

**WEST VIRGINIA**  
**SECRETARY OF STATE**  
KEN HECHLER  
**ADMINISTRATIVE LAW DIVISION**

Form #6

**FILED**

APR 13 2 14 PM '94

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

**NOTICE OF FINAL FILING AND ADOPTION OF A LEGISLATIVE RULE AUTHORIZED  
BY THE WEST VIRGINIA LEGISLATURE.**

AGENCY: Insurance Commission TITLE NUMBER: 114

AMENDMENT TO AN EXISTING RULE: YES\_\_\_, NO X

IF YES, SERIES NUMBER OF RULE BEING AMENDED: \_\_\_\_\_

TITLE OF RULE BEING AMENDED: \_\_\_\_\_

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: 35

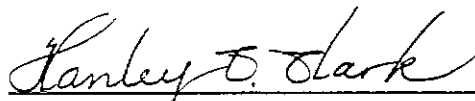
TITLE OF RULE BEING PROPOSED: Insurance Holding Company  
Systems Reporting Forms

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) SB 186

SECTION 64-7-2 (W), PASSED ON March 12, 1994

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON  
THE FOLLOWING DATE: April 13, 1994



Authorized Signature  
(Insurance Commissioner)

8.60

## PROMULGATION HISTORY

West Virginia Insurance Commission  
Insurance Holding Company Systems Reporting Forms  
Title 114 Series 35

7/9/93	Notice of Comment Period Filed
7/9/93	Emergency Rule Filed
8/9/93	Last Date Comments Were Received
8/16/93	Agency Approved Legislative Rule Filed
11/16/93	Date Reviewed by Legislative Rule-Making Review Committee
11/29/93	Date Modified and Approved Rule Filed
4/13/94	Date of Final Filing of Legislative Rule
4/13/94	Effective Date of Rule

114CSR35

WEST VIRGINIA LEGISLATIVE RULE  
INSURANCE COMMISSIONER

SERIES 35  
INSURANCE HOLDING COMPANY SYSTEMS REPORTING FORMS

Section

- 114-35-1. General.
- 114-35-2. Definitions.
- 114-35-3. Forms - General Requirements.
- 114-35-4. Forms - Incorporation by Reference, Summaries and Omissions.
- 114-35-5. Forms - Information Unknown or Unavailable and Extension of Time to Furnish.
- 114-35-6. Forms - Additional Information and Exhibits.
- 114-35-7. Subsidiaries of Domestic Insurers.
- 114-35-8. Acquisition of Control - Statement Filing.
- 114-35-9. Amendments to Form A.
- 114-35-10. Acquisition of Section 3(a)(1) Insurers.
- 114-35-11. Annual Registration of Insurers - Statement Filing.
- 114-35-12. Summary of Registration - Statement Filing.
- 114-35-13. Amendments to Form B.
- 114-35-14. Alternative and Consolidated Registrations.
- 114-35-15. Disclaimers and Termination of Registration.
- 114-35-16. Transactions Subject to Prior Notice - Notice Filing.
- 114-35-17. Extraordinary Dividends and Other Distributions.
- 114-35-18. Adequacy of Surplus.
- 114-35-19. Severability Clause.

- Appendix A. Form A - Statement Regarding the Acquisition of Control of or Merger with A Domestic Insurer.
- Appendix B. Form B - Insurance Holding Company System Annual Registration Statement.
- Appendix C. Form C - Summary of Registration Statement.
- Appendix D. Form D - Prior Notice of a Transaction.

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WEST VIRGINIA LEGISLATIVE RULE  
INSURANCE COMMISSIONER

OFFICE OF WEST VIRGINIA  
SECRETARY OF STATE

SERIES 35  
INSURANCE HOLDING COMPANY SYSTEMS REPORTING FORMS

§ 114-35-1. General.

1.1. Scope. -- This legislative rule sets forth rules and procedural requirements which the Commissioner considers necessary to carry out the provisions of the West Virginia Holding Company Systems Act. The information required by this rule is hereby declared to be necessary and appropriate in the public interest and for the protection of the policyholders in this State.

1.2. Authority. -- W. Va. Code §§ 33-27-14; 33-2-10;

1.3. Filing Date. -- \_\_\_\_\_.

1.4. Effective Date. -- \_\_\_\_\_.

§ 114-35-2. Definitions.

As used in this legislative rule:

2.1. "Commissioner" means the West Virginia Insurance Commissioner, his or her deputies, or the West Virginia Insurance Commission, as appropriate.

2.2. "Executive Officer" means the chief executive officer, chief operating officer, chief financial officer, treasurer, secretary, controller, and any other individual performing functions corresponding to those performed by the foregoing officer under whatever title.

2.3. "Foreign insurer" includes an alien insurer as defined in West Virginia Code §§ 33-1-1 et. seq.

2.4. "Form A" means the form as set forth in Appendix A of this rule.

2.5. "Form B" means the form as set forth in Appendix B of this rule.

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2.6. "Form C" means the form as set forth in Appendix C of this rule.

2.7. "Form D" means the form as set forth in Appendix D of this rule.

2.8. "Ultimate controlling person" means that person which is not controlled by any other person.

§ 114-35-3. Forms - General Requirements.

3.1. All holding companies shall use forms A, B, C, and D in Appendices as guides in the preparation of the statements required by Sections 3, 4, and 5 of Article 27, Chapter 33 of the West Virginia Code. They are not intended to be blank forms which are to be filled in. The statements filed shall contain the numbers and captions of all items, but the text of the items may be omitted provided the answers thereto are prepared in such a manner as to indicate clearly the scope and coverage of the items. All instructions, whether appearing under the items of the form or elsewhere in the form, are to be omitted. Unless expressly provided otherwise, if any item is inapplicable or the answer thereto is in the negative, the person shall make an appropriate statement to that effect.

3.2. Three (3) complete copies of each statement including exhibits and all other papers and documents filed as a part of the statement, shall be filed with the Commissioner by personal delivery or mail addressed to: Insurance Commissioner of the State of West Virginia, 2019 Washington Street, East, Post Office Box 50540, Charleston, WV 25305-0540, Attention: Financial Conditions Division. A copy of Form C shall be filed in each state in which an insurer is authorized to do business, if the Commissioner of that state has notified the insurer of its request in writing, in which case the insurer has thirty (30) days from receipt of the notice to file the form. At least one of the copies shall be manually signed in the manner prescribed on the form. Each unsigned copy shall be filed as a conformed copy with the notation that it was signed by the person whose signature appears on the original. If the signature of any person is affixed pursuant to a power of attorney or other similar authority, a copy of the power of attorney or other authority shall also be filed with the statement.

3.3. Statements should be prepared on paper 8 1/2" x 11" (or 8 1/2" x 14") in size and bound at the top or the top left-hand corner. Exhibits and financial statements, unless specifically prepared for the filing, may be submitted in their original size.

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All copies of any statement, financial statements, or exhibits shall be clear, easily readable and suitable for photocopying. Debits in credit categories and credits in debit categories shall be designated so as to be clearly distinguishable as such on photocopies. Statements shall be in the English language and monetary values shall be stated in United States currency. If any exhibit or other paper or document filed with the statement is in a foreign language, it shall be accompanied by a translation into the English language and any monetary value shown in a foreign currency normally shall be converted into United States currency.

**§ 114-35-4. Forms - Incorporation by Reference, Summaries and Omissions.**

4.1. Information required by any item of Form A, Form B or Form D in Appendices may be incorporated by reference in answer or partial answer to any other item. Information contained in any financial statement, annual report, proxy statement, statement filed with a governmental authority, or any other document may be incorporated by reference in answer or partial answer to any item of Form A, Form B or Form D in Appendices provided that document or paper is filed as an exhibit to the statement. Excerpts of documents may be filed as exhibits if the documents are extensive. Documents currently on file with the Commissioner which were filed within three years need not be attached as exhibits. References to information contained in exhibits or in documents already on file shall clearly identify the material and shall specifically indicate that the material is to be incorporated by reference in answer to the item. Matter shall not be incorporated by reference in any case where the incorporation would render the statement incomplete, unclear or confusing.

4.2. Where an item requires a summary or outline of the provisions of any document, only a brief statement shall be made as to the pertinent provisions of the document. In addition to that statement, the summary or outline may incorporate by reference particular parts of any exhibit or document currently on file with the Commissioner which was filed within three years and may be qualified in its entirety by such reference. In any case where two or more documents required to be filed as exhibits are substantially identical in all material respects except as to the parties thereto, the dates of execution, or other details, a copy of only one of the documents need be filed with a schedule identifying the omitted documents and setting forth the material details in which the documents differ from the filed documents.

**§ 114-35-5. Forms - Information Unknown or Unavailable and Extension of Time to Furnish.**

5.1. Information required need be given only insofar as it is known or reasonably available to the person filing the statement. If any required information is unknown and not reasonably available to the person filing a statement, either because the obtaining of the information would involve unreasonable effort or expense, or because it rests peculiarly within the knowledge of another person not affiliated with the person filing the statement, the information may be omitted, subject to the following conditions:

5.1.1. The person filing the statement shall give such information on the subject as it possesses or can acquire without unreasonable effort or expense, together with the sources of the information; and

5.1.2. The person filing the statement shall include a statement either showing that unreasonable effort or expense would be involved or indicating the absence of any affiliation with the person within whose knowledge the information rests and stating the result of a request made to that person for the information.

5.2. If it is impractical to furnish any required information, document or report at the time it is required to be filed, there may be filed with the Commissioner, as a separate document, a document: identifying the information, document or report in question; stating why the filing thereof at the time required is impractical; and requesting an extension of time for filing the information, document or report to a specified date. The request for extension shall be considered granted unless the Commissioner within sixty (60) days after receipt of the request enters an order denying the request.

**§ 114-35-6. Forms - Additional Information and Exhibits.**

6.1. In addition to the information expressly required to be included in Form A, Form B, Form C and Form D in appendices A, B, C, and D of this rule, there shall be added such further material information, if any, as may be necessary to make the information contained therein not misleading. The person filing may also file such exhibits as it may desire in addition to those expressly required by the statement. The exhibits shall be marked to indicate clearly the subject matters to which they refer. Changes to Forms A, B, C or D in appendices A, B, C, and D of this rule, shall include on the top of the cover page the



phrase: "Change No. (INSERT NUMBER) to" and shall indicate the date of the change and not the date of the original filing.

**§ 114-35-7. Subsidiaries of Domestic Insurers.**

7.1. The authority to invest in subsidiaries under Section 2(b) of Article 27, Chapter 33 of the Code is in addition to any authority to invest in subsidiaries which may be contained in any other provision of the Insurance Code.

**§ 114-35-8. Acquisition of Control - Statement Filing.**

8.1. A person required to file a statement pursuant to Section 3 of Article 27, Chapter 33 of the Code shall furnish the required information on Form A in Appendix A of this rule.

**§ 114-35-9. Amendments to Form A.**

9.1. The applicant shall promptly advise the Commissioner of any changes in the information furnished on Form A arising subsequent to the date upon which the information was furnished but prior to the Commissioner's disposition of the application.

**§ 114-35-10. Acquisition of Section 3(a)(1) Insurers.**

10.1. If the person being acquired is considered to be a "domestic insurer" solely because of the provisions of Section 3(a)(1) of Article 27, Chapter 33 of the Code, the name of the domestic insurer on the cover page should be indicated as follows:

"ABC Insurance Company, a subsidiary of XYZ Holding Company".

10.2. Where a Section 3(a)(1) insurer is being acquired, references to "the insurer" contained in Form A in Appendix A of this rule shall refer to both the domestic subsidiary insurer and the person being acquired.

**§ 114-35-11. Annual Registration of Insurers - Statement Filing.**

11.1. An insurer required to file an annual registration statement pursuant to Section 4 of the Act shall furnish the required information on Form B, in Appendix B of this rule.

§ 114-35-12. Summary of Registration - Statement Filing.

12.1. An insurer required to file an annual registration statement pursuant to Section 4 of the Act is also required to furnish information required on Form C, in Appendix C of this rule. An insurer shall file a copy of Form C in each state in which the insurer is authorized to do business, if requested by the Commissioner of that state.

§ 114-35-13. Amendments to Form B.

13.1. An amendment to Form B in Appendix B of this rule shall be filed within 15 days after the end of any month in which there is a material change to the information provided in the annual registration statement.

13.2. Amendments shall be filed in the Form B format with only those items which are being amended reported. Each amendment shall include at the top of the cover page "Amendment NO. [INSERT NUMBER] to Form B for [INSERT YEAR]" and shall indicate the date of the change and not the date of the original filings.

§ 114-35-14. Alternative and Consolidated Registrations.

14.1. Any authorized insurer may file a registration statement on behalf of any affiliated insurer or insurers which are required to register under Section 4 of Article 27, Chapter 33 of the West Virginia Code. A registration statement may include information not required by the Act regarding any insurer in the insurance holding company system even if the insurer is not authorized to do business in this State. In lieu of filing a registration statement on Form B, the authorized insurer may file a copy of the registration statement or similar report which it is required to file in its State of domicile, provided:

14.1.1. The statement or report contains information substantially similar to that required to be furnished on Form B; and

14.1.2. The filing insurer is the principal insurance company in the insurance holding company system.

14.2. The question of whether the filing insurer is the principal insurance company in the insurance holding company system is a question of fact and an insurer filing a registration statement or report in lieu of Form B on behalf of an affiliated

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insurer, shall set forth a brief statement of facts which will substantiate the filing insurer's claim that it, in fact, is the principal insurer in the insurance holding company system.

14.3. With the prior approval of the Commissioner, an unauthorized insurer may follow any of the procedures which could be done by an authorized insurer under subsection 14.1 of this rule.

14.4. Any insurer may take advantage of the provisions of Article 27, Chapter 33 of the West Virginia Code without obtaining the prior approval of the Commissioner. The Commissioner, however, reserves the right to require individual filings if he or she considers the filings necessary in the interest of clarity, ease of administration or the public good.

**§ 114-35-15. Disclaimers and Termination of Registration.**

15.1. A disclaimer of affiliation or a request for termination of registration claiming that a person does not, or will not upon the taking of some proposed action, control another person (hereinafter referred to as the "subject") shall contain the following information:

15.1.1. The number of authorized, issued and outstanding voting securities of the subject;

15.1.2. With respect to the person whose control is denied and all affiliates of that person, the number and percentage of shares of the subject's voting securities which are held of record or known to be beneficially owned, and the number of such shares concerning which there is a right to acquire, directly or indirectly;

15.1.3. All material relationships and bases for affiliation between the subject and the person whose control is denied and all affiliates of that person; and

15.1.4. A statement explaining why such person should not be considered to control the subject.

15.2. A request for termination of registration shall be considered to have been granted unless the Commissioner, within 60 days after he or she receives the request, notifies the registrant otherwise.

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**§ 114-35-16. Transactions Subject to Prior Notice - Notice Filing.**

16.1. An insurer required to give notice of a proposed transaction pursuant to Section 5 of Article 27, Chapter 33 of the West Virginia Code shall furnish the information required on Form D, as set forth in Appendix D of this rule.

**§ 114-35-17. Extraordinary Dividends and Other Distributions.**

17.1. Requests for approval of extraordinary dividends or any other extraordinary distribution to shareholders shall include the following:

17.1.1. The amount of the proposed dividend;

17.1.2. The date established for payment of the dividend;

17.1.3. A statement as to whether the dividend is to be in cash or other property and, if in property, a description of the property, its cost, and its fair market value together with an explanation of the basis for valuation of the property;

17.1.4. A copy of the calculations determining that the proposed dividend is extraordinary. The work paper shall include the following information:

17.1.4.1. The amounts, dates and form of payment of all dividends or distributions (including regular dividends but excluding distributions of the insurers own securities) paid within the period of 12 consecutive months ending on the date fixed for payment of the proposed dividend for which approval is sought and commencing on the day after the same day of the same month in the last preceding year.

17.1.4.2. Surplus as regards policyholders (total capital and surplus) as of the 31st day of December next preceding;

17.1.4.3. If the insurer is a life insurer, the net gain from operations for the 12-month period ending the 31st day of December next preceding;

17.1.4.4. If the insurer is not a life insurer, the net income less realized capital gains for the 12-month period ending the 31st day of December next preceding and the two preceding 12-months periods; and

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17.1.4.5. If the insurer is not a life insurer, the dividends paid to stockholders excluding distributions of the insurer's own securities in the preceding two calendar years;

17.1.5. A balance sheet and statement of income for the period intervening from the last annual statement filed with the Commissioner and the end of the month preceding the month in which the request for dividend approval is submitted; and

17.1.6. A brief statement as to the effect of the proposed dividend upon the insurer's surplus and the reasonableness of the surplus in relation to the insurer's outstanding liabilities and the adequacy of surplus relative to the insurer's financial needs.

17.2. Subject to subsections (c) (d) and (e) of Section 5 of the Act, each registered insurer shall report to the Commissioner all dividends and other distributions to shareholders within 15 business days following the declaration thereof, including the same information required by subsections 17.1.4, 17.1.4.1, 17.1.4.2, 17.1.4.3, 17.1.4.4, and 17.1.4.5 of this rule.

**§ 114-35-18. Adequacy of Surplus.**

18.1. The factors set forth in Section 5(b) of Article 27, Chapter 33 of the West Virginia Code are not intended to be an exhaustive list. In determining the adequacy of the reasonableness of an insurer's surplus no single factor is necessarily controlling. The Commissioner, instead, will consider the net effect of all of these factors plus other factors bearing on the financial condition of the insurer. In comparing the surplus maintained by other insurers, the Commissioner will consider the extent to which each of these factors varies from company to company and in determining the quality and liquidity of investments in subsidiaries, the Commissioner will consider the individual subsidiary and may discount or disallow its valuation to the extent that the individual investments warrant.

**§ 114-35-19. Severability Clause.**

19.1. If any provision of this rule, or the application thereof to any person or circumstance, is held invalid, that determination shall not affect other provisions or applications of this rule which can be given effect without the invalid provision or application, and to that end the provisions of this rule are severable.

## FORM A

### STATEMENT REGARDING THE ACQUISITION OF CONTROL OF OR MERGER WITH A DOMESTIC INSURER

\_\_\_\_\_  
Name of Domestic Insurer

BY

\_\_\_\_\_  
Name of Acquiring Person (Applicant)

Filed with the Insurance Department of

\_\_\_\_\_  
(State of domicile of insurer being acquired)

Dated: \_\_\_\_\_, 19\_\_\_\_

Name, title, address and telephone number of Individual to Whom  
Notices and Correspondence Concerning this Statement Should be  
Addressed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ITEM 1. INSURER AND METHOD OF ACQUISITION

State the name and address of the domestic insurer to which  
this application relates and a brief description of how control  
is to be acquired.

**ITEM 2. IDENTITY AND BACKGROUND OF THE APPLICANT**

(a) State the name and address of the applicant seeking to acquire control over the insurer.

(b) If the applicant is not an individual, state the nature of its business operations for the past five years or for such lesser period as such person and any predecessors thereof shall have been in existence. Briefly describe the business intended to be done by the applicant and the applicant's subsidiaries.

(c) Furnish a chart or listing clearly presenting the identities of the inter-relationships among the applicant and all affiliates of the applicant. No affiliate need be identified if its total assets are equal to less than 1/2 of 1% of the total assets of the ultimate controlling person affiliated with the applicant. Indicate in such chart or listing the percentage of voting securities of each such person which is owned or controlled by the applicant or by any other such person. If control of any person is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g. corporation, trust, partnership) and the state or other jurisdiction of domicile. If court proceedings involving a reorganization or liquidation are pending with respect to any such person, indicate which person, and set forth the title of the court, nature of proceedings and the date when commenced.

**ITEM 3. IDENTITY AND BACKGROUND OF INDIVIDUALS ASSOCIATED WITH THE APPLICANT**

State the following with respect to (1) the applicant if (s)he is an individual or (2) all persons who are directors, executive officers or owners of 10% or more of the voting securities of the applicant if the applicant is not an individual.

(a) Name and business address;

(b) Present principal business activity, occupation or employment including position and office held and the name, principal business and address of any corporation or other organization in which such employment is carried on;

(c) Material occupations, positions, offices or employment during the last five years, giving the starting and ending dates of each and the name, principal business and address of any

business corporation or other organization in which each such occupation, position, office or employment was carried on; if any such occupation, position, office or employment required licensing by or registration with any federal, state or municipal governmental agency, indicate such fact, the current status of such licensing or registration, and an explanation of any surrender, revocation, suspension or disciplinary proceedings in connection therewith.

(d) Whether or not such person has ever been convicted in a criminal proceeding (excluding minor traffic violations) during the last ten years and, if so, give the date, nature of conviction, name and location of court, and penalty imposed or other disposition of the case.

#### **ITEM 4. NATURE, SOURCE AND AMOUNT OF CONSIDERATION**

(a) Describe the nature, source and amount of funds or other considerations used or to be used in effecting the merger or other acquisition of control. If any part of the same is represented or is to be represented by funds or other consideration borrowed or otherwise obtained for the purpose of acquiring, holding or trading securities, furnish a description of the transaction, the names of the parties thereto, the relationship, if any, between the borrower and the lender, the amounts borrowed or to be borrowed, and copies of all agreements, promissory notes and security arrangements relating thereto.

(b) Explain the criteria used in determining the nature and amount of such consideration.

(c) If the source of the consideration is a loan made in the lender's ordinary course of business and if the applicant wishes the identity of the lender to remain confidential, he must specifically request that the identity be kept confidential.

#### **ITEM 5. FUTURE PLANS OF INSURER**

Describe any plans or proposals which the applicant may have to declare an extraordinary dividend, to liquidate such insurer, to sell its assets to or merge it with any person or persons or to make any other material change in its business operations or corporate structure or management.

#### **ITEM 6. VOTING SECURITIES TO BE ACQUIRED**

State the number of shares of the insurer's voting securities which the applicant, its affiliates and any person



listed in Item 3 plan to acquire, and the terms of the offer, request, invitation, agreement or acquisition, and a statement as to the method by which the fairness of the proposal was arrived at.

**ITEM 7. OWNERSHIP OF VOTING SECURITIES**

State the amount of each class of any voting security of the insurer which is beneficially owned or concerning which there is a right to acquire beneficial ownership by the applicant, its affiliates or any person listed in Item 3.

**ITEM 8. CONTRACTS, ARRANGEMENTS, OR UNDERSTANDINGS WITH RESPECT TO VOTING SECURITIES OF THE INSURER**

Give a full description of any contracts, arrangements or understandings with respect to any voting security of the insurer in which the applicant, its affiliates or any person listed in Item 3 is involved, including but not limited to transfer of any of the securities, joint ventures, loan or option arrangements, puts or calls, guarantees of loans, guarantees against loss or guarantees of profits, division of losses or profits, or the giving or withholding of proxies. Such description shall identify the persons with whom such contracts, arrangements or understandings have been entered into.

**ITEM 9. RECENT PURCHASES OF VOTING SECURITIES**

Describe any purchases of any voting securities of the insurer by the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this Statement. Include in such description the dates of purchase, the names of the purchasers, and the consideration paid or agreed to be paid therefor. State whether any such shares so purchased are hypothecated.

**ITEM 10. RECENT RECOMMENDATIONS TO PURCHASE**

Describe any recommendations to purchase any voting security of the insurer made by the applicant, its affiliates or any person listed in Item 3, or by anyone based upon interviews or at the suggestion of the applicant, its affiliates or any person listed in Item 3 during the 12 calendar months preceding the filing of this statement.

**ITEM 11. AGREEMENTS WITH BROKER-DEALERS**

Describe the terms of any agreement, contract or understanding made with any broker-dealer as to the solicitation of voting securities of the insurer for tender and the amount of any fees, commissions or other compensation to be paid to broker-dealers with regard thereto.

**ITEM 12. FINANCIAL STATEMENTS AND EXHIBITS**

(a) Financial statements and exhibits shall be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.

(b) The financial statements shall include the annual financial statements of the persons identified in Item 2(c) for the preceding five fiscal years (or for such lesser period as such applicant and its affiliates and any predecessors thereof shall have been in existence), and similar information covering the period from the end of such person's last fiscal year, if such information is available. Such statements may be prepared on either an individual basis, or, unless the Commissioner otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business.

The annual financial statements of the applicant shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the applicant and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the applicant is an insurer which is actively engaged in the business of insurance, the financial statements need not be certified, provided they are based on the Annual Statement of such person filed with the insurance department of the person's domiciliary state and are in accordance with the requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.

(c) File as exhibits copies of all tender offers for, requests or invitations for, tenders of, exchange offers for, and agreements to acquire or exchange any voting securities of the insurer and (if distributed) of additional soliciting material relating thereto, any proposed employment, consultation, advisory or management contracts concerning the insurer, annual reports to the stockholders of the insurer and the applicant for the last

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two fiscal years, and any additional documents or papers required by Form A or Regulation Sections 114-35-4 and 114-35-6.

**ITEM 13. SIGNATURE AND CERTIFICATION**

Signature and certification required as follows:

**SIGNATURE**

Pursuant to the requirements of Section 3 of the Act \_\_\_\_\_ has caused this application to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

(SEAL) \_\_\_\_\_  
Name of Applicant

BY \_\_\_\_\_  
(Name) (Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that (s)he has duly executed the attached application dated \_\_\_\_\_, 19\_\_\_\_, for and on behalf of \_\_\_\_\_; (Name of Applicant)

that (s)he is the \_\_\_\_\_ of such company (Title of Officer)

and that (s)he is authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature) \_\_\_\_\_

(Type or print name beneath) \_\_\_\_\_

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Appendix B

# FORM B

## INSURANCE HOLDING COMPANY SYSTEM ANNUAL REGISTRATION STATEMENT

Filed with the Insurance Department of the State of

\_\_\_\_\_

By

\_\_\_\_\_

Name of Registrant

On Behalf of the Following Insurance Companies

Name                      Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 19\_\_\_\_

Name, title, address and telephone number of Individual to Whom  
Notices and Correspondence Concerning This Statement Should Be  
Addressed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEM 1. IDENTITY AND CONTROL OF REGISTRANT**

Furnish the exact name of each insurer registering or being registered (hereinafter called "the Registrant"), the home office address and principal executive offices of each; the date on which each Registrant became part of the insurance holding company system; and the method(s) by which control of each Registrant was acquired and is maintained.

**ITEM 2. ORGANIZATIONAL CHART**

Furnish a chart or listing clearly presenting the identities of and interrelationships among all affiliated persons within the insurance holding company system. The chart or listing should show the percentage of each class of voting securities of each affiliate which is owned, directly or indirectly, by another affiliate. If control of any person within the system is maintained other than by the ownership or control of voting securities, indicate the basis of such control. As to each person specified in such chart or listing indicate the type of organization (e.g., - corporation, trust, partnership) and the state or other jurisdiction of domicile.

**ITEM 3. THE ULTIMATE CONTROLLING PERSON**

As to the ultimate controlling person in the insurance holding company system furnish the following information:

- (a) Name.
- (b) Home office address.
- (c) Principal executive office address.
- (d) The organizational structure of the person, i.e., corporation, partnership, individual, trust, etc.
- (e) The principal business of the person.
- (f) The name and address of any person who holds or owns 10% or more of any class of voting security, the class of such security, the number of shares held of record or known to be beneficially owned, and the percentage of class so held or owned.
- (g) If court proceedings involving a reorganization or liquidation are pending, indicate the title and location of the court, the nature of proceedings and the date when commenced.

**ITEM 4. BIOGRAPHICAL INFORMATION**

Furnish the following information for the directors and executive officers of the ultimate controlling person: the individual's name and address, his or her principal occupation and all offices and positions held during the past five years, and any conviction of crimes other than minor traffic violations during the past ten years.

**ITEM 5. TRANSACTIONS AND AGREEMENTS**

Briefly describe the following agreements in force, and transactions currently outstanding or which have occurred during the last calendar year between the Registrant and its affiliates:

- (1) loans, other investments, or purchases, sales or exchanges of securities of the affiliates by the Registrant or of the Registrant by its affiliates;
- (2) purchases, sales or exchanges of assets;
- (3) transactions not in the ordinary course of business;
- (4) guarantees or undertakings for the benefit of an affiliate which result in an actual contingent exposure of the Registrant's assets to liability, other than insurance contracts entered into in the ordinary course of the Registrant's business;
- (5) all management agreements, service contracts and all cost-sharing arrangements;
- (6) reinsurance agreements;
- (7) dividends and other distributions to shareholders;
- (8) consolidated tax allocation agreements; and
- (9) any pledge of the Registrant's stock and/or of the stock of any subsidiary or controlling affiliate, for a loan made to any member of the insurance holding company system.

No information need be disclosed if such information is not material for purposes of Section 4 of the Act.

Sales, purchases, exchanges, loans or extensions of credit, investments or guarantees involving one-half of 1% or less of the Registrant's admitted assets as of the 31st day of December next

preceding shall not be deemed material. (Note: Commissioner may by rule, regulation or order provide otherwise).

The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include at least the following: the nature and purpose of the transaction, the nature and amounts of any payments or transfers of assets between the parties, the identity of all parties to such transaction, and relationship of the affiliated parties to the Registrant.

#### **ITEM 6. LITIGATION OR ADMINISTRATIVE PROCEEDINGS**

A brief description of any litigation or administrative proceedings of the following types, either then pending or concluded within the preceding fiscal year, to which the ultimate controlling person or any of its directors or executive officers was a party or of which the property of any such person is or was the subject; give the names of the parties and the court or agency in which such litigation or proceeding is or was pending:

(a) Criminal prosecutions or administrative proceedings by any government agency or authority which may be relevant to the trustworthiness of any party thereto; and

(b) Proceedings which may have a material effect upon the solvency or capital structure of the ultimate holding company including, but not necessarily limited to, bankruptcy, receivership or other corporate reorganizations.

#### **ITEM 7. STATEMENT REGARDING PLAN OR SERIES OF TRANSACTIONS**

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions, the purpose of which is to avoid statutory threshold amounts and the review that might otherwise occur.

#### **ITEM 8. FINANCIAL STATEMENTS AND EXHIBITS**

(a) Financial statements and exhibits should be attached to this statement as an appendix, but list under this item the financial statements and exhibits so attached.

(b) The financial statements shall include the annual financial statements of the ultimate controlling person in the insurance holding company system as of the end of the person's latest fiscal year.

Insurance Commissioner  
Legislative Rule  
Title 114, Series 35

If at the time of the initial registration, the annual financial statements for the latest fiscal year are not available, annual statements for the previous fiscal year may be filed and similar financial information shall be filed for any subsequent period to the extent such information is available. Such financial statements may be prepared on either an individual basis, or unless the Commissioner otherwise requires, on a consolidated basis if such consolidated statements are prepared in the usual course of business.

Unless the Commissioner otherwise permits, the annual financial statements shall be accompanied by the certificate of an independent public accountant to the effect that such statements present fairly the financial position of the ultimate controlling person and the results of its operations for the year then ended, in conformity with generally accepted accounting principles or with requirements of insurance or other accounting principles prescribed or permitted under law. If the ultimate controlling person is an insurer which is actively engaged in the business of insurance, the annual financial statements need not be certified, provided they are based on the Annual Statement of such insurer filed with the insurance department of the insurer's domiciliary State and are in accordance with requirements of insurance or other accounting principles prescribed or permitted under the law and regulations of such state.

(c) Exhibits shall include copies of the latest annual reports to shareholders of the ultimate controlling person and proxy material used by the ultimate controlling person; and any additional documents or papers required by Form B or Regulation Sections 114-35-4 and 114-35-6.

**ITEM 9. FORM C REQUIRED**

A Form C, Summary of Registration Statement, must be prepared and filed with this Form B.

**ITEM 10. SIGNATURE AND CERTIFICATION**

Signature and certification required as follows:

**SIGNATURE**

Pursuant to the requirements of Section 4 of the Act the Registrant has caused this annual registration statement to be duly signed on its behalf in the City of \_\_\_\_\_ and



Insurance Commissioner  
Legislative Rule  
Title 114, Series 35

State of \_\_\_\_\_ on the \_\_\_\_\_ day of  
\_\_\_\_\_, 19\_\_\_\_\_.

(SEAL) \_\_\_\_\_  
Name of Registrant

BY \_\_\_\_\_  
(Name) (Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that (s)he has duly  
executed the attached annual registration statement dated  
\_\_\_\_\_, 19\_\_\_, for and on behalf of \_\_\_\_\_;  
(Name of Company)

that (s)he is the \_\_\_\_\_ of such company  
(Title of Officer)

and that (s)he is authorized to execute and file such instrument.  
Deponent further says that (s)he is familiar with such instrument  
and the contents thereof, and that the facts therein set forth  
are true to the best of his/her knowledge, information and  
belief.

(Signature) \_\_\_\_\_

(Type or print name beneath) \_\_\_\_\_

# FORM C

## SUMMARY OF REGISTRATION STATEMENT

Filed with the Insurance Department of the State of \_\_\_\_\_

By

\_\_\_\_\_  
Name of Registrant

On Behalf of the Following Insurance Companies

Name	Address
------	---------

_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_, 19 \_\_\_\_\_

Name, title, address and telephone number of Individual to Whom Notices and Correspondence Concerning This Statement Should Be Addressed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furnish a brief description of all items in the current annual registration statement which represent changes from the prior year's annual registration statement. The description shall be in a manner as to permit the proper evaluation thereof by the Commissioner, and shall include specific references to Item numbers in the annual registration statement and to the terms contained therein.

Changes occurring under Item 2 of Form B insofar as changes in the percentage of each class of voting securities held by each

Insurance Commissioner  
Legislative Rule  
Title 114, Series 35

affiliate is concerned, need only be included where such changes are ones which result in ownership or holdings of 10 percent or more of voting securities, loss or transfer of control, or acquisition or loss of partnership interest.

Changes occurring under Item 4 of Form B need only be included where: an individual is, for the first time, made a director or executive officer of the ultimate controlling person; a director or executive officer terminates his or her responsibilities with the ultimate controlling person; or in the event an individual is named president of the ultimate controlling person.

If a transaction disclosed on the prior year's annual registration statement has been changed, the nature of such change shall be included. If a transaction disclosed on the prior year's annual registration statement has been effectuated, furnish the mode of completion and any flow of funds between affiliates resulting from the transaction.

The insurer shall furnish a statement that transactions entered into since the filing of the prior year's annual registration statement are not part of a plan or series of like transactions whose purpose it is to avoid statutory threshold amounts and the review that might otherwise occur.

**SIGNATURE AND CERTIFICATION**

Signature and certification required as follows:

**SIGNATURE**

Pursuant to the requirements of Section 4 of the Act, the Registrant has caused this summary of registration statement to be duly signed on its behalf in the City of \_\_\_\_\_ and State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

(SEAL) \_\_\_\_\_  
Name of Registrant

BY \_\_\_\_\_  
(Name) (Title)

Insurance Commissioner  
Legislative Rule  
Title 114, Series 35

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that (s)he has duly executed the attached summary of registration statement dated \_\_\_\_\_, 19\_\_\_\_\_, for and on behalf of \_\_\_\_\_ that (s)he is the

(Name of Registrant)

\_\_\_\_\_ of such company and that (s)he is  
(Title of Officer)  
authorized to execute and file such instrument. Deponent further says that (s)he is familiar with such instrument and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief.

(Signature) \_\_\_\_\_

(Type or print name beneath) \_\_\_\_\_

# FORM D

## PRIOR NOTICE OF A TRANSACTION

Filed with the Insurance Department of the State of \_\_\_\_\_

By

\_\_\_\_\_  
Name of Registrant

On Behalf of the Following Insurance Companies

Name	Address
------	---------

_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_, 19 \_\_\_\_\_

Name, Title, Address and Telephone Number of Individual to Whom  
Notices and Correspondence Concerning This Statement Should Be  
Addressed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ITEM 1. IDENTITY OF PARTIES TO TRANSACTION

Furnish the following information for each of the parties to  
the transaction:

- (a) Name.
- (b) Home office address.

- (c) Principal executive office address.
- (d) The organizational structure, i.e. corporation, partnership, individual, trust, etc.
- (e) A description of the nature of the parties' business operations.
- (f) Relationship, if any, of other parties to the transaction to the insurer filing the notice, including any ownership or debtor/creditor interest by any other parties to the transaction in the insurer seeking approval, or by the insurer filing the notice in the affiliated parties.
- (g) Where the transaction is with a non-affiliate, the name(s) of the affiliate(s) which will receive, in whole or in substantial part, the proceeds of the transaction.

**ITEM 2. DESCRIPTION OF THE TRANSACTION**

Furnish the following information for each transaction for which notice is being given:

- (a) A statement as to whether notice is being given under Section 5(f)(1), (2), (3), (4), or (5) of the Act.
- (b) A statement of the nature of the transaction.
- (c) The proposed effective date of the transaction.

**ITEM 3. SALES, PURCHASES, EXCHANGES, LOANS, EXTENSIONS OF CREDIT, GUARANTEES OR INVESTMENTS**

Furnish a brief description of the amount and source of funds, securities, property or other consideration for the sale, purchase, exchange, loan, extension of credit, guarantee, or investment whether any provision exists for purchase by the insurer filing notice, by any party to the transaction, or by any affiliate of the insurer filing notice, a description of the terms of any securities being received, if any, and a description of any other agreements relating to the transaction such as contracts or agreements for services, consulting agreements and the like. If the transaction involves other than cash, furnish a description of the consideration, its costs and its fair market value, together with an explanation of the basis for evaluation.

If the transaction involves a loan, extension of credit or a guarantee, furnish a description of the maximum amount which the

insurer will be obligated to make available under such loan, extension of credit or guarantee, the date on which the credit or guarantee will terminate, and any provisions for the accrual of or deferral of interest.

If the transaction involves an investment, guarantee or other arrangement, state the time period during which the investment, guarantee or other arrangement will remain in effect, together with any provisions for extensions or renewals of such investments, guarantees or arrangements. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the maximum amount which can at any time be outstanding or for which the insurer can be legally obligated under the loan, extension of credit or guarantee is less than, the lesser of 1% of the insurer's admitted assets or 10% of surplus as regards policyholders, each as of the 31st day of December next preceding.

#### **ITEM 4. LOANS OR EXTENSIONS OF CREDIT TO A NON-AFFILIATE**

If the transaction involves a loan or extension of credit to any person who is not an affiliate, furnish a brief description of the agreement or understanding whereby the proceeds of the proposed transaction, in whole or in substantial part, are to be used to make loans or extensions of credit to, to purchase the assets of, or to make investments in, any affiliate of the insurer making such loans or extensions of credit, and specify in what manner the proceeds are to be used to loan to, extend credit to, purchase assets of or make investments in any affiliate. Describe the amount and source of funds, securities, property or other consideration for the loan or extension of credit and, if the transaction is one involving consideration other than cash, a description of its cost and its fair market value together with an explanation of the basis for evaluation. Furnish a brief statement as to the effect of the transaction upon the insurer's surplus.

No notice need be given if the loan or extension of credit is one which equals less than the lesser of 1% of the insurer's admitted assets or 10% of surplus as regards policyholders each as of the 31st day of December next preceding.

#### **ITEM 5. REINSURANCE**

If the transaction is a reinsurance agreement or modification thereto, as described by Section 5(f)(3) of the Act,

furnish a description of the known and/or estimated amount of liability to be ceded and/or assumed in each calendar year, the period of time during which the agreement will be in effect, and a statement whether an agreement or understanding exists between the insurer and non-affiliate to the effect that any portion of the assets constituting the consideration for the agreement will be transferred to one or more of the insurer's affiliates. Furnish a brief description of the consideration involved in the transaction, and a brief statement as to the effect of the transaction upon the insurer's surplus.

No noticed need be given for reinsurance agreements or modifications thereto if the reinsurance premium or a change in the insurer's liabilities in connection with the reinsurance agreement or modification thereto is less than 5% of the insurer's surplus as regards policyholders, as of the 31st day of December next preceding.

**ITEM 6. MANAGEMENT AGREEMENTS, SERVICE AGREEMENTS AND COST-SHARING ARRANGEMENTS**

For management and service agreements, furnish:

(a) a brief description of the managerial responsibilities, or services to be performed.

(b) a brief description of the agreement, including a statement of its duration, together with brief descriptions of the basis for compensation and the terms under which payment or compensation is to be made.

For cost-sharing arrangements, furnish:

(a) a brief description of the purpose of the agreement.

(b) a description of the period of time during which the agreement is to be in effect.

(c) a brief description of each party's expenses or costs covered by the agreement.

(d) a brief description of the accounting basis to be used in calculating each party's costs under the agreement.



**ITEM 7. SIGNATURE AND CERTIFICATION**

Signature and certification required as follows:

**SIGNATURE**

Pursuant to the requirements of Section 5 of the Act,  
\_\_\_\_\_ has caused this notice to be duly signed on  
its behalf in the City of \_\_\_\_\_ and State of  
\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_,  
19\_\_\_\_.

(SEAL) \_\_\_\_\_  
Name of Applicant

BY \_\_\_\_\_  
(Name) (Title)

Attest:

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title)

**CERTIFICATION**

The undersigned deposes and says that (s)he has duly  
executed the attached notice dated \_\_\_\_\_, 19\_\_\_\_,  
for and on behalf of \_\_\_\_\_ that (s)he  
(Name of Registrant)

is the \_\_\_\_\_ of such company and that  
(Title of Officer)

(s)he is authorized to execute and file such instrument.  
Deponent further says that (s)he is familiar with such instrument  
and the contents thereof, and that the facts therein set forth  
are true to the best of his/her knowledge, information and  
belief.

(Signature) \_\_\_\_\_

(Type or print name beneath) \_\_\_\_\_

6787

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H. B. 4269

(By Delegates Gallagher, Douglas, Compton,  
Huntwork, Burk and Faircloth  
(Introduced January 31, 1994; referred to the  
Committee on Banking and Insurance then the  
Judiciary)

10 A BILL to amend and reenact section two, article seven, chapter  
11 sixty-four of the code of West Virginia, one thousand nine  
12 hundred thirty-one, as amended, relating to authorizing the  
13 insurance commissioner to promulgate legislative rules  
14 relating to insurance holding company systems reporting  
15 forms.

16 Be it enacted by the Legislature of West Virginia:

17 That section two, article seven, chapter sixty-four of the  
18 code of West Virginia, one thousand nine hundred thirty-one, as  
19 amended, be amended and reenacted, to read as follows:

20 ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE TO  
21 PROMULGATE LEGISLATIVE RULES.

22 §64-7-2. Insurance commissioner.

23 (a) The legislative rules filed in the state register on the  
24 eighteenth day of October, one thousand nine hundred

4269

1 eighty-three, relating to the insurance commissioner (excess line  
2 brokers), are authorized.

3 (b) The legislative rules filed in the state register on the  
4 eighteenth day of August, one thousand nine hundred eighty-six,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the twelfth day of December, one thousand nine  
8 hundred eighty-six, relating to the insurance commissioner  
9 (examiners' compensation, qualification and classification), are  
10 authorized.

11 (c) The legislative rules filed in the state register on the  
12 twentieth day of February, one thousand nine hundred  
13 eighty-seven, relating to the insurance commissioner (West  
14 Virginia essential property insurance association), are  
15 authorized.

16 (d) The legislative rules filed in the state register on the  
17 twenty-ninth day of May, one thousand nine hundred eighty-seven,  
18 relating to the insurance commissioner (medical malpractice  
19 annual reporting requirements), are authorized.

20 (e) The legislative rules filed in the state register on the  
21 thirty-first day of July, one thousand nine hundred eighty-seven,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the seventh day of November, one thousand nine  
25 hundred eighty-seven, relating to the insurance commissioner

1 (medical malpractice loss experience and loss expense reporting  
2 requirements), are authorized.

3 (f) The legislative rules filed in the state register on the  
4 thirtieth day of November, one thousand nine hundred  
5 eighty-eight, modified by the insurance commissioner to meet the  
6 objections of the legislative rule-making review committee and  
7 refiled in the state register on the twenty-first day of  
8 February, one thousand nine hundred eighty-nine, relating to the  
9 insurance commissioner (transitional requirements for the  
10 conversion of Medicare supplement insurance benefits and premiums  
11 to conform to Medicare program revisions), are authorized.

12 (g) The legislative rules filed in the state register on the  
13 twenty-sixth day of May, one thousand nine hundred eighty-nine,  
14 modified by the insurance commissioner to meet the objections of  
15 the legislative rule-making review committee and refiled in the  
16 state register on the twenty-eighth day of September, one  
17 thousand nine hundred eighty-nine, relating to the insurance  
18 commissioner (insurance adjusters), are authorized.

19 (h) The legislative rules filed in the state register on the  
20 second day of February, one thousand nine hundred ninety,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the twenty-ninth day of May, one thousand nine  
24 hundred ninety, relating to the insurance commissioner (accident  
25 and sickness rate filing), are authorized.

1 (i) The legislative rules filed in the state register on the  
2 tenth day of August, one thousand nine hundred ninety, modified  
3 by the insurance commissioner to meet the objections of the  
4 legislative rule-making review committee and refiled in the state  
5 register on the ninth day of October, one thousand nine hundred  
6 ninety, relating to the insurance commissioner (group  
7 coordination of benefits), are authorized.

8 (j) The legislative rules filed in the state register on the  
9 tenth day of August, one thousand nine hundred ninety, modified  
10 by the insurance commissioner to meet the objections of the  
11 legislative rule-making review committee and refiled in the state  
12 register on the seventeenth day of January, one thousand nine  
13 hundred ninety-one, relating to the insurance commissioner (AIDS  
14 regulations), are authorized.

15 (k) The legislative rules filed in the state register on the  
16 third day of December, one thousand nine hundred ninety, relating  
17 to the insurance commissioner (health insurance benefits for  
18 temporomandibular and craniomandibular disorders), are  
19 authorized.

20 (l) The legislative rules filed in the state register on the  
21 twelfth day of August, one thousand nine hundred ninety-one,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the thirteenth day of January, one thousand  
25 nine hundred ninety-two, relating to the insurance commissioner

1 (guaranteed loss ratios as applied to individual sickness and  
2 accident insurance policies), are authorized.

3 (m) The legislative rules filed in the state register on the  
4 ninth day of August, one thousand nine hundred ninety-one,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the thirteenth day of January, one thousand  
8 nine hundred ninety-two, relating to the insurance commissioner  
9 (examiners' compensation, qualifications and classification), are  
10 authorized.

11 (n) The legislative rules filed in the state register on the  
12 seventeenth day of July, one thousand nine hundred ninety-one,  
13 modified by the insurance commissioner to meet the objections of  
14 the legislative rule-making review committee and refiled in the  
15 state register on the thirteenth day of January, one thousand  
16 nine hundred ninety-two, relating to the insurance commissioner  
17 (permanent regulations on Medicare supplement insurance), are  
18 authorized.

19 (o) The legislative rules filed in the state register on the  
20 twelfth day of August, one thousand nine hundred ninety-one,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the thirteenth day of January, one thousand  
24 nine hundred ninety-two, relating to the insurance commissioner

1 ("tail" malpractice insurance covering certain medical and allied  
2 health care providers), are authorized.

3 (p) The legislative rules filed in the state register on the  
4 eighteenth day of September, one thousand nine hundred  
5 ninety-two, relating to the insurance commissioner (regulation of  
6 credit life insurance and credit accident and sickness  
7 insurance), are authorized.

8 (q) The legislative rules filed in the state register on the  
9 eighteenth day of September, one thousand nine hundred  
10 ninety-two, modified by the insurance commissioner to meet the  
11 objections of the legislative rule-making review committee and  
12 refiled in the state register on the tenth day of December, one  
13 thousand nine hundred ninety-two, relating to the insurance  
14 commissioner (filing fees for purchasing groups and for risk  
15 retention groups not chartered in this state), are authorized.

16 (r) The legislative rules filed in the state register on the  
17 fourteenth day of October, one thousand nine hundred ninety-two,  
18 relating to the insurance commissioner (group coordination of  
19 benefits), are authorized with the amendments set forth below:

20 "On page six, subsection 2.1.9., after the words 'If a person  
21 is covered by more than one employer group minimum benefits plan,  
22 the order of benefits determination rules of this regulation  
23 decide the order in which their benefits are determined in  
24 relation to each other' by inserting a colon and the words  
25 'Provided, That under the provisions of West Virginia Code

1 §5-16-12(a), coverage issued pursuant to the Public Employees  
2 Insurance Act is secondary to an employer group minimum benefits  
3 plan and any other applicable health insurance coverage.'"

4 (s) The legislative rules filed in the state register on the  
5 eighteenth day of September, one thousand nine hundred  
6 ninety-two, modified by the insurance commissioner to meet the  
7 objections of the legislative rule-making review committee and  
8 refiled in the state register on the fifteenth day of January,  
9 one thousand nine hundred ninety-three, relating to the insurance  
10 commissioner (permanent regulations on medicare supplement  
11 insurance), are authorized.

12 (t) The legislative rules filed in the state register on the  
13 eighteenth day of September, one thousand nine hundred  
14 ninety-two, modified by the insurance commissioner to meet the  
15 objections of the legislative rule-making review committee and  
16 refiled in the state register on the fifteenth day of January,  
17 one thousand nine hundred ninety-three, relating to the insurance  
18 commissioner (individual and employer group minimum benefits,  
19 accident and sickness insurance policies), are authorized with  
20 the amendments set forth below:

21 "On page two, subsection 3.2 by striking out the period and  
22 inserting the following: 'other than coverage issued pursuant to  
23 the Public Employees Insurance Act, as provided in West Virginia  
24 Code §5-16-12(a).'"



1 (u) The legislative rules filed in the state register on the  
2 eighteenth day of September, one thousand nine hundred  
3 ninety-two, modified by the insurance commissioner to meet the  
4 objections of the legislative rule-making review committee and  
5 refiled in the state register on the fifteenth day of January,  
6 one thousand nine hundred ninety-three, relating to the insurance  
7 commissioner (long-term care insurance), are authorized.

8 (v) The legislative rules filed in the state register on the  
9 eighteenth day of September, one thousand nine hundred  
10 ninety-two, modified by the insurance commissioner to meet the  
11 objections of the legislative rule-making review committee and  
12 refiled in the state register on the fifteenth day of January,  
13 one thousand nine hundred ninety-three, relating to the insurance  
14 commissioner (standards for uniform health care administration),  
15 are authorized.

16 The legislative rules filed in the state register on the  
17 sixteenth day of August, one thousand nine hundred ninety-three,  
18 modified by the insurance commissioner to meet the objections of  
19 the legislative rule-making review committee and refiled in the  
20 state register on the twenty-ninth day of November, one thousand  
21 nine hundred ninety-three, relating to the insurance commissioner  
22 (insurance holding company systems reporting forms), are  
23 authorized.

24

25 NOTE: The purpose of this bill is to authorize the Insurance  
26 Commissioner to promulgate legislative rules relating to  
27 insurance holding company systems reporting forms.

1       Strike-throughs indicate language that would be stricken from  
2 the present law, and underscoring indicates new language that  
3 would be added.

SENATE BILL NO. 186

(By Senators Manchin, Anderson, M Grubb,  
Macnaughtan and Minard)

[Introduced January 31, 1994; referred to the  
Committee on

BANKING AND INSURANCE;

Judiciary

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10 A BILL to amend and reenact section two, article seven, chapter  
11 sixty-four of the code of West Virginia, one thousand nine  
12 hundred thirty-one, as amended, relating to authorizing the  
13 insurance commissioner to promulgate legislative rules  
14 relating to insurance holding company systems reporting  
15 forms.

16 Be it enacted by the Legislature of West Virginia:

17 That section two, article seven, chapter sixty-four of the  
18 code of West Virginia, one thousand nine hundred thirty-one, as  
19 amended, be amended and reenacted, to read as follows:

20 ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE TO  
21 PROMULGATE LEGISLATIVE RULES.

22 §64-7-2. Insurance commissioner.

23 (a) The legislative rules filed in the state register on the  
24 eighteenth day of October, one thousand nine hundred

1 eighty-three, relating to the insurance commissioner (excess line  
2 brokers), are authorized.

3 (b) The legislative rules filed in the state register on the  
4 eighteenth day of August, one thousand nine hundred eighty-six,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the twelfth day of December, one thousand nine  
8 hundred eighty-six, relating to the insurance commissioner  
9 (examiners' compensation, qualification and classification), are  
10 authorized.

11 (c) The legislative rules filed in the state register on the  
12 twentieth day of February, one thousand nine hundred  
13 eighty-seven, relating to the insurance commissioner (West  
14 Virginia essential property insurance association), are  
15 authorized.

16 (d) The legislative rules filed in the state register on the  
17 twenty-ninth day of May, one thousand nine hundred eighty-seven,  
18 relating to the insurance commissioner (medical malpractice  
19 annual reporting requirements), are authorized.

20 (e) The legislative rules filed in the state register on the  
21 thirty-first day of July, one thousand nine hundred eighty-seven,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the seventh day of November, one thousand nine  
25 hundred eighty-seven, relating to the insurance commissioner

1 (medical malpractice loss experience and loss expense reporting  
2 requirements), are authorized.

3 (f) The legislative rules filed in the state register on the  
4 thirtieth day of November, one thousand nine hundred  
5 eighty-eight, modified by the insurance commissioner to meet the  
6 objections of the legislative rule-making review committee and  
7 refiled in the state register on the twenty-first day of  
8 February, one thousand nine hundred eighty-nine, relating to the  
9 insurance commissioner (transitional requirements for the  
10 conversion of Medicare supplement insurance benefits and premiums  
11 to conform to Medicare program revisions), are authorized.

12 (g) The legislative rules filed in the state register on the  
13 twenty-sixth day of May, one thousand nine hundred eighty-nine,  
14 modified by the insurance commissioner to meet the objections of  
15 the legislative rule-making review committee and refiled in the  
16 state register on the twenty-eighth day of September, one  
17 thousand nine hundred eighty-nine, relating to the insurance  
18 commissioner (insurance adjusters), are authorized.

19 (h) The legislative rules filed in the state register on the  
20 second day of February, one thousand nine hundred ninety,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the twenty-ninth day of May, one thousand nine  
24 hundred ninety, relating to the insurance commissioner (accident  
25 and sickness rate filing), are authorized.

1 (i) The legislative rules filed in the state register on the  
2 tenth day of August, one thousand nine hundred ninety, modified  
3 by the insurance commissioner to meet the objections of the  
4 legislative rule-making review committee and refiled in the state  
5 register on the ninth day of October, one thousand nine hundred  
6 ninety, relating to the insurance commissioner (group  
7 coordination of benefits), are authorized.

8 (j) The legislative rules filed in the state register on the  
9 tenth day of August, one thousand nine hundred ninety, modified  
10 by the insurance commissioner to meet the objections of the  
11 legislative rule-making review committee and refiled in the state  
12 register on the seventeenth day of January, one thousand nine  
13 hundred ninety-one, relating to the insurance commissioner (AIDS  
14 regulations), are authorized.

15 (k) The legislative rules filed in the state register on the  
16 third day of December, one thousand nine hundred ninety, relating  
17 to the insurance commissioner (health insurance benefits for  
18 temporomandibular and craniomandibular disorders), are  
19 authorized.

20 (l) The legislative rules filed in the state register on the  
21 twelfth day of August, one thousand nine hundred ninety-one,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the thirteenth day of January, one thousand  
25 nine hundred ninety-two, relating to the insurance commissioner

1 (guaranteed loss ratios as applied to individual sickness and  
2 accident insurance policies), are authorized.

3 (m) The legislative rules filed in the state register on the  
4 ninth day of August, one thousand nine hundred ninety-one,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the thirteenth day of January, one thousand  
8 nine hundred ninety-two, relating to the insurance commissioner  
9 (examiners' compensation, qualifications and classification), are  
10 authorized.

11 (n) The legislative rules filed in the state register on the  
12 seventeenth day of July, one thousand nine hundred ninety-one,  
13 modified by the insurance commissioner to meet the objections of  
14 the legislative rule-making review committee and refiled in the  
15 state register on the thirteenth day of January, one thousand  
16 nine hundred ninety-two, relating to the insurance commissioner  
17 (permanent regulations on Medicare supplement insurance), are  
18 authorized.

19 (o) The legislative rules filed in the state register on the  
20 twelfth day of August, one thousand nine hundred ninety-one,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the thirteenth day of January, one thousand  
24 nine hundred ninety-two, relating to the insurance commissioner

1 ("tail" malpractice insurance covering certain medical and allied  
2 health care providers), are authorized.

3 (p) The legislative rules filed in the state register on the  
4 eighteenth day of September, one thousand nine hundred  
5 ninety-two, relating to the insurance commissioner (regulation of  
6 credit life insurance and credit accident and sickness  
7 insurance), are authorized.

8 (q) The legislative rules filed in the state register on the  
9 eighteenth day of September, one thousand nine hundred  
10 ninety-two, modified by the insurance commissioner to meet the  
11 objections of the legislative rule-making review committee and  
12 refiled in the state register on the tenth day of December, one  
13 thousand nine hundred ninety-two, relating to the insurance  
14 commissioner (filing fees for purchasing groups and for risk  
15 retention groups not chartered in this state), are authorized.

16 (r) The legislative rules filed in the state register on the  
17 fourteenth day of October, one thousand nine hundred ninety-two,  
18 relating to the insurance commissioner (group coordination of  
19 benefits), are authorized with the amendments set forth below:

20 "On page six, subsection 2.1.9., after the words 'If a person  
21 is covered by more than one employer group minimum benefits plan,  
22 the order of benefits determination rules of this regulation  
23 decide the order in which their benefits are determined in  
24 relation to each other' by inserting a colon and the words  
25 'Provided, That under the provisions of West Virginia Code



1 §5-16-12(a), coverage issued pursuant to the Public Employees  
2 Insurance Act is secondary to an employer group minimum benefits  
3 plan and any other applicable health insurance coverage."

4 (s) The legislative rules filed in the state register on the  
5 eighteenth day of September, one thousand nine hundred  
6 ninety-two, modified by the insurance commissioner to meet the  
7 objections of the legislative rule-making review committee and  
8 refiled in the state register on the fifteenth day of January,  
9 one thousand nine hundred ninety-three, relating to the insurance  
10 commissioner (permanent regulations on medicare supplement  
11 insurance), are authorized.

12 (t) The legislative rules filed in the state register on the  
13 eighteenth day of September, one thousand nine hundred  
14 ninety-two, modified by the insurance commissioner to meet the  
15 objections of the legislative rule-making review committee and  
16 refiled in the state register on the fifteenth day of January,  
17 one thousand nine hundred ninety-three, relating to the insurance  
18 commissioner (individual and employer group minimum benefits,  
19 accident and sickness insurance policies), are authorized with  
20 the amendments set forth below:

21 "On page two, subsection 3.2 by striking out the period and  
22 inserting the following: 'other than coverage issued pursuant to  
23 the Public Employees Insurance Act, as provided in West Virginia  
24 Code §5-16-12(a).'"

1 (u) The legislative rules filed in the state register on the  
2 eighteenth day of September, one thousand nine hundred  
3 ninety-two, modified by the insurance commissioner to meet the  
4 objections of the legislative rule-making review committee and  
5 refiled in the state register on the fifteenth day of January,  
6 one thousand nine hundred ninety-three, relating to the insurance  
7 commissioner (long-term care insurance), are authorized.

8 (v) The legislative rules filed in the state register on the  
9 eighteenth day of September, one thousand nine hundred  
10 ninety-two, modified by the insurance commissioner to meet the  
11 objections of the legislative rule-making review committee and  
12 refiled in the state register on the fifteenth day of January,  
13 one thousand nine hundred ninety-three, relating to the insurance  
14 commissioner (standards for uniform health care administration),  
15 are authorized.

16 (w) The legislative rules filed in the state register on the  
17 sixteenth day of August, one thousand nine hundred ninety-three,  
18 modified by the insurance commissioner to meet the objections of  
19 the legislative rule-making review committee and refiled in the  
20 state register on the twenty-ninth day of November, one thousand  
21 nine hundred ninety-three, relating to the insurance commissioner  
22 (insurance holding company systems reporting forms), are  
23 authorized.

24

25 NOTE: The purpose of this bill is to authorize the Insurance  
26 Commissioner to promulgate legislative rules relating to  
27 insurance holding company systems reporting forms.

1       Strike-throughs indicate language that would be stricken from  
2 the present law, and underscoring indicates new language that  
3 would be added.

1 SENATE BILL NO. 191

2 (By Senators Manchin, Anderson, Grubb, Macnughan  
3 and Mansard)

4 [Introduced January 31, 1994; referred to the  
5 Committee on  
6 BANKING AND INSURANCE;

7 Judiciary

8  
9  
10 A BILL to amend and reenact section two, article seven, chapter  
11 sixty-four of the code of West Virginia, one thousand nine  
12 hundred thirty-one, as amended, relating to authorizing the  
13 insurance commissioner to promulgate legislative rules  
14 relating to group accident and sickness insurance minimum  
15 policy coverage standards.

16 Be it enacted by the Legislature of West Virginia:

17 That section two, article seven, chapter sixty-four of the  
18 code of West Virginia, one thousand nine hundred thirty-one, as  
19 amended, be amended and reenacted, to read as follows:

20 ARTICLE 7. AUTHORIZATION FOR DEPARTMENT OF TAX AND REVENUE TO  
21 PROMULGATE LEGISLATIVE RULES.

22 §64-7-2. Insurance commissioner.

23 (a) The legislative rules filed in the state register on the  
24 eighteenth day of October, one thousand nine hundred

1 eighty-three, relating to the insurance commissioner (excess line  
2 brokers), are authorized.

3 (b) The legislative rules filed in the state register on the  
4 eighteenth day of August, one thousand nine hundred eighty-six,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the twelfth day of December, one thousand nine  
8 hundred eighty-six, relating to the insurance commissioner  
9 (examiners' compensation, qualification and classification), are  
10 authorized.

11 (c) The legislative rules filed in the state register on the  
12 twentieth day of February, one thousand nine hundred  
13 eighty-seven, relating to the insurance commissioner (West  
14 Virginia essential property insurance association), are  
15 authorized.

16 (d) The legislative rules filed in the state register on the  
17 twenty-ninth day of May, one thousand nine hundred eighty-seven,  
18 relating to the insurance commissioner (medical malpractice  
19 annual reporting requirements), are authorized.

20 (e) The legislative rules filed in the state register on the  
21 thirty-first day of July, one thousand nine hundred eighty-seven,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the seventh day of November, one thousand nine  
25 hundred eighty-seven, relating to the insurance commissioner

1 (medical malpractice loss experience and loss expense reporting  
2 requirements), are authorized.

3 (f) The legislative rules filed in the state register on the  
4 thirtieth day of November, one thousand nine hundred  
5 eighty-eight, modified by the insurance commissioner to meet the  
6 objections of the legislative rule-making review committee and  
7 refiled in the state register on the twenty-first day of  
8 February, one thousand nine hundred eighty-nine, relating to the  
9 insurance commissioner (transitional requirements for the  
10 conversion of Medicare supplement insurance benefits and premiums  
11 to conform to Medicare program revisions), are authorized.

12 (g) The legislative rules filed in the state register on the  
13 twenty-sixth day of May, one thousand nine hundred eighty-nine,  
14 modified by the insurance commissioner to meet the objections of  
15 the legislative rule-making review committee and refiled in the  
16 state register on the twenty-eighth day of September, one  
17 thousand nine hundred eighty-nine, relating to the insurance  
18 commissioner (insurance adjusters), are authorized.

19 (h) The legislative rules filed in the state register on the  
20 second day of February, one thousand nine hundred ninety,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the twenty-ninth day of May, one thousand nine  
24 hundred ninety, relating to the insurance commissioner (accident  
25 and sickness rate filing), are authorized.

1 (i) The legislative rules filed in the state register on the  
2 tenth day of August, one thousand nine hundred ninety, modified  
3 by the insurance commissioner to meet the objections of the  
4 legislative rule-making review committee and refiled in the state  
5 register on the ninth day of October, one thousand nine hundred  
6 ninety, relating to the insurance commissioner (group  
7 coordination of benefits), are authorized.

8 (j) The legislative rules filed in the state register on the  
9 tenth day of August, one thousand nine hundred ninety, modified  
10 by the insurance commissioner to meet the objections of the  
11 legislative rule-making review committee and refiled in the state  
12 register on the seventeenth day of January, one thousand nine  
13 hundred ninety-one, relating to the insurance commissioner (AIDS  
14 regulations), are authorized.

15 (k) The legislative rules filed in the state register on the  
16 third day of December, one thousand nine hundred ninety, relating  
17 to the insurance commissioner (health insurance benefits for  
18 temporomandibular and craniomandibular disorders), are  
19 authorized.

20 (l) The legislative rules filed in the state register on the  
21 twelfth day of August, one thousand nine hundred ninety-one,  
22 modified by the insurance commissioner to meet the objections of  
23 the legislative rule-making review committee and refiled in the  
24 state register on the thirteenth day of January, one thousand  
25 nine hundred ninety-two, relating to the insurance commissioner

1 (guaranteed loss ratios as applied to individual sickness and  
2 accident insurance policies), are authorized.

3 (m) The legislative rules filed in the state register on the  
4 ninth day of August, one thousand nine hundred ninety-one,  
5 modified by the insurance commissioner to meet the objections of  
6 the legislative rule-making review committee and refiled in the  
7 state register on the thirteenth day of January, one thousand  
8 nine hundred ninety-two, relating to the insurance commissioner  
9 (examiners' compensation, qualifications and classification), are  
10 authorized.

11 (n) The legislative rules filed in the state register on the  
12 seventeenth day of July, one thousand nine hundred ninety-one,  
13 modified by the insurance commissioner to meet the objections of  
14 the legislative rule-making review committee and refiled in the  
15 state register on the thirteenth day of January, one thousand  
16 nine hundred ninety-two, relating to the insurance commissioner  
17 (permanent regulations on Medicare supplement insurance), are  
18 authorized.

19 (o) The legislative rules filed in the state register on the  
20 twelfth day of August, one thousand nine hundred ninety-one,  
21 modified by the insurance commissioner to meet the objections of  
22 the legislative rule-making review committee and refiled in the  
23 state register on the thirteenth day of January, one thousand  
24 nine hundred ninety-two, relating to the insurance commissioner



1 ("tail" malpractice insurance covering certain medical and allied  
2 health care providers), are authorized.

3 (p) The legislative rules filed in the state register on the  
4 eighteenth day of September, one thousand nine hundred  
5 ninety-two, relating to the insurance commissioner (regulation of  
6 credit life insurance and credit accident and sickness  
7 insurance), are authorized.

8 (q) The legislative rules filed in the state register on the  
9 eighteenth day of September, one thousand nine hundred  
10 ninety-two, modified by the insurance commissioner to meet the  
11 objections of the legislative rule-making review committee and  
12 refiled in the state register on the tenth day of December, one  
13 thousand nine hundred ninety-two, relating to the insurance  
14 commissioner (filing fees for purchasing groups and for risk  
15 retention groups not chartered in this state), are authorized.

16 (r) The legislative rules filed in the state register on the  
17 fourteenth day of October, one thousand nine hundred ninety-two,  
18 relating to the insurance commissioner (group coordination of  
19 benefits), are authorized with the amendments set forth below:

20 "On page six, subsection 2.1.9., after the words 'If a person  
21 is covered by more than one employer group minimum benefits plan,  
22 the order of benefits determination rules of this regulation  
23 decide the order in which their benefits are determined in  
24 relation to each other' by inserting a colon and the words  
25 'Provided, That under the provisions of West Virginia Code

1 §5-16-12(a), coverage issued pursuant to the Public Employees  
2 Insurance Act is secondary to an employer group minimum benefits  
3 plan and any other applicable health insurance coverage.'"

4 (s) The legislative rules filed in the state register on the  
5 eighteenth day of September, one thousand nine hundred  
6 ninety-two, modified by the insurance commissioner to meet the  
7 objections of the legislative rule-making review committee and  
8 refiled in the state register on the fifteenth day of January,  
9 one thousand nine hundred ninety-three, relating to the insurance  
10 commissioner (permanent regulations on medicare supplement  
11 insurance), are authorized.

12 (t) The legislative rules filed in the state register on the  
13 eighteenth day of September, one thousand nine hundred  
14 ninety-two, modified by the insurance commissioner to meet the  
15 objections of the legislative rule-making review committee and  
16 refiled in the state register on the fifteenth day of January,  
17 one thousand nine hundred ninety-three, relating to the insurance  
18 commissioner (individual and employer group minimum benefits,  
19 accident and sickness insurance policies), are authorized with  
20 the amendments set forth below:

21 "On page two, subsection 3.2 by striking out the period and  
22 inserting the following: 'other than coverage issued pursuant to  
23 the Public Employees Insurance Act, as provided in West Virginia  
24 Code §5-16-12(a).'"

1 (u) The legislative rules filed in the state register on the  
2 eighteenth day of September, one thousand nine hundred  
3 ninety-two, modified by the insurance commissioner to meet the  
4 objections of the legislative rule-making review committee and  
5 refiled in the state register on the fifteenth day of January,  
6 one thousand nine hundred ninety-three, relating to the insurance  
7 commissioner (long-term care insurance), are authorized.

8 (v) The legislative rules filed in the state register on the  
9 eighteenth day of September, one thousand nine hundred  
10 ninety-two, modified by the insurance commissioner to meet the  
11 objections of the legislative rule-making review committee and  
12 refiled in the state register on the fifteenth day of January,  
13 one thousand nine hundred ninety-three, relating to the insurance  
14 commissioner (standards for uniform health care administration),  
15 are authorized.

16 (w) The legislative rules filed in the state register on the  
17 sixteenth day of August, one thousand nine hundred ninety-three,  
18 modified by the insurance commissioner to meet the objections of  
19 the legislative rule-making review committee and refiled in the  
20 state register on the twenty-ninth day of November, one thousand  
21 nine hundred ninety-three, relating to the insurance commissioner  
22 (group accident and sickness insurance minimum policy coverage  
23 standards), are authorized.

24

25 NOTE: The purpose of this bill is to authorize the Insurance  
26 Commissioner to promulgate legislative rules relating to group

1 accident and sickness insurance minimum policy coverage  
2 standards.

3

4       Strike-throughs indicate language that would be stricken from  
5 the present law, and underscoring indicates new language that  
6 would be added.

KEN HECHLER  
Secretary of State

MARY P. RATLIFF  
Deputy Secretary of State

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## STATE OF WEST VIRGINIA

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(Plus all the volunteer  
help we can get!)

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March 15, 1994

Jeffery VanGilder  
Insurance Commission  
State Capitol Complex  
2019 Washington St. East  
Charleston, WV 25305

**SB 186** authorizing, Title 114, Series 35, Insurance Holding Company Systems Reporting Forms, passed the Legislature on **March 12, 1994**. It is now awaiting the Governor's signature.

You have sixty (60) days after the Governor signs SB 186, to final file the legislative rule with the Secretary of State's office. To final file your legislative rule, fill in the blanks on the enclosed form #6, the "Final Filing" form and file the form with our office with a promulgation history of the rule. Authorization for your legislative rule is cited in **SB 186** section **64-7-2(w)**. The agency may set the effective date of the legislative rule up to ninety (90) days from the date the legislative rule is final filed with the Secretary of State's office. Please have an authorized signature on the bottom line.

**\*\*\*IMPORTANT: IF YOUR AGENCY HAS COMPLETED THE LEGISLATIVE RULE ON A WORD PERFECT OR WORD PERFECT COMPATIBLE COMPUTER SYSTEM THAT USES A 3 1/2" OR 5 1/4" DISK, YOU MUST SUBMIT A CLEAN COPY, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, TO OUR OFFICE WHEN FINAL FILING THE RULE. STATE ON THE DISK THE FORMAT THE RULE IS IN AND THE TITLE IT IS FILED UNDER. THIS WILL MAKE IT QUICKER FOR US TO ENTER YOUR RULES ON THE LEGISLATIVE DATA BASE. REMEMBER THE TEXT OF THE COMPUTER FILED RULE MUST BE IDENTICAL - WORD FOR WORD, COMMA FOR COMMA, WITH ALL UNDERLINING AND STRIKE-THROUGHS TAKEN OUT, AS THE HARD COPY AUTHORIZED BY THE LEGISLATURE.**

After the final rule is entered into the legislative data base, the rule will be sent to the agency for review and proofing. Following confirmation or corrections, as the case may be, the Secretary of State shall submit to the agency a final version of the rule for their records.

If you have any questions or need any assistance, please do not hesitate to call our office.

Thank You  
Administrative Law Division