

Regular Session, 2012

HOUSE BILL NO. 595

BY REPRESENTATIVE CROMER

INSURANCE: Provides for technical recodification of certain provisions of the La. Insurance Code

1 AN ACT

2 To amend and reenact R.S. 22:23(D)(3)(b), 242(10), 653(A)(introductory paragraph),

3 851(A), 912(C), (D), and (E), 931(A)(10)(a), 1821(A), (C), (D)(1), (2)(e) and

4 (g)(i)(aa), and (3)(c)(introductory paragraph) and (i), (d)(introductory paragraph) and

5 (i) through (iv), and (e), and (F)(1), 1825(B)(introductory paragraph) and

6 (C)(introductory paragraph) and (4), 1859(F), 1875, 1879(A), (B)(1)(introductory

7 paragraph), and (C), 1880(B)(1)(introductory paragraph), (C)(introductory

8 paragraph), and (D)(introductory paragraph), 1892(B)(1), (C)(1), and (D)(2),

9 1901(4), 1902(A)(2) and (9), 1903(C)(2)(introductory paragraph), 1904,

10 1905(C)(introductory paragraph) and (1), 1907, 1909(B) and (C), 1921(B) and (C),

11 1923(1)(a)(introductory paragraph) and (g), 1926(A), 1927(B), 1928(B), 1941, 1942,

12 1944, 1945, 1946, 1962(C) and (F), 1964(1)(g), (7)(a), (b), and (h), (9), (10)(c),

13 (11), (13), (15)(c)(i), (iii), and (vii), (19)(b)(i)(introductory paragraph) and (c)(i),

14 (20), (24), and (25), 1967, 1968, 1971(C), 1973(B)(introductory paragraph),

15 1981(A)(2) and (3) and (C)(introductory paragraph), 1983(D) through (H) and (I)(1)

16 and (2), 1984(A) and (G), 1988, 1989, 1992, 1994(A), 2001, 2002(2) and (4),

17 2003(1)(e) and (f), 2005, 2006, 2008(A), 2009(E)(2) and (4), 2010(D),

18 2012(A)(introductory paragraph) and (3) and (B), 2013(B), 2018(A) and (B), 2019,

19 2020(C), 2021(A), 2023(C)(2), 2025(4), 2026, 2027(B), 2028(B), (C), and (D)(6),

20 2029, 2032, 2033(B), 2034(G) and (H), 2035(A) and (D), 2036(C), 2038(3), 2044,

1 2055(6)(a)(ii), (7)(introductory paragraph) and (a), (9)(a)(introductory paragraph)
2 and (i) and (b), (12), and (15), 2056(C)(2)(f), 2058(A)(1)(a)(i) and (ii), (b)(i) and (ii),
3 and (3)(a)(iv), 2059(A)(1), (C)(6), and (D), 2060(A)(1), 2061.1(A),
4 2062(A)(2)(a)(introductory paragraph) and (i) and (ii), (5)(a), and (6),
5 2083(A)(2)(introductory paragraph) and (a) and (C)(introductory paragraph) and (1),
6 2084(6), 2085(C)(1) and (3)(g), 2086(B) and (D), 2087(A)(2), (B)(1)(introductory
7 paragraph) and (a) and (2)(introductory paragraph), (C)(2), (D)(introductory
8 paragraph) and (3) and (4)(a), (E), (I)(introductory paragraph), (J), and (M)(3),
9 2088(D), 2089(A)(2) and (C)(8), 2091(A)(2) and (E)(1), 2092(D), 2093(E)(1),
10 2098(B) and (C)(introductory paragraph), 2112, 2113, 2114, 2118, 2119, 2132(C)
11 and (D), 2133(2), 2135(A), 2147(A)(2), 2161(A)(introductory paragraph) and (6),
12 2171(A), (B), (C)(7), (13), and (21), (E)(6) and (14), (F)(5) and (12), and (G)(5),
13 (11), and (12), 2181(B), 2191(A)(introductory paragraph) and (1), 2205, 2206, 2208,
14 2221(introductory paragraph), 2222(D)(introductory paragraph), 2223(F), 2243(2),
15 2244(A)(2), 2261(B), 2291, 2292(introductory paragraph), 2293(D)(2)(a) and (f) and
16 (3), 2294(A)(5), 2296(B)(1), 2297(D)(8), 2302(E), 2307(G), 2308, 2313, 2314(F),
17 2315(A), 2316, 2326(A), 2363(B), 2364(A) and (F), and 2369(E)(1) and to repeal
18 R.S. 22:1824(C), 2028(D)(3), 2161(A)(7), (12), (34), and (37), 2171(C)(20), (E)(17),
19 and (G)(13), and 2303(D)(1), all relative to technical recodification of certain
20 provisions of the Louisiana Insurance Code, including correction of citations,
21 updates of terms and language, reorganization of provisions, elimination of obsolete
22 or ineffective provisions, and harmonizing of inconsistent provisions; and to provide
23 for related matters.

24 Be it enacted by the Legislature of Louisiana:

25 Section 1. R.S. 22:23(D)(3)(b), 242(10), 653(A)(introductory paragraph), 851(A),
26 912(C), (D), and (E), 931(A)(10)(a), 1821(A), (C), (D)(1), (2)(e) and (g)(i)(aa), and
27 (3)(c)(introductory paragraph) and (i), (d)(introductory paragraph) and (i) through (iv), and
28 (e), and (F)(1), 1825(B)(introductory paragraph) and (C)(introductory paragraph) and (4),
29 1859(F), 1875, 1879(A), (B)(1)(introductory paragraph), and (C), 1880(B)(1)(introductory

1 paragraph), (C)(introductory paragraph), and (D)(introductory paragraph), 1892(B)(1),
2 (C)(1), and (D)(2), 1901(4), 1902(A)(2) and (9), 1903(C)(2)(introductory paragraph), 1904,
3 1905(C)(introductory paragraph) and (1), 1907, 1909(B) and (C), 1921(B) and (C),
4 1923(1)(a)(introductory paragraph) and (g), 1926(A), 1927(B), 1928(B), 1941, 1942, 1944,
5 1945, 1946, 1962(C) and (F), 1964(1)(g), (7)(a), (b), and (h), (9), (10)(c), (11), (13),
6 (15)(c)(i), (iii), and (vii), (19)(b)(i)(introductory paragraph) and (c)(i), (20), (24), and (25),
7 1967, 1968, 1971(C), 1973(B)(introductory paragraph), 1981(A)(2) and (3) and
8 (C)(introductory paragraph), 1983(D) through (H) and (I)(1) and (2), 1984(A) and (G), 1988,
9 1989, 1992, 1994(A), 2001, 2002(2) and (4), 2003(1)(e) and (f), 2005, 2006, 2008(A),
10 2009(E)(2) and (4), 2010(D), 2012(A)(introductory paragraph) and (3) and (B), 2013(B),
11 2018(A) and (B), 2019, 2020(C), 2021(A), 2023(C)(2), 2025(4), 2026, 2027(B), 2028(B),
12 (C), and (D)(6), 2029, 2032, 2033(B), 2034(G) and (H), 2035(A) and (D), 2036(C), 2038(3),
13 2044, 2055(6)(a)(ii), (7)(introductory paragraph) and (a), (9)(a)(introductory paragraph) and
14 (i) and (b), (12), and (15), 2056(C)(2)(f), 2058(A)(1)(a)(i) and (ii), (b)(i) and (ii), and
15 (3)(a)(iv), 2059(A)(1), (C)(6), and (D), 2060(A)(1), 2061.1(A), 2062(A)(2)(a)(introductory
16 paragraph) and (i) and (ii), (5)(a), and (6), 2083(A)(2)(introductory paragraph) and (a) and
17 (C)(introductory paragraph) and (1), 2084(6), 2085(C)(1) and (3)(g), 2086(B) and (D),
18 2087(A)(2), (B)(1)(introductory paragraph) and (a) and (2)(introductory paragraph), (C)(2),
19 (D)(introductory paragraph) and (3) and (4)(a), (E), (I)(introductory paragraph), (J), and
20 (M)(3), 2088(D), 2089(A)(2) and (C)(8), 2091(A)(2) and (E)(1), 2092(D), 2093(E)(1),
21 2098(B) and (C)(introductory paragraph), 2112, 2113, 2114, 2118, 2119, 2132(C) and (D),
22 2133(2), 2135(A), 2147(A)(2), 2161(A)(introductory paragraph) and (6), 2171(A), (B),
23 (C)(7), (13), and (21), (E)(6) and (14), (F)(5) and (12), and (G)(5), (11), and (12), 2181(B),
24 2191(A)(introductory paragraph) and (1), 2205, 2206, 2208, 2221(introductory paragraph),
25 2222(D)(introductory paragraph), 2223(F), 2243(2), 2244(A)(2), 2261(B), 2291,
26 2292(introductory paragraph), 2293(D)(2)(a) and (f) and (3), 2294(A)(5), 2296(B)(1),
27 2297(D)(8), 2302(E), 2307(G), 2308, 2313, 2314(F), 2315(A), 2316, 2326(A), 2363(B),
28 2364(A) and (F), and 2369(E)(1) are hereby amended and reenacted to read as follows:

1 §23. Exclusive use of expirations

2 * * *

3 D.

4 * * *

5 (3)

6 * * *

7 (b) This Paragraph shall not apply to any policy issued under the home
8 service marketing distribution system ~~pursuant to R.S. 22:1553(C)(2);~~ referenced in
9 R.S. 22:1962(C).

10 * * *

11 §242. Definitions

12 As used in this Subpart:

13 * * *

14 (10) "Point of service policy" means any policy of coverage that meets the
15 definition of a health and accident insurance policy pursuant to R.S. 22:34, 35, 851-
16 870, 872-883, 885-889, 901, 902, 944, 945, 972-983, 985-990, 992-1015, 1021-1048,
17 1091-1097, 1111, 1156, 1261-1270, 1281-1283, 1285-1288, 1290-1293, 1295-1297,
18 1331, 1333-1335, 1441, ~~1442~~, 1555, 1811, 1821-1823, and 1891-1894.

19 * * *

20 §653. Qualified United States financial institutions

21 A. Only for purposes of R.S. 22:652(3), a "qualified United States financial
22 institution" means an institution ~~which:~~ that:

23 * * *

24 §851. Scope of ~~Part~~ Chapter

25 A. The applicable provisions of this ~~Part~~ Chapter shall apply to insurance
26 other than ocean marine and foreign trade insurances. This ~~Part~~ Chapter shall not
27 apply to life insurance policies or annuities not issued for delivery in this state nor
28 delivered in this state. This ~~Part~~ Chapter also shall not apply to any health and
29 accident insurance policy not issued for delivery in this state nor delivered in this

1 state, except for any group policy covering residents of Louisiana, regardless of
2 where it was issued or delivered.

3 * * *

4 §912. Exemption of proceeds; life, endowment, annuity

5 * * *

6 C. The lawful beneficiary designated in an ~~Education Assistance Account~~
7 education savings account depositor's agreement to receive account funds in the
8 event of the account owner's death, including the account owner's estate, of the funds
9 contained in an ~~Education Assistance Account~~ education savings account established
10 pursuant to R.S. 17:3095 shall be entitled to the proceeds and avails of the ~~Education~~
11 ~~Assistance Account~~ education savings account against the creditors and
12 representatives of the account owner or the person effecting the account, or the estate
13 of either, and against the heirs and legatees of either person, ~~saving~~ except the rights
14 of forced heirs, and the proceeds and avails shall also be exempt from all liability for
15 any debt of the beneficiary or estate existing at the time the proceeds and avails are
16 made available for his own use.

17 D.(1) The provisions of Subsections A, B, and C of this Section shall apply:

18 (a) Whether or not the right to change the beneficiary is reserved or
19 permitted in the policy, contract, or ~~Education Assistance Account~~ education savings
20 account depositor's agreement.

21 (b) Whether or not the policy, contract, or ~~Education Assistance Account~~
22 education savings account depositor's agreement is made payable to the person
23 whose life is insured, to his estate, or to the estate of an annuitant or to the estate of
24 an ~~Education Assistance Account~~ education savings account owner if the
25 beneficiary, assignee, or payee shall predecease the person.

26 (2) This Subsection shall not be construed so as to defeat any policy or
27 contract provision which provides for disposition of proceeds in the event the
28 beneficiary, assignee, or payee shall predecease the insured, annuitant, or ~~Education~~
29 ~~Assistance Account~~ education savings account owner.

1 E. No person shall be compelled to exercise any rights, powers, options, or
2 privileges under any policy, contract, or ~~Education Assistance Account~~ education
3 savings account depositor's agreement.

4 * * *

5 SUBPART B. INDIVIDUAL LIFE

6 §931. Life insurance policies; standard provisions

7 A. No policy of life insurance, except as stated in Subsection C of this
8 Section, shall be delivered or issued for delivery in this state unless it contains in
9 substance the following provision or provisions which, in the opinion of the
10 commissioner of insurance, are more favorable to the policyholder:

11 * * *

12 (10)(a) Free look period. ~~(a)~~ A provision, prominently printed on the life
13 insurance policy or attached thereto, notifying the insured that ten days are allowed;
14 from the date of his receipt of the policy, to examine its provisions. If the policy is
15 not as explained by the company, its representative, or as understood by the insured,
16 the policy may be surrendered within the ten-day period, and any premium advanced
17 by the insured, upon the surrender, shall be immediately returned to him. The
18 insurer shall have the option of printing, attaching, or endorsing the notice required
19 in this Subparagraph or a notice of equal prominence which, in the opinion of the
20 commissioner of insurance, is not less favorable to the policyholder. This
21 Subparagraph shall not apply to travel insurance policies which by their terms are not
22 renewable.

23 * * *

24 §1821. Payment of claims; health and accident policies; prospective review;
25 penalties; self-insurers; telemedicine reimbursement by insurers

26 A. All claims arising under the terms of health and accident contracts issued
27 in this state, except as provided in Subsection B; of this Section, shall be paid not
28 more than thirty days from the date upon which written notice and proof of claim,
29 in the form required by the terms of the policy, are furnished to the insurer unless

1 just and reasonable grounds, such as would put a reasonable and prudent
 2 businessman on his guard, exist. The insurer shall make payment at least every thirty
 3 days to the assured during that part of the period of his disability covered by the
 4 policy or contract of insurance during which the insured is entitled to such payments.
 5 Failure to comply with the provisions of this Section shall subject the insurer to a
 6 penalty payable to the insured of double the amount of the health and accident
 7 benefits due under the terms of the policy or contract during the period of delay,
 8 together with ~~attorney's~~ attorney fees to be determined by the court. Any court of
 9 competent jurisdiction in the parish where the insured lives or has his domicile,
 10 excepting a justice of the peace court, shall have jurisdiction to try such cases.

11 * * *

12 C. Any person, partnership, corporation or other organization, or the State
 13 of Louisiana which provides or contracts to provide health and accident benefit
 14 coverage as a self-insurer for his or its employees, stockholders, or any other
 15 persons, shall be subject to the provisions of this Section, including the provisions
 16 relating to penalties and attorney fees, without regard to whether the person or
 17 organization is a commercial insurer; ~~provided~~, however, this Section shall not apply
 18 to collectively bargained union welfare plans other than health and accident plans.

19 D.(1) In any event where the contract between an insurer or self-insurer and
 20 the insured is issued or delivered in this state and contains a provision ~~whereby~~ in
 21 which in non-emergency cases the insured is required to be prospectively evaluated
 22 through a pre-hospital admission certification, pre-inpatient service eligibility
 23 program, or any similar pre-utilization review or screening procedure prior to the
 24 delivery of contemplated hospitalization, inpatient or outpatient health care, or
 25 medical services which are prescribed or ordered by a duly licensed health care
 26 provider who possesses admitting and clinical staff privileges at an acute care health
 27 care facility or ambulatory surgical care facility, the insurer, self-insurer, ~~third party~~
 28 third-party administrator, or independent contractor shall be held liable in damages
 29 to the insured only for damages incurred or resulting from unreasonable delay,

1 reduction, or denial of the proposed medically necessary services or care according
2 to the information received from the health care provider at the time of the request
3 for a prospective evaluation or review by the duly licensed health care provider, as
4 provided in the contract; ~~which~~ such damages shall be limited solely to the physical
5 injuries which are the direct and proximate cause of the unreasonable delay,
6 reduction, or denial as further defined in this Subsection together with reasonable
7 attorney fees and court costs.

8 (2)

9 * * *

10 (e) Failure to comply with the provisions of Subparagraphs (a), (b), and (c)
11 of this Paragraph shall subject the insurer, health maintenance organization,
12 preferred provider organization, or other managed care organization to penalties as
13 provided for in Subsection A of this Section and to penalties for violations as
14 provided in R.S. 22:1969.

15 * * *

16 (g) As used in this Paragraph, the following definitions shall apply:

17 (i) "Emergency medical condition" is a medical condition of recent onset and
18 severity, including severe pain, that would lead a prudent layperson, acting
19 reasonably and possessing an average knowledge of health and medicine, to believe
20 that the absence of immediate medical attention could reasonably be expected to
21 result in:

22 (aa) Placing the health of the individual, or, with respect to a pregnant
23 woman, the health of the woman or her unborn child, in serious jeopardy.

24 * * *

25 (3)

26 * * *

27 (c) For the purposes of this Subsection, the term "unreasonable reduction"
28 shall mean the decreasing or limiting of: either of the following:

1 (i) Previously certified or approved health care or medical services as
2 contracted for between the insurer and insured; ~~or.~~

3 * * *

4 (d) For the purposes of this Subsection, an "unreasonable denial" shall mean
5 the failure to: do any of the following:

6 (i) Review a request from a duly licensed health care provider by the
7 insurer's or self-insurer's review or screening procedure; ~~or.~~

8 (ii) Review a request from the insured within the time period as provided for
9 in the contract between the insurer or self-insurer and the insured, which time period
10 shall not exceed two work days as provided for in Subparagraph 3(a); of this
11 Paragraph.

12 (iii) Deliver the contracted for health care or medical services previously
13 certified or approved by the insurer's or self-insurer's review or screening procedure
14 for medically necessary treatment or care as mandated by and provided for in the
15 contract between the insurer or self-insurer and the insured; ~~or.~~

16 (iv) Review a request from a duly licensed health care provider by the
17 insurer's or self-insurer's review or screening procedure for an extension of the
18 original certified or approved duration of health care or medical services; ~~or.~~

19 * * *

20 (e) For the purposes of this Subsection, "medically necessary treatment or
21 care"; shall mean contemplated hospitalization, inpatient or outpatient health care,
22 or medical services recommended for appropriate treatment or care in accordance
23 with nationally accepted current medical criteria.

24 * * *

25 F.(1) Notwithstanding any provision of any policy or contract of insurance
26 or health benefits issued, ~~after June 16, 1995,~~ whenever such policy provides for
27 payment, benefit, or reimbursement for any health care service, including but not
28 limited to diagnostic testing, treatment, referral, or consultation, and such health care
29 service is performed via transmitted electronic imaging or telemedicine, such a

1 payment, benefit, or reimbursement under such policy or contract shall not be denied
 2 to a licensed physician conducting or participating in the transmission at the
 3 originating health care facility or terminus who is physically present with the
 4 individual who is the subject of such electronic imaging transmission and is
 5 contemporaneously communicating and interacting with a licensed physician at the
 6 receiving terminus of the transmission. The payment, benefit, or reimbursement to
 7 such a licensed physician at the originating facility or terminus shall not be less than
 8 seventy-five percent of the reasonable and customary amount of payment, benefit,
 9 or reimbursement which that licensed physician receives for an intermediate office
 10 visit.

11 * * *

12 §1825. Billing audit guidelines, rules, and regulations

13 * * *

14 B. The rules, regulations, or orders required by Subsection A of this Section
 15 shall determine:

16 * * *

17 C. The rules, regulations, and orders required by Subsection A of this
 18 Section shall include but not be limited to the following parameters:

19 * * *

20 (4) ~~Guidelines/qualifications~~ Guidelines and qualifications of both internal
 21 and external auditors.

22 * * *

23 §1859. Recoupment of health insurance claims payments

24 * * *

25 F. For purposes of this Section, a health insurance issuer shall include, in
 26 addition to the health insurance issuer, its agent, or any other party that makes
 27 payment directly to a pharmacy or pharmacist for prescription drugs, other products
 28 and supplies, and pharmacist services identified on a claim.

29 * * *

1 §1875. Billing by noncontracted facility-based physicians providing services in a
2 base health care facility

3 If a facility-based physician who is a noncontracted health care provider
4 provides health care services in a base health care facility to an enrollee or insured
5 and files a claim with a health insurance issuer for such facility-based services, the
6 health insurance issuer shall provide the facility-based physician with an explanation
7 of benefits as to any payment determination thereof. Nothing contained ~~herein~~ in
8 this Subpart shall ~~supersede~~ supercede the provisions of R.S. 22:263(D).

9 * * *

10 §1879. Louisiana consumer health care provider network disclosure

11 A.(1) ~~No later than March 31, 2010, or within~~ Within thirty days of the
12 effective date of a new contract, each hospital or ambulatory surgical center,
13 hereinafter referred to as "facility" or "contracted facility" for purposes of this
14 Section, shall provide to each health insurance issuer with which it contracts, the
15 National Provider Identifier (NPI) as set forth in 45 CFR §162.402 et seq., name,
16 business address, and business telephone number of each individual or group of
17 anesthesiologists, pathologists, radiologists, emergency medicine physicians, and
18 neonatologists who provide services at that facility. Thereafter, the facility shall
19 notify each health insurance issuer of any changes to the information as soon as
20 possible but not later than thirty days following any change.

21 (2) ~~No later than March 31, 2010, or within~~ Within thirty days of the
22 effective date of a new contract, each individual or group of anesthesiologists,
23 pathologists, radiologists, emergency medicine physicians, and neonatologists who
24 provide services at a contracted facility shall provide the health insurance issuer with
25 which it is contracted, the NPI, name, business address, and business telephone
26 number of each group or individual so contracted. Thereafter, the group or
27 individual so contracted shall notify each health insurance issuer of any changes to
28 the information as soon as possible but not later than thirty days following any
29 change.

1 §1892. Payment and adjustment of claims, policies other than life and health and
2 accident; personal vehicle damage claims; extension of time to respond to
3 claims during emergency or disaster; penalties; arson-related claims
4 suspension

5 * * *

6 B.(1) Failure to make such payment within thirty days after receipt of such
7 satisfactory written proofs and demand therefor or failure to make a written offer to
8 settle any property damage claim, including a third-party claim, within thirty days
9 after receipt of satisfactory proofs of loss of that claim, as provided in Paragraphs
10 (A)(1) and (4); of this Section, respectively, or failure to make such payment within
11 thirty days after written agreement or settlement as provided in Paragraph (A)(2); of
12 this Section when such failure is found to be arbitrary, capricious, or without
13 probable cause, shall subject the insurer to a penalty, in addition to the amount of the
14 loss, of fifty percent damages on the amount found to be due from the insurer to the
15 insured, or one thousand dollars, whichever is greater, payable to the insured, or to
16 any of said employees, or in the event a partial payment or tender has been made,
17 fifty percent of the difference between the amount paid or tendered and the amount
18 found to be due as well as reasonable attorney fees and costs. Such penalties, if
19 awarded, shall not be used by the insurer in computing either past or prospective loss
20 experience for the purpose of setting rates or making rate filings.

21 * * *

22 C.(1) All claims brought by insureds, worker's compensation claimants, or
23 third parties against an insurer shall be paid by check or draft of the insurer to the
24 order of the claimant to whom payment of the claim is due pursuant to the policy
25 provisions, or his attorney, or upon direction of such claimant to one specified;
26 ~~provided~~, however, ~~that~~ the check or draft shall be made jointly to the claimant and
27 the employer when the employer has advanced the claims payment to the claimant.

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1 transaction of matters subsequent to effectuation of the contract and arising out of
2 it, or any other manner of representing or assisting a person or insurer in the
3 transaction of risks with respect to properties, risks, or exposures located or to be
4 performed in this state.

5 * * *

6 §1903. Placement of insurance business; prohibitions and exclusions

7 * * *

8 C. This Section shall not apply to a person acting in this state in the
9 placement of the following types of insurance:

10 * * *

11 (2) ~~Reinsurance provided that~~ Reinsurance if such reinsurer meets the
12 following requirements, unless waived by the commissioner:

13 * * *

14 §1904. Insurance commissioner may institute legal proceedings against
15 unauthorized insurer

16 Whenever the commissioner of insurance believes, from evidence
17 satisfactory to him, that any person or insurer is violating or about to violate any
18 provision of this Part or any order or requirement of the commissioner issued or
19 promulgated pursuant to authority granted the commissioner by any provision of this
20 Code or by law, he may bring an action in the name of the people of the State of
21 Louisiana in the District Court for the Nineteenth Judicial District, Baton Rouge,
22 Louisiana, against such person or insurer to enjoin such person or insurer from
23 continuing such violation or engaging therein or doing any act in furtherance thereof.
24 In such action, an order or judgment may be entered awarding such preliminary or
25 final injunction as is proper.

26 §1905. Domestic insurer prohibited from issuing policies in state where
27 unauthorized; commissioner's approval required

28 * * *

1 C. The following constitute the exceptions to the ~~foregoing~~ provisions of
2 Subsections A and B of this Section:

3 (1) Contracts entered into where the prospective ~~insurant~~ insured is
4 personally present in a state in which the insurer is authorized to do business when
5 he signs the application.

6 * * *

7 §1907. Transacting business; constitutes appointment of agent for service of
8 process; workers' compensation claims agent

9 A. The transacting of business in this state by a foreign or alien insurer
10 without a certificate of authority is equivalent to an appointment by such insurer of
11 the ~~Secretary~~ secretary of ~~State~~ state and his successor or successors in office to be
12 its true and lawful attorney, upon whom may be served all lawful process in any
13 action, suit, or proceeding maintained by the commissioner of insurance or arising
14 out of such policy or contract of insurance, and the ~~said~~ transacting of business by
15 such insurer is a signification of its agreement that any such service of process is of
16 the same legal force and validity as personal service of process in this state upon it.

17 B. Such service of process shall be made by delivering and leaving with the
18 secretary of state or with some person in apparent charge of his office two copies
19 thereof and the payment to him of such fees as may be prescribed by law. The
20 secretary of state shall ~~forthwith~~ mail by registered mail or by commercial courier,
21 as defined in R.S. 13:3204(D), when the person to be served is located outside of this
22 state one of the copies of such process to the defendant at its last known principal
23 place of business, and shall keep a record of all process so served upon him. Such
24 service of process is sufficient, ~~provided~~ if notice of such service and a copy of the
25 process are sent within ten days thereafter by registered mail or by commercial
26 courier, as defined in R.S. 13:3204(D), when the person to be served is located
27 outside of this state by plaintiff's attorney to the defendant at its last known principal
28 place of business, and the defendant's receipt, or receipt issued by the post office
29 with which the letter is registered, showing the name of the sender of the letter and

1 the name and address of the person to whom the letter is addressed, and the affidavit
2 of the plaintiff's attorney showing a compliance ~~herewith~~ with this Section are filed
3 with the clerk of the court in which such action is pending on or before the date the
4 defendant is required to appear, or within such further time as the court may allow.
5 However, no plaintiff or complainant shall be entitled to a judgment by default, or
6 a judgment with leave to prove damages, or a judgment pro confesso under this
7 Section until the expiration of thirty days from date of the filing of the affidavit of
8 compliance.

9 C.(1) Service of process in any such action, suit, or proceeding shall, in
10 addition to the manner provided in Subsection B of this Section, be valid if served
11 as provided in Paragraph (2) of this Subsection upon any person within this state
12 who, in this state on behalf of such insurer, is: doing any of the following:

13 ~~(1)~~ (a) Soliciting insurance, ~~or,~~

14 ~~(2)~~ (b) Making any contract of insurance or issuing or delivering any policies
15 or written contracts of insurance, ~~or,~~

16 ~~(3)~~ (c) Collecting or receiving any premium for insurance, ~~and a,~~

17 (d) Acting as an agent for the sole purpose of operating a workers'
18 compensation claims office established pursuant to R.S. 23:1161.1.

19 (2) A copy of such process ~~is~~ shall be sent within ten days thereafter by
20 registered mail by the plaintiff's attorney to the defendant at the last known principal
21 place of business of the defendant, and the defendant's receipt, or the receipt issued
22 by the post office with which the letter is registered, showing the name of the sender
23 of the letter and the name and address of the person to whom the letter is addressed,
24 and the affidavit of the plaintiff's attorney showing a compliance ~~herewith~~ are with
25 this Section shall be filed with the clerk of the court in which such action is pending
26 on or before the date the defendant is required to appear, or within such further time
27 as the court may allow.

28 ~~(4) Acting as an agent for the sole purpose of operating a worker's~~
29 ~~compensation claims office established pursuant to R.S. 23:1161.1.~~

1 D. Nothing in this Section ~~contained~~ shall limit or abridge the right to serve
2 any process, notice, or demand upon any insurer in any other manner ~~now or~~
3 ~~hereafter~~ permitted by law.

4 * * *

5 §1909. Requirements to be met before using courts

6 * * *

7 B. The court in any action, suit, or proceeding in which service is made in
8 the manner provided in ~~Sub-sections~~ Subsection B or C of R.S. 22:1907 may order
9 such postponement as may be necessary to afford the defendant reasonable
10 opportunity to comply with the provisions of ~~Sub-section~~ Subsection A of this
11 Section and to defend such action.

12 C. Nothing in ~~Sub-section~~ Subsection A of this Section is to be construed to
13 prevent an unauthorized insurer from filing a motion to quash a writ or to set aside
14 service thereof made in the manner provided in ~~Sub-sections~~ Subsection B or C of
15 R.S. 22:1907 on the ground: ~~either~~ (1) that no policy or contract of insurance has
16 been issued or delivered to a citizen or resident of this state or to a corporation
17 authorized to do business therein; ~~or~~ (2) that such insurer has not been transacting
18 business in this state; ~~or~~ (3) that the person on whom service was made pursuant to
19 ~~Sub-section~~ Subsection C of R.S. 22:1907 was not doing any of the acts therein
20 enumerated.

21 * * *

22 §1921. Purpose and powers

23 * * *

24 B. In the event the applicant is a corporation, partnership, or other legal
25 entity, the criminal searches shall be limited to those individuals who are directors,
26 officers, employees, or individuals who own or control at least ten percent of the
27 entity. If the section has reason to believe, whether acting on its own initiative or as
28 a result of complaints, that a person has engaged in, or is engaging in, an act or
29 practice that violates this Part or any other provision of ~~the Insurance~~ this Code, it

1 may examine and investigate into the affairs of such person and may administer
2 oaths and affirmations, serve subpoenas ordering the attendance of witnesses, and
3 collect evidence.

4 C. If during the course of investigation, the Department of Insurance
5 determines that there may be a violation of any criminal law, the investigation shall
6 then be turned over to the Louisiana Department of Justice, the Department of Public
7 Safety and Corrections, public safety services, office of state police, and other
8 appropriate law enforcement ~~and/or~~ or prosecutorial agency, for further
9 investigation, enforcement, or prosecution.

10 * * *

11 §1923. Definitions

12 As used in this Part, the following terms shall have the meanings indicated
13 in this Section:

14 (1) "Fraudulent insurance act" shall include but not be limited to acts or
15 omissions committed by any person who, knowingly and with intent to defraud:

16 (a) Presents, causes to be presented, or prepares with knowledge or belief
17 that it will be presented to or by an insurer, reinsurer, purported insurer or reinsurer,
18 ~~broker, producer,~~ or any agent thereof, any oral or written statement which he knows
19 to contain materially false information as part of, or in support of, or denial of, or
20 concerning any fact material to or conceals any information concerning any fact
21 material to the following:

22 * * *

23 (g) Solicits or accepts new or renewal insurance risks by or for an
24 unauthorized insurer, except as provided by Subpart O of Part I of Chapter 2 of this
25 Title, R.S. 22:431 et seq., and Part III of this Chapter, ~~7 both of this Title. R.S.~~
26 22:1941 et seq.

27 * * *

1 §1926. Duties of companies and others

2 A. Any person, company, or other legal entity, including but not limited to
3 those engaged in the business of insurance, including ~~agents, brokers, producers~~ and
4 adjusters, which believes that a fraudulent claim is being made, shall within sixty
5 days of the receipt of such notice, send to the section of insurance fraud, on a form
6 prescribed by the section, the information requested and such additional information
7 relative to the claim and the parties claiming loss or damages because of an
8 occurrence or accident as the section may require. The section of insurance fraud
9 shall review such reports and select such claims as, in its judgment, may require
10 further investigation. It shall then cause an independent examination of the facts
11 surrounding such claim to be made to determine the extent, if any, to which fraud,
12 deceit, or intentional misrepresentation of any kind exists in the submission of the
13 claim.

14 * * *

15 §1927. Materials and evidence

16 * * *

17 B. The section's papers, documents, reports, or evidence relative to the
18 subject of an investigation under this Part shall not be subject to public inspection
19 for so long as the section deems reasonably necessary to complete the investigation,
20 to protect the person investigated from unwarranted injury, or to be in the public-
21 domain. Further, such papers, documents, reports, or evidence relative to the subject
22 of investigation under this Section shall not be subject to subpoena until opened for
23 public inspection by the section, unless the section consents, or until after notice to
24 the section and a hearing, a court of competent jurisdiction determines the section
25 would not be necessarily hindered by such subpoena. Section investigators shall not
26 be subject to subpoena in civil actions by any court of this state to testify concerning
27 any matter of which they have knowledge pursuant to a pending insurance fraud
28 investigation by the section.

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1 §1928. Civil immunity

2 * * *

3 B. This Section does not abrogate or modify in any way any statutory or
4 other privilege or immunity ~~heretofore~~ enjoyed by such person or entity.

5 * * *

6 §1941. Purpose of Part

7 The purpose of this Part is to subject certain insurers to the jurisdiction of the
8 commissioner of this state and to the jurisdiction of the courts of this state in
9 connection with fraudulent or false advertising of insurers not authorized to transact
10 business in this state who circulate false or fraudulent advertising therein. In
11 furtherance of such state interest, the legislature ~~herein~~ provides in this Part a method
12 of substituted service of process upon such insurers and declares that in so doing, it
13 exercises its power to protect its residents and to define, for the purpose of this
14 statute, what constitutes doing business in this state, and also exercises powers and
15 privileges available to the state by virtue of Public Law 15, 79th Congress of the
16 United States, Chapter 20, 1st Session, S. 340, which declares that the business of
17 insurance and every person engaged therein shall be subject to the laws of the several
18 states, the authority provided ~~herein~~ in this Part to be in addition to any existing
19 powers of this state.

20 §1942. Definitions

21 When used in this Part:

22 (a) "Commissioner" shall mean the commissioner of insurance of this state.

23 (b) "Unfair Trade Practice Law" shall mean the ~~Law~~ law relating to unfair
24 methods of competition and unfair and deceptive acts and practices in the business
25 of insurance, as set out in Part IV of this Chapter, ~~7 of this Title~~. R.S. 22:1961.

26 (c) "Residents" shall mean and include ~~person, partnership or corporation~~
27 persons, partnerships, or corporations, domestic, alien, or foreign.

28 * * *

1 §1944. Action by commissioner

2 If, after thirty days following the giving of the notice mentioned in R.S.
3 22:1943, such insurer has failed to cease making, issuing, or circulating such ~~false~~
4 misrepresentations or causing the same to be made, issued, or circulated in this state,
5 and if the commissioner has reason to believe that a proceeding by him in respect to
6 such matters would be to the interest of the public, and that such insurer is issuing
7 or delivering contracts of insurance to residents of this state or collecting premiums
8 on such contracts or doing any of the acts enumerated in R.S. 22:1945, he shall take
9 action against such insurer under the Unfair Trade Practice Law.

10 §1945. Service upon unauthorized insurer

11 A.(1) Any of the following acts in this state, effected by mail or otherwise,
12 by any such unauthorized foreign or alien insurer is equivalent to and shall constitute
13 an appointment by such insurer of the secretary of state and his successor or
14 successors in office, to be its true and lawful attorney:

15 ~~(1) the~~ (a) The issuance or delivery of contracts or insurance to residents of
16 this state;

17 ~~(2) the~~ (b) The solicitation of applications for such contracts;

18 ~~(3) the~~ (c) The collection of premiums, membership fees, assessments, or
19 other considerations for such contracts; ~~or,~~

20 ~~(4) any~~ (d) Any other transaction of insurance business; ~~is equivalent to and~~
21 ~~shall constitute an appointment by such insurer of the secretary of state and his~~
22 ~~successor or successors in office, to be its true and lawful attorney, upon whom~~

23 (2) The secretary of state may be served all statements of charges, notices,
24 and lawful process in any proceeding instituted in respect to the misrepresentations
25 set forth in R.S. 22:1943 under the provisions of the Unfair Trade Practice Law, or
26 in any action, suit, or proceeding for the recovery of any penalty therein provided,
27 and any such act shall be signification of its agreement that such service of statement
28 of charges, notices, or process is of the same legal force and validity as personal

1 service of such statement of charges, notices, or process in this state, upon such
2 insurer.

3 B. Service of a statement of charges and notices under ~~said the~~ the Unfair Trade
4 Practice Law shall be made by any deputy or employee of the commissioner of
5 insurance delivering to and leaving with the secretary of state or some person in
6 apparent charge of his office, two copies thereof. Service of process issued by any
7 court in any action, suit, or proceeding to collect any penalty under ~~said Law~~ such
8 law provided, shall be made by delivering and leaving with the secretary of state or
9 some person in apparent charge of his office, two copies thereof. The secretary of
10 state shall ~~forthwith~~ cause to be mailed by registered mail one of the copies of such
11 statement of charges, notices, or process to the defendant at its last known principal
12 place of business, and shall keep a record of all statements of charges, notices, and
13 process so served. Such service of statement of charges, notices, or process shall be
14 sufficient ~~provided~~ if they shall have been so mailed and the defendant's receipt or
15 receipt issued by the post office with which the letter is registered, showing the name
16 of the sender of the letter and the name and address of the person to whom the letter
17 is addressed, and the affidavit of the person mailing such letter showing a
18 compliance ~~herewith~~ with this Section are filed with the commissioner of insurance
19 in the case of any statement of charges or notices, or with the clerk of the court in
20 which such action is pending in the case of any process, on or before the date the
21 defendant is required to appear or within such further time as may be allowed.

22 C.(1) Service of statement of charges, notices, and process in any such
23 proceeding, action, or suit shall in addition to the manner provided in Subsection B
24 of this Section be valid if served as provided in Paragraph (2) of this Subsection
25 upon any person within this state who on behalf of such insurer is doing any of the
26 following:

27 (1) ~~(a)~~ (a) Soliciting insurance, ~~or,~~

28 (2) ~~(b)~~ (b) Making, issuing, or delivering any contract of insurance, ~~or,~~

1 ~~(3)~~ (c) Collecting or receiving in this state any premium for insurance; ~~and~~
2 a .

3 (2) A copy of such statement of charges, notices, or process ~~is~~ shall be sent
4 within ten days thereafter by registered mail by or on behalf of the commissioner to
5 the defendant at the last known principal place of business of the defendant, and the
6 defendant's receipt, or the receipt issued by the post office with which the letter is
7 registered, showing the name of the sender of the letter, the name and address of the
8 person to whom the letter is addressed, and the affidavit of the person mailing the
9 same showing a compliance ~~herewith, are~~ with this Section shall be filed with the
10 commissioner in the case of any statement of charges or notices, or with the clerk of
11 the court in which such action is pending in the case of any process, on or before the
12 date the defendant is required to appear or within such further time as the court may
13 allow.

14 D. No cease or desist order or judgment by default or a judgment pro
15 confesso under this Section shall be entered until the expiration of thirty days from
16 the date of the filing of the affidavit of compliance.

17 E. Service of process and notice under the provisions of this Part shall be in
18 addition to all other methods of service provided by law, and nothing in this Part
19 shall limit or prohibit the right to serve any statement of charges, notices, or process
20 upon any insurer in any other manner ~~now or hereafter~~ permitted by law.

21 §1946. Advertisement by insurers

22 A. No person shall publish or print in any newspaper, magazine, periodical,
23 circular letter, pamphlet, or in any other manner or publish by radio broadcasting in
24 this state, any advertisement or other notice either directly or indirectly setting forth
25 the advantages of or soliciting business for any insurer which has not been
26 authorized to do business in Louisiana.

27 B. No person shall accept for publication or printing in any newspaper,
28 magazine, or other periodical, or circular letter or pamphlet, or in any other manner,
29 or for radio broadcasting in this state, any advertisement or other notice either

1 directly or indirectly setting forth the advantages of or soliciting business for any
2 insurer unless the advertisement or notice is accompanied by a certificate from the
3 office of the commissioner of insurance to the effect that the insurer is authorized to
4 do business in Louisiana.

5 C. Whoever violates this Section shall be fined not more than one thousand
6 dollars or imprisoned for not more than one year, or both.

7 * * *

8 §1962. Definitions

9 When used in this Part:

10 * * *

11 C. "Insurer" means any person, reciprocal exchange, interinsurer, Lloyds
12 insurer, fraternal benefit society, industrial and burial insurer, or any insurer that
13 markets under the Home Service Marketing distribution method and issues a
14 majority of its policies on a weekly or monthly basis, or any other legal entity
15 engaged in the business of insurance, including insurance ~~agents, insurance brokers,~~
16 ~~surplus lines brokers, and insurance solicitors.~~ producers. Insurer shall also mean
17 medical service plans, hospital service plans, health maintenance organizations, and
18 prepaid limited health care service plans. For the purposes of this Part, these
19 foregoing entities shall be deemed to be engaged in the business of insurance.

20 * * *

21 F. "Producer" means a person required to be licensed under the laws of this
22 state to sell, solicit, or negotiate insurance, and includes all persons or business
23 entities otherwise referred to in ~~the Louisiana Insurance code~~ this Code as "insurance
24 agent", "agent", "insurance broker", "broker", "insurance solicitor", "solicitor", or
25 "surplus lines broker".

26 * * *

27 §1964. Methods, acts, and practices which are defined ~~herein~~ as unfair or deceptive

28 The following are declared to be unfair methods of competition and unfair
29 or deceptive acts or practices in the business of insurance:

1 (1) Misrepresentations and false advertising of insurance policies. Making,
2 issuing, circulating, or causing to be made, issued, or circulated any estimate,
3 illustration, circular or statement, sales presentation, omission, or comparison that
4 does any of the following:

5 * * *

6 (g) ~~Is~~ Makes a misrepresentation for the purpose of effecting a pledge or
7 assignment or effecting a loan against any policy.

8 * * *

9 (7) Unfair discrimination. (a) Making or permitting any unfair
10 discrimination between individuals of the same class and equal expectation of life
11 in the rates charged for any contract of life insurance or of life annuity or in the
12 dividends or other benefits payable thereon, or in any other of the terms and
13 conditions of such contract, ~~provided that, if,~~ in determining the class, consideration
14 may be given to the nature of the risk, plan of insurance, the actual or expected
15 expense of conducting the business, or any other relevant factor.

16 (b) Making or permitting any unfair discrimination between individuals of
17 the same class involving essentially the same hazards in the amount of premium,
18 policy fees, or rates charged for any policy or contract of health or accident insurance
19 or in the benefits payable ~~thereunder, thereon,~~ or in any of the terms or conditions
20 of such contract, or in any other manner whatever, ~~provided that, if,~~ in determining
21 the class, consideration may be given to the nature of the risk, plan of insurance, the
22 actual or expected expense of conducting the business or any other relevant factor.

23 * * *

24 (h) Refusing to insure solely because another insurer has refused to write a
25 policy or has cancelled or has refused to renew an existing policy in which that
26 person was the named insured. Nothing ~~herein contained~~ in this Paragraph shall
27 prevent the termination of an excess insurance policy on account of the failure of the
28 insured to maintain any required underlying insurance.

29 * * *

1 products, including equities, mutual funds, shares of investment companies, variable
2 annuities, and including face amount certificates of regulated investment companies
3 under offerings registered with the Federal Securities and Exchange Commission.

4 * * *

5 (13) Fraudulent insurance act. A fraudulent insurance act is one committed
6 by a person who knowingly and with intent to defraud presents, causes to be
7 presented, or prepares with knowledge or belief that it will be presented to or by an
8 insurer, purported insurer, ~~broker~~, producer, or any agent thereof, any written
9 statement as part of, or in support of, or in opposition to an application for the
10 issuance of, or the rating of an insurance policy for commercial insurance, or a claim
11 for payment or other benefit pursuant to an insurance policy for commercial or
12 personal insurance which he knows to contain materially false information
13 concerning any fact material thereto; or conceal for the purpose of misleading
14 information concerning any fact material thereto.

15 * * *

16 (15)

17 * * *

18 (c) As used in this Paragraph, the following terms shall be given these
19 meanings:

20 (i) "Drug" and "prescription" have the meanings assigned by R.S. 37:~~1171~~
21 1164 and regulations of the Louisiana Board of Pharmacy.

22 * * *

23 (iii) "Interferes" or "interferes with" means and includes but is not limited
24 to the charging to or imposing on an insured or other beneficiary who does not utilize
25 a specified or designated pharmacy or pharmacist, a copayment fee or other
26 condition not equally charged to or imposed on all insureds or other beneficiaries in
27 or under the same program or policy or plan. However, "interferes" or "interferes
28 with" does not mean or include the advertisement, or periodic dissemination, to all
29 insureds or other beneficiaries of current lists of all pharmacies or pharmacists who

1 have agreed to participate as a contract provider pursuant to the requirements of ~~R.S.~~
2 ~~22:1964(15)~~ Item (a)(ii): of this Paragraph.

3 * * *

4 (vii) "Pharmacy" has the meaning assigned by R.S. ~~37:1171~~ 1164 and
5 regulations of the Louisiana Board of Pharmacy.

6 * * *

7 (19) Unfair financial planning practices. An insurance producer:

8 * * *

9 (b)(i) Engaging in the business of financial planning without disclosing to
10 the client prior to the execution of the agreement provided for in Subparagraph (c)
11 of this Paragraph or solicitation of the sale of a product or service that:

12 * * *

13 (c)(i) Charging fees other than commissions for financial planning by
14 insurance producer, unless such fees are based upon a written agreement, signed by
15 the party to be charged in advance of the performance of the services under the
16 agreement. A copy of the agreement shall be provided to the party to be charged at
17 the time the agreement is signed by the party: and shall specifically state:

18 (aa) The services for which the fee is to be charged, ~~shall be specifically~~
19 ~~stated in the agreement.~~

20 (bb) The amount of the fee to be charged or how it will be determined or
21 calculated, ~~shall be specifically stated in the agreement.~~

22 (cc) ~~The agreement shall state that~~ That the client is under no obligation to
23 purchase any insurance product through the insurance ~~agent, broker, producer~~ or
24 consultant.

25 * * *

26 (20) Failure to provide claims history.

27 (a) Loss information - property and casualty. Failure of a company issuing
28 property and casualty insurance to provide the following loss information for the

CODING: Words in ~~struck through~~ type are deletions from existing law; words underscored are additions.

1 three previous policy years to the first named insured within thirty days of receipt of
2 the first named insured's written request:

3 (i) On all claims, date, and description of occurrence, and total amount of
4 payments.

5 (ii) For any occurrence not included in Item (i) of this ~~Paragraph,~~
6 Subparagraph, the date and description of occurrence.

7 (b) Should the first named insured be requested by a prospective insurer to
8 provide detailed loss information in addition to that required under Subparagraph (a);
9 of this Paragraph, the first named insured may mail or deliver a written request to the
10 insurer for the additional information. No prospective insurer shall request more
11 detailed loss information than reasonably required to underwrite the same line or
12 class of insurance. The insurer shall provide information under this Subparagraph
13 to the first named insured as soon as possible, but in no event later than twenty days
14 of receipt of the written request. Notwithstanding any other provision of this
15 Section, no insurer shall be required to provide loss reserve information, and no
16 prospective insurer may refuse to insure an applicant solely because the prospective
17 insurer is unable to obtain loss reserve information.

18 (c) The commissioner may promulgate regulations to exclude the providing
19 of the loss information as outlined in Subparagraph (a) of this Paragraph for any line
20 or class of insurance where it can be shown that the information is not needed for
21 that line or class of insurance or where the provision of loss information otherwise
22 is required by law.

23 (d) Information provided under Subparagraph (b) of this Paragraph shall not
24 be subject to discovery by any party other than the insured, the insurer, and the
25 prospective insurer.

26 * * *

27 (24) Requiring ~~an agent or broker~~ a producer or offering any incentive for
28 ~~agents or brokers~~ producers who represent more than one company to limit
29 information provided to consumers on limited benefit plans. Failure to comply with

1 the provisions of this Paragraph shall subject the insurer to a penalty, of not less than
2 two thousand five hundred dollars nor more than five thousand dollars, payable to
3 the ~~agent or broker~~ producer and shall not be subject to the penalties provided for in
4 R.S. 22:1969.

5 (25) Requiring ~~an agent or broker~~ a producer or offering any incentive for
6 ~~agents or brokers, producers,~~ who represent more than one insurance company, to
7 limit the number of other insurance companies they may represent. This prohibition
8 shall not apply to captive insurance ~~agents or brokers, producers.~~ Failure to comply
9 with the provisions of this Paragraph shall subject the insurer to a penalty up to ten
10 thousand dollars and shall not be subject to the penalties provided for in R.S.
11 22:1969.

12 * * *

13 §1967. Power of commissioner of insurance

14 The commissioner of insurance shall have power to examine and investigate
15 ~~into~~ the affairs of every person engaged in the business of insurance, including
16 violations of R.S. 22:1902 et seq., in order to determine whether such person has
17 been or is engaged in any unfair method of competition or in any unfair or deceptive
18 act or practice prohibited by this Part.

19 §1968. Notice of hearing

20 Whenever the commissioner shall have reason to believe that any person has
21 been engaged or is engaging in this state in any unfair trade practice as defined in
22 ~~Title 22 of the Louisiana Revised Statutes,~~ this Code, whether or not defined in this
23 Part, the commissioner shall issue a notice of wrongful conduct to said person in
24 accordance and compliance with R.S. 49:961 describing the unfair trade practice and
25 citing the law which is deemed by the commissioner to be violated.

26 * * *

1 §1971. Grant of civil immunity

2 * * *

3 C. Nothing ~~herein~~ in this Section is intended to abrogate or modify in any
4 way or form any statutory privilege or immunity ~~heretofore~~ enjoyed by any person.

5 * * *

6 §1973. Good faith duty; claims settlement practices; cause of action; penalties

7 * * *

8 B. Any one of the following acts, if knowingly committed or performed by
9 an insurer, constitutes a breach of the insurer's duties imposed in Subsection A: of
10 this Section:

11 * * *

12 §1981. Commissioner of insurance to examine insurers, ~~agents, and brokers~~ and
13 producers

14 A.

15 * * *

16 (2) The commissioner may make an examination of any ~~agent or broker~~
17 producer doing business in this state whenever he has received at least three
18 complaints within a thirty-day period that the ~~agent or broker~~ producer is not acting
19 in conformance with this Code.

20 (3) For purposes of completing an examination of any company under this
21 Chapter, and in addition to any other power granted to the commissioner by ~~the~~
22 ~~Louisiana Insurance~~ this Code, the commissioner may examine or investigate any
23 person, as defined in R.S. 22:692(7), or the business of any person, in so far as such
24 examination or investigation is, in the sole discretion of the commissioner, necessary
25 or material to the examination of the company.

26 * * *

27 C. In lieu of an examination under this Section of any foreign or alien insurer
28 licensed in this state, the commissioner may accept an examination report on the
29 company as prepared by the insurance department for the company's state of

1 domicile or port-of-entry state, ~~until January 1, 1994. Thereafter, such.~~ Such reports
2 may only be accepted if:

3 * * *

4 §1983. Examination reports

5 * * *

6 D. Within thirty days of rejection by the commissioner of an examination
7 report in accordance with ~~Subsection C~~ Paragraph (C)(2) of this Section, unless the
8 commissioner extends such time for reasonable cause, the examiner in charge shall
9 refile with the Department of Insurance a verified written report of examination, as
10 may be modified or corrected, under oath. Upon receipt of the refiled verified report,
11 the Department of Insurance shall transmit the refiled report to the company
12 examined, together with a notice similar to the notice provided for in Subsection B
13 of this Section, except that the notice shall indicate that the report is a refiled report.

14 E. Within thirty days of the end of the period allowed for the receipt of
15 written submissions or rebuttals, as provided for in Subsections B and D of this
16 Section, the commissioner shall fully consider and review the refiled report, together
17 with any written submissions or rebuttals and any relevant portions of the
18 workpapers of the examiner and enter an order: either:

19 (1) Adopting the examination report as refiled or with modification or
20 corrections. If the refiled examination report reveals that the company is operating
21 in violation of any law, rule, regulation, or prior order or directive of the
22 commissioner, the commissioner may order the company to take any action the
23 commissioner considers necessary and appropriate to cure such violations; ~~or~~

24 (2) Rejecting the examination report and ordering a hearing pursuant to the
25 provisions of Chapter 12 of this Title, ~~22 of the Louisiana Revised Statutes of 1950,~~
26 for purposes of obtaining additional documentation, data, information, and
27 testimony.

28 F. All orders entered pursuant to ~~Subsection C~~ Paragraph (C)(1) or ~~E~~(E)(1)
29 of this Section shall be accompanied by findings and conclusions resulting from

1 consideration by the commissioner and review of the examination report, relevant
2 examiner workpapers, and any written submissions or rebuttals. Any order shall be
3 served upon the company by certified mail, together with a copy of the adopted
4 examination report. Within thirty days of the issuance of the adopted report, the
5 company shall file affidavits executed by each of its directors stating, under oath,
6 that ~~they have~~ he has received a copy of the adopted report and related orders.

7 G. Within thirty days of receipt of notification of the order of the
8 commissioner to the company made pursuant to Subsection F of this Section, the
9 company may make written demand for a hearing pursuant to the provisions of
10 Chapter 12 of this Title, ~~22 of the Louisiana Revised Statutes of 1950~~.

11 H. The hearing provided for under ~~Subsection E Paragraph (E)(2) or G (G)~~
12 of this Section shall be a confidential proceeding. At the conclusion of the hearing,
13 ~~and in accordance with R.S. 22:2199~~, the commissioner shall enter an order adopting
14 the examination report as filed or refiled, or with modification or corrections, and
15 may order the company to take any action the commissioner considers necessary and
16 appropriate to cure any violation of any law, regulation, or prior order of the
17 commissioner.

18 I.(1) Upon the adoption of the examination report under either ~~Subsection~~
19 ~~E Paragraph (C)(1), E or (E)(1)~~, or Subsection H of this Section, the commissioner
20 shall continue to hold the content of the examination report as private and
21 confidential information for a period not to exceed thirty consecutive days, except
22 to the extent provided in R.S. 22:1981(E) and Subsection B of this Section.
23 Thereafter, the commissioner may open the report for public inspection so long as
24 no court of competent jurisdiction has stayed its publication.

25 (2) Nothing contained in ~~the Louisiana Insurance~~ this Code shall prevent, or
26 be construed as prohibiting, the commissioner from disclosing the content of an
27 examination report, preliminary examination report or results, or any matter relating
28 thereto, to the insurance department of this or any other state or country, or to law
29 enforcement officials of this or any other state or agency of the federal government

1 at any time, so long as such agency or office receiving the report or matters relating
2 thereto agrees, in writing, to hold it confidential and in a manner consistent with this
3 Chapter.

4 * * *

5 §1984. Commissioner of insurance to conduct financial and market analysis of
6 insurers and regulated entities

7 A. In addition to those examinations performed by the commissioner of
8 insurance pursuant to R.S. 22:1981, the commissioner of insurance shall conduct
9 financial and market analysis review of all insurers authorized to do business in this
10 state and may conduct regulatory reviews of entities regulated by this Title ~~22 of the~~
11 ~~Louisiana Revised Statutes of 1950~~, or the Department of Insurance except for trusts
12 established and operated under R.S. 22:46(9)(b), (c), or (d). Such reviews may
13 include the annual statement and the market conduct annual statement of the insurer
14 or regulated entity reviewed, company financial reports rendered pursuant to good
15 and acceptable accounting practices, results of insurance solvency standards testing
16 as performed by the National Association of Insurance Commissioners, results of
17 prior examinations and office reviews, management changes, consumer complaints,
18 and such other relevant information as from time to time may be required by the
19 commissioner.

20 * * *

21 G. Any insurer or regulated entity against whom a fine has been levied shall
22 be given thirty days notice of such action. Upon receipt of this notice, the aggrieved
23 insurer or regulated entity may apply for and shall be entitled to a hearing pursuant
24 to R.S. 22:2191; et seq.

25 * * *

26 §1988. Failure to pay expenses; penalty

27 Should any insurer fail or refuse to pay the expenses of examination as billed
28 by the commissioner of insurance after fifteen days upon receipt of such billing or
29 after final judgment where a rule has been taken as provided ~~herein~~, in R.S. 22:1987,

1 then the commissioner of insurance may revoke the certificate of authority of such
2 insurer to do business in this state until the full amount of the bill is paid.

3 §1989. Scope of examination

4 In conducting such an examination, the commissioner of insurance shall
5 examine the affairs, transactions, accounts, records, documents, and assets of each
6 authorized insurer. Except in the case of a life insurer issuing only registered
7 policies under R.S. 22:809 for the purpose of ascertaining its condition or
8 compliance with this Code, the commissioner of insurance may as often as he deems
9 advisable, examine the accounts, records, documents, and transactions of the
10 following:

11 (1) ~~any~~ Any insurance ~~agent, solicitor or broker,~~ producer, but only insofar as
12 such accounts, records, documents, and transactions relate to insurance;

13 (2) ~~any~~ Any person having a contract under which he enjoys in fact the
14 exclusive or dominant right to manage or control a stock or mutual insurer;

15 (3) ~~any~~ Any person holding the shares of capital stock or policyholders'
16 proxies of a domestic insurer for the purpose of control of its management either as
17 voting trustee or otherwise;

18 (4) ~~any~~ Any person engaged in or proposing to be engaged in or assisting in
19 the proposed formation of a domestic insurer or an insurance holding corporation or
20 a stock corporation to finance a domestic mutual insurer for the production of its
21 business or the attorney-in-fact of a domestic reciprocal insurer.

22 * * *

23 §1992. Rating organizations, examining license bureau, advisory organization, joint
24 underwriters and joint reinsurance groups; examination of

25 As often as in the opinion of the commissioner of insurance it is believed
26 necessary and at least once in every five years, the commissioner of insurance shall
27 fully examine each rating organization and examining bureau licensed in this state.
28 As often as he deems it advisable, he may examine each advisory organization and
29 joint underwriting or joint reinsurance group, association, or organization. The

1 commissioner of insurance shall have the same power and authority in these
2 examinations, and the examination shall be made in the same method as that
3 provided ~~herein~~ in this Chapter for the examination of insurers.

4 * * *

5 §1994. Disclosure

6 A. It shall be unlawful for any person who is an officer, employee, agent, or
7 representative of an insurer; or any person, partnership, corporation, banking
8 corporation, or any other legal entity which performs any service for an insurer, or
9 prepares any report, audit, financial statement, or report for, or makes any
10 representation on behalf of, for, or with regard to an insurer, in connection with any
11 hearing, investigation, or examination authorized by this Code, to act with the
12 specific intent to:

13 (1) Represent falsely, directly or indirectly, to the Department of Insurance
14 or any ~~employee or administrator thereof~~ of its employees or administrators that an
15 asset of such insurer is unencumbered, or to misrepresent any other material fact
16 pertaining to the status of any asset or liability of an insurer.

17 (2) Materially misrepresent to the Department of Insurance, or any ~~employee~~
18 ~~or administrator thereof~~, of its employees or administrators the value of any asset or
19 the amount of any liability of such insurer, or any associated affiliate, subsidiary, or
20 holding company; ~~associated therewith; provided that however,~~ with regard to a
21 material misrepresentation of the value of any asset or liability, any deviation from
22 the actual value of such asset or liability which results from utilization of and
23 compliance with generally accepted insurance accounting and reporting procedures
24 shall not be deemed a violation of this Section.

25 (3) Fail to disclose to the Department of Insurance the existence of any
26 liability of an associated insurer, or affiliate, subsidiary, or holding company
27 ~~associated therewith~~ when such disclosure is properly requested or required in
28 writing by an examiner or administrator of the Department of Insurance, ~~or~~.

1 §2003. Definitions

2 For the purposes of this Chapter:

3 (1) "Doing business" shall include any of the following, whether effected by
4 mail or otherwise:

5 * * *

6 (e) Operating as an insurer under a license or certificate of authority, ~~as an~~
7 ~~insurer~~, issued by the Department of Insurance.

8 (f) Acting as ~~an agent, broker,~~ a producer or managing agent of an insurer,
9 acting as a reinsurer, or the ownership of an insurer by a holding company, or the
10 operation of a captive premium finance company, or related entity.

11 * * *

12 §2005. Grounds for rehabilitation

13 ~~A. Whenever~~ The commissioner of insurance may apply by petition to the
14 district court of the parish in which an insurer has its principal office, or to the
15 district court of the parish of East Baton Rouge, or to any one of the judges thereof
16 should the court be in vacation, at the commissioner of insurance's sole option, for
17 a rule to show cause why an order to rehabilitate, conserve, liquidate, or dissolve
18 such insurer as provided in this Chapter should not be entered, and for such other
19 relief as the nature of the case and the interest of the insurer's policyholders,
20 members, stockholders, creditors, or the public may require, whenever any domestic
21 insurer: is in one of the following positions:

22 (1) Has obligations or claims exceeding its assets, cannot pay its contracts
23 in full, or is otherwise found by the commissioner of insurance to be insolvent; ~~or,~~

24 (2) Has refused to submit its books, papers, accounts, records, or affairs to
25 the reasonable inspection or examination of the commissioner of insurance, or his
26 actuaries, supervisors, deputies, or examiners; ~~or,~~

27 (3) Has neglected or refused to observe an order of the commissioner of
28 insurance to make good within the time prescribed by law any deficiency, whenever

1 its capital, if a stock insurer, or its required surplus, if an insurer other than stock,
2 shall have become impaired;~~or.~~

3 (4) Has, by articles of consolidation, contract or reinsurance, or otherwise,
4 transferred or attempted to transfer its entire property or business not in conformity
5 with this Code, or entered into any transaction the effect of which is to merge
6 substantially its entire property or business in any other insurer without having first
7 obtained the written approval of the commissioner of insurance pursuant to the
8 provisions of this Code;~~or.~~

9 (5) Is found to be in such condition that its further transaction of business
10 would be hazardous to its policyholders, ~~or to~~ its creditors, or ~~to~~ the public;~~or.~~

11 (6) Has an officer who has refused upon reasonable demand to be examined
12 under oath touching its affairs;~~or.~~

13 (7) Is found to be in such condition that it could not meet the requirements
14 for organization and authorization as required by law, except as to the amount of the
15 surplus required of a stock insurer in R.S. 22:81, and except as to the amount of the
16 surplus required by this Code to be maintained;~~or.~~

17 (8) Has ceased for the period of one year to transact insurance business;~~or.~~

18 (9) Has commenced, or has attempted to commence, any voluntary
19 liquidation or dissolution proceedings, or any proceeding to procure the appointment
20 of a receiver, liquidator, rehabilitator, sequestrator, or similar officer for itself;~~or.~~

21 (10) If a party, either plaintiff or defendant in any proceeding in which an
22 application is made for the appointment of a receiver, custodian, liquidator,
23 rehabilitator, sequestrator, or similar officer, for such insurer or its property, or a
24 receiver, custodian, liquidator, rehabilitator, sequestrator, or similar officer, for such
25 insurer or its property is appointed by any court, or such appointment is imminent
26 ~~;~~~~or.~~

27 (11) Consents to such an order by a majority of its directors, stockholders,
28 or members;~~or.~~

1 (12) Has not organized and obtained a certificate authorizing it to commence
2 the transaction of its business within the period of time prescribed by the sections of
3 this Code under which it is or proposes to be organized; ~~or.~~

4 (13) Gives reasonable cause to believe that there has been embezzlement
5 from the insurer, wrongful sequestration or diversion of the insurer's assets, forgery
6 or fraud affecting the insurer, or other illegal conduct in, by, or with respect to the
7 insurer that if established would endanger assets in an amount threatening the
8 solvency of the insurer; ~~or.~~

9 (14) Within the previous four years, the insurer has willfully violated its
10 charter or articles of incorporation, its bylaws, any insurance law of this state, or any
11 valid order of the commissioner, or failed to maintain adequate records in accordance
12 with statutory accounting practices and generally accepted accounting principles; ~~or.~~

13 (15) Has failed to file its annual report or other financial report required by
14 R.S. 22:571 within the time allowed by law and, within ten days of receipt of written
15 demand by the commissioner, has failed to provide the report; ~~or.~~

16 (16) Has failed to pay a final judgment rendered against it in any state upon
17 any insurance contract issued or assumed by it, within sixty days after the judgment
18 became final or within sixty days after time for taking an appeal has expired, or
19 within sixty days after dismissal of an appeal before final determination whichever
20 date is the later; ~~then.~~

21 ~~B. The commissioner of insurance may apply by petition to the district court~~
22 ~~of the parish in which said insurer has its principal office, or to the district court of~~
23 ~~the parish of East Baton Rouge, or to any one of the judges thereof should the court~~
24 ~~be in vacation, at the commissioner of insurance's sole option, for a rule to show~~
25 ~~cause why an order to rehabilitate, conserve, liquidate, or dissolve such insurer as~~
26 ~~provided in this Chapter should not be entered, and for such other relief as the nature~~
27 ~~of the case and the interest of the insurer's policyholders, members, stockholders,~~
28 ~~creditors, or the public may require.~~

1 §2009. Duties of commissioner of insurance as rehabilitator; termination

2 * * *

3 E. The rehabilitator, in addition to other powers, shall have the following
4 powers:

5 * * *

6 (2) To audit the books and records of all agents, including producers, of the
7 insurer insofar as those records relate to the business activities of the insurer.

8 * * *

9 (4) To enter into such agreements or contracts as ~~are~~ necessary to carry out
10 the full or partial plan for rehabilitation or the order to liquidate and to affirm or
11 disavow any contracts to which the insurer is a party.

12 * * *

13 §2010. Duties of commissioner of insurance as liquidator; sales; notice to creditors;
14 reinsurance

15 * * *

16 D. In order to preserve so far as possible the right and interest of the
17 policyholders of the insurer whose contracts were cancelled by the liquidation order
18 and of such other creditors as may be possible, the commissioner of insurance may
19 solicit a contract or contracts whereby a solvent insurer or insurers will agree to
20 assume in whole, or in part, or upon a modified basis, the liabilities owing to ~~said~~
21 such former policyholders or creditors. If, after a full hearing upon a petition filed
22 by the commissioner of insurance, the court shall find that the commissioner of
23 insurance endeavored to obtain the best contract for the benefit of ~~said~~ such parties
24 in interest, and if the ~~said~~ commissioner of insurance shall report to the court that he
25 is ready and willing to enter into a contract and submit a copy thereof to the court,
26 the court shall examine the procedure and acts of the commissioner of insurance, and
27 if the court shall find that the best possible contract in the interests of ~~said~~ such
28 parties has been obtained and that it is best for the interests of parties that ~~said~~ such

1 contract be entered into, the court shall by written order approve the acts of the
2 commissioner of insurance and authorize him to execute ~~said~~ such contract.

3 * * *

4 §2012. Unearned premium; limitation of claims by insolvent insurers

5 A. Any claim of an insolvent insurer against an insured or against the ~~agent~~
6 producer through whom a policy was written concerning any policy of insurance
7 issued or delivered in this state shall be subject to the following limitations:

8 * * *

9 (3) The ~~agent, producer,~~ through whom the policy was written, shall not be
10 liable to the insolvent insurer for any premiums which had not been earned on a pro
11 rata basis on the date the insurer was declared insolvent. The ~~agent~~ producer is
12 entitled to retain the commission due on earned premiums. The insured is entitled
13 to any unearned premium which the ~~agent~~ producer has collected but has not
14 remitted to the insurer.

15 B. In this Section, the term "insolvent insurer" includes any insurer who has
16 been declared to be insolvent under the laws of any state, ~~and its liquidator,~~
17 ~~rehabilitator, receiver, statutory successor, or other legal representative.~~

18 §2013. Rights and liabilities of creditors fixed upon liquidation

19 * * *

20 B. All executory contracts of an insurer, other than contracts under which
21 such insurer has an established benefit without any additional expenditure, shall be
22 cancelled as of the date of the entry of an order of liquidation unless the court
23 provides otherwise in the liquidation order, ~~provided that~~ however, the commissioner
24 may petition the court within sixty days of the entry of such order to reaffirm any
25 such contract. Any contract that is reaffirmed shall remain in force in accordance
26 with the court's order and any obligation of the insurer under such contract shall
27 become an administrative expense of the liquidation unless otherwise ordered by the
28 court.

29 * * *

1 §2020. Prohibited and voidable transfer and liens

2 * * *

3 C. Every director, officer, employee, stockholder, member, or any other
4 person, acting on behalf of such insurer, who, within two years prior to the filing of
5 a petition for an order to show cause against such insurer ~~under~~ pursuant to this
6 Chapter, shall knowingly participate in the making of any transfer or the creation of
7 any lien prohibited by ~~Sub-section~~ Subsection A of this Section and every person
8 receiving any property of, or cash surrender from, such insurer or the benefit thereof,
9 as a result of a transaction voidable under ~~Sub-section~~ Subsection B; of this Section,
10 shall be jointly and severally liable therefor and shall be bound to account to the
11 commissioner of insurance as rehabilitator, liquidator, or conservator as the case may
12 be.

13 * * *

14 §2021. Fraudulent transfers prior to petition

15 A. Every transfer made or suffered and every obligation incurred by an
16 insurer within one year prior to the filing of a successful petition for rehabilitation
17 or liquidation ~~under~~ pursuant to this Chapter is fraudulent as to then existing and
18 future creditors if made or incurred without fair consideration, or with actual intent
19 to hinder, delay, or defraud either existing or future creditors. A transfer made or an
20 obligation incurred by an insurer ordered to be rehabilitated or liquidated ~~under~~
21 pursuant to this Chapter, which is fraudulent ~~under~~ pursuant to this Section, may be
22 avoided by the receiver, except as to a person who in good faith is a purchaser,
23 lienor, or obligee for a present fair equivalent value, and except that any purchaser,
24 lienor, or obligee, who in good faith has given ~~consideration~~
25 consideration for such transfer, lien, or obligation, may retain the property, lien, or
26 obligation as security for repayment. The court may, on due notice, order any such
27 transfer or obligation to be preserved for the benefit of the estate, and in that event,

1 the receiver shall succeed to and may enforce the rights of the purchaser, lienor, or
2 obligee.

3 * * *

4 §2023. Voidable preferences and liens

5 * * *

6 C.

7 * * *

8 (2) A lien obtainable by legal proceedings could become superior to the
9 rights of a transferee, or a purchaser could obtain rights superior to the rights of a
10 transferee within the meaning of Subsection B of this Section, if such consequences
11 would follow only from the lien or purchase itself, or from the lien or purchase
12 followed by any step wholly within the control of the respective lienholder or
13 purchaser, with or without the aid of ministerial action by public officials. Such a
14 lien could not, however, become superior and such a purchase could not create
15 superior rights for the purpose of Subsection B of this Section through any acts
16 subsequent to the obtaining of such a lien or subsequent to such a purchase which
17 require the agreement or concurrence of any third party or which require any further
18 judicial action or ruling.

19 * * *

20 §2025. Priority of claims

21 The priorities of distribution of general assets from the insurer's estate shall
22 be as follows:

23 * * *

24 (4) Compensation actually owing to employees other than officers of an
25 insurer, for services rendered within three months prior to the commencement of a
26 proceeding against the insurer ~~under~~ pursuant to this Chapter, but not exceeding two
27 thousand five hundred dollars for such employee, shall be paid prior to the payment
28 of any other debt or claim and in the discretion of the commissioner of insurance
29 may be paid as soon as practicable after the proceeding has commenced; except, that

1 persons who have not filed proofs of claim with him and whose rights have not been
 2 reinsured, to whom it appears from the books of the insurer, there are owing amounts
 3 on such policies and he shall set opposite the name of each person such amount so
 4 owing to such person. The commissioner of insurance shall incur no personal
 5 liability by reason of any mistake in such list. Each person whose name shall appear
 6 upon ~~said~~ such list shall be deemed to have duly filed prior to the last day set for
 7 filing of claims a proof of claim for the amount set opposite his name on ~~said~~ such
 8 list.

9 C. No contingent claim other than claims of the character described in ~~Sub-~~
 10 ~~section~~ Subsection D of this Section shall share in a distribution of the assets of an
 11 insurer which has been adjudicated to be insolvent by an order made pursuant to R.S.
 12 22:2027 except that a contingent claim, if properly presented, may be allowed, and
 13 entitled to share where such claim becomes absolute against the insurer on or before
 14 the last day fixed for the filing of proofs of claim against the assets of such insurer,
 15 or there is a surplus to be distributed as if no order pursuant to R.S. 22:2027 had been
 16 made.

17 D.

18 * * *

19 (6) When the receiver allows or disallows a claim in a lesser amount than
 20 claimed, he shall notify the person making the claim by petition in the receivership
 21 proceedings, allowing ten days after receipt of ~~said~~ such notice in which to file
 22 objections to the action of the receiver. The objections shall be heard in the
 23 receivership by summary proceedings.

24 * * *

25 §2029. Report for assessment

26 Within three years from the date an order of rehabilitation or liquidation of
 27 a domestic mutual insurer or a domestic reciprocal insurer was filed in the office of
 28 the clerk of the court by which such order was made, the commissioner of insurance
 29 may make a report to the court setting forth: each of the following:

- 1 (1) The reasonable value of the assets of the insurer;;
- 2 (2) The insurer's probable liabilities;~~and~~.
- 3 (3) The probable necessary assessments, if any, to pay all claims and
- 4 expenses in full, including expenses of administration.

* * *

6 §2032. Publication and transmittal of assessment order

7 The commissioner of insurance shall cause a notice of such assessment order
8 setting forth a brief summary of the contents of such order to be both:

- 9 (1) Published in such manner as shall be directed by the court;~~and~~
- 10 (2) Enclosed in a sealed envelope, addressed and mailed postage prepaid to
- 11 each member or subscriber liable thereunder at his last known address as it appears
- 12 on the records of the insurer, at least twenty days before the return day of the order
- 13 to show cause provided for in R.S. 22:2031.

14 §2033. Judgment upon the assessment

* * *

16 B. If on such return day the member or subscriber shall appear and serve
17 verified objections upon the commissioner of insurance, there shall be a full hearing
18 before the court or a referee to hear and determine, who, after such hearing, shall
19 make an order either ~~negating~~ negating the liability of the member or subscriber
20 to pay the assessment or affirming his liability to pay the whole or some part thereof
21 together with twenty-five dollars costs and the necessary disbursements incurred at
22 such hearing, and directing that the commissioner of insurance in the latter case may
23 have judgment therefor.

* * *

25 §2034. Distribution of assets; priorities; unpaid dividends

* * *

27 G. If subsequent to an adjudication of insolvency, pursuant to R.S. 22:2027,
28 a surplus is found to exist after the payment in full of all allowed claims which have
29 been duly filed prior to the last date fixed for the filing thereof and the setting aside

1 of a reserve for all costs and expenses of the proceeding, the court shall set a new
2 date for the filing of claims. After the expiration of ~~said~~ such new date, the solvency
3 of such insurer shall be reexamined and if such insurer is then found to be solvent on
4 the basis of all claims then filed and allowed, any surplus existing shall be distributed
5 in accordance with the direction of the court.

6 H. Dividends remaining unclaimed or unpaid in the hands of the
7 commissioner of insurance for six months after the final order of distribution may
8 be by him deposited in one or more state or national banks, trust companies, or
9 savings banks to the credit of the commissioner of insurance, ~~whomsoever he may~~
10 ~~be~~, in trust for the person entitled thereto, but no such person shall be entitled to any
11 interest upon such deposit. All such deposits shall be entitled to priority of payment
12 in case of the insolvency or voluntary or involuntary liquidation of the depository on
13 an equality with any other priority given by the banking law. Any such funds
14 together with interest, if any, paid or credited thereon, remaining and unclaimed in
15 the hands of the commissioner of insurance in trust after five years shall be by him
16 paid to the state treasurer to be credited to the funds received from insurance
17 revenues.

18 §2035. Grounds for conservation of assets of an authorized foreign or alien insurer
19 or an unauthorized insurer writing business on a surplus line basis

20 A. Whenever the property of a foreign or alien insurer authorized to do
21 business in Louisiana or an unauthorized insurer writing business in this state on a
22 surplus line basis has been sequestrated in its domiciliary sovereignty or elsewhere,
23 or whenever any of the grounds specified in R.S. 22:2005(A), except Paragraphs (8)
24 and (16) of that Section, arise or exist with reference to any foreign or alien insurer
25 authorized to transact business in this state or an unauthorized insurer writing
26 business in this state on a surplus line basis and having assets in this state, the
27 commissioner of insurance may proceed for the filing of a petition as provided in this
28 Chapter against domestic insurers, for an order directing such authorized foreign or
29 alien insurer or such unauthorized insurer to show cause why the commissioner of

1 insurance should not take possession of its assets in this state and conserve such
2 assets for the benefit of its creditors and for such other relief as the nature of the
3 cause and the interests of its policyholders, creditors, members, stockholders, or the
4 public may require.

5 * * *

6 D. The rights, powers, and duties of the commissioner of insurance as such
7 conservator, with reference to the assets of a foreign or alien insurer shall be
8 ancillary to the rights, powers, and duties imposed upon any receiver or other person,
9 if any, in charge of the property, business and affairs of such insurer in its
10 domiciliary sovereignty. When such domiciliary sovereignty is also a "reciprocal
11 state" as defined in R.S. 22:2038, the commissioner of insurance, as ancillary
12 receiver in this state, shall be subject to the provisions of the Uniform Insurers
13 Liquidation Law (~~R.S. 22:2038 through 2044~~), ~~herein~~.

14 §2036. Provisions for conservation of assets of domestic company

15 * * *

16 C. Entry of a seizure order under this ~~section~~ Section shall not constitute an
17 anticipatory breach of any contract of the company.

18 * * *

19 §2038. Uniform Insurers Liquidation Law

20 This Section, and R.S. 22:2039 through 2044, comprise and may be cited as
21 the "Uniform Insurers Liquidation Law". For the purposes of the law:

22 * * *

23 (3) "State" means any state of the United States, and also the District of
24 Columbia, ~~Alaska, Hawaii~~ and Puerto Rico.

25 * * *

1 §2044. Uniformity of interpretation

2 This Uniform Insurers Liquidation Law, ~~(R.S. 22:2038 through 2044)~~, shall
3 be so interpreted and construed as to effectuate its general purpose to make uniform
4 the law of those states that enact it.

5 * * *

6 §2055. Definitions

7 As used in this Part:

8 * * *

9 (6) "Covered claim" means the following:

10 (a) An unpaid claim, including one for unearned premiums that arises out of
11 and is within the coverage and not in excess of the applicable limits of an insurance
12 policy to which this Part applies issued by an insurer, if such insurer becomes an
13 insolvent insurer after September 1, 1970, and the policy was issued by such insurer
14 and any of the following:

15 * * *

16 (ii) The claimant is a self-insurer, including an arrangement or trust formed
17 under ~~Subpart J of Part 1 of Chapter 10 of Title 23 of the Louisiana Revised Statutes~~
18 ~~of 1950, R.S. 23:1191 et seq.~~, and is principally domiciled in this state at the time of
19 the insured event.

20 * * *

21 (7) "Insolvent insurer" means: an insurer who meets both of the following
22 criteria:

23 (a) ~~An insurer that is~~ Is licensed and authorized to transact insurance in this
24 state, either at the time the policy was issued or when the insured event occurred;
25 and.

26 * * *

27 (9)(a) "Member insurer" means any person who: meets both of the following
28 criteria:

1 (i) Is licensed and authorized to transact insurance in this state, ~~and,~~

2 * * *

3 (b) An insurer shall cease to be a member insurer effective on the day
4 following the termination or expiration of its license to transact the kinds of
5 insurance to which this Part applies; ~~;~~ however, the insurer shall remain liable as a
6 member insurer for any and all obligations, including obligations for assessments
7 levied prior to the termination or expiration of the insurer's license.

8 * * *

9 (12) "Insurance policy" means an insurance contract as defined in R.S.
10 22:864, and shall not include an agreement ~~whereby~~ in which an insurer agrees to
11 assume and carry out directly with the policyholder any of the policy obligations of
12 another insurer, such as cut-through endorsements, reinsurance endorsements,
13 facultative reinsurance agreements, treaty reinsurance agreements, and other such
14 agreements, when either insurer is an affiliate of the other.

15 * * *

16 (15) "Self-insurer" means a person that covers its liabilities through a
17 qualified individual or group self-insurance program created for the specific purpose
18 of covering liabilities typically covered by insurance. A group self-insurance fund
19 formed under ~~Subpart J of Part 1 of Chapter 10 of Title 23 of the Revised Statutes~~
20 ~~of 1950~~ R.S. 23:1191 et seq. shall not be deemed to be an insurer with respect to this
21 Chapter.

22 §2056. Creation of the association

23 * * *

24 C.

25 * * *

26 (2) The association may hold an executive session pursuant to R.S. 42:16 for
27 discussion of one or more of the following, and R.S. 44:1 through 41 shall not apply

1 to any documents as enumerated in R.S. 44:1(A)(2) which relate to one or more of
2 the following:

3 * * *

4 (f) Discussion by or documents in the custody or control of any committee
5 or subcommittee of the association, or any member or agent thereof, or the board of
6 directors or any member or agent thereof, ~~provided if~~ if such discussion or documents
7 would otherwise be protected from disclosure by any of the exceptions provided in
8 this Paragraph.

9 * * *

10 §2058. Powers and duties of the association

11 A. The association shall:

12 (1)(a) Be obliged to pay covered claims pursuant to an order as provided in
13 R.S. 22:2008(C), existing prior to the determination of the insurer's insolvency, or
14 arising after such determination but prior to the first to occur of the following events:

15 (i) Expiration of thirty days after the date of such determination of
16 insolvency; ;

17 (ii) Expiration of the policy; ~~or;~~

18 * * *

19 (b) Satisfy such obligation by paying to the claimant an amount as follows:

20 (i) The full amount of a covered claim for benefits payable directly to or on
21 behalf of the injured employee or his health care providers, vocational rehabilitation
22 counselors, and similar providers under a workers' compensation insurance
23 coverage; ;

24 (ii) An amount not exceeding ten thousand dollars per policy for a covered
25 claim for the return of unearned premium; ;

26 * * *

27 (3)(a)

28 * * *

1 §2059. Plan of operation

2 A.(1) The association shall submit to the commissioner, ~~and~~ the Senate
3 Committee on Insurance, and the House Committee on Insurance a plan of operation
4 and any amendments thereto necessary or suitable to assure the fair, reasonable, and
5 equitable administration of the association. The plan of operation and any
6 amendments thereto shall become effective upon approval in writing by the
7 commissioner; however, prior to the implementation of any new plan or any
8 amendment to such new plan or an existing plan of operation, the Senate Committee
9 on Insurance and the House Committee on Insurance may hold a hearing on such
10 new plan or any amendments to a new or existing plan of operation. After a hearing,
11 if any, the respective legislative committees shall either approve or reject the plan
12 or amendment as presented. No plan or amendment shall be implemented if it was
13 rejected by a legislative committee. If a hearing is not held within thirty days after
14 receipt of the plan or amendment by such committees, then the plan or amendment
15 may be implemented as approved by the commissioner. Approval by the
16 commissioner shall not be unreasonably withheld. If the plan of operation is
17 disapproved in whole or in part, the commissioner shall provide written reasons as
18 to each disapproved part, and the association shall resubmit the part of the plan
19 which has been disapproved by the commissioner within thirty days thereafter. The
20 preceding plan of operation shall remain in effect until such time as the revised plan
21 is effective.

22 * * *

23 C. The plan of operation shall:

24 * * *

25 (6) Establish procedures for records to be kept of all financial transactions
26 of the association, its agents, and the board of directors. All such records shall be
27 subject to review by either or both the Senate Committee on Insurance ~~and/or~~ and the

1 House Committee on Insurance upon written request of the respective legislative
2 chairman.

3 * * *

4 D. The plan of operation may provide that any or all powers and duties of
5 the association, except those under R.S. 22:2058(A)(3) and ~~R.S. 22:2058(B)(2)~~ are
6 delegated to a corporation, association, or other organization which performs or will
7 perform functions similar to those of this association, or its equivalent, in two or
8 more states. Such a corporation, association, or organization shall be reimbursed as
9 a servicing facility would be reimbursed and shall be paid for its performance of any
10 other functions of the association. A delegation under this ~~subsection~~ Subsection
11 shall take effect only with the approval of both the board of directors and the
12 commissioner, and may be made only to a corporation, association, or organization
13 which extends protection not substantially less favorably and effective than that
14 provided by this Part.

15 §2060. Duties and powers of the commissioner

16 A. The commissioner shall:

17 (1) Notify the association of the existence of an insolvent insurer ~~not~~ no later
18 than three days after he receives notice of the determination of the insolvency. The
19 association shall be entitled to a copy of a petition seeking an order of liquidation
20 with a finding of insolvency against a member company at the same time that the
21 petition is filed.

22 * * *

23 §2061.1. Net worth exclusion

24 A. For purposes of this Part "high net worth insured" shall mean any
25 policyholder or named insured, other than any state or local governmental agency or
26 subdivision thereof, whose net worth exceeds twenty-five million dollars on
27 December thirty-first of the year prior to the year in which the insurer becomes an
28 insolvent insurer; ~~provided that~~ if an insured's net worth on that date shall be deemed
29 to include the aggregate net worth of the insured and all of its subsidiaries and

1 affiliates as calculated on a consolidated basis. The consolidated net worth of the
 2 insured and all of its affiliates shall be calculated on the basis of their fair market
 3 values. The members of a group self-insurance fund formed ~~under Subpart J of Part~~
 4 ~~1 of Chapter 10 of Title 23 of the Louisiana Revised Statutes of 1950~~ pursuant to
 5 R.S. 23:1191 et seq. shall not be deemed to be affiliates of the fund, and shall not be
 6 included in the determination of the net worth of the fund. For the purposes of this
 7 Section, a group self-insurance fund, and each individual member of the fund upon
 8 whose behalf a claim is submitted, shall be deemed to be policyholders or named
 9 insureds of any policy of insurance issued to the fund.

10 * * *

11 §2062. Exhaustion of other coverage

12 A.

13 * * *

14 (2)

15 * * *

16 (a) The credit shall be deducted from the lesser of: the following:

17 (i) The association's covered claim limit;

18 (ii) The amount of the judgment or settlement of the claim; ~~or~~.

19 * * *

20 (5) For purposes of this Section, a claim under an insurance policy other than
 21 a life insurance policy or annuity shall include, but is not limited to:

22 (a) A claim against a health maintenance organization, a hospital plan
 23 corporation, a professional health service corporation or disability insurance policy,
 24 liability coverage, uninsured or underinsured motorist liability coverage,
 25 hospitalization, coverage under self-insurance certificates, preferred provider
 26 organization, or similar plan, and any and all other medical expense coverage; ~~and~~.

27 * * *

28 (6) In the case of a claimant alleging personal injury or death caused by
 29 exposure to asbestos fibers or other claim resulting from exposure to, release of, or

1 (a) Is deemed by the commissioner to be potentially unable to fulfill its
2 contractual obligations;

3 (b) Is placed under an order of rehabilitation or conservation by a court of
4 competent jurisdiction; ~~or~~

5 (c) In the case of a stock insurer, whose paid-in capital, minimum surplus
6 and operating surplus, or in the case of a mutual insurer, whose minimum surplus
7 and operating surplus does not satisfy the minimum level required by ~~the Louisiana~~
8 ~~Insurance~~ this Code.

9 * * *

10 §2085. Creation of the association

11 * * *

12 C.(1) Notwithstanding any other provision of law to the contrary, the
13 association is not and may not be deemed a department, unit, agency,
14 instrumentality, commission, or board of the state for any purpose unless specifically
15 set forth herein and shall not be subject to laws governing such departments, units,
16 agencies, instrumentalities, commissions, or boards of the state. All debts, claims,
17 obligations, and liabilities of the association, whenever incurred, shall be the debts,
18 claims, obligations, and liabilities of the association only and not of the state, its
19 agencies, instrumentalities, officers, or employees. The state may not budget for or
20 provide general fund appropriations to the association, and the debts, claims,
21 obligations, and liabilities of the association may not be considered to be a debt of
22 the state or a pledge of its credit. The association shall be subject to the provisions
23 of ~~Title 24 of the Louisiana Revised Statutes of 1950~~ R.S. 24:513 et seq. regarding
24 audits by the legislative auditor. The form established by the commissioner pursuant
25 to R.S. 22:2064 for the financial report shall determine the association's accounting
26 method and basis of financial reporting for all purposes notwithstanding any other
27 provision to the contrary.

28 * * *

1 (3) The association may hold an executive session pursuant to R.S. 42:16 for
2 discussion of one or more of the following, and R.S. 44:1 et seq. shall not apply to
3 any documents as enumerated in R.S. 44:1(A)(2) which relate to one or more of the
4 following:

5 * * *

6 (g) Discussion by or documents in the custody or control of any committee
7 or subcommittee of the association, or any member or agent thereof, or the board of
8 directors or any member or agent thereof, ~~provided if~~ provided if such discussion or documents
9 would otherwise be protected from disclosure by any of the exceptions provided in
10 this Paragraph.

11 §2086. Board of directors

12 * * *

13 B. Vacancies on the board shall be filled for the remaining period of the term
14 by a majority vote of the remaining board members, subject to the approval of the
15 commissioner. ~~To select the initial board of directors and initially organize the~~
16 ~~association, the commissioner shall give notice to all insurers of the time and place~~
17 ~~of the organizational meeting. In determining voting rights at the organizational~~
18 ~~meeting, each insurer shall be entitled to one vote in person or by proxy. If the board~~
19 ~~of directors is not selected within sixty days after notice of the organizational~~
20 ~~meeting, the commissioner may appoint the initial members.~~

21 * * *

22 D. Members of the board may be reimbursed from the assets of the
23 association for reasonable expenses incurred by them as members of the board of
24 directors. The members of the board shall ~~not~~ otherwise not be compensated by the
25 association for their services.

26 §2087. Powers and duties of the association

27 A. If a member insurer is an impaired domestic insurer, the association may,
28 in its discretion, subject to any conditions imposed by the association, take such

1 actions as do not impair the contractual obligations of the impaired insurer, that are
2 approved by the commissioner:

3 * * *

4 (2) Provide such monies, pledges, notes, guarantees, or other means as are
5 proper to effectuate ~~R.S. 22:2087(A)(1)~~ Paragraph (1) of this Subsection and assure
6 payment of the contractual obligations of the impaired insurer pending action under
7 ~~R.S. 22:2087(A)(1)~~. Paragraph (1) of this Subsection.

8 * * *

9 B.(1) If an insurer is an impaired insurer, whether domestic, foreign, or alien,
10 and the insurer is not paying claims timely, then subject to the preconditions
11 specified in ~~R.S. 22:2087(A)(2)~~, Paragraph (A)(2) of this Section, the association
12 shall, in its discretion, either:

13 (a) Take any of the actions specified in ~~R.S. 22:2087(A)~~, Subsection A of
14 this Section, subject to the conditions ~~therein~~. in that Section.

15 * * *

16 (2) The association shall be subject to the requirements of ~~R.S.~~
17 ~~22:2087(B)(1)~~ Paragraph (1) of this Section only if:

18 * * *

19 C. If a member insurer is an insolvent insurer, the association shall, in its
20 discretion, either:

21 * * *

22 (2) With respect only to life and health insurance policies, provide benefits
23 and coverages in accordance with ~~R.S. 22:2087(D)~~. Subsection D of this Section.

24 D. When proceeding under ~~R.S. 22:2087(B)(1)(b)~~ Subparagraph (B)(1)(b)
25 of this Section or ~~(C)(2)~~, Paragraph (C)(2) of this Section, the association shall, with
26 respect to only life and health insurance policies:

27 * * *

28 (3) With respect to individual policies, make available to each known
29 insured, or owner if other than the insured, and with respect to an individual formerly

1 insured under a group policy who is not eligible for replacement group coverage,
2 make available substitute coverage on an individual basis in accordance with the
3 provisions of ~~R.S. 22:2087(D)(4)~~, Paragraph (4) of this Subsection, if the insureds
4 had a right under law or the terminated policy to convert coverage to individual
5 coverage or to continue an individual policy in force until a specified age or for a
6 specified time, during which the insurer shall have no right to unilaterally alter any
7 provision of the policy or undertake alterations only in premium by class.

8 (4)(a) In providing the substitute coverage required under ~~R.S.~~
9 ~~22:1395.7(D)(3)~~, Paragraph (3) of this Subsection, the association may offer either
10 to reissue the terminated coverage or to issue an alternative policy.

11 * * *

12 E. When proceeding under ~~R.S. 22:2087(B)(1)~~ Paragraph (B)(1) of this
13 Section with respect to any policy or contract carrying guaranteed minimum interest
14 rates, the association shall assure the payment or credit of a rate of interest consistent
15 herein.

16 * * *

17 I. In carrying out its duties under ~~R.S. 22:2087~~ Subsections (B) and (C); of
18 this Section, the association may, subject to approval by the court:

19 * * *

20 J. If the association fails to act within a reasonable period as provided in ~~R.S.~~
21 ~~22:2087~~ Subsections B and C; of this Section, the commissioner shall have the
22 powers and duties of the association under this Part with respect to impaired or
23 insolvent insurers.

24 * * *

25 M.

26 * * *

27 (3) In addition to ~~R.S. 22:2087(M)~~ Paragraphs (1) and (2); of this
28 Subsection, the association shall have all rights of subrogation and any other
29 equitable or legal remedy which would have been available to the impaired or

1 insolvent insurer or holder of a policy or contract with respect to such policy or
2 contracts.

3 * * *

4 §2088. Assessments

5 * * *

6 D. The association may abate or defer, in whole or in part, the assessment
7 of an insurer if, in the opinion of the board, payment of the assessment would
8 endanger the ability of the insurer to fulfill its contractual obligations. In the event
9 an assessment against an insurer is abated, or deferred in whole or in part, the
10 amount by which such assessment is abated or deferred may be assessed against the
11 other insurers in a manner consistent with the basis for assessments set forth in ~~R.S.~~
12 ~~22:2088.~~ this Section. Once the conditions that caused a deferral have been removed
13 or rectified, the member insurer shall pay all assessments that were deferred pursuant
14 to a repayment plan approved by the association.

15 * * *

16 §2089. Plan of operation

17 A.

18 * * *

19 (2) ~~If the association fails to submit a suitable plan of operation within one~~
20 ~~hundred twenty days following September 30, 1991 or if at any time thereafter the~~
21 ~~association fails to submit suitable amendments to the plan, the commissioner shall,~~
22 ~~after notice and hearing, adopt and promulgate such reasonable rules as are necessary~~
23 ~~or advisable to effectuate the provisions of this Part. The rules shall continue in~~
24 ~~force until modified by the commissioner or ~~superseded~~ superceded by a plan~~
25 ~~submitted by the association and approved by the commissioner.~~

26 * * *

27 C. The plan of operation shall, in addition to requirements enumerated
28 elsewhere in this Part:

29 * * *

1 available upon request by a policyholder. The distribution, delivery, or contents or
2 interpretation of this document shall not mean that either the policy or the contract
3 or the holder thereof would be covered in the event of the impairment or insolvency
4 of a member insurer. The description document shall be revised by the association
5 as amendments to this Part may require. Failure to receive this document shall not
6 give the policyholder, contract holder, certificate holder, or insured any greater rights
7 than those stated in this Part.

8 C. The document prepared pursuant to ~~R.S. 22:2098(B)~~ Subsection B of this
9 Section shall contain a clear and conspicuous disclaimer on its face. The
10 commissioner shall promulgate a rule establishing the form and content of the
11 disclaimer. The disclaimer shall:

12 * * *

13 §2112. Formation of fire insurance patrol associations

14 A. Two-thirds of the fire insurance companies regularly licensed and
15 authorized to do business in this state, may voluntarily organize, in any city of fifty
16 thousand or more population, an association for the purpose of protecting life and
17 property from fire in such cities. The association shall be known as the fire
18 insurance patrol of the city in which it is organized.

19 B. Every fire insurance company regularly licensed and authorized to do
20 business in the city in which the association has its domicile shall be a member of
21 the association and shall have one vote.

22 §2113. Officers; management

23 A. The officers of each association are its president, ~~vice-president~~ vice
24 president, secretary, and the members of its board of directors or executive
25 committee. These officers shall be citizens of the state and residents of the city in
26 which the association is organized.

27 B. The management of the associations organized under the provisions of
28 this Part is vested in the board of directors or executive committee.

1 §2114. Certificate of approval

2 Immediately after organization of an association pursuant to this Part, the
3 president, the secretary, and the board of directors or executive committee thereof
4 shall file with the commissioner of insurance a certified copy of the constitution and
5 ~~by-laws~~ bylaws and a certified list of the fire insurance companies subscribing
6 thereto. If the organization is found to conform to the provisions of this ~~Sub-part,~~
7 Part, the commissioner of insurance shall furnish the association with a certificate
8 of approval.

9 * * *

10 §2118. Annual statements by fire ~~insurers,~~ insurers; assessments for expenses of
11 associations

12 A. An association may require a statement to be furnished it annually by all
13 fire insurance companies, associations, or underwriters writing fire insurance,
14 regularly licensed and authorized to do business in the state, showing the gross
15 amount of premiums received for insuring movable and immovable property against
16 loss by fire in the city in which the association has its domicile, for the twelve
17 months next preceding December thirty-first of each year. Only return premiums
18 paid during the twelve months shall be deducted from the gross premiums. This
19 statement shall be made on forms furnished by the association and shall be sworn to
20 by the president, secretary, general agent, or manager of the fire insurance company,
21 association, or underwriter. It shall be filed with the secretary of the fire insurance
22 patrol association within sixty days after the close of the year which it covers.

23 B. To pay its expense, any association, through its board of directors or
24 executive committee, may levy an assessment on all fire insurance companies,
25 associations, or underwriters regularly licensed and authorized to do business in this
26 state, in proportion to the several amounts of gross premiums received by each, less
27 return premiums paid. This assessment shall be based on the estimated expenses for
28 the current year, together with liabilities due, and shall never exceed two ~~per cent~~
29 percent of the gross amount of premiums received, less return premiums paid. The

1 assessment shall be paid at the time of the filing of the statement provided for in this
2 Section.

3 §2119. Delinquent members of associations; demand for statements and collection
4 of assessments by commissioner of insurance

5 The secretaries of the various associations shall report to the commissioner
6 of insurance all fire insurance companies, associations, or underwriters failing to
7 make statements of the amount of premiums received as provided in R.S. 22:2118
8 or failing to pay the assessments levied pursuant to that Section, with a statement of
9 the amount due by each. The commissioner of insurance shall make demand on the
10 delinquent companies for the statements, and shall collect the amounts due by such
11 delinquent companies. He shall pay over the sums so collected to the association.
12 For this service, the commissioner of insurance shall deduct a fee of five ~~per cent~~
13 percent of the amount collected and paid over.

14 * * *

15 §2132. Authority; creation, powers

16 * * *

17 C. The board of directors shall consist of the commissioner of insurance or
18 his designee, the state treasurer or his designee, a representative of the Louisiana
19 State Police Insurance ~~Fraud~~ Fraud/Auto Theft unit, the chairman of the Senate
20 Committee on Insurance or his designee, the chairman of the House Committee on
21 Insurance or his designee, and six members to be appointed as follows: four
22 members shall be appointed by the commissioner, including two members
23 representing purchasers of motor vehicle insurance in this state and two members
24 representing motor vehicle insurers doing business in this state. Two members shall
25 be appointed by the attorney general, both of whom shall represent law enforcement
26 officials in this state. The commissioner shall serve as chairperson of the authority.

27 D. The members of the board of directors, except the commissioner of
28 insurance or his designee, the state treasurer or his designee, the representative of the
29 Louisiana State Police Insurance ~~Fraud~~ Fraud/Auto Theft unit, and the legislative

1 members serving on the board, shall not be considered public employees by virtue
2 of their service on the board of directors.

3 * * *

4 §2133. Authority; further powers and duties

5 The authority shall have the powers necessary and convenient to implement
6 and effectuate the purposes and provisions of this Part and the purposes of the
7 authority and the powers delegated by other laws, including but not limited to the
8 power to:

9 * * *

10 (2) Solicit and accept gifts, grants, donations, loans, and other assistance
11 from any person or entity, private or public, or the federal, state, or local
12 governments or any agency thereof, ~~said~~ such gifts, grants, donations, loans, and
13 other assistance to be immediately deposited upon receipt into the fund ~~described~~
14 provided for in R.S. 22:2134(A).

15 * * *

16 §2135. Plan of operation

17 A. The authority shall develop and implement a plan of operation upon the
18 recommendations of the director, ~~no later than the first of January 2005.~~

19 * * *

20 §2147. Plan of operation

21 A.

22 * * *

23 (2) ~~If the consortium fails to submit a suitable plan of operation within one~~
24 ~~hundred twenty days following September 30, 1995, or if~~ If at any time thereafter the
25 consortium fails to submit suitable amendments to the plan, the commissioner may,
26 after notice and public hearing, adopt and promulgate such reasonable rules as are
27 necessary or advisable to effectuate the provisions of this Part. The rules shall

1 continue in force until modified by the commissioner or ~~superseded~~ superseded by
2 a plan submitted by the consortium and approved by the commissioner.

3 * * *

4 §2161. Louisiana Health Care Commission; creation

5 A. There is hereby created the Louisiana Health Care Commission within the
6 Department of Insurance. The commission shall be domiciled in Baton Rouge, and
7 its members shall serve for terms of two years, ~~beginning July 1, 1999~~. The
8 functions, duties, and responsibilities of the commission shall be to review and study
9 the availability, affordability, and delivery of quality health care in the state. The
10 commission shall specifically examine the rising costs of health care in the state,
11 including but not limited to the cost of administrative duplication, the costs
12 associated with excess capacity and duplication of medical services, and the costs of
13 medical malpractice and liability and shall examine the adequacy of consumer
14 protections, as well as the formation and implementation of insurance pools that
15 better assure citizens the ability to obtain health insurance at affordable costs and
16 encourage employers to obtain health care benefits for their employees by increased
17 bargaining power and economies of scale for better coverage and benefit options at
18 reduced costs. Further, the commission shall examine the implementation issues
19 related to national health care reform initiatives. Of the members of the commission,
20 three members shall be appointed from a list of nominees submitted by the governing
21 boards of state colleges and universities and by a dean from the business schools
22 represented by the Louisiana Association of Independent Colleges and Universities.
23 One member of the Senate Committee on Insurance shall be appointed by the
24 president of the Senate and one member of the House Committee on Insurance shall
25 be appointed by the speaker of the House of Representatives to the commission to
26 act as ex officio, nonvoting members. One member of the commission shall be
27 appointed by the secretary of the Department of Health and Hospitals. The
28 commissioner of insurance shall appoint five at-large members to the commission.

1 The remainder of the members shall be appointed by the commissioner of insurance
2 from a list of nominees, one nominee to be submitted by each of the following:

3 * * *

4 (6) Louisiana ~~Trial Lawyers'~~ Association: for Justice.

5 * * *

6 §2171. Louisiana Property and Casualty Insurance Commission

7 A. The legislature hereby creates the Louisiana Property and Casualty
8 Insurance Commission within the Louisiana Department of Insurance. The
9 functions, duties, and responsibilities of the commission shall be to review and
10 examine the availability and affordability of property and casualty insurance in the
11 state of Louisiana. Further, the commission shall undertake a comprehensive study
12 and provide oversight and enforcement recommendations of the effectiveness of law
13 enforcement and implementation of programs aimed at enforcement throughout the
14 state of those laws and programs which affect automobile insurance rates.

15 B. The commission shall be domiciled in the city of Baton Rouge and its
16 members shall serve for terms of two years, ~~beginning July 1, 2001~~.

17 C. The commission shall consist of the following members:

18 * * *

19 (7) A representative of the ~~National Association of Independent Insurers,~~
20 Property Casualty Insurers Association of America, selected by its governing body,
21 or his designee.

22 * * *

23 (13) A representative of the Independent Insurance Agents and Brokers of
24 Louisiana.

25 * * *

26 (21) A representative of law enforcement or his designee, selected jointly by
27 the superintendent of state police, the secretary of the Department of Public Safety

1 and Corrections, the president of the Louisiana Association of Chiefs of Police, and
2 the president of the Louisiana ~~Sheriff's~~ Sheriffs' Association.

3 * * *

4 E. The automobile insurance ad hoc committee shall consist of the following
5 members:

6 * * *

7 (6) The representative of the ~~National Association of Independent Insurers~~
8 Property Casualty Insurers Association of America and/or his designee.

9 * * *

10 (14) A representative of the Independent Insurance Agents and Brokers of
11 Louisiana.

12 F. The homeowners ad hoc committee shall consist of the following
13 members:

14 * * *

15 (5) A representative of the Independent Insurance Agents and Brokers of
16 Louisiana.

17 * * *

18 (12) The representative of the ~~National Association of Independent Insurers~~
19 Property Casualty Insurers Association of America or his designee.

20 G. The workers' compensation insurance ad hoc committee shall consist of
21 the following members:

22 * * *

23 (5) A representative of the Independent Insurance Agents and Brokers of
24 Louisiana.

25 * * *

26 (11) A representative of the ~~Department of Labor~~, Louisiana Workforce
27 Commission, office of workers' compensation or his designee, appointed by the
28 executive director.

1 §2205. Appeal

2 All appeals from a decision of the ~~Division of Administrative Law~~ division
3 of administrative law shall be in accordance with the Administrative Procedure Act,
4 R.S. 49:950 et seq.

5 §2206. Use of injunctive process

6 Notwithstanding any law to the contrary, the commissioner is empowered to
7 seek the enforcement of any lawful written order or to secure the prevention or
8 discontinuance of any violation of a prohibitory or mandatory licensing provision of
9 this Code by legal action for injunction which may be filed in the district court in
10 either the parish of East Baton Rouge or the parish in which the offender is
11 domiciled, and he shall be represented in such actions by the attorney general or the
12 attorney for his department, ~~if such there is.~~

13 * * *

14 §2208. Administrative hearings

15 As provided in Chapter 13-B of Title 49 of the Louisiana Revised Statutes
16 of 1950, R.S. 49:991 et seq., the division of administrative law shall conduct any
17 hearings required by any provision of this Chapter.

18 * * *

19 §2221. Pilot programs; Department of Insurance; establishment

20 The Louisiana Workforce Commission and the Department of Insurance,
21 conjunctively, after consultation with the office of workers' compensation
22 administration in the Louisiana Workforce Commission, are hereby authorized to
23 establish no more than five pilot health insurance programs, which may consist of
24 groups or associations of employers for twenty-four-hour insurance coverage, ~~that~~
25 ~~shall terminate five years after the first date of operation of the program, unless~~
26 ~~extended by an act of the legislature.~~ The pilot program shall monitor the medical,
27 hospital, and remedial care of employees and the provision of prompt, effective care
28 and earlier restoration of earning capacity without diminution of the quality of that
29 care of the injured or disabled employee. In order to implement the pilot health

1 insurance program for employees, the Louisiana Workforce Commission and the
2 Department of Insurance, conjunctively, shall:

3 * * *

4 §2222. Pilot program; certain provisions

5 * * *

6 D. The Louisiana Workforce Commission and the Department of Insurance,
7 conjunctively, shall issue an interim report ~~on or before December 1, 1994~~, and a
8 final report ~~on or before the termination date of August 15, 1995~~; to the speaker of
9 the House of Representatives, the president of the Senate, the members of the
10 respective committees on insurance in the House of Representatives and Senate, and
11 the governor, on its activities, findings, and recommendations about the pilot
12 program ~~herein~~. in this Part. The Louisiana Workforce Commission and the
13 Department of Insurance, conjunctively, shall monitor, evaluate, and report the
14 following information regarding physicians, hospitals, facilities, and other medical
15 care providers:

16 * * *

17 §2223. Pilot program; requirements, contents

18 * * *

19 F. Any insurance policy issued under a pilot program shall insure the
20 employer's obligation to a named insured throughout the entire period of any illness
21 or disability, specifically, but not limited to the duration of benefits as provided
22 under the Louisiana Workers' Compensation law or ~~the Louisiana Insurance law~~ this
23 Code for an employee and his dependents.

24 * * *

25 §2243. Small employer and individual insurance program criteria

26 Any small employer or individual insurance program developed shall include
27 but not be limited to the following features:

28 * * *

1 §2291. Louisiana Citizens Property Insurance Corporation; declaration and purpose;
2 construction

3 It is hereby declared by the Legislature of Louisiana that an adequate market
4 for fire with extended coverage and vandalism and malicious mischief insurance and
5 homeowners coverage is necessary to the economic welfare of the state, including
6 the coastal areas of the state, and that without such insurance the orderly growth and
7 development of the state would be severely impeded; and that adequate insurance
8 upon property is necessary to enable owners of homes and commercial owners to
9 obtain financing for the purchase and improvement of their property. It is further
10 declared that the state has an obligation to provide an equitable method whereby
11 every licensed insurer writing fire, extended coverage, and vandalism and malicious
12 mischief and, if necessary, homeowners coverage on a direct basis in Louisiana is
13 required to meet its public responsibility instead of shifting the burden to a few
14 willing and public-spirited insurers. While deserving praise, the financing
15 mechanisms of the former plans were insufficient to meet the needs of this area. It
16 is the purpose of this Chapter to accept this obligation and to provide a mandatory
17 program to assure an adequate market for fire, extended coverage, and vandalism and
18 malicious mischief and, if necessary, homeowners insurance in the coastal and other
19 areas of Louisiana. The legislature intends by this Chapter that property insurance
20 be provided and that it continues, as long as necessary, through an entity organized
21 to achieve efficiencies and economies, all toward the achievement of the foregoing
22 public purposes. Therefore, the Louisiana Citizens Property Insurance Corporation,
23 a nonprofit corporation, is hereinafter created, and ~~said~~ such corporation shall
24 operate insurance plans which shall function exclusively as residual market
25 mechanisms to provide essential property insurance for residential and commercial
26 property, solely for applicants who are in good faith entitled, but are unable, to
27 procure insurance through the voluntary market. The legislature further intends that
28 the corporation work toward the ultimate depopulation of these residual market
29 insurance plans. Because it is essential for the corporation to have the maximum

1 financial resources to pay claims following a catastrophic hurricane, it is the intent
2 of the legislature that the income of the corporation be exempt from federal income
3 taxation and that interest on the debt obligations issued by the corporation be exempt
4 from federal income taxation.

5 §2292. Definitions

6 As used in this ~~Subpart~~, Part, unless the context otherwise requires:

7 * * *

8 §2293. Creation of the Louisiana Citizens Property Insurance Corporation

9 * * *

10 D.

11 * * *

12 (2) The corporation may hold an executive session pursuant to R.S. 42:16
13 for discussion of one or more of the following, and R.S. 44:1 through 41 shall not
14 apply to any documents as enumerated in R.S. 44:1(A)(2) which relate to one or
15 more of the following:

16 (a) Underwriting files, except that a policyholder or an applicant shall have
17 access to his ~~or her~~ own underwriting files.

18 * * *

19 (f) All information relating to the medical condition or medical status of a
20 corporation employee which is not relevant to the employee's capacity to perform his
21 ~~or her~~ duties, except as otherwise provided in this Paragraph. Information which is
22 exempt shall include but is not limited to information relating to workers'
23 compensation, insurance benefits, and retirement or disability benefits.

24 * * *

25 (3) When an authorized insurer is considering underwriting a specific risk
26 insured by the corporation, relevant underwriting files and confidential claims files
27 may be released to the insurer ~~provided~~ if the insurer agrees in writing, notarized and
28 under oath, to maintain the confidentiality of such files. When a file is transferred
29 to an insurer that file is no longer a public record because it is not held by an agency

1 subject to the provisions of the ~~public records law~~ Public Records Law.

2 Notwithstanding the provisions of this Subsection, the corporation shall not provide
3 either a partial or complete list of the plans' insureds, applicants, or claimants to any
4 voluntary insurer.

5 §2294. Board of directors of corporation

6 A. The governing body of the corporation shall be a board of directors which
7 shall consist of the following members, who shall be representative of the state's
8 population as near as practicable:

9 * * *

10 (5) Six representatives appointed by the governor; one from a list of two
11 nominees from the Louisiana Bankers Association; one from a list of two nominees
12 from the Louisiana Home Builders Association; one from a list of two nominees
13 from the Society of Louisiana Certified Public Accountants; one from a list of two
14 nominees from the Louisiana District Attorneys Association; and the remaining two
15 representatives shall be appointed at large.

16 * * *

17 §2296. Immunity from liability

18 * * *

19 B. Such immunity from liability does not apply to:

20 (1) Any of the persons or entities listed in Subsection A ~~hereof~~ of this
21 Section for any willful tort or criminal act.

22 * * *

23 §2297. Powers and duties of Louisiana Citizens Property Insurance Corporation

24 * * *

25 D. The corporation shall:

26 * * *

27 (8) Perform such other acts as are necessary or proper to effectuate the
28 purpose of this ~~Subpart~~ Chapter.

29 * * *

1 §2302. Eligibility; application

2 * * *

3 E. The corporation shall include a disclosure statement with each application
4 and policy which notifies the policyholder that ~~they~~ he may obtain a list of insurance
5 producers and insurance companies that may be able to write their insurance
6 coverage in the private insurance market. This disclosure shall be on a separate page
7 from the policy and shall be distinctly labeled in fourteen point or larger type size.
8 The disclosure shall include a description of the specific method of accessing the
9 Louisiana Department of Insurance website including the website address. The
10 disclosure shall also include a list, from the website of the Department of Insurance,
11 of the insurance companies referenced ~~above~~. in this Subsection.

12 * * *

13 §2307. Plan deficits; financing

14 * * *

15 G. The corporation may pledge, assign, and grant a security interest in the
16 assessments, insurance and reinsurance recoverables, surcharges, and other funds
17 available to the corporation as the source of revenue for and to secure bonds or other
18 indebtedness, including without limitation lines of credit or other financing
19 mechanisms issued or created under this Subsection pursuant to the procedures of
20 Chapter 13 of Title 39 of the Louisiana Revised Statutes of 1950, R.S. 39:1421; et
21 seq., ~~as amended~~, or to retire any other debt incurred as a result of deficits or events
22 giving rise to deficits, or in any other way that the governing board determines will
23 efficiently recover such deficits and use such funds to pay any current or other
24 obligations on the bonds or other indebtedness even if no event of default has
25 occurred under the bonds or other indebtedness. The purpose of the lines of credit
26 or other financing mechanisms is to provide additional resources to assist the
27 corporation in covering claims and expenses attributable to a catastrophe. As used
28 in this Subsection, the term "assessments" includes regular assessments under
29 Subsection B or C of this Section, and emergency assessments under Subsection E

1 of this Section. Emergency assessments collected under Subsection E of this Section
 2 are not part of an insurer's rates, are not premium, and are not subject to premium
 3 tax, fees, or commissions. However, failure to pay the emergency assessment shall
 4 be treated as failure to pay premium. The emergency assessments under Subsection
 5 E of this Section shall continue to be levied and collected and shall be used to make
 6 any payments due with respect to any bonds issued or other indebtedness incurred
 7 with respect to a deficit for which the assessment was imposed remains outstanding,
 8 even if no event of default has occurred under the bonds or other indebtedness,
 9 unless adequate protection and provision has been made for the payment of such
 10 bonds or other indebtedness pursuant to the documents governing such bonds or
 11 other indebtedness.

12 * * *

13 §2308. Louisiana Citizens Property Insurance Corporation not taxable

14 The corporation shall be considered a political instrumentality of the state,
 15 and shall be exempt from any corporate income tax. However, the corporation is not
 16 and shall not be deemed a department, unit, or agency of the state. All debts, claims,
 17 obligations, and liabilities of the corporation, whenever and however incurred, shall
 18 be the debts, claims, obligations, and liabilities of the corporation only, and not of
 19 the state, its agencies, officers, or employees. Corporation funds shall not be
 20 considered part of the general fund of the state, and the state shall not appropriate
 21 corporation funds. The state's contribution to the corporation is limited to those
 22 funds collected by the corporation pursuant to the authority granted under R.S.
 23 ~~22:2303(B), of this Chapter,~~ and the state shall not budget for or provide general
 24 fund appropriations to the corporation. The premiums, assessments, investment
 25 income, and other revenue of the corporation are funds received for providing
 26 property insurance coverage as required by this Section, paying claims for Louisiana
 27 citizens insured by the corporation's plans, securing and repaying debt obligations
 28 issued by the corporation, and conducting all other activities of the corporation, and
 29 shall not be considered taxes, fees, licenses, or charges for services imposed by the

1 legislature on individuals, businesses, or agencies outside state government. It is the
 2 intent of the legislature that the tax exemptions provided in this Section will augment
 3 the financial resources of the corporation to better enable fulfillment of the public
 4 purpose. Any bonds issued by or on behalf of the corporation and the plans, their
 5 transfer, and the income therefrom, including any profit made on the sale thereof,
 6 shall at all times be free from taxation of every kind by the state and any political
 7 subdivision or local unit or other instrumentality thereof.

8 * * *

9 §2313. ~~Agents;~~ Producers; authority to bind coverage

10 A. Every ~~agent~~ producer licensed to sell property and casualty insurance may
 11 sell insurance policies which are issued by the Louisiana Citizens Property Insurance
 12 Corporation through its FAIR and Coastal ~~plans~~ Plans.

13 B. The governing board shall formulate criteria and an application process
 14 to certify qualified licensed property and casualty insurance ~~agents~~ producers to bind
 15 insurance coverage for the FAIR and Coastal Plans. In order to be qualified for
 16 binding authority, the ~~agent~~ producer shall have adequate errors and omission
 17 insurance and complete a training course offered by the Louisiana Citizens Property
 18 Insurance Corporation. Pursuant to the Administrative Procedure Act, R.S. 49:950
 19 et seq., the governing board shall promulgate rules which set forth standards by
 20 which ~~an agent~~ a producer is deemed qualified for binding authority.

21 C. The governing board may withdraw binding authority granted to any
 22 ~~agent~~ producer certified pursuant to Subsection B of this Section if that ~~agent~~
 23 producer fails to follow written guidelines for underwriting as required by the
 24 corporation.

25 §2314. Policy take-out program

26 * * *

27 F. The provisions of this Section shall not be construed to impair the right
 28 of any Louisiana Citizens Property Insurance Corporation policyholder, upon receipt
 29 of an approved take-out offer, to retain his current ~~agent,~~ producer, so long as that

1 commissioner of insurance after review of annual statements, other reports and other
2 statistics the commissioner shall deem necessary to provide the information ~~herein~~
3 required in this Section and which the commissioner is hereby authorized and
4 empowered to obtain from any participant in the plan.

5 * * *

6 §2363. Cooperative endeavors; grants; regulations

7 * * *

8 B. The commissioner of insurance may grant matching capital funds to
9 qualified property insurers in accordance with the requirements of this Chapter from
10 the fund. The commissioner shall adopt and promulgate rules and regulations in
11 accordance with the Administrative Procedure Act, R.S. 49:950 et seq., governing
12 the application process and award of grants, use of grant funds, reporting
13 requirements and other regulations to assure compliance with and to carry out the
14 purposes of the program.

15 §2364. Implementation; grant limitations

16 A. The commissioner of insurance shall adopt and promulgate rules and
17 regulations to implement this program as soon as possible and in accordance with the
18 Administrative Procedure Act, R.S. 49:950 et seq.

19 * * *

20 F. Prior to the award of any grant pursuant to the provisions of this Chapter,
21 such grant shall be subject to the review and approval of the Joint Legislative
22 Committee on the Budget. The use of grant funds and unexpended and
23 unencumbered monies pursuant to the provisions of ~~R.S. 22:2372~~ and Subsection D
24 of this Section shall not be subject to review and approval of the Joint Legislative
25 Committee on the Budget.

26 * * *

1 §2369. Net written premium requirements

2 * * *

3 E.(1) The commissioner shall promulgate rules pursuant to the
4 Administrative Procedure Act, R.S. 49:950 et seq., to establish procedures to monitor
5 the net written premium of insurers receiving any grant under this Chapter to ensure
6 that the insurer is in compliance with the provisions of this Section. These rules
7 shall include provisions for the return of grant money to the state, on a pro rata basis,
8 for failure to meet the requirements of this Section. Notwithstanding the provisions
9 of R.S. 22:2370 to the contrary, the commissioner shall seek the return of unearned
10 grant money from any insurer who has not been in compliance with this Section for
11 five consecutive years commencing on January 1, 2009, and ending on December 31,
12 2013.

13 * * *

14 Section 2. R.S. 22:1824(C), 2028(D)(3), 2161(A)(7), (12), (34), and (37),
15 2171(C)(20), (E)(17), and (G)(13), and 2303(D)(1) are hereby repealed in their entirety.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument. The keyword, one-liner, abstract, and digest do not constitute part of the law or proof or indicia of legislative intent. [R.S. 1:13(B) and 24:177(E)]

Cromer HB No. 595

Abstract: Provides for technical recodification of certain provisions of the La. Insurance Code.

Proposed law makes numerous technical changes to present law, specifically certain provisions of the La. Insurance Code. Such changes include correction of citations, updates of terms and language, reorganization of provisions, elimination of obsolete or ineffective provisions, such as transition provisions and past effective dates, and harmonizing of inconsistent provisions.

(Amends R.S. 22:23(D)(3)(b), 242(10), 653(A)(intro. para.), 851(A), 912(C), (D), and (E), 931(A)(10)(a), 1821(A), (C), (D)(1), (2)(e) and (g)(i)(aa), and (3)(c)(intro. para.) and (i), (d)(intro. para.) and (i)-(iv), and (e), and (F)(1), 1825(B)(intro. para.) and (C)(intro. para.) and (4), 1859(F), 1875, 1879(A), (B)(1)(intro. para.), and (C), 1880(B)(1)(intro. para.), (C)(intro. para.), and (D)(intro. para.), 1892(B)(1), (C)(1), and (D)(2), 1901(4), 1902(A)(2) and (9), 1903(C)(2)(intro. para.), 1904, 1905(C)(intro. para.) and (1), 1907, 1909(B) and (C), 1921(B) and (C), 1923(1)(a)(intro. para.) and (g), 1926(A), 1927(B), 1928(B), 1941, 1942, 1944, 1945, 1946, 1962(C) and (F), 1964(1)(g), (7)(a), (b), and (h), (9), (10)(c), (11), (13), (15)(c)(i), (iii), and (vii), (19)(b)(i)(intro. para.) and (c)(i), (20), (24), and (25), 1967, 1968, 1971(C), 1973(B)(intro. para.), 1981(A)(2) and (3) and (C)(intro. para.), 1983(D)-(H) and

(I)(1) and (2), 1984(A) and (G), 1988, 1989, 1992, 1994(A), 2001, 2002(2) and (4), 2003(1)(e) and (f), 2005, 2006, 2008(A), 2009(E)(2) and (4), 2010(D), 2012(A)(intro. para.) and (3) and (B), 2013(B), 2018(A) and (B), 2019, 2020(C), 2021(A), 2023(C)(2), 2025(4), 2026, 2027(B), 2028(B), (C), and (D)(6), 2029, 2032, 2033(B), 2034(G) and (H), 2035(A) and (D), 2036(C), 2038(3), 2044, 2055(6)(a)(ii), (7)(intro. para.) and (a), (9)(a)(intro. para.) and (i) and (b), (12), and (15), 2056(C)(2)(f), 2058(A)(1)(a)(i) and (ii), (b)(i) and (ii), and (3)(a)(iv), 2059(A)(1), (C)(6), and (D), 2060(A)(1), 2061.1(A), 2062(A)(2)(a)(intro. para.) and (i) and (ii), (5)(a), and (6), 2083(A)(2)(intro. para.) and (a) and (C)(intro. para.) and (1), 2084(6), 2085(C)(1) and (3)(g), 2086(B) and (D), 2087(A)(2), (B)(1)(intro. para.) and (a) and (2)(intro. para.), (C)(2), (D)(intro. para.) and (3) and (4)(a), (E), (I)(intro. para.), (J), and (M)(3), 2088(D), 2089(A)(2) and (C)(8), 2091(A)(2) and (E)(1), 2092(D), 2093(E)(1), 2098(B) and (C)(intro. para.), 2112, 2113, 2114, 2118, 2119, 2132(C) and (D), 2133(2), 2135(A), 2147(A)(2), 2161(A)(intro. para.) and (6), 2171(A), (B), (C)(7), (13), and (21), (E)(6) and (14), (F)(5) and (12), and (G)(5), (11), and (12), 2181(B), 2191(A)(intro. para.) and (1), 2205, 2206, 2208, 2221(intro. para.), 2222(D)(intro. para.), 2223(F), 2243(2), 2244(A)(2), 2261(B), 2291, 2292 (intro. para.), 2293(D)(2)(a) and (f) and (3), 2294(A)(5), 2296(B)(1), 2297(D)(8), 2302(E), 2307(G), 2308, 2313, 2314(F), 2315(A), 2316, 2326(A), 2363(B), 2364(A) and (F), and 2369(E)(1); Repeals R.S. 22:1824(C), 2028(D)(3), 2161(A)(7), (12), (34), and (37), 2171(C)(20), (E)(17), and (G)(13), and 2303(D)(1))