

HOUSE BILL 1808

By Hawk

AN ACT to amend Tennessee Code Annotated, Title 9 and Title 56, relative to matters regulated by the department of commerce and insurance.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 9-8-307(a)(1)(O), is amended by deleting the language "§ 56-4-218" and substituting the language "title 56".

SECTION 2. Tennessee Code Annotated, Title 56, Chapter 1, Part 1, is amended by adding the following as a new section:

(a) Claims challenging liability imposed by this title must be brought in the chancery court of Davidson County pursuant to the procedures set out in title 67, chapter 1, part 9.

(b)

(1) The commissioner may, against any person, agency, or company licensed, registered, or permitted by or operating under a certificate of authority issued by the commissioner, or acting in an unlawful capacity that brings such person, agency, or company under the jurisdiction of the commissioner, assess the actual and reasonable costs of the investigation, prosecution, and hearing of any disciplinary action held in accordance with the contested case provisions of the Uniform Administrative Procedures Act, compiled in title 4, chapter 5, part 3, in which sanctions of any kind are imposed on that person, agency, or company. These costs may include, but are not limited to, those incurred and assessed for the time of the prosecuting attorneys, investigators, expert witnesses,

administrative judges, and any other persons involved in the investigation, prosecution, and hearing of the action.

(2) The commissioner may promulgate rules establishing a schedule of costs that may be assessed pursuant to this section. All rules must be promulgated in accordance with the Uniform Administrative Procedures Act.

(3)

(A) All costs assessed pursuant to this section become final thirty (30) days after the date of a final order of assessment is served.

(B) If the individual or entity disciplined fails to pay an assessment when it becomes final, the commissioner may apply to the chancery court of Davidson County, which shall have jurisdiction over recovery of the costs, for a judgment and seek execution of the judgment.

SECTION 3. Tennessee Code Annotated, Title 56, Chapter 1, Part 7, is amended by deleting the part.

SECTION 4. Tennessee Code Annotated, Section 56-2-208(b)(1), is amended by deleting the subdivision and substituting the following:

(1)

(A) Credit for reinsurance shall be allowed a domestic ceding insurer as either an asset or a reduction from liability on account of reinsurance ceded only when the insurer meets one (1) or more of the requirements set out in subdivisions (b)(2)-(7). However, the commissioner may adopt, by rule pursuant to § 56-2-209(g), specific additional requirements relating to or setting forth:

(i) The valuation of assets or reserve credits;

(ii) The amount and forms of security supporting reinsurance arrangements described in § 56-2-209(g); and

(iii) The circumstances pursuant to which credit will be reduced or eliminated.

(B) Credit shall be allowed under subdivision (b)(2), (b)(3), or (b)(4) only in respect to cessions of those kinds or classes of business which the assuming insurer is licensed or otherwise permitted to write or assume in its state of domicile or, in the case of the United States branch of a non-United States assuming insurer, in the state through which it is entered and licensed to transact insurance or reinsurance. Credit shall be allowed under subdivision (b)(4) or (b)(5) only if the applicable requirements of subdivision (b)(8) have been satisfied.

SECTION 5. Tennessee Code Annotated, Section 56-2-208(b)(6)(A), is amended by redesignating the existing language as subdivision (b)(6)(A)(i) and adding the following as a new subdivision (b)(6)(A)(ii):

(ii) Any information submitted by an assuming insurer who is applying for certification as a reinsurer pursuant to subdivision (b)(6)(A)(i) and any information submitted to the commissioner pursuant to this section or any rule promulgated under this section by an assuming insurer who has been certified as a reinsurer pursuant to subdivision (b)(6)(A)(i) is confidential by law, is not open for inspection by members of the public under § 10-7-503 or § 56-1-602, is not subject to subpoena, and is not subject to discovery or admissible in evidence in any private civil action. However, the commissioner may use the documents, materials, or other information in the furtherance of any regulatory or legal action brought as a part of the commissioner's official duties and may share the documents, materials, or other information in accordance with the procedures set forth in § 56-11-108(c)-(f).

SECTION 6. Tennessee Code Annotated, Section 56-2-209(a), is amended by deleting the subsection and substituting the following:

(a)

(1) An asset or a reduction from liability for the reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of § 56-2-208 shall be allowed in an amount not exceeding the liabilities carried by the ceding insurer. However, the commissioner may adopt by rule pursuant to subsection (g) specific additional requirements relating to or setting forth:

(A) The valuation of assets or reserve credits;

(B) The amount and forms of security supporting reinsurance arrangements described in subsection (g); and

(C) The circumstances pursuant to which credit will be reduced or eliminated.

(2) The reduction shall be in the amount of funds held by or on behalf of the ceding insurer, including funds held in trust for the ceding insurer, under a reinsurance contract with the assuming insurer as security for the payment of obligations under the contract, if the security is held in the United States subject to withdrawal solely by, and under the exclusive control of, the ceding insurer, or, in the case of a trust, held in a qualified United States financial institution. This security may be in the form of:

(A) Cash;

(B) Securities listed by the Securities Valuation Office of the National Association of Insurance Commissioners, including those deemed exempt from filing as defined by the Purposes and Procedures Manual of the Securities Valuation Office, and qualifying as admitted assets;

(C) Clean, irrevocable, unconditional letters of credit, issued or confirmed by a qualified United States financial institution no later than

December 31 of the year for which filing is being made, and in the possession of the ceding company on or before the filing date of its annual statement; or

(D) Any other form of security acceptable to the commissioner.

SECTION 7. Tennessee Code Annotated, Section 56-2-209, is amended by adding the following as a new subsection:

(g)

(1) The commissioner is further authorized to promulgate rules applicable to reinsurance arrangements described in this subdivision (g)(1) relating to:

(A) Life insurance policies with guaranteed nonlevel gross premiums or guaranteed nonlevel benefits;

(B) Universal life insurance policies with provisions resulting in the ability of a policyholder to keep a policy in force over a secondary guarantee period;

(C) Variable annuities with guaranteed death or living benefits;

(D) Long-term care insurance policies; or

(E) Other life and health insurance and annuity products as to which the commissioner adopts regulatory requirements with respect to credit for reinsurance.

(2) A rule promulgated pursuant to subdivision (g)(1)(A) or (g)(1)(B) may apply to any treaty containing:

(A) Policies issued on or after January 1, 2015; or

(B) Policies issued prior to January 1, 2015, if risk pertaining to such pre-2015 policies is ceded in connection with the treaty, in whole or in part, on or after January 1, 2015.

(3) A rule promulgated pursuant to this subsection (g) may require the ceding insurer, in calculating the amounts or forms of security required to be held under rules promulgated under this authority, to use the Valuation Manual adopted by the National Association of Insurance Commissioners (NAIC) under Section 11B(1) of the NAIC Standard Valuation Law, including all amendments adopted by the NAIC and in effect on the date as of which the calculation is made, to the extent applicable.

(4) A rule promulgated pursuant to this subsection (g) does not apply to cessions to an assuming insurer that:

(A) Is certified in this state or certified in a minimum of five (5) other states; or

(B) Maintains at least two hundred and fifty million dollars (\$250,000,000) in capital and surplus, determined in accordance with the NAIC Accounting Practices and Procedures Manual, including all amendments to such manual that are adopted by the NAIC, excluding the impact of any permitted or prescribed practices; and is:

(i) Licensed in at least twenty-six (26) states; or

(ii) Licensed in at least ten (10) states, and licensed or accredited in a total of at least thirty-five (35) states.

(5) The authority to promulgate rules pursuant to this subsection (g) does not limit the commissioner's authority to adopt rules pursuant to subsection (e). All rules under this subsection (g) must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

SECTION 8. Tennessee Code Annotated, Title 56, Chapter 2, is amended by adding the following as a new part:

56-2-901. Short Title. This part shall be known and may be cited as the "Corporate Governance Annual Disclosure Act."

56-2-902. Purpose and Scope.

(a) The purpose of this part is to:

(1) Provide the commissioner a summary of an insurer or insurance group's corporate governance structure, policies, and practices to permit the commissioner to gain and maintain an understanding of the insurer's corporate governance framework;

(2) Outline the requirements for completing a corporate governance annual disclosure with the commissioner; and

(3) Provide for the confidential treatment of the corporate governance annual disclosure and related information that will contain confidential and sensitive information related to an insurer or insurance group's internal operations and proprietary and trade secret information which, if made public, could potentially cause the insurer or insurance group competitive harm or disadvantage.

(b) Nothing in this part prescribes or imposes corporate governance standards and internal procedures beyond that which is required under applicable law.

Notwithstanding this section, nothing in this part limits the commissioner's authority or the rights or obligations of third-parties under §§ 56-1-408 - 56-1-413.

(c) This part applies to all insurers domiciled in this state, except for:

(1) Captive insurance companies licensed under the Revised Tennessee Captive Insurance Act, compiled in chapter 13 of this title; and

(2) Risk retention groups licensed under chapter 45 of this title.

56-2-903. Definitions. As used in this part:

- (1) "Commissioner" means the commissioner of commerce and insurance;
- (2) "Corporate governance annual disclosure" or "CGAD" means a confidential report filed by the insurer or insurance group in accordance with this part;
- (3) "Department" means the department of commerce and insurance;
- (4) "Insurance group" means those insurers and affiliates included within an insurance holding company system as defined in § 56-11-101;
- (5) "Insurer" has the same meaning as "insurance company" in § 56-1-102, except that "insurer" does not include agencies, authorities, or instrumentalities of the United States, its possessions and territories, the Commonwealth of Puerto Rico, the District of Columbia, or a state or political subdivision of a state;
- (6) "NAIC" means the National Association of Insurance Commissioners; and
- (7) "ORSA summary report" means the report filed in accordance with chapter 11, part 2 of this title.

56-2-904. Disclosure Requirement.

(a) An insurer, or the insurance group of which the insurer is a member, shall, no later than June 1 of each calendar year, submit to the commissioner a CGAD that contains the information described in § 56-2-906(b). Notwithstanding any request from the commissioner made pursuant to subsection (c), if the insurer is a member of an insurance group, the insurer must submit the report required by this section to the applicable insurance commissioner of the lead state for the insurance group, in accordance with the laws of the lead state, as determined by the procedures outlined in the most recent Financial Analysis Handbook adopted by the NAIC.

(b) The CGAD must include a signature of the insurer or the insurance group's chief executive officer or corporate secretary attesting that, to the best of that individual's belief and knowledge, the insurer has implemented the corporate governance practices

described in the CGAD and that a copy of the disclosure has been provided to the insurer's board of directors or the appropriate committee of the board.

(c) An insurer not required to submit a CGAD under this part shall do so upon the commissioner's request.

(d)

(1) For the purposes of completing the CGAD, the insurer or insurance group may provide information regarding corporate governance at the ultimate controlling parent level, an intermediate holding company level, the individual legal entity level, or at a combination of levels depending upon how the insurer or insurance group has structured its system of corporate governance. The insurer or insurance group is encouraged to make the following CGAD disclosures:

(A) At the level at which the insurer's or insurance group's risk appetite is determined;

(B) At which the earnings, capital, liquidity, operations, and reputation of the insurer are overseen collectively and at which the supervision of those factors are coordinated and exercised; or

(C) At the level at which legal liability for failure of general corporate governance duties would be placed.

(2) If the insurer or insurance group determines the level of reporting based on these criteria, it shall indicate which of the three (3) criteria was used to determine the level of reporting and explain any subsequent changes in the level of reporting.

(e) The review of the CGAD and any additional requests for information must be made through the lead state as determined by the procedures within the most recent Financial Analysis Handbook adopted by the NAIC.

(f) Insurers providing information substantially similar to the information required by this part in other documents provided to the commissioner, including proxy statements filed in conjunction with Form B requirements, or other state or federal filings provided to the commissioner, are not required to duplicate that information in the CGAD, but are only required to cross reference the document in which the information is included.

56-2-905. Rules. The commissioner may promulgate rules as are necessary to carry out this part in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

56-2-906. Contents of Corporate Governance Annual Disclosure.

(a) The insurer or insurance group has discretion over the responses to the CGAD inquiries, provided that the CGAD must contain the material information necessary to permit the commissioner to gain an understanding of the insurer's or group's corporate governance structure, policies, and practices. The commissioner may request additional information that the commissioner deems material and necessary to provide the commissioner with a clear understanding of the corporate governance policies, the reporting or information system, or the controls implementing those policies.

(b) Notwithstanding subsection (a), the CGAD must be prepared consistent with rules promulgated pursuant to this part. Documentation and supporting information must be maintained and made available upon examination or upon the request of the commissioner.

56-2-907. Confidentiality.

(a) Documents, materials, or other information, including the CGAD, in the possession or control of the department that are obtained by, created by, or disclosed to the commissioner or any other person under this part, are recognized as being

proprietary and containing trade secrets. All such documents, materials, or other information are confidential by law and privileged, are not subject to public inspection under § 10-7-503 or § 56-1-602, are not subject to subpoena, and are not subject to discovery or admissible in evidence in any private civil action. However, the commissioner is authorized to use the documents, materials, or other information in the furtherance of any regulatory or legal action brought as part of the commissioner's official duties. The commissioner shall not otherwise make the documents, materials, or other information public without the prior written consent of the insurer. Nothing in this section requires the written consent of the insurer before the commissioner may share or receive confidential documents, materials, or other CGAD-related information pursuant to subsection (c) to assist in the performance of the commissioner's official duties.

(b) Neither the commissioner nor any person that receives documents, materials, or other CGAD-related information, through examination or otherwise, while acting under the authority of the commissioner, or with whom the documents, materials, or other information are shared pursuant to this part, are permitted or required to testify in any private civil action concerning any confidential documents, materials, or information subject to subsection (a).

(c) In order to assist the commissioner in the performance of the commissioner's regulatory duties, the commissioner:

(1) May, upon request, share documents, materials, or other CGAD-related information, including the confidential and privileged documents, materials, or information subject to subsection (a), and including proprietary and trade secret documents and materials, with other state, federal, or international financial regulatory agencies, including members of any supervisory college as set forth in § 56-11-116, and with the NAIC, and with third-party consultants

pursuant to § 56-9-108; provided, that the recipient agrees in writing to maintain the confidentiality and privileged status of the CGAD-related documents, material, or other information and has verified in writing its legal authority to maintain such confidentiality; and

(2) May receive documents, materials, or other CGAD-related information, including otherwise confidential and privileged documents, materials, or information, and including proprietary and trade-secret information or documents, from regulatory officials of other state, federal, or international financial regulatory agencies, including members of any supervisory college as set forth in § 56-11-116, and from the NAIC, and shall maintain as confidential or privileged any such documents, materials, or information received with notice or the understanding that they are confidential or privileged under the laws of the jurisdiction that is the source of the document, material, or information.

(d) The sharing of information and documents by the commissioner pursuant to this part does not constitute a delegation of regulatory authority or rulemaking, and the commissioner is solely responsible for the administration, execution, and enforcement of this part.

(e) No waiver of any applicable privilege or claim of confidentiality in documents, proprietary and trade-secret materials, or other CGAD-related information shall occur as a result of disclosure of CGAD-related information or documents to the commissioner under this part or as a result of sharing as authorized under this part.

56-2-908. NAIC and Third-Party Consultants.

(a) The commissioner may retain, at the insurer's expense, third-party consultants, including attorneys, actuaries, accountants, and other experts not otherwise part of the commissioner's staff, as may be reasonably necessary to assist the

commissioner in reviewing the CGAD and related information or the insurer's compliance with this part.

(b) Any persons retained under subsection (a) are under the direction and control of the commissioner and shall act in a purely advisory capacity.

(c) The NAIC and any third-party consultants are subject to the same confidentiality standards and requirements as the commissioner.

(d) As part of the retention process, a third-party consultant shall verify to the commissioner, with notice to the insurer, that it is free of conflicts of interest and that it has internal procedures in place to monitor compliance with conflicts and to comply with the confidentiality standards and requirements of this part.

(e) A written agreement with the NAIC or a third-party consultant governing sharing and use of information provided pursuant to this part must contain the following provisions and expressly require the written consent of the insurer prior to making public information provided under this part:

(1) Specific procedures and protocols for maintaining the confidentiality and security of CGAD-related information shared with the NAIC or a third-party consultant pursuant to this part;

(2) Procedures and protocols for sharing by the NAIC only with other state regulators from states in which the insurance group has domiciled insurers. The agreement must provide that the recipient agrees in writing to maintain the confidentiality and privileged status of the CGAD-related documents, materials, or other information and has verified in writing its legal authority to maintain confidentiality;

(3) A provision specifying that ownership of the CGAD-related information shared with the NAIC or a third-party consultant remains with the

department and that the NAIC's or third-party consultant's use of the information is subject to the direction of the commissioner;

(4) A provision that prohibits the NAIC or a third-party consultant from storing the information shared pursuant to this part in a permanent database after the underlying analysis is completed;

(5) A provision requiring the NAIC or third-party consultant to provide prompt notice to the commissioner and to the insurer or insurance group regarding any subpoena, request for disclosure, or request for production of the insurer's CGAD-related information; and

(6) A requirement that the NAIC or a third-party consultant consent to intervention by an insurer in any judicial or administrative action in which the NAIC or a third-party consultant may be required to disclose confidential information about the insurer shared with the NAIC or a third-party consultant pursuant to this part.

56-2-909. Sanctions. Any insurer failing, without just cause, to timely file the CGAD as required in this part is required, after notice and a hearing, to pay a civil penalty of one hundred dollars (\$100) per day for each day of delay, to be recovered by the commissioner, which must be paid into the general fund of this state. The maximum penalty under this section is ten thousand dollars (\$10,000). The commissioner may reduce the civil penalty if the insurer demonstrates to the commissioner that imposition of the civil penalty would constitute a financial hardship to the insurer in the commissioner's sole discretion.

56-2-910. Severability. If any provision of this part other than § 56-2-907, or the application of this part to any person or circumstance, is held invalid, such determination shall not affect the provisions or applications of this part that can be given effect without the invalid

provision or application, and to that end the provisions of this part, with the exception of § 56-2-907, are severable.

SECTION 9. Tennessee Code Annotated, Section 56-6-502(3)(A), is amended by deleting the subdivision and substituting the following:

(A) "Managing general agent" or "MGA" means any person who:

(i) Manages all or part of the insurance business of an insurer, including the management of a separate division, department, or underwriting office; and

(ii) Acts as an agent for such insurer, whether known as a MGA, manager, or other similar term, and who, with or without the authority, either separately or together with affiliates, produces, directly or indirectly, and underwrites an amount of gross direct written premium equal to or more than five percent (5%) of the policyholder surplus in any one (1) quarter or year, as reported in the last annual statement of the insurer, and, related to the business produced, either:

(a) Adjusts or pays claims in excess of ten thousand dollars (\$10,000) per claim; or

(b) Negotiates reinsurance on behalf of the insurer;

SECTION 10. Tennessee Code Annotated, Section 56-7-2304, is amended by deleting the section and substituting the following:

The commissioner is authorized to adopt rules applicable to insurance policies and subscriber contracts provided by an insurance company or a nonprofit service corporation on a group or group-type basis establishing reasonable requirements for extension of benefits and determination of claim liability in the event of discontinuance of coverage for nonpayment of premiums or replacement of coverage by another carrier. All rules must be promulgated in accordance with the Uniform Administrative Procedures

Act, compiled in title 4, chapter 5, and shall provide for any notices required that notice to the group policyholder or subscriber contract holder are deemed notice to the employee, member, or subscriber. No rule shall require the extension of coverage, except as to policies or contracts issued, altered, or amended after the effective date of the rule.

SECTION 11. Tennessee Code Annotated, Section 56-7-2810(d), is amended by adding the following as a new subdivision:

(3) The commissioner may waive subdivision (d)(2) upon written request by a health insurance issuer that demonstrates to the satisfaction of the commissioner that a waiver would benefit insurance consumers in this state and would strengthen the individual market.

SECTION 12. Tennessee Code Annotated, Section 56-11-101(b), is amended by adding the following as new subdivisions:

() "Group-wide supervisor" means the regulatory official authorized to engage in conducting and coordinating group-wide supervision activities who is determined or acknowledged by the commissioner under § 56-11-116(d) to have sufficient significant contacts with the internationally active insurance group;

() "Internationally active insurance group" means an insurance holding company system that includes an insurer registered under § 56-11-105 and meeting the following criteria:

(A) Premiums are written in at least three (3) countries;

(B) The percentage of gross premiums written outside the United States is at least ten percent (10%) of the insurance holding company system's total gross written premiums; and

(C) Based on a three-year rolling average, the total assets of the insurance holding company system are at least fifty billion dollars (\$50,000,000,000), or the total gross written premiums of the insurance holding company system are at least ten billion dollars (\$10,000,000,000);

SECTION 13. Tennessee Code Annotated, Section 56-11-108(a), is amended by deleting the subsection and substituting the following:

(a) Documents, materials or other information in the possession or control of the department that are obtained by or disclosed to the commissioner or any other person in the course of an examination or investigation made pursuant to § 56-11-107, and all information reported or provided to the department pursuant to §§ 56-11-103(b)(12) and (13), 56-11-105, 56-11-106, and 56-11-116(d), are confidential by law and privileged, are not subject to § 10-7-503 or § 56-1-602, are not subject to subpoena, and are not subject to discovery or admissible in evidence in any private civil action. However, the commissioner is authorized to use the documents, materials, or other information in the furtherance of any regulatory or legal action brought as a part of the commissioner's official duties. The commissioner shall not otherwise make the documents, materials, or other information public without the prior written consent of the insurer or health maintenance organization to which it pertains unless the commissioner, after giving the insurer or health maintenance organization and its affiliates who would be affected thereby notice and opportunity to be heard, determines that the interest of policyholders, enrollees, providers, shareholders, or the public will be served by the publication thereof, in which event the commissioner may publish all or any part thereof, in the manner the commissioner may deem appropriate.

SECTION 14. Tennessee Code Annotated, Section 56-11-116, is amended by adding the following as a new subsection (d):

(d) Group-Wide Supervision of Internationally Active Insurance Groups.

(1)

(A) The commissioner is authorized to act as the group-wide supervisor for any internationally active insurance group in accordance with this section. However, the commissioner may also acknowledge that another regulatory official shall serve as the group-wide supervisor if the internationally active insurance group:

(i) Does not have substantial insurance operations in the United States;

(ii) Has substantial insurance operations in the United States, but not in this state; or

(iii) Has substantial insurance operations in the United States and this state, but the commissioner has determined pursuant to the factors set forth in subdivisions (d)(2) and (6) that the other regulatory official is the appropriate group-wide supervisor.

(B) An insurance holding company system that does not otherwise qualify as an internationally active insurance group may request that the commissioner make a determination or acknowledgment as to a group-wide supervisor pursuant to this section.

(2)

(A) In cooperation with other state, federal, and international regulatory agencies, the commissioner shall identify a single group-wide supervisor for an internationally active insurance group. The commissioner may determine that the commissioner is the appropriate

group-wide supervisor for an internationally active insurance group that conducts substantial insurance operations concentrated in this state, or the commissioner may acknowledge that a regulatory official from another jurisdiction is the appropriate group-wide supervisor for the internationally active insurance group. The commissioner shall consider the following factors when making a determination or acknowledgement under this subsection (d):

(i) The place of domicile of the insurers within the internationally active insurance group that hold the largest share of the group's written premiums, assets, or liabilities;

(ii) The place of domicile of the top-tiered insurer or insurers in the insurance holding company system of the internationally active insurance group;

(iii) The location of the executive offices or largest operational offices of the internationally active insurance group;

(iv) Whether another regulatory official is acting or is seeking to act as the group-wide supervisor under a regulatory system that the commissioner determines to be:

(a) Substantially similar to the system of regulation provided under the laws of this state; or

(b) Otherwise sufficient in terms of providing for group-wide supervision, enterprise risk analysis, and cooperation with other regulatory officials; and

(v) Whether another regulatory official acting or seeking to act as the group-wide supervisor provides the commissioner with reasonably reciprocal recognition and cooperation.

(B) However, a regulatory official identified under this section as the group-wide supervisor may determine that it is appropriate to acknowledge another supervisor to serve as the group-wide supervisor. The acknowledgement of the group-wide supervisor must be made after consideration of the factors listed in subdivisions (d)(2)(A)(i)-(v), and must be made in cooperation with and subject to the acknowledgement of other regulatory officials involved with the supervision of members of the internationally active insurance group, and in consultation with the internationally active insurance group.

(3) Notwithstanding any other law, when another regulatory official is acting as the group-wide supervisor of an internationally active insurance group, the commissioner shall acknowledge that regulatory official as the group-wide supervisor. However, the commissioner shall make a determination or acknowledgement as to the appropriate group-wide supervisor for the internationally active insurance group pursuant to subdivision (d)(2) if a material change in the internationally active insurance group results in:

(A) The internationally active insurance group's insurers domiciled in this state holding the largest share of the group's premiums, assets, or liabilities; or

(B) This state being the place of domicile of the top-tiered insurer or insurers in the insurance holding company system of the internationally active insurance group.

(4) Pursuant to § 56-11-107, the commissioner is authorized to collect from any insurer registered pursuant to § 56-11-105 all information necessary to determine whether the commissioner may act as the group-wide supervisor of an internationally active insurance group or if the commissioner may acknowledge another regulatory official to act as the group-wide supervisor. Prior to issuing a determination that an internationally active insurance group is subject to group-wide supervision by the commissioner, the commissioner shall notify the insurer registered pursuant to § 56-11-105 and the ultimate controlling person within the internationally active insurance group. The internationally active insurance group has not less than thirty (30) days to provide the commissioner with additional information pertinent to the pending determination. The commissioner shall publish on the website of the department the identity of internationally active insurance groups that the commissioner has determined are subject to group-wide supervision by the commissioner.

(5) If the commissioner is the group-wide supervisor for an internationally active insurance group, the commissioner is authorized to:

(A) Assess the enterprise risks within the internationally active insurance group to ensure that:

(i) The material financial condition and liquidity risks to the members of the internationally active insurance group that are engaged in the business of insurance are identified by management; and

(ii) Reasonable and effective mitigation measures are in place;

(B) Request, from any member of an internationally active insurance group subject to the commissioner's supervision, information necessary and appropriate to assess enterprise risk, including, but not limited to, information about the members of the internationally active insurance group regarding:

- (i) Governance, risk assessment, and management;
- (ii) Capital adequacy; and
- (iii) Material intercompany transactions;

(C) Coordinate and, through the authority of the regulatory officials of the jurisdictions where members of the internationally active insurance group are domiciled, compel development and implementation of reasonable measures designed to ensure that the internationally active insurance group is able to timely recognize and mitigate enterprise risks to members of the internationally active insurance group that are engaged in the business of insurance;

(D) Communicate with other state, federal, or international regulatory agencies for members within the internationally active insurance group and share relevant information subject to the confidentiality provisions of § 56-11-108, through supervisory colleges as set forth in this section, or otherwise;

(E) Enter into agreements with or obtain documentation from any insurer registered under § 56-11-105, any member of the internationally active insurance group, and any other state, federal, or international regulatory agencies for members of the internationally active insurance group, providing the basis for or otherwise clarifying the commissioner's

role as group-wide supervisor, including provisions for resolving disputes with other regulatory officials. The agreements or documentation do not serve as evidence in any proceeding that any insurer or person with an insurance holding company system not domiciled or incorporated in this state is doing business in this state or is otherwise subject to jurisdiction in this state; and

(F) Engage in other group-wide supervision activities consistent with the authority and purposes enumerated in this section and considered necessary by the commissioner.

(6) If the commissioner acknowledges that another regulatory official from a jurisdiction that is not accredited by the National Association of Insurance Commissioners is the group-wide supervisor, the commissioner is authorized to reasonably cooperate, through supervisory colleges or otherwise, with group-wide supervision undertaken by the group-wide supervisor if:

(A) The commissioner's cooperation complies with the laws of this state; and

(B) The regulatory official acknowledged as the group-wide supervisor also recognizes and cooperates with the commissioner's activities as a group-wide supervisor for other internationally active insurance groups where applicable. Where such recognition and cooperation is not reasonably reciprocal, the commissioner is authorized to refuse recognition and cooperation.

(7) The commissioner is authorized to enter into agreements with or obtain documentation from any insurer registered under § 56-11-105, any affiliate of the insurer, and other state, federal, or international regulatory agencies for

members of the internationally active insurance group that provide the basis for or otherwise clarify a regulatory official's role as group-wide supervisor.

(8) The commissioner may promulgate rules necessary for the administration of this section. All rules must be promulgated in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(9) A registered insurer subject to this section is liable for and shall pay the reasonable expenses of the commissioner's participation in the administration of this section, including the engagement of attorneys, actuaries, and any other professionals, and all reasonable travel expenses.

SECTION 15. The headings to sections and subsections in this act are for reference purposes only and do not constitute a part of the law enacted by this act. However, the Tennessee Code Commission is requested to include the headings in any compilation or publication containing this act.

SECTION 16. For purposes of rulemaking, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect January 1, 2019, the public welfare requiring it, and the filing of the CGAD shall first be required in 2019.