

**TITLE 365. INSURANCE DEPARTMENT
CHAPTER 25. OTHER LICENSEES**

SUBCHAPTER 5. BAIL BONDSMEN

PART 1. CONTINUING EDUCATION FOR BAIL BONDSMEN

365:25-5-3. Education requirements

(a) **Education verification prior to licensure.** Prior to taking the bail bondsman licensing examination, the applicant shall successfully complete the hours of prelicensing education required by 59 O.S. § 1308.1(A) in subjects pertinent to the duties and responsibilities of a bail bondsman. The prelicensing education shall be valid for one (1) year from the date obtained by the applicant. The applicant must pass the examination and apply within one (1) year from the date of the prelicensing education.

(b) **Continuing education.** All bail bondsmen shall complete eight (8) credit hours of continuing education required by 59 O.S. § 1308.1(A) annually to meet the biennial requirement.

(c) **CE credit for instructor.** An instructor who is a licensed bail bondsman shall receive the same continuing education credit for presenting approved course materials as a licensee who attends an approved classroom instructional session.

365:25-5-4. Application for course approval

(a) **Oklahoma Bondsman Association courses.** The Oklahoma Bondsman Association shall apply for course approval from the Commissioner. The Association shall ~~biennially~~ submit a fee of ~~Two Hundred Dollars (\$200.00)~~ to the Insurance Commissioner as set forth in 59 O.S. § 1308.1.

(b) **Information regarding OBA courses.** The Oklahoma Bondsman Association shall submit the following information concerning educational courses:

- (1) Name, address and qualifications of the instructor;
- (2) Contact person, his or her address and telephone number;
- (3) The location of the courses or programs, unless it is an individual study or correspondence course;
- (4) The number of hours requested for each course;
- (5) Topic outlines which list the summarized topics covered in each course and upon request, a copy of any course materials. If a prior approved course has substantially changed, a summarization of those changes.

(c) **Instructor qualifications.** An instructor shall have one of the following qualifications:

- (1) Three (3) years of recent experience in the subject area being taught; or
- (2) A degree related to the subject area being taught; or
- (3) Two (2) years of recent experience in the subject area being taught and twelve (12) hours of college and/or vocational technical school credit hours in the subject area being taught.

(d) **Losing course approval.** The Commissioner may withhold or withdraw approval of any instructor or course for violation of or non-compliance with any provision of this section.

(e) **Course approval expiration.** Each course approval shall be valid for a period of not more than two (2) years, unless the course has a material change. Material changes to courses require course resubmission for overall course review and approval. Course approval following the

review of material changes shall reset the validity period. At the expiration of the validity period, providers shall submit the course for approval by the Commissioner if the provider wants to continue to offer the course for continuing education credit.

365:25-5-8. Extensions of time

For good cause shown, the Commissioner may grant an extension of time during which the requirements imposed by 59 O.S. Section 1308 and 1308.1 may be completed. The extension shall not exceed ~~six (6)~~ twelve (12) months. The extension will not alter the requirements or due date of the succeeding ~~year~~ twenty-four (24) month period. "Good cause" includes disability, natural disaster, or other extenuating circumstances. Each request for extension of time shall be in writing from the licensee and shall include details and any documentation to support the request. Each request must be received by the Commissioner no less than thirty (30) days before the expiration of the license.

PART 5. GENERAL PROVISIONS PERTAINING TO BAIL BONDSMEN

365:25-5-49. Property bondsman requirements

(a) Pursuant to 59 O.S. § 1301(B)(8), a property bondsman means any person who has been approved by the Insurance Commissioner and who pledges real property as a security for a bail bond in a judicial proceeding and charges and receives money for his or her services.

(b) In order to calculate the market value of property pursuant to 59 O.S. § 1324, an applicant that applies for the property line of authority shall submit to the Insurance Commissioner for approval the following documents for each property used to post bonds:

- (1) A certified copy of the Warranty Deed;
- (2) An attorney's Title Opinion, which shall be prepared within the previous sixty (60) days prior to application;
- (3) A written statement from the county assessor stating the property's assessed value and showing the legal description of said property; and
- (4) A written statement from any lien holder stating the current payoff amount on each lien. If there are no liens on the property, an applicant shall submit an Affidavit stating there are no liens.

SUBCHAPTER 7. COMPANIES

PART 11. CREDIT FOR REINSURANCE

365:25-7-60. Purpose Authority

~~The purpose of this part is to set forth rules and procedural requirements which the Commissioner deems necessary to carry out the provisions of the Law on Credit for Reinsurance, Section 5121 et seq. of the Insurance Code ("the Act"). The actions and information required by this part are hereby declared to be necessary and appropriate in the public interest and for the protection of the ceding insurers in this state. This part is promulgated pursuant to the authority granted by 36 O.S. § 5124.~~

365:25-7-63. Credit for reinsurance – Accredited reinsurers

(a) Pursuant to Section 5122(C) of the Act, the Commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which is accredited as a reinsurer in this state as of any date on which statutory financial credit for reinsurance is claimed. An accredited reinsurer is one which:

(1) Files a properly executed Form AR-1, as set forth in Appendix P of this Chapter, as evidence of its submission to this state's jurisdiction and to this state's authority to examine its books and records;

(2) Files with the Commissioner a certified copy of a certificate of authority or other acceptable evidence that it is licensed to transact insurance or reinsurance in at least one state, or, in the case of a United States branch of an alien assuming insurer, is entered through and licensed to transact insurance or reinsurance in at least one state;

(3) Files ~~annually~~ with the Commissioner, on or before March 1 of each year, a copy of its annual statement filed with the insurance department of its state of domicile or, in the case of an alien assuming insurer, with the state through which it is entered and in which it is licensed to transact insurance or reinsurance, and a copy of its most recent audited financial statement; and

~~(A) — Maintains a surplus as regards policyholders in an amount not less than \$20,000,000 and whose accreditation has not been denied by the Commissioner within ninety (90) days of its submission or~~

~~(B) — Maintains a surplus as regards policyholders of less than \$20,000,000, and whose accreditation has been approved by the Commissioner.~~

(4) Maintains a surplus as regards policyholders in an amount not less than \$20,000,000, or obtains the affirmative approval of the Commissioner upon a finding that it has adequate financial capacity to meet its reinsurance obligations and is otherwise qualified to assume reinsurance from domestic insurers.

(b) If the Commissioner determines that the assuming insurer has failed to meet or maintain any of these qualifications, the Commissioner may, upon written notice and hearing, suspend or revoke the accreditation. Credit shall not be allowed a domestic ceding insurer if the assuming insurer's accreditation has been revoked by the Commissioner, or if the reinsurance was ceded while the assuming insurer's accreditation was under suspension by the Commissioner.

365:25-7-65. Credit for reinsurance – Reinsurers maintaining trust funds

(a) Pursuant to Section 5122(E) of the Act, the Commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer which, as of any date on which statutory financial statement credit for reinsurance is claimed, and thereafter for so long as credit for reinsurance is claimed, maintains a trust fund in an amount prescribed below in a qualified United States financial institution for the payment of the valid claims of its United States domiciled ceding insurers, their assigns and successors in interest. The assuming insurer shall report annually to the Commissioner substantially the same information as that required to be reported on the NAIC annual statement form by licensed insurers, to enable the Commissioner to determine the sufficiency of the trust fund.

(b) The following requirements apply to the following categories of assuming insurer:

(1) **Trust fund for a single assuming insurer.** The trust fund for a single assuming insurer shall consist of funds in trust in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by U.S. domiciled insurers, and in addition, the assuming insurer shall maintain a trusteed surplus of not less than \$20,000,000,

except as provided in paragraph (2) of this subsection.

(2) **Reduction in required trustee surplus.** At any time after the assuming insurer has permanently discontinued underwriting new business secured by the trust for at least three (3) full years, the commissioner with principal regulatory oversight of the trust may authorize a reduction in the required trustee surplus, but only after a finding, based on an assessment of the risk, that the new required surplus level is adequate for the protection of U.S. ceding insurers, policyholders and claimants in light of reasonably foreseeable adverse loss development. The risk assessment may involve an actuarial review, including an independent analysis of reserves and cash flows, and shall consider all material risk factors, including when applicable the lines of business involved, the stability of the incurred loss estimates and the effect of the surplus requirements on the assuming insurer's liquidity or solvency. The minimum required trustee surplus may not be reduced to an amount less than thirty percent (30%) of the assuming insurer's liabilities attributable to reinsurance ceded by U.S. ceding insurers covered by the trust.

~~(2)~~**(3) Trust fund for a group including incorporated and individual unincorporated underwriters.**

(A) The trust fund for a group including incorporated and individual unincorporated underwriters shall consist of:

(i) For reinsurance ceded under reinsurance agreements with an inception, amendment or renewal date on or after ~~August~~January 1, 1995~~1993~~, funds in trust in an amount not less than the group's several liabilities attributable to business ceded by U.S. domiciled ceding insurers to any member of the group;

(ii) For reinsurance ceded under reinsurance agreements with an inception date on or before ~~July~~December 31, 1995~~1992~~, and not amended or renewed after that date, notwithstanding the other provisions of this regulation, funds in trust in an amount not less than the group's several insurance and reinsurance liabilities attributable to business written in the United States; and

(iii) In addition to these trusts, the group shall maintain a trustee surplus of which \$100,000,000 shall be held jointly for the benefit of the U.S. domiciled ceding insurers of any member of the group for all the years of account.

(B) The incorporated members of the group shall not be engaged in any business other than underwriting as a member of the group and shall be subject to the same level of regulation and solvency control by the group's domiciliary regulator as are the unincorporated members. The group shall, within ninety (90) days after its financial statements are due to be filed with the group's domiciliary regulator, provide to the Commissioner:

(i) An annual certification by the group's domiciliary regulator of the solvency of each underwriter member of the group; or

(ii) If a certification is unavailable, a financial statement, prepared by independent public accounts, of each underwriter member of the group.

~~(3)~~**(4) Trust fund for a group of incorporated insurers under common administration.**

(A) The trust fund for a group of incorporated insurers under common

administration, whose members possess aggregate policyholders surplus of \$10,000,000,000 (calculated and reported in substantially the same manner as prescribed by the annual statement instructions and Accounting Practices and Procedures Manual of the National Association of Insurance Commissioners) and which has continuously transacted an insurance business outside the United States for at least three (3) years immediately prior to making application for accreditation, shall:

~~(i) consist~~ Consist of funds in trust in an amount not less than the assuming insurers' several liabilities attributable to business ceded by United States domiciled ceding insurers to any members of the group pursuant to reinsurance contracts issued in the name of such group ~~and~~;

~~(i)~~ (ii) Maintain a joint trusteed surplus of which \$100,000,000 shall be held jointly for the benefit of United States domiciled ceding insurers of any member of the group; and

~~(ii)~~ (iii) File a properly executed Form AR-1 as evidence of the submission to this state's authority to examine the books and records of any of its members and shall certify that any member examined will bear the expense of any such examination.

(B) Within ninety (90) days after the statements are due to be filed with the group's domiciliary regulator, the group shall file with the Commissioner an annual certification of each underwriter member's solvency by the members' domiciliary regulators and financial statements, prepared by independent public accountants, of each underwriter member.

(c) Credit for reinsurance shall not be granted unless the form of the trust and any amendments to the trust have been approved by either the Commissioner of the state where the trust is domiciled or the Commissioner of another state who, pursuant to the terms of the trust instrument, has accepted responsibility for regulatory oversight of the trust. The form of the trust and any trust amendments also shall be filed with the Commissioner of every state in which the ceding insurer beneficiaries of the trust are domiciled. The trust instrument shall provide that:

(1) Contested claims shall be valid and enforceable out of funds in trust to the extent remaining unsatisfied thirty (30) days after entry of the final order of any court of competent jurisdiction in the United States.

(2) Legal title to the assets of the trust shall be vested in the trustee for the benefit of the grantor's United States ceding insurers, their assigns and successors in interest.

(3) The trust shall be subject to examination as determined by the Commissioner.

(4) The trust shall remain in effect for as long as the assuming insurer, or any member or former member of a group of insurers, shall have outstanding obligations under reinsurance agreements subject to the trust; and

(5) No later than ~~March 1~~ February 28 of each year the trustees of the trust shall report to the Commissioner in writing setting forth the balance in the trust and listing the trust's investments at the preceding year end, and shall certify the date of termination of the trust, if so planned, or certify that the trust shall not expire prior to the next following December 31.

(d) Notwithstanding any other provisions in the trust instrument, if the trust fund is inadequate because it contains an amount less than the amount required by this ~~subsection~~ section or if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation,

liquidation or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the Commissioner with regulatory oversight over the trust or with an order of a court of competent jurisdiction directing the trustee to transfer to the Commissioner with regulatory oversight over the trust or other designated receiver all of the assets of the trust fund.

(1) The assets shall be distributed by and claims shall be filed with and valued by the Commissioner with regulatory oversight over the trust in accordance with the laws of the state in which the trust is domiciled applicable to the liquidation of domestic insurance companies.

(2) If the Commissioner with regulatory oversight over the trust determines that the assets of the trust fund or any part thereof are not necessary to satisfy the claims of the U.S. beneficiaries of the trust, the Commissioner with regulatory oversight over the trust shall return the assets, or any part thereof, to the trustee for distribution in accordance with the trust agreement.

(3) The grantor shall waive any right otherwise available to it under U.S. law that is inconsistent with this provision.

(e) For purposes of this regulation, the term "liabilities" shall mean the assuming insurer's gross liabilities attributable to reinsurance ceded by U.S. domiciled insurers that are not otherwise secured by acceptable means, and, shall include:

(1) For business ceded by domestic insurers authorized to write accident and health, and property and casualty insurance:

(A) Losses and allocated loss expenses paid by the ceding insurer, recoverable from the assuming insurer;

(B) Reserves for losses reported and outstanding;

(C) Reserves for losses incurred but not reported;

(D) Reserves for allocated loss expenses; and

(E) Unearned premiums.

(2) For business ceded by domestic insurers authorized to write life, health and annuity insurance:

(A) Aggregate reserves for life policies and contracts net of policy loans and net due and deferred premiums;

(B) Aggregate reserves for accident and health policies;

(C) Deposit funds and other liabilities without life or disability contingencies; and

(D) Liabilities for policy and contract claims.

(f) Assets deposited in ~~the trust~~ trusts pursuant to 36 O.S. § 5122 and this Section shall be valued according to their fair market value and shall consist only of cash in U.S. dollars, certificates of deposit issued by a U.S. financial institution as defined in ~~Section 5122(J)(1)~~ 36 O.S. § 5123.1(A), clean, irrevocable, unconditional and "evergreen" letters of credit issued or confirmed by a qualified U.S. financial institution, as defined in 36 O.S. § 5123.1(A), and investments of the type specified in this subsection, but investments in or issued by an entity controlling, controlled by or under common control with either the grantor or beneficiary of the trust shall not exceed five percent (5%) of total investments. No more than twenty percent (20%) of the total of the investments in the trust may be foreign investments authorized under Paragraphs (1)(E), (3), (6)(B) or (7) of this subsection, and no more than ten percent (10%) of the total of the investments in the trust may be securities denominated in foreign currencies. For purposes of applying the preceding sentence, a depository receipt denominated in U.S. dollars and

representing rights conferred by a foreign security shall be classified as a foreign investment denominated in a foreign currency. The assets of a trust established to satisfy the requirements of Section 5122 shall be invested only as follows:

(1) Government obligations that are not in default as to principal or interest, that are valid and legally authorized and that are issued, assumed or guaranteed by:

(A) The United States or by any agency or instrumentality of the United States;

(B) A state of the United States;

(C) A territory, possession or other governmental unit of the United States;

(D) An agency or instrumentality of a governmental unit referred to in Subparagraphs (B) and (C) of this paragraph if the obligations shall be by law (statutory or otherwise) payable, as to both principal and interest, from taxes levied or by law required to be levied or from adequate special revenues pledged or otherwise appropriated or by law required to be provided for making these payments, but shall not be obligations eligible for investment under this paragraph if payable solely out of special assessments on properties benefited by local improvements; or

(E) The government of any other country that is a member of the Organization for Economic Cooperation and Development and whose government obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;

(2) Obligations that are issued in the United States, or that are dollar denominated and issued in a non-U.S. market, by a solvent U.S. institution (other than an insurance company) or that are assumed or guaranteed by a solvent U.S. institution (other than an insurance company) and that are not in default as to principal or interest if the obligations:

(A) Are rated A or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC, or if not so rated, are similar in structure and other material respects to other obligations of the same institution that are so rated;

(B) Are insured by at least one authorized insurer (other than the investing insurer or a parent, subsidiary or affiliate of the investing insurer) licensed to insure obligations in this state and, after considering the insurance, are rated AAA (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC; or

(C) Have been designated as Class One or Class Two by the Securities Valuation Office of the NAIC;

(3) Obligations issued, assumed or guaranteed by a solvent non-U.S. institution chartered in a country that is a member of the Organization for Economic Cooperation and Development or obligations of U.S. corporations issued in a non-U.S. currency, provided that in either case the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;

(4) An investment made pursuant to the provisions of Paragraph (1), (2) or (3) of this subsection shall be subject to the following additional limitations:

(A) An investment in or loan upon the obligations of an institution other than an institution that issues mortgage-related securities shall not exceed five percent (5%) of the assets of the trust;

(B) An investment in any one mortgage-related security shall not exceed five percent (5%) of the assets of the trust;

(C) The aggregate total investment in mortgage-related securities shall not exceed twenty-five percent (25%) of the assets of the trust; and

(D) Preferred or guaranteed shares issued or guaranteed by a solvent U.S. institution are permissible investments if all of the institution's obligations are eligible as investments under Paragraphs (2)(A) and (2)(C) of this subsection, but shall not exceed two percent (2%) of the assets of the trust.

(5) As used in this regulation:

(A) "Mortgage-related security" means an obligation that is rated AA or higher (or the equivalent) by a securities rating agency recognized by the Securities Valuation Office of the NAIC and that either:

(i) Represents ownership of one or more promissory notes or certificates of interest or participation in the notes (including any rights designed to assure servicing of, or the receipt or timeliness of receipt by the holders of the notes, certificates, or participation of amounts payable under, the notes, certificates or participation), that:

(I) Are directly secured by a first lien on a single parcel of real estate, including stock allocated to a dwelling unit in a residential cooperative housing corporation, upon which is located a dwelling or mixed residential and commercial structure, or on a residential manufactured home as defined in 42 U.S.C.A. Section 5402(6), whether the manufactured home is considered real or personal property under the laws of the state in which it is located; and

(II) Were originated by a savings and loan association, savings bank, commercial bank, credit union, insurance company, or similar institution that is supervised and examined by a federal or state housing authority, or by a mortgagee approved by the Secretary of Housing and Urban Development pursuant to 12 U.S.C.A. Sections 1709 and 1715-b, or, where the notes involve a lien on the manufactured home, by an institution or by a financial institution approved for insurance by the Secretary of Housing and Urban Development pursuant to 12 U.S.C.A. Section 1703; or

(ii) Is secured by one or more promissory notes or certificates of deposit or participations in the notes (with or without recourse to the insurer of the notes) and, by its terms, provides for payments of principal in relation to payments, or reasonable projections of payments, or notes meeting the requirements of Items (i)(I) and (i)(II) of this subsection.

(B) "Promissory note," when used in connection with a manufactured home, shall also include a loan, advance or credit sale as evidenced by a retail installment sales contract or other instrument.

(6) Equity interests.

(A) Investments in common shares or partnership interests of a solvent U.S. institution are permissible if:

(i) Its obligations and preferred shares, if any, are eligible as investments under this subsection; and

- (ii) The equity interests of the institution (except an insurance company) are registered on a national securities exchange as provided in the Securities Exchange Act of 1934, 15 U.S.C. §§ 78a to 78kk or otherwise registered pursuant to that Act, and if otherwise registered, price quotations for them are furnished through a nationwide automated quotations system approved by the National Association of Securities Dealers, Inc. A trust shall not invest in equity interests under this paragraph an amount exceeding one percent (1%) of the assets of the trust even though the equity interests are not so registered and are not issued by an insurance company;
- (B) Investments in common shares of a solvent institution organized under the laws of a country that is a member of the Organization for Economic Cooperation and Development, if:
 - (i) All its obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC; and
 - (ii) The equity interests of the institution are registered on a securities exchange regulated by the government of a country that is a member of the Organization for Economic Cooperation and Development;
- (C) An investment in or loan upon any one institution's outstanding equity interests shall not exceed one percent (1%) of the assets of the trust. The cost of an investment in equity interests made pursuant to this paragraph, when added to the aggregate cost of other investments in equity interests then held pursuant to this paragraph, shall not exceed ten percent (10%) of the assets in the trust;
- (7) Obligations issued, assumed or guaranteed by a multinational development bank, provided the obligations are rated A or higher, or the equivalent, by a rating agency recognized by the Securities Valuation Office of the NAIC;
- (8) Investment companies.
 - (A) Securities of an investment company registered pursuant to the Investment Company Act of 1940, 15 U.S.C. § 802, are permissible investments if the investment company:
 - (i) Invests at least ninety percent (90%) of its assets in the types of securities that qualify as an investment under Paragraph (1), (2) or (3) of this subsection or invests in securities that are determined by the Commissioner to be substantively similar to the types of securities set forth in Paragraph (1), (2) or (3) of this subsection; or
 - (ii) Invests at least ninety percent (90%) of its assets in the types of equity interests that qualify as an investment under Paragraph (6)(A) of this subsection;
 - (B) Investments made by a trust in investment companies under this paragraph shall not exceed the following limitations:
 - (i) An investment in an investment company qualifying under Subparagraph (A)(i) of this paragraph shall not exceed ten percent (10%) of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall not exceed twenty-five percent (25%) of the assets in the trust; and
 - (ii) Investments in an investment company qualifying under Subparagraph

(A)(ii) of this paragraph shall not exceed five percent (5%) of the assets in the trust and the aggregate amount of investment in qualifying investment companies shall be included when calculating the permissible aggregate value of equity interests pursuant to Paragraph (6)(A) of this subsection;

(9) Letters of Credit.

(A) In order for a letter of credit to qualify as an asset of the trust, the trustee shall have the right and the obligation pursuant to the deed of trust or some other binding agreement (as duly approved by the Commissioner), to immediately draw down the full amount of the letter of credit and hold the proceeds in trust for the beneficiaries of the trust if the letter of credit will otherwise expire without being renewed or replaced.

(B) The trust agreement shall provide that the trustee shall be liable for its negligence, willful misconduct or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.

(g) A specific security provided to a ceding insurer by an assuming insurer pursuant to 365:25-7-67 shall be applied, until exhausted, to the payment of liabilities of the assuming insurer to the ceding insurer holding the specific security prior to, and as a condition precedent for, presentation of a claim by the ceding insurer for payment by a trustee of a trust established by the assuming insurer pursuant to this section.

365:25-7-66. Credit for reinsurance required by law

Pursuant to Section ~~5122(F)~~5122(G) of the Act, the Commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of Section 5122(B), (C), (D), ~~or (E)~~, or (F) but only as to the insurance of risks located in jurisdictions where the reinsurance is required by the applicable law or regulation of that jurisdiction. As used in this section, "jurisdiction" means state, district or territory of the United States and any lawful national government.

365:25-7-67. Reduction of asset or reduction from liability for reinsurance ceded to an unauthorized assuming insurer not meeting the requirements of 365:25-7-62 through 66 and 365:25-7-73

(a) Pursuant to Section 5123, the Commissioner shall allow a reduction from liability for reinsurance ceded by a domestic insurer to an assuming insurer not meeting the requirements of Section 5122 in an amount not exceeding the liabilities carried by the ceding insurer. 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 exclusive benefit of the ceding insurer, under a reinsurance contract with such assuming insurer as security for the payment of obligations under the reinsurance contract. The security shall be 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 any of the following:

- (1) Cash;
- (2) Securities listed by the Securities Valuation Office of the National Association of Insurance Commissioners and qualifying as admitted assets;
- (3) Clean, irrevocable, unconditional and "evergreen" letters of credit issued or confirmed by a qualified United States institution, as defined in Section ~~5122(J)(1)~~5123.1(A),

effective no later than December 31 of the year for which filing is being made, and in the possession of, or in trust for, the ceding company on or before the filing date of its annual statement. Letters of credit meeting applicable standards of issuer acceptability as of the dates of their issuance (or confirmation) shall, notwithstanding the issuing (or confirming) institution's subsequent failure to meet applicable standards of issuer acceptability, continue to be acceptable as security until their expiration, extension, renewal, modification or amendment, whichever first occurs; or

(4) Any other form of security acceptable to the Commissioner.

(b) An admitted asset or a reduction from liability for reinsurance ceded to an unauthorized assuming insurer pursuant to 365:25-7-67(a)(1) and (2) shall be allowed only when the requirements of 365:25-7-68, 365:25-7-69 or 365:25-7-72 are met.

365:25-7-68. Trust agreements qualified under Section 365:25-7-67

(a) Definitions. As used in this section:

(1) "Beneficiary" means the entity for whose sole benefit the trust has been established and any successor of the beneficiary by operation of law. If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).

(2) "Grantor" means the entity that has established a trust for the sole benefit of the beneficiary. When established in conjunction with a reinsurance agreement, the grantor is the unlicensed, unaccredited assuming insurer.

(3) "Obligations," as used in paragraph (b)(11) of this section, means:

(A) Reinsured losses and allocated loss expenses paid by the ceding company, but not recovered from the assuming insurer;

(B) Reserves for reinsured losses reported and outstanding;

(C) Reserves for reinsured losses incurred but not reported; and

(D) Reserves for allocated reinsured loss expenses and unearned premiums.

(b) Required conditions.

(1) The trust agreement shall be entered into between the beneficiary, the grantor and a trustee which shall be a qualified United States financial institution.

(2) The trust agreement shall create a trust account into which assets shall be deposited.

(3) All assets in the trust account shall be held by the trustee at the trustee's office in the United States.

(4) The trust agreement shall provide that:

(A) The beneficiary shall have the right to withdraw assets from the trust account at any time, without notice to the grantor, subject only to written notice from the beneficiary to the trustee;

(B) No other statement or document is required to be presented in order to withdraw assets, except that the beneficiary may be required to acknowledge receipt of withdrawn assets;

(C) It is not subject to any conditions or qualifications outside of the trust agreement; and

(D) It shall not contain references to any other agreements or documents except as provided for under paragraph (b)(11) or (b)(12) of this section.

(5) The trust agreement shall be established for the sole benefit of the beneficiary.

(6) The trust agreement shall require the trustee to:

- (A) Receive assets and hold all assets in a safe place;
- (B) Determine that all assets are in such form that the beneficiary, or the trustee upon direction by the beneficiary, may whenever necessary negotiate any such assets, without consent or signature from the grantor or any other person or entity;
- (C) Furnish to the grantor and the beneficiary a statement of all assets in the trust account upon its inception and at intervals no less frequent than the end of each calendar quarter;
- (D) Notify the grantor and the beneficiary within ten (10) days, of any deposits to or withdrawals from the trust account;
- (E) Upon written demand of the beneficiary, immediately take any and all steps necessary to transfer absolutely and unequivocally all right, title and interest in the assets held in the trust account to the beneficiary and deliver physical custody of the assets to the beneficiary; and
- (F) Allow no substitutions or withdrawals of assets from the trust account, except on written instructions from the beneficiary, except that the trustee may, without the consent of but with notice to the beneficiary, upon call or maturity of any trust asset, withdraw such asset upon condition that the proceeds are paid into the trust account.

(7) The trust agreement shall provide that at least thirty (30) days, but not more than forty-five (45) days, prior to termination of the trust account, written notification of termination shall be delivered by the trustee to the beneficiary.

(8) The trust agreement shall be made subject to and governed by the laws of the state in which the trust is domiciled.

(9) The trust agreement shall prohibit invasion of the trust corpus for the purpose of paying compensation to, or reimbursing the expenses of, the trustee.

(10) The trust agreement shall provide that the trustee shall be liable for its own negligence, willful misconduct or lack of good faith. The failure of the trustee to draw against the letter of credit in circumstances where such draw would be required shall be deemed to be negligence and/or willful misconduct.

(11) Notwithstanding other provisions of this part, when a trust agreement is established in conjunction with a reinsurance agreement covering risks other than life, annuities and accident and health, where it is customary practice to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:

- (A) To pay or reimburse the ceding insurer for the assuming insurer's share under the specific reinsurance agreement regarding any losses and allocated loss expenses paid by the ceding insurer, but not recovered from the assuming insurer, or for unearned premiums due to the ceding insurer if not otherwise paid by the assuming insurer;
- (B) To make payment to the assuming insurer of any amounts held in the trust account that exceed 102 percent of the actual amount required to fund the assuming insurer's obligations under the specific reinsurance agreement; or
- (C) Where the ceding insurer has received notification of termination of the trust

account and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged ten (10) days prior to the termination date, to withdraw amounts equal to the obligations and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified United States financial institution apart from its general assets, in trust for such uses and purposes specified in subparagraphs (b)(11)(A) and (B) of this section as may remain executory after such withdrawal and for any period after the termination date.

(12) Notwithstanding other provisions of this regulation, when a trust agreement is established to meet the requirements of Section 365:25-7-67 in conjunction with a reinsurance agreement covering life, annuities or accident and health risks, where it is customary to provide a trust agreement for a specific purpose, the trust agreement may provide that the ceding insurer shall undertake to use and apply amounts drawn upon the trust account, without diminution because of the insolvency of the ceding insurer or the assuming insurer, only for the following purposes:

(A) To pay or reimburse the ceding insurer for:

(i) The assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of the policies, and

(ii) The assuming insurer's share under the specific reinsurance agreement of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurer, under the terms and provisions of the policies reinsured under the reinsurance agreement;

(B) To pay to the assuming insurer amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer; or

(C) Where the ceding insurer has received notification of termination of the trust and where the assuming insurer's entire obligations under the specific reinsurance agreement remain unliquidated and undischarged ten (10) days prior to the termination date, to withdraw amounts equal to the assuming insurer's share of liabilities, to the extent that the liabilities have not yet been funded by the assuming insurer, and deposit those amounts in a separate account, in the name of the ceding insurer in any qualified U.S. financial institution apart from its general assets, in trust for the uses and purposes specified in Subparagraphs (A) and (B) of this paragraph as may remain executory after withdrawal and for any period after the termination date.

(13) ~~The reinsurance agreement may, but need not, contain the provisions required by subparagraph (d)(1)(B) of this section, so long as these required conditions are included in the trust agreement~~Either the reinsurance agreement or the trust agreement must stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash in United States dollars, certificates of deposit issued by a United States bank and payable in United States dollars, and investments permitted by Title 36 of the Oklahoma Statutes or any combination of the above, provided investments in or issued by an entity controlling, controlled by or under common control with either the grantor or the beneficiary of the

trust shall not exceed five percent (5%) of total investments. The agreement may further specify the types of investments to be deposited. If the reinsurance agreement covers life, annuities or accident and health risks, then the provisions required by this paragraph must be included in the reinsurance agreement.

~~(14) Notwithstanding any other provisions in the trust instrument, if the grantor of the trust has been declared insolvent or placed into receivership, rehabilitation, liquidation or similar proceedings under the laws of its state or country of domicile, the trustee shall comply with an order of the Commissioner with regulatory oversight over the trust or court of competent jurisdiction directing the trustee to transfer to the Commissioner with regulatory oversight or other designated receiver all of the assets of the trust fund. The assets shall be applied in accordance with the priority statutes and laws of the state in which the trust is domiciled applicable to the assets of insurance companies in liquidation. If the commissioner with regulatory oversight determines that the assets of the trust fund or any part of the assets are not necessary to satisfy claims of the U.S. beneficiaries of the trust, the assets or any part of the assets shall be returned to the trustee for distribution in accordance with the trust agreement.~~

(c) Permitted conditions.

(1) The trust agreement may provide that the trustee may resign upon delivery of a written notice of resignation, effective not less than ninety (90) days after the beneficiary and grantor receive the notice and that the trustee may be removed by the grantor by delivery to the trustee and the beneficiary of a written notice of removal, effective not less than ninety (90) days after the trustee and the beneficiary receive the notice, provided that no such resignation or removal shall be effective until a successor trustee has been duly appointed and approved by the beneficiary and the grantor and all assets in the trust have been duly transferred to the new trustee.

(2) The grantor may have the full and unqualified right to vote any shares of stock in the trust account and to receive from time to time payments of any dividends or interest upon any shares of stock or obligations included in the trust account. Any such interest or dividends shall be either forwarded promptly upon receipt to the grantor or deposited in a separate account established in the grantor's name.

(3) The trustee may be given authority to invest, and accept substitutions of, any funds in the account, provided that no investment or substitution shall be made without prior approval of the beneficiary, unless the trust agreement specifies categories of investments acceptable to the beneficiary and authorizes the trustee to invest funds and to accept substitutions which the trustee determines are at least equal in market value to the assets withdrawn and that are consistent with the restrictions in subparagraph (d)(1)(B) of this section.

(4) The trust agreement may provide that the beneficiary may at any time designate a party to which all or part of the trust assets are to be transferred. Such transfer may be conditioned upon the trustee receiving, prior to or simultaneously, other specified assets.

(5) The trust agreement may provide that, upon termination of the trust account, all assets not previously withdrawn by the beneficiary shall, with written approval by the beneficiary, be delivered over to the grantor.

(d) Additional conditions applicable to reinsurance agreements.

(1) A reinsurance agreement may contain provisions that:

(A) Require the assuming insurer to enter into a trust agreement and to establish a

trust account for the benefit of the ceding insurer, and specifying what the agreement is to cover;

~~(B) Stipulate that assets deposited in the trust account shall be valued according to their current fair market value and shall consist only of cash (United States legal tender), certificates of deposit (issued by a United States bank and payable in United States legal tender), and investments of the types permitted by the Insurance Code or any combination of the above, provided investments in or issued by an entity controlling, controlled by or under common control with either the grantor or the beneficiary of the trust shall not exceed five percent (5%) of total investments. The reinsurance agreement may further specify the types of investments to be deposited. Where a trust agreement is entered into in conjunction with a reinsurance agreement covering risks other than life, annuities and accident and health, then the trust agreement may contain the provisions required by this paragraph in lieu of including such provisions in the reinsurance agreement;~~

~~(C)~~ Require the assuming insurer, prior to depositing assets with the trustee, to execute assignments or endorsements in blank, or to transfer legal title to the trustee of all shares, obligations or any other assets requiring assignments, in order that the ceding insurer, or the trustee upon the direction of the ceding insurer, may whenever necessary negotiate these assets without consent or signature from the assuming insurer or any other entity;

~~(D)~~(C) Require that all settlements of account between the ceding insurer and the assuming insurer be made in cash or its equivalent; and

~~(E)~~(D) Stipulate that the assuming insurer and the ceding insurer agree that the assets in the trust account, established pursuant to the provisions of the reinsurance agreement, may be withdrawn by the ceding insurer at any time, notwithstanding any other provisions in the reinsurance agreement, and shall be utilized and applied by the ceding insurer or its successors in interest by operation of law, including without limitation any liquidator, rehabilitator, receiver or conservator of such company, without diminution because of insolvency on the part of the ceding insurer or the assuming insurer, only for the following purposes:

(i) To pay or reimburse the ceding insurer for:

(I) The assuming insurer's share under specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurer, to the owners of policies reinsured under the reinsurance agreement because of cancellations of such policies;

(II) The assuming insurer's share of surrenders and benefits or losses paid by the ceding insurer pursuant to the provisions of the policies reinsured under the reinsurance agreement; and

(III) Any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer.

(ii) To make payment to the assuming insurer of amounts held in the trust account in excess of the amount necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer.

(2) The reinsurance agreement may also contain provisions that:

(A) Give the assuming insurer the right to seek approval from the ceding insurer, which shall not be unreasonably or arbitrarily withheld, to withdraw from the trust account all or any part of the trust assets and transfer those assets to the assuming insurer, provided ~~the ceding insurer shall not unreasonably or arbitrarily withhold its approval and:~~

- (i) The assuming insurer shall, at the time of withdrawal, replace the withdrawn assets with other qualified assets having a market value equal to the market value of the assets withdrawn so as to maintain at all times the deposit in the required amount, or
- (ii) After withdrawal and transfer, the market value of the trust account is no less than 102 percent of the required amount.

(B) Provide for:

- ~~(i) The~~the return of any amount withdrawn in excess of the actual amounts required for ~~(d)(1)(E)(i), (ii) and (iii)~~(d)(1)(D) of this section, ~~or in the case of (d)(1)(E)(iv) of this section, any amounts that are subsequently determined not to be due;~~ and
- ~~(ii) Interest~~for interest payments, at a rate not in excess of the prime rate of interest, on ~~the~~such amounts held pursuant to ~~(d)(1)(E)(iii) of this section.~~

(C) Permit the award by any arbitration panel or court of competent jurisdiction of:

- (i) Interest at a rate different from that provided in (d)(2)(B)(ii) of this section,
- (ii) Court of arbitration costs,
- (iii) Attorney's fees, and
- (iv) Any other reasonable expenses.

(3) **Financial reporting.** A trust agreement may be used to reduce any liability for reinsurance ceded to an unauthorized assuming insurer in financial statements required to be filed with this department in compliance with the provisions of this part when established on or before the date of filing of the financial statement of the ceding insurer. Further, the reduction for the existence of an acceptable trust account may be up to the current fair market value of acceptable assets available to be withdrawn from the trust account at that time, but such reduction shall be no greater than the specific obligations under the reinsurance agreement that the trust account was established to secure.

(4) **Existing agreements.** Notwithstanding the effective date of this part, any trust agreement or underlying reinsurance agreement in existence prior to the effective date of this rule will continue to be acceptable until at which time the agreements will have to fully comply with this part for the trust agreement to be acceptable.

(5) **Trust agreement beneficiary.** The failure of any trust agreement to specifically identify the beneficiary as defined in (a) of this section shall not be construed to affect any actions or rights which the Commissioner may take or possess pursuant to the provisions of the laws of this state.

365:25-7-70. Reinsurance contract

Credit will not be granted, nor an asset or reduction from liability allowed, to a ceding insurer for reinsurance effected with assuming insurers meeting the requirements of 365:25-7-62, 365:25-7-63, 365:25-7-64, 365:25-7-65, ~~or 365:25-7-67~~ or 365:25-7-73 or otherwise in

compliance with Section 5122 of the Act after the adoption of this part unless the reinsurance agreement:

- (1) Includes a proper insolvency clause, which states that reinsurance is payable directly to the liquidator or successor without diminution regardless of the status of the ceding company, pursuant to Section 711 of the Insurance Code; and
- (2) Includes a provision pursuant to Section ~~5122(G)~~5122(H) of the Act whereby the assuming insurer, if an unauthorized assuming insurer, has submitted to the jurisdiction of an alternative dispute resolution panel or court of competent jurisdiction within the United States, has agreed to comply with all requirements necessary to give such court or panel jurisdiction, has designated an agent upon whom service of process may be effected, and has agreed to abide by the final decision of such court or panel; and
- (3) Includes a proper reinsurance intermediary clause, if applicable, which stipulates that the credit risk for the intermediary is carried by the assuming insurer.

365:25-7-72. Letters of credit qualified under 365:25-7-67

(a) The letter of credit must be clean, irrevocable, unconditional and issued or confirmed by a qualified United States institution as defined in Section ~~5122(J)(2)~~5123.1(A) of the Act. The letter of credit shall contain an issue date and expiration date and shall stipulate that the beneficiary need only draw a sight draft under the letter of credit and present it to obtain funds and that no other document need be presented. The letter of credit also shall indicate that it is not subject to any condition or qualifications outside of the letter of credit. In addition, the letter of credit itself shall not contain reference to any other agreements, documents or entities, except as provided in ~~Subsection (i)(1) of this rule~~section. As used in this ~~rule~~section, "beneficiary" means the domestic insurer for whose benefit the letter of credit has been established and any successor of the beneficiary by operation of law. ~~If delinquency proceedings have been filed, then the beneficiary shall be deemed to be the Insurance Commissioner as Receiver or Conservator.~~If a court of law appoints a successor in interest to the named beneficiary, then the named beneficiary includes and is limited to the court appointed domiciliary receiver (including conservator, rehabilitator or liquidator).

(b) The heading of the letter of credit may include a boxed section containing the name of the applicant and other appropriate notations to provide a reference for the letter of credit. The boxed section shall be clearly marked to indicate that such information is for internal identification purposes only.

(c) The letter of credit shall contain a statement to the effect that the obligation of the qualified United States financial institution under the letter of credit is in no way contingent upon reimbursement with respect thereto.

(d) The term of the letter of credit shall be for at least one year and shall contain an "evergreen clause" that prevents the expiration of the letter of credit without due notice from the issuer. The "evergreen clause" shall provide for a period of no less than thirty (30) days' notice prior to expiration date or nonrenewal.

(e) The letter of credit shall state whether it is subject to and governed by the laws of this state or the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce (~~Publication 500~~)Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98), or any successor publication, and all drafts drawn thereunder shall be presentable at an office in the United States of a qualified United States financial institution.

(f) If the letter of credit is made subject to the Uniform Customs and Practice for Documentary Credits of the International Chamber of Commerce (~~Publication 500~~) Publication 600 (UCP 600) or International Standby Practices of the International Chamber of Commerce Publication 590 (ISP98), or any successor publication, then the letter of credit shall specifically address and provide for an extension of time to draw against the letter of credit in the event that one or more of the occurrences specified in Article ~~17 of Publication 500~~36 of Publication 600, or any other successor publication, occur.

~~(g) The letter of credit shall be issued or confirmed by a qualified United States financial institution authorized to issue letters of credit, pursuant to Section 5122(J)(2) of the Act.~~

~~(h) If the letter of credit shall be issued or confirmed by a qualified United States financial institution authorized to issue letters of credit, other than a qualified United States financial institution as described in Subsection ~~(g)~~(a) of this section, then the following additional requirements shall be met:~~

(1) The issuing ~~qualified United States financial institution~~ shall formally designate the confirming qualified United States financial institution as its agent for the receipt and payment of the drafts; and

(2) The "evergreen clause" shall provide for thirty (30) days' notice prior to expiration date for nonrenewal.

~~(h)~~ **Reinsurance agreement provisions.**

(1) The reinsurance agreement in conjunction with which the letter of credit is obtained may contain provisions that:

(A) Require the assuming insurer to provide letters of credit to the ceding insurer and specify what they are to cover;

(B) Stipulate that the assuming insurer and ceding insurer agree that the letter of credit provided by the assuming insurer pursuant to the provisions of the reinsurance agreement may be drawn upon at any time, notwithstanding any other provisions in the agreement, and shall be utilized by the ceding insurer or its successors in interest only for one or more of the following reasons:

(i) To pay or reimburse the ceding insurer for:

(I) The assuming insurer's share under the specific reinsurance agreement of premiums returned, but not yet recovered from the assuming insurers, to the owners of policies reinsured under the reinsurance agreement on account of cancellations of such policies;

(II) The assuming insurer's share, under the specific reinsurance agreement, of surrenders and benefits or losses paid by the ceding insurer, but not yet recovered from the assuming insurers, under the terms and provisions of the policies reinsured under the reinsurance agreement; and

(III) Any other amounts necessary to secure the credit or reduction from liability for reinsurance taken by the ceding insurer;

(ii) Where the letter of credit will expire without renewal or be reduced or replaced by a letter of credit for a reduced amount and where the assuming insurer's entire obligations under the specific reinsurance remain unliquidated and undischarged ten (10) days prior to the termination date, to withdraw amounts equal to the assuming insurer's share of the liabilities, to the extent that the liabilities have not yet been funded by the

assuming insurer and exceed the amount of any reduced or replacement letter of credit, and deposit those amounts in a separate account in the name of the ceding insurer in a qualified U.S. financial institution apart from its general assets, in trust for such uses and purposes specified in ~~Subsection (i)(1)(B)(i)(h)(1)(B)(i)~~ of this ~~rule~~ section as may remain after withdrawal and for any period after the termination date.

(C) All of the provisions of ~~Paragraph (1) of Subsection (i)(h)(1)~~ of this section shall be applied without diminution because of insolvency on the part of the ceding insurer or assuming insurer.

(2) Nothing contained in ~~Paragraph (1) of Subsection (i)(h)(1)~~ of this section shall preclude the ceding insurer and assuming insurer from providing for:

(A) An interest payment, at a rate not in excess of the prime rate of interest, on the amounts hold pursuant to ~~Paragraph (1)(B)(h)(1)(B)~~ of this ~~regulation~~ section; or

(B) The return of any amounts drawn down on the letters of credit in excess of the actual amounts required for the above or any amounts that are subsequently determined not to be due.

365:25-7-73. Credit for reinsurance – certified reinsurers

(a) Pursuant to 36 O.S. § 5122(F), the Commissioner shall allow credit for reinsurance ceded by a domestic insurer to an assuming insurer that has been certified as a reinsurer in this state at all times for which statutory financial statement credit for reinsurance is claimed under this section. The credit allowed shall be based upon the security held by or on behalf of the ceding insurer in accordance with a rating assigned to the certified reinsurer by the Commissioner. The security shall be in a form consistent with the provisions of Sections 5122(F) and 5123 of the Act and 365:25-7-68, 365:25-7-69 or 365:25-7-72. The amount of security required in order for full credit to be allowed shall correspond with the following requirements:

(1) Assuming insurer ratings and security requirements.

(A) Secure – 1: 0% security required

(B) Secure – 2: 10% security required

(C) Secure – 3: 20% security required

(D) Secure – 4: 50% security required

(E) Secure – 5: 75% security required

(F) Vulnerable – 6: 100% security required

(2) Affiliated reinsurance transactions shall receive the same opportunity for reduced security requirements as all other reinsurance transactions.

(3) The Commissioner shall require the certified reinsurer to post one hundred percent (100%), for the benefit of the ceding insurer or its estate, security upon the entry of an order of rehabilitation, liquidation or conservation against the ceding insurer.

(4) In order to facilitate the prompt payment of claims, a certified reinsurer shall not be required to post security for catastrophe recoverables for a period of one year from the date of the first instance of a liability reserve entry by the ceding company as a result of a loss from a catastrophic occurrence as recognized by the Commissioner. The one year deferral period is contingent upon the certified reinsurer continuing to pay claims in a timely manner. Reinsurance recoverables for only the following lines of business as reported on the NAIC annual financial statement related specifically to the catastrophic occurrence will be included in the deferral:

- (A) Line 1: Fire
- (B) Line 2: Allied Lines
- (C) Line 3: Farmowners multiple peril
- (D) Line 4: Homeowners multiple peril
- (E) Line 5: Commercial multiple peril
- (F) Line 9: Inland Marine
- (G) Line 12: Earthquake
- (H) Line 21: Auto physical damage

(5) Credit for reinsurance under this section shall apply only to reinsurance contracts entered into or renewed on or after the effective date of the certification of the assuming insurer. Any reinsurance contract entered into prior to the effective date of the certification of the assuming insurer that is subsequently amended after the effective date of the certification of the assuming insurer, or a new reinsurance contract, covering any risk for which collateral was provided previously, shall only be subject to this section with respect to losses incurred and reserves reported from and after the effective date of the amendment or new contract.

(6) Nothing in this section shall prohibit the parties to a reinsurance agreement from agreeing to provisions establishing security requirements that exceed the minimum security requirements established for certified reinsurers under this section.

(b) The procedure for certification of a reinsurer shall be as follows:

(1) The Commissioner shall post notice on the Oklahoma Insurance Department's website promptly upon receipt of any application for certification, including instructions on how members of the public may respond to the application. The Commissioner may not take final action on the application until at least thirty (30) days after posting the notice required by this paragraph.

(2) The Commissioner shall issue written notice to an assuming insurer that has made application and been approved as a certified reinsurer. Included in such notice shall be the rating assigned the certified reinsurer in accordance with (a) of this section. The Commissioner shall publish a list of all certified reinsurers and their ratings.

(3) In order to be eligible for certification, the assuming insurer shall meet the following requirements:

(A) The assuming insurer must be domiciled and licensed to transact insurance or reinsurance in a Qualified Jurisdiction, as determined by the Commissioner pursuant to (c) of this section.

(B) The assuming insurer must maintain capital and surplus, or its equivalent, of no less than \$250,000,000 calculated in accordance with (b)(4)(H) of this section. This requirement may also be satisfied by an association including incorporated and individual unincorporated underwriters having minimum capital and surplus equivalents (net of liabilities) of at least \$250,000,000 and a central fund containing a balance of at least \$250,000,000.

(C) The assuming insurer must maintain financial strength ratings from two or more rating agencies deemed acceptable by the Commissioner. These ratings shall be based on interactive communication between the rating agency and the assuming insurer and shall not be based solely on publicly available information. These financial strength ratings will be one factor used by the Commissioner in determining the rating that is assigned to the assuming insurer. Acceptable rating

agencies include the following:

- (i) Standard & Poor's;
- (ii) Moody's Investors Service;
- (iii) Fitch Ratings;
- (iv) A.M. Best Company; or
- (v) Any other nationally recognized statistical rating organization.

(D) The certified reinsurer must comply with any other requirements reasonably imposed by the Commissioner.

(4) Each certified reinsurer shall be rated on a legal entity basis, with due consideration being given to the group rating where appropriate, except that an association including incorporated and individual unincorporated underwriters that has been approved to do business as a single certified reinsurer may be evaluated on the basis of its group rating. Factors that may be considered as part of the evaluation process include, but are not limited to, the following:

(A) The certified reinsurer's financial strength rating from an acceptable rating agency. The Commissioner shall use the lowest financial strength rating received from an approved rating agency in establishing the maximum rating of a certified reinsurer. A failure to obtain or maintain at least two financial strength ratings from acceptable rating agencies will result in loss of eligibility for certification. The maximum rating that a certified reinsurer may be assigned will correspond to its financial strength rating as follows:

(i) Secure – 1 rating:

- (I) A.M. Best Company = A++
- (II) Standard & Poor's = AAA
- (III) Moody's Investor Service = Aaa
- (IV) Fitch Ratings = AAA

(ii) Secure – 2 rating:

- (I) A.M. Best Company = A+
- (II) Standard & Poor's = AA+, AA, or AA-
- (III) Moody's Investor Service = Aa1, Aa2, or Aa3
- (IV) Fitch Ratings = AA+, AA, or AA-

(iii) Secure – 3 rating:

- (I) A.M. Best Company = A
- (II) Standard & Poor's = A+ or A
- (III) Moody's Investor Service = A1 or A2
- (IV) Fitch Ratings = A+ or A

(iv) Secure – 4 rating:

- (I) A.M. Best Company = A-
- (II) Standard & Poor's = A-
- (III) Moody's Investor Service = A3
- (IV) Fitch Ratings = A-

(v) Secure – 5 rating:

- (I) A.M. Best Company = B++ or B+
- (II) Standard & Poor's = BBB+, BBB, or BBB-
- (III) Moody's Investor Service = Baa1, Baa2, or Baa3
- (IV) Fitch Ratings = BBB+, BBB, or BBB-

(vi) Vulnerable – 6 rating:

(I) A.M. Best Company = B, B-, C++, C+, C, C-, D, E, or F

(II) Standard & Poor's = BB+, BB, BB-, B+, B, B-, CCC, CC, C, D, or R

(III) Moody's Investor Service = Ba1, Ba2, Ba3, B1, B2, B3, Caa, Ca, or C

(IV) Fitch Ratings = BB+, BB, BB-, B+, B, B-, CCC+, CC, CCC-, or DD.

(B) The business practices of the certified reinsurer in dealing with its ceding insurers, including its record of compliance with reinsurance contractual terms and obligations;

(C) For certified reinsurers domiciled in the U.S., a review of the most recent applicable NAIC Annual Statement Blank, either Schedule F (for property/casualty reinsurers) or Schedule S (for life and health reinsurers);

(D) For certified reinsurers not domiciled in the U.S., a review annually of Form CR-F (for property and casualty reinsurers; attached to this Chapter as Appendix DD) or Form CR-S (for life and health reinsurers; attached to this Chapter as Appendix EE);

(E) The reputation of the certified reinsurer for prompt payment of claims under reinsurance agreements, based on an analysis of ceding insurer's Schedule F reporting of overdue reinsurance recoverables, including the proportion of obligations that are more than ninety (90) days past due or are in dispute, with specific attention given to obligations payable to companies that are in administrative supervision or receivership;

(F) Regulatory actions against the certified reinsurer;

(G) The report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in (b)(4)(H) of this section;

(H) For certified reinsurers not domiciled in the U.S., audited financial statements (audited U.S. GAAP basis if available; audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a U.S. GAAP basis, or, with the permission of the Commissioner, audited IFRS statements with reconciliation to U.S. GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the non-U.S. jurisdiction supervisor). Upon the initial application for certification, the Commissioner shall consider audited financial statements for the last three (3) years filed with its non-U.S. jurisdiction supervisor;

(I) The liquidation priority of obligations to a ceding insurer in the certified reinsurer's domiciliary jurisdiction in the context of an insolvency proceeding;

(J) A certified reinsurer's participation in any solvent scheme of arrangement, or similar procedure, which involves U.S. ceding insurers. The Commissioner shall receive prior notice from a certified reinsurer that proposes participation by the certified reinsurer in a solvent scheme of arrangement; and

(K) Any other information deemed relevant by the Commissioner.

(5) Based on the analysis conducted under (b)(4)(E) of this section of a certified reinsurer's reputation for prompt payment of claims, the Commissioner may make appropriate adjustments in the security the certified reinsurer is required to post to protect

its liabilities to U.S. ceding insurers, provided that the Commissioner shall, at a minimum, increase the security the certified reinsurer is required to post by one rating level under (b)(4)(A) of this section if the Commissioner finds that:

(A) more than fifteen percent (15%) of the certified reinsurer's ceding insurance clients have overdue reinsurance recoverables on paid losses of ninety (90) days or more which are not in dispute and which exceed \$100,000 for each ceding; or

(B) the aggregate amount of reinsurance recoverables on paid losses which are not in dispute that are overdue by ninety (90) days or more exceeds \$50,000,000.

(6) The assuming insurer must submit a properly executed Form CR-1 (attached to this Chapter as Appendix CC) as evidence of its submission to the jurisdiction of this state, appointment of the Commissioner as an agent for service of process in this state, and agree to provide security for one hundred percent (100%) of the assuming insurer's liabilities attributable to reinsurance ceded by U.S. ceding insurers if it resists enforcement of a final U.S. judgment. The Commissioner shall not certify any assuming insurer that is domiciled in a jurisdiction that the Commissioner has determined does not adequately and promptly enforce final U.S. judgments or arbitration awards.

(7) The certified reinsurer must agree to meet applicable information filing requirements as determined by the Commissioner, both with respect to an initial application for certification and on an ongoing basis. All information submitted by certified reinsurers which are not otherwise public information subject to disclosure shall be exempted from disclosure under the Oklahoma Open Records Act and shall be withheld from public disclosure. The applicable information filing requirements are as follows:

(A) Notification within ten (10) days of any regulatory actions taken against the certified reinsurer, any change in the provisions of its domiciliary license, or any change in rating by an approved rating agency, including a statement describing such changes and the reasons therefore;

(B) Annually, Form CR-F (attached to this Chapter as Appendix DD) or CR-S (attached to this Chapter as Appendix EE), as applicable;

(C) Annually, the report of the independent auditor on the financial statements of the insurance enterprise, on the basis described in (b)(7)(D) of this section;

(D) Annually, audited financial statements (audited U.S. GAAP basis if available; audited IFRS basis statements are allowed but must include an audited footnote reconciling equity and net income to a U.S. GAAP basis, or, with the permission of the state insurance Commissioner, audited IFRS statements with reconciliation to U.S. GAAP certified by an officer of the company), regulatory filings, and actuarial opinion (as filed with the certified reinsurer's supervisor). Upon the initial certification, audited financial statements for the last three (3) years filed with the certified reinsurer's supervisor;

(E) At least annually, an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers;

(F) A certification from the certified reinsurer's domestic regulator that the certified reinsurer is in good standing and maintains capital in excess of the jurisdiction's highest regulatory action level; and

(G) Any other information that the Commissioner may reasonably require.

(8) If a certified reinsurer has a change in rating, the procedure shall be as follows:

(A) In the case of a downgrade by a rating agency or other disqualifying circumstance, the Commissioner shall upon written notice assign a new rating to the certified reinsurer in accordance with the requirements of (b)(4)(A) of this section.

(B) The Commissioner shall have the authority to suspend, revoke, or otherwise modify a certified reinsurer's certification at any time if the certified reinsurer fails to meet its obligations or security requirements under this section, or if other financial or operating results of the certified reinsurer, or documented significant delays in payment by the certified reinsurer, lead the Commissioner to reconsider the certified reinsurer's ability or willingness to meet its contractual obligations.

(C) If the rating of a certified reinsurer is upgraded by the Commissioner, the certified reinsurer may meet the security requirements applicable to its new rating on a prospective basis, but the Commissioner shall require the certified reinsurer to post security under the previously applicable security requirements as to all contracts in force on or before the effective date of the upgraded rating. If the rating of a certified reinsurer is downgraded by the Commissioner, the Commissioner shall require the certified reinsurer to meet the security requirements applicable to its new rating for all business it has assumed as a certified reinsurer.

(D) Upon revocation of the certification of a certified reinsurer by the Commissioner, the assuming insurer shall be required to post security in accordance with 365:25-7-67 in order for the ceding insurer to continue to take credit for reinsurance ceded to the assuming insurer. If funds continue to be held in trust in accordance with 365:25-7-65, the Commissioner may allow additional credit equal to the ceding insurer's *pro rata* share of such funds, discounted to reflect the risk of uncollectibility and anticipated expenses of trust administration. Notwithstanding the change of a certified reinsurer's rating or revocation of its certification, a domestic insurer that has ceded reinsurance to that certified reinsurer may not be denied credit for reinsurance for a period of three (3) months for all reinsurance ceded to that certified reinsurer, unless the reinsurance is found by the Commissioner to be at high risk of uncollectibility.

(c) The procedure for determining if a jurisdiction is a qualified jurisdiction shall be as follows:

(1) If, upon conducting an evaluation under this section with respect to the reinsurance supervisory system of any non-U.S. assuming insurer, the Commissioner determines that the jurisdiction qualifies to be recognized as a qualified jurisdiction, the Commissioner shall publish notice and evidence of such recognition in an appropriate manner. The Commissioner may establish a procedure to withdraw recognition of those jurisdictions that are no longer qualified.

(2) In order to determine whether the domiciliary jurisdiction of a non-U.S. assuming insurer is eligible to be recognized as a qualified jurisdiction, the Commissioner shall evaluate the reinsurance supervisory system of the non-U.S. jurisdiction, both initially and on an ongoing basis, and consider the rights, benefits and the extent of reciprocal recognition afforded by the non-U.S. jurisdiction to reinsurers licensed and domiciled in the U.S. The Commissioner shall determine the appropriate approach for evaluating the qualifications of such jurisdictions, and create and publish a list of jurisdictions whose reinsurers may be approved by the Commissioner as eligible for certification. A qualified

jurisdiction shall agree to share information and cooperate with the Commissioner with respect to all certified reinsurers domiciled within that jurisdiction. Additional factors to be considered in determining whether to recognize a qualified jurisdiction, in the discretion of the Commissioner, include but are not limited to the following:

(A) The framework under which the assuming insurer is regulated.

(B) The structure and authority of the domiciliary regulator with regard to solvency regulation requirements and financial surveillance.

(C) The substance of financial and operating standards for assuming insurers in the domiciliary jurisdiction.

(D) The form and substance of financial reports required to be filed or made publicly available by reinsurers in the domiciliary jurisdiction and the accounting principles used.

(E) The domiciliary regulator's willingness to cooperate with U.S. regulators in general and the Commissioner in particular.

(F) The history of performance by assuming insurers in the domiciliary jurisdiction.

(G) Any documented evidence of substantial problems with the enforcement of final U.S. judgments in the domiciliary jurisdiction. A jurisdiction will not be considered to be a qualified jurisdiction if the Commissioner has determined that it does not adequately and promptly enforce final U.S. judgments or arbitration awards.

(H) Any relevant international standards or guidance with respect to mutual recognition of reinsurance supervision adopted by the International Association of Insurance Supervisors or a successor organization.

(I) Any other matters deemed relevant by the Commissioner.

(3) The Commissioner shall consider the list of qualified jurisdictions published through the NAIC Committee Process in determining qualified jurisdictions. If the Commissioner approves a jurisdiction as qualified that does not appear on the list of qualified jurisdictions, the Commissioner shall provide thoroughly documented justification with respect to the criteria provided under (c)(2)(A) through (I) of this section.

(4) U.S. jurisdictions that meet the requirements for accreditation under the NAIC financial standards and accreditation program shall be recognized as qualified jurisdictions.

(d) The Commissioner may recognize a reinsurer's certification in another NAIC accredited jurisdiction according to the following:

(1) If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the Commissioner has the discretion to defer to that jurisdiction's certification, and to defer to the rating assigned by that jurisdiction, if the assuming insurer submits a properly executed Form CR-1 and such additional information as the Commissioner requires. The assuming insurer shall be considered to be a certified reinsurer in this State.

(2) Any change in the certified reinsurer's status or rating in the other jurisdiction shall apply automatically in this State as of the date it takes effect in the other jurisdiction. The certified reinsurer shall notify the Commissioner of any change in its status or rating within 10 days after receiving notice of the change.

(3) The Commissioner may withdraw recognition of the other jurisdiction's rating at any time and assign a new rating in accordance with (b)(8) of this section.

(4) The Commissioner may withdraw recognition of the other jurisdiction's certification at any time, with written notice to the certified reinsurer. Unless the Commissioner suspends or revokes the certified reinsurer's certification in accordance with (b)(8) of this section, the certified reinsurer's certification shall remain in good standing in this State for a period of three (3) months, which shall be extended if additional time is necessary to consider the assuming insurer's application for certification in this State.

(e) In addition to the clauses required under 365:25-7-70, reinsurance contracts entered into or renewed under this section shall include a proper funding clause, which requires the certified reinsurer to provide and maintain security in an amount sufficient to avoid the imposition of any financial statement penalty on the ceding insurer under this section for reinsurance ceded to the certified reinsurer.

(f) The Commissioner shall comply with all reporting and notification requirements that may be established by the NAIC with respect to certified reinsurers and qualified jurisdictions.

PART 15. COMPANY SUPERVISION

365:25-7-80. Purpose

This Part is intended to specify the confidential status and handling of certain information contained in the files of the Insurance Commissioner ("Commissioner") pursuant to various provisions of the Oklahoma Insurance Code (36 O.S. §§ 101-7301).

365:25-7-81. Definitions

The following words and terms, when used in this Part, shall have the following meaning, unless the context clearly indicates otherwise:

"**Confidential information**" means all documents, materials, or other information in the possession or control of the Oklahoma Insurance Department ("Department") pursuant to the Oklahoma Insurance Holding Company System Regulatory Act, 36 O.S. §§ 1657.1 et seq., and investigatory files, working papers, recorded information, documents, and copies thereof produced by, obtained by, or disclosed to the Commissioner or any other person in the course of an examination made under Sections 309.1 through 309.7 of Title 36 of the Oklahoma Statutes, or in the course of analysis by the Commissioner of the financial condition or market conduct of any person or company.

"**Exchange**" means sending or receiving information to or from any other Regulator charged with supervision of an insurer or its affiliates, including other state, federal, and international regulatory agencies.

"**Supervisory**" means those duties of the Commissioner involving the financial condition and solvency of any person or entity engaged, directly or through others, in the business of insurance.

365:25-7-82. Authorization

(a) The Commissioner is authorized to enter into agreements in accordance with Sections 1656.1 and 1657.1 of Title 36 of the Oklahoma Statutes, providing the basis for cooperation between the Commissioner and other regulatory agencies.

(b) Pursuant to various provisions of Title 36, the Commissioner has the legal authority and

power to obtain, hold, and exchange certain confidential information in respect to individuals, legal entities, and groups, including the relevant non-regulated entities of such groups when:

(1) the Commissioner considers the information to be necessary for the supervision of insurance legal entities or groups, or when another Regulator considers the information to be necessary, and

(2) the Commissioner is reasonably requested to provide relevant information by another Regulator.

(c) Information necessary for the supervision of insurance legal entities or groups may include, but is not limited to:

(1) Information on the management and operational systems and controls operated by insurers;

(2) Financial data relating to an insurer and its affiliates;

(3) Information concerning individuals holding positions of responsibility in insurers (to include owners, shareholders, directors, managers, employees, or contractors);

(4) Information concerning individuals or insurers involved, or suspected of being involved, in criminal activities;

(5) Information arising from or developed as part of regulatory investigations and reviews, and on any restrictions imposed on the business activities of insurers;

(6) Information requested and gathered from a supervised entity (including appropriate customer transactional information);

(7) Information reported within supervisory groups to meet group supervisory requirements;

(8) Information on a supervised entity and affiliates including, but not limited to, branches, subsidiaries, and non-regulated holding companies; and

(9) Information on prospective and actual insurer transactions and prospective and actual transactions of policyholders.

365:25-7-83. Professional confidentiality

(a) The Commissioner, including the staff of the Department and any individual acting on its behalf (presently or in the past), are required, as a condition of employment or contract, respectively, to protect confidential information in the possession of the Commissioner or the Department, including confidential information received from other Regulators. Wrongful disclosure of confidential information is grounds for termination of employment or termination of contract, as applicable. In addition, any person failing to maintain confidentiality shall be guilty of a misdemeanor pursuant to 36 O.S. § 117.

(b) The Commissioner shall deny any request for confidential information, other than when required by law, or when requested by another Regulator who has a legitimate supervisory interest and the ability to uphold the confidentiality of the requested information.

(c) The exchange of confidential information shall serve no other purposes than those directly related to the fulfillment of a supervisory function.

(d) The Commissioner has a legitimate interest and a valid purpose related to the fulfillment of supervisory functions in seeking information from another Regulator.

(e) Valid purposes may include, but are not limited to:

(1) Licensing;

(2) Competence, experience, and integrity criteria;

(3) Ongoing supervision, including enforcement action and sanctions;

- (4) Supervisory practices;
- (5) Winding-up, liquidation, or bankruptcy;
- (6) Anti-money laundering or combating the financing of terrorism ("AML/CFT").
- (f) All Department personnel and contractors, gaining access to confidential information in the course of their duties, are bound by an obligation of professional confidentiality.
- (g) The "obligation of professional confidentiality" means that, as a basic rule, confidential information received by the Department shall not be divulged to any person or authority whatsoever, except as provided by law.
- (h) The professional confidentiality requirements apply to any person currently or previously employed by or acting on behalf of the Commissioner or the Department.
- (i) Confidential information originating from another Regulator must remain subject to equivalent confidentiality protections provided by this Part. Before passing on confidential information to another Regulator, the Commissioner must ascertain that the person receiving the information is bound by professional confidentiality rules or laws substantially similar and equivalent to subsection "A" of Section 1657.1 of Title 36 of the Oklahoma Statutes and who have agreed in writing not to disclose such information.

365:25-7-84. Passing on of confidential information

- (a) Any passing on of confidential information, including information that shall be forwarded by way of official reporting, necessitates prior explicit agreement of the Regulator from whom the information originates and must be subject to agreement, in particular regarding the purpose for which the information shall be used.
- (b) Requests from other Regulators for passing on of confidential information shall be decided on a case-by-case basis by the Commissioner.
- (c) Without prejudice to the foregoing, the Commissioner may pass on information where it will assist:
 - (1) Other Regulators in the fulfillment of their supervisory functions; and
 - (2) Governmental agencies, competent in the financial services field (including central banks), law enforcement agencies, and relevant courts in the performance of their duties.

365:25-7-85. Agreements for information exchange

- (a) Agreements may be used to establish a framework between Regulators to facilitate the efficient execution of requests for or provision of information.
- (b) Compliance with the strict confidentiality regime, set forth in Section 1657.1 of Title 36 of the Oklahoma Statutes and this Part, is a key prerequisite for the exchange of confidential information. Every agreement to exchange such information shall include a written confirmation statement in substantially the same terms as that found in the Written Confirmation Statement in Appendix BB of this Chapter, and the agreement shall be signed by an appropriate managerial representative of the Regulator.

365:25-7-86. Supervisory Colleges

- (a) Information exchange is particularly important for the operation of a Supervisory College as provided by 36 O.S. § 1656.1. The effectiveness of a Supervisory College depends upon the mutual trust and confidence between participating Regulators, particularly in relation to exchange and protection of confidential information.
- (b) In connection with the exchange of confidential information between the Commissioner and

a Supervisory College, appropriate information exchange agreements must be in place prior to exchange of such information.

(c) Where confidential information exchanged within a Supervisory College is also communicated to other Regulators, there shall be a formal mechanism in place with these Regulators to ensure the protection of the confidential information.

(d) The Commissioner shall inform any other Regulator in its jurisdiction and the Regulators of insurance group entities in other jurisdictions in advance of taking any action that might reasonably be considered to affect those group entities. Where prior notification is not possible, the Commissioner shall inform other relevant Regulators as soon as possible after taking action.

(e) The Commissioner shall proactively exchange material and relevant information with other Regulators. Relevant proactively provided information includes but is not limited to:

(1) Any information the Commissioner considers will facilitate the effective supervision of groups or entities in the group;

(2) Any event or series of events that may have a significant bearing on the operations of group entities operating in the jurisdictions of other Regulators;

(3) Information that may affect the financial system of another jurisdiction;

(4) Information that may affect the financial condition or other interests of the policyholders of a group entity in another jurisdiction; and

(5) Prior notification to another Regulator of any action to be undertaken which relies on information received from that Regulator, subject to requirements applicable to criminal statutes and other similar laws.

(f) In deciding whether and to what extent to fulfill a request by another Regulator for information, the Commissioner may take into account matters such as, but not limited to:

(1) Whether it would be contrary to the essential interest of Oklahoma;

(2) The existence of a requisite written agreement between the Commissioner and the requesting Regulator to maintain the confidentiality of any information exchanged;

(3) The nature of the information to be exchanged;

(4) The use to which the information will be put.

(g) Requests for information shall be made in writing.

(h) When exchanging relevant information and in responding to requests from Regulators seeking information, the Commissioner shall respond in a timely and comprehensive manner. Strict reciprocity in terms of the level, format and detailed characteristics of information exchanged shall not be required by the Commissioner. The originating Regulator may attach conditions to the subsequent exchange of the information to other Regulators. Conditions imposed by the originating Regulator on the exchange of information should not prevent the receiving Regulator from being able to use the information for its own purposes

(i) Before exchanging confidential information, the Commissioner shall ensure that the party receiving the information is bound by confidentiality requirements.

(j) The Commissioner shall generally permit the information that he or she exchanges with another Regulator to be passed on to other relevant Regulators, provided the necessary confidentiality requirements are in place.

(k) When the Commissioner receives confidential information from another Regulator, the information shall only be used for the purposes specified when the information was requested. Before using such information for another purpose, including exchanging it with other parties, the Commissioner shall obtain the agreement of the originating Regulator.

(l) In the event that the Commissioner is legally compelled to disclose confidential information

received from another Regulator, the Commissioner shall promptly notify the originating Regulator, indicating what information he or she is being compelled to release and the circumstances surrounding the release. Where consent to passing this information on is not given, the Commissioner shall use all reasonable means to resist the demand and to protect the confidentiality of the information.

SUBCHAPTER 29. PHARMACY BENEFITS MANAGERS

365:25-29-9. Contractual requirements—maximum allowable cost

(a) ~~Regarding maximum allowable cost, contracts~~Contracts between a PBM and a provider shall conform to the following requirements:

(1) Identify sources of information utilized by the PBM to create and modify the PBM's maximum allowable cost price specific to the pharmacy;

(2) The PBM shall provide an electronic process, including but not limited to e-mail, for providers to readily access the MAC list specific to that provider. Upon a provider's written request, a PBM shall furnish its MAC list to the provider in paper form or other agreed format;

(3) If a provider is unable to obtain a drug from a regional or national wholesaler at a price equal to or less than the PBM's ~~MAC~~reimbursement, the PBM shall provide a reasonable appeals procedure;

(4) A "reasonable appeals procedure" means a process which permits a provider or a provider's representative to contest a reimbursement amount based on the provider's contention that the drug is not generally available for purchase by pharmacies in the state at or below the PBM's ~~Maximum Allowable Cost~~reimbursement;

(5) A provider's appeal shall contain information including but not limited to the date of claim, National Drug Code number, and the identity of the national or regional wholesalers from which the drug was found to be unavailable for purchase by the provider, at or below the PBM's ~~Maximum Allowable Cost~~reimbursement;

(6) Appeals filed under this subsection shall be presented to the PBM within ten (10) business days following the ~~prescription claim~~final adjusted payment date. The PBM must respond to a provider within ten (10) business days following the receipt by the PBM of the notice that the provider is contesting the reimbursement amount;

(7) If a provider's appeal is denied, the PBM shall provide the reason for the denial, including the National Drug Code number and the identity of the national or regional wholesalers from whom the drug was generally available for purchase by providers in the state at or below the PBM's ~~Maximum Allowable Cost~~reimbursement;

(8) If a provider's appeal is found to be justified, the PBM shall make ~~the correction to its MAC~~a change in the reimbursement amount, permit the provider to reverse and re-bill the claim in question, and make the ~~MAC correction~~reimbursement amount change applicable prospectively for all similarly contracted Oklahoma providers.

(b) A PBM shall permit the submission of either paper or electronic documentation to perfect an appeal. A PBM shall not require the submission of appeals on an individual claim (non-batch) basis or refuse to accept appeals from a provider's designated representative or require procedures that have the effect of obstructing or delaying the appeal process. All MAC reimbursement appeals shall be properly documented.

(c) Before beginning business, and as contracts are amended thereafter, each PBM shall submit

to the Insurance Commissioner a certificate signed by an executive officer of the PBM attesting that the Oklahoma provider contracts utilized by such PBM satisfy the requirements of 59 O.S. § 360 and this Subchapter.

APPENDIX BB. WRITTEN CONFIRMATION STATEMENT [NEW]

I confirm, on behalf of _____ [organization] _____, that:

- information to be disclosed to us will be subject to confidentiality provisions equivalent to the professional confidentiality mandate set forth in Part 15 of Subchapter 7 of Chapter 25 of Title 365 of the Oklahoma Administrative Code; and
- we will notify all signatories to this agreement and any supervisory organization composed of Regulators of any changes in the guarantees of professional confidentiality applied to such information which could affect the assessment of the equivalence of these guarantees according to the confidentiality regime set forth in this Regulation.

I also confirm, on behalf of my organization, that in relation to information disclosed by another Regulator:

- we will obtain the prior consent of the Regulator from whom the information originated before voluntarily passing on such information to another Regulator; and
- we will, as far as practicable, promptly notify the originating Regulator of any passing on of information or disclosure prescribed by law, and use our best efforts to resist such demand in practice if so requested by that originating Regulator.

_____[ORGANIZATION]_____

Signature_____

Name:_____

Title:_____

Date:_____

APPENDIX CC. CERTIFICATE OF CERTIFIED REINSURER
FORM CR-1

CERTIFICATE OF CERTIFIED REINSURER

I, _____, _____
(name of officer) (title of officer)

of _____, the assuming insurer
(name of assuming insurer)
under a reinsurance agreement with one or more insurers domiciled in

_____, in order to be considered for approval in this state, hereby certify that
(name of state)

_____(“Assuming Insurer”):
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in _____
(ceding insurer’s state of domicile)

for the adjudication of any issues arising out of the reinsurance agreement, agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer’s rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement to arbitrate their disputes if such an obligation is created in the agreement.

2. Designates the Insurance Commissioner of _____
(ceding insurer’s state of domicile)

as its lawful attorney upon whom may be served any lawful process in any action, suit or proceeding arising out of the reinsurance agreement instituted by or on behalf of the ceding insurer.

3. Agrees to provide security in an amount equal to 100% of liabilities attributable to U.S. ceding insurers if it resists enforcement of a final U.S. judgment or properly enforceable arbitration award.

4. Agrees to provide notification within 10 days of any regulatory actions taken against it, any change in the provisions of its domiciliary license or any change in its rating by an approved rating agency, including a statement describing such changes and the reasons therefore.

5. Agrees to annually file information comparable to relevant provisions of the NAIC financial statement for use by insurance markets in accordance with 365:25-7-73.

6. Agrees to annually file the report of the independent auditor on the financial statements of the insurance enterprise.

7. Agrees to annually file audited financial statements, regulatory filings, and actuarial opinion in accordance with 365:25-7-73.

8. Agrees to annually file an updated list of all disputed and overdue reinsurance claims regarding reinsurance assumed from U.S. domestic ceding insurers.

9. Is in good standing as an insurer or reinsurer with the supervisor of its domiciliary jurisdiction.

Dated: _____
_____ (name of assuming insurer)

BY: _____
_____ (name of officer)

_____ (title of officer)

APPENDIX DD. ANNUAL REINSURANCE REVIEW – PROPERTY & CASUALTY INSURERS

Form CR-F – PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

| 1 | 2 | 3 | 4 | 5 | Reinsurance On | | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|---------------------------|---|-------------------|--------------------------|-----------------|--|---------------------------|-------------|--------------------------------|-----------------------------|------------------|---|--------------------------|---|--|
| | | | | | 6 | 7 | 8 | | | | | | | |
| Company Code or ID Number | | Name of Reinsured | Domiciliary Jurisdiction | Assumed Premium | Paid Losses and Loss Adjustment Expenses | Known Case Losses and LAE | Cols. 6 + 7 | Contingent Commissions Payable | Assumed Premiums Receivable | Unearned Premium | Funds Held By or Deposited With Reinsured Companies | Letters of Credit Posted | Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit | Amount of Assets Pledged or Collateral Held in Trust |

Form CR-F – PART 2

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

| 1 | 2 | 3 | 4 | 5 | 6 | Reinsurance Recoverable On | | | | | | | | | Reinsurance Payable | | 18 | 19 |
|---------------------------|-------------------|--------------------------|---|----------------------------|-------------|----------------------------|--------------------------|-------------------------|--------------------|-------------------|-------------------|------------------------|---------------------------|------------------------|---------------------------------|--|--|----|
| | | | | | | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | | |
| Company Code or ID Number | Name of Reinsurer | Domiciliary Jurisdiction | Reinsurance Contracts Ceding 75% or More of Direct Premiums Written | Reinsurance Premiums Ceded | Paid Losses | Paid LAE | Known Case Loss Reserves | Known Case LAE Reserves | IBNR Loss Reserves | IBNR LAE Reserves | Unearned Premiums | Contingent Commissions | Cols. 7 through 14 Totals | Ceded Balances Payable | Other Amounts Due to Reinsurers | Net Amount Recoverable From Reinsurers Cols. 15 – [16 + 17] | Funds Held by Company Under Reinsurance Treaties | |

APPENDIX EE. ANNUAL REINSURANCE REVIEW – LIFE & HEALTH INSURERS

Form CR-S – PART 1 – SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|-----------------------|-------------------------|----------|---------------------------------------|--|-------------|--------------|--|--|---|
| Comp any Code or ID Num ber | | Effect ive Date | Name of Reinsured | Location | Type of Reinsura nce Assumed | Amount of In Force at End of Year | Reserv e | Premi ums | Reinsura nce Payable on Paid and Unpaid Losses | Modifie d Coinsur ance Reserve | Funds Withheld Under Coinsura nce |

| | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Totals—Life, Annuity and Accident and Health

Form CR-S – PART 3 – SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 Comp any Code or ID Num ber | 2 | 3 Effec tive Date | 4 Name of Company | 5 Location | 6 Typ e | 7 Premiu ms | 8 Unearn ed Premiu ms (Estima ted) | 9 Reserve Credit Taken Other than for Unearne d Premium s | Outstanding Surplus Relief | | 12 Modifie d Coinsura nce Reserve | 13 Funds Withheld Under Coinsuranc e |
|--|---|----------------------------|----------------------------|---------------|---------------|-------------------|--|--|-------------------------------|---------------------|--|---|
| | | | | | | | | | 10 Current Year | 11 Prior Year | | |
| | | | | | | | | | | | | |

| | | | | | | | |
|--------|--|--|--|--|--|--|--|
| Totals | | | | | | | |
|--------|--|--|--|--|--|--|--|

APPENDIX FF. SMALL EMPLOYER STOP LOSS DISCLOSURE

Date Prepared: _____

Insurer Name: _____

Plan Sponsor/Employer: _____

Policy ID/#: _____

Policyholder: _____

Plan Name: _____

Policy Effective Date: _____

Policy Expiration Date: _____

Plan expenses are eligible if incurred from _____ to _____

Plan expenses are eligible if paid from _____ to _____

Individual Attachment Point for Specific Coverage: _____

This Policy [does] [does not] (circle one) have different Individual Attachment Point(s) for certain individuals or conditions.

If it does, describe:

Aggregate Attachment Point: _____

Producer: _____

Important Policyholder/Plan Sponsor Information:

You have purchased a policy that provides reimbursement to you for losses of your self-funded health Plan identified above, subject to the terms and conditions of your Policy.

Your Policy is not a policy that pays for the direct medical expenses incurred by your employees or the beneficiaries of your Plan. Your Policy is NOT A GROUP OR INDIVIDUAL medical insurance policy offering health insurance benefits. You are responsible for payment of your employees' claims covered by your self-funded health Plan.

The insurer issuing this Policy is not responsible for the payment of the benefits provided by your Plan. The insurer is only responsible for reimbursing you for covered claims which you have paid as provided by the Policy.

Self-funding an employer medical benefit plan may subject you to financial obligations and regulatory requirements that are not present when you purchase a group health insurance policy. YOU SHOULD CONSULT WITH A QUALIFIED ACTUARY, PRODUCER, CONSULTANT, OR ATTORNEY REGARDING YOUR OBLIGATIONS AS A SELF-FUNDED PLAN SPONSOR, and YOUR SELECTION OF STOP LOSS POLICY TERMS.

This disclosure is provided as required by Section 7401 of Title 36 of the Oklahoma Statutes, and is for your information only. In the event of a conflict between this disclosure and your Policy, the terms and conditions of your Policy will apply.