## **ACT 196 (HB 255)**

## **2015 Regular Session**

Pierre

Existing law generally provides for regulation of insurance holding company systems by the commissioner of insurance, including initiating the formation of supervisory colleges of groups of insurers.

<u>New law</u> provides for determination or acknowledgment by the commissioner of the group-wide supervisor of an internationally active insurance group, as defined in <u>new law</u>, and of an insurance group that does not meet that definition but requests the determination or acknowledgment of a group-wide supervisor.

<u>New law</u> provides the criteria for determining the supervisor that should be the group-wide supervisor. Also provides for the criteria for acknowledging another supervisor as the group-wide supervisor and for evaluating material changes in the insurance group that would justify changing the group-wide supervisor.

<u>New law</u> provides that if the commissioner is the group-wide supervisor for an internationally active insurance group, he may assess the enterprise risk within such group to ensure that both of the following conditions are met: (1) the material financial condition and liquidity risks to the insurers in the group are identified by management; and (2) certain mitigation measures are in place.

<u>New law</u> provides that if the commissioner acknowledges that another chief insurance regulatory official from a jurisdiction that is not accredited by the NAIC is the group-wide supervisor, the commissioner may reasonably cooperate with that official if both of the following conditions are met: (1) the commissioner's cooperation is in compliance with state laws; and (2) the regulatory official also recognizes and cooperates with the commissioner's activities as a group-wide supervisor for other internationally active insurance groups where applicable.

<u>New law</u> authorizes the commissioner of insurance to request information necessary to make a determination of group-wide supervision and provides for the confidentiality of that information by creating an exemption from the Public Records Law for such information.

<u>New law</u> requires any insurer who is a member of an insurance holding company to register with the commissioner. Further provides that any insurer failing to file any such registration statement shall be required, after notice and hearing, to pay a penalty of \$100 for each day's delay, to be recovered by the commissioner and paid into the state's general revenue fund.

<u>New law</u> instead provides that any such insurer failing to file the required registration statement shall be required, after notice and an opportunity to be heard, to pay such penalty, to be recovered by the commissioner and deposited upon receipt in the state treasury.

<u>New law</u> enacts the National Association of Insurance Commissioners' (NAIC) Risk Management and Own Risk and Solvency Assessment (ORSA) Model Act, as follows:

- (1) Refers to the NAIC Own Risk and Solvency Assessment Guidance Manual for the requirements for an insurer or a insurance group (defined as insurers and affiliates included within an insurance holding company system) in preparing an own risk and solvency assessment (ORSA) and ORSA summary report. Requires the maintenance of a risk management framework to assist an insurer with identifying, assessing, monitoring, managing, and reporting on its material and relevant risks.
- (2) Provides for requirements and exemptions from ORSA reporting. Additionally gives the commissioner of insurance discretion to require a risk management framework for otherwise exempt insurers or groups based on unique circumstances, a risk-based capital event, or evidence of being in a hazardous financial condition.
- (3) Provides that certain documents, materials, or other information shall be confidential and privileged, shall not be subject to disclosure under the Public Records Law, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action.

(4) Mandates that any insurer failing, without just cause, to timely file an ORSA summary report be required, after notice and an opportunity to be heard, to pay a penalty of \$100 for each day's delay, to be recovered by the commissioner and deposited upon receipt in the state treasury. Sets the maximum penalty at \$10,000. Allows the commissioner to reduce the penalty if the insurer demonstrates to him that the imposition of the penalty would constitute a financial hardship to it.

Effective Jan. 1, 2016.

 $(Amends\,R.S.\,22:691.10(A)\,and\,691.13(A)\,and\,R.S.\,44:4.1(B)(11);\,Adds\,R.S.\,22:691.2(11)\,and\,(12),\,691.9.1,\,and\,691.31-691.39)$