and cost-22 23 sharing arrangements;
 - (vi) Reinsurance agreements;

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- (vii) Dividends and other distributions to shareholders; and
- 26 (viii) Consolidated tax allocation agreements;
- 27 (d) Any pledge of the insurer's stock, including stock of subsidiary or controlling affiliate, for a loan made to a member of 28 29 the insurance holding company system;
- (e) If requested by the commissioner, the insurer must include 30 financial statements of or within an insurance holding company 31 32 system, including all affiliates. Financial statements may include but are not limited to annual audited financial statements filed with 33 the United States securities and exchange commission pursuant to the 34 securities act of 1933, as amended, or the securities exchange act of 35 36 1934, as amended. An insurer required to file financial statements pursuant to this subsection (2)(e) may satisfy the request by 37 providing the commissioner with the most recently filed parent 38
- 39 corporation financial statements that have been filed with the United
- 40 States securities and exchange commission;

p. 20 SB 5717 (f) Other matters concerning transactions between registered insurers and <u>any</u> affiliates as may be included from time to time in registration forms adopted or approved by the commissioner:

- (g) Statements that the insurer's board of directors oversees corporate governance and internal controls and that the insurer's officers or senior management have approved, implemented, and continue to maintain and monitor corporate governance and internal control procedures; and
 - (h) Any other information required by the commissioner by rule.
- (3) <u>All registration</u> statements must contain a summary outlining all items in the current registration statement representing changes from the prior registration statement.
- (4) No information need be disclosed on the registration statement filed under subsection (2) of this section if the information is not material for the purposes of this section. Unless the commissioner by rule or order provides otherwise, sales, purchases, exchanges, loans or extensions of credit, investments, or guarantees involving one-half of one percent or less of an insurer's admitted assets as of ((the 31st day of the previous)) December 31st next preceding are not deemed material for purposes of this section.
- $(5)((\frac{1}{4}))$ Subject to RCW 48.31B.030(2), each registered insurer shall report to the commissioner all dividends and other distributions to shareholders within $(\frac{1}{4})$ fifteen business days after their declaration $(\frac{1}{4})$ at least fifteen business days before payment, and shall provide the commissioner such other information as may be required by rule.
- (b) If the commissioner determines that a registered insurer's surplus as regards policyholders is not reasonable in relation to the insurer's outstanding liabilities and adequate to its financial needs, the commissioner may order the registered insurance company to limit or discontinue the payment of stockholder dividends until such time as the surplus is adequate)).
- (6) ((A)) Any person within an insurance holding company system subject to registration ((shall)) is required to provide complete and accurate information to an insurer, where the information is reasonably necessary to enable the insurer to comply with this chapter.
- 38 (7) The commissioner shall terminate the registration of an 39 insurer that demonstrates that it no longer is a member of an 40 insurance holding company system.

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(8) The commissioner may require or allow two or more affiliated insurers subject to registration under this section to file a consolidated registration statement.

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- (9) The commissioner may allow an insurer authorized to do business in this state and which is part of an insurance holding company system to register on behalf of an affiliated insurer ((that)) which is required to register under subsection (1) of this section and to file all information and material required to be filed under this section.
- (10) This section does not apply to an insurer, information, or transaction if and to the extent that the commissioner by rule or order exempts the insurer, information, or transaction from this section.
- (11) ((A)) Any person may file with the commissioner a disclaimer of affiliation with ((an)) any authorized insurer, or ((an)) any insurer or ((a)) any member of an insurance holding company system may file the disclaimer. ((The person making such a filing with the commissioner shall at the same time deliver a complete copy of the filing to each domestic insurer which is the subject of such The disclaimer must fully disclose filing.)) all material relationships and bases for affiliation between the person and the insurer as well as the basis for disclaiming the affiliation. ((After a disclaimer has been filed, the insurer is relieved of any duty to register or report under this section that may arise out of the insurer's relationship with the person unless and until the commissioner disallows the disclaimer. The commissioner shall disallow the disclaimer only after furnishing all parties in interest with notice and opportunity to be heard and after making specific findings of fact to support the disallowance.
- (12)) A disclaimer of affiliation is deemed to have been granted unless the commissioner, within thirty days following receipt of a complete disclaimer, notifies the filing party the disclaimer is disallowed. In the event of disallowance, the disclaiming party may request an administrative hearing, which shall be granted. The disclaiming party is relieved of its duty to register under this section if approval of the disclaimer has been granted by the commissioner, or if the disclaimer is deemed to have been approved.
- (12) The ultimate controlling person of every insurer subject to registration shall also file an annual enterprise risk report. The report must, to the best of the ultimate controlling person's

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- 1 knowledge and belief, identify the material risks within the
- 2 <u>insurance holding company system that could pose enterprise risk to</u>
- 3 the insurer. The report must be filed with the lead state
- 4 <u>commissioner of the insurance holding company system as determined by</u>
- 5 the procedures within the financial analysis handbook adopted by the
- 6 <u>national association of insurance commissioners.</u>
- 7 (13) The failure to file a registration statement or ((a)) any
- 8 summary of the registration statement or enterprise risk filing
- 9 required by this section within the time specified for ((the)) filing
- 10 is a violation of this section.
- 11 **Sec. 6.** RCW 48.31B.030 and 1993 c 462 s 7 are each amended to 12 read as follows:
- 13 (1)(a) Transactions within ((a)) an insurance holding company
- 14 system to which an insurer subject to registration is a party are
- 15 subject to the following standards:
- 16 (i) The terms must be fair and reasonable;
- 17 (ii) Agreements for cost-sharing services and management must
- 18 <u>include such provisions as required by rule issued by the</u>
- 19 <u>commissioner;</u>
- 20 <u>(iii)</u> Charges or fees for services performed must be fair and 21 reasonable;
- 22 $((\frac{(iii)}{)})$ <u>(iv)</u> Expenses incurred and payment received must be
- 23 allocated to the insurer in conformity with customary insurance
- 24 accounting practices consistently applied;
- 25 $((\frac{iv}{iv}))$ (v) The books, accounts, and records of each party to
- 26 all such transactions must be so maintained as to clearly and
- 27 accurately disclose the nature and details of the transactions((τ))
- 28 including such accounting information as is necessary to support the
- 29 reasonableness of the charges or fees to the respective parties; and
- 30 (((v))) The insurer's surplus regarding policyholders
- 31 ((after)) following any dividends or distributions to shareholders or
- 32 affiliates must be reasonable in relation to the insurer's
- 33 outstanding liabilities and adequate to its financial needs.
- 34 (b) The following transactions involving a domestic insurer and a
- 35 person in its <u>insurance</u> holding company system, <u>including amendments</u>
- 36 or modifications of affiliate agreements previously filed pursuant to
- 37 this section, which are subject to the materiality standards
- 38 <u>contained in this subsection (1)(b)</u>, may not be entered into unless
- 39 the insurer has notified the commissioner in writing of its intention

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- 1 to enter into the transaction ((and the commissioner declares the notice to be sufficient)) at least ((sixty)) thirty days before, or 2 such shorter period as the commissioner may permit, and the 3 commissioner has not disapproved it within that period. The notice 4 for amendments or modifications must include the reasons for the 5 6 change and the financial impact on the domestic insurer. Informal 7 notice must be reported, within thirty days after a termination of a previously filed agreement, to the commissioner for determination of 8 the type of filing required, if any: 9
- 10 (i) Sales, purchases, exchanges, loans or extensions of credit, 11 guarantees, or investments if the transactions are equal to or 12 exceed:
 - (A) With respect to nonlife insurers, the lesser of three percent of the insurer's admitted assets or twenty-five percent of surplus as regards policyholders;
 - (B) With respect to life insurers, three percent of the insurer's admitted assets; each as of ((the 31st day of the previous)) December 31st next preceding;
 - (ii) Loans or extensions of credit to any person who is not an affiliate, where the insurer makes the loans or extensions of credit with the agreement or understanding that the proceeds of the transactions, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase assets of, or to make investments in, an affiliate of the insurer making the loans or extensions of credit if the transactions are equal to or exceed:
 - (A) With respect to nonlife insurers, the lesser of three percent of the insurer's admitted assets or twenty-five percent of surplus as regards policyholders;
- 29 (B) With respect to life insurers, three percent of the insurer's admitted assets; each as of ((the 31st day of the previous)) December 31 31st next preceding;
- 32 (iii) Reinsurance agreements or modifications ((to them))
 33 <u>thereto, including:</u>
 - (A) All reinsurance pooling agreements;

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(B) Agreements in which the reinsurance premium or a change in the insurer's liabilities, or the projected reinsurance premium or a change in the insurer's liabilities in any of the next three years, equals or exceeds five percent of the insurer's surplus as regards policyholders, as of ((the 31st day of the previous)) December 31st next preceding, including those agreements that may require as

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consideration the transfer of assets from an insurer to a nonaffiliate, if an agreement or understanding exists between the insurer and nonaffiliate that any portion of the assets will be transferred to one or more affiliates of the insurer;

- (iv) All management agreements, service contracts, $\underline{\text{tax allocation}}$ agreements, $\underline{\text{guarantees}}$, and $\underline{\text{all}}$ cost-sharing arrangements; (($\underline{\text{and}}$))
- (v) Guarantees when made by a domestic insurer. However, a guarantee which is quantifiable as to amount is not subject to the notice requirements of this subsection (1)(b)(v) unless it exceeds the lesser of one-half of one percent of the insurer's admitted assets or ten percent of surplus as regards policyholders as of December 31st next preceding. Further, all guarantees which are not quantifiable as to amount are subject to the notice requirements of this subsection (1)(b)(v);
- (vi) Direct or indirect acquisitions or investments in a person that controls the insurer or in an affiliate of the insurer in an amount which, together with its present holdings in such investments, exceeds two and one-half percent of the insurer's surplus to policyholders. Direct or indirect acquisitions or investments in subsidiaries acquired according to RCW 48.31B.010 or authorized according to chapter 48.13 RCW, or in nonsubsidiary insurance affiliates that are subject to this chapter, are exempt from this requirement; and
- $\underline{\text{(vii)}}$ Any material transactions, specified by rule, $\underline{\text{((that))}}$ which the commissioner determines may adversely affect the interests of the insurer's policyholders.
- ((Nothing contained in this section authorizes or permits a))

 This subsection does not authorize or permit any transaction ((that))

 which, in the case of an insurer not a member of the same insurance
 holding company system, would be otherwise contrary to law.
- (c) A domestic insurer may not enter into transactions ((that)) which are part of a plan or series of like transactions with persons within the <u>insurance</u> holding company system if the purpose of those separate transactions is to avoid the statutory threshold amount and thus avoid the review that would occur otherwise. If the commissioner determines that the separate transactions were entered into over ((a)) <u>any</u> twelve-month period for that purpose, the commissioner may ((apply for an order as described in)) exercise his or her authority under RCW 48.318.045(((1))).

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(d) The commissioner, in reviewing transactions under (b) of this subsection, ((shall)) <u>must</u> consider whether the transactions comply with the standards set forth in (a) of this subsection and whether they may adversely affect the interests of policyholders.

- 5 (e) The commissioner ((shall)) <u>must</u> be notified within thirty 6 days of an investment of the domestic insurer in any one corporation 7 if the total investment in the corporation by the insurance holding 8 company system exceeds ten percent of the corporation's voting 9 securities.
 - (2)(a) ((Ne)) <u>A</u> domestic insurer ((may)) <u>shall not</u> pay an extraordinary dividend or make any other extraordinary distribution to its shareholders until((\div (i))) <u>thirty</u> days after the commissioner declares that he or she has received ((sufficient)) notice of the declaration thereof and has not within that period disapproved the payment((\div)), or (((ii))) <u>until</u> the commissioner has approved the payment within the thirty-day period.
 - (b) For purposes of this section, an extraordinary dividend or distribution is ((a)) any dividend or distribution of cash or other property, whose fair market value $((\tau))$ together with that of other dividends or distributions made within the ((period of)) preceding twelve ((consecutive)) months ((ending on the date on which the proposed dividend is scheduled for payment or distribution,)) exceeds the ((greater)) lesser of:
 - (i) Ten percent of the ((company's)) <u>insurer's</u> surplus as regards policyholders <u>or net worth</u> as of ((the <u>31st day of the previous</u>)) December <u>next preceding</u>; or
 - (ii) The net gain from operations of the ((company)) insurer, if the ((company)) insurer is a life insurance company, or the net income if the company is not a life insurance company, not including realized capital gains for the twelve month period ending ((the 31st day of the previous)) December next preceding, but does not include pro rata distributions of any class of the ((company's)) insurer's own securities.
 - (c) In determining whether a dividend or distribution is extraordinary, an insurer other than a life insurer may carry forward net income from the previous two calendar years that has not already been paid out as dividends. This carry forward provision must be computed by taking the net income from the second and third preceding calendar years, not including realized capital gains, less dividends paid in the second and immediate preceding calendar years.

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- (d) Notwithstanding any other provision of law, an insurer may declare an extraordinary dividend or distribution that is conditional upon the commissioner's approval. The declaration confers no rights upon shareholders until: (i) The commissioner has approved the payment of the dividend or distribution; or (ii) the commissioner has not disapproved the payment within the thirty-day period referred to in (a) of this subsection.
- (3) For purposes of this chapter, in determining whether an insurer's surplus as regards policyholders is reasonable in relation the insurer's outstanding liabilities and adequate to financial needs, the following factors, among others, ((may)) must be considered:
- (a) The size of the insurer as measured by its assets, capital 13 14 and surplus, reserves, premium writings, insurance in force, and other appropriate criteria; 15
- 16 (b) The extent to which the insurer's business is diversified among ((the)) several lines of insurance; 17
 - (c) The number and size of risks insured in each line of business;
- 20 (d) The extent of the geographical dispersion of the insurer's 21 insured risks;
 - (e) The nature and extent of the insurer's reinsurance program;
- (f) The quality, diversification, and liquidity of the insurer's 23 investment portfolio; 24
 - (q) The recent past and projected future trend in the size of the insurer's surplus as regards policyholders;
- (h) The surplus as regards policyholders maintained by other 27 28 comparable insurers;
 - (i) The adequacy of the insurer's reserves; and
 - (j) The quality and liquidity of investments in affiliates. The commissioner may ((discount)) treat any such investment ((or may treat any such investment)) as a disallowed asset for purposes of determining the adequacy of surplus as regards policyholders whenever in ((his or her)) the judgment of the commissioner the investment so warrants((; and
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- 36 (k) The quality of the insurer's earnings and the extent to which the reported earnings include extraordinary items)). 37
- (4)(a) Notwithstanding the control of a domestic insurer by any 38 39 person, the officers and directors of the insurer are not thereby 40 relieved of any obligation or liability to which they would otherwise

p. 27 SB 5717 be subject by law, and the insurer must be managed so as to assure its separate operating identity consistent with this title.

- (b) This section does not preclude a domestic insurer from having or sharing a common management or cooperative or joint use of personnel, property, or services with one or more other persons under arrangements meeting the standards of subsection (1)(a) of this section.
- (c) At least one-third of a domestic insurer's directors and at least one-third of the members of each committee of the insurer's board of directors must be persons who are not: (i) Officers or employees of the insurer or of any entity that controls, is controlled by, or is under common control with the insurer; or (ii) beneficial owners of a controlling interest in the voting securities of the insurer or of any such entity. A quorum for transacting business at a meeting of the insurer's board of directors or any committee of the board of directors must include at least one such person.
 - (d) The board of directors of a domestic insurer shall establish one or more committees comprised solely of directors who are not officers or employees of the insurer or of any entity controlling, controlled by, or under common control with the insurer and who are not beneficial owners of a controlling interest in the voting stock of the insurer or any such entity. The committee or committees have responsibility for nominating candidates for director for election by shareholders or policyholders, evaluating the performance of officers deemed to be principal officers of the insurer, and recommending to the board of directors the selection and compensation of the principal officers.
 - (e) The provisions of (c) and (d) of this subsection do not apply to a domestic insurer if the person controlling the insurer, such as an insurer, a mutual holding company, or publicly held corporation, has a board of directors and committees thereof that meet the requirements of (c) and (d) of this subsection with respect to such controlling entity.
- (f) An insurer may make application to the commissioner for a waiver from the requirements of this subsection, if the insurer's annual direct written and assumed premium, excluding premiums reinsured with the federal crop insurance corporation and federal flood program, is less than three hundred million dollars. An insurer may also make application to the commissioner for a waiver from the

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- 1 requirements of this subsection based upon unique circumstances. The
- 2 commissioner may consider various factors including, but not limited
- 3 to, the type of business entity, volume of business written,
- 4 availability of qualified board members, or the ownership or
- 5 organizational structure of the entity.

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- 6 **Sec. 7.** RCW 48.31B.035 and 1993 c 462 s 8 are each amended to 7 read as follows:
- (1) Subject to the limitation contained in this section and in 8 9 addition to the powers that the commissioner has under chapter 48.03 RCW relating to the examination of insurers, the commissioner ((also 10 11 may order an insurer registered under RCW 48.31B.025 to produce such records, books, or other information papers in the possession of the 12 insurer or its affiliates as are reasonably necessary to ascertain 13 14 the financial condition of the insurer or to determine compliance 15 with this title. If the insurer fails to comply with the order, the 16 commissioner may examine the affiliates to obtain the information)) has the power to examine any insurer registered under RCW 48.31B.025 17 and its affiliates to ascertain the financial condition of the 18 insurer, including the enterprise risk to the insurer by the ultimate 19 controlling party, or by any entity or combination of entities within 20 the insurance holding company system, or by the insurance holding 21 22 company system on a consolidated basis.
 - (2)(a) The commissioner may order any insurer registered under RCW 48.31B.025 to produce such records, books, papers, or other information in the possession of the insurer or its affiliates as are reasonably necessary to determine compliance with this title.
 - (b) To determine compliance with this title, the commissioner may order any insurer registered under RCW 48.31B.025 to produce information not in the possession of the insurer if the insurer can obtain access to such information pursuant to contractual relationships, statutory obligations, or other method. In the event the insurer cannot obtain the information requested by the commissioner, the insurer shall provide the commissioner a detailed explanation of the reason that the insurer cannot obtain the information and the identity of the holder of information. Whenever it appears to the commissioner that the detailed explanation is without merit, the commissioner may require, after notice and hearing, the insurer to pay a fine of ten thousand dollars for each day's delay, or may suspend or revoke the insurer's license. The

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commissioner shall transfer the fine collected under this section to the state treasurer for deposit into the general fund.

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- (3) The commissioner may retain at the registered insurer's expense such attorneys, actuaries, accountants, and other experts not otherwise a part of the commissioner's staff as are reasonably necessary to assist in the conduct of the examination under subsection (1) of this section. Any persons so retained are under the direction and control of the commissioner and shall act in a purely advisory capacity.
- $((\frac{3}{3}))$ (4) Notwithstanding the provisions under RCW 48.03.060, each registered insurer producing for examination records, books, and papers under subsection (1) of this section $(\frac{are}{are})$ is liable for and $(\frac{shall}{are})$ must pay the expense of the examination $(\frac{in}{are})$ with RCW 48.03.060).
 - (5) In the event the insurer fails to comply with an order, the commissioner has the power to examine the affiliates to obtain the information. The commissioner also has the power to issue subpoenas, to administer oaths, and to examine under oath any person for purposes of determining compliance with this section. Upon the failure or refusal of any person to obey a subpoena, the commissioner may petition a court of competent jurisdiction, and upon proper showing, the court may enter an order compelling the witness to appear and testify or produce documentary evidence. Failure to obey the court order is punishable as contempt of court. Every person is required to attend as a witness at the place specified in the subpoena, when subpoenaed, anywhere within the state. Every person is entitled to the same fees and mileage, if claimed, as a witness as provided in RCW 48.03.070. The fees, mileage, and other actual expenses, if any, necessarily incurred in securing the attendance of witnesses, and their testimony, must be itemized and charged against, and be paid by, the company being examined.
- NEW SECTION. Sec. 8. A new section is added to chapter 48.31B RCW to read as follows:
 - (1) With respect to any insurer registered under RCW 48.31B.025, and in accordance with subsection (3) of this section, the commissioner has the power to participate in a supervisory college for any domestic insurer that is part of an insurance holding company system with international operations in order to determine compliance by the insurer with this title. The powers of the commissioner with

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respect to supervisory colleges include, but are not limited to, the following:

- (a) Initiating the establishment of a supervisory college;
- (b) Clarifying the membership and participation of other supervisors in the supervisory college;
- (c) Clarifying the functions of the supervisory college and the role of other regulators, including the establishment of a group-wide supervisor;
- 9 (d) Coordinating the ongoing activities of the supervisory 10 college, including planning meetings, supervisory activities, and 11 processes for information sharing; and
 - (e) Establishing a crisis management plan.

- (2) Each registered insurer subject to this section is liable for and must pay the reasonable expenses of the commissioner's participation in a supervisory college in accordance with subsection (3) of this section, including reasonable travel expenses. For purposes of this section, a supervisory college may be convened as either a temporary or permanent forum for communication and cooperation between the regulators charged with the supervision of the insurer or its affiliates, and the commissioner may establish a regular assessment to the insurer for the payment of these expenses.
- (3) In order to assess the business strategy, financial position, legal and regulatory position, risk exposure, risk management, and governance processes, and as part of the examination of individual insurers in accordance with RCW 48.31B.035, the commissioner may participate in a supervisory college with other regulators charged with supervision of the insurer or its affiliates, including other state, federal, and international regulatory agencies. The commissioner may enter into agreements in accordance with section 9(3) of this act providing the basis for cooperation between the commissioner and the other regulatory agencies, and the activities of the supervisory college. This section does not delegate to the supervisory college the authority of the commissioner to regulate or supervise the insurer or its affiliates within its jurisdiction.
- NEW SECTION. Sec. 9. A new section is added to chapter 48.31B RCW to read as follows:
- 37 (1) Documents, materials, or other information in the possession 38 or control of the commissioner that are obtained by or disclosed to 39 the commissioner or any other person in the course of an examination

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or investigation made pursuant to RCW 48.31B.035 and all information reported pursuant to RCW 48.31B.015(2) (1) and (m), 48.31B.025, and 48.31B.030 are confidential by law and privileged, are not subject to chapter 42.56 RCW, are not subject to subpoena, and are not subject to discovery or admissible in evidence in any private civil action. However, the commissioner is authorized to use the documents, materials, or other information in the furtherance of any regulatory or legal action brought as a part of the commissioner's official duties. The commissioner shall not otherwise make the documents, materials, or other information public without the prior written consent of the insurer to which it pertains unless the commissioner, after giving the insurer and its affiliates who would be affected thereby, notice and opportunity to be heard, determines that the interest of policyholders, shareholders, or the public is served by the publication thereof, in which event the commissioner may publish all or any part in such manner as may be deemed appropriate.

(2) Neither the commissioner nor any person who received documents, materials, or other information while acting under the authority of the commissioner or with whom such documents, materials, or other information are shared pursuant to this chapter is permitted or may be required to testify in any private civil action concerning any confidential documents, materials, or information subject to subsection (1) of this section.

- 24 (3) In order to assist in the performance of the commissioner's duties, the commissioner:
 - (a) May share documents, materials, or other information, including the confidential and privileged documents, materials, or information subject to subsection (1) of this section, with other state, federal, and international regulatory agencies, with the national association of insurance commissioners and its affiliates and subsidiaries, and with state, federal, and international law enforcement authorities, including members of any supervisory college described in section 8 of this act, provided the recipient agrees in writing to maintain the confidentiality and privileged status of the document, material, or other information, and has verified in writing the legal authority to maintain confidentiality;
 - (b) Notwithstanding (a) of this subsection, may only share confidential and privileged documents, material, or information reported pursuant to RCW 48.31B.025(12) with commissioners of states having statutes or rules substantially similar to subsection (1) of

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this section and who have agreed in writing not to disclose such information;

- (c) May receive documents, materials, or information, including otherwise confidential and privileged documents, materials, or information from the national association of insurance commissioners and its affiliates and subsidiaries, and from regulatory and law enforcement officials of other foreign or domestic jurisdictions, and shall maintain as confidential or privileged any document, material, or 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 document, material, or information; and
- (d) Shall enter into written agreements with the national association of insurance commissioners governing sharing and use of information provided pursuant to this chapter consistent with this subsection that shall:
- (i) Specify procedures and protocols regarding the confidentiality and security of information shared with the national association of insurance commissioners and its affiliates and subsidiaries pursuant to this chapter, including procedures and protocols for sharing by the national association of insurance commissioners with other state, federal, or international regulators;
- (ii) Specify that ownership of information shared with the national association of insurance commissioners and its affiliates and subsidiaries pursuant to this chapter remains with the commissioner and the national association of insurance commissioners' use of the information is subject to the direction of the commissioner;
- (iii) Require prompt notice to be given to an insurer whose confidential information in the possession of the national association of insurance commissioners pursuant to this chapter is subject to a request or subpoena to the national association of insurance commissioners for disclosure or production; and
- (iv) Require the national association of insurance commissioners and its affiliates and subsidiaries to consent to intervention by an insurer in any judicial or administrative action in which the national association of insurance commissioners and its affiliates and subsidiaries may be required to disclose confidential information about the insurer shared with the national association of insurance commissioners and its affiliates and subsidiaries pursuant to this chapter.

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- 1 (4) The sharing of information by the commissioner pursuant to 2 this chapter does not constitute a delegation of regulatory authority 3 or rule making, and the commissioner is solely responsible for the 4 administration, execution, and enforcement of this chapter.
- 5 (5) No waiver of any applicable privilege or claim of 6 confidentiality in the documents, materials, or information shall 7 occur as a result of disclosure to the commissioner under this 8 section or as a result of sharing as authorized in subsection (3) of 9 this section.
- 10 (6) Documents, materials, or other information in the possession 11 or control of the national association of insurance commissioners 12 pursuant to this chapter are confidential by law and privileged, are 13 not subject to chapter 42.56 RCW, are not subject to subpoena, and 14 are not subject to discovery or admissible in evidence in any private 15 civil action.
- 16 **Sec. 10.** RCW 48.31B.040 and 1993 c 462 s 9 are each amended to read as follows:
- The commissioner may, ((upon notice and opportunity for all interested persons to be heard, adopt rules and issue orders that are necessary to carry out)) in accordance with the administrative procedure act, chapter 34.05 RCW, adopt rules interpreting and implementing this chapter.
- 23 **Sec. 11.** RCW 48.31B.050 and 1993 c 462 s 11 are each amended to 24 read as follows:

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- (1) The commissioner shall require, after notice and hearing, an insurer failing, without just cause, to file a registration statement as required in this chapter, to pay a ((penalty)) fine of not more than ten thousand dollars per day. The maximum ((penalty)) fine under this section is one million dollars. The commissioner may reduce the ((penalty)) fine if the insurer demonstrates to the commissioner that the imposition of the ((penalty)) fine would constitute a financial hardship to the insurer. The commissioner shall pay a fine collected under this section to the state treasurer for the account of the general fund.
- (2) Every director or officer of an insurance holding company system who knowingly violates this chapter, or participates in, or assents to, or who knowingly permits an officer or agent of the insurer to engage in transactions or make investments that have not

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been properly reported or submitted under RCW 48.31B.025(1) 48.31B.030(1)(b) or (2), or that violate this chapter, shall pay, in their individual capacity, a ((civil forfeiture)) fine of not more than ten thousand dollars per violation, after notice and hearing before the commissioner. In determining the amount of the ((civil forfeiture)) fine, the commissioner shall take into account the appropriateness of the forfeiture with respect to the gravity of the violation, the history of previous violations, and such other matters as justice may require.

- (3) Whenever it appears to the commissioner that an insurer subject to this chapter or a director, officer, employee, or agent of the insurer has engaged in a transaction or entered into a contract that is subject to RCW 48.31B.030 and that 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. After notice and hearing the commissioner may also order the insurer to void any such contracts and restore the status quo if that action is in the best interest of the policyholders, creditors, or the public.
- (4) Whenever it appears to the commissioner that an insurer or a director, officer, employee, or agent of the insurer has committed a willful violation of this chapter, the commissioner may refer the matter to the prosecuting attorney of Thurston county or the county in which the principal office of the insurer is located. An insurer that willfully violates this chapter may be fined not more than one million dollars. Any individual who willfully violates this chapter may be fined in his or her individual capacity not more than ten thousand dollars, or be imprisoned for not more than three years, or both.
- (5) An officer, director, or employee of an insurance holding company system who willfully and knowingly subscribes to or makes or causes to be made a false statement or false report or false filing with the intent to deceive the commissioner in the performance of his or her duties under this chapter, upon conviction thereof, shall be imprisoned for not more than three years or fined not more than ten thousand dollars or both. The officer, director, or employee upon whom the fine is imposed shall pay the fine in his or her individual capacity.
- (6) Whenever it appears to the commissioner that any person has committed a violation of RCW 48.31B.015 and which prevents the full

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- 1 understanding of the enterprise risk to the insurer by affiliates or
- 2 by the insurance holding company system, the violation may serve as
- 3 an independent basis for disapproving dividends or distributions and
- 4 for placing the insurer under an order of supervision in accordance
- 5 with RCW 48.31.400.

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- 6 **Sec. 12.** RCW 48.31B.070 and 1993 c 462 s 15 are each amended to read as follows:
- 8 (1) A person aggrieved by an act, determination, rule, order, or 9 any other action of the commissioner under this chapter may proceed 10 in accordance with the <u>administrative procedure act</u>, chapter 34.05 11 RCW.
- (2) A person aggrieved by a failure of the commissioner to act or make a determination required by this chapter may petition the commissioner under the procedure described in ((RCW 34.05.330)) the administrative procedure act, chapter 34.05 RCW.
- 16 **Sec. 13.** RCW 42.56.400 and 2013 c 277 s 5 and 2013 c 65 s 5 are each reenacted and amended to read as follows:
- The following information relating to insurance and financial institutions is exempt from disclosure under this chapter:
 - (1) Records maintained by the board of industrial insurance appeals that are related to appeals of crime victims' compensation claims filed with the board under RCW 7.68.110;
 - (2) Information obtained and exempted or withheld from public inspection by the health care authority under RCW 41.05.026, whether retained by the authority, transferred to another state purchased health care program by the authority, or transferred by the authority to a technical review committee created to facilitate the development, acquisition, or implementation of state purchased health care under chapter 41.05 RCW;
- 30 (3) The names and individual identification data of either all 31 owners or all insureds, or both, received by the insurance 32 commissioner under chapter 48.102 RCW;
 - (4) Information provided under RCW 48.30A.045 through 48.30A.060;
- 34 (5) Information provided under RCW 48.05.510 through 48.05.535,
- 35 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and
- 36 48.46.600 through 48.46.625;
- 37 (6) Examination reports and information obtained by the 38 department of financial institutions from banks under RCW

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- 1 ((30.04.075)) 30A.04.075, from savings banks under RCW 32.04.220,
- 2 from savings and loan associations under RCW 33.04.110, from credit
- 3 unions under RCW 31.12.565, from check cashers and sellers under RCW
- 4 31.45.030(3), and from securities brokers and investment advisers
- 5 under RCW 21.20.100, all of which is confidential and privileged
- 6 information;
- 7 (7) Information provided to the insurance commissioner under RCW 8 48.110.040(3);
- 9 (8) Documents, materials, or information obtained by the 10 insurance commissioner under RCW 48.02.065, all of which are 11 confidential and privileged;
- (9) ((Confidential proprietary and trade secret information provided to the commissioner under RCW 48.31C.020 through 48.31C.050 and 48.31C.070)) Documents, materials, or information obtained by the insurance commissioner under RCW 48.31B.015(2) (1) and (m), 48.31B.025, 48.31B.030, and 48.31B.035, all of which are confidential and privileged;
- 18 (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and 19 7.70.140 that, alone or in combination with any other data, may 20 reveal the identity of a claimant, health care provider, health care 21 facility, insuring entity, or self-insurer involved in a particular 22 claim or a collection of claims. For the purposes of this subsection:
- 23 (a) "Claimant" has the same meaning as in RCW 48.140.010(2).
- 24 (b) "Health care facility" has the same meaning as in RCW 25 48.140.010(6).
- 26 (c) "Health care provider" has the same meaning as in RCW 48.140.010(7).
- 28 (d) "Insuring entity" has the same meaning as in RCW 48.140.010(8).
- 30 (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);
- 31 (11) Documents, materials, or information obtained by the 32 insurance commissioner under RCW 48.135.060;
- 33 (12) Documents, materials, or information obtained by the 34 insurance commissioner under RCW 48.37.060;
- 35 (13) Confidential and privileged documents obtained or produced 36 by the insurance commissioner and identified in RCW 48.37.080;
- 37 (14) Documents, materials, or information obtained by the 38 insurance commissioner under RCW 48.37.140;
- 39 (15) Documents, materials, or information obtained by the 40 insurance commissioner under RCW 48.17.595;

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- 1 (16) Documents, materials, or information obtained by the 2 insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and 3 (7)(a)(ii);
- (17) Documents, materials, or information obtained by the 4 insurance commissioner in the commissioner's capacity as receiver 5 б under RCW 48.31.025 and 48.99.017, which are records under the jurisdiction and control of the receivership court. The commissioner 7 is not required to search for, log, produce, or otherwise comply with 8 the public records act for any records that the commissioner obtains 9 under chapters 48.31 and 48.99 RCW in the commissioner's capacity as 10 11 a receiver, except as directed by the receivership court;
- 12 (18) Documents, materials, or information obtained by the 13 insurance commissioner under RCW 48.13.151;
- 14 (19) Data, information, and documents provided by a carrier 15 pursuant to section 1, chapter 172, Laws of 2010;
- 16 (20) Information in a filing of usage-based insurance about the 17 usage-based component of the rate pursuant to RCW 48.19.040(5)(b);
- 18 (21) Data, information, and documents, other than those described 19 in RCW 48.02.210(2), that are submitted to the office of the 20 insurance commissioner by an entity providing health care coverage 21 pursuant to RCW 28A.400.275 and 48.02.210; ((and))
- 22 (22) Data, information, and documents obtained by the insurance 23 commissioner under RCW 48.29.017; and
- 24 (23) Information not subject to public inspection or public 25 disclosure under RCW 48.43.730(5).
- 26 **Sec. 14.** RCW 42.56.400 and 2013 c 65 s 5 are each amended to 27 read as follows:
- The following information relating to insurance and financial institutions is exempt from disclosure under this chapter:
- 30 (1) Records maintained by the board of industrial insurance 31 appeals that are related to appeals of crime victims' compensation 32 claims filed with the board under RCW 7.68.110;
- 33 (2) Information obtained and exempted or withheld from public 34 inspection by the health care authority under RCW 41.05.026, whether 35 retained by the authority, transferred to another state purchased 36 health care program by the authority, or transferred by the authority 37 to a technical review committee created to facilitate the 38 development, acquisition, or implementation of state purchased health 39 care under chapter 41.05 RCW;

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1 (3) The names and individual identification data of either all 2 owners or all insureds, or both, received by the insurance 3 commissioner under chapter 48.102 RCW;

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- (4) Information provided under RCW 48.30A.045 through 48.30A.060;
- 5 (5) Information provided under RCW 48.05.510 through 48.05.535, 6 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and 7 48.46.600 through 48.46.625;
- (6) Examination reports and information obtained by 8 the department of financial institutions from banks 9 under RCW ((30.04.075)) 30A.04.075, from savings banks under RCW 32.04.220, 10 11 from savings and loan associations under RCW 33.04.110, from credit unions under RCW 31.12.565, from check cashers and sellers under RCW 12 31.45.030(3), and from securities brokers and investment advisers 13 under RCW 21.20.100, all of which is confidential and privileged 14 15 information;
- 16 (7) Information provided to the insurance commissioner under RCW 17 48.110.040(3);
- 18 (8) Documents, materials, or information obtained by the 19 insurance commissioner under RCW 48.02.065, all of which are 20 confidential and privileged;
 - (9) ((Confidential proprietary and trade secret information provided to the commissioner under RCW 48.31C.020 through 48.31C.050 and 48.31C.070)) Documents, materials, or information obtained by the insurance commissioner under RCW 48.31B.015(2) (1) and (m), 48.31B.025, 48.31B.030, and 48.31B.035, all of which are confidential and privileged;
 - (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and 7.70.140 that, alone or in combination with any other data, may reveal the identity of a claimant, health care provider, health care facility, insuring entity, or self-insurer involved in a particular claim or a collection of claims. For the purposes of this subsection:
 - (a) "Claimant" has the same meaning as in RCW 48.140.010(2).
- 33 (b) "Health care facility" has the same meaning as in RCW 48.140.010(6).
- 35 (c) "Health care provider" has the same meaning as in RCW 48.140.010(7).
- 37 (d) "Insuring entity" has the same meaning as in RCW 48.140.010(8).
- 39 (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);

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- 1 (11) Documents, materials, or information obtained by the 2 insurance commissioner under RCW 48.135.060;
- 3 (12) Documents, materials, or information obtained by the 4 insurance commissioner under RCW 48.37.060;
- 5 (13) Confidential and privileged documents obtained or produced 6 by the insurance commissioner and identified in RCW 48.37.080;
- 7 (14) Documents, materials, or information obtained by the 8 insurance commissioner under RCW 48.37.140;
- 9 (15) Documents, materials, or information obtained by the 10 insurance commissioner under RCW 48.17.595;
- 11 (16) Documents, materials, or information obtained by the 12 insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and 13 (7)(a)(ii);
- 14 (17) Documents, materials, or information obtained by the insurance commissioner in the commissioner's capacity as receiver 15 16 under RCW 48.31.025 and 48.99.017, which are records under the 17 jurisdiction and control of the receivership court. The commissioner is not required to search for, log, produce, or otherwise comply with 18 the public records act for any records that the commissioner obtains 19 under chapters 48.31 and 48.99 RCW in the commissioner's capacity as 20 21 a receiver, except as directed by the receivership court;
- 22 (18) Documents, materials, or information obtained by the 23 insurance commissioner under RCW 48.13.151;
- 24 (19) Data, information, and documents provided by a carrier 25 pursuant to section 1, chapter 172, Laws of 2010;
- 26 (20) Information in a filing of usage-based insurance about the usage-based component of the rate pursuant to RCW 48.19.040(5)(b);
- (21) Data, information, and documents, other than those described in RCW 48.02.210(2), that are submitted to the office of the insurance commissioner by an entity providing health care coverage pursuant to RCW 28A.400.275 and 48.02.210; and
- 32 (22) Data, information, and documents obtained by the insurance 33 commissioner under RCW 48.29.017.
- 34 **Sec. 15.** RCW 48.02.065 and 2007 c 126 s 1 are each amended to 35 read as follows:
- 36 (1) Documents, materials, or other information as described in 37 either subsection (5) or (6), or both, of this section are 38 confidential by law and privileged, are not subject to public 39 disclosure under chapter 42.56 RCW, and are not subject to subpoena

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- directed to the commissioner or any person who received documents, materials, or other information while acting under the authority of the commissioner. The commissioner is authorized to use such documents, materials, or other information in the furtherance of any regulatory or legal action brought as a part of the commissioner's official duties. The confidentiality and privilege created by this section and RCW $42.56.400((\frac{9}{}))$ (8) applies only the commissioner, any person acting under the authority of the commissioner, the national association of insurance commissioners and its affiliates and subsidiaries, regulatory and law enforcement officials of other states and nations, the federal government, and international authorities.
 - (2) Neither the commissioner nor any person who received documents, materials, or other information while acting under the authority of the commissioner is permitted or required to testify in any private civil action concerning any confidential and privileged documents, materials, or information subject to subsection (1) of this section.
 - (3) The commissioner:

- (a) May share documents, materials, or other information, including the confidential and privileged documents, materials, or information subject to subsection (1) of this section, with (i) the national association of insurance commissioners and its affiliates and subsidiaries, and (ii) regulatory and law enforcement officials of other states and nations, the federal government, and international authorities, if the recipient agrees to maintain the confidentiality and privileged status of the document, material, or other information;
 - (b) May receive documents, materials, or information, including otherwise either confidential or privileged, or both, documents, materials, or information, from (i) the national association of insurance commissioners and its affiliates and subsidiaries, and (ii) regulatory and law enforcement officials of other states and nations, the federal government, and international authorities and shall maintain as confidential and privileged any document, material, or information received that is either confidential or privileged, or both, under the laws of the jurisdiction that is the source of the document, material, or information; and
- 39 (c) May enter into agreements governing the sharing and use of 40 information consistent with this subsection.

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(4) No waiver of an existing privilege or claim of confidentiality in the documents, materials, or information may occur as a result of disclosure to the commissioner under this section or as a result of sharing as authorized in subsection (3) of this section.

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- (5) Documents, materials, or information, which is either confidential or privileged, or both, which has been provided to the commissioner by (a) the national association of insurance commissioners and its affiliates and subsidiaries, (b) regulatory or law enforcement officials of other states and nations, the federal government, or international authorities, or (c) agencies of this state, is confidential and privileged only if the documents, materials, or information is protected from disclosure by the applicable laws of the jurisdiction that is the source of the document, material, or information.
- (6) Working papers, documents, materials, or information produced by, obtained by, or disclosed to the commissioner or any other person in the course of a financial or market conduct examination, or in the course of financial analysis or market conduct desk audit, are not required to be disclosed by the commissioner unless cited by the commissioner in connection with an agency action as defined in RCW 34.05.010(3). The commissioner shall notify a party that produced the documents, materials, or information five business days before disclosure in connection with an agency action. The notified party may seek injunctive relief in any Washington state superior court to prevent disclosure of any documents, materials, or information it believes is confidential or privileged. In civil actions between private parties or in criminal actions, disclosure to the commissioner under this section does not create any privilege or claim of confidentiality or waive any existing privilege or claim of confidentiality.
- (7)(a) After receipt of a public disclosure request, the commissioner shall disclose the documents, materials, or information under subsection (6) of this section that relate to a financial or market conduct examination undertaken as a result of a proposed change of control of a nonprofit or mutual health insurer governed in whole or in part by chapter 48.31B ((or 48.31C)) RCW.
- 38 (b) The commissioner is not required to disclose the documents, 39 materials, or information in (a) of this subsection if:

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1 (i) The documents, materials, or information are otherwise 2 privileged or exempted from public disclosure; or

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- (ii) The commissioner finds that the public interest in disclosure of the documents, materials, or information is outweighed by the public interest in nondisclosure in that particular instance.
- (8) Any person may petition a Washington state superior court to allow inspection of information exempt from public disclosure under subsection (6) of this section when the information is connected to allegations of negligence or malfeasance by the commissioner related to a financial or market conduct examination. The court shall conduct an in-camera review after notifying the commissioner and every party that produced the information. The court may order the commissioner to allow the petitioner to have access to the information provided the petitioner maintains the confidentiality of the information. The petitioner must not disclose the information to any other person, except upon further order of the court. After conducting a regular hearing, the court may order that the information can be disclosed publicly if the court finds that there is a public interest in the disclosure of the information and the exemption of the information from public disclosure is clearly unnecessary to protect any individual's right of privacy or any vital governmental function.

22 **Sec. 16.** RCW 48.13.061 and 2011 c 188 s 7 are each amended to 23 read as follows:

The following classes of investments may be counted for the purposes specified in RCW 48.13.101, whether they are made directly or as a participant in a partnership, joint venture, or limited liability company. Investments in partnerships, joint ventures, and limited liability companies are authorized investments only pursuant to subsection (12) of this section:

- (1) Cash in the direct possession of the insurer or on deposit with a financial institution regulated by any federal or state agency of the United States;
- (2) Bonds, debt-like preferred stock, and other evidences of indebtedness of governmental units in the United States or Canada, or the instrumentalities of the governmental units, or private business entities domiciled in the United States or Canada, including assetbacked securities and securities valuation office listed mutual funds;

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- (3) Loans secured by first mortgages, first trust deeds, or other first security interests in real property located in the United States or Canada or secured by insurance against default issued by a government insurance corporation of the United States or Canada or by an insurer authorized to do business in this state;
- (4) Common stock or equity-like preferred stock or equity interests in any United States or Canadian business entity, or shares of mutual funds registered with the securities and exchange commission of the United States under the investment company act of 1940, other than securities valuation office listed mutual funds, and, subsidiaries, as defined in RCW 48.31B.005 ((or 48.31C.010)), engaged exclusively in the following businesses:
- 13 (a) Acting as an insurance producer, surplus line broker, or 14 title insurance agent for its parent or for any of its parent's 15 insurer subsidiaries or affiliates;
 - (b) Investing, reinvesting, or trading in securities or acting as a securities broker or dealer for its own account, that of its parent, any subsidiary of its parent, or any affiliate or subsidiary;
 - (c) Rendering management, sales, or other related services to any investment company subject to the federal investment company act of 1940, as amended;
 - (d) Rendering investment advice;

- (e) Rendering services related to the functions involved in the operation of an insurance business including, but not limited to, actuarial, loss prevention, safety engineering, data processing, accounting, claims appraisal, and collection services;
 - (f) Acting as administrator of employee welfare benefit and pension plans for governments, government agencies, corporations, or other organizations or groups;
 - (g) Ownership and management of assets which the parent could itself own and manage: PROVIDED, that the aggregate investment by the insurer and its subsidiaries acquired pursuant to this subsection (4)(g) shall not exceed the limitations otherwise applicable to such investments by the parent;
 - (h) Acting as administrative agent for a government instrumentality which is performing an insurance function or is responsible for a health or welfare program;
 - (i) Financing of insurance premiums;
- 39 (j) Any other business activity reasonably ancillary to an 40 insurance business;

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(k) Owning one or more subsidiary;

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- 2 (i) Insurers, health care service contractors, or health 3 maintenance organizations to the extent permitted by this chapter;
 - (ii) Businesses specified in (a) through (k) of this subsection inclusive; or
 - (iii) Any combination of such insurers and businesses;
- 7 (5) Real property necessary for the convenient transaction of the 8 insurer's business;
 - (6) Real property, together with the fixtures, furniture, furnishings, and equipment pertaining thereto in the United States or Canada, which produces or after suitable improvement can reasonably be expected to produce income;
 - (7) Loans, securities, or other investments of the types described in subsections (1) through (6) of this section in national association of insurance commissioners securities valuation office 1 debt rated countries other than the United States and Canada;
 - (8) Bonds or other evidences of indebtedness of international development organizations of which the United States is a member;
 - (9) Loans upon the security of the insurer's own policies in amounts that are adequately secured by the policies and that in no case exceed the surrender values of the policies;
 - (10) Tangible personal property under contract of sale or lease under which contractual payments may reasonably be expected to return the principal of and provide earnings on the investment within its anticipated useful life;
 - (11) Other investments the commissioner authorizes by rule; and
 - (12) Investments not otherwise permitted by this section, and not specifically prohibited by statute, to the extent of not more than five percent of the first five hundred million dollars of the insurer's admitted assets plus ten percent of the insurer's admitted assets exceeding five hundred million dollars.
- 32 **Sec. 17.** RCW 48.97.005 and 2008 c 217 s 75 are each amended to 33 read as follows:
- 34 Unless the context clearly requires otherwise, the definitions in 35 this section apply throughout this chapter.
- 36 (1) "Accredited state" means a state in which the insurance 37 department or regulatory agency has qualified as meeting the minimum 38 financial regulatory standards promulgated and established from time 39 to time by the National Association of Insurance Commissioners.

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1 (2) "Control" or "controlled by" has the meaning ascribed in RCW $48.31B.005((\frac{(2)}{2}))$ (3).

- (3) "Controlled insurer" means a licensed insurer that is controlled, directly or indirectly, by a broker.
- (4) "Controlling producer" means a producer who, directly or indirectly, controls an insurer.
 - (5) "Licensed insurer" or "insurer" means a person, firm, association, or corporation licensed to transact property and casualty insurance business in this state. The following, among others, are not licensed insurers for purposes of this chapter:
- 11 (a) Risk retention groups as defined in the Superfund Amendments
 12 Reauthorization Act of 1986, P.L. 99-499, 100 Stat. 1613 (1986), the
 13 Risk Retention Act, 15 U.S.C. Sec. 3901 et seq. (1982 Supp. 1986),
 14 and chapter 48.92 RCW;
- 15 (b) Residual market pools and joint underwriting associations; 16 and
 - (c) Captive insurers. For the purposes of this chapter, captive insurers are insurance companies owned by another organization((τ)) whose exclusive purpose is to insure risks of the parent organization and affiliated companies or, in the case of groups and associations, insurance organizations owned by the insureds whose exclusive purpose is to insure risks to member organizations or group members, or both, and their affiliates.
 - (6) "Producer" means an insurance broker or brokers or any other person, firm, association, or corporation when, for compensation, commission, or other thing of value, the person, firm, association, or corporation acts or aids in any manner in soliciting, negotiating, or procuring the making of an insurance contract on behalf of an insured other than the person, firm, association, or corporation.
- **Sec. 18.** RCW 48.125.140 and 2004 c 260 s 16 are each amended to 31 read as follows:
- 32 (1) The commissioner may make an examination of the operations of 33 any self-funded multiple employer welfare arrangement as often as he 34 or she deems necessary in order to carry out the purposes of this 35 chapter.
 - (2) Every self-funded multiple employer welfare arrangement shall submit its books and records relating to its operation for financial condition and market conduct examinations and in every way facilitate them. For the purpose of examinations, the commissioner may issue

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subpoenas, administer oaths, and examine the officers and principals of the (([self-funded])) <u>self-funded</u> multiple employer welfare arrangement.

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- (3) The commissioner may elect to accept and rely on audit reports made by an independent certified public accountant for the self-funded multiple employer welfare arrangement in the course of that part of the commissioner's examination covering the same general subject matter as the audit. The commissioner may incorporate the audit report in his or her report of the examination.
- (4)(a) The commissioner may also examine any affiliate of the 10 self-funded multiple employer welfare arrangement. An examination of 11 12 an affiliate is limited to the activities or operations of the affiliate that may impact the financial position of the arrangement. 13
 - (b) For the purposes of this section, "affiliate" has the same meaning as defined in RCW ((48.31C.010)) 48.31B.005.
 - (5) Whenever an examination is made, all of the provisions of chapter 48.03 RCW not inconsistent with this chapter applicable. In lieu of making an examination himself or herself, the commissioner may, in the case of a foreign self-funded multiple employer welfare arrangement, accept an examination report of the applicant by the regulatory official in its state of domicile. In the case of a domestic self-funded multiple employer welfare arrangement, the commissioner may accept an examination report of the applicant by the regulatory official of a state that has already licensed the arrangement.
- Sec. 19. RCW 48.155.010 and 2010 c 27 s 4 are each amended to 26 27 read as follows:

The definitions in this section apply throughout this chapter 28 unless the context clearly requires otherwise. 29

- (1) "Affiliate" means a person that directly, or indirectly 30 through one or more intermediaries, controls, or is controlled by, or 31 is under common control with, the person specified. 32
- (2) "Commissioner" means 33 the Washington state insurance commissioner. 34
- (3)(a) "Control" or "controlled by" or "under common control with" means the possession, direct or indirect, of the power to 36 direct or cause the direction of the management and policies of a 37 person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or nonmanagement

p. 47 SB 5717 services, or otherwise, unless the power is the result of an official position with or corporate office held by the person.

- (b) Control exists when any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing ten percent or more of the voting securities of any other person. A presumption of control may be rebutted by a showing made in the manner provided by RCW $48.31B.005((\frac{2}{2}))$ (3) and 48.31B.025(11) that control does not exist in fact. The commissioner may determine, after furnishing 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)(a) "Discount plan" means a business arrangement or contract in which a person or organization, in exchange for fees, dues, charges, or other consideration, provides or purports to provide discounts to its members on charges by providers for health care services.
 - (b) "Discount plan" does not include:

- 19 (i) A plan that does not charge a membership or other fee to use 20 the plan's discount card;
 - (ii) A patient access program as defined in this chapter;
- 22 (iii) A medicare prescription drug plan as defined in this 23 chapter; or
- (iv) A discount plan offered by a health carrier authorized under chapter 48.20, 48.21, 48.44, or 48.46 RCW.
 - (5)(a) "Discount plan organization" means a person that, in exchange for fees, dues, charges, or other consideration, provides or purports to provide access to discounts to its members on charges by providers for health care services. "Discount plan organization" also means a person or organization that contracts with providers, provider networks, or other discount plan organizations to offer discounts on health care services to its members. This term also includes all persons that determine the charge to or other consideration paid by members.
 - (b) "Discount plan organization" does not mean:
 - (i) Pharmacy benefit managers;
- 37 (ii) Health care provider networks, when the network's only 38 involvement in discount plans is contracting with the plan to provide 39 discounts to the plan's members;

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(iii) Marketers who market the discount plans of discount plan organizations which are licensed under this chapter as long as all written communications of the marketer in connection with a discount plan clearly identify the licensed discount plan organization as the responsible entity; or

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- 6 (iv) Health carriers, if the discount on health care services is 7 offered by a health carrier authorized under chapter 48.20, 48.21, 8 48.44, or 48.46 RCW.
- 9 (6) "Health care facility" or "facility" has the same meaning as in RCW $48.43.005((\frac{(15)}{)}))$ (22).
- 11 (7) "Health care provider" or "provider" has the same meaning as 12 in RCW $48.43.005((\frac{(16)}{)}))$ (23).
 - (8) "Health care provider network," "provider network," or "network" means any network of health care providers, including any person or entity that negotiates directly or indirectly with a discount plan organization on behalf of more than one provider to provide health care services to members.
- 18 (9) "Health care services" has the same meaning as in RCW $48.43.005((\frac{(17)}{)}))$ (24).
- 20 (10) "Health carrier" or "carrier" has the same meaning as in RCW $48.43.005((\frac{18}{18}))$ (25).
 - (11) "Marketer" means a person or entity that markets, promotes, sells, or distributes a discount plan, including a contracted marketing organization and a private label entity that places its name on and markets or distributes a discount plan pursuant to a marketing agreement with a discount plan organization.
 - (12) "Medicare prescription drug plan" means a plan that provides a medicare part D prescription drug benefit in accordance with the requirements of the federal medicare prescription drug improvement and modernization act of 2003.
- 31 (13) "Member" means any individual who pays fees, dues, charges, 32 or other consideration for the right to receive the benefits of a 33 discount plan, but does not include any individual who enrolls in a 34 patient access program.
 - (14) "Patient access program" means a voluntary program sponsored by a pharmaceutical manufacturer, or a consortium of pharmaceutical manufacturers, that provides free or discounted health care products for no additional consideration directly to low-income or uninsured individuals either through a discount card or direct shipment.

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1 (15) "Person" means an individual, a corporation, a governmental 2 entity, a partnership, an association, a joint venture, a joint stock 3 company, a trust, an unincorporated organization, any similar entity, 4 or any combination of the persons listed in this subsection.

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- (16)(a) "Pharmacy benefit manager" means a person that performs pharmacy benefit management for a covered entity.
- (b) For purposes of this subsection, a "covered entity" means an insurer, a health care service contractor, a health maintenance organization, or a multiple employer welfare arrangement licensed, certified, or registered under the provisions of this title. "Covered entity" also means a health program administered by the state as a provider of health coverage, a single employer that provides health coverage to its employees, or a labor union that provides health coverage to its members as part of a collective bargaining agreement.
- 15 **Sec. 20.** RCW 48.155.015 and 2009 c 175 s 4 are each amended to 16 read as follows:
 - (1) This chapter applies to all discount plans and all discount plan organizations doing business in or from this state or that affect subjects located wholly or in part or to be performed within this state, and all persons having to do with this business.
- (2) A discount plan organization that is a health carrier, as defined under RCW 48.43.005, with a license, certificate of authority, or registration ((under RCW 48.05.030 or chapter 48.31C RCW)):
 - (a) Is not required to obtain a license under RCW 48.155.020, except that any of its affiliates that operate as a discount plan organization in this state must obtain a license under RCW 48.155.020 and comply with all other provisions of this chapter;
- (b) Is required to comply with RCW 48.155.060 through 48.155.090 and report, in the form and manner as the commissioner may require, any of the information described in RCW 48.155.110(2) (b), (c), or
- 32 (d) that is not otherwise already reported; and
- 33 (c) Is subject to RCW 48.155.130 and 48.155.140.
- NEW SECTION. Sec. 21. The following acts or parts of acts are each repealed:
- 36 (1) RCW 48.31C.010 (Definitions) and 2001 c 179 s 1;
- 37 (2) RCW 48.31C.020 (Acquisition of a foreign health carrier— 38 Preacquisition notification—Review) and 2001 c 179 s 2;

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- 1 (3) RCW 48.31C.030 (Acquisition of a domestic health carrier— 2 Filing—Review—Jurisdiction of courts) and 2001 c 179 s 3;
- 3 (4) RCW 48.31C.040 (Registration with commissioner—Information 4 required—Rule making—Disclaimer of affiliation—Failure to file) and 5 2001 c 179 s 4;
- 6 (5) RCW 48.31C.050 (Health carrier subject to registration— 7 Standards for transactions within a holding company system—Notice to 8 commissioner—Review) and 2001 c 179 s 5;
- 9 (6) RCW 48.31C.060 (Extraordinary dividends or distributions— 10 Restrictions—Definition of distribution) and 2001 c 179 s 6;
- 11 (7) RCW 48.31C.070 (Examination of health carriers—Commissioner 12 may order production of information—Failure to comply—Costs) and 13 2001 c 179 s 7;
- 14 (8) RCW 48.31C.080 (Violations of chapter—Commissioner may seek 15 superior court order) and 2001 c 179 s 8;
- 16 (9) RCW 48.31C.090 (Violations of chapter—Penalties—Civil 17 forfeitures—Orders—Referral to prosecuting attorney—Imprisonment) 18 and 2001 c 179 s 9;
- 19 (10) RCW 48.31C.100 (Violations of chapter—Impairment of 20 financial condition) and 2001 c 179 s 10;
- 21 (11) RCW 48.31C.110 (Order for liquidation or rehabilitation— 22 Recovery of distributions or payments—Liability—Maximum amount 23 recoverable) and 2001 c 179 s 11;
- 24 (12) RCW 48.31C.120 (Violations of chapter—Contrary to interests of subscribers or the public) and 2001 c 179 s 12;
- 26 (13) RCW 48.31C.130 (Confidential proprietary and trade secret 27 information—Exempt from public disclosure—Exceptions) and 2001 c 179 28 s 13;
- 29 (14) RCW 48.31C.140 (Person aggrieved by actions of commissioner) 30 and 2001 c 179 s 15;
- 31 (15) RCW 48.31C.150 (Rule making) and 2001 c 179 s 16;
- 32 (16) RCW 48.31C.160 (Dual holding company system membership) and 33 2001 c 179 s 17;
- 34 (17) RCW 48.31C.900 (Severability—2001 c 179) and 2001 c 179 s 35 18; and
- 36 (18) RCW 48.31C.901 (Effective date—2001 c 179) and 2001 c 179 s 37 19.

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- NEW SECTION. Sec. 22. If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected.
- 5 <u>NEW SECTION.</u> **Sec. 23.** Except for section 14 of this act, which 6 takes effect July 1, 2017, this act takes effect January 1, 2016.
- NEW SECTION. Sec. 24. Section 13 of this act expires July 1, 8 2017.

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