
A BILL FOR AN ACT

RELATING TO INSURANCE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Section 431:16-105, Hawaii Revised Statutes, is
2 amended as follows:

3 1. By adding three new definitions to be appropriately
4 inserted and to read:

5 "Insured" means any named insured, any additional insured,
6 any vendor, any lessor, or any other party identified as an
7 insured under the policy.

8 "Receiver" includes liquidator, rehabilitator, conservator,
9 or ancillary receiver, as applicable.

10 "Self-insurer" means a person that covers its liability
11 through a qualified individual or group self-insurance program
12 or any other formal program created for the specific purpose of
13 covering liabilities typically covered by insurance."

14 2. By amending the definitions of "covered claim" and "net
15 direct written premiums" to read:

16 "Covered claim":

17 (1) Means an unpaid claim, including one for unearned
18 premiums, submitted by a claimant, that arises out of



1 and is within the coverage and is subject to the
2 applicable limits of an insurance policy to which this
3 part applies issued by an insurer, if the insurer
4 becomes an insolvent insurer after July 1, 2000, and:

5 (A) The claimant or insured is a resident of this
6 State at the time of the insured event; provided
7 that for entities other than an individual, the
8 residence of a claimant, insured, or policyholder
9 is the state in which its principal place of
10 business is located at the time of the insured
11 event; or

12 (B) The claim is a first party claim for damage to
13 property with a permanent location in this State;
14 and

15 (2) Shall not include:

16 (A) Any amount awarded as punitive or exemplary
17 damages;

18 (B) Any amount sought as a return of premium under
19 any retrospective rating plan;

20 (C) Any amount due any reinsurer, insurer, insurance
21 pool, or underwriting association, as subrogation



- 1 recoveries, reinsurance recoveries, contribution,
2 indemnification, or otherwise;
- 3 (D) Any first party claims by an insured whose net
4 worth exceeds \$25,000,000 on December 31 of the
5 year prior to the year in which the insurer
6 becomes an insolvent insurer; provided that an
7 insured's net worth on that date shall be deemed
8 to include the aggregate net worth of the insured
9 and all of its subsidiaries as calculated on a
10 consolidated basis; [~~or~~]
- 11 (E) Any first party claims by an insured who is an
12 affiliate of the insolvent insurer[-];
- 13 (F) Any fee or other amount relating to goods or
14 services sought by or on behalf of any attorney
15 or other provider of goods or services retained
16 by the insolvent insurer or an insured prior to
17 the date it was determined to be insolvent;
- 18 (G) Any fee or other amount sought by or on behalf of
19 any attorney or other provider of goods or
20 services retained by any insured or claimant in
21 connection with the assertion or prosecution of



1 any claim, covered or otherwise, against the
2 association;

3 (H) Any claims for interest; or

4 (I) Any claim filed with the association or a
5 liquidator for protection afforded under the
6 insured's policy for incurred but not reported
7 losses.

8 "Net direct written premiums" means direct gross premiums
9 written in this State on insurance policies to which this part
10 applies, including policy and membership fees, less [~~return~~] the
11 following amounts:

- 12 (1) Return premiums [~~thereon~~];
- 13 (2) Premiums on policies not taken; and [~~dividends~~]
- 14 (3) Dividends paid or credited to policyholders on such
15 direct business.

16 Net direct written premiums [~~do~~] shall not include premiums on
17 contracts between insurers or reinsurers."

18 SECTION 2. Section 431:16-108, Hawaii Revised Statutes, is
19 amended to read as follows:

20 "§431:16-108 Powers and duties of the association. (a)

21 The association shall:

1 (1) Be obligated to the extent of the covered claims
2 existing prior to the order of liquidation and arising
3 within thirty days after the order of liquidation, or
4 before the policy expiration date if less than thirty
5 days after the order of liquidation, or before the
6 insured replaces the policy or causes its
7 cancellation, if the insured does so within thirty
8 days of the order of liquidation. The obligation
9 shall be satisfied by paying to the claimant an amount
10 as follows:

11 (A) The full amount of a covered claim for benefits
12 under a workers' compensation insurance coverage;

13 (B) An amount not exceeding \$10,000 per policy for a
14 covered claim for the return of unearned premium;

15 or

16 (C) An amount not exceeding \$300,000 per claim for
17 all other covered claims.

18 In no event shall the association be obligated to a
19 policyholder or claimant in an amount in excess of the
20 stated policy limit of the insolvent insurer under the
21 policy from which the claim arises. Notwithstanding
22 any other provisions of this part, a covered claim



1 shall not include a claim filed with the association
2 after the final date set by the court for the filing
3 of claims against the liquidator or receiver of an
4 insolvent insurer. Any obligation of the association
5 to defend an insured shall cease upon the
6 association's payment or tender of an amount equal to
7 the lesser of the association's covered claim
8 obligation limit or the applicable policy limit;

9 (2) Be deemed the insurer, but only to the extent of its
10 obligation on covered claims and to that extent shall
11 have all rights, duties, and obligations of the
12 insolvent insurer as if the insurer had not become
13 insolvent, including but not limited to the right to
14 pursue and retain salvage and subrogation recoverable
15 on covered claim obligations to the extent paid by the
16 association;

17 (3) Assess insurers amounts necessary to pay the
18 obligations of the association under paragraph (1)
19 subsequent to an insolvency, the expenses of handling
20 covered claims subsequent to an insolvency, and the
21 cost of examinations under section 431:16-113, and
22 other expenses authorized by this part. The



1 assessments of each member insurer shall be in the
2 proportion that the net direct written premiums of the
3 member insurer for the preceding calendar year bears
4 to the net direct written premiums of all member
5 insurers for the preceding calendar year. Each member
6 insurer shall be notified of the assessment not later
7 than thirty days before it is due. No member insurer
8 may be assessed in any year an amount greater than two
9 per cent of that member insurer's net direct written
10 premiums for the preceding calendar year. If the
11 maximum assessment, together with the other assets of
12 the association, does not provide in any one year an
13 amount sufficient to make all necessary payments, the
14 funds available shall be prorated and the unpaid
15 portion shall be paid as soon thereafter as funds
16 become available. The association shall pay claims in
17 any order that it may deem reasonable, including the
18 payment of claims as they are received from the
19 claimants or in groups or categories of claims. The
20 association may exempt or defer, in whole or in part,
21 the assessment of any member insurer, if the
22 assessment would cause the member insurer's financial



1 statement to reflect amounts of capital or surplus
2 less than the minimum amounts required for a
3 certificate of authority by any jurisdiction in which
4 the member insurer is authorized to transact
5 insurance. However, during the period of deferment,
6 no dividends shall be paid to shareholders or
7 policyholders. Deferred assessments shall be paid
8 when the payment will not reduce capital or surplus
9 below required minimums. Payments shall be refunded
10 to those companies receiving larger assessments by
11 virtue of the deferment, or at the election of the
12 companies, credited against future assessments. Each
13 member insurer may set off against any assessment
14 payments authorized by the administrator of the
15 association to be made on covered claims and expenses
16 incurred in the payment of the claims by the member
17 insurer;

- 18 (4) Investigate claims brought against the association and
19 adjust, compromise, settle, and pay covered claims to
20 the extent of the association's obligation and deny
21 all other claims and may review settlements, releases,
22 and judgments to which the insolvent insurer or its



1 insureds were parties to determine the extent to which
2 the settlements, releases, and judgments may be
3 properly contested. The association may appoint or
4 substitute and direct legal counsel retained under
5 liability insurance policies for the defense of
6 covered claims;

7 (5) Notify the persons as the commissioner directs under
8 section 431:16-110(b)(1);

9 (6) Handle claims through its employees or through one or
10 more insurers or other persons designated as servicing
11 facilities. Designation of a servicing facility is
12 subject to the approval of the commissioner, but the
13 designation may be declined by a member insurer;

14 (7) Reimburse each servicing facility for obligations of
15 the association paid by the facility and for expenses
16 incurred by the facility while handling claims on
17 behalf of the association and pay the other expenses
18 of the association authorized by this part; and

19 (8) Have the authority, notwithstanding sections
20 431:10C-110 and 431:10C-111, to cancel all policies
21 issued by an insolvent insurer. Covered claims under
22 these policies shall be paid by the association in an



1 amount not to exceed the stated policy limit of the
2 insolvent insurer under the policy from which the
3 claim arises, or as provided under paragraph (1) (A) to
4 (C), whichever is less.

5 (b) The association may:

6 (1) Employ or retain the persons as are necessary to
7 handle claims and perform other duties of the
8 association;

9 (2) Borrow funds necessary to effect the purposes of this
10 part in accord with the plan of operation;

11 (3) Sue or be sued;

12 (4) Negotiate and become a party to the contracts as are
13 necessary to carry out the purpose of this part; and

14 (5) Perform all other acts as are necessary or proper to
15 effectuate the purpose of this part.

16 (c) Except for actions by the receiver, all actions
17 relating to or arising out of this part against the association
18 shall be brought in the courts in this State. The courts in
19 this State shall have exclusive jurisdiction over all actions
20 relating to or arising out of this part against the association.

21 The exclusive venue in any action by or against the
22 association shall be the circuit court of the first judicial

1 circuit of this State. The association, at its option, may
2 waive this venue as to specific actions."

3 SECTION 3. Section 431:16-112, Hawaii Revised Statutes, is
4 amended by amending subsection (a) to read as follows:

5 "(a) Any person having a claim against an insurer whether
6 or not the insurer is a member insurer under any provision in an
7 insurance policy other than a policy of an insolvent insurer
8 [~~which~~] that is also a covered claim, shall be required to
9 exhaust first the person's rights under the policy. Any amount
10 payable on a covered claim under this part shall be reduced by
11 the amount of any recovery under the insurance policy. If there
12 are any other policies issued by an insolvent insurer applicable
13 to the covered claim, then all such policies [~~must first~~] shall
14 be exhausted before any claim can be deemed a covered claim
15 subject to being covered by the association.

16 (1) A claim under a policy providing liability coverage to
17 a person who may be jointly and severally liable as a
18 joint tortfeasor with a person covered under the
19 policy of the insolvent insurer that gives rise to the
20 covered claim shall be considered to be a claim
21 arising from the same facts, injury, or loss that gave
22 rise to the covered claim against the association.



1 (2) A claim under an insurance policy other than a life
2 insurance policy shall include, but is not limited to:

3 (A) A claim against a health maintenance
4 organization, a hospital plan corporation, a
5 professional health service corporation, or
6 disability insurance policy; and

7 (B) Any amount payable by or on behalf of a self-
8 insurer.

9 (3) The person insured by the insolvent insurer's policy
10 may not be pursued by a third-party claimant for any
11 amount paid to the third party by which the
12 association's obligation is reduced by the application
13 of this section."

14 SECTION 4. Section 431:16-203, Hawaii Revised Statutes, is
15 amended to read as follows:

16 **"§431:16-203 Coverage and limitations.** (a) This part
17 shall provide coverage[7] for the policies and contracts
18 specified in subsection (b) to:

19 (1) Persons who, regardless of where they reside, except
20 for nonresident certificate holders under group
21 policies or contracts, are the beneficiaries,

1 assignees, or payees of the persons covered under
2 paragraph (2); [~~and~~]

3 (2) Persons who are owners of or certificate holders under
4 such policies or contracts, except structured
5 settlement annuities, and who:

6 (A) Are residents [~~+~~] of this State; or

7 (B) Are not residents [~~+~~ but only under all of the
8 following conditions]; provided that:

9 (i) The [~~insurers which~~] insurer that issued
10 [~~such~~] the policies or contracts [~~are~~] is
11 domiciled in this State;

12 (ii) [~~Such insurers never held a license or~~
13 ~~certificate of authority in the states in~~
14 ~~which such persons reside~~;

15 ~~(iii) Such states have associations similar to the~~
16 ~~association created by this part; and~~

17 ~~(iv) Such persons are not eligible for coverage~~
18 ~~by such associations.] The state in which~~

19 the persons reside has associations similar
20 to the association created by this part; and

21 (iii) The persons are not eligible for coverage by
22 an association in any other state because



1 the insurer was not licensed in the state at
2 the time specified in the state's guaranty
3 association law;

4 (3) For structured settlement annuities specified in
5 subsection (b), paragraphs (1) and (2) of this
6 subsection shall not apply, and this part, except as
7 provided in paragraphs (4) and (5) of this subsection,
8 shall provide coverage to a person who is a payee
9 under a structured settlement annuity, or beneficiary
10 of a payee if the payee is deceased, if the payee:

11 (A) Is a resident of this State, regardless of where
12 the contract owner resides; or

13 (B) Is not a resident; provided that:

14 (i) The contract owner of the structured
15 settlement annuity is a resident and neither
16 the payee, beneficiary, nor contract owner
17 is eligible for coverage by the association
18 in the state in which the payee or contract
19 owner resides; or

20 (ii) The contract owner of the structured
21 settlement annuity is not a resident, but
22 the insurer that issued the structured



1 settlement annuity is domiciled in this
2 State and the state in which the contract
3 owner resides has an association similar to
4 the association created by this part, and
5 neither the payee, beneficiary, nor the
6 contract owner is eligible for coverage by
7 the association of the state in which the
8 payee or contract owner resides;

9 (4) This part shall not provide coverage to a person who
10 is a payee or beneficiary of a contract owner resident
11 of this State, if the payee or beneficiary is afforded
12 any coverage by the association of another state; and

13 (5) This part is intended to provide coverage to a person
14 who is a resident of this State and, in certain
15 circumstances, to a nonresident. To avoid duplicate
16 coverage, if a person who would otherwise receive
17 coverage under this part is provided coverage under
18 the laws of any other state, the person shall not be
19 provided coverage under this part. In determining the
20 application of the provisions of this paragraph in
21 situations where a person could be covered by the
22 association of more than one state, whether as an



1 owner, payee, beneficiary, or assignee, this part
2 shall be construed in conjunction with other state
3 laws to result in coverage by only one association.

4 (b) (1) This part shall provide coverage to the persons
5 specified in subsection (a) for direct, nongroup life,
6 accident and health or sickness, or annuity[~~7~~
7 ~~supplemental~~] policies or contracts, [~~and~~] for
8 certificates under direct group life, accident and
9 health or sickness, or annuity policies [~~and~~] or
10 contracts, and for supplemental contracts to any of
11 these, in each case issued by member insurers except
12 as limited by this part[~~7~~]. Annuity contracts and
13 certificates under group annuity contracts include
14 allocated funding agreements, structured settlement
15 annuities, and any immediate or deferred annuity
16 contracts.

17 (2) This part shall not provide coverage for:

18 (A) Any portion of a policy or contract not
19 guaranteed by the insurer, or under which the
20 risk is borne by the policy or contract [~~holder,~~]
21 owner;



- 1 (B) Any policy or contract of reinsurance, unless
- 2 assumption certificates have been issued[+]
- 3 pursuant to the reinsurance policy or contract;
- 4 (C) Any portion of a policy or contract to the extent
- 5 that the rate of interest on which it is based:
- 6 (i) Averaged over the period of four years prior
- 7 to the date on which the association becomes
- 8 obligated with respect to such policy or
- 9 contract, exceeds a rate of interest
- 10 determined by subtracting two percentage
- 11 points from Moody's Corporate Bond Yield
- 12 Average averaged for that same four-year
- 13 period or for such lesser period if the
- 14 policy or contract was issued less than four
- 15 years before the association became
- 16 obligated; and
- 17 (ii) On or after the date on which the
- 18 association becomes obligated with respect
- 19 to such policy or contract, exceeds the rate
- 20 of interest determined by subtracting three
- 21 percentage points from Moody's Corporate

1 Bond Yield Average as most recently
2 available;

3 (D) Any portion of a policy or contract issued to a
4 plan or program of an employer, association, or
5 [similar entity] other person to provide life,
6 accident and health or sickness, or annuity
7 benefits to its employees [~~or~~], members, or other
8 persons to the extent that [~~such~~] the plan or
9 program is self-funded or uninsured, including
10 but not limited to benefits payable by an
11 employer, association, or [~~similar entity~~] other
12 person under:

13 (i) A Multiple Employer Welfare Arrangement as
14 defined in section 514 of the Employee
15 Retirement Income Security Act of 1974, as
16 amended;

17 (ii) A minimum premium group insurance plan;

18 (iii) A stop-loss group insurance plan; or

19 (iv) An administrative services only contract;

20 (E) Any portion of a policy or contract to the extent
21 that it provides dividends [~~or~~], experience
22 rating credits, or voting rights, or provides



1 that any fees or allowances be paid to any
2 person, including the policy or contract holder,
3 in connection with the service to or
4 administration of such policy or contract;

5 (F) Any policy or contract issued in this State by a
6 member insurer at a time when it was not licensed
7 or did not have a certificate of authority to
8 issue such policy or contract in this State;
9 [and]

10 (G) ~~[Any annuity contract or group annuity~~
11 ~~certificate which is not issued to or owned by an~~
12 ~~individual, except to the extent of any annuity~~
13 ~~benefits guaranteed to an individual by an~~
14 ~~insurer under such contract or certificate.] Any
15 portion of a policy or contract to the extent
16 that the assessments required by this part with
17 respect to the policy or contract are preempted
18 or otherwise not permitted by federal or state
19 law;~~

20 (H) Any obligation that does not arise under the
21 express written terms of the policy or contract



- 1 issued by the insurer to the contract owner or
- 2 policy owner, including without limitation:
- 3 (i) Claims based on marketing materials;
- 4 (ii) Claims based on side letters, riders, or
- 5 other documents that were issued by the
- 6 insurer without meeting applicable policy
- 7 form filing or approval requirements;
- 8 (iii) Misrepresentations of or regarding policy
- 9 benefits;
- 10 (iv) Extra-contractual claims; or
- 11 (v) A claim for penalties or consequential or
- 12 incidental damages;
- 13 (I) Any contractual agreement that establishes the
- 14 member insurer's obligations to provide a book
- 15 value accounting guaranty for defined
- 16 contribution benefit plan participants by
- 17 reference to a portfolio of assets that is owned
- 18 by the benefit plan or its trustee, which in each
- 19 case is not an affiliate of the member insurer;
- 20 (J) Any unallocated annuity contract;
- 21 (K) Any portion of a policy or contract to the extent
- 22 it provides for interest or other changes in



1 value to be determined by the use of an index or
2 other external reference stated in the policy or
3 contract, but that have not been credited to the
4 policy or contract, or as to which the policy or
5 contract owner's rights are subject to
6 forfeiture, as of the date the member insurer
7 becomes an impaired or insolvent insurer under
8 this part. If a policy's or contract's interest
9 or changes in value are credited less frequently
10 than annually, then for purposes of determining
11 the values that have been credited and are not
12 subject to forfeiture under section 431:16-
13 403(b)(2)(L), the interest or change in value
14 determined by using the procedures defined in the
15 policy or contract shall be credited as if the
16 contractual date of crediting interest or
17 changing values was the date of impairment or
18 insolvency and shall not be subject to
19 forfeiture; or
20 (L) Any policy or contract providing any hospital,
21 medical, prescription drug, or other health care
22 benefits pursuant to Part C or Part D of



1 subchapter XVIII, chapter 7, Title 42 of the
 2 United States Code, commonly known as medicare
 3 part C and D, or any regulations adopted pursuant
 4 thereto.

5 (c) The benefits for which the association may become
 6 liable shall in no event exceed the lesser of:

7 (1) The contractual obligations for which the insurer is
 8 liable or would have been liable if it were not an
 9 impaired or insolvent insurer, or

10 (2) With respect to any one life, regardless of the number
 11 of policies or contracts:

12 (A) \$300,000 in life insurance death benefits, but
 13 not more than \$100,000 in net cash surrender and
 14 net cash withdrawal values for life insurance;

15 ~~(B) \$100,000 in accident and health or sickness~~
 16 ~~insurance benefits, including any net cash~~
 17 ~~surrender and net cash withdrawal values;~~

18 ~~(C) \$100,000 in the present value of annuity~~
 19 ~~benefits, including net cash surrender and net~~
 20 ~~cash withdrawal values;~~

21 ~~provided that in no event shall the association be~~
 22 ~~liable to expend more than \$300,000 in the aggregate~~



1 ~~with respect to any one life under subparagraphs (A),~~
2 ~~(B), and (C).]~~

3 (B) In accident and health or sickness insurance
4 benefits:

5 (i) \$100,000 for coverages not defined as
6 disability insurance or basic hospital,
7 medical, and surgical insurance, or major
8 medical insurance or long-term care
9 insurance, including any net cash surrender
10 and net cash withdrawal values;

11 (ii) \$300,000 for disability insurance and
12 \$300,000 for long-term care insurance; or

13 (iii) \$500,000 for basic hospital, medical, and
14 surgical insurance or major medical
15 insurance;

16 (C) \$250,000 in the present value of annuity
17 benefits, including net cash surrender and net
18 cash withdrawal values; or

19 (D) With respect to each payee of a structured
20 settlement annuity, or beneficiary or
21 beneficiaries of the payee if deceased, \$250,000
22 in present value annuity benefits, in the



1 aggregate, including net cash surrender and net
2 cash withdrawal values, if any.

3 (d) In no event shall the association be obligated to
4 cover more than:

5 (1) An aggregate of \$300,000 in benefits with respect to
6 any one life under subsection (c) except with respect
7 to benefits for basic hospital, medical, and surgical
8 insurance and major medical insurance under subsection
9 (c) (2) (B), in which case the aggregate liability of
10 the association shall not exceed \$500,000 with respect
11 to any one individual; or

12 (2) \$5,000,000 in benefits with respect to one owner or
13 multiple non-group policies of life insurance,
14 regardless of:

15 (A) The number of policies and contracts held by the
16 owner;

17 (B) Whether the policy owner is an individual, firm,
18 corporation, or other person; and

19 (C) Whether the persons insured are officers,
20 managers, employees, or other persons.

21 (e) The limitations set forth in this section are
22 limitations on the benefits for which the association is



1 obligated before taking into account its subrogation and
2 assignment rights or the extent to which those benefits could be
3 provided out of the assets of the impaired or insolvent insurer
4 attributable to covered policies. The costs of the
5 association's obligations under this part may be met by the use
6 of assets attributable to covered policies or reimbursed to the
7 association pursuant to its subrogation and assignment rights.

8 (f) In performing its obligations to provide coverage
9 under section 431:16-208, the association shall not be required
10 to guarantee, assume, reinsure, or perform, or cause to be
11 guaranteed, assumed, reinsured, or performed, the contractual
12 obligations of the insolvent or impaired insurer under a covered
13 policy or contract that do not materially affect the economic
14 values or economic benefits of the covered policy or contract."

15 SECTION 5. Section 431:16-205, Hawaii Revised Statutes, is
16 amended as follows:

17 1. By adding seven new definitions to be appropriately
18 inserted and to read:

19 "Authorized assessment" or "authorized" when used in the
20 context of assessments means a resolution by the board of
21 directors that has been passed whereby an assessment will be

1 called immediately or in the future from member insurers for a
2 specified amount.

3 "Called assessment" or "called" when used in the context of
4 assessments means a notice that has been issued by the
5 association to member insurers requiring that an authorized
6 assessment be paid within the time frame set forth within the
7 notice.

8 "Extra-contractual claims" shall include, but not be
9 limited to, claims relating to bad faith in the payment of
10 claims, punitive or exemplary damages, or attorneys' fees and
11 costs.

12 "Owner", "policy owner", or "contract owner" means the
13 person who is identified as the legal owner under the terms of
14 the policy or contract or who is otherwise vested with legal
15 title to the policy or contract through a valid assignment
16 completed in accordance with the terms of the policy or contract
17 and properly recorded as the owner on the books of the insurer.
18 The terms "owner", "contract owner", and "policy owner" do not
19 include persons with a mere beneficial interest in a policy or
20 contract.



1 "Receivership court" means the court in the insolvent or
2 impaired insurer's state having jurisdiction over the
3 conservation, rehabilitation, or liquidation of the insurer.

4 "State" means a state, the District of Columbia, Puerto
5 Rico, or a United States possession, territory, or protectorate.

6 "Structured settlement annuity" means an annuity purchased
7 to fund periodic payments for a plaintiff or other claimant in
8 payment for or with respect to personal injury suffered by the
9 plaintiff or other claimant."

10 2. By amending the definitions of "covered policy",
11 "impaired insurer", "member insurer", "person", "premiums",
12 "resident", and "supplemental contract" to read:

13 "Covered policy" means any policy or contract [within the
14 scope of this part] or portion of a policy or contract for which
15 coverage is provided under section 431:16-203.

16 "Impaired insurer" means a member insurer that after
17 July 1, 1988, is not an insolvent insurer, and[+

18 ~~(1) Is deemed by the commissioner to be potentially unable~~
19 ~~to fulfill its contractual obligations; or~~

20 ~~(2) Is] is placed under an order of rehabilitation or~~
21 conservation by a court of competent jurisdiction.



1 "Member insurer" means any insurer licensed or who holds a
2 certificate of authority to transact in this State any kind of
3 insurance for which coverage is provided under section
4 431:16-203, and includes any insurer whose license or
5 certificate of authority in this State may have been suspended,
6 revoked, not renewed, or voluntarily withdrawn, but does not
7 include:

- 8 (1) A nonprofit hospital or medical service organization;
9 (2) A health maintenance organization;
10 (3) A fraternal benefit society;
11 (4) A mandatory state pooling plan;
12 (5) A mutual assessment company or any entity that
13 operates on an assessment basis;
14 (6) An insurance exchange; [e~~x~~]
15 (7) An organization that has a certificate or license
16 limited to the issuance of charitable gift annuities;
17 or
18 [~~7~~] (8) Any entity similar to any of the above.

19 "Person" means any individual, corporation, limited
20 liability company, partnership, association, governmental body
21 or entity, or voluntary organization.



1 "Premiums" means amounts and considerations received on
2 covered policies or contracts less premiums, considerations and
3 deposits returned thereon, and less dividends and experience
4 credits thereon. Premiums does not include any amounts or
5 consideration received for any policies or contracts or for the
6 portions of any policies or contracts for which coverage is not
7 provided under section 431:16-203(b) except that assessable
8 premium shall not be reduced on accounts under section
9 431:16-203(b)(2)(C) relating to interest limitations and section
10 431:16-203(c)(2) relating to limitations with respect to any one
11 life and any one contract holder. Premiums shall also not
12 include:

- 13 (1) Premiums on an unallocated annuity contract; or
14 (2) Premiums in excess of \$5,000,000, regardless of:
15 (A) The number of policies or contracts held by the
16 owner, with respect to multiple non-group
17 policies of life insurance owned by one owner;
18 (B) Whether the policy owner is an individual, firm,
19 corporation, or other person; and
20 (C) Whether the persons insured are officers,
21 managers, employees, or other persons.



1 "Resident" means [~~any~~] a person to whom a contractual
 2 obligation is owed and who resides in this State [~~at the time a~~
 3 ~~member insurer is determined to be an impaired or insolvent~~
 4 ~~insurer and to whom a contractual obligation is owed.~~] on the
 5 date of entry of a court order that determines a member insurer
 6 to be an impaired insurer or an insolvent insurer. A person may
 7 be a resident of only one state, which in the case of a person
 8 other than a natural person shall be its principal place of
 9 business. Citizens of the United States who are:

- 10 (1) Residents of foreign countries; or
- 11 (2) Residents of United States possessions, territories,
 12 or protectorates that do not have an association
 13 similar to the association created by this part,
 14 shall be deemed residents of the state of domicile of the
 15 insurer that issued the policies or contracts.

16 "Supplemental contract" means [~~any~~] a written agreement
 17 entered into for the distribution of [~~policy or contract~~]
 18 proceeds[~~-~~] under a life, health, or annuity policy or life,
 19 health, or annuity contract."

20 SECTION 6. Section 431:16-206, Hawaii Revised Statutes, is
 21 amended by amending subsection (b) to read as follows:

1 "(b) The association shall come under the immediate
2 supervision of the commissioner and shall be subject to the
3 applicable provisions of the insurance laws of this State.
4 Meetings or records of the association may be opened to the
5 public upon majority vote of the board of directors of the
6 association."

7 SECTION 7. Section 431:16-208, Hawaii Revised Statutes, is
8 amended to read as follows:

9 "**§431:16-208 Powers and duties of the association.** (a)

10 If a member insurer is an impaired [~~domestic~~] insurer, the
11 association may, in its discretion, and subject to any
12 conditions imposed by the association that do not impair the
13 contractual obligations of the impaired insurer, that are
14 approved by the commissioner, and that are, except in cases of
15 court ordered conservation or rehabilitation, also approved by
16 the impaired insurer:

17 (1) Guarantee, assume, or reinsure, or cause to be
18 guaranteed, assumed, or reinsured, any or all of the
19 policies or contracts of the impaired insurer;

20 (2) Provide such moneys, pledges, notes, guarantees, or
21 other means as are proper to effectuate subsection

22 (a) (1) and assure payment of the contractual



1 obligations of the impaired insurer pending action
2 under subsection (a) (1); or

3 (3) Loan money to the impaired insurer.

4 ~~[(b) (1) If a member insurer is an impaired insurer, whether~~
5 ~~domestic, foreign, or alien, and the insurer is not~~
6 ~~paying claims timely, then subject to the~~
7 ~~preconditions specified in paragraph (2), the~~
8 ~~association shall, in its discretion, either:~~

9 ~~(A) Take any of the actions specified in subsection~~

10 ~~(a), subject to the conditions therein, or~~

11 ~~(B) Provide substitute benefits in lieu of the~~

12 ~~contractual obligations of the impaired insurer~~

13 ~~solely for: accident and health or sickness~~

14 ~~claims, periodic annuity benefit payments, death~~

15 ~~benefits, supplemental benefits, and cash~~

16 ~~withdrawals for policy or contract owners who~~

17 ~~petition therefor under claims of emergency or~~

18 ~~hardship in accordance with standards proposed by~~

19 ~~the association and approved by the commissioner.~~

20 ~~(2) The association shall be subject to the requirements~~

21 ~~of paragraph (1) only if:~~



1 ~~(A) The laws of the impaired insurer's state of~~
2 ~~domicile provide that until all payments of or on~~
3 ~~account of the impaired insurer's contractual~~
4 ~~obligations by all guaranty associations, along~~
5 ~~with all expenses thereof and interest on all~~
6 ~~such payments and expenses, shall have been~~
7 ~~repaid to the guaranty associations or a plan of~~
8 ~~repayment by the impaired insurer shall have been~~
9 ~~approved by the guaranty associations;~~

10 ~~(i) The delinquency proceeding shall not be~~
11 ~~dismissed;~~

12 ~~(ii) Neither the impaired insurer nor its assets~~
13 ~~shall be returned to the control of its~~
14 ~~shareholders or private management; and~~

15 ~~(iii) It shall not be permitted to solicit or~~
16 ~~accept new business or have any suspended or~~
17 ~~revoked license restored; and~~

18 ~~(B) (i) If the impaired insurer is a domestic~~
19 ~~insurer, it has been placed under an order~~
20 ~~of rehabilitation by a court of competent~~
21 ~~jurisdiction in this State, or;~~



- 1 ~~(ii) If the impaired insurer is a foreign or~~
- 2 ~~alien insurer:~~
- 3 ~~(I) It has been prohibited from soliciting~~
- 4 ~~or accepting new business in this~~
- 5 ~~State,~~
- 6 ~~(II) Its certificate of authority has been~~
- 7 ~~suspended or revoked in this State, and~~
- 8 ~~(III) A petition for rehabilitation or~~
- 9 ~~liquidation has been filed in a court~~
- 10 ~~of competent jurisdiction in its state~~
- 11 ~~of domicile by the commissioner of the~~
- 12 ~~state.~~

13 ~~(e)]~~ (b) If a member insurer is an insolvent insurer, the
 14 association shall, in its discretion~~[, either]~~:

- 15 (1) (A) Guarantee, assume, or reinsure, or cause to be
- 16 guaranteed, assumed, or reinsured, the policies
- 17 or contracts of the insolvent insurer; or
- 18 (B) Assure payment of the contractual obligations of
- 19 the insolvent insurer; and
- 20 (C) Provide such moneys, pledges, guarantees, or
- 21 other means as are reasonably necessary to
- 22 discharge such duties; or

1 (2) ~~[With respect only to life and accident and health or~~
2 ~~sickness insurance policies, provide]~~ Provide benefits
3 and coverages in accordance with ~~[subsection (d)].~~

4 ~~(d) When proceeding under subsection (b) (1) (B) or (c) (2),~~
5 ~~the association shall, with respect to only life and accident~~
6 ~~and health or sickness insurance policies.~~

7 ~~(1) Assure]~~ the following provisions:

8 (A) With respect to life and accident and health or
9 sickness insurance policies and annuities, assure
10 payment of benefits for premiums identical to the
11 premiums and benefits (except for terms of
12 conversion and renewability) that would have been
13 payable under the policies of the insolvent
14 insurer, for claims incurred:

15 ~~[(A)]~~ (i) With respect to group policies~~[7]~~ and
16 contracts, not later than the earlier of the
17 next renewal date under ~~[such]~~ the policies
18 or contracts or forty-five days, but in no
19 event less than thirty days, after the date
20 on which the association becomes obligated
21 with respect to ~~[such]~~ the policies;



1 ~~[-(B)]~~ (ii) With respect to ~~[individual]~~ non-group
2 policies, contracts, and annuities, not
3 later than the earlier of the next renewal
4 date (if any) under ~~[such]~~ the policies or
5 contracts or one year, but in no event less
6 than thirty days, from the date on which the
7 association becomes obligated with respect
8 to ~~[such]~~ the policies~~[-]~~ or contracts.

9 ~~[-(2)]~~ (B) Make diligent efforts to provide all known
10 insureds or ~~[group-policyholders]~~ annuitants (for
11 non-group policies and contracts), or group
12 policy owners with respect to group policies and
13 contracts, thirty ~~[days]~~ days notice of the
14 termination of the benefits provided~~[-and]~~.

15 ~~[-(3)]~~ (C) With respect to ~~[individual]~~ non-group life and
16 accident and health or sickness insurance
17 policies~~[-]~~ and annuities covered by the
18 association, make available to each known
19 insured~~[-]~~ or annuitant, or owner if other than
20 the insured~~[-]~~ or annuitant, and with respect to
21 an individual formerly insured or formerly an
22 annuitant under a group policy who is not



1 eligible for replacement group coverage, make
2 available substitute coverage on an individual
3 basis in accordance with [~~paragraph (4),~~]
4 subparagraph (D), if the insureds or annuitants
5 had a right under law or the terminated policy to
6 convert coverage to individual coverage or to
7 continue an individual policy or annuity in force
8 until a specified age or for a specified time,
9 during which the insurer had no right
10 unilaterally to make changes in any provision of
11 the policy or annuity or had a right only to make
12 changes in premium by class.

13 [~~(4)-(A)~~] (D) (i) In providing the substitute coverage
14 required under [~~paragraph (3),~~] subparagraph
15 (C), the association may offer either to
16 reissue the terminated coverage or to issue
17 an alternative policy.

18 [~~(B)~~] (ii) Alternative or reissued policies shall be
19 offered without requiring evidence of
20 insurability, and shall not provide for any
21 waiting period or exclusion that would not
22 have applied under the terminated policy.



1 ~~[(C)]~~ (iii) The association may reinsure any
2 alternative or reissued policy.
3 ~~[(5) (A)]~~ (E) (i) Alternative policies adopted by the
4 association shall be subject to the approval
5 of the domiciliary commissioner~~[-]~~ or the
6 receivership court. The association may
7 adopt alternative policies of various types
8 for future issuance without regard to any
9 particular impairment or insolvency.
10 ~~[(B)]~~ (ii) Alternative policies shall contain at
11 least the minimum statutory provisions
12 required in this State and provide benefits
13 that shall not be unreasonable in relation
14 to the premium charged. The association
15 shall set the premium in accordance with a
16 table of rates which it shall adopt. The
17 premium shall reflect the amount of
18 insurance to be provided and the age and
19 class of risk of each insured, but shall not
20 reflect any changes in the health of the
21 insured after the original policy was last
22 underwritten.

1 or contract carrying guaranteed minimum interest
2 rates, the association shall assure the payment
3 or crediting of a rate of interest consistent
4 with section 431:16-203(b)(2)(C).

5 ~~[(f)]~~ (c) Nonpayment of premiums within thirty-one days
6 after the date required under the terms of any guaranteed,
7 assumed, alternative, or reissued policy or contract or
8 substitute coverage shall terminate the association's
9 obligations under ~~[such]~~ the policy or coverage under this part
10 with respect to ~~[such]~~ the policy or coverage, except with
11 respect to any claims incurred or any net cash surrender value
12 which may be due in accordance with the provisions of this part.

13 ~~[(g)]~~ (d) Premiums due for coverage after entry of an
14 order of liquidation of an insolvent insurer shall belong to and
15 be payable at the direction of the association, and the
16 association shall be liable for unearned premiums due to policy
17 or contract owners arising after the entry of such order.

18 ~~[(h)]~~ (e) The protection provided by this part shall not
19 apply where any guaranty protection is provided to residents of
20 this State by the laws of the domiciliary state or jurisdiction
21 of the impaired or insolvent insurer other than this State.



1 [~~(i)~~] (f) In carrying out its duties under [~~subsections~~
2 ~~(b) and (e)~~], subsection (b), the association may, subject to
3 approval by [~~the~~] a court in this State:

- 4 (1) Impose permanent policy or contract liens in
5 connection with any guarantee, assumption, or
6 reinsurance agreement, if the association finds that
7 the amounts which can be assessed under this part are
8 less than the amounts needed to assure full and prompt
9 performance of the association's duties under this
10 part, or that the economic or financial conditions as
11 they affect member insurers are sufficiently adverse
12 to render the imposition of such permanent policy or
13 contract liens, to be in the public interest; and
- 14 (2) Impose temporary moratoriums or liens on payments of
15 cash values and policy loans, or any other right to
16 withdraw funds held in conjunction with policies or
17 contracts, in addition to any contractual provisions
18 for deferral of cash or policy loan value. In
19 addition, the association may defer the payment of
20 cash values, policy loans, or other rights by the
21 association for the period of any moratorium or
22 moratorium charge imposed by the receivership court on



1 the payment of cash values or policy loans, or on any
2 other right to withdraw funds held in conjunction with
3 policies or contracts, out of the assets of the
4 impaired or insolvent insurer, except that the
5 association may not defer the payment for claims
6 covered by the association to be paid in accordance
7 with a hardship procedure established by the
8 liquidator or rehabilitator and approved by the
9 receivership court.

10 ~~[(j)]~~ (g) If the association fails to act within a
11 reasonable period of time as provided in ~~[subsections (b)(1)(B),~~
12 ~~(c) and (d),]~~ subsection (b), the commissioner shall have the
13 powers and duties of the association under this part with
14 respect to ~~[impaired or]~~ the insolvent [insurers.] insurer.

15 ~~[(k)]~~ (h) The association may render assistance and advice
16 to the commissioner, upon the commissioner's request, concerning
17 rehabilitation, payment of claims, continuance of coverage, or
18 the performance of other contractual obligations of any impaired
19 or insolvent insurer.

20 ~~[(l)]~~ (i) The association shall have standing to appear or
21 intervene before any court or agency in this State with
22 jurisdiction over an impaired or insolvent insurer concerning



1 which the association is or may become obligated under this
2 part~~[-]~~ or with jurisdiction over any person or property against
3 which the association may have rights through subrogation or
4 otherwise. Such standing shall extend to all matters germane to
5 the powers and duties of the association, including, but not
6 limited to, proposals for reinsuring, modifying, or guaranteeing
7 the policies or contracts of the impaired or insolvent insurer
8 and the determination of the policies or contracts and
9 contractual obligations. The association shall also have the
10 right to appear or intervene before [a] any court or agency in
11 another state with jurisdiction over an impaired or insolvent
12 insurer for which the association is or may become obligated or
13 with jurisdiction over ~~[a third party]~~ any person or property
14 against whom the association may have rights through subrogation
15 ~~[of the insurer's policyholders.]~~ or otherwise.

16 ~~[(m)-(1)]~~ (j) (1) Any person receiving benefits under this part
17 shall be deemed to have assigned the rights under, and
18 any causes of action ~~[relating to,]~~ against any person
19 for losses arising under, resulting from, or otherwise
20 relating to, the covered policy or contract to the
21 association to the extent of the benefits received
22 because of this part, whether the benefits are



1 payments of or on account of contractual obligations,
 2 continuation of coverage, or provision of substitute
 3 or alternative coverages. The association may require
 4 an assignment to it of such rights and causes of
 5 action by any payee, policy or contract owner,
 6 beneficiary, insured, or annuitant as a condition
 7 precedent to the receipt of any right or benefits
 8 conferred by this part upon such person.

9 (2) The subrogation rights of the association under this
 10 section shall have the same priority against the
 11 assets of the impaired or insolvent insurer as that
 12 possessed by the person entitled to receive benefits
 13 under this part.

14 (3) In addition to ~~[items]~~ paragraphs (1) and (2), the
 15 association shall have all common law rights of
 16 subrogation and any other equitable or legal remedy
 17 ~~[which]~~ that would have been available to the impaired
 18 or insolvent insurer ~~[or holder of a policy or~~
 19 ~~contract with respect to such policy or contracts.]~~,
 20 owner, beneficiary, or payee of a policy or contract
 21 with respect to the policy or contracts, including
 22 without limitation, in the case of a structured

1 settlement annuity, any rights of the owner,
2 beneficiary, or payee of the annuity, to the extent of
3 benefits received pursuant to this part, against a
4 person originally or by succession responsible for the
5 losses arising from the personal injury relating to
6 the annuity or payment therefore, excepting any such
7 person responsible solely by reason of serving as an
8 assignee of a qualified assignment under Internal
9 Revenue Code Section 130.

10 (4) If the preceding provisions of this subsection are
11 invalid or ineffective with respect to any person or
12 claim for any reason, the amount payable by the
13 association with respect to the related covered
14 obligations shall be reduced by the amount realized by
15 any other person with respect to the person or claim
16 that is attributable to the policies, or portion
17 thereof, covered by the association.

18 (5) If the association has provided benefits with respect
19 to a covered obligation and a person recovers amounts
20 to which the association has rights as described in
21 the preceding paragraphs of this subsection, the
22 person shall pay to the association the portion of the



1 recovery attributable to the policies, or portion
2 thereof, covered by the association.

3 ~~[(n)]~~ (k) The association may:

4 (1) Enter into such contracts as are necessary or proper
5 to carry out the provisions and purposes of this part;

6 (2) Sue or be sued, including taking any legal actions
7 necessary or proper to recover any unpaid assessments
8 under section 431:16-209 and to settle claims or
9 potential claims against it;

10 (3) Borrow money to effect the purposes of this part; any
11 notes or other evidence of indebtedness of the
12 association not in default shall be legal investments
13 for domestic insurers and may be carried as admitted
14 assets;

15 (4) Employ or retain such persons as are necessary to
16 handle the financial transactions of the association,
17 and to perform such other functions as become
18 necessary or proper under this part;

19 (5) Take such legal action as may be necessary to avoid
20 payment of improper claims ~~[, and]~~ or recover payment
21 of improper claims;

1 (6) Exercise, for the purposes of this part and to the
2 extent approved by the commissioner, the powers of a
3 domestic life or accident and health or sickness
4 insurer, but in no case may the association issue
5 insurance policies or annuity contracts other than
6 those issued to perform its obligations under this
7 part [-];

8 (7) Organize itself as a corporation or in other legal
9 form permitted by the laws of the State;

10 (8) Request information from a person seeking coverage
11 from the association in order to aid the association
12 in determining its obligations under this part with
13 respect to the person, and the person shall promptly
14 comply with the request; and

15 (9) Take other necessary or appropriate action to
16 discharge its duties and obligations under this part
17 or to exercise its powers under this part.

18 [~~(10)~~] (1) The association may join an organization of one
19 or more other state associations of similar purposes, to further
20 the purposes and administer the powers and duties of the
21 association.



1 (m) With respect to covered policies for which the
2 association becomes obligated after an entry of an order of
3 liquidation or rehabilitation, the association may elect to
4 succeed to the rights of the insolvent insurer arising after the
5 date of the order of liquidation or rehabilitation under any
6 contract of reinsurance to which the insolvent insurer was a
7 party, to the extent that the contract provides coverage for
8 losses occurring after the date of the order of liquidation or
9 rehabilitation. As a condition to making this election, the
10 association shall pay all unpaid premiums due under the contract
11 for coverage relating to periods before and after the date of
12 the order of liquidation or rehabilitation.

13 (n) The board of directors of the association shall have
14 discretion and shall exercise reasonable business judgment to
15 determine the means by which the association is to provide the
16 benefits of this part in an economical and efficient manner.

17 (o) Where the association has arranged or offered to
18 provide the benefits of this part to a covered person under a
19 plan or arrangement that fulfills the association's obligations
20 under this part, the person shall not be entitled to benefits
21 from the association in addition to or other than those provided
22 under the plan or arrangement.



1 (p) Venue in a suit against the association arising under
2 this part shall be in the circuit court of the first circuit.
3 The association shall not be required to give an appeal bond in
4 an appeal that relates to a cause of action arising under this
5 part.

6 (q) In carrying out its duties in connection with
7 guaranteeing, assuming, or reinsuring policies or contracts
8 under subsection (a) or (b), the association, subject to
9 approval of the receivership court, may issue substitute
10 coverage for a policy or contract that provides an interest
11 rate, crediting rate, or similar factor determined by use of an
12 index or other external reference stated in the policy or
13 contract employed in calculating returns or changes in value by
14 issuing an alternative policy or contract in accordance with the
15 following provisions:

16 (1) In lieu of the index or other external reference
17 provided for in the original policy or contract, the
18 alternative policy or contract provides for a fixed
19 interest rate, payment of dividends with minimum
20 guarantees, or a different method for calculating
21 interest or changes in value;



- 1 (2) There is no requirement for evidence of insurability,
- 2 waiting period, or other exclusion that would not have
- 3 applied under the replaced policy or contract; and
- 4 (3) The alternative policy or contract is substantially
- 5 similar to the replaced policy or contract in all
- 6 other material terms."

7 SECTION 8. Section 431:16-209, Hawaii Revised Statutes, is
 8 amended to read as follows:

9 "§431:16-209 Assessments. (a) For the purpose of
 10 providing the funds necessary to carry out the powers and duties
 11 of the association, the board of directors shall assess the
 12 member insurers, separately for each account, at such time and
 13 for such amounts as the board finds necessary. Assessments
 14 shall be due not less than thirty days after prior written
 15 notice to the member insurers and shall accrue interest at
 16 eighteen per cent per annum on and after the due date.

17 (b) There shall be two assessments, as follows:

- 18 (1) Class A assessments shall be [~~made~~] authorized and
- 19 called for the purpose of meeting administrative and
- 20 legal costs, and other expenses and examinations
- 21 conducted under the authority of section
- 22 431:16-212(e). Class A assessments may be [~~made~~]

1 authorized and called whether or not related to a
2 particular impaired or insolvent insurer.

3 (2) Class B assessments shall be [~~made~~] authorized and
4 called to the extent necessary to carry out the powers
5 and duties of the association under section 431:16-208
6 with regard to an impaired or an insolvent insurer.

7 (c) (1) The amount of any Class A assessment shall be
8 determined by the board of directors and may be [~~made~~]
9 authorized and called on a pro rata or non-pro rata
10 basis. If pro rata, the board of directors may
11 provide that it be credited against future Class B
12 assessments. A non-pro rata assessment shall not
13 exceed [~~\$150~~] \$300 per member insurer in any one
14 calendar year. The amount of any Class B assessment
15 shall be allocated for assessment purposes among the
16 accounts pursuant to an allocation formula which may
17 be based on the premiums or reserves of the impaired
18 or insolvent insurer or any other standard deemed by
19 the board of directors in its sole discretion as being
20 fair and reasonable under the circumstances.

21 (2) Class B assessments against member insurers for each
22 account shall be in the proportion that the premiums



1 received on business in this State by each assessed
2 member insurer [+]on[+] policies or contracts covered
3 by each account for the three most recent calendar
4 years for which information is available preceding the
5 year in which the insurer became impaired or
6 insolvent, as the case may be, bears to [~~such~~] the
7 premiums received on business in this State for [~~such~~]
8 the calendar years by all assessed member insurers.

- 9 (3) Assessments for funds to meet the requirements of the
10 association with respect to an impaired or insolvent
11 insurer shall not be [~~made~~] authorized or called until
12 necessary to implement the purposes of this part.
13 Classification of assessments under subsection (b) and
14 computation of assessments under this subsection shall
15 be made with a reasonable degree of accuracy,
16 recognizing that exact determinations may not always
17 be possible. The association shall notify each member
18 insurer of its anticipated pro rata share of an
19 authorized assessment not yet called within one
20 hundred eighty days after the assessment is
21 authorized.



1 (d) The association may abate or defer, in whole or in
2 part, the assessment of a member insurer if, in the opinion of
3 the board of directors, payment of the assessment would endanger
4 the ability of the member insurer to fulfill its contractual
5 obligations. In the event an assessment against a member
6 insurer is abated, or deferred in whole or in part, the amount
7 by which [~~such~~] the assessment is abated or deferred may be
8 assessed against the other member insurers in a manner
9 consistent with the basis for assessments set forth in this
10 section. Once the conditions that caused the deferral have been
11 removed or rectified, the member shall pay all assessments that
12 were deferred pursuant to a repayment plan approved by the
13 association.

14 [~~(e)~~ The] (e) (1) Subject to the provisions of paragraph
15 (2), the total of all assessments [~~upon~~] authorized by
16 the association with respect to a member insurer for
17 each account shall not in any one calendar year exceed
18 two per cent of [~~such~~] the insurer's average premiums
19 received in this State on the policies and contracts
20 covered by the account during the three calendar years
21 preceding the year in which the insurer became an
22 impaired or insolvent insurer.



1 (2) If two or more assessments are authorized in one
2 calendar year with respect to insurers that become
3 impaired or insolvent in different calendar years, the
4 average annual premiums for purposes of the aggregate
5 assessment percentage limitation referenced in this
6 section shall be equal and limited to the higher of
7 the three-year average annual premiums for the
8 applicable account as calculated pursuant to this
9 section.

10 (3) If the maximum assessment, together with the other
11 assets of the association in any account, does not
12 provide in any one year in either account an amount
13 sufficient to carry out the responsibilities of the
14 association, the necessary additional funds shall be
15 assessed as soon thereafter as permitted by this part.

16 The board of directors may provide in the plan of operation
17 a method of allocating funds among claims, whether relating to
18 one or more impaired or insolvent insurers, when the maximum
19 assessment will be insufficient to cover anticipated claims.

20 (f) The board may, by an equitable method as established
21 in the plan of operation, refund to member insurers, in
22 proportion to the contribution of each insurer to that account,



1 the amount by which the assets of the account exceed the amount
2 the board finds is necessary to carry out during the coming year
3 the obligations of the association with regard to that account,
4 including assets accruing from assignment, subrogation, net
5 realized gains, and income from investments. A reasonable
6 amount may be retained in any account to provide funds for the
7 continuing expenses of the association and for future losses[-]
8 and claims.

9 (g) It shall be proper for any member insurer, in
10 determining its premium rates and policy owner dividends as to
11 any kind of insurance within the scope of this part, to consider
12 the amount reasonably necessary to meet its assessment
13 obligations under this part.

14 (h) The association shall issue to each insurer paying an
15 assessment under this part, other than a Class A assessment, a
16 certificate of contribution, in a form prescribed by the
17 commissioner, for the amount of the assessment so paid. All
18 outstanding certificates shall be of equal dignity and priority
19 without reference to amounts or dates of issue. A certificate
20 of contribution may be shown by the insurer in its financial
21 statement as an asset in such form and for such amount, if any,
22 and period of time as the commissioner may approve.



1 (i) (1) A member insurer that wishes to protest all or part of
2 an assessment shall pay when due the full amount of
3 the assessment as set forth in the notice provided by
4 the association. The payment shall be available to
5 meet association obligations during the pendency of
6 the protest or any subsequent appeal. Payment shall
7 be accompanied by a statement in writing that the
8 payment is made under protest and setting forth a
9 brief statement of the grounds for the protest.

10 (2) Within sixty days following the payment of an
11 assessment under protest by a member insurer, the
12 association shall notify the member insurer in writing
13 of its determination with respect to the protest,
14 unless the association notifies the member insurer
15 that additional time is required to resolve the issues
16 raised by the protest.

17 (3) Within thirty days after a final decision has been
18 made, the association shall notify the protesting
19 member insurer in writing of the final decision.
20 Within sixty days of receipt of notice of the final
21 decision, the protesting member insurer may appeal the
22 final decision to the commissioner.



1 (4) In the alternative to rendering a final decision with
2 respect to a protest based on a question regarding the
3 assessment base, the association may refer protests to
4 the commissioner for a final decision with or without
5 a recommendation from the association.

6 (5) If the protest or appeal on the assessment is upheld,
7 the amount paid in error or excess shall be returned
8 to the member company. Interest on a refund due a
9 protesting member shall be paid at the rate actually
10 earned by the association.

11 (j) The association may request information of member
12 insurers to aid in the exercise of its powers under this section
13 and member insurers shall promptly comply with any request."

14 SECTION 9. Section 431:16-210, Hawaii Revised Statutes, is
15 amended by amending subsections (c) and (d) to read as follows:

16 "(c) The plan of operation shall, in addition to
17 requirements enumerated elsewhere in this part:

18 (1) Establish procedures for handling the assets of the
19 association;

20 (2) Establish the amount and method of reimbursing members
21 of the board of directors under section 431:16-207(c);

- 1 (3) Establish regular places and times for meetings
2 including telephone conference calls of the board of
3 directors;
- 4 (4) Establish procedures for records to be kept of all
5 financial transactions of the association, its agents,
6 and the board of directors;
- 7 (5) Establish the procedures whereby selections for the
8 board of directors will be made and submitted to the
9 commissioner;
- 10 (6) Establish any additional procedures for assessments
11 under section 431:16-209;
- 12 (7) Contain additional provisions necessary or proper for
13 the execution of the powers and duties of the
14 association[-];
- 15 (8) Establish procedures to remove a director for cause,
16 including the case in which a director is affiliated
17 with a member insurer that becomes an impaired or
18 insolvent insurer; and
- 19 (9) Require the board of directors to establish a policy
20 and procedure for addressing conflicts of interests.
- 21 (d) The plan of operation may provide that any or all
22 powers and duties of the association, except those under



1 ~~[section 431:16-208(n)(3)]~~ sections 431:16-208(k)(3) and
2 ~~[section]~~ 431:16-209, are delegated to a corporation,
3 association, or other organization which performs or will
4 perform functions similar to those of this association, or its
5 equivalent, in two or more states. ~~[Such a]~~ The corporation,
6 association, or organization shall be reimbursed for any
7 payments made on behalf of the association and shall be paid for
8 its performance of any function of the association. A
9 delegation under this subsection shall take effect only with the
10 approval of both the board of directors and the commissioner,
11 and may be made only to a corporation, association, or
12 organization which extends protection not substantially less
13 favorable and effective than that provided by this part."

14 SECTION 10. Section 431:16-212, Hawaii Revised Statutes,
15 is amended as follows:

16 1. By amending subsection (a) to read as follows:

17 "[+] (a) [+] To aid in the detection and prevention of
18 insurer insolvencies or impairments, it shall be the duty of the
19 commissioner:

20 (1) To notify the commissioners of all the other states,
21 territories of the United States, and the District of



1 Columbia when the commissioner takes any of the
2 following actions against a member insurer:

3 (A) Revocation of license;

4 (B) Suspension of license; or

5 (C) Makes any formal order that [~~sueh~~] the company
6 [~~restricts~~] restrict its premium writing, obtain
7 additional contributions to surplus, withdraw
8 from the State, reinsure all or any part of its
9 business, or increase capital, surplus, or any
10 other account for the security of policyholders
11 or creditors.

12 [~~Sueh~~] The notice shall be mailed to all commissioners
13 within thirty days following the action taken or the
14 date on which [~~sueh~~] the action occurs;

15 (2) To report to the board of directors when the
16 commissioner has taken any of the actions set forth in
17 paragraph (1) or has received a report from any other
18 commissioner indicating that any such action has been
19 taken in another state. [~~Sueh~~] The report to the
20 board of directors shall contain all significant
21 details of the action taken or the report received
22 from another commissioner;



1 (3) To report to the board of directors when the
2 commissioner has reasonable cause to believe from any
3 examination, whether completed or in process, of any
4 member company that [~~such~~] the company may be an
5 impaired or insolvent insurer; and

6 (4) To furnish to the board of directors the National
7 Association of Insurance Commissioners Insurance
8 Regulatory Information System (IRIS) ratios and
9 listings of companies not included in the ratios
10 developed by the National Association of Insurance
11 Commissioners, and the board may use the information
12 contained therein in carrying out its duties and
13 responsibilities under this section. [~~Such~~] The
14 report and the information contained therein shall be
15 kept confidential by the board of directors until such
16 time as made public by the commissioner or other
17 lawful authority."

18 2. By amending subsection (c) to read:

19 "(c) The board of directors may, upon majority vote, make
20 reports and recommendations to the commissioner upon any matter
21 germane to the solvency, liquidation, rehabilitation, or
22 conservation of any member insurer or germane to the solvency of



1 any company seeking to do an insurance business in this State.
2 [~~Such~~] The reports and recommendations shall not be considered
3 public documents."

4 3. By amending subsection (e) to read:

5 "(e) The board of directors may, upon majority vote,
6 request that the commissioner order an examination of any member
7 insurer which the board in good faith believes may be an
8 impaired or insolvent insurer. Within thirty days of the
9 receipt of such request, the commissioner shall begin [~~such~~] the
10 examination. The examination may be conducted as a National
11 Association of Insurance Commissioners' examination or may be
12 conducted by such persons as the commissioner designates. The
13 cost of [~~such~~] the examination shall be paid by the association
14 and the examination report shall be treated as are other
15 examination reports. In no event shall [~~such~~] the examination
16 report be released to the board of directors prior to its
17 release to the public, but this shall not excuse the
18 commissioner from complying with subsection (a). The
19 commissioner shall notify the board of directors when the
20 examination is completed. The request for an examination shall
21 be kept on file by the commissioner but it shall not be open to



1 public inspection prior to the release of the examination report
2 to the public."

3 SECTION 11. Section 431:16-214, Hawaii Revised Statutes,
4 is amended to read as follows:

5 "§431:16-214 Miscellaneous provisions. (a) Nothing in
6 this part shall be construed to reduce the liability for unpaid
7 assessments of the insureds of an impaired or insolvent insurer
8 operating under a plan with assessment liability.

9 (b) ~~[All meetings and records of the board of directors
10 shall be open to all member insurers except for those meetings
11 and records pertaining to the solvency, liquidation,
12 rehabilitation, or conservation of any member insurer deemed
13 confidential. A member insurer shall provide written
14 designation of its representative or representatives to the
15 board meetings.~~

16 ~~(c) Records shall be kept of all negotiations and meetings
17 in which the association or its representatives are involved to
18 discuss the activities of the association in carrying out its
19 powers and duties under section 431:16-208.]~~ Records shall be
20 kept of all meetings of the board of directors to discuss the
21 activities of the association in carrying out its powers and
22 duties under section 431:16-208. The records of the association



1 with respect to an impaired or insolvent insurer shall not be
2 disclosed prior to the termination of a liquidation,
3 rehabilitation, or conservation proceeding involving the
4 impaired or insolvent insurer, except:

5 (1) Upon the termination of the impairment or insolvency
6 of the insurer; or

7 (2) Upon the order of a court of competent jurisdiction.

8 Nothing in this subsection [~~(b)~~] shall limit the duty of the
9 association to render a report of its activities under section
10 431:2-304 (b) .

11 [~~(d)~~] (c) For the purpose of carrying out its obligations
12 under this part, the association shall be deemed to be a
13 creditor of the impaired or insolvent insurer to the extent of
14 assets attributable to covered policies reduced by any amounts
15 to which the association is entitled as subrogee pursuant to
16 section [~~431:16-208(m)~~] 431:16-208(j). Assets of the impaired
17 or insolvent insurer attributable to covered policies shall be
18 used to continue all covered policies and pay all contractual
19 obligations of the impaired or insolvent insurer as required by
20 this part. Assets attributable to covered policies, as used in
21 this subsection, are that proportion of the assets which the
22 reserves that should have been established for such policies



1 bear to the reserves that should have been established for all
2 policies of insurance written by the impaired or insolvent
3 insurer.

4 (d) As a creditor of the impaired or insolvent insurer as
5 established in subsection (c) and consistent with section
6 431:15-324, the association and other similar associations shall
7 be entitled to receive a disbursement of assets out of the
8 marshaled assets, from time to time as the assets become
9 available to reimburse it, as a credit against contractual
10 obligations under this part. If the liquidator has not, within
11 one hundred twenty days of a final determination of insolvency
12 of an insurer by the receivership court, made an application to
13 the court for the approval of a proposal to disburse assets out
14 of marshaled assets to guaranty associations having obligations
15 because of the insolvency, the association shall be entitled to
16 make application to the receivership court for approval of its
17 own proposal to disburse these assets.

18 (e) (1) Prior to the termination of any liquidation,
19 rehabilitation, or conservation proceeding, the court
20 may take into consideration the contributions of the
21 respective parties, including the association, the
22 shareholders, and policy owners of the insolvent



1 insurer, and any other party with a bona fide
2 interest, in making an equitable distribution of the
3 ownership rights of such insolvent insurer. In such a
4 determination consideration shall be given to the
5 welfare of the policyholders of the continuing or
6 successor insurer.

7 (2) No distribution to stockholders, if any, of an
8 impaired or insolvent insurer shall be made until and
9 unless the total amount of valid claims of the
10 association with interest thereon for funds expended
11 in carrying out its powers and duties under section
12 431:16-208 with respect to such insurer have been
13 fully recovered by the association.

14 (f) (1) If an order for liquidation or rehabilitation of an
15 insurer domiciled in this State has been entered, the
16 receiver appointed under such order shall have a right
17 to recover on behalf of the insurer, from any
18 affiliate that controlled it, the amount of
19 distributions, other than stock dividends paid by the
20 insurer on its capital stock, made at any time during
21 the five years preceding the petition for liquidation



1 or rehabilitation subject to the limitations of
2 [‡]paragraphs (2) to (4) [‡].

3 (2) No such distribution shall be recoverable if the
4 insurer shows that when paid the distribution was
5 lawful and reasonable, and that the insurer did not
6 know and could not reasonably have known that the
7 distribution might adversely affect the ability of the
8 insurer to fulfill its contractual obligations.

9 (3) Any person who was an affiliate that controlled the
10 insurer at the time the distributions were paid shall
11 be liable up to the amount of distributions the person
12 received. Any person who was an affiliate that
13 controlled the insurer at the time the distributions
14 were declared, shall be liable up to the amount of
15 distributions the person would have received if they
16 had been paid immediately. If two or more persons are
17 liable with respect to the same distributions, they
18 shall be jointly and severally liable.

19 (4) The maximum amount recoverable under this
20 [‡]subsection [‡] shall be the amount needed in excess
21 of all other available assets of the insolvent insurer



1 to pay the contractual obligations of the insolvent
2 insurer.

3 (5) If any person liable under [†]paragraph (3) [†] is
4 insolvent, all its affiliates that controlled it at
5 the time the distribution was paid, shall be jointly
6 and severally liable for any resulting deficiency in
7 the amount recovered from the insolvent affiliate."

8 SECTION 12. Section 431:16-217, Hawaii Revised Statutes,
9 is amended to read as follows:

10 "§431:16-217 Stay of proceedings; reopening default
11 judgments. All proceedings in which the insolvent insurer is a
12 party in any court in this State shall be stayed [~~sixty~~] one-
13 hundred eighty days from the date an order of liquidation,
14 rehabilitation, or conservation is final to permit proper legal
15 action by the association on any matters germane to its powers
16 or duties. As to judgment under any decision, order, verdict,
17 or finding based on default the association may apply to have
18 such judgment set aside by the same court that made such
19 judgment and shall be permitted to defend against such suit on
20 the merits."

21 SECTION 13. Section 431:16-219, Hawaii Revised Statutes,
22 is repealed.



1 ~~["§431:16-219 Prospective application. This part shall~~
2 ~~not apply to any insurer which is insolvent or unable to fulfill~~
3 ~~its contractual obligations on July 1, 1988."]~~

4 SECTION 14. Statutory material to be repealed is bracketed
5 and stricken. New statutory material is underscored.

6 SECTION 15. This Act shall take effect on July 1, 2012;
7 provided that sections 4 to 13 of this Act shall not apply to
8 any proceedings in which a member insurer is placed under an
9 order of liquidation prior to July 1, 2012.



Report Title:

Insurance; Insurance Guaranty Association

Description:

Updates provisions of the insurance code governing guaranty associations in conformity with the National Association of Insurance Commissioners' Property and Casualty Insurance Guaranty Model Act and the Life and Health Insurance Guaranty Association Model Act. (SD2)

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

