

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

S.P. 28 - L.D. 36

**An Act to Make Corrections to the Maine Insurance Code**

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 24-A MRSA §220, sub-§2**, as enacted by PL 1991, c. 26, is amended to read:

**2. Response to inquiries.** All insurers and other persons required to be licensed pursuant to this Title and Title 24 shall respond to all lawful inquiries of the superintendent ~~that relate to resolution of consumer complaints involving the licensee~~ within 14 10 business days of receipt of the inquiry and to all ~~other lawful follow-up~~ inquiries of the superintendent within 30 5 business days of receipt. If a substantive response ~~can not~~ cannot in good faith be provided within the required time ~~period~~, the person required to respond shall so advise the superintendent and provide the reason for the inability to respond. The superintendent may adopt routine technical rules as defined in Title 5, chapter 375, subchapter 2-A to implement the requirements of this subsection.

**Sec. 2. 24-A MRSA §1106, sub-§4**, as amended by PL 2001, c. 524, §2, is further amended to read:

**4.** Except as otherwise expressly provided, an insurer may not invest more than 10% of its assets in the securities of any one person, other than investments eligible under the following sections:

- A. 1107 (public obligations);
- B. 1108 (obligations, stock of certain federal and international agencies); ~~and~~
- C. 1120 (common trust funds, mutual funds), but as to this exception, only with the prior approval of the superintendent and only in index mutual funds in an amount up to 20% of the insurer's assets; and
- D. 1115 (stocks of subsidiaries), but only with the prior approval of the superintendent unless, with respect to investments in subsidiaries engaged in or organized to engage in the kinds of business in which the insurer may engage, the investments would not result in the aggregate net cost of the insurer's investments in all such subsidiaries exceeding 50% of its surplus as to policyholders. For the purposes of this paragraph, "net cost of the insurer's investment" means the sum of the total money or other

consideration expended and obligations assumed in the acquisition or formation of a subsidiary, including all organizational expenses and contributions to capital and surplus of that subsidiary, and all amounts expended in acquiring additional common stock, preferred stock, debt obligations and other securities, and all contributions to the capital or surplus, of a subsidiary subsequent to its acquisition or formation less any returns of capital, repayments of principal and any other payments that reduce the insurer's investment in the subsidiary.

**Sec. 3. 24-A MRSA §1155**, as amended by PL 2001, c. 524, §3, is further amended to read:

**§1155. Diversification**

Investments of an insurer shall be subject to the following diversification requirements and limitations.

**1. Real estate; personal property; equity interests; subsidiaries.** Not more than 40% of the insurer's assets in aggregate amount may consist of investments described in the following ~~subdivisions~~ paragraphs:

- A. Real estate, section 1156, subsection 2, paragraph D, subparagraph (1);
- B. Personal property, section 1156, subsection 2, paragraph E;
- C. Equity interests, section 1156, subsection 2, paragraph F; and
- D. Subsidiaries, section 1157, except as provided in that section.

If, on or after the effective date of this subsection, the insurer makes investments of those types in institutions or property located within the State aggregating 1% or more of its assets, the 40% limitation in this subsection ~~shall~~ must be increased by an equal amount up to 45%, exclusive of those investments in institutions or property located within the State, thus providing for a maximum limit on the investments described in those ~~subdivisions~~ paragraphs of 50% of the insurer's assets.

**2. ~~Government obligations; policy loans; other~~ Counter-party limitations.** Except as otherwise expressly provided, an insurer may not invest in or may not incur counter-party exposure to any one person if, after giving effect to those investments and that counter-party exposure, the aggregate of those investments in and that counter-party exposure to that person would exceed 10% of the insurer's admitted assets, with the following exceptions:

- A. Government obligations pursuant to section 1156, subsection 2, paragraph A;
- B. Policy loans pursuant to section 1158; and
- C. Index mutual funds, but as to this exception, only with the prior approval of the superintendent and limited to 20% of the insurer's admitted assets.

**3. Other investment limitations.** Other investment limitations ~~shall be~~ are as provided in particular sections of this chapter.

**Sec. 4. 24-A MRSA §1481**, as enacted by PL 1997, c. 457, §23 and affected by §55, is amended to read:

**§1481. ~~Continuing education advisory committee~~ Education Advisory Committee**

The Continuing Education Advisory Committee is established and consists of 6 members appointed by the superintendent for terms of 3 years each, on a staggered-term basis to prevent the terms of more than 2 members from expiring in any one year. A person may not be reappointed to the committee for more than one 3-year term. A person is ineligible for appointment to the committee unless that person is an active, full-time insurance producer or consultant. Committee members are eligible for reimbursement of expenses. The superintendent may remove a committee member for cause.

**Sec. 5. 24-A MRSA §2808-B, sub-§2-A, ¶C**, as amended by PL 2019, c. 653, Pt. B, §5, is further amended to read:

C. Rates for small group health plans must be filed in accordance with this section and subsections 2-B and 2-C or section 2792, as applicable, for premium rates effective on or after July 1, 2004, ~~except that the rates for small group health plans are not required to account for any payment or any recovery of that payment pursuant to subsection 2-B, paragraph D and former section 6913 for rates effective before July 1, 2005.~~

**Sec. 6. 24-A MRSA §2808-B, sub-§2-B, ¶A**, as amended by PL 2009, c. 244, Pt. G, §2, is further amended to read:

A. Rates subject to this subsection must be filed for approval by the superintendent. The superintendent shall disapprove any premium rates filed by any carrier, whether initial or revised, for a small group health plan unless it is anticipated that the aggregate benefits estimated to be paid under all the small group health plans maintained in force by the carrier for the period for which coverage is to be provided will return to policyholders at least 75% of the aggregate premiums collected for those policies, as determined in accordance with accepted actuarial principles and practices and on the basis of incurred claims experience and earned premiums. ~~For the purposes of this calculation, any payments paid pursuant to former section 6913 must be treated as incurred claims.~~

**Sec. 7. 24-A MRSA §2808-B, sub-§2-B, ¶D**, as amended by PL 2007, c. 629, Pt. M, §8, is repealed.

**Sec. 8. 24-A MRSA §2839-B, sub-§2**, as amended by PL 2007, c. 629, Pt. M, §11, is further amended to read:

**2. Annual filing.** Every carrier offering group health insurance specified in subsection 1 shall annually file with the superintendent on or before April 30th a certification signed by a member in good standing of the American Academy of Actuaries or a successor organization that the carrier's rating methods and practices are in accordance with generally accepted actuarial principles and with the applicable actuarial standards of practice as promulgated by an actuarial standards board. ~~The filing must also certify that the carrier has included in its experience any savings offset payments or recovery of those savings offset payments consistent with former section 6913.~~ The filing also must state the number of policyholders, certificate holders and dependents, as of the close of the preceding calendar year, enrolled in large group health insurance plans offered by the carrier. A filing and supporting information are public records except as provided by Title 1, section 402, subsection 3.