LEGISLATURE OF NEBRASKA ONE HUNDRED NINTH LEGISLATURE FIRST SESSION

## **LEGISLATIVE BILL 326**

Introduced by Jacobson, 42.

Read first time January 16, 2025

Committee: Banking, Commerce and Insurance

1 A BILL FOR AN ACT relating to insurance; to amend sections 44-1523, 2 44-1524, 44-1525, 44-1527, 44-1528, 44-1529, 44-1530, 44-1532, 3 44-2403, 44-2405, 44-2406, 44-2407, 44-2411, and 44-6135, Reissue 4 Revised Statutes of Nebraska; to define and redefine terms; to change powers and duties of the Director of Insurance; to change 5 6 provisions relating to the Unfair Insurance Trade Practices Act, the 7 Nebraska Property and Liability Insurance Guaranty Association Act, and mutual insurance holding companies; to change provisions 8 relating to the board of directors of the Nebraska Property and 9 Liability Insurance Guaranty Association and first-party and third-10 to change provisions relating to settlements, 11 party claims; releases, compromises, and judgments; to provide for defenses as 12 13 prescribed; to change requirements relating to exhaustion of 14 remedies; to change requirements relating to annual statements as 15 prescribed; to eliminate the Health Insurance Access Act and the Health Care Purchasing Pool Act; to eliminate obsolete provisions; 16 to harmonize provisions; to repeal the original sections; and to 17 repeal sections 44-5301, 44-5302, 18 outright 44-5303, 44-5304, 19 44-5305, 44-5306, 44-5307, 44-5308, 44-5309, 44-5310, 44-5311, 44-6701, and 44-6702, Reissue Revised Statutes of Nebraska. 20 21 Be it enacted by the people of the State of Nebraska,

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Section 1. Section 44-1523, Reissue Revised Statutes of Nebraska, is
 amended to read:

3 44-1523 For purposes of the Unfair Insurance Trade Practices Act:
4 (1) Customer means an individual who purchases, applies to purchase,
5 or is solicited to purchase an insurance product primarily for personal,
6 family, or household purposes;

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(2) (1) Department means shall mean the Department of Insurance;

(3) (2) Director means shall mean the Director of Insurance;

9 (4) Health insurance lead generator means a person that utilizes a 10 lead generating device to (a) publicize the availability of what is, or 11 what purports to be, a health insurance product or service that the 12 person is not licensed to sell directly to a customer, (b) identify a 13 customer who may want to learn about a health insurance product, or (c) 14 sell or transmit customer information to an insurer or producer for 15 follow-up contact and sales activity;

(5) (3) Insured means shall mean the party named on a policy or
 certificate as the individual with legal rights to the benefits provided
 by such policy or certificate;

(6) (4) Insurer means shall mean any person, reciprocal exchange, 19 interinsurer, Lloyds-type insurer or other similar group which includes 20 an incorporated and individual unincorporated underwriter underwriters, a 21 22 fraternal benefit society, or and other legal entity engaged in the business of insurance, including an agent agents, a broker brokers, an 23 24 insurance consultant consultants, an adjuster adjusters, or a and third-25 party administrator administrators. Insurer also includes a shall also mean health maintenance organization organizations, a prepaid limited 26 27 health service <u>organization</u> organizations, and <u>a</u>dental, optometric, <u>or</u> and other similar health service plan plans. For purposes of the Unfair 28 Insurance Trade Practices Act act, all such insurers shall be deemed to 29 be engaged in the business of insurance; 30

31 (7) Lead generating device means a communication directed to the

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public that, regardless of form, content, or stated purpose, is intended 1 2 to result in the compilation or qualification of a list containing names and other personal information to be used to solicit residents of this 3 4 state for the purchase of what is, or what purports to be, a health 5 insurance product or service; 6 (8) (5) Person means a shall mean any natural or artificial entity, 7 including, but not limited to, an individual, <u>a partnership</u>, <u>a limited</u> liability company, an association, a trust, or a corporation, including a 8

9 <u>health insurance lead generator operating as a natural or artificial</u>
 10 <u>entity; and</u>

11 (9) (6) Policy or certificate <u>means</u> shall include any contract of 12 insurance, indemnity, suretyship, or annuity issued, proposed for 13 issuance, or intended for issuance by <u>an any</u> insurer; <u>and</u> -

<u>(10) Recording means an audio reproduction of sales and verification</u>
 <u>of calls, including virtual technology calls, in its entirety, used in</u>
 <u>the marketing of insurance.</u>

Sec. 2. Section 44-1524, Reissue Revised Statutes of Nebraska, is amended to read:

19 44-1524 It shall be an unfair trade practice in the business of insurance for any insurer, health insurance lead generator, or person 20 engaged in the business of insurance to commit any act or practice 21 defined in section 44-1525 if the act or practice (1) is committed 22 flagrantly and in conscious disregard of the Unfair Insurance Trade 23 24 Practices Act or any rule or regulation adopted pursuant to the act or 25 (2) is has been committed with such frequency as to indicate a general business practice to engage in that type of conduct. 26

27 Sec. 3. Section 44-1525, Reissue Revised Statutes of Nebraska, is 28 amended to read:

44-1525 Any of the following acts or practices, if committed in
violation of section 44-1524, shall be <u>an unfair trade practice</u> practices
in the business of insurance:

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(1) Making, issuing, circulating, or causing to be made, issued, or
 circulated <u>an</u> any estimate, illustration, circular, statement, sales
 presentation, omission, or comparison which:

4 (a) Misrepresents the benefits, advantages, conditions, or terms of
5 <u>a</u> any policy;

6 (b) Misrepresents the dividends or share of the surplus to be
7 received on <u>a</u> any policy;

8 (c) Makes <u>a</u> any false or misleading <u>statement relating</u> statements as
9 to the dividends or share of surplus previously paid on <u>a</u> any policy;

(d) Misleads as to or misrepresents the financial condition of <u>an</u>
 any insurer or the legal reserve system upon which <u>a</u> any life insurer
 operates;

(e) Uses <u>a</u> any name or title of <u>a</u> any policy or class of policies
which misrepresents the true nature thereof;

(f) Misrepresents for the purpose of inducing or tending to induce
the purchase, lapse, forfeiture, exchange, conversion, or surrender of <u>a</u>
any policy, including intentionally misquoting <u>a</u> any premium rate;

(g) Misrepresents for the purpose of effecting a pledge or
assignment of or effecting a loan against any policy; or

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(h) Misrepresents  $\underline{a} \text{ any}$  policy as being shares of stock;

(2) Making, publishing, disseminating, circulating, or placing 21 22 before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public, in a 23 24 newspaper, magazine, electronic mail, Internet advertisement or posting, 25 or other publication, or in the form of a notice, circular, pamphlet, letter, <u>electronic posting of any kind</u>, <del>or</del> poster, or <u>communication</u> over 26 27 <u>a</u> any radio or television station, <u>or via the Internet or other</u> electronic means, or in any other way, an advertisement, announcement, or 28 statement containing an any assertion, representation, or statement with 29 30 respect to the business of insurance or with respect to an any insurer in the conduct of the insurer's his or her insurance business which is 31

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1 untrue, deceptive, or misleading;

(3) Making, publishing, disseminating, or circulating, directly or
indirectly, or aiding, abetting, or encouraging the making, publishing,
disseminating, or circulating of any oral or written statement or <u>a</u> any
pamphlet, circular, article, or <u>other</u> literature which is false or
maliciously critical of, or derogatory to, the financial condition of <u>an</u>
any insurer and which is calculated to injure such insurer;

8 (4) Entering into <u>an</u> any agreement to commit, or by <u>a</u> any concerted 9 action committing, <u>an</u> any act of boycott, coercion, or intimidation 10 resulting in, or tending to result in, unreasonable restraint <del>of</del> or 11 monopoly in the business of insurance;

(5)(a) Knowingly filing with <u>a</u> any supervisory or other public official, or knowingly making, publishing, disseminating, circulating, or delivering to <u>a</u> any person, or placing before the public, or knowingly causing, directly or indirectly, to be made, published, disseminated, circulated, delivered to <u>a</u> any person, or placed before the public, any false material statement of fact as to the financial condition of an insurer; or

(b) Knowingly making <u>a</u> any false entry of a material fact in <u>a</u> any
book, report, or statement of <u>an</u> any insurer or knowingly omitting to
make a true entry of <u>a</u> any material fact pertaining to the business of
such insurer in <u>a</u> any book, report, or statement of such insurer;

(6) Issuing or delivering or permitting <u>an agent agents</u>, <u>officer</u>
officers, or <u>employee</u> <u>employees</u> to issue or deliver agency company stock
or other capital stock, or benefit certificates or shares in any commonlaw corporation, or securities or <u>a</u> <del>any</del> special or advisory board
<u>contract</u> <del>contracts</del> or other <u>contract</u> <del>contracts</del> of any kind promising
returns and profits as an inducement to insurance;

(7)(a) Making or permitting any unfair discrimination between
individuals of the same class and equal expectation of life in the rates
charged for <u>a</u> any life insurance policy or annuity or in the dividends or

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other benefits payable thereon or in any other of the terms and
 conditions of such policy or annuity;

3 unfair discrimination between (b) Making or permitting any 4 individuals of the same class involving essentially the same hazards in 5 the amount of premium, policy fees, or rates charged for <u>a</u> any sickness and accident insurance policy or in the benefits payable thereunder, in 6 any of the terms or conditions of such policy, or in any other manner, 7 except that this subdivision shall not limit the negotiation of preferred 8 9 provider policies and contracts under sections 44-4101 to 44-4113;

10 (c) Making or permitting any unfair discrimination between 11 individuals or risks of the same class and of essentially the same 12 hazards by refusing to issue, refusing to renew, canceling, or limiting 13 the amount of insurance coverage on a property or casualty risk because 14 of the geographic location of the risk unless:

(i) The refusal, cancellation, or limitation is for a businesspurpose which is not a pretext for unfair discrimination; or

17 (ii) The refusal, cancellation, or limitation is required by law,18 rule, or regulation;

Making or permitting any unfair discrimination between 19 (d) individuals or risks of the same class and of essentially the same 20 hazards by refusing to issue, refusing to renew, canceling, or limiting 21 the amount of insurance coverage on a residential property risk, or the 22 personal property contained therein, because of the age of 23 the 24 residential property unless:

(i) The refusal, cancellation, or limitation is for a business
purpose which is not a pretext for unfair discrimination; or

(ii) The refusal, cancellation, or limitation is required by law,rule, or regulation;

(e) Refusing to insure, refusing to continue to insure, or limiting
the amount of coverage available to an individual solely because of the
sex or marital status of the individual. This subdivision shall not

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1 prohibit an insurer from taking marital status into account for the 2 purpose of defining <u>an individual</u> <u>individuals</u> eligible for dependent 3 benefits; or

4 (f) Terminating or modifying coverage or refusing to issue or 5 refusing to renew any property or casualty insurance policy solely 6 because the applicant or insured or <u>an any</u> employee of the applicant or 7 insured is mentally or physically impaired unless:

8 (i) The termination, modification, or refusal is for a business 9 purpose which is not a pretext for unfair discrimination; or

10 (ii) The termination, modification, or refusal is required by law,11 rule, or regulation.

12 This subdivision (f) shall not apply to <u>a</u> any sickness and accident 13 insurance policy sold by a casualty insurer and shall not be interpreted 14 to modify any other provision of law relating to the termination, 15 modification, issuance, or renewal of any policy;

16 (8)(a) Except as otherwise expressly provided by law:

17 (i) Knowingly permitting or offering to make or making any life insurance policy, annuity, or sickness and accident insurance policy, or 18 agreement relating as to any such policy or annuity, other than as 19 plainly expressed in the policy or annuity issued thereon, or paying, 20 allowing, or giving, or offering to pay, allow, or give, directly or 21 indirectly, as inducement to such policy or annuity, a any rebate of 22 23 premiums payable on the policy or annuity, or <u>a</u> any special favor or 24 advantage in the dividends or other benefits thereon, or any valuable 25 consideration or inducement whatever not specified in the policy or annuity; or 26

(ii) Giving, selling, purchasing, or offering to give, sell, or purchase as inducement to such policy or annuity or in connection therewith any stocks, bonds, or other securities of <u>an</u> any insurer or other corporation, association, partnership, or limited liability company, or any dividends or profits accrued thereon, or anything of

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1 value not specified in the policy or annuity.

2 (b) Nothing in subdivision (7) or (8)(a) of this section shall be
3 construed as including within the definition of discrimination or rebates
4 any of the following acts or practices:

5 (i) In the case of <u>a</u> any life insurance policy or annuity, paying 6 bonuses to policyholders or otherwise abating <del>their</del> premiums, in whole or 7 in part, out of surplus accumulated from nonparticipating insurance if 8 such bonuses or abatement of premiums are fair and equitable to 9 policyholders and for the best interests of the insurer and its 10 policyholders;

(ii) In the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount which fairly represents the saving in collection expenses; or

(iii) Readjustment of the rate of premium for a group insurance
policy based on the loss or expense thereunder, at the end of the first
or any subsequent policy year of insurance thereunder, which may be made
retroactive only for such policy year;

(9) Failing of an any insurer to maintain a complete record of all 20 the complaints received since the date of its last examination conducted 21 22 pursuant to the Insurers Examination Act. This record shall indicate the total number of complaints, their classification by line of insurance, 23 24 the nature of each complaint, the disposition of each complaint, and the 25 processing time for it took to process each complaint. For purposes of this subdivision, complaint means shall mean any written communication 26 primarily expressing a grievance; 27

(10) Making <u>a</u> false or fraudulent <u>statement</u> statements or
<u>representation</u> representations on, or relative to, an application for a
policy for the purpose of obtaining a fee, commission, money, or other
benefit from <u>an</u> <del>any</del> insurer, agent, broker, or individual person;

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(11) Failing of <u>an</u> <del>any</del> insurer, upon receipt of a written inquiry
 from the department, to respond to such inquiry or request additional
 reasonable time to respond within fifteen working days;

4 (12) Accepting applications for, or writing any policy of, insurance
5 sold, negotiated, or solicited by an insurance producer or business
6 entity not licensed or appointed as required by the Insurance Producers
7 Licensing Act; and

8 (13) Failing of a health insurance lead generator to maintain its 9 books, records, documents, and other business records, including 10 recordings, in such an order that data regarding complaints and marketing 11 are accessible and retrievable for examination by the director. Data for 12 at least the current calendar year and the two preceding calendar years 13 shall be maintained; and

14 (14) (13) Violating any provision of section 44-320, 44-348, 44-360,
15 44-361, 44-369, 44-393, 44-515 to 44-518, 44-522, 44-523, 44-7,101,
16 44-2132 to 44-2134, 44-3606, 44-4809, 44-4812, 44-4817, or 44-5266, the
17 Privacy of Insurance Consumer Information Act, or the Unfair
18 Discrimination Against Subjects of Abuse in Insurance Act.

19 Sec. 4. Section 44-1527, Reissue Revised Statutes of Nebraska, is 20 amended to read:

44-1527 The director may examine and investigate the affairs of 21 22 every insurer or health insurance lead generator doing business in this state in order to determine whether such insurer or health insurance lead 23 24 generator has been, or is, engaged in an any unfair trade practice as 25 defined in section 44-1524. A health insurance lead generator and an An insurer other than an agent, broker, or insurance consultant shall 26 reimburse the department for the expense of examination in the same 27 28 manner as provided for examination of insurance companies in the Insurers Examination Act. In the case of a depository institution, the director 29 may examine and investigate the insurance activities of a depository 30 institution in order to determine whether the depository institution has 31

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been, or is, engaged in <u>an any</u> unfair trade practice defined in section 44-1524. The director shall notify the appropriate state or federal banking agency of the director's intent to examine and investigate a depository institution and advise the appropriate state or federal banking agency of the suspected <u>violation</u> violations of state law prior to commencing the examination and investigation.

Sec. 5. Section 44-1528, Reissue Revised Statutes of Nebraska, is
amended to read:

9 44-1528 (1) Whenever the director has reason to believe that an any insurer, health insurance lead generator, or person has engaged, or is 10 engaging, in this state in any unfair trade practice whether or not 11 defined in the Unfair Insurance Trade Practices Act and that a proceeding 12 by him or her in respect thereto would be to the interest of the public, 13 the director he or she shall issue and serve upon such insurer a 14 15 statement of the charges in that respect and a notice of a hearing thereon to be held at a time and place stated fixed in the notice, which 16 17 shall be given not be less than ten days after the date of the service thereof. 18

19 (2) At the time and place fixed for such hearing, such insurer, 20 <u>health insurance lead generator, or person</u> shall have an opportunity to 21 be heard and to show cause why an order should not be made by the 22 director requiring such insurer to cease and desist from the acts or 23 practices <del>so</del> complained of. Upon good cause shown, the director shall 24 permit any person to intervene, appear, and be heard at such hearing by 25 counsel or in person.

(3) Nothing contained in the Unfair Insurance Trade Practices Act
 shall require the observance at <u>a</u> any such hearing of formal rules of
 pleading or evidence.

(4) The director, upon such hearing, may administer oaths, examine
 and cross-examine witnesses, receive oral and documentary evidence,
 subpoena witnesses, compel their attendance, and require the production

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of books, papers, records, correspondence, or other documents which the 1 2 director he or she deems relevant to the inquiry. The director may, and upon the request of any interested party shall, cause to be made a 3 4 stenographic record of all the evidence and all the proceedings had at 5 such hearing. If no stenographic record is made and if a judicial review is sought, the director shall prepare a statement of the evidence and 6 7 proceeding for use on review. In case of a refusal of a any person to comply with a any subpoena issued under this section or to testify with 8 9 respect to any matter concerning which the person he or she may be lawfully interrogated, the district court of Lancaster County or the 10 county where such party resides, on application of the director, 11 may require such person to comply with the such subpoena and to testify, and 12 a any failure to obey any such order of the court may be punished by the 13 court as a contempt thereof. 14

(5) Statements of charges, notices, orders, and other processes of 15 16 the director under the act may be served by <u>a person</u> anyone duly 17 authorized by the director, either in the manner provided by law for service of process in civil actions or by mailing a copy thereof to the 18 person affected by such statement, notice, order, or other process at the 19 person's his, her, or its residence or principal office or place of 20 business by either certified or registered mail, return receipt 21 22 requested. The verified return by the person so serving such statement, notice, order, or other process, setting forth the manner of such 23 24 service, shall be proof of the same, and the return receipt for such statement, notice, order, or other process, registered and mailed, shall 25 be proof of the service of the same. 26

27 Sec. 6. Section 44-1529, Reissue Revised Statutes of Nebraska, is 28 amended to read:

44-1529 If, after the hearing, the director finds that the insurer,
 health insurance lead generator, or person charged has engaged in an
 unfair trade practice, the director he or she shall reduce the his or her

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findings to writing and shall issue and cause to be served upon the insurer, health insurance lead generator, or person charged with the violation a copy of such findings and an order requiring such insurer, <u>health insurance lead generator, or person</u> to cease and desist from engaging in the act or practice and <u>the director he or she</u> may order any one or more of the following:

7 (1) Payment of a monetary penalty of not more than one thousand 8 dollars for each violation, not to exceed an aggregate penalty of thirty 9 thousand dollars, unless the violation was committed flagrantly in 10 conscious disregard of the Unfair Insurance Trade Practices Act, in which 11 case the penalty shall be not more than fifteen thousand dollars for each 12 violation, not to exceed an aggregate penalty of one hundred fifty 13 thousand dollars; and

(2) Suspension or revocation of the insurer's license or certificate
of authority if the insurer knew or reasonably should have known that <u>the</u>
<u>insurer</u> he, she, or it was in violation of the act.

17 Sec. 7. Section 44-1530, Reissue Revised Statutes of Nebraska, is 18 amended to read:

44-1530 (1) Any insurer, health insurance lead generator, or person
subject to an order of the director under section 44-1529 or 44-1532 may
appeal the order. The appeal shall be in accordance with the
Administrative Procedure Act.

(2) An order issued by the director under section 44-1529 shall
become final:

(a) Upon the expiration of the time allowed for filing a petition
for review if no such petition has been duly filed, except that the
director may thereafter modify or set aside the his or her order; or

(b) Upon the final decision of the court if the court directs that
the order of the director be affirmed or the petition for review
dismissed.

31 (3) No order of the director under the Unfair Insurance Trade

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Practices Act or order of a court to enforce such order shall in any way
 relieve or absolve <u>a</u> any person affected by such order from any liability
 under any other laws of this state.

4 Sec. 8. Section 44-1532, Reissue Revised Statutes of Nebraska, is
5 amended to read:

6 44-1532 Any insurer<u>, health insurance lead generator</u>, or person 7 <u>violating</u> who violates a cease and desist order of the director under 8 section 44-1529 may after notice and hearing and upon order of the 9 director be subject to:

10 (1) A monetary penalty of not more than thirty thousand dollars for
11 each violation, not to exceed an aggregate penalty of one hundred fifty
12 thousand dollars; and

(2) Suspension or revocation of the insurer's license or certificateof authority.

15 Sec. 9. Section 44-2403, Reissue Revised Statutes of Nebraska, is 16 amended to read:

44-2403 As used in the Nebraska Property and Liability Insurance
Guaranty Association Act, unless the context otherwise requires:

(1) Account <u>means</u> shall mean any one of the three accounts created
by section 44-2404;

(2) Director <u>means</u> shall mean the Director of Insurance or his or
 her duly authorized representative;

(3) Association <u>means</u> shall mean the Nebraska Property and Liability
 Insurance Guaranty Association created by section 44-2404;

(4)(a) Covered claim <u>means</u> shall mean an unpaid claim as provided for in the Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act and which arises out of, and is within the coverage of, an insurance policy to which the Nebraska Property and Liability Insurance Guaranty Association Act applies issued by a member insurer that becomes insolvent after May 26, 1971, and (i) the claimant or insured is a resident of this state at the time of the insured event or (ii) the property from which

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the claim arises is permanently located in this state. For entities other 1 2 than an individual, the residence of a claimant, insured, or policyholder is the state in which the principal place of business is located at the 3 4 time of the insured event. Covered claim includes shall also include the 5 policyholder's unearned premiums paid by the policyholder on an insurance policy to which the act applies issued by a member insurer that becomes 6 insolvent on or after July 9, 1988. Nothing in this section shall be 7 construed to supersede, abrogate, or limit the common-law ownership of 8 9 accounts receivable for earned premium, unearned premium, or unearned 10 commission;

(b) Covered claim includes claim obligations that arise through the 11 issuance of an insurance policy by a member insurer, which are later 12 allocated, transferred, merged into, novated, assumed by, or otherwise 13 made the sole responsibility of a member or nonmember insurer, if: (i) 14 The original member insurer has no remaining obligations on the policy 15 after the transfer; (ii) a final order of liquidation with a finding of 16 17 insolvency is entered against the insurer that assumes the member's coverage obligations by a court of competent jurisdiction in the 18 19 insurer's state of domicile; (iii) the claim would have been a covered claim, as defined in subdivision (4)(a) of this section, if the claim had 20 remained the responsibility of the original member insurer and the order 21 22 of liquidation had been entered against the original member insurer, with the same claim submission date and liquidation date; and (iv) in cases 23 24 where the member's coverage obligations are assumed by a nonmember 25 insurer, the transaction receives prior regulatory or judicial approval;

26 (c) (b) Covered claim <u>does</u> shall not include any amount due any 27 reinsurer, insurer, liquidator, insurance pool, <u>state or federal</u> 28 <u>government program</u>, or underwriting association, as <u>a</u> subrogation <u>or</u> 29 <u>assignment recovery</u> recoveries or otherwise, a self-insured portion of 30 the claim, a claim for any premium calculated on a retrospective basis, <u>a</u> 31 <u>premium any premiums</u> subject to adjustment after the date of liquidation,

or any amount due to an attorney or adjuster as a fee fees for services 1 2 rendered to the insolvent insurer. Covered claim shall also does not include any amount as punitive or exemplary damages or any amount claimed 3 4 for incurred but not reported damages. Covered claim shall also does not 5 include any claim filed with the guaranty fund after the earlier of twenty-five months after the date of the order of liquidation or the 6 7 final date set by the court for the filing of claims against the liquidator or receiver. Nothing in this This subdivision (4)(b) shall not 8 9 prevent a person from presenting the excluded claim to the insolvent insurer or its liquidator, but the claim shall not be asserted against 10 any other person, including the person to whom benefits were paid or the 11 insured of the insolvent insurer, except to the extent that the claim is 12 13 outside the coverage or is in excess of the limits of the policy issued by the insolvent insurer; 14

(5) Insolvent insurer <u>means</u> shall mean a member insurer licensed to transact the business of insurance in this state, either at the time the policy was issued or when the insured event occurred, and against whom a final order of liquidation, with a finding of insolvency, has been entered by a court of competent jurisdiction in the company's state of domicile after September 2, 1977;

(6) Member insurer means a shall mean any person licensed to write 21 any kind of insurance to which the Nebraska Property and Liability 22 Insurance Guaranty Association Act applies <u>pursuant to</u> by the provisions 23 24 of section 44-2402, including the exchange of reciprocal or 25 interinsurance contracts, that is licensed to transact insurance in this state, except assessment associations operating under Chapter 44, article 26 8, and also excepting unincorporated mutuals; 27

(7) Net direct written premiums <u>means</u> shall mean direct gross
premiums written in this state on insurance policies to which the
Nebraska Property and Liability Insurance Guaranty Association Act
applies, less return premiums thereon and dividends paid or credited to

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policyholders on such direct business. Net direct written premiums <u>does</u>
 shall not include premiums on contracts between insurers or reinsurers;

shall mean 3 (8) Person means any individual, corporation, partnership, limited liability company, association, voluntary 4 organization, or reciprocal insurance exchange; and 5

6 (9) Insurance means shall mean those contracts defined in section
 7 44-102; and -

8 (10) Cybersecurity insurance means first-party and third-party 9 coverage in a policy or endorsement, written on a direct, admitted basis 10 for losses and loss mitigation arising out of, or relating to, data 11 privacy breaches, unauthorized information network security intrusions, 12 computer viruses, ransomware, cyber extortion, identity theft, and 13 similar exposures.

Sec. 10. Section 44-2405, Reissue Revised Statutes of Nebraska, is amended to read:

16 44-2405 (1) The board of directors of the association shall consist 17 of seven member insurers persons serving terms as established in the plan of operation. The members of the board shall be selected by member 18 insurers subject to the approval of the director. At least four members 19 of the board shall represent domestic insurers. Vacancies on the board 20 shall be filled for the remaining period of the term in the same manner 21 22 as initial appointments. If no members are selected within sixty days after May 26, 1971, the director may appoint the initial members of the 23 24 board of directors.

(2) Subject to the limitations in subsection (1) of this section,
the director shall, in approving selections to the board, consider among
other things whether all member insurers are fairly represented.

(3) Members of the board may be reimbursed from the assets of the
association for expenses incurred by them as members of the board of
directors as provided in sections 81-1174 to 81-1177 for state employees.

Sec. 11. Section 44-2406, Reissue Revised Statutes of Nebraska, is

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44-2406 (1) The association shall be obligated only to the extent of 2 the covered claims existing prior to the date a member insurer becomes an 3 4 insolvent insurer or arising within thirty days after it has been 5 determined that the insurer is an insolvent insurer, before the policy expiration date, if less than thirty days after such determination, or 6 7 before the insured replaces the policy or request effects on cancellation, if the insured he or she does so within thirty days of such 8 9 dates, but such obligation shall include only the amount of each covered 10 claim that does not exceed three hundred thousand dollars, except that the association shall pay the amount required by law on any covered claim 11 arising out of a workers' compensation policy. In no event shall the 12 13 association be obligated to a policyholder or claimant in an amount in excess of the face amount of the policy from which the claim arises. The 14 association shall be obligated on covered claims, including those under a 15 workers' compensation policy, for unearned premiums only for the amount 16 of each covered claim that does not exceed ten thousand dollars per 17 policy. The association shall not be obligated to pay an amount in excess 18 of three hundred thousand dollars for all first-party and third-party 19 claims under a policy or endorsement providing, or that is found to 20 provide, cybersecurity insurance coverage and arising out of, or related 21 to, a single insured event, without regard to the number of claims made 22 or the number of claimants. 23

24 (2) The director shall transmit to the association all covered 25 claims timely filed with him or her pursuant to the Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act. The association shall 26 27 thereupon be considered to have been designated the director's 28 representative pursuant to the act, and it shall proceed to investigate, hear, settle, and determine such claims unless the claimant shall, within 29 thirty days from the date the claim is filed with the director, file with 30 the director a written demand that the claim be processed in the 31

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liquidation proceedings as a claim not covered by the Nebraska Property and Liability Insurance Guaranty Association Act. In regard to those claims transmitted to the association by the director, the association and claimants shall have all of the rights and obligations and be subject to the same limitations and procedures as are specified in the Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act for the determination of claims.

(3) In the case of claims arising from bodily injury, sickness, or 8 9 disease, including death resulting therefrom, the amount of any such award shall not exceed the claimant's reasonable expenses incurred for 10 surgical, X-ray, and dental services, necessary medical, 11 including 12 prosthetic devices and necessary ambulance, hospital, professional nursing, and funeral services, and any amounts actually lost by reason of 13 14 claimant's inability to work and earn wages or salary or their equivalent, but not other income, that would otherwise have been earned 15 16 in the normal course of such injured claimant's employment. Such award 17 may also include payments in fact made to others who are  $\tau$  not members of claimant's household, which were reasonably incurred to obtain from such 18 19 other persons ordinary and necessary services for the production of income in lieu of those services the claimant would have performed for 20 himself or herself had the claimant he or she not been injured. The 21 amount of any such award under this subsection shall be reduced by the 22 23 amount the claimant is entitled to receive as the beneficiary under any 24 health, accident, or disability insurance, under any salary or wage 25 continuation program under which the claimant he or she is entitled to benefits, or from the claimant's his or her employer in the form of 26 workers' compensation benefits, or any other such benefits to which the 27 28 claimant is legally entitled, and any claimant who intentionally fails to correctly disclose a right his or her rights to any such benefits shall 29 forfeit all rights which the claimant he or she may have by the 30 provisions of the Nebraska Property and Liability Insurance Guaranty 31

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1 Association Act.

2 (4) A third party having a covered claim against any insured of an insolvent insurer may file such claim with the director pursuant to the 3 4 Nebraska Insurers Supervision, Rehabilitation, and Liquidation Act, and 5 the association shall process such claim in the manner specified in subsections (2) and (3) of this section. The filing of such claim shall 6 constitute an unconditional general release of all liability of such 7 insured in connection with the claim unless the association thereafter 8 9 denies the claim for the reason that the insurance policy issued by the insolvent insurer does not afford coverage or unless the claimant, within 10 thirty days from the date of filing a his or her claim with the director, 11 files with the director a written demand that the claim be processed in 12 13 the liquidation proceedings as a claim not covered by the Nebraska Property and Liability Insurance Guaranty Association Act. 14

15 Sec. 12. Section 44-2407, Reissue Revised Statutes of Nebraska, is 16 amended to read:

17 44-2407 (1) The association shall:

(a) Allocate claims paid and expenses incurred among the three 18 19 accounts separately and assess member insurers separately for each account in the amounts necessary to pay (i) the obligations of the 20 association under section 44-2406, (ii) the expenses of handling covered 21 claims, (iii) the cost of examinations under sections 44-2412 and 22 44-2413, and (iv) other expenses authorized by the Nebraska Property and 23 24 Liability Insurance Guaranty Association Act. The assessments of each member insurer shall be in the proportion that the net direct written 25 premiums of such member insurer, on the basis of the insurance in the 26 27 account involved, bears to the net direct written premiums of all member 28 insurers for the same period and in the same account for the calendar year preceding the date of the assessment. The association may make an 29 assessment for the purpose of meeting administrative costs and other 30 general expenses not related to a particular impaired insurer, not to 31

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exceed fifty dollars per member insurer in any one year. Each member 1 2 insurer shall be notified of the assessment not later than thirty days before it is due. Except for such administrative assessment, no member 3 4 insurer may be assessed in any year, on any account, an amount greater 5 than one percent of that member insurer's net direct written premiums for the preceding calendar year on the kinds of insurance in the account. The 6 association may defer, in whole or in part, the assessment of any member 7 insurer if the assessment would cause the member insurer's financial 8 9 statement to reflect amounts of capital or surplus less than the minimum required for a certificate of authority by any jurisdiction in which the 10 member insurer is authorized to transact business as an insurer. Deferred 11 assessments shall be paid when such payment will not reduce capital or 12 surplus below such required minimum amounts. Such deferred assessments, 13 when paid, shall be refunded to those member insurers that received 14 larger assessments by virtue of such deferment or, in the discretion of 15 16 any such insurer, credited against future assessments. No member insurer may pay a dividend to shareholders or policyholders while such insurer 17 has an unpaid deferred assessment; 18

(b) Handle claims through its employees or through one or more insurers or other persons designated by the association as a servicing facility, except that the designation of a servicing facility shall be subject to the approval of the director and such designation may be declined by a member insurer;

(c) Reimburse any servicing facility for obligations of the
association paid by the facility and for expenses incurred by the
facility while handling claims on behalf of the association and such
other expenses of the association as are authorized by the Nebraska
Property and Liability Insurance Guaranty Association Act;

29 (d) Issue to each insurer paying an assessment under this section, a 30 certificate of contribution in appropriate form and terms as prescribed 31 by the director for the amount  $s_{\Theta}$  paid. All outstanding certificates

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shall be of equal dignity and priority without reference to amounts or 1 2 dates of issue. The insurer may offset against its premium and related retaliatory tax liability to this state, pursuant to sections 44-150 and 3 4 77-908, accrued with respect to business transacted in such year, an amount equal to twenty percent of the original face amount of the 5 certificate of contribution, beginning with the first calendar year after 6 7 the year of issuance through the fifth calendar year after the year of issuance. If the association recovers any sum representing amounts 8 9 previously written off by member insurers and offset against premium and related retaliatory taxes imposed by sections 44-150 and 77-908, such 10 recovered sum shall be paid by the association to the director who shall 11 handle such funds in the same manner as provided in Chapter 77, article 12 13 9;

deemed the insolvent insurer to the extent 14 (e) Ве of the association's obligation for covered claims and to such extent shall have 15 16 all rights, duties, and obligations of the insolvent insurer, subject to 17 the limitations provided in the act, as if the insurer had not become insolvent, with the exception that the liquidator shall retain the sole 18 right to recover any reinsurance proceeds. The association's rights under 19 this section include, but are not limited to, the right to pursue and 20 retain salvage and subrogation recoveries on paid covered claim 21 22 obligations to the extent paid by the guaranty fund; and

(f) Have access to <u>impaired or</u> insolvent insurer records. The 23 24 <u>rehabilitator or liquidator of an impaired or insolvent insurer shall</u> 25 permit access by the association or its authorized representatives, and by any similar organization in another state or its authorized 26 representatives, to the impaired or insolvent insurer's records which are 27 28 necessary for the association or such similar organization in carrying out its functions with regard to covered claims. In addition, the 29 rehabilitator or liquidator shall provide the association or its 30 representative or such similar organization with copies of such records 31

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upon the request and at the expense of the association or similar organization. <u>In providing the information set forth in this subdivision</u>, the association or its authorized representatives and the rehabilitator or liquidator of an impaired or insolvent insurer shall execute such agreements as are necessary to preserve the confidentiality of the information provided; and

7 (g) Have the right to review and contest settlements, releases, compromises, waivers, and judgments to which the insolvent insurer or its 8 9 insureds were parties prior to the entry of the order of liquidation. In 10 an action to enforce settlements, releases, and judgments to which the insolvent insurer or its insureds were parties prior to the entry of the 11 12 order of liquidation, the association shall have the right to assert the 13 following defenses described in subsections (2) through (5) of this section, in addition to the defenses available to the insurer. 14

15 (2) The association is not bound by a settlement, release, 16 compromise, or waiver executed by an insured or the insurer, or any 17 judgment entered against an insured or the insurer by consent or through failure to exhaust all appeals, if the settlement, release, compromise, 18 19 waiver, or judgment was (a) executed, or entered into, within one hundred twenty days prior to the entry of an order of liquidation, and the 20 21 insured or the insurer did not use reasonable care when it entered into 22 the settlement, release, compromise, waiver, or judgment, or did not pursue all reasonable appeals of an adverse judgment or (b) executed by 23 24 or taken against an insured or the insurer based on default, fraud, 25 collusion, or the insurer's failure to defend.

26 (3) If a court of competent jurisdiction finds that the association 27 is not bound by a settlement, release, compromise, waiver, or judgment 28 for the reason described in subdivision (2)(a) or (b) of this section, 29 the settlement, release, compromise, waiver, or judgment shall be set 30 aside, and the association shall be permitted to defend any covered claim 31 on the merits. The settlement, release, compromise, waiver, or judgment 1 <u>shall not be considered as evidence of liability or damages in connection</u>

2 with any claim brought against the association or any other party.

3 <u>(4) The association shall have the right to assert any statutory</u> 4 <u>defenses or rights of offset against any settlement, release, compromise,</u> 5 <u>or waiver executed by an insured or the insurer, or any judgment taken</u> 6 <u>against the insured or the insurer.</u>

7 (5) As to any covered claims arising from a judgment under any 8 decision, verdict, or finding based on default of the insolvent insurer 9 or its failure to defend, the association, either on its own behalf or on 10 behalf of the insured, may apply to have the judgment, order, decision, 11 verdict, or finding set aside by the same court or administrator that 12 entered the judgment, order, decision, verdict, or finding and shall be 13 permitted to defend the claim on the merits.

14 (6) (2) The association may:

15 (a) Appear in, defend, and appeal any action;

(b) Employ or retain such persons as are necessary to handle claims,
 provide covered policy benefits and services, and appoint and direct
 other service providers for covered services and perform other duties of
 the association;

(c) Borrow funds necessary to effect the purposes of the Nebraska
Property and Liability Insurance Guaranty Association Act in accord with
the plan of operation;

(d) Sue or be sued, and such power to sue shall include the power
and right to intervene as a party before any court that has jurisdiction
over an insolvent insurer as defined by such act;

(e) Negotiate and become a party to such contracts as are necessary
to carry out the purpose of such act;

(f) Perform such other acts as are necessary or proper to effectuatethe purpose of such act; and

30 (g) Bring any action against any third-party administrator, agent,
 31 attorney, or other representative of the insolvent insurer to obtain

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custody and control of all files, records, and electronic data related to
 an insolvent insurer that is appropriate or necessary for the
 association, or a similar organization in another state, to carry out
 duties under such act.

5 Sec. 13. Section 44-2411, Reissue Revised Statutes of Nebraska, is
6 amended to read:

7 44-2411 (1) Any person having a claim against any insurer under any provisions of any insurance policy, which claim is also a covered claim 8 9 against an insolvent insurer under the Nebraska Property and Liability Insurance Guaranty Association Act, shall be required to exhaust all 10 rights under such policy before the association is obligated to pay the 11 covered claim, whether the claim is a first-party or third-party claim, 12 including, but not limited to, accident and health insurance, workers' 13 compensation, and all other coverages except policies of an insolvent 14 insurer. Any person having a claim against any state or federal 15 government program, which claim would also give rise to a covered claim, 16 17 shall be required to exhaust all rights under such government program before the association is obligated to pay the covered claim under such 18 19 act. Any amount payable on a covered claim by the provisions of such act shall be reduced by the amount of the such recovery under any other 20 insurance policy or state or federal government program. 21

(2) Any person having a claim which may be recovered under more than 22 one insurance guaranty association, or its equivalent, shall seek 23 24 recovery first from the association of the place of residence of the 25 insured, except that if it is a first-party claim for damage to property with a permanent location, from the association of the location of the 26 27 property, and if it is a workers' compensation claim, from the association of the residence of the claimant. Any recovery pursuant to 28 the Nebraska Property and Liability Insurance Guaranty Association Act 29 shall be reduced by the amount of the recovery from any other insurance 30 guaranty association or its equivalent. 31

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Sec. 14. Section 44-6135, Reissue Revised Statutes of Nebraska, is
 amended to read:

3 44-6135 A mutual insurance holding company shall file with the 4 director, by March 1 of each year, an annual statement consisting of an income statement, balance sheet, and cash flows prepared in accordance 5 with generally accepted accounting practices or statutory accounting 6 principles and a confidential statement disclosing any intention to 7 pledge, borrow against, alienate, hypothecate, or in any way encumber the 8 9 assets of the mutual insurance holding company. A mutual insurance holding company shall also have an annual audit by an independent 10 certified public accountant in a form approved by the director and shall 11 file such audit on or before June 1 of each year for the year ending 12 December 31 immediately preceding. 13

Original sections 44-1523, 44-1524, 44-1525, 44-1527, 14 Sec. 15. 44-1528, 44-1529, 44-1530, 44-1532, 44-2403, 44-2405, 44-2406, 44-2407, 15 44-2411, and 44-6135, Reissue Revised Statutes of Nebraska, are repealed. 16 17 Sec. 16. The following sections are outright repealed: Sections 44-5301, 44-5302, 44-5303, 44-5304, 44-5305, 44-5306, 44-5307, 44-5308, 18 44-5309, 44-5310, 44-5311, 44-6701, and 44-6702, Reissue Revised Statutes 19 of Nebraska. 20

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