1	ENROLLED
2	COMMITTEE SUBSTITUTE
3	FOR
4	H. B. 2819
5	(By Delegates Guthrie, Hartman, Ashley and Walters)
6	
7	[Passed April 12, 2013; in effect ninety days from passage.]
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9	AN ACT to amend and reenact $\$33-31-16a$ of the Code of West
10	Virginia, 1931, as amended; and to amend and reenact $\$33-40-3$
11	of said code, all relating to the financial oversight of
12	entities regulated by the Insurance Commissioner; requiring
13	captive insurance companies organized as risk retention groups
14	to comply with risk-based capital for insurers' provisions and
15	state rules; and incorporating a solvency trend test for
16	property and casualty insurance companies.
17	Be it enacted by the Legislature of West Virginia:
18	That §33-31-16a of the Code of West Virginia, 1931, as
19	amended, be amended and reenacted; and that $\$33-40-3$ of said code
20	be amended and reenacted, all to read as follows:
21	ARTICLE 31. CAPTIVE INSURANCE.
22	§33-31-16a. Laws applicable; Risk Retention Groups.
23	In addition to the applicable provisions of this article, any
24	captive insurance company organized as a risk retention group is

1 subject to the following provisions of this chapter: section nine, article 2 two (examination of insurers, agents, brokers and solicitors; access to books, records, etc.); section fourteen, 3 4 article four (financial statement filings; annual and quarterly 5 statements; required format; foreign insurers; agents of the 6 commissioner); section fifteen-a, article four (credit for 7 reinsurance; definitions; requirements; trust accounts; reductions 8 from liability; security; effective date); article seven (assets 9 and liabilities); article ten (rehabilitation and liquidation); 10 article twenty-seven (insurance holding company systems); article 11 thirty-three (annual audited financial report); article thirty-four 12 (administrative supervision); article thirty-five (criminal 13 sanctions for failure to report impairment); article thirty-six 14 (Business Transacted with Producer Controlled Property/Casualty 15 Insurer Act); article thirty-seven (managing general agents); 16 article thirty-eight (Reinsurance Intermediary Act); article forty 17 (risk-based capital for insurers); and article forty-one (Insurance 18 Fraud Prevention Act), as well as any rules promulgated under those 19 provisions in accordance with article three, chapter twenty-nine-a of this code, including any rule relating to property and casualty 20 21 actuarial opinions.

22 ARTICLE 40. RISK-BASED CAPITAL (RBC) FOR INSURERS.

23 §33-40-3. Company action level event.

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(a) "Company action level event" means any of the following

1 events:

2 (1) The filing of an RBC report by an insurer which indicates3 that:

4 (A) The insurer's total adjusted capital is greater than or
5 equal to its regulatory action level RBC, but less than its company
6 action level RBC;

7 (B) If a life and/or health insurer, the insurer has total 8 adjusted capital which is greater than or equal to its company 9 action level RBC, but less than the product of its authorized 10 control level RBC and two and one-half and has a negative trend; or

(C) If a property and casualty insurer, the insurer has total adjusted capital which is greater than or equal to its company action level RBC, but less than the product of its authorized control level RBC and three and triggers the trend test determined in accordance with the trend test calculation included in the property and casualty RBC instructions;

17 (2) The notification by the commissioner to the insurer of an 18 adjusted RBC report that indicates an event in subdivision (1) of 19 this subsection, provided the insurer does not challenge the 20 adjusted RBC report under section seven of this article; or

(3) If, pursuant to section seven of this article, an insurer challenges an adjusted RBC report that indicates the event in subdivision (1) of this subsection, the notification by the commissioner to the insurer that the commissioner has, after a

1 hearing, rejected the insurer's challenge.

2 (b) In the event of a company action level event, the insurer 3 shall prepare and submit to the commissioner an RBC plan which 4 shall:

5 (1) Identify the conditions which contribute to the company 6 action level event;

7 (2) Contain proposals of corrective actions which the insurer 8 intends to take and would be expected to result in the elimination 9 of the company action level event;

10 (3) Provide projections of the insurer's financial results in 11 the current year and at least the four succeeding years or, in the 12 case of an HMO, in the current year and at least the two succeeding 13 years, both in the absence of proposed corrective actions and 14 giving effect to the proposed corrective actions, including 15 projections of statutory operating income, net income, capital 16 and/or surplus. (The projections for both new and renewal business 17 may include separate projections for each major line of business 18 and separately identify each significant income, expense and 19 benefit component);

20 (4) Identify the key assumptions impacting the insurer's 21 projections and the sensitivity of the projections to the 22 assumptions; and

(5) Identify the quality of, and problems associated with, theinsurer's business, including, but not limited to, its assets,

1 anticipated business growth and associated surplus strain, 2 extraordinary exposure to risk, mix of business and use of 3 reinsurance, if any, in each case.

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(c) The RBC plan shall be submitted:

5 (1) Within forty-five days of the company action level event;6 or

7 (2) If the insurer challenges an adjusted RBC report pursuant
8 to section seven of this article, within forty-five days after
9 notification to the insurer that the commissioner has, after a
10 hearing, rejected the insurer's challenge.

11 (d) Within sixty days after the submission by an insurer of an 12 RBC plan to the commissioner, the commissioner shall notify the 13 insurer whether the RBC plan may be implemented or is, in the 14 judgment of the commissioner, unsatisfactory. If the commissioner 15 determines the RBC plan is unsatisfactory, the notification to the 16 insurer shall set forth the reasons for the determination and may 17 set forth proposed revisions which will render the RBC plan 18 satisfactory in the judgment of the commissioner. Upon 19 notification from the commissioner, the insurer shall prepare a 20 revised RBC plan, which may incorporate by reference any revisions proposed by the commissioner, and shall submit the revised RBC plan 21 to the commissioner: 22

23 (1) Within forty-five days after the notification from the 24 commissioner; or

(2) If the insurer challenges the notification from the
 commissioner under section seven of this article, within forty-five
 days after a notification to the insurer that the commissioner has,
 after a hearing, rejected the insurer's challenge.

5 (e) In the event of a notification by the commissioner to an 6 insurer that the insurer's RBC plan or revised RBC plan is 7 unsatisfactory, the commissioner may, at the commissioner's 8 discretion, subject to the insurer's right to a hearing under 9 section seven of this article, specify in the notification that the 10 notification constitutes a regulatory action level event.

(f) Every domestic insurer that files an RBC plan or revised RBC plan with the commissioner shall file a copy of the RBC plan or revised RBC plan with the Insurance Commissioner in any state in which the insurer is authorized to do business if:

15 (1) The state has an RBC provision substantially similar to 16 subsection (a), section eight of this article; and

17 (2) The Insurance Commissioner of that state has notified the 18 insurer of its request for the filing in writing, in which case the 19 insurer shall file a copy of the RBC plan or revised RBC plan in 20 that state no later than the later of:

21 (A) Fifteen days after the receipt of notice to file a copy of
22 its RBC plan or revised RBC plan with the state; or

(B) The date on which the RBC plan or revised RBC plan isfiled under subsections (c) and (d) of this section.