

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

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SENATE BILL 323  
PROPOSED COMMITTEE SUBSTITUTE S323-PCS15102-RG-3

Short Title: Insurance Amendments.-AB

(Public)

Sponsors:

Referred to:

March 14, 2011

A BILL TO BE ENTITLED

1 AN ACT TO MAKE CHANGES IN THE INSURANCE LAWS TO PRIVATIZE ONLINE  
2 AND ADMINISTRATIVE PROCESSES FOR LICENSE APPLICANTS, CODIFY THE  
3 EXISTING SENIORS' HEALTH INSURANCE INFORMATION PROGRAM, ENSURE  
4 ACCURACY IN CERTIFICATES OF INSURANCE, REQUIRE PRIOR APPROVAL OF  
5 SMALL GROUP HEALTH INSURANCE RATES AND ENCOURAGE THE SALE OF  
6 CHILD-ONLY HEALTH INSURANCE POLICIES, AMEND THE RISK-BASED  
7 CAPITAL LAW TO MAINTAIN NAIC ACCREDITATION, PROVIDE AN  
8 EXEMPTION FOR LICENSING OF CLAIMS INPUT EMPLOYEES FOR PORTABLE  
9 ELECTRONIC DEVICES, PROHIBIT FEDERAL PREEMPTION OF CROP  
10 ADJUSTERS' REGULATION, AND EASE THE REGULATORY BURDEN ON THE  
11 NORTH CAROLINA SELF-INSURANCE SECURITY ASSOCIATION AND THE  
12 ASSOCIATION AGGREGATE SECURITY SYSTEM.

13 The General Assembly of North Carolina enacts:

14 **SECTION 1.** G.S. 58-2-69(g) reads as rewritten:

15 "(g) The Commissioner may contract with the NAIC or other persons for the provision  
16 of online services to applicants and licensees, for the provision of administrative ~~services to~~  
17 ~~licensees, or services, for the provision of license processing and support services, and~~ for the  
18 provision of regulatory data systems to the Commissioner. The NAIC or other person with  
19 whom the Commissioner contracts may charge applicants and licensees a reasonable fee for ~~the~~  
20 ~~costs associated with the licensees' use the provision of online services and services, the~~  
21 provision of administrative services, services, the provision of license processing and support  
22 services, and the provision of regulatory data systems to the Commissioner. The fee shall be  
23 agreed to by the Commissioner and the other contracting party and shall be stated in the  
24 contract. The fee is in addition to any applicable license application and renewal fees. Contracts  
25 for the provision of online services, contracts for the provision of administrative services, and  
26 contracts for the provision of regulatory data systems shall not be subject to Article 3, 3C, or 8  
27 of Chapter 143 of the General Statutes or to Article 3D of Chapter 147 of the General Statutes.  
28 However, the Commissioner shall: (i) submit all proposed statewide and agency term contracts  
29 for supplies, materials, printing, equipment, and contractual services that exceed one million  
30 dollars (\$1,000,000) authorized by this subsection to the Attorney General or the Attorney  
31 General's designee for review as provided in G.S. 114-8.3; and (ii) include in all contracts to be  
32 awarded by the Commissioner under this subsection a standard clause which provides that the  
33 State Auditor and internal auditors of the Commissioner may audit the records of the contractor  
34



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1 during the term of the agreement or contract to verify accounts and data affecting fees and  
2 performance. The Commissioner shall not award a cost plus percentage of cost agreement or  
3 contract for any purpose."

4 **SECTION 2.** Article 2 of Chapter 58 of the General Statutes is amended by adding  
5 the following new section to read:

6 **"§ 58-2-31. Seniors' Health Insurance Information Program.**

7 The Seniors' Health Insurance Information Program is established within the Department as  
8 a statewide health benefits counseling program to provide the State's Medicare beneficiaries  
9 with counseling in Medicare, Medicare supplement insurance, long-term care insurance, and  
10 related health care coverage plans."

11 **SECTION 3.** G.S. 58-3-150 reads as rewritten:

12 **"§ 58-3-150. Forms to be approved by Commissioner.**

13 (a) It is unlawful for any insurance company licensed and admitted to do business in  
14 this State to issue, sell, or dispose of any policy, contract, ~~or~~ certificate, or certificate of  
15 insurance, or use applications in connection therewith, until the forms of the same have been  
16 submitted to and approved by the Commissioner, and copies filed in the Department. If a policy  
17 form filing is disapproved by the Commissioner, the Commissioner may return the filing to the  
18 filer. As used in this section, "policy form" includes endorsements, riders, or amendments to  
19 policies that have already been approved by the Commissioner.

20 (b) With respect to group and blanket accident and health insurance, group life  
21 insurance, and group annuity policies issued and delivered to a trust or to an association outside  
22 of this State and covering persons resident in this State, the group certificates to be delivered or  
23 issued for delivery in this State shall be filed with and approved by the Commissioner pursuant  
24 to subsection (a) of this section.

25 (c) If not submitted electronically, all contracts, literature, advertising materials, letters,  
26 and other documents submitted to the Department to comply with the filing requirements of  
27 this Chapter or an administrative rule adopted pursuant to this Chapter shall be submitted on  
28 paper eight and one-half inches by eleven inches. Brochures and pamphlets shall not be stapled  
29 or bound.

30 (d) As used in this section, "certificate of insurance" means a document prepared or  
31 issued by an insurance company or producer that is used to verify or evidence the existence of  
32 property or casualty insurance coverage. "Certificate of insurance" shall not include a policy of  
33 insurance or insurance binder.

34 (e) A certificate of insurance is not a policy of insurance and does not amend, extend,  
35 or alter the coverage afforded by the policy to which the certificate of insurance makes  
36 reference. A certificate of insurance shall not confer to a certificate of insurance holder new or  
37 additional rights beyond what the referenced policy of insurance expressly provides.

38 (f) It is unlawful for any person to knowingly prepare, issue, request, or require a  
39 certificate of insurance that meets any of the following criteria:

40 (1) Has not been filed with and approved by the Commissioner.

41 (2) Contains any false or misleading information concerning the policy of  
42 insurance to which the certificate of insurance makes reference.

43 (3) Purports to alter, amend, or extend the coverage provided by the policy of  
44 insurance to which the certificate of insurance makes reference.

45 (g) A holder of a certificate of insurance shall only have a legal right to notice of  
46 cancellation, nonrenewal, or any material change, or any similar notice concerning a policy of  
47 insurance if the holder is named within the policy or any endorsement and the policy or  
48 endorsement requires notice to be provided to the holder. The terms and conditions of the  
49 notice, including the required timing of the notice, are governed by the policy of insurance and  
50 cannot be altered by a certificate of insurance."

1           **SECTION 4.** Article 50 of Chapter 58 of the General Statutes is amended by  
2 adding the following new section to read:

3 **"§ 58-50-131. Premium rates for health benefit plans; approval authority; hearing.**

4       (a) No schedule of premium rates for coverage for a health benefit plan subject to this  
5 act, or any amendment to the schedule, shall be used in conjunction with any such health  
6 benefit plan until a copy of the schedule of premium rates or premium rate amendment has  
7 been filed with and approved by the Commissioner. Any schedule of premium rates or  
8 premium rate amendment filed under this section shall be established in accordance with  
9 G.S. 58-50-130(b). The schedule of premium rates shall not be excessive, inadequate, or  
10 unfairly discriminatory and shall exhibit a reasonable relationship to the benefits provided by  
11 the contract of insurance. Each filing shall include a certification by an individual who is a  
12 member in good standing with the Society of Actuaries.

13       (b) The Commissioner shall approve or disapprove a schedule of premium rates within  
14 60 days of receipt of a complete filing. It shall be unlawful to use a schedule of premium rates  
15 until approved. If the Commissioner disapproves the filing, the Commissioner shall notify the  
16 filer, shall specify the reasons for disapproval, and shall provide an opportunity for refiling.

17       (c) The Commissioner shall adopt rules as necessary or proper (i) to prevent the federal  
18 preemption of health insurance regulation in the State, (ii) to implement the provisions of this  
19 section, and (iii) to establish minimum standards for loss ratios of policies subject to this  
20 section on the basis of incurred claims experience and earned premium in accordance with  
21 accepted actuarial principles and practices to assure that the benefits are reasonable in relation  
22 to the premium charged. The Commissioner shall adopt rules to require the submission of  
23 supporting data and any information that the Commissioner considers necessary or proper to  
24 determine whether the filed schedule of premium rates meets the standards set forth in this  
25 section."

26           **SECTION 5.** Article 3 of Chapter 58 of the General Statutes is amended by adding  
27 the following new section to read:

28 **"§ 58-3-285. Nondependent child coverage defined; open enrollment.**

29       (a) As used in this section, the following definitions apply:

30       (1) "Nondependent child coverage" or "nondependent child policy" means an  
31 individual health benefit plan which provides coverage to an individual  
32 under age 19. This shall not include health benefit plans that cover children  
33 under age 19 as a dependent.

34       (2) "Health benefit plan" has the same meaning as G.S. 58-3-167(a)(1).

35       (3) "Individual market" has the same meaning as G.S. 58-68-25(a)(9).

36       (4) "Insurer" has the same meaning as G.S. 58-3-167(a)(2).

37       (5) "Open enrollment" means, with respect to "nondependent child coverage,"  
38 the period of time during which any individual under age 19 has the  
39 opportunity to apply for coverage under a health benefit plan offered by an  
40 insurer and shall not be denied eligibility for coverage under the plan due to  
41 factors relating to the individual's health status.

42       (b) An insurer who offers nondependent child coverage shall offer open enrollment  
43 either continuously throughout the year or for the months of January and July of each year.  
44 Coverage issued under this section shall be issued without any riders based on the health status  
45 of the child. Nothing in this section shall require an insurer to offer nondependent child  
46 coverage.

47       (c) The Commissioner shall adopt rules as necessary or proper to implement the  
48 provisions of this section.

49       (d) Nothing in this section shall prohibit an insurer from adjusting the initial premium  
50 charged an individual afforded coverage under this section based upon medical underwriting to

1 the extent that such an adjustment is in compliance with the applicable product's current rate  
2 filing approved by the Commissioner."

3 **SECTION 6.** G.S. 58-12-2 reads as rewritten:

4 **"§ 58-12-2. Definitions.**

5 As used in this Article, the following terms have the following meanings:

- 6 (1) Adjusted risk-based capital report. – A risk-based capital report that has been  
7 adjusted by the Commissioner under G.S. 58-12-6.
- 8 (2) Corrective order. – An order issued by the Commissioner specifying  
9 corrective actions that the Commissioner has determined are required.
- 10 (3) Domestic insurer. – Any insurance company or health organization  
11 organized in this State under ~~Article 7~~, Article 7 of this Chapter as specified  
12 in subdivisions (4b) and (5a) of this section, or under Article 15, 65, or 67  
13 of this Chapter.
- 14 (4) Foreign insurer. – Any insurance company or health organization that is  
15 admitted to do business in this State under Article 16 or 67 of this Chapter  
16 but is not domiciled in this State.
- 17 (4a) Health organization. – Any insurer which is required by the Commissioner  
18 to use the NAIC Health Annual Statement Blank when filing the annual  
19 statement prescribed by G.S. 58-2-165 or any health maintenance  
20 organization, limited health service organization, dental or vision plan,  
21 hospital, medical, or dental indemnity or service corporation, or other  
22 organization licensed under Article 65 or 67 of this Chapter. "Health  
23 organization" does not include an insurer that is licensed as either a life or  
24 health insurer or a property or casualty insurer under this Chapter and that is  
25 otherwise subject to either the life or property and casualty risk-based capital  
26 requirements.
- 27 (4b) Life or health insurer. – Any insurance company licensed to write the kinds  
28 of insurance specified in G.S. 58-7-15(1), (2), or (3); or a licensed property  
29 and casualty insurer writing only the kinds of insurance specified in  
30 G.S. 58-7-15(3). "Life or health insurer" does not mean any insurer that is  
31 required by the Commissioner to use the NAIC Health Annual Statement  
32 Blank when it files the annual statement prescribed by G.S. 58-2-165.
- 33 (5) Negative trend. – A negative trend, with respect to a life or health insurer,  
34 over a period of time, as determined in accordance with the "trend test  
35 calculation" included in the risk-based capital instructions.
- 36 (5a) Property or casualty insurer. – Any insurance company licensed to write the  
37 kinds of insurance specified in G.S. 58-7-15(4) through (22); but not  
38 monoline mortgage guaranty insurers, financial guaranty insurers, or title  
39 ~~insurers.~~ insurers; nor any insurer that is required by the Commissioner to use  
40 the NAIC Health Annual Statement Blank when filing the annual statement  
41 prescribed by G.S. 58-2-165.
- 42 (6) Risk-based capital instructions. – The risk-based capital report including  
43 risk-based capital instructions adopted by the NAIC, as those risk-based  
44 capital instructions may be amended by the NAIC from time to time in  
45 accordance with the procedures adopted by the NAIC.
- 46 (7) Risk-based capital level. – An insurer's company action level risk-based  
47 capital, regulatory action level risk-based capital, authorized control level  
48 risk-based capital, or mandatory control level risk-based capital where:  
49 a. "Company action level risk-based capital" means, with respect to any  
50 insurer, the product of 2.0 and its authorized control level risk-based  
51 capital.

- 1           b. "Regulatory action level risk-based capital" means the product of 1.5  
2           and its authorized control level risk-based capital.
- 3           c. "Authorized control level risk-based capital" means the number  
4           determined under the risk-based capital formula in accordance with  
5           the risk-based capital instructions.
- 6           d. "Mandatory control level risk-based capital" means the product of  
7           .70 and the authorized control level risk-based capital.
- 8       (8) Risk-based capital plan. – A comprehensive financial plan containing the  
9       elements specified in G.S. 58-12-11(b). If the Commissioner rejects the  
10       risk-based capital plan, and it is revised by the insurer, with or without the  
11       Commissioner's recommendation, the plan shall be called the "revised  
12       risk-based capital plan".
- 13       (9) Risk-based capital report. – The report required in G.S. 58-12-6.
- 14       (10) Total adjusted capital. – The sum of:
- 15           a. An insurer's statutory capital and surplus, as determined in  
16           accordance with the statutory accounting applicable to the annual  
17           financial statements required under G.S. 58-2-165; and
- 18           b. Such other items, if any, as the risk-based capital instructions may  
19           provide."

20       **SECTION 7.** G.S. 58-12-11(a) reads as rewritten:

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

- 22       (1) The filing of a risk-based capital report by an insurer that indicates that:
- 23           a. The insurer's total adjusted capital is greater than or equal to its  
24           regulatory action level risk-based capital but less than its company  
25           action level risk-based capital, ~~if the insurer is a property or casualty~~  
26           ~~insurer or a health organization; capital; or~~
- 27           b. ~~The~~ In the case of a life or health insurer, the insurer has total  
28           adjusted capital that is greater than or equal to its company action  
29           level risk-based capital but less than the product of its authorized  
30           control level risk-based capital and 2.5 and has a negative ~~trend, if~~  
31           ~~the insurer is a life or health insurer; trend; or~~
- 32           c. In the case of a property or casualty insurer or a health organization,  
33           the insurer has total adjusted capital that is greater than or equal to its  
34           company action level risk-based capital but less than the product of  
35           its authorized control level risk-based capital and 3.0 and triggers the  
36           trend test determined in accordance with the trend test calculation  
37           included in the property and casualty or health organization  
38           risk-based capital instructions.
- 39       (2) The notification by the Commissioner to the insurer of an adjusted ~~risk-based~~  
40       risk-based capital report that indicates the event in sub-subdivision ~~(1)a. or~~  
41       ~~b.(1)a., (1)b., or (1)c.~~ of this subsection if the insurer does not challenge the  
42       adjusted risk-based capital report under G.S. 58-12-30.
- 43       (3) If the insurer challenges an adjusted risk-based capital report that indicates  
44       the event in sub-subdivision ~~(1)a. or b.(1)a., (1)b., or (1)c.~~ of this subsection  
45       under G.S. 58-12-30, the notification by the Commissioner to the insurer that  
46       the Commissioner has rejected the insurer's challenge."

47       **SECTION 8.** Article 33 of Chapter 58 of the General Statutes is amended by  
48       adding a new section to read:

49       "**§ 58-33-27. Claims handling for portable consumer electronic devices.**

50       (a) As used in this section, the following definitions apply:

1           (1) "Automated claims adjudication system" means a preprogrammed computer  
2 system designed for the collection, data entry, calculation, and system  
3 generated final resolution of claims on insurance policies that provide  
4 coverage only on the repair and replacement of portable consumer electronic  
5 devices, which system shall meet the following criteria:

6           a. Be utilized only by a licensed adjuster or supervised individuals  
7 operating pursuant to this section.

8           b. Comply with all claims payment requirements of this Chapter.

9           c. Be certified as compliant with this section by a licensed adjuster who  
10 is an officer of a licensed business entity under this Chapter.

11           (2) "Portable consumer electronic devices" include the following, which must be  
12 easily carried or conveyed by hand: smartphones, navigation devices,  
13 cellular phones, personal digital assistants, iPads, iPhones, Androids, video  
14 games, wireless reading devices, laptops, tablets, netbooks, MP3 players,  
15 digital cameras, and other electronic devices that are portable in nature, their  
16 accessories, and services related to the use of the device.

17           (b) No adjuster license is required for an individual who, in connection solely with  
18 coverage on the repair and replacement of portable consumer electronic devices as defined in  
19 subdivision (a)(2) of this section, collects claim information from or furnishes claim  
20 information to insureds, who conducts data entry, including entering data into an automated  
21 claims adjudication system, and who does not exercise any discretion in the disposition of the  
22 claim; provided that the individual is supervised by a licensed adjuster under this Chapter and  
23 there are no more than 25 individuals who may adjust claims under the supervision of the  
24 licensed adjuster.

25           (c) If other property losses occur in conjunction with the loss associated with the  
26 portable consumer electronic device, the individual who performs duties as described in  
27 G.S. 58-33-10(2) on the total loss, including the loss associated with the portable consumer  
28 electronic device, must hold an adjuster license."

29           **SECTION 9.** G.S. 58-33-30(e) reads as rewritten:

30           "(e) Examination.

31           (1) After completion and filing of the application with the Commissioner, the  
32 Commissioner shall require each applicant for license as an agent or an  
33 adjuster to take an examination as to the applicant's competence to be  
34 licensed. The applicant must take and pass the examination according to  
35 requirements prescribed by the Commissioner. This subsection shall not  
36 apply to adjusters who adjust only federal crop insurance claims and are  
37 certified in accordance with subsection (2a) of this section.

38           (2) The Commissioner may require any licensed agent, adjuster, or motor  
39 vehicle damage appraiser to take and successfully pass an examination in  
40 writing, testing his competence and qualifications as a condition to the  
41 continuance or renewal of his license, if the licensee has been found guilty of  
42 any violation of any provision of this Chapter. If an individual fails to pass  
43 such an examination, the Commissioner shall revoke all licenses issued in  
44 his name and no license shall be issued until such individual has passed an  
45 examination as provided in this Article.

46           (2a) Adjusters who adjust federal crop insurance claims shall be certified as  
47 having passed a proficiency examination approved by the federal Risk  
48 Management Agency (RMA) as a condition of obtaining an adjuster's license  
49 under this Chapter, or another proficiency examination approved by the  
50 Commissioner. An adjuster who intends to adjust crop insurance claims shall

- 1                    furnish the Commissioner proof that the adjuster is certified as having  
2                    passed the required examination pursuant to this section.
- 3                    (3) Each examination shall be as the Commissioner prescribes and shall be of  
4                    sufficient scope to test the applicant's knowledge of:
- 5                    a.        The terms and provisions of the policies or contracts of insurance the  
6                    applicant proposes to effect; or  
7                    b.        The types of claims or losses the applicant proposes to adjust; and  
8                    c.        The duties and responsibilities of the license; and  
9                    d.        The current laws of this State applicable to the license.
- 10                   (4) The answers of the applicant to the examination shall be provided by the  
11                   applicant under the Commissioner's supervision. The Commissioner shall  
12                   give examinations at such times and places within this State as the  
13                   Commissioner considers necessary reasonably to serve the convenience of  
14                   both the Commissioner and applicants: Provided that the Commissioner may  
15                   contract directly with persons for the processing of examination application  
16                   forms and for the administration and grading of the examinations required  
17                   by this section; the Commissioner may charge a reasonable fee in addition to  
18                   the registration fee charged under G.S. 58-33-125, to offset the cost of the  
19                   examination contract authorized by this subsection; and such contracts shall  
20                   not be subject to Article 3 of Chapter 143 of the General Statutes. However,  
21                   the Commissioner shall: (i) submit all proposed statewide and agency term  
22                   agreements or contracts for supplies, materials, printing, equipment, and  
23                   contractual services that exceed one million dollars (\$1,000,000) authorized  
24                   by this subdivision to the Attorney General or the Attorney General's  
25                   designee for review as provided in G.S. 114-8.3; and (ii) include in all  
26                   contracts to be awarded by the Commissioner under this subdivision a  
27                   standard clause which provides that the State Auditor and internal auditors  
28                   of the Commissioner may audit the records of the contractor during the term  
29                   of the contract to verify accounts and data affecting fees and performance.  
30                   The Commissioner shall not award a cost plus percentage of cost contract for  
31                   any purpose.
- 32                   (5) The Commissioner shall collect in advance the examination and registration  
33                   fees provided in G.S. 58-33-125 and in subsection (4) of this section. The  
34                   Commissioner shall make or cause to be made available to all applicants, for  
35                   a reasonable fee to offset the costs of production, materials that he considers  
36                   necessary for the applicants' proper preparation for examinations. The  
37                   Commissioner may contract directly with publishers and other suppliers for  
38                   the production of the preparatory materials, and contracts so let by the  
39                   Commissioner shall not be subject to Article 3 of Chapter 143 of the General  
40                   Statutes. However, the Commissioner shall: (i) submit all proposed  
41                   statewide and agency term contracts for supplies, materials, printing,  
42                   equipment, and contractual services that exceed one million dollars  
43                   (\$1,000,000) authorized by this subdivision to the Attorney General or the  
44                   Attorney General's designee for review as provided in G.S. 114-8.3; and (ii)  
45                   include in all contracts to be awarded by the Commissioner under this  
46                   subdivision a standard clause which provides that the State Auditor and  
47                   internal auditors of the Commissioner may audit the records of the  
48                   contractor during the term of the contract to verify accounts and data  
49                   affecting fees and performance. The Commissioner shall not award a cost  
50                   plus percentage of cost contract for any purpose.

- 1 (6) In addition to the examinations for the kinds of insurance specified in  
2 G.S. 58-33-25(c)(1) and (2), before any resident may sell Medicare  
3 supplement or long-term care insurance policies defined respectively in  
4 Articles 54 and 55 of this Chapter, the resident must take and pass a  
5 supplemental written examination according to requirements prescribed by  
6 the Commissioner.  
7 (7) An individual who fails to appear for the examination as scheduled or fails  
8 to pass the examination shall reapply for an examination and remit all  
9 required fees and forms before being rescheduled for another examination."

10 **SECTION 10.** Article 4 of Chapter 97 of the General Statutes reads as rewritten:

11 "Article 4.

12 North Carolina Self-Insurance Security Association.

13 **"§ 97-130. Definitions.**

14 As used in this Article:

- 15 (1) "Association" means the North Carolina Self-Insurance Security Association  
16 established by G.S. 97-131.  
17 (1a) "Association Aggregate Security System" means the security system  
18 established by the Association under G.S. 97-133 whereby individual  
19 self-insurers collectively secure their aggregate self-insured workers'  
20 compensation liabilities through the North Carolina Self-Insurance Security  
21 Association.  
22 (2) "Board" means the Board of Directors of the Association established by  
23 G.S. 97-132.  
24 (3) "Commissioner" means the North Carolina Commissioner of Insurance.  
25 (4) "Covered claim" means an unpaid claim against an insolvent individual  
26 self-insurer or group self-insurer that relates to an injury that occurs while  
27 the individual self-insurer or group self-insurer is a member of the  
28 Association and that is compensable under this Chapter.  
29 (5) "Fund" means the North Carolina Self-Insurance Security Fund established  
30 by G.S. 97-133.  
31 (5a) "Group" or "Group self-insurer" means a group self-insurer licensed by the  
32 Commissioner under Part 1, Article 47 of Chapter 58 of the General Statutes.  
33 (5b) "Individual self-insurer" means an individual employer licensed by the  
34 Commissioner under Article 5 of this Chapter.  
35 (6) "Member self-insurer" or "member" means an individual self-insurer or  
36 group self-insurer that is required to be a member of the Association under  
37 this Article or Part 1, Article 47 of Chapter 58 of the General Statutes.  
38 (7) "Plan" means the Plan of Operation authorized by G.S. 97-134.  
39 (8) Repealed by Session Laws 2005-400, s. 1.2, effective January 1, 2006.  
40 (9) "Servicing facility" means those persons delegated by the Board ~~and~~  
41 ~~approved by the Commissioner~~ to settle or compromise claims and to  
42 expend Fund assets to pay claims.

43 **"§ 97-131. Creation.**

44 ...

45 (b) All individual self-insurers and group self-insurers shall be and remain members of  
46 the Association as a condition of being licensed to self-insure in this State. The Association  
47 shall perform its functions under a Plan of Operation established or amended, or both, by the  
48 ~~Board and approved by the Commissioner, Board~~ and shall exercise its powers through the  
49 Board.

- 1 (1) An individual self-insurer or a group self-insurer shall be deemed to be a  
2 member of the Association for purposes of another member's insolvency, as  
3 defined in G.S. 97-135, when:
- 4 a. The individual self-insurer or group self-insurer is a member of the  
5 Association when an insolvency occurs, or  
6 b. The individual self-insurer or group self-insurer has been a member  
7 of the Association at some point in time during the 12-month period  
8 immediately preceding the insolvency in question.
- 9 (2) An individual self-insurer or a group self-insurer shall be deemed to be a  
10 member of the Association for purposes of its own insolvency if it is a  
11 member when the compensable injury occurs.
- 12 (3) In determining the membership of the Association for the purposes of  
13 subdivisions (1) and (2) of this subsection for any date after the effective  
14 date of this Article, no individual self-insurer or group self-insurer may be  
15 deemed to be a member of the Association on any date after the effective  
16 date of this Article, unless that employer is on that date licensed as an  
17 individual self-insurer by the Commissioner under Article 5 of this Chapter  
18 or a group of employers is at that time licensed as a group self-insurer by the  
19 Commissioner under Article 47 of Chapter 58 of the General Statutes.

20 **"§ 97-132. Board of directors.**

21 The Board shall consist of not less than nine directors serving terms as established in the  
22 Plan. The directors shall be selected by the members of the Association, subject to the approval  
23 of the Commissioner, Association and shall serve for three-year terms and until a successor is  
24 elected and qualified. There is no limitation on the number of terms a director may serve. In  
25 approving selections to the Board, the Commissioner shall consider, among other things,  
26 whether individual self-insurers and group self-insurers are fairly represented. Directors may be  
27 reimbursed from the assets of the Association for expenses incurred by them as directors.

28 **"§ 97-133. Powers and duties of the Association.**

29 (a) The Association shall:

- 30 (1) Repealed by Session Laws 1999-219, s. 7.2, effective June 25, 1999.
- 31 (1a) Administer a fund, to be known as the North Carolina Self-Insurance  
32 Security Fund, which shall receive the assets of the North Carolina  
33 Self-Insurance Guaranty Fund previously established under subdivision (2)  
34 of this subsection, the assessments required by subdivisions (2a) and (3a) of  
35 this subsection and any other sums received by the Association. In its  
36 discretion, the Board may determine that the assets of the Fund should be  
37 segregated or that a separate accounting shall be made in order to identify  
38 that portion of the Fund which represents assessments paid by individual  
39 self-insurers and that portion of the Fund which represents assessments paid  
40 by group self-insurers. If the Board segregates the Fund in this manner, the  
41 Association shall thereafter pay covered claims against individual member  
42 self-insurers from that portion of the Fund that represents assessments  
43 against individual self-insurers and shall thereafter pay covered claims  
44 against group member self-insurers from that portion of the Fund that  
45 represents assessments against group self-insurers. The costs of  
46 administering the Association shall be borne by the Fund. The Association is  
47 authorized to secure insurance, primary excess insurance, reinsurance,  
48 bonds, other insurance, financial guarantees and related financial instruments  
49 to effectuate the purposes of the Association. The Board will invest the Fund  
50 assets pursuant to an investment policy adopted by the Board and reviewed  
51 and approved annually by the Department of the State Treasurer. The

1 earnings from investment of Fund assets shall be placed in or credited to the  
2 Fund.

3 (2) Repealed by Session Laws 2005-400, s. 4, effective January 1, 2006.

4 (2a) ~~Establish, operate, and maintain~~ Establish and operate the Association  
5 Aggregate Security System as defined in G.S. 97-130 and G.S. 97-165 as  
6 follows:

7 a. ~~The Association shall annually prepare and submit to the~~  
8 ~~Commissioner a written plan to provide an Association Aggregate~~  
9 ~~Security System through a combination of cash on deposit in the~~  
10 ~~Fund, securities, surety bonds, irrevocable letters of credit, insurance~~  
11 ~~insurance, reinsurance, or other financial instruments or guarantees~~  
12 ~~owned or entered into by the Association and acceptable to the~~  
13 ~~Commissioner. Association. The written plan shall include, but not be~~  
14 ~~limited to, (i) a description of the institutions that will issue or~~  
15 ~~guarantee the securities, surety bonds, irrevocable letters of credit,~~  
16 ~~insurance or other financial instruments or guarantees, including, but~~  
17 ~~not limited to, the credit rating, financial strength, and AM best~~  
18 ~~rating, if applicable to the institutions (ii) applicable cash flow~~  
19 ~~information and financial assumptions (iii) a description of the~~  
20 ~~methodology to be used by the Association to assess and collect the~~  
21 ~~Association Aggregate Security System assessments to be made~~  
22 ~~pursuant to subdivision (3a) of this subsection and (iv) a proposed~~  
23 ~~timetable for the release of existing individual company deposits~~  
24 ~~posted pursuant to G.S. 97-185(c), provided, however, that no~~  
25 ~~individual company deposits posted pursuant to G.S. 97-185(c) shall~~  
26 ~~be released without the written consent of the Commissioner. The~~  
27 ~~noncash elements of the composite security may be one year or~~  
28 ~~multiple year instruments.~~

29 b. ~~Within 90 days following the submission of the initial plan under~~  
30 ~~sub-subdivision a. of this subdivision, the Commissioner shall either~~  
31 ~~approve or disapprove the initial plan and shall notify the Association~~  
32 ~~in writing. If the Commissioner does not approve or disapprove the~~  
33 ~~initial plan within 90 days following submission, then the initial plan~~  
34 ~~shall be deemed to be approved by the Commissioner. All~~  
35 ~~subsequent plans shall be either approved or disapproved within 60~~  
36 ~~days following submission.~~

37 c. ~~The Commissioner shall also determine the total undiscounted claims~~  
38 ~~liability of each individual self insurer that will participate in the~~  
39 ~~Association Aggregate Security System as well as the aggregate total~~  
40 ~~undiscounted outstanding claims liabilities of all the individual~~  
41 ~~self insurers that are to participate in the Association Aggregate~~  
42 ~~Security System and shall notify the Association of this~~  
43 ~~determination.~~

44 d. ~~Upon approval by the Commissioner of the Association's plan for the~~  
45 ~~Association Aggregate Security System, the~~ The Association shall  
46 assess the individual self-insurers that participate in the Association  
47 Aggregate Security System pursuant to subdivision (3a) of this  
48 subsection.

49 e. ~~If the Commissioner disapproves the plan for any year, If the~~  
50 Association determines it is not feasible or practical to continue the  
51 Association Aggregate Security System, it shall notify the

- 1                    Commissioner at least 90 days prior to the termination of the  
2                    Association Aggregate Security System. ~~every~~ Every self-insurer  
3                    shall deposit with the Commissioner, or continue to deposit, the  
4                    amount required by G.S. 97-185(b3) in the manner prescribed by  
5                    G.S. 97-185(c).
- 6                    f.     Group self-insurers shall not participate in the Association Aggregate  
7                    Security System.
- 8                    (3)    Repealed by Session Laws 2005-400, s. 4, effective January 1, 2006.
- 9                    (3a)   Assess members of the Association as follows:
- 10                  a.     Association Aggregate Security System assessments. – The  
11                  Association shall assess each individual self-insurer participating in  
12                  the Association Aggregate Security System a security system  
13                  assessment. The amount of the security system assessment charged to  
14                  each individual self-insurer participating in the Association  
15                  Aggregate Security System shall be based on the Association's  
16                  reasonable consideration of all of the following factors:
- 17                          1.     The total amount of assessments necessary to provide  
18                          aggregate security for all participating individual  
19                          self-insurers.
- 20                          2.     The individual self-insurer's total workers' compensation  
21                          liabilities under the Act.
- 22                          3.     The financial strength and creditworthiness of the  
23                          participating individual self-insurer.
- 24                          4.     Any other relevant factors.
- 25                  b.     Special assessment. – In the event that there are covered claims  
26                  against an insolvent member or members and the assets of the Fund  
27                  are not sufficient to pay the obligations of the Association, then the  
28                  Association may collect a special assessment from the members in an  
29                  amount sufficient to pay the aggregate value of such covered claims.  
30                  Each member's special assessment shall be determined by the Board  
31                  and shall be based on the proportion of the member's total obligations  
32                  under the Act to the aggregate total of all members' obligations under  
33                  the Act.
- 34                  c.     Initial assessments. – An individual self-insurer that becomes a  
35                  member and does not initially participate in the Association  
36                  Aggregate Security System shall pay an initial assessment to the  
37                  Association in an amount determined by the Board. A group  
38                  self-insurer, upon receiving its initial license from the Commissioner,  
39                  shall pay an initial assessment to the Association in an amount  
40                  determined by the Board.
- 41                  d.     Each member shall be notified of assessments no later than 30 days  
42                  before the assessment is due.
- 43                  e.     Delinquent assessments, except as otherwise provided, shall bear  
44                  interest at a rate to be established by the Board.
- 45                  f.     Group assessments. – The Association may annually assess each  
46                  member group self-insurer in an amount not to exceed two percent  
47                  (2%) of the group self-insurer's annual gross premiums for the  
48                  preceding calendar year, as determined under G.S. 105-228.5(b),  
49                  (b1), and (c).
- 50                  (4)    Be obligated to pay covered claims.

- 1 (5) After paying any covered claim, be subrogated to the rights of the injured  
2 employee and dependents and be entitled to enforce liability against the  
3 self-insurer or any third party by any appropriate action brought in its own  
4 name or in the name of the injured employee and dependents.
- 5 (6) Expend Fund assets in amounts necessary to pay all of the following:  
6 a. The obligations of the Association under this Article subsequent to  
7 an insolvency.  
8 b. The expenses of handling covered claims subsequent to an  
9 insolvency.  
10 c. The cost of examinations under G.S. 97-137.  
11 d. The costs of implementing and operating the Association Aggregate  
12 Security System.  
13 e. All other expenses authorized by this Article.
- 14 (7) Investigate claims brought against the Association and adjust, compromise,  
15 settle, and pay covered claims to the extent of the Association's obligation;  
16 and deny all other claims. The Association may review settlements to which  
17 the insolvent member was a party to determine the extent to which such  
18 settlements may be properly contested.
- 19 (8) Notify such persons as the Commissioner directs under G.S. 97-136.
- 20 (9) Handle claims through its directors, its employees, or through one or more  
21 members or other persons designated as servicing facilities. Designation of a  
22 servicing facility is subject to the approval of the Commissioner, but  
23 designation of a member as a servicing facility may be declined by such  
24 member.
- 25 (10) Reimburse each servicing facility for obligations of the Association paid by  
26 the facility and for expenses incurred by the facility while handling claims  
27 on behalf of the Association.
- 28 (11) Pay any other expenses of the Association authorized by this section.
- 29 (12) Repealed by Session Laws 2005-400, s. 4, effective January 1, 2006.
- 30 (13) Require each member to determine annually its total undiscounted claims  
31 liability and shall require each member to notify the Association of this  
32 determination.
- 33 (b) The Association may:  
34 (1) Employ or retain such persons, including, but not limited to, adjustors,  
35 brokers, accountants, attorneys, financial advisors, investment bankers,  
36 placement agents, and consultants, as the Board may determine are  
37 necessary to handle claims, perform other duties of, provide services to, and  
38 consult with the Association.  
39 (2) Borrow funds necessary to effect the purposes of this Article in accord with  
40 the Plan, including entering into standby lines of credit.  
41 (3) Sue or be sued.  
42 (4) Negotiate and become a party to such contracts as are necessary to carry out  
43 the purpose of this section.  
44 (5) Perform such other acts as are necessary or proper to effectuate the purpose  
45 of this section.  
46 (6) ~~Reimburse the Department of Insurance up to twenty thousand dollars~~  
47 ~~(\$20,000) for consultants retained by the Department to review the initial~~  
48 ~~plan submitted pursuant to G.S. 97-133(a)(2a).~~
- 49 (c) Repealed by Session Laws 2005-400, s. 4, effective January 1, 2006.

1 (c1) The Association shall provide in its Plan that the functions of administration and  
2 adjusting claims shall not be performed by the same entity that provides legal representation to  
3 the Association for claims.

4 (d) Repealed by Session Laws 2005-400, s. 4, effective January 1, 2006.

5 **"§ 97-134. Plan of Operation.**

6 The Plan is as follows:

- 7 (1) ~~The Association Board shall submit to the Commissioner adopt a Plan of~~  
8 ~~Operation and any amendments necessary or suitable to assure the fair,~~  
9 ~~reasonable, and equitable administration of the Association. The Plan and~~  
10 ~~any amendments become effective upon approval in writing by the~~  
11 ~~Commissioner. If the Association at any time fails to submit a suitable Plan~~  
12 ~~or suitable amendment to the Plan the Commissioner shall, after notice and~~  
13 ~~hearing, adopt such reasonable rules as are necessary or advisable to~~  
14 ~~effectuate this Article. The rules shall continue in force until modified by the~~  
15 ~~Commissioner or superseded by a Plan submitted by the Association and~~  
16 ~~approved by the Commissioner.~~  
17 (2) All member self-insurers shall comply with the Plan.  
18 (3) The Plan shall:  
19 a. Establish the procedures whereby all the powers and duties of the  
20 Association under G.S. 97-133 will be performed.  
21 b. Establish procedures for investing and managing Fund assets.  
22 c. Adopt a reasonable mechanism and procedure to achieve equity in  
23 assessing members under G.S. 97-133.  
24 d. Establish the amount and method of reimbursing members of the  
25 Board under G.S. 97-132.  
26 e. Establish procedures by which claims may be filed with the  
27 Association and establish acceptable forms of proof of covered  
28 claims.  
29 f. Establish regular places and times for meetings of the Board.  
30 g. Establish procedures for records to be kept of all financial  
31 transactions of the Association, its agents, and the Board.  
32 h. Provide that any member self-insurer aggrieved by any final action or  
33 decision of the Association may appeal to the Commissioner within  
34 30 days after the action or decision.  
35 ~~i. Establish the procedures whereby selections for the Board shall be~~  
36 ~~submitted to the Commissioner.~~  
37 j. Contain additional provisions necessary or proper for the execution  
38 of the powers and duties of the Association.

39 ...

40 **"§ 97-136. Powers and duties of the Commissioner.**

41 (a) The Commissioner shall:

- 42 (1) Notify the Association of the existence of an insolvent member self-insurer  
43 not later than 30 days after he receives notice of an insolvency pursuant to  
44 the standards set forth in G.S. 97-135.  
45 (2) ~~Approve or disapprove the plan for an Association Aggregate Security~~  
46 ~~System as required under G.S. 97-133(a)(2a)b. and notify the Association of~~  
47 ~~the information required under G.S. 97-133(a)(2a)e.~~

48 **"§ 97-137. Examination of the Association.**

49 The Association shall be subject to examination and regulation by the Commissioner. The  
50 Board shall submit, not later than ~~March 30~~ June 1 of each year, a financial report for the  
51 preceding calendar year in a form approved by the Commissioner.

1 ...."

2 **SECTION 11.** G.S. 97-185(a1) reads as rewritten:

3 "(a1) All individual self-insurers as defined in G.S. 97-130(5b) shall participate in the  
4 Association Aggregate Security System established under G.S. 97-131 unless excluded by the  
5 Board of Directors of the North Carolina Self-Insurance Security Association. The Board of  
6 Directors of the North Carolina Self-Insurance Security Association shall exclude all of the  
7 following from the Association Aggregate Security System:

- 8 (1) Individual self-insurers whose licenses have previously been revoked by the  
9 Commissioner.
- 10 (2) Individual self-insurers with a debt rating as established by Standard &  
11 Poor's Rating Service or by Moody's Investor Service, below the minimum  
12 Standard & Poor's ~~and or~~ Moody's ratings if a minimum debt rating has been  
13 established in the written plan by the Board of Directors of the North  
14 Carolina Self-Insurance Security Association for the Association Aggregate  
15 Security System submitted by the Association and approved by the  
16 Commissioner under G.S. 97-133(a)(2a).System.
- 17 (3) Individual self-insurers that have defaulted on the payment of their  
18 self-insured workers' compensation liabilities.
- 19 (4) Individual self-insurers that fail to submit sufficient financial information to  
20 enable the Association to determine their total outstanding workers'  
21 compensation liabilities, or their creditworthiness, or both.

22 The Board of Directors of the North Carolina Self-Insurance Security Association shall  
23 notify the Commissioner of the individual self-insurers that are excluded from participating in  
24 the Association Aggregate Security System."

25 **SECTION 12.** Sections 1, 4, 10, and 11 of this act become effective July 1, 2011.  
26 Sections 3, 5, 6, and 7 of this act become effective October 1, 2011. Section 8 of this act  
27 becomes effective July 1, 2012, and applies to licenses issued on or after that date. The  
28 remainder of this act is effective when it becomes law.