The House Committee on Insurance offers the following substitute to HB 734:

## A BILL TO BE ENTITLED AN ACT

- 1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to
- 2 provide for modernization and updates; to amend various provisions of the Official Code of
- 3 Georgia Annotated for purposes of conformity; to repeal Article 2 of Chapter 29A, relating
- 4 to the Commission on the Georgia Health Insurance Risk Pool; to provide for any assets,
- 5 liabilities, and obligations thereof; to provide for related matters; to repeal conflicting laws;
- 6 and for other purposes.

## 7 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

8 PART I

9 **SECTION 1-1.** 

- 10 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
- 11 revising Code Section 33-1-2, relating to definitions, as follows:
- 12 "33-1-2.
- 13 As used in this title, the term:
- 14 (1) 'Commissioner of Insurance' or 'Commissioner' means the Commissioner of
- 15 Insurance of the State of Georgia.
- 16 (2) 'Department of Insurance' or 'department' means the Department of Insurance
- established by Code Section 33-2-1.
- 18 (1.1)(3) 'Health benefit policy,' 'health benefit plan,' or other similar terms do shall not
- include limited benefit insurance policies designed, advertised, and marketed to
- supplement major medical insurance such as accident only, Champus CHAMPUS
- supplement, dental, disability income, fixed indemnity, long-term care, Medicare
- 22 <u>medicare</u> supplement, specified disease, vision, and any other type of accident and
- sickness insurance other than basic hospital expense, basic medical-surgical expense, or
- 24 major medical insurance.

25 (2)(4) 'Insurance' means a contract which is an integral part of a plan for distributing individual losses whereby one undertakes to indemnify another or to pay a specified amount or benefits upon determinable contingencies.

- (3) 'Insurance Department' or 'department' means the Insurance Department established
- 29 by Code Section 33-2-1.

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- (4)(5) 'Insurer' means any person engaged as indemnitor, surety, or contractor who issues
- insurance, annuity or endowment contracts, subscriber certificates, or other contracts of
- insurance by whatever name called. Burial associations, health care plans, and health
- maintenance organizations are insurers within the meaning of this title.
- 34 (4.1)(6) 'Natural person' means an individual human being and does not include any firm,
- partnership, association, corporation, or trust.
- 36 (5)(7) 'Person' means an individual, insurer, company, association, trade association,
- organization, society, reciprocal or interinsurance exchange, partnership, syndicate,
- business trust, corporation, Lloyd's association, and associations, groups, or department
- of underwriters, and any other legal entity.
- 40 (5.1)(8) 'Security,' 'security deposit,' 'special deposit,' or 'deposit,' when used to refer to
- 41 posted deposits required to be placed in the possession of the Commissioner, shall mean
- 42 the actual physical evidence of a security, such as a certificate, or an entry made through
- 43 the federal reserve book-entry system. The federal reserve book-entry system shall be
- limited in meaning to the computerized systems sponsored by the United States
- Department of Treasury and certain agencies and instrumentalities of the United States
- for holding and transferring securities of the United States government and such agencies
- and instrumentalities, respectively, in federal reserve banks through banks which are
- 48 members of the Federal Reserve System or which otherwise have access to such
- 49 computerized systems.
- 50 (6)(9) 'Transact,' with respect to insurance, includes any of the following:
- 51 (A) Solicitation and inducement;
- 52 (B) Preliminary negotiations;
- 53 (C) Effectuation of a contract of insurance; or
- 54 (D) Transaction of matters subsequent to effectuation of the contract and arising out
- 55 of it."

56 **SECTION 1-2.** 

- 57 Said title is further amended by repealing Code Section 33-1-3, relating to application of title
- 58 to fraternal benefit societies and farmers' mutual fire insurance companies, and designating
- 59 said Code section as reserved.

60 **SECTION 1-3.** 

61 Said title is further amended by revising Code Section 33-1-7, relating to issuance or delivery

- of policy in violation of title, as follows:
- 63 "33-1-7.
- Any insurer, or any officer or agent thereof, issuing or delivering to any person in this state
- any policy in violation of any provision of this title shall be guilty of a misdemeanor,
- 66 except as otherwise provided."
- **SECTION 1-4.**
- 68 Said title is further amended by revising Code Section 33-1-8, relating to making of false
- 69 statements and reporting of such statements, as follows:
- 70 "33-1-8.
- Any director, officer, agent, or employee of any insurance company who willfully and
- knowingly subscribes, makes, or concurs in making any annual or other statement required
- by law containing any material statement which is false shall be guilty of a misdemeanor.
- 74 It shall be the duty of the Commissioner to report all such misrepresentations and false
- statements to the district appropriate prosecuting attorney of the circuit or county in which
- 76 they shall occur, except as otherwise provided."
- 77 **SECTION 1-5.**
- 78 Said title is further amended by revising Code Section 33-1-13, relating to receiving of
- 79 compensation from undertakers on account of employment and giving of compensation by
- 80 undertakers, as follows:
- 81 "33-1-13.
- No person, firm, or corporation engaged in the life insurance business or the industrial life
- 83 insurance business shall contract for or receive any compensation or gratuity, directly or
- indirectly, on account of the employment of any undertaker in connection with a burial or
- preparation for burial of any person whose life is insured by said company; and no
- undertaker shall give or agree to give any such compensation or commission to such
- person, firm, or corporation engaged in the insurance business."
- 88 **SECTION 1-6.**
- 89 Said title is further amended in Code Section 33-1-14, relating to regulation of certain
- 90 persons providing coverage for medical or dental services, by revising subsections (a) and
- 91 (f) as follows:
- 92 "(a) Notwithstanding any other provision of law and except as provided in this Code
- 93 section, any person, other than an authorized insurer, the state and its instrumentalities, or

political subdivisions of the state and their instrumentalities, who provides coverage in this state for medical, surgical, chiropractic, physical therapy, optometry, speech pathology, podiatry, audiology, psychology, pharmaceutical, dental, or hospital services, whether such coverage is by direct payment, reimbursement, or otherwise, shall be presumed to be subject to the jurisdiction of the Insurance Department of Insurance, unless the person shows that, while providing coverage for such services, such person is subject to the jurisdiction of an insurance supervisory official of another state or specifically subject to the exclusive jurisdiction of the federal government."

"(f) As used in this Code section, the term 'authorized insurer' means any insurer authorized to sell accident and sickness policies, subscriber contracts, certificates, or agreements of any form under Chapter 15, <del>18, 19,</del> 20, 21, 29, or 30 of this title."

105 **SECTION 1-7.** 

preceding 12 months.

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Said title is further amended in Code Section 33-1-17, relating to Special Insurance Fraud Fund, by revising subsection (c) as follows:

"(c)(1) The Commissioner shall prepare, on an annual basis, a separate budget request to the General Assembly which sets forth the anticipated cost and expense of funding the investigation and prosecution of insurance fraud in this state for the ensuing 12 months.

Beginning with the year 1997, such Such budget request shall set forth the annual cost and expense of the investigation and prosecution of insurance fraud in Georgia for the

(2) There is imposed upon each foreign, alien, and domestic insurance company doing business in the state an annual assessment under a formula to be established by regulation promulgated by the Commissioner. The formula shall be calculated such that the total proceeds paid or collected from such assessments for any year shall not exceed the amounts appropriated by the General Assembly pursuant to paragraph (3) of this subsection, which appropriation shall be based upon the budget request setting forth the applicable annual cost and expense of the investigation and prosecution of insurance fraud in Georgia submitted by the Commissioner. Such assessments may be measured by kind of company, kind of insurance, income, volume of transactions, or such other factors as the Commissioner determines appropriate. Assessments shall be due and payable for each calendar quarter at the times specified in subsection (b) of Code Section 33-8-6. Any insurance company which fails to report and pay any installment of such assessment shall be subject to penalties and interest as provided by subsection (d) of Code Section 33-8-6. The Commissioner shall provide by regulation for such other terms and conditions for the payment or collection of such assessments as may be necessary to ensure the proper payment and collection thereof.

(3) The General Assembly may appropriate <u>funds</u> to the <u>Insurance Department funds</u> <u>department</u> for the investigation of insurance fraud and for the funding of the prosecution of insurance fraud. The Commissioner is authorized to use such funds for investigation of insurance fraud and to reimburse prosecuting attorneys for some or all of the costs of retaining assistant prosecuting attorneys to prosecute insurance fraud cases. The Commissioner shall provide by regulation for such other terms and conditions for the use of the funds for the investigation, reimbursement, and prosecution contemplated by the terms of this paragraph."

138 **SECTION 1-8.** 

- 139 Said title is further amended by revising Code Section 33-1-19, relating to Special Advisory
- 140 Commission on Mandated Health Insurance Benefits, as follows:
- 141 "33-1-19.

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- (a) The Special Advisory Commission on Mandated Health Insurance Benefits is hereby 142 143 established, effective February 1, 2012, to advise the Governor and the General Assembly on the social and financial impact of current and proposed mandated benefits and 144 providers, in the manner set forth in this Code section. The advisory commission shall be 145 146 composed of 20 members and three ex officio members. Sixteen members shall be 147 appointed by the Governor on or after February 1, 2012, as follows: one dentist, one obstetrician, one pediatrician, one family practice physician, one physician who is a 148 149 specialist in chronic disease, one chief medical officer of a general, acute care hospital, one 150 allied health professional, two representatives of small business, two representatives of a major industry, one expert in the field of medical ethics, one representative of the accident 151 and health insurance industry, one representative from the Georgia Association of Health 152 153 Plans, and two citizen members. The Senate Committee on Assignments shall appoint one 154 member from the Senate Health and Human Services Committee and one member from the Senate Insurance and Labor Committee, and the Speaker of the House of Representatives 155 shall appoint one member from the House Committee on Health and Human Services and 156 one member from the House Committee on Insurance. The commissioner of community 157 health, the Commissioner of Labor, and the Commissioner of Insurance shall serve as ex 158 officio, nonvoting members. All members shall be appointed for terms of four years each, 159 except that appointments to fill vacancies shall be made for the unexpired terms. 160
  - (b) No person shall be eligible to serve for or during more than two successive four-year terms; but after the expiration of a term of two years or less, or after the expiration of the remainder of a term to which appointed to fill a vacancy, two additional four-year terms may be served by such a member if so appointed.

165 (c) The advisory commission shall meet regularly and at the request of the Governor. The

- 166 first meeting of the advisory commission shall be held no later than March 1, 2012, at
- which time the advisory commission shall select a chairperson and a vice chairperson, as
- determined by the membership.
- 169 (d) The advisory commission shall:
- 170 (1) Develop and maintain, with the Insurance Department department, a system and
- program of data collection to assess the impact of mandated benefits and providers,
- including costs to employers and insurers, impact of treatment, cost savings in the health
- care system, number of providers, and other data as may be appropriate;
- 174 (2) Advise and assist the Insurance Department department on matters relating to
- mandated insurance benefits and provider regulations;
- 176 (3) Prescribe the format, content, and timing of information to be submitted to the
- advisory commission in its assessment of proposed and existing mandated benefits and
- providers. Such format, content, and timing requirements shall be binding upon all
- parties submitting information to the advisory commission in its assessment of proposed
- and existing mandated benefits and providers;
- 181 (4) Provide assessments of proposed and existing mandated benefits and providers and
- other studies of mandated benefits and provider issues as requested by the General
- 183 Assembly;
- 184 (5) Provide additional information and recommendations, relating to any system of
- mandated health insurance benefits and providers, to the Governor and the General
- 186 Assembly, upon request; and
- 187 (6) Report annually on its activities to the joint standing committees of the General
- Assembly having jurisdiction over insurance by December 1 of each year.
- (e)(1) Whenever legislation containing a mandated health insurance benefit or provider
- is proposed, the standing committee of the General Assembly having jurisdiction over the
- proposal shall request that the advisory commission prepare and forward to the Governor
- and the General Assembly a study that assesses the social and financial impact and the
- medical efficacy of the proposed mandate. The advisory commission shall be given a
- 194 period of six months, or until commencement of the next General Assembly, whichever
- is longer, to complete and submit its assessment.
- 196 (2) The advisory commission shall assess the social and financial impact and the medical
- efficacy of existing mandated benefits and providers in effect as of January 1, 2012. The
- advisory commission shall submit a schedule of evaluations to the standing committees
- of the General Assembly having jurisdiction over health insurance matters by May 1,
- 200 2012, setting forth the dates by which particular mandates shall be evaluated by the

201	advisory commission. The evaluations shall be completed and submitted to such standing
202	committees no later than December 31, 2012.
203	(f) The Insurance Department of Insurance, the Department of Labor, the Department of
204	Community Health, and such other state agencies as may be considered appropriate by the
205	advisory commission shall provide staff assistance to the advisory commission."
206	SECTION 1-9.
207	Said title is further amended by revising Code Section 33-2-1, relating to creation of the
208	department, Commissioner chief officer of department, and powers and duties of department
209	and Commissioner generally, as follows:
210	"33-2-1.
211	There is created the Insurance Department of Insurance of the State of Georgia. The chief
212	officer of such department shall be the Commissioner of Insurance. The purpose and
213	function of the department and the duties and powers of the Commissioner shall be those
214	created and vested by this title."
215	SECTION 1-10.
216	Said title is further amended by repealing Code Section 33-2-4, relating to appointment and
217	removal of chief deputy insurance commissioner and other deputies, and designating said
218	Code section as reserved.
219	SECTION 1-11.
220	Said title is further amended by repealing Code Section 33-2-8, relating to annual report of
221	the Commissioner, and designating said Code section as reserved.
222	SECTION 1-12.
223	Said title is further amended by repealing Code Section 33-2-8.1, relating to purpose of Code
224	section, preparation by Commissioner of supplemental report on property and casualty
225	insurance, contents of report, and request for information.
226	SECTION 1-13.
227	Said title is further amended by repealing Code Section 33-2-8.2, relating to Commissioner's
228	quarterly report to legislative committees on insurance and contents.

229 **SECTION 1-14.** 

- 230 Said title is further amended by repealing Code Section 33-2-33, relating to list of written
- 231 requests for assistance by citizens against insurers, and designating said Code section as
- 232 reserved.
- 233 **SECTION 1-15.**
- 234 Said title is further amended by revising Code Section 33-3-4, relating to kinds of insurance
- 235 in which insurers may transact, as follows:
- 236 "33-3-4.
- 237 An insurer which otherwise qualifies to transact insurance in Georgia may be authorized
- 238 to transact any one kind or combination of kinds of insurance as defined in Chapter 7 of
- this title except:
- 240 (1) A reciprocal insurer shall not transact life insurance;
- 241 (2) A Lloyd's insurer shall not transact life insurance; and
- 242 (3) A title insurer shall be a stock insurer and shall be authorized to transact only title
- insurance and closing protection letters, pursuant to Code Section 33-7-8.1, except that,
- 244 if immediately prior to January 1, 1961, any title insurer lawfully held a subsisting
- 245 certificate of authority granting it the right to transact in Georgia additional classes of
- insurance other than title insurance, so long as the insurer is otherwise in compliance with
- 247 this title, the Commissioner shall continue to authorize such insurer to transact the same
- classes of insurance as those specified in such prior certificate of authority."
- **SECTION 1-16.**
- 250 Said title is further amended by revising Code Section 33-3-5, relating to classification of
- 251 kinds of insurance, as follows:
- 252 "33-3-5.
- 253 For the purpose of this chapter, the kinds of insurance defined in Chapter 7 of this title shall
- be arranged in the following six classes:
- 255 (1) Life, accident, and sickness;
- 256 (2) Property, marine, and transportation;
- 257 (3) Casualty;
- 258 (4) Surety;
- 259 (5) Title; and
- 260 (6) Health Maintenance Organization maintenance organization.
- Each of the groups numbered (1) through (6) shall constitute a class of insurance."

262 **SECTION 1-17.** 

Said title is further amended by revising Code Section 33-3-9, relating to requirement of additional deposits of securities by foreign and alien insurers, as follows:

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On and after July 1, 1967, in In those instances in which the Commissioner in his or her judgment shall deem it to be in the best interests of the citizens of this state, no certificate of authority shall be issued by the Commissioner to any foreign and alien insurer nor shall any certificate of authority be renewed for any such insurer unless such insurer shall deposit with the Commissioner securities eligible for the investment of capital funds in such amount as the Commissioner shall require. This deposit and the deposit required by paragraph (1) of subsection (b) of Code Section 33-3-8 shall be administered as provided for in Chapter 12 of this title. Deposits under this Code section shall be held for the protection of the insurer's policyholders in this state and others in this state entitled to the proceeds of its policies."

276 **SECTION 1-18.** 

277 Said title is further amended in Code Section 33-3-20, relating to imposition of

278 administrative fine upon insurer for certain acts of officers, employees, agents, or

279 representatives, by revising subsection (c) as follows:

280 "(c) For the purposes of this Code section, the term 'insurer' shall include any insurer,

nonprofit organization, or any other person authorized to sell accident and sickness

insurance policies, subscriber contracts, certificates, or agreements of any form under

283 Chapter 15, <del>18, 19,</del> 20, 21, 29, or 30 of this title."

284 **SECTION 1-19.** 

285 Said title is further amended by revising Code Section 33-3-21, relating to reports of business

affairs and operations of insurers generally, as follows:

287 "33-3-21.

On or before March 1 in each year after it shall have commenced to do business pursuant

to a certificate of authority, every insurer shall make and file with the Commissioner of

Insurance a report of its affairs and operations during the year ending on December 31 of

the preceding year. This annual report shall be made in such form and contain such

information as the Commissioner may prescribe by regulation from time to time and may

require in protecting the public interest, the interest of the policyholders of any insurer, and

the interest of the investors in the securities issued by any insurer. The Commissioner may

require by regulation any additional periodic reports as he or she may prescribe from time

to time as necessary or appropriate for the protection of policyholders, investors, and the

public and necessary to ensure the solvency of any insurer, to inform and protect the investors in any insurer, and to assure fair dealing in the securities of any insurer. The Commissioner may require that the reports be verified under oath by any appropriate officers or agents as he <u>or she</u> may designate by regulation and may require the same to be published. Compliance with this Code section shall be a condition to the renewal of a certificate of authority under Code Section 33-3-16."

303 **SECTION 1-20.** 

Said title is further amended in Code Section 33-3-23, relating to restrictions as to transaction of insurance by lending institutions and bank holding companies, by revising subsection (b) as follows:

"(b) A lending institution, bank holding company, or subsidiary or affiliate of either of the foregoing doing business in this state, or any officer or employee of any of the foregoing, may be licensed to sell insurance, including but not limited to credit insurance, in this state and may engage in underwriting and act as an underwriter for credit life insurance and credit accident and sickness insurance subject to the provisions of this title and in conformity with rules and regulations promulgated by the Commissioner of Insurance."

313 **SECTION 1-21.** 

- 314 Said title is further amended by revising Code Section 33-3-25, relating to language
- 315 simplification and reading ease standards and applicability of Code section, as follows:
- 316 "33-3-25.

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- 317 (a) All homeowner's insurance policies, including tenant homeowner's insurance policies,
- personal automobile insurance policies, individual life or accident and sickness insurance
- policies, all certificates of group life or accident and sickness insurance coverage, and all
- 320 coverage booklets provided by insurers to group life or accident and sickness insurance
- 321 certificate holders which are issued, delivered, or issued for delivery in this state on or after
- July 1, 1988, shall be written in a simplified form, shall be divided into logically arranged,
- 323 captioned sections, and shall contain readable language which complies with the standards
- prescribed in such rules and regulations as may be promulgated by the Commissioner of
- 325 Insurance after due notice and hearing.
- 326 (b) In establishing the policy language simplification and reading ease standards for such
- policies, certificates, and coverage booklets, the Commissioner of Insurance may utilize
- a minimum score of 40 on the 'Flesch reading ease test' as the basic standard, or such other
- nationally recognized reading ease standards or tests as would produce comparable policy
- language simplification and readability results, and he may also provide for exceptions
- thereto by appropriate rules and regulations.

(c) This Code section shall apply to all insurers issuing the kinds of insurance policies described in subsection (a) of this Code section in this state, including all insurers, nonprofit corporations, or other organizations issuing policies or contracts of life or accident and sickness coverage under Chapter 15, <del>18, 19, 20, 21, 29, or 30 of this title."</del>

**SECTION 1-22.** 

Said title is further amended in Code Section 33-4-7, relating to affirmative duty to fairly and promptly adjust in incidents covered by motor vehicle liability policies, actions for bad faith, and notice to Commissioner of Insurance and consumers' insurance advocate, by revising subsection (g) as follows:

"(g) In any action brought pursuant to subsection (b) of this Code section, and within 20 days of bringing such action, the plaintiff shall, in addition to service of process in accordance with Code Section 9-11-4, mail to the Commissioner of Insurance a copy of the demand and complaint by first-class mail. Failure to comply with this subsection may be cured by delivering same."

**SECTION 1-23.** 

Said title is further amended in Code Section 33-5-1, relating to representation of unauthorized insurers prohibited, by revising paragraph (6) of subsection (b) as follows:

"(6) Any insurance company or underwriter issuing contracts of insurance to nuclear insureds, nor to any contract of insurance issued to any one or more nuclear insureds, provided that such nuclear insured under a contract procured from an unauthorized insurer shall pay to the Commissioner of Insurance before March 1 of the succeeding calendar year following the year in which the insurance was so effectuated, continued, or renewed, a premium receipts tax of 4 percent of the gross premiums charged for such insurance. For the purposes of this paragraph, a 'nuclear insured' is an insured purchasing policies of insurance on risks on its own nuclear generating plants and other facilities at such plants in this state."

**SECTION 1-24.** 

Said title is further amended in Code Section 33-5-2, relating to validity of contracts effectuated by unauthorized insurers and dissemination of advertising for or on behalf of unauthorized insurers, by revising subsection (b) as follows:

"(b) No publication published in this state or radio or television broadcaster broadcast or any other agency or means for the dissemination of information operated or located in this state shall publish, broadcast, or otherwise disseminate within this state advertising for or on behalf of any insurer not then authorized to transact insurance in this state; provided,

however, that this subsection shall not apply as to publications published in this state principally for circulation in other states, wherein advertising by or on behalf of such unauthorized insurers is not expressly directed toward residents or subjects of insurance in this state."

**SECTION 1-25.** 

- 371 Said title is further amended in Code Section 33-5-20.1, relating to definitions, by revising subparagraph (D) of paragraph (6) as follows:
- 373 "(D) The person has:
- 374 (i) At least seven years of experience in risk financing, claims administration, loss 375 prevention, risk and insurance coverage analysis, or purchasing commercial lines of 376 insurance;
- (ii) Any one of the designations specified in subparagraph (C) of this paragraph; or
   (iii) At least ten years of experience in risk financing, claims administration, loss
   prevention, risk and insurance coverage analysis, or purchasing commercial lines of
- 380 <del>insurance; or</del>

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381 (iv)(iii) A graduate degree from an accredited college or university in risk 382 management, business administration, finance, economics, or any other field 383 determined by a state insurance commissioner or other state regulatory official or 384 entity to demonstrate minimum competence in risk management."

385 **SECTION 1-26.** 

Said title is further amended in Code Section 33-5-21, relating to authorization of procurement of surplus line insurance, conditions, and procuring or placing nonadmitted insurance for exempt commercial purchaser, by revising paragraph (4) of subsection (a) as follows:

"(4) The insurance shall not be procured under this chapter for personal <u>private</u> passenger motor vehicle coverage or residential dwelling property coverage unless such insurance cannot be obtained from an authorized insurer."

393 **SECTION 1-27.** 

- Said title is further amended in Code Section 33-5-23, relating to revocation or suspension of broker's license, by revising subsection (d) as follows:
- "(d) No broker whose license has been so revoked shall again be so licensed within two
   five years thereafter nor until any penalties or delinquent taxes owing by him or her have
   been paid."

399 **SECTION 1-28.** 

400 Said title is further amended by revising Code Section 33-5-26, relating to endorsement of

- 401 insurance contract by broker, as follows:
- 402 "33-5-26.
- 403 (a) Every insurance contract procured and delivered as a surplus line coverage shall be
- initialed by or bear the name of the surplus line broker who procured it and shall have
- printed or stamped upon it the following: 'This contract is registered and delivered as a
- surplus line coverage under the Surplus Line Insurance Law, O.C.G.A. Chapter 33-5.'
- 407 (b) No surplus lines policy or certificate in which the policy premium is \$5,000.00 per
- annum or less shall be delivered in this state unless a standard disclosure form or brochure
- explaining surplus lines insurance is attached to or made a part of the policy or certificate.
- The Commissioner shall prescribe by rule or regulation the format and contents of such
- 411 form or brochure.
- 412 (c) Pursuant to Code Section 33-2-9, the Commissioner may promulgate rules and
- 413 regulations which are necessary to implement the provisions of this article."

414 **SECTION 1-29.** 

- Said title is further amended in Code Section 33-5-29, relating to filing of quarterly affidavits
- 416 by surplus line brokers and filing of reports of affairs and operations by brokers, by revising
- 417 subsection (a) as follows:
- 418 "(a) Each surplus line broker shall file with the Commissioner, on a quarterly basis, an
- affidavit executed by the surplus line broker setting forth the facts referred to in Code
- Section 33-5-21. Such affidavit shall furnish certificate or cover note number, name of
- insured, the amount of the premium, the tax paid thereon, and any other information as the
- 422 Commissioner may require for all surplus line transactions in which premiums were paid
- 423 to the surplus line broker during the previous quarter. The quarterly affidavit shall be filed
- with the Commissioner on or before the fifteenth day of April, July, October, and January.
- Each surplus line broker shall remit a 4 percent tax on direct premiums written, as defined
- described in Code Section 33-5-31. The tax shall be remitted with the surplus line broker's
- 427 quarterly affidavit."

428 **SECTION 1-30.** 

- 429 Said title is further amended in Code Section 33-5-33, relating to filing of report by persons
- 430 procuring insurance with unauthorized insurers and levy, collection, and disposition of tax
- 431 by persons procuring such insurance, by revising subsection (e) as follows:
- 432 "(e) This Code section shall not apply to life or accident and sickness insurances
- 433 <u>insurance</u>."

434 **SECTION 1-31.** 

Said title is further amended by revising Code Section 33-5-35, relating to applicability of

- article, as follows:
- 437 "33-5-35.
- 438 This article controlling the placing of insurance with unauthorized insurers shall not apply
- 439 to reinsurance or to the following insurances insurance when so placed by licensed agents
- or brokers of this state:
- (1) Insurance on property or operation of railroads engaged in interstate commerce; or
- 442 (2) Insurance of aircraft owned or operated by manufacturers of aircraft or operated in
- scheduled interstate flight, or cargo of the aircraft, or against liability, other than workers'
- compensation and employer's liability, arising out of the ownership, maintenance, or use
- of the aircraft."

446 **SECTION 1-32.** 

- 447 Said title is further amended by revising Code Section 33-5-40, relating to legislative
- 448 findings for the Interstate Cooperation for Collection and Disbursement of Premium Taxes,
- as follows:
- 450 "33-5-40.
- The General Assembly finds the federal Nonadmitted and Reinsurance Reform Act
- of 2010, which was incorporated into the federal Dodd-Frank Wall Street Reform and
- Consumer Protection Act, P.L. 111-203, provides that only an insured's home state may
- require premium tax payment for nonadmitted insurance and authorizes states to enter into
- a compact or otherwise establish procedures to allocate among the states the nonadmitted
- insurance premium taxes. The General Assembly further finds that as the states are still
- in flux as to which proposed plan is best for them to enter, or if any agreement should be
- entered into by the state, the Commissioner of Insurance is in a unique position to weigh
- 459 these options and to determine what is in the best interest of the state financially.
- 460 Therefore, the General Assembly acknowledges that some flexibility is necessary to
- determine that the best financial interests of the state are met."
- 462 **SECTION 1-33.**
- 463 Said title is further amended by revising Code Section 33-5-41, relating to Governor
- 464 authorized to enter into cooperative agreement, compact, or reciprocal agreement for
- 465 collection of insurance premium taxes, as follows:
- 466 "33-5-41.
- The Governor, on behalf of the state, advised by and in consultation with the
- Commissioner of Insurance, is authorized to enter into a cooperative agreement, compact,

or reciprocal agreement with another state or states for the purpose of the collection of insurance premium taxes imposed by Code Sections 33-5-31 and 33-5-33."

**SECTION 1-34.** 

Said title is further amended in Code Section 33-6-4, relating to enumeration of unfair methods of competition and unfair or deceptive acts or practices and penalty, by revising subparagraphs (b)(13)(C) and (b)(15)(I) as follows:

- "(C) Making direct response advertising by an insurer, including radio or television advertisement, of any individual or group accident and sickness or life insurance policy where such advertisement has not been approved for use in this state by the Commissioner of Insurance;"
- "(I) Any person issuing, delivering, or renewing a policy of insurance in this state at any time within a period of 24 months after July 1, 2000, shall include with such policy or renewal certificate a notice attached thereto containing the following language:"

**SECTION 1-35.** 

Said title is further amended in Code Section 33-6-5, relating to other unfair methods of competition and unfair and deceptive acts or practices, by revising subparagraph (C) of paragraph (4) and paragraph (14) as follows:

- "(C) The restrictions and limitations of this paragraph shall not extend to life or accident and sickness insurance; nor shall they apply to any bona fide association group which is composed of members engaged in a common trade, business, or profession and which has had group insurance of the same type continuously in existence for at least five years immediately preceding March 8, 1960;"
- "(14) On and after July 1, 1992, no insurer, as defined in paragraph (4) of Code Section 33-1-2, shall issue, cause to be issued, renew, or provide coverage under any major medical insurance policy or plan containing a calendar year deductible or similar plan benefit period deductible which does not provide for a carry-over of the application of such deductible as provided in this paragraph. If all or any portion of an insured's or member's cash deductible for a calendar year or similar plan benefit period is applied against covered expenses incurred by the insured or member during the last three months of the deductible accumulation period, the insured's or member's cash deductible for the next ensuing calendar year or similar benefit plan period shall be reduced by the amount so applied. The provisions of this paragraph shall apply to major medical insurance policies or plans which have a benefit plan period of less than 24 months, except policies or plans designed and issued to be compatible with a health savings account as set out in 26 U.S.C. Section 223 or a spending account as defined in Chapter 30B of this title."

**SECTION 1-36.** 

Said title is further amended in Code Section 33-7-6, relating to property insurance, contract requirements, rules and regulations, and exemptions, by revising subsections (d) and (f) as follows:

- "(d) The Commissioner shall have the power and authority to promulgate rules and regulations regarding vehicle service agreements or extended warranty agreements as described in paragraph (1) of subsection (b) of this Code section. Such rules and regulations shall include filing requirements, disclosures for the benefit of the agreement holder, record keeping, and procedures for public complaints. Such rules and regulations shall also include the conditions under which surplus lines insurers may be rejected for the purpose of underwriting vehicle service agreements and extended warranty agreements."

  "(f) Property insurance does not include those agreements commonly known as vehicle service agreements or extended warranty agreements which are issued, sold, or offered for sale by a retail installment seller, as defined in Code Section 10-1-31 in connection with the sale of a motor vehicle by such retail installment seller, provided that such retail installment seller:
- (1) Maintains, or has a parent company maintain, a net worth or stockholders' equity of at least \$50 million, provided the parent company guarantees the obligations of the retail installment seller arising from vehicle service agreements or extended warranty agreements underwritten pursuant to this subparagraph paragraph;
- (2) Complies with the registration requirement prescribed by the Commissioner through
   regulation;
  - (3) Files with the Commissioner a true and correct copy of the vehicle service agreement or extended warranty agreement that has a term of and is no longer than nine months in a form that is consistent with the terms prescribed by the Commissioner through regulation;
- (4) Files a copy of its Form 10-K or Form 20-F disclosure statements, or if it does not file such statements with the United States Securities and Exchange Commission, a copy of its audited financial statements reported on a GAAP basis. If the retail installment seller's financial statements are consolidated with those of its parent company, then the retail installment seller may comply with this provision by filing the statements of its parent company. The statement shall be filed with the Commissioner 30 days prior to the retail installment seller's initial offering or delivering of a service agreement or extended warranty agreement, and thereafter, the statement shall be filed with the Commissioner annually; and

(5) Upon the request of the Commissioner, posts a security deposit or surety bond in an amount not to exceed \$250,000.00 and in the manner prescribed by the Commissioner through regulation."

**SECTION 1-37.** 

Said title is further amended in Code Section 33-7-8.1, relating to closing protection letters, definitions, premiums regarding such letters, maintenance of adequate reserves, and rules and regulations, by revising subsection (e) as follows:

"(e) The Commissioner shall be authorized to promulgate rules and regulations necessary to implement this Code section, which shall include, but shall not be limited to, prescribing standard closing protection letter policy forms."

**SECTION 1-38.** 

Said title is further amended in Code Section 33-7-11, relating to uninsured motorist coverage under motor vehicle liability policies, by revising paragraphs (3) and (4) of subsection (a), subparagraph(b)(1)(B), and subdivision (b)(1)(D)(ii)(III) as follows:

- "(3) The coverage required under paragraph (1) of this subsection shall not be applicable where any insured named in the policy shall reject the coverage in writing. The coverage required under paragraph (1) of this subsection excludes umbrella or excess liability policies unless affirmatively provided for in such policies or in a policy endorsement. The coverage need not be provided in or supplemental to a renewal policy where the named insured had rejected the coverage in connection with a policy previously issued to said insured by the same insurer. The amount of coverage need not be increased in a renewal policy from the amount shown on the declarations page for coverage existing prior to July 1, 2001. The amount of coverage need not be increased from the amounts shown on the declarations page on renewal once coverage is issued.
- (4) The filing of a petition for relief in bankruptcy under a chapter of Title 11 of the United States Code by an uninsured motorist as defined described in this Code section, or the appointment of a trustee in bankruptcy for an uninsured motorist as defined described in this Code section, or the discharge in bankruptcy of an uninsured motorist as defined described in this Code section shall not affect the legal liability of an uninsured motorist as the term 'legal liability' is used in this Code section, and such filing of a petition for relief in voluntary or involuntary bankruptcy, the appointment of a trustee in bankruptcy, or the discharge in bankruptcy of such an uninsured motorist shall not be pleaded by the insurance carrier providing uninsured motorist protection in bar of any claim of an insured person as defined in this Code section so as to defeat payment for damages sustained by any insured person by the insurance company providing uninsured

motorist protection and coverage under the terms of this chapter as now or hereafter amended; but the insurance company or companies shall have the right to defend any such action in its own name or in the name of the uninsured motorist and shall make payment of any judgment up to the limits of the applicable uninsured motorist insurance protection afforded by its policy. In those cases, the uninsured motorist upon being discharged in bankruptcy may plead the discharge in bankruptcy against any subrogation claim of any uninsured motorist carrier making payment of a claim or judgment in favor of an uninsured person, and the uninsured motorist may plead said motorist's discharge in bankruptcy in bar of all amounts of an insured person's claim in excess of uninsured motorist protection available to the insured person."

"(B) 'Insured' means the named insured and, while resident of the same household, the spouse of any such named insured and relatives of either, while in a motor vehicle or otherwise; any person who uses, with the expressed or implied consent of the named insured, the motor vehicle to which the policy applies; a guest in such motor vehicle to which the policy applies; or the personal representatives of any of the above. For policies issued or renewed on or after July 1, 2006, the such persons. The term 'insured' shall also mean a foster child or ward residing in the household of the named insured pursuant to a court order, guardianship, or placement by the Department of Family and Children Services department of family and children services or other department or agency of the state, while in a motor vehicle or otherwise."

"(III) Neither coverage under subdivision (I) nor (II) of this division shall be applicable if the insured rejects such coverages as provided in paragraph (3) of subsection (a) of this Code section. For private passenger motor vehicle insurance policies in effect on January 1, 2009, insurers shall send to their insureds who have not rejected coverage pursuant to paragraph (3) of subsection (a) of this Code section a notice at least 45 days before the first renewal of such policies advising of the coverage options set forth in this division. Such notice shall not be required for any subsequent renewals for policies in effect on January 1, 2009, or for any renewals for policies issued after January 1, 2009. The coverage set forth in subdivision (I) of this division need not be provided in or supplemental to a renewal policy where the named insured has rejected the coverage set forth in subdivision (I) of this division and selected the coverage set forth in subdivision (II) of this division in connection with a policy previously issued to said insured by the same insurer;"

608 **SECTION 1-39.** 

609	Said title is further amended by revising Code Section 33-8-1, relating to fees	and taxes
610	generally, as follows:	
611	″33-8-1.	
612	The Commissioner is authorized to assess and collect in advance, and persons so	o assessed
613	shall pay in advance to the Commissioner, fees and charges under this title as f	follows:
614	(1) Unless specifically provided otherwise, for each certificate of authority	y, original
615	license, renewal of a certificate of authority, or renewal of a license:	
616	(A) Agent, subagent, counselor, adjuster, or principal office of an insurance	
617	agency (new license)	\$ 100.00
618	(B) Agent, subagent, counselor, adjuster, or principal office of an insurance	
619	agency (biennial license renewal)	100.00
620	(B.1) Each branch office of an insurance agency other than the principal	
621	office (new license)	20.00
622	(B.2) Each branch office of an insurance agency other than the principal	
623	office (biennial license renewal)	20.00
624	(C) Agent certificate of authority for subagent	5.00
625	(D) Automobile self-insurance	100.00
626	(E) Captive insurance company:	
627	(i) Original license or certificate	600.00
628	(ii) Renewal license or certificate	500.00
629	(F) Continuing care provider	75.00
630	(G) Duplicate certificate of authority, license, or permit	25.00
631	(H) Farmers mutual fire insurance company:	
632	(i) Original license or certificate	500.00
633	(ii) Renewal license or certificate	25.00
634	(I) Fraternal benefit society:	
635	(i) Original license or certificate	600.00
636	(ii) Renewal license or certificate	500.00
637	(I.1) Health care corporations:	
638	(i) Original license or certificate	600.00
639	(ii) Renewal license or certificate	500.00
640	(J) Health maintenance organization:	
641	(i) Original license or certificate	600.00
642	(ii) Renewal license or certificate	500.00

643	(K) Insurer certificate of authority for agent	10.00
644	(L) Life, accident, and sickness insurance company:	
645	(i) Original license or certificate	600.00
646	(ii) Renewal license or certificate	500.00
647	(M) Managing general agent:	
648	(i) Original license or certificate	600.00
649	(ii) Renewal license or certificate	500.00
650	(N) Multiple employer self-insurance plan	400.00
651	(O) Premium finance company (full power)	500.00
652	(P) Premium finance company (limited power)	300.00
653	(Q) Reserved.	
654	(R) Prepaid legal services plans	500.00
655	(S) Private review agents:	
656	(i) Original license or certificate	1,000.00
657	(ii) Renewal license or certificate	500.00
658	(T) Property and casualty insurance company:	
659	(i) Original license or certificate	600.00
660	(ii) Renewal license or certificate	500.00
661	(U) Reserved.	
662	(V) Rating or advisory organization	100.00
663	(W) Reinsurance intermediary	50.00
664	(X) Surplus lines broker	600.00
665	(Y) Third-party administrators:	
666	(i) Original license or certificate	500.00
667	(ii) Renewal license or certificate	400.00
668	(Z) Title insurance company:	
669	(i) Original license or certificate	600.00
670	(ii) Renewal license or certificate	500.00
671	(AA) Utilization review agent	200.00
672	(BB) Each vending machine licensed under Chapter 23 of this title	25.00
673	(CC) Workers' compensation group self-insurance fund:	
674	(i) Original license or certificate	600.00
675	(ii) Renewal license or certificate	500.00

676	(2) Bond or security deposits:	
677	(A) Not over \$5,000.00	4.00
678	(B) Not over \$10,000.00	8.00
679	(C) Not over \$25,000.00	15.00
680	(D) Not over \$50,000.00	25.00
681	(E) Over \$50,000.00 but less than \$100,000.00	40.00
682	(F) \$100,000.00 or more	50.00
683	(3) Examination fee for agent's, subagent's, counselor's, or adjuster's license	25.00
684	(4) Application fee for agent's, subagent's, adjuster's, or counselor's license	15.00
685	(5) Status letter for agent, subagent, counselor, or adjuster	10.00
686	(6) For the following filings:	
687	(A) Bylaws amendments	25.00
688	(B) Certification of annual statement	10.00
689	(C) Certification of examination report	10.00
690	(D) Certification of other documents	5.00
691	(E) Charter amendments	25.00
692	(F) Education course provider (original filing)	100.00
693	(G) Education course provider (renewal filing)	50.00
694	(H) Education course or program	10.00
695	(I) Education course instructor	10.00
696	(J) Financial statement	50.00
697	(K) Form A	5,000.00
698	(L) Form A exemption	1,000.00
699	(M) Form B	500.00
700	(N) Form B exemption	100.00
701	(O) Individual risk rate or form	10.00
702	(P) Insurance policy form	25.00
703	(Q) Insurance rate filing	75.00
704	(R) Listing of licensed agents, subagents, counselors, or adjusters	1,000.00
705	(S) Listing of insurer's certificates of authority filed for agents	5.00
706	(T) Listing of agent's certificates of authority filed for subagents	5.00
707	(U) List of licensees or permit or certificate holders other than agents,	
708	subagents, counselors, or adjusters	40.00
709	(V) License, permit, or certificate of authority amendment	25.00
710	(W) Late fee for filings	15.00

711	(X) Registration of risk retention groups
712	(Y) Registration of purchasing groups
713	(Z) Filing of other documents
714	(AA) Amendment of filings
715	Provided, however, that the Commissioner, in his or her discretion, may
716	exempt from such fee change of address filings done off line offline by
717	agents, subagents, counselors, and adjusters.
718	(AA.1) Change of address filings done on line online by agents, subagents,
719	counselors, and adjusters
720	(BB) Service of process
721	(7) For refiling of corrected documents under this Code section, provided that
722	fees were paid with original filing
723	SECTION 1-40.
724	Said title is further amended in Code Section 33-8-4, relating to amount and method of
725	computing tax on insurance premiums generally and exclusion of annuity considerations, by
726	revising subsection (a) as follows:
727	"(a) All foreign, alien, and domestic insurance companies doing business in this state shall
728	pay a tax of 2 1/4 percent upon the gross direct premiums received by them on and after
729	July 1, 1955. The tax shall be levied upon persons, property, or risks in Georgia, from
730	January 1 to December 31, both inclusive, of each year without regard to business ceded
731	to or assumed from other companies. The tax shall be imposed upon gross premiums
732	received from direct writings without any deductions allowed for premium abatements of
733	any kind or character or for reinsurance or for cash surrender values paid, or for losses or
734	expenses of any kind; provided, however, deductions shall be allowed for premiums
735	returned on change of rate or canceled policies; provided, further, that deductions may be
736	permitted for return premiums or assessments, including all policy dividends, refunds, or
737	other similar returns paid or credited to policyholders and not reapplied as premium for
738	additional or extended life insurance. The term 'gross direct premiums' shall not include
739	annuity considerations."

740 **SECTION 1-41.** 

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Said title is further amended in Code Section 33-8-4.1, relating to state insurance premiums tax credits for insurance companies located in certain counties designated as less developed areas and authority of commissioner of community affairs and Commissioner of Insurance, by revising paragraph (2) of subsection (f) as follows:

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"(2) Existing business enterprises as defined under paragraph (2) of subsection (a) of this Code section shall be allowed an additional tax credit for taxes imposed under Code Section 33-8-4 equal to \$500.00 per eligible new full-time employee job for one year after the creation of such job. The additional credit shall be claimed in year two after the creation of such job. The number of new full-time jobs shall be determined by comparing the monthly average number of full-time employees subject to Georgia income tax withholding for the calendar year with the corresponding period of the prior calendar year. In tier 1 counties, those existing business enterprises that increase employment by five or more shall be eligible for the credit. In tier 2 counties, only those existing business enterprises that increase employment by ten or more shall be eligible for the In tier 3 counties, only those existing business enterprises that increase employment by 15 or more shall be eligible for the credit. In tier 4 counties, only those existing business enterprises that increase employment by 25 or more shall be eligible for the credit. The average wage of the new jobs created must be above the average wage of the county that has the lowest average wage of any county in the state to qualify as reported in the most recently available annual issue of the Georgia Employment and Wages Averages Report of the Department of Labor. To qualify for a credit under this paragraph, the employer must make health insurance coverage available to the employee filling the new full-time job; provided, however, that nothing in this paragraph shall be construed to require the employer to pay for all or any part of health insurance coverage for such an employee in order to claim the credit provided for in this paragraph if such employer does not pay for all or any part of health insurance coverage for other employees. Credit shall not be allowed during a year if the net employment increase falls below the number required in such tier. Any credit received for years prior to the year in which the net employment increase falls below the number required in such tier shall not be affected. The Commissioner of Insurance shall adjust the credit allowed each year for net new employment fluctuations above the minimum level of the number required in such tier. This paragraph shall apply only to new eligible full-time jobs created on or after January 1, 2009, and prior to January 1, 2014."

774 **SECTION 1-42.** 

Said title is further amended in Code Section 33-8-4.2, relating to assignment, carryover, and liability regarding tax credits, by revising subsection (b) as follows:

"(b) In lieu of claiming any tax credit under Code Section 33-8-4.1 for which a taxpayer otherwise is eligible for the calendar year (such eligibility being determined for this purpose without regard to any limitation imposed by reason of the taxpayer's precredit tax liability under Code Section 33-8-4), the taxpayer may elect to assign such credit in whole

or in part to one or more affiliated entities for such calendar year by attaching a statement to the taxpayer's return for the calendar year; provided, however, that no carryover attributable to the unused portion of any previously claimed or assigned credit may be assigned or reassigned, except as provided in subsection (d) of this Code section. Such election must be made on or before the due date for filing the applicable tax return under Code Section 33-8-4, including any extensions which have been granted. In the case of any credit that must be claimed in installments in more than one calendar year, the election under this subsection may be made on an annual basis with respect to each such installment, provided that the taxpayer shall notify the Commissioner of Insurance with respect to the assignment of each such installment by filing a separate copy of the election statement for such installment no later than the due date for filing the applicable tax return under Code Section 33-8-4, including any extensions which have been granted. Once made, an election under this subsection shall be irrevocable."

**SECTION 1-43.** 

Said title is further amended in Code Section 33-8-8.1, relating to county and municipal corporation taxes on life insurance companies, by revising subsections (c), (g), (h), and (i)

797 as follows:

- 798 "(c)(1) On March 1, 1984, and on that date in each subsequent of each year, each life 799 insurance company shall file a certified return on a form prescribed by the Commissioner 800 showing gross direct premiums received during the preceding calendar year that will 801 appear in the company's certified annual statement.
- 802 (2) Reserved.
- (3) On or before August 1<del>, 1988, and on the same date in each subsequent of each</del> year, the Commissioner shall collect taxes imposed pursuant to subsection (b) of this Code section on behalf of counties and municipal corporations whose ordinances have been filed with the Commissioner. The tax collected for each year shall be based upon gross direct premiums written during the preceding calendar year. Penalty and interest as prescribed in subsection (d) of Code Section 33-8-6 shall be imposed for late payment, underpayment, or nonpayment of such taxes."
  - "(g) On or before October 15, 1988, and on the same date in each subsequent of each year, the Commissioner shall distribute the taxes imposed by counties and municipal corporations which are actually remitted to and collected by the Commissioner. On or before October 15, 1988, and on the same date in each subsequent of each year, the Commissioner shall distribute any delinquent taxes actually collected by the Commissioner for a previous year, exclusive of any interest or penalty on such delinquent taxes, which delinquent taxes have not previously been distributed.

(h) Amounts collected by the Commissioner under or due under former Code Section 33-8-8.1 shall be collected and disbursed as provided in former Code Section 33-8-8.1. (i)(h) For purposes of this Code section, population shall be measured by the United States decennial census of 1990 or any future such census plus any corrections or revisions contained in official statements by the United States Bureau of the Census made prior to the first day of September immediately preceding the distribution of the proceeds of such taxes by the Commissioner and any additional official census data received by the Commissioner from the United States Bureau of the Census or its successor agency pertaining to any newly incorporated municipality. Such corrections, revisions, or additional data shall be certified to the Commissioner by the Office of Planning and Budget on or before August 31 of each year."

**SECTION 1-44.** 

Said title is further amended in Code Section 33-8-8.2, relating to county and municipal corporation taxes on other than life insurance companies, by revising paragraphs (3) and (5) of subsection (b) as follows:

- "(3)(A) On March 1, 1984, and on the same date in each subsequent of each year, each insurance company upon which a tax is imposed by subsection (b) of this Code section shall file a certified return on a form prescribed by the Commissioner showing gross direct premiums received during the preceding calendar year that will appear in the company's certified annual statement.
- (B) Reserved.

- (C) On or before August 1, 1988, and on the same date in each subsequent of each year, the Commissioner shall collect taxes imposed pursuant to this Code section on behalf of counties and municipal corporations whose ordinances have been filed with the Commissioner. The premiums tax collected for each year shall be based upon gross direct premiums written during the preceding calendar year. Penalty and interest as prescribed in subsection (d) of Code Section 33-8-6 shall be imposed for late payment, underpayment, or nonpayment of such taxes;"
- "(5) On or before October 15, 1988, and on the same date in each subsequent of each year, the Commissioner shall distribute the taxes imposed by counties and municipal corporations which are actually remitted to and collected by the Commissioner. On or before October 15, 1988, and on the same date in each subsequent of each year, the Commissioner shall distribute any delinquent taxes actually collected by the Commissioner for a previous year, exclusive of any interest or penalty on such delinquent taxes, which delinquent taxes have not previously been distributed."

**SECTION 1-45.** 

Said title is further amended in Code Section 33-8-8.3, relating to funding of services, or reduction of ad valorem taxes in unincorporated areas of counties, and powers and duties of governing authority, by revising paragraph (2) of subsection (a) as follows:

"(2) Reducing ad valorem taxes of the inhabitants of the unincorporated areas of those counties in which the governing authority of a county does not provide any of the services enumerated in paragraph (1) of this subsection to inhabitants of the unincorporated areas. In fixing the ad valorem tax millage rate for the year 1984 and any year thereafter, the governing authorities of such counties shall be authorized and directed to reduce such ad valorem tax millage rate on taxable property within the unincorporated areas of such counties to offset any of the proceeds derived from any tax provided for in this chapter which cannot be expended pursuant to paragraph (1) of this subsection."

**SECTION 1-46.** 

Said title is further amended in Code Section 33-8-10, relating to confidential treatment of tax information, information to be disclosed by local officials engaged in collection of taxes, and violations, by revising subsection (c) as follows:

"(c) Any person who violates this Code section shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than \$500.00 nor more than \$1,000.00 or imprisoned for not less than one month nor more than 12 months, or both; and, if the offender is an officer or employee of the state, he shall be dismissed from office and shall be incapable of holding any public office in this state for a period of five years thereafter."

**SECTION 1-47.** 

Said title is further amended in Code Section 33-9-3, relating to application of the chapter relative to regulation of rates, underwriting rules, and related organizations, by revising subsections (b) and (c) as follows:

- "(b)(1) This chapter shall apply to all insurers, including stock and mutual companies, Lloyd's associations, and reciprocal and interinsurance exchanges, which under any laws of this state write any of the kinds of insurance to which this chapter applies.
  - (2) The provisions of this chapter regarding rates shall apply to any insurer, fraternal benefit society, health care plan, health maintenance organization, or preferred provider organization providing any accident or sickness insurance or health benefit plan issued, delivered, issued for delivery, or renewed in this state to the extent required by subsection (c) of this Code section.
- (c) Provisions of this chapter regarding rates shall apply only to a proposed rate for any insurance or health benefit plan:

(1) Which alone or in combination with any previous rate change for such insurance or plan would result in a rate increase of:

- (A) Any amount, but no decrease shall be subject to such provisions; provided, however,
- 891 (B) The provisions of this chapter shall not apply to accident and sickness insurance;
  892 or
- 893 (2) Made within 36 months after any rate change described by paragraph (1) of this subsection."

## 895 **SECTION 1-48.**

- 896 Said title is further amended by revising Code Section 33-9-8, relating to agreements to share
- 897 high-risk applicants and approval of rates, as follows:
- 898 "33-9-8.

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- 899 (a) Agreements shall be made among admitted property and casualty insurers with respect
- to the equitable apportionment among them of property and casualty insurance which may
- be afforded applicants who are in good faith entitled to but who are unable to procure such
- insurance through ordinary methods upon the determination by the Commissioner in
- writing that an agreement relative to a given kind or kinds of property and casualty
- insurance is necessary to protect the health, property, and welfare of the citizens of
- Georgia. All of the agreements shall be subject to the approval of the Commissioner and
- 906 upon his <u>or her</u> approval shall have the effect of rules and regulations promulgated by the
- 907 Commissioner.
- 908 (b) All of the agreements shall be submitted in writing to the Commissioner for his or her
- consideration and approval within the period of time specified by the Commissioner in his
- or her determination, as provided for in this Code section, together with such information
- as he <u>or she</u> may reasonably require. The approval of the agreements shall comply with
- the requirements of the rule-making process as set forth in Code Section 33-2-9, as now or
- hereafter amended. The Commissioner shall approve only such agreements as are found
- by him <u>or her</u> to contemplate the use of rates which meet the standards prescribed by this
- 915 chapter and activities and practices that are not unfair, unreasonable, or otherwise
- 916 inconsistent with this chapter.
- 917 (c) If, as provided in this Code section, the Commissioner determines that it is necessary
- 918 to protect the health, property, and welfare of the citizens of this state, in addition to all
- other authority granted in this title, the Commissioner shall also have and may exercise the
- 920 following authority:
- 921 (1) The Commissioner may require that any rates contemplated to be used under this
- Code section shall be approved by him <u>or her</u> prior to their use;

(2) The Commissioner may declare that any policies, contracts, or rates used pursuant to any agreement or plan established under this Code section shall be the exclusive policies, contracts, or rates authorized to be used in Georgia for the kind or kinds of insurance; and he <u>or she</u> may prohibit the use by any person of policies, contracts, or rates in this state which are different from those established in accordance with this Code section; and

- (3) The Commissioner may amend or modify in whole or in part and may adopt any agreement submitted to him <u>or her</u> in accordance with this Code section. If no agreement is submitted within the time prescribed by the Commissioner or if after a hearing the agreement submitted is unacceptable to the Commissioner, the Commissioner may on his <u>or her</u> own motion promulgate and adopt a reasonable plan to implement this Code section which plan shall become effective on a date not sooner than ten days as specified by the Commissioner in his <u>or her</u> order.
- (d) At any time after the agreements are in effect the Commissioner may review the practices and activities of the adherents to such agreements and, if after a hearing upon not less than ten days' notice to such adherents, he <u>or she</u> finds that any such practice or activity is unfair or unreasonable, or is otherwise inconsistent with this chapter, he <u>or she</u> may issue a written order to the parties of the agreement specifying in what respect the act or practice is unfair or unreasonable or otherwise inconsistent with this chapter and requiring the discontinuance of the activity or practice. For good cause, and after hearing upon not less than ten days' notice to the adherents thereto, the Commissioner may revoke approval of the agreement.
- (e) Whenever the Commissioner determines that a lack of competition or a lack of availability exists in this state in either property or casualty insurance, the Commissioner is authorized to protect the health, property, and welfare of the citizens of this state by exercising the following authority:
- 949 (1) The Commissioner shall approve all rates contemplated to be used under this Code 950 section prior to their use;
- 951 (2) The Commissioner shall approve any policies or contracts used pursuant to any 952 agreement or plan established under this Code section and such policies or contracts shall 953 be used exclusively in this state for those kinds of insurance. The use by any person of 954 any policies or contracts which are different from those established in accordance with 955 this Code section shall be prohibited; and
  - (3) The Commissioner may by order implement a plan or program to provide the necessary insurance coverages to the citizens of this state by equitable apportionment among all property and casualty insurers licensed to transact those kinds of insurance in this state.

(f) The powers contained in this Code section are cumulative and shall be in addition to all other powers of the Commissioner contained elsewhere in this title or under the laws of this state."

963 **SECTION 1-49.** 

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Said title is further amended in Code Section 33-9-21, relating to maintenance and filing rates, rating plans, rating systems, or underwriting rules and examination of claim reserve practices by the Commissioner, by revising paragraph (2) of subsection (a) and paragraph (2) of subsection (b) as follows:

"(2) Shall require, not later than July 30, 1990, each domestic, foreign, and alien insurer, writing or authorized to write workers' compensation insurance in this state, to file such insurer's own individual rate filing for premium rates to be charged for workers' compensation insurance coverage written in this state. Such premium rates shall be developed and established based upon each individual insurer's experience in the State of Georgia to the extent actuarially credible. The experience filed shall include the loss ratios, reserves, reserve development information, expenses, including commissions paid and dividends paid, investment income, pure premium data adjusted for loss development and loss trending, profits, and all other data and information used by that insurer in formulating its workers' compensation premium rates which are used in this state and any other information or data required by the Commissioner. In establishing and maintaining loss reserves, no workers' compensation insurer shall be allowed to maintain any excess loss reserve for any claim or potential claim for more than 90 days after the amount of liability for such claim or potential claim has been established, whether by final judgment, by settlement agreement, or otherwise. This limitation on the maintenance of loss reserves shall be enforced through this Code section, as well as through Code Section 33-9-23, relating to examination of <u>admitted</u> insurers, and any other appropriate The Commissioner is authorized to accept such rate enforcement procedures. classifications as are reasonable and necessary for compliance with this chapter. A rate filing required by this paragraph shall be updated by the insurer at least once every two years, the initial two-year period to be calculated from July 30, 1990; and"

"(2) For <u>personal</u> private passenger motor vehicle insurance other than that described in paragraph (1) of subsection (b) of Code Section 33-9-21 this subsection, such rate, rating plan, rating system, or underwriting rule for all such <u>personal</u> private passenger motor vehicle insurance shall be effective upon filing and shall be implemented without approval of the Commissioner. This subsection shall apply to the entire <u>personal</u> private passenger motor vehicle insurance policy with limits above the mandatory minimum required by Code Section 33-34-4 and subsection (a) of Code Section 40-9-37 and shall

apply to the entire <u>personal</u> private passenger motor vehicle policy with minimum limits if such policy has any additional nonmandatory coverage or coverages."

998 **SECTION 1-50.** 

- 999 Said title is further amended by revising Code Section 33-9-21.1, relating to filing and maintenance of information relating to certain casualty insurance, as follows:
- 1001 "33-9-21.1.

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- 1002 In order to facilitate the handling of form and rate filings of certain types of miscellaneous 1003 casualty insurance which prior to July 1, 1995, has been filed generally under paragraph
- 1004 (10) of Code Section 33-7-3, the <u>The</u> following types of casualty insurance shall be filed
- separately and data relative to such types of insurance shall be maintained separately:
- 1006 (1) Nonrecording insurance or nonfiling insurance; and
- 1007 (2) Vendors' single interest insurance."

1008 **SECTION 1-51.** 

Said title is further amended in Code Section 33-9-23, relating to examination of admitted insurers and examination of insurers transacting workers' compensation insurance, by revising subsection (b) as follows:

"(b) In addition to and apart from the examination required by subsection (a) of this Code section, the Commissioner may, at any reasonable time, examine or cause to be examined by some examiner duly authorized by him <u>or her</u> all insurers transacting workers' compensation insurance in this state. This examination will include a review of the loss ratios, reserves, reserve development information, expenses including commissions paid and dividends paid, investment income, pure premium data adjusted for loss development and loss trending, profits, and all other data and information used by that insurer in formulating its workers' compensation <del>premium</del> rates which are used in this state and any other information or data required by the Commissioner. Upon completion of this examination, a report in such form as the Commissioner shall prescribe shall be filed in his <u>or her</u> office."

1023 **SECTION 1-52.** 

- Said title is further amended by revising Code Section 33-9-30, relating to suspension or revocation of license or certificate of authority for failure to comply with order of the
- 1026 Commissioner, as follows:
- 1027 "33-9-30.
- In addition to other penalties provided in this title, the Commissioner, by order pursuant
- 1029 <u>to Code Section 33-9-29</u>, may suspend or revoke, in whole or in part, the license of any

rating organization or the certificate of authority of any insurer with respect to the class or classes of insurance specified in such order which if such entity fails to comply within the time limited by such order or any extension thereof which that the Commissioner may grant with an order of the Commissioner lawfully made by him pursuant to Code Section 33-9-29."

1035 **SECTION 1-53.** 

- Said title is further amended by revising Code Section 33-9-36, relating to unauthorized
- 1037 premiums and unlawful inducements, as follows:
- 1038 "33-9-36.
- 1039 (a) As used in this Code section, the term:
- (1) 'Gift certificate' shall have the same meaning as provided in Code Section 10-1-393.
- 1041 (2) 'Insurance' includes suretyship.
- 1042 (3) 'Policy' includes bond.
- 1043 (4) 'Store gift card' shall have the same meaning as provided in Code Section 10-1-393.
- 1044 (b) No broker or agent shall knowingly charge, demand, or receive a premium for any
- policy of insurance except in accordance with this chapter.
- 1046 (c) No insurer or employee of such insurer and no broker or agent shall pay, allow, or give,
- or offer to pay, allow, or give, directly or indirectly as an inducement to insurance or after
- insurance has been effected, any rebate, discount, abatement, credit, or reduction of the
- premium named in a policy of insurance, or any special favor or advantage in the dividends
- or other benefits to accrue on such policy of insurance, or any valuable consideration or
- inducement whatever, not specified in the policy of insurance, except to the extent provided
- for in an applicable filing. No insured named in a policy of insurance nor any employee
- of the insured shall knowingly receive or accept, directly or indirectly, any such rebate,
- discount, abatement, credit, or reduction of premium, or any special favor or advantage or
- valuable consideration or inducement.
- 1056 (d) Nothing in this Code section shall be construed as prohibiting the payment of
- 1057 commissions or other compensation to duly licensed agents and brokers, nor as prohibiting
- any insurer from allowing or returning to its participating policyholders, members, or
- subscribers dividends, savings, or unabsorbed premium deposits.
- 1060 (e) Nothing in this Code section shall be construed as prohibiting the payment for food or
- refreshments by an insurer or an agent, broker, or employee of an insurer employee of such
- insurer or a broker or an agent for current or prospective clients during sales presentations
- and seminars, provided that no insurance or annuity applications or contracts are offered
- or accepted at such presentations or seminars.

(f) Nothing in this Code section shall be construed as prohibiting insurers or insurance producers an insurer or employee of such insurer or a broker or an agent from advertising or conducting promotional programs by insurers or insurance producers whereby prizes, goods, wares, store gift cards, gift certificates, sporting event tickets, or merchandise, not exceeding \$100.00 in value per customer in the aggregate in any one calendar year, are given to current or prospective customers; provided, however, that the giving of any item or items of value under this subsection shall not be contingent on the sale or renewal of a policy."

1073 **SECTION 1-54.** 

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Said title is further amended in Code Section 33-9-42, relating to reduction in premiums for motor vehicle liability, first-party medical, and collision coverages for certain named drivers, by revising subparagraph (b)(3)(C) as follows:

"(C) A defensive driving course of not less than six hours from a driver improvement program which is administered by a nonprofit organization such as the American Association of Retired People AARP, the American Automobile Association, the National Safety Council, or a comparable organization and which meets the rules and regulations of the Department of Driver Services pursuant to subsection (g) of this Code section; or"

1083 **SECTION 1-55.** 

Said title is further amended in Code Section 33-9-43, relating to reduction in premiums for motor vehicle liability, first-party medical, and collision coverage for named drivers under 25 years of age, by revising subsection (a) as follows:

- "(a) For each personal or family-type policy of private passenger motor vehicle insurance issued, delivered, issued for delivery, or renewed on or after October 1, 1991, there shall be offered by the insurer a reduction in the premium for motor vehicle liability, first-party medical, and collision coverage for each named driver under 25 years of age, as listed on the policy application or provided in information subsequent to such application, of each motor vehicle covered by such policy, if that driver:
- 1093 (1) Is unmarried;
- 1094 (2) Is enrolled as a full-time student in:
- 1095 (A) High school;
- 1096 (B) Academic courses in a college or university; or
- 1097 (C) Vocational-technical school;
- 1098 (3) Is an honor student because the scholastic records for the immediately preceding quarter, semester, or comparable segment show that such person:

- 1100 (A) Ranks scholastically in the upper 20 percent of the class;
- (B) Has a 'B' average or better;
- 1102 (C) Has a 3.0 average or better; or
- (D) Is on the 'Dean's List' or 'Honor Roll'; and
- 1104 (4) Is a driver whose use of the automobile is considered by the insurer in determining
- the applicable classification."

1106 **SECTION 1-56.** 

- 1107 Said title is further amended by revising Code Section 33-9-44, relating to legislative intent,
- 1108 as follows:
- 1109 "33-9-44.
- 1110 It is specifically intended that the discounts provided in Code Sections 33-9-42 and 33-9-43
- shall be provided by the insurer to any person who qualifies for such discounts. It is further
- intended that any similar discounts granted to qualified persons under Chapter 34 of this
- title as such chapter existed on September 30, 1991, shall not be discontinued nor
- duplicated by the enactment of Code Sections 33-9-42 and 33-9-43 for policies in effect
- 1115 on September 30, 1991."

1116 **SECTION 1-57.** 

- 1117 Said title is further amended in Code Section 33-10-2, relating to assets considered in
- 1118 determining financial conditions of insurer excluded assets, by revising paragraphs (3)
- 1119 and (4) as follows:
- 1120 "(3) Stock of such insurer, owned by him such insurer, or any equity in such stock or
- loans secured by such stock or any proportionate interest in such stock acquired or held
- through the ownership by such insurer of a controlling interest in another firm,
- 1123 corporation, or business unit;
- 1124 (4) Furniture, fixtures, furnishings, safes, vehicles, libraries, stationery, literature, and
- supplies other than data processing and accounting system authorized under paragraph
- (3) of Code Section 33-10-1, except, in the case of title insurers, such materials and plants
- as the insurer is expressly authorized to invest in under Code Section 33-11-27 and
- except, in the case of any insurer, such personal property as the insurer is permitted to
- hold pursuant to Chapter 11 of this title or which is reasonably necessary for the

maintenance and operation of real estate lawfully acquired and held by the insurer other

- than real estate used by him such insurer for home office, branch office, or similar
- purposes; and"

1133	SECTION 1-58.
1134	Said title is further amended by revising Code Section 33-10-3, relating to deduction of
1135	assets from liabilities and liabilities from assets generally, as follows:
1136	"33-10-3.
1137	Assets may be allowable as deductions from corresponding liabilities, and liabilities may
1138	be charged as deductions from assets, in accordance with the form of annual statement
1139	applicable to such insurer as prescribed directed by the Commissioner or otherwise in his
1140	or her discretion."
1141	SECTION 1-59.
1142	Said title is further amended in Code Section 33-10-10, relating to required reserves – title
1143	insurance, by revising paragraph (1) as follows:
1144	"(1) Ten percent of the total amount of the risk premiums hereafter written in the
1145	calendar year for title insurance contracts shall be assigned originally to the reserve; and"
1146	SECTION 1-60.
1147	Said title is further amended by revising Code Section 33-10-11, relating to requirement of
1148	special reserve for certain bonds, as follows:
1149	″33-10-11.
1150	In lieu of the unearned premium reserve required on surety insurance under subsection (a)
1151	of Code Section 33-10-6, the Commissioner may require any surety insurer or limited
1152	surety insurer to set up and maintain a reserve on all bail bonds or other single premium
1153	bonds without definite expiration data, furnished in judicial proceedings, equal to 25
1154	percent of the total consideration charged for any bonds as are outstanding as of the date
1155	of any then current financial statement of the insurer."
1156	SECTION 1-61.
1157	Said title is further amended in Code Section 33-10-13, relating to standard valuation, by
1158	revising subsections (b) and (i) and subparagraph (p)(1)(A) as follows:
1159	"(b) For the purposes of this Code section, the <u>The</u> following definitions shall apply on or
1160	after the operative date of the valuation manual. For the purposes of this Code section, the
1161	<u>term</u> :
1162	(1) The term 'accident 'Accident and health insurance' means contracts that incorporate
1163	morbidity risk and provide protection against economic loss resulting from accident,
1164	sickness, or medical conditions and as may be specified in the valuation manual.

1165 (2) The term 'appointed 'Appointed actuary' means a qualified actuary who is appointed in accordance with the valuation manual to prepare the actuarial opinion required in paragraph (2) of subsection (d) of this Code section.

- 1168 (3) The term 'company' 'Company' means an entity, which:
- 1169 (A) <u>Has has written, issued, or reinsured life insurance contracts, accident and health</u> 1170 insurance contracts, or deposit-type contracts in this state and has at least one such 1171 policy in force or on claim; or
- 1172 (B) <u>Has has</u> written, issued, or reinsured life insurance contracts, accident and health insurance contracts, or deposit-type contracts in any state and is required to hold a certificate of authority to write life insurance, accident and health insurance, or deposit-type contracts in this state.
- 1176 (4) The term 'deposit-type 'Deposit-type contract' means contracts that do not incorporate mortality or morbidity risks and as may be specified in the valuation manual.
- 1178 (5) The term 'life 'Life insurance' means contracts that incorporate mortality risk, 1179 including annuity and pure endowment contracts, and as may be specified in the valuation 1180 manual.
- 1181 (6) The term 'NAIC' means the National Association of Insurance Commissioners.
- 1182 (7) The term 'policyholder 'Policyholder behavior' means any action a policyholder, contract holder, or any other person with the right to elect options, such as a certificate holder, may take under a policy or contract subject to this Code section, including, but not limited to, lapse, withdrawal, transfer, deposit, premium payment, loan, annuitization, or benefit elections prescribed by the policy or contract but excluding events of mortality or morbidity that result in benefits prescribed in their essential aspects by the terms of the policy or contract.

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- (8) The term 'principle-based 'Principle-based valuation' means a reserve valuation that uses one or more methods or one or more assumptions determined by the insurer and is required to comply with subsection (p) of this Code section as specified in the valuation manual.
- 1193 (9) The term 'qualified 'Qualified actuary' means an individual who is qualified to sign 1194 the applicable statement of actuarial opinion in accordance with the American Academy 1195 of Actuaries qualification standards for actuaries signing such statements and who meets 1196 the requirements specified in the valuation manual.
- (10) The term 'tail 'Tail risk' means a risk that occurs either where the frequency of low probability events is higher than expected under a normal probability distribution or where there are observed events of very significant size or magnitude.
- 1200 (11) The term 'valuation 'Valuation manual' means the manual of valuation instructions 1201 adopted by the NAIC as specified in this Code section or as subsequently amended."

"(i) In no event shall an insurer's aggregate reserve for all life insurance policies, excluding disability and accidental death benefits issued on or after January 1, 1966, be less than the aggregate reserves calculated in accordance with the methods set forth in subsections (g), (h), (l), and (m) of this Code section and the mortality table or tables and rate or rates of interest used in calculating nonforfeiture benefits for the policies. In no event shall the aggregate reserves for all policies, contracts, and benefits be less than the aggregate reserves determined by the appointed actuary to be necessary to render the opinion required by subsection (d) of the this Code section."

"(A) Quantify the benefits and guarantees, and the funding, associated with the contracts and their risks at a level of conservatism that reflects conditions that include unfavorable events that have a reasonable probability of occurring during the lifetime of the contracts. For, and for policies or contracts with significant tail risk, reflects conditions appropriately adverse to quantify the tail risk;"

**SECTION 1-62.** 

Said title is further amended by revising Code Section 33-10-17, relating to valuation of

1217 reserves – purchase money mortgages, as follows:

1218 "33-10-17.

1219 Purchase money mortgages Mortgages on real property referred to in subsection (a) of

Code Section 33-10-16 shall be valued in an amount not exceeding the acquisition cost of

the real property covered thereby or 90 percent of the fair value of the real property,

whichever is less."

**SECTION 1-63.** 

Said title is further amended by revising Code Section 33-29A-31, relating to individual accident and sickness insurance policy definitions, as follows:

1226 "33-29A-31.

For purposes of this article, the term 'individual accident and sickness insurance policy' means any policy insuring against loss resulting from sickness or from bodily injury or death by accident, or both, or any contract to furnish ambulance service in the future but does not include limited benefit insurance policies exempted from the definition of the term 'health benefit policy' in paragraph (1.1) of Code Section 33-1-2. The term 'individual accident and sickness insurance policy' shall also include comprehensive major medical coverage for medical and surgical benefits, and also includes 'High Deductible Health Plans' 'high deductible health plans' sold or maintained under the applicable provisions of

Section 223 of the Internal Revenue Code."

1236 **SECTION 1-64.** 

1237 Said title is further amended by replacing "Insurance Department" with "Department of

- 1238 Insurance" wherever the former term occurs in:
- 1239 (1) Code Section 33-13-1, relating to definitions;
- 1240 (2) Code Section 33-13-38, relating to confidentiality and protection;
- 1241 (3) Code Section 33-21-17, relating to examinations of organizations and providers, reports
- of examinations, and payment of expenses of examinations;
- 1243 (4) Code Section 33-23-12, relating to limited licenses;
- 1244 (5) Code Section 33-24-66, relating to evidence, testimony, and information necessary to
- prepare report under Code Section 33-24-63, and time period for issuing of reports on bill;
- 1246 (6) Code Section 33-25-14, relating to unclaimed life insurance benefits, purpose,
- 1247 definitions, and insurer conduct;
- 1248 (7) Code Section 33-29-19, relating to rate modification on individual accident and sickness
- 1249 policies providing for optional loss ratio guarantee;
- 1250 (8) Code Section 33-34A-2, relating to definitions;
- 1251 (9) Code Section 33-37-3, relating to definitions;
- 1252 (10) Code Section 33-37-10, relating to confidentiality of proceedings;
- 1253 (11) Code Section 33-37-13, relating to authority of rehabilitator, additional remedies, and
- 1254 rehabilitation plan;
- 1255 (12) Code Section 33-37-20, relating to powers of liquidator;
- 1256 (13) Code Section 33-50-5, relating to minimum surplus, capital requirements, security
- deposit, annual audit, aggregate excess stop-loss coverage, and individual excess stop-loss
- 1258 coverage;
- 1259 (14) Code Section 33-52-3, relating to notice of transfer, contents and form of notice, and
- 1260 prior approval of Commissioner;
- 1261 (15) Code Section 33-55-2, relating to "material" acquisition or disposition defined, scope
- of reporting requirement, and information to be included in report; and
- 1263 (16) Code Section 33-56-11, relating to immunity of Commissioner and department.

## 1264 **SECTION 1-65.**

- 1265 Chapter 9 of Title 9, relating to civil practice arbitration, is amended in Code Section 9-9-2,
- relating to applicability and exclusive method, by revising paragraph (3) of subsection (c) as
- 1267 follows:
- 1268 "(3) Any contract of insurance, as defined in paragraph (1) of Code Section 33-1-2;
- provided, however, that nothing in this paragraph shall impair or prohibit the enforcement
- of or in any way invalidate an arbitration clause or provision in a contract between
- insurance companies;"

**SECTION 1-66.** 

Chapter 1 of Title 10 of the Official Code of Georgia Annotated, relating to selling and other trade practices, is amended in Code Section 10-1-3, relating to requirements for retail installment contracts, time price differential, prepayment, and inclusion of construction permit costs, by revising subsection (g) as follows:

"(g) The seller under any retail installment contract shall, within 30 days after execution of the contract, deliver or mail or cause to be delivered or mailed to the buyer at his <u>or her</u> aforesaid address any policy or policies of insurance the seller has agreed to purchase in connection therewith or in lieu thereof a certificate or certificates of such insurance. The amount, if any, included for insurance shall not exceed the applicable premiums chargeable in accordance with the rates filed with the <u>Insurance</u> Department <u>of Insurance</u>; if any such insurance is canceled, unearned insurance premium refunds received by the holder shall be credited to the final maturing installment of the contract except to the extent applied toward the payment for similar insurance protecting the interests of the seller and the holder or either of them. Nothing in this article shall impair or abrogate the right of a buyer to procure insurance from an agent and company of his <u>or her</u> own selection, as provided by the insurance laws of this state; and nothing contained in this article shall modify, alter, or repeal any of the insurance laws of this state."

**SECTION 1-67.** 

Said chapter is further amended in Code Section 10-1-32, relating to requirements for retail installment contracts, insurance, delinquency charges, attorneys' fees, and costs, and receipts, by revising paragraph (1) of subsection (e) as follows:

"(e)(1) If any insurance is purchased by the holder of the retail installment contract, the amount charged therefor shall not exceed the applicable premiums chargeable in accordance with the rates filed with the Insurance Department of Insurance. If dual interest insurance on the motor vehicle is purchased by the holder, it shall, within 30 days after execution of the retail installment contract, send or cause to be sent to the buyer a policy or policies or certificate of insurance, written by an insurance company authorized to do business in this state, clearly setting forth the amount of the premium, the kind or kinds of insurance, the coverages, and all the terms, exceptions, limitations, restrictions, and conditions of the contract or contracts of insurance."

**SECTION 1-68.** 

1304 Chapter 3 of Title 20 of the Official Code of Georgia Annotated, relating to postsecondary 1305 education, is amended in Code Section 20-3-632, relating to definitions, by revising 1306 paragraph (6) as follows:

1307 "(6) 'Financial organization' means an organization which is: 1308 (A) A fiduciary authorized to act as a trustee pursuant to the provisions of the federal 1309 Employee Retirement Income Security Act of 1974, as amended, or an insurance 1310 company or affiliate; and (B)(i) Licensed or chartered by the <del>Insurance</del> Department of Insurance; 1311 1312 (ii) Licensed or chartered by the Department of Banking and Finance; 1313 (iii) Chartered by an agency of the federal government; (iv) Subject to the jurisdiction and regulation of the federal Securities and Exchange 1314 1315 Commission; (v) Any other entity otherwise authorized to act in this state as a trustee pursuant to 1316 the provisions of the federal Employee Retirement Income Security Act of 1974, as 1317 1318 amended; or 1319 (vi) Any investment adviser registered with the United States federal Securities and Exchange Commission pursuant to the Investment Advisers Act of 1940." 1320 SECTION 1-69. 1321 Chapter 9 of Title 34 of the Official Code of Georgia Annotated, relating to workers' 1322 1323 compensation, is amended by replacing "Insurance Department" with "Department of 1324 Insurance" wherever the former term occurs in: (1) Code Section 34-9-121, relating to duty of employer to insure in licensed company or 1325 1326 association or to deposit security, indemnity, or bond as self-insurer, application to 1327 out-of-state employers, and membership in mutual insurance company; 1328 (2) Code Section 34-9-132, relating to grounds for revocation of insurance carrier's permit; 1329 and 1330 (3) Code Section 34-9-368, relating to reimbursement of self-insured employers or insureds, actuarial study required, and dissolution of Subsequent Injury Trust Fund. 1331 SECTION 1-70. 1332 Title 40 of the Official Code of Georgia Annotated, relating to motor vehicles and traffic, is 1333 1334 amended by replacing "Insurance Department" with "Department of Insurance" wherever the former term occurs in: 1335 (1) Code Section 40-2-137, relating to definitions, notice of insurance coverage and 1336 termination, electronic transmission of notice, public inspection of minimum liability 1337

insurance records, duties of vehicle owner, lapse fee, suspension of vehicle registrations,

waiver of lapse fee, and persons on active military duty;

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1340	(2) Code Section 40-3-36, relating to cancellation of certificate of title for scrap, dismantled,
1341	or demolished vehicles or trailers, salvage certificate of title, administrative enforcement, and
1342	removal of license plates; and
1343	(3) Code Section 40-3-43, relating to transfer of certificate to person, firm, or corporation
1344	paying total loss claim on stolen vehicle, administrative fine enforcement alternative, and
1345	authority of Commissioner of Insurance.
1346	SECTION 1-71.
1347	Chapter 5 of Title 47 of the Official Code of Georgia Annotated, relating to the Georgia
1348	Municipal Employees Benefit System, is amended in Code Section 47-5-23, relating to
1349	powers of the board of trustees generally, by revising paragraph (17) as follows:
1350	"(17) To serve as trustees of a municipal workers' compensation group self-insurance
1351	fund which is established by employers as defined in paragraph (9) of Code
1352	Section 47-5-2 and which is operated pursuant to Article 5 of Chapter 9 of Title 34 and
1353	rules and regulations of the Georgia Insurance Department of Insurance, notwithstanding
1354	the definition contained in paragraph (11) of Code Section 34-9-151;"
1355	PART II
1356	SECTION 2-1.
1357	Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended by
1358	repealing Article 2 of Chapter 29A, relating to the Commission on the Georgia Health
1359	Insurance Risk Pool, and designating said article as reserved.
1360	SECTION 2-2.
1361	Any assets of the Commission on the Georgia Health Insurance Risk Pool existing as of
1362	June 30, 2018, shall devolve by operation of law and without further action to the State of
1363	Georgia on July 1, 2018. Any liabilities and obligations of the Commission on the Georgia
1364	Health Insurance Risk Pool existing as of June 30, 2018, shall be transferred to and assumed
1365	by the State of Georgia, by such instruments as may be required to maintain the same.
1366	PART III
1367	SECTION 3-1.
1368	All laws and parts of laws in conflict with this Act are repealed.