

## State of Misconsin LEGISLATIVE REFERENCE BUREAU

## Appendix A ... segment I

### LRB BILL HISTORY RESEARCH APPENDIX

The drafting file for  $2015\ LRB-2912/P3$  (For: LRB)

has been transferred to the drafting file for

2015 <u>LRB-2365</u>

(For: Senator Lasee)

Are These "Companion Bills" ?? ... No

# RESEARCH APPENDIX PLEASE KEEP WITH THE DRAFTING FILE

Date Transfer Requested: 09/03/2015 (Per: PJK)

The attached draft was incorporated into the new draft listed above. For research purposes the attached materials were added, as a appendix, to the new drafting file. If introduced this section will be scanned and added, as a separate appendix, to the digital drafting file.

## 2015 DRAFTING REQUEST

Bill

Receive	d: <b>8/12/2015</b>			Received By:	pk_ahler	
For:	Legislativ	e Reference Bui	eau	Same as LRB:		
May Con	ntact:			By/Representing:	PJ_K	
Subject:	Insurance	e - miscellaneous	<b>3</b>	Drafter:	pk ahler	
				Addl. Drafters:		
				Extra Copies:		
Request	Submit via email:  Requester's email: Carbon copy (CC) to:  YES  Pam.Kahler@legis.wisconsin.gov  JP.Wieske@wisconsin.gov					
Pre Top	oic:					
No spec	ific pre topic give	en ·	•			
Topic:						
Mark-up	of changes to s.	623.06				
Instruc	tions:	· / / / / / / / / / / / / / / / / / / /	-			
See atta	ched					
Draftin	g History:	ALIMA DA				
Vers.	Drafted	Reviewed	Proofed	Submitted	Jacketed	Required
/?	pkahler 8/13/2015	kmochal 8/17/2015		•		
/P1	pkahler 8/25/2015			lparisi 8/17/2015		
/P2	pkahler 9/2/2015	kmochal 8/27/2015		sbasford 8/27/2015		
/P3		kmochal		mbarman		

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Vers.DraftedReviewed<br/>9/3/2015Proofed<br/>9/3/2015Submitted<br/>9/3/2015Jacketed<br/>9/3/2015Required

FE Sent For:

<**END**>

## DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-2912/Jdn PJK:.../L/W

that was not included in LRB+2368

(whether treated or not)

This draft shows s. 623.06 with all of the provisions of current law and the proposed new provisions. If a current law provision is changed in this draft, the changes are underscored. The new, created provisions from LRB-2365 are not underscored, but they are prefaced by an action phrase (such as 623.06 (1r) of the statutes is created to read). All of the provisions that were included in LRB-2365 (whether created, amended, repealed and recreated, etc.) are shown with the action phrase from that draft. Some provisions of current law that were not included in LRB-2365 have proposed changes that are underscored, but I have not added an action phrase.

All (except one) of the provisions take effect immediately. Those that are not effective until the operative date of the valuation manual have that in-text phrase. Thus, they become law now but will not be implemented until the operative date of the valuation manual. The one provision that has a delayed effective date is the second treatment of the definition of "operative date of the valuation manual." I have double-drafted this definition. The first treatment takes effect immediately. It is then repealed and recreated, with a delayed effective date of the operative date of the valuation manual. That way, the actual date that is the operative date of the valuation manual can be inserted into the definition (by the revisor when you provide the notice to the LRB of that date) so that wherever that phrase appears in s. 623.06, the actual date is incorporated through the definition. (See the nonstatutory provision that requires you to provide to the LRB a notice of the date, which is then published in the Wisconsin Administrative Register.) (I'm) hoping that you will be able to give me the actual dates for the other references in current law to "effective date" and "operative date" so that I can amend them in and make the statute much more user-friendly and drafter-friendly.

I have assumed that the valuation manual will supersede all of the subsections in current law that were not treated in LRB-2365 (subs. (2) to (7)); however, that may not be the case. I have added "but before the operative date of the valuation manual" where appropriate, but that may not be enough to capture all of the provisions. For that reason a different treatment may be better. There are two alternative options. One option is to create a single provision that provides something to the effect that subs. (2) to (7) do not apply to policies or contracts issued on or after the operative date of the valuation manual (if that is true). The other option is to "notwithstand" the

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subsections that will be superseded. For example, it might be appropriate to add "Notwithstanding subs. (2) to (7)," at the beginning of newly created sub. (9) (a).

Finally, you will notice that I removed any reference to effective dates in sub. (8), which is renumbered to sub. (13). That is because all of current law is in effect now and the new provisions will be in effect on the day after publication, so there is no need to have an effective date in the text of the statutes.

Please let me know if you have any questions. When s. 623.06 is finalized, the changes you approve will be incorporated into LRB-2365, so this draft is just for working purposes.

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## State of Misconsin 2015 - 2016 LEGISLATURE



## PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION



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AN ACT ./.; relating to: standard valuation law.

### Analysis by the Legislative Reference Bureau

This draft shows how s. 623.06 would look after the changes in LRB-2365.

## The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

SECTION 1. 623.06 (1c) of the statutes is repealed and recreated to read:

## (1c) In this section:

- (a) "Accident and health insurance contract" means a contract that incorporates morbidity risk and provides protection against economic loss resulting from accident, sickness, or medical conditions and as may be specified in the valuation manual.
- (b), "Appointed actuary" means a qualified actuary who is appointed in accordance with the valuation manual to prepare the actuarial opinion required in sub. (1r).

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subsequently amended.

1	(c) "Deposit-type contract" means a contract that does not incorporate
2	mortality or morbidity risks and as may be specified in the valuation manual.
3	(d) "Law enforcement agency," "National Association of Insurance
4	Commissioners," or "regulatory agency" includes the employees, agents,
5	consultants, and contractors of each such entity.
6	(e) "Life insurance," "life insurance contract," "life insurance policy," or "plan
7	of life insurance" means a contract that incorporates mortality risk, including
8	annuity and pure endowment contracts, and as may be specified in the valuation
9	manual.
10	(f) "Operative date of the valuation manual" means the date determined under
11	sub. (9) (b).
12	(g) "Principle-based valuation" means a reserve valuation that uses one or
13	more methods, or one or more assumptions, determined by the insurer and that is
14	required to comply with sub. $(\overset{\checkmark}{10})$ as specified in the valuation manual.
15	(h) "Qualified actuary" means an individual who is qualified to sign the
16	applicable statement of actuarial opinion in accordance with the American academy
17	of actuaries qualification standards for actuaries signing such statements and who
18	meets the requirements specified in the valuation manual, if the valuation manual
19	is in effect, and any other requirements that the commissioner may by rule specify.
20	(i) "Tail risk" means a risk that occurs either when the frequency of low
21	probability events is higher than expected under a normal probability distribution
22	or when there are observed events of very significant size or magnitude.
23	(j) "Valuation manual" means the manual of valuation instructions as adopted

by the National Association of Insurance Commissioners under sub. (9) or as

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**SECTION 2.** 623.06 (1c) (f) of the statutes, as affected by 2015 Wisconsin Act .... (this act), is repealed and recreated to read:

623.06 (1c) (f) "Operative date of the valuation manual" means the effective date of this paragraph .... [LRB inserts date], as determined under sub. (9)\*(b).

\*\*\*\*NOTE: The definition of "operative date of the valuation manual" gets repealed and recreated on the operative date of the valuation manual so that the revisor can insert that actual date into the definition.

**SECTION 3.** 623.06 (1f) of the statutes is renumbered 623.06 (1f) (a) and amended to read:

623.06 (1f) (a) The For policies and contracts issued before the operative date of the valuation manual, the commissioner shall annually value, or cause to be valued, the reserve liabilities (hereinafter called reserves) for all outstanding life insurance policies and annuity and pure endowment contracts of every life insurance company doing business in this state, except that in the case of an alien company, such valuation shall be limited to its United States business, and may certify the amount of any such reserves, specifying the mortality table or tables, rate or rates of interest and methods (net level premium method or other) used in the calculation of such reserves. In calculating such reserves, the commissioner may use group methods and approximate averages for fractions of a year or otherwise. In lieu of the valuation of the reserves herein required of any foreign or alien company, the commissioner may accept any valuation made, or caused to be made, by the insurance supervisory official of any state or other jurisdiction when if such valuation complies with the minimum standard herein provided and if the official of such state or jurisdiction accepts as sufficient and valid for all legal purposes the certificate of valuation of the commissioner when such certificate states the valuation to have been made in a specified manner according to which the aggregate

reserves would be at least as large as if they had been computed in the manner prescribed by the law of that state or jurisdiction.

**SECTION 4.** 623.06 (1f) (b) of the statutes is created to read:

623.06 (1f) (b) For policies and contracts issued on or after the operative date of the valuation manual, the commissioner shall annually value, or cause to be valued, the reserve liabilities (hereinafter called reserves) for all outstanding life insurance contracts, annuity and pure endowment contracts, accident and health insurance contracts, and deposit—type contracts of every insurer doing business in this state. In lieu of the valuation of the reserves required of a foreign or alien company, the commissioner may accept a valuation made, or caused to be made, by the insurance supervisory official of any state or other jurisdiction if the valuation complies with the minimum standard provided in this section. Subsections (9) and (10) apply to all policies and contracts issued on or after the operative date of the valuation manual.

**SECTION 5.** 623.06 (1m) (intro.) of the statutes is created to read:

623.06 (1m) (intro.) Before the operative date of the valuation manual, all of the following apply:

- (a) 1. For each year ending on or after December 31, 1996, every life insurance company doing business in this state shall submit to the commissioner, with its annual statement due by March 1 of the following year, an opinion by a qualified actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified by the commissioner by rule satisfy all of the following:
  - a. They are computed appropriately.
  - b. They are based on assumptions that satisfy contractual provisions.

- c. They are consistent with prior reported amounts.
- d. They comply with the applicable laws of this state.
- 2. The commissioner shall by rule specify in detail the nature of the information required in the opinion under subd. 1. and may by rule require any additional information that the commissioner determines is necessary to the scope of the opinion.
- (b) 1. Every life insurance company not exempted by rule shall include with the opinion required under par. (a) the opinion of the qualified actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified by the commissioner by rule, when considered in light of the assets held by the company with respect to the reserves and related actuarial items, including but not limited to the investment earnings on the assets and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision for the company's obligations under the policies and contracts, including but not limited to the benefits under and expenses associated with the policies and contracts. The commissioner may by rule provide for a transition period for an insurance company to establish any higher reserves that the qualified actuary determines are necessary to make adequate provision for the company's obligations under the policies and contracts.
- 2. An insurance company that is required to submit an opinion under subd. 1. shall have prepared by the qualified actuary who renders the opinion a memorandum in support of the opinion under subd. 1. The commissioner shall specify by rule the form and content of the memorandum. The insurance company shall provide the memorandum to the commissioner, at the commissioner's request, for his or her examination. After examination, the commissioner shall return the

- memorandum to the insurance company. The memorandum shall not be considered a record of the commissioner's office.
- 3. If an insurance company fails to provide a supporting memorandum to the commissioner upon request within the period specified by rule, or if the commissioner determines that the supporting memorandum provided by an insurance company fails to meet the standards prescribed by rule or is otherwise unacceptable, the commissioner may retain a qualified actuary at the expense of the insurance company to review the opinion required under subd. 1. and the basis for the opinion and to prepare such supporting memorandum as the commissioner requires.
  - (c) The following provisions apply to an opinion required under par. (a) or (b):
- 1. The opinion shall apply to all business in force, including individual and group health insurance plans, in form and substance acceptable to the commissioner as specified by rule.
- 2. The opinion shall be based on standards adopted from time to time by the actuarial standards board established by the American academy of actuaries and on such additional standards as the commissioner may by rule prescribe.
- 3. In the case of an opinion required to be submitted by a foreign or alien company, the commissioner may accept the opinion filed by that company with the insurance supervisory official of another state if the commissioner determines that the opinion reasonably meets the requirements applicable to a company domiciled in this state.
- (d) Except for fraud or willful misconduct, a qualified actuary may not be held liable for damages to any person other than the insurance company or the

- commissioner for any act, error, omission, decision or conduct with respect to an opinion required under this subsection.
- (e) The commissioner shall specify by rule any disciplinary action that the commissioner may take against an insurance company or a qualified actuary related to any of the requirements under this subsection.
- (f) 1. The commissioner shall keep confidential any memorandum in support of, and any other material provided by an insurance company to the commissioner in connection with, an opinion required under this subsection. Any such memorandum or other material may not be made public and may not be subject to subpoena except for the purpose of defending an action seeking damages from any person on account of an act required under this subsection or required by a rule authorized or required under this subsection.
- 2. The commissioner may release any such memorandum or other material with the written consent of the insurance company, or to the American academy of actuaries upon its request if the memorandum or other material is required for professional disciplinary proceedings and if the request sets forth procedures that are satisfactory to the commissioner for preserving the confidentiality of the memorandum or other material.
- 3. A memorandum loses its confidentiality if the insurance company cites any portion of the memorandum for marketing purposes or before any governmental agency other than a state insurance department or if the insurance company releases any portion of the memorandum to the news media.
  - **Section 6.** 623.06 (1r) of the statutes is created to read:
- 623.06 (1r) Beginning on the operative date of the valuation manual, all of the following apply:

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- (a) Every insurance company that has outstanding life insurance contracts, accident and health insurance contracts, or deposit—type contracts in this state and that is subject to regulation by the commissioner shall submit to the commissioner, as prescribed in par. (c), the opinion of the appointed actuary as to whether the reserves and related actuarial items held in support of those outstanding contracts are computed appropriately, are based on assumptions that satisfy contractual provisions, are consistent with prior reported amounts, and comply with applicable laws of this state. The valuation manual shall prescribe the specifics of this opinion, including any items that are necessary to its scope.
- (b) Every insurance company that has outstanding life insurance contracts, accident and health insurance contracts, or deposit—type contracts in this state and that is subject to regulation by the commissioner, except as exempted in the valuation manual, shall also annually include in the opinion required under par. (a) an opinion of the same appointed actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified in the valuation manual, when considered in light of the assets held by the company with respect to the reserves and related actuarial items, including the investment earnings on the assets and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision for the company's obligations under the policies and contracts, including the benefits under and expenses associated with the policies and contracts. The opinion required under this paragraph shall be governed by the following:
- 1. A memorandum, in form and substance as specified in the valuation manual and acceptable to the commissioner, shall be prepared to support each actuarial opinion.

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- 2. If the insurance company fails to provide a supporting memorandum at the request of the commissioner within a period specified in the valuation manual, or the commissioner determines that the supporting memorandum provided by the insurance company fails to meet the standards prescribed by the valuation manual or is otherwise unacceptable to the commissioner, the commissioner may engage a qualified actuary at the expense of the company to review the opinion and the basis for the opinion and prepare the supporting memorandum required by the commissioner.
- (c) All opinions required under this subsection shall be governed by the following:
- 1. The opinion shall be in form and substance as specified in the valuation manual and acceptable to the commissioner.
- 2. The opinion shall be submitted with the annual statement reflecting the valuation of such reserve liabilities for each year ending after the operative date of the valuation manual.
- 3. The opinion shall apply to all policies and contracts described in pars. (a) and (b), plus other actuarial liabilities as may be specified in the valuation manual.
- 4. The opinion shall be based on standards adopted from time to time by the actuarial standards board or its successor and on any additional standards prescribed in the valuation manual.
- 5. With respect to an opinion required to be submitted by a foreign or alien company, the commissioner may accept the opinion filed by that company with the insurance supervisory official of another state if the commissioner determines that the opinion reasonably meets the requirements applicable to a company domiciled in this state.

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SECTION 6

	6. Except in cases of fraud or willful misconduct, the appointed actuary shall
	not be liable for damages to any person, other than the insurance company and the
	commissioner, for any act, error, omission, decision, or conduct with respect to the
26	appointed actuary's opinion.

(2) Except as provided in subs. (2a) and (2m), the minimum standard for the valuation of all such policies and contracts specified by the commissioner under sub. (1m) (a) 1. issued prior to the effective date of this section [see sub. (8) and s. 632.43 (9) shall be that provided by the laws in effect immediately prior to such date. Except as provided in subs. (2a) and (2m), the minimum standard for the valuation of all such policies and contracts issued on or after the effective date of this section but before the operative date of the valuation manual shall be the commissioners reserve valuation methods defined in subs. (3) to (4m) and (7), with 3.5 percent interest, or in the case of policies and contracts, other than annuity and pure endowment contracts, issued on or after June 19, 1974, and prior to November 8, 1977, 4 percent interest, and for policies issued on or after November 8, 1977, but before the operative date of the valuation manual, 4.5 percent interest and the following tables:

\*\*\*\*NOTE: Where it says "the effective date of this section" or makes a reference to the effective date of s. 632:43 could an actual date be substituted? Does this change on the operative date of the valuation manual so that all of the references to policies and contracts issued on or after a particular date need to be limited by "but before the operative date of the valuation manual," as I have done? If so, the limitation I have added should apply to all of the paragraphs below.

(a) For all ordinary policies of life insurance issued on the standard basis, excluding any disability and accidental death benefits in those policies, the commissioners 1941 standard ordinary mortality table for those policies issued before the operative date of s. 632.43 (6) (b), and the commissioners 1958 standard ordinary mortality table for those policies issued on or after the operative date of s. 632.43 (6) (b) and before the operative date of s. 632.43 (6m). For any category of

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- those policies issued on female risks all modified net premiums and present values referred to in this section may be calculated according to an age not more than 6 years younger than the actual age of the insured.
  - \*\*\*\*Note: Can the actual dates be substituted for the references to the operative dates of s. 632.43 (6) (b) and (6m)?
- 4 (am) For policies under par. (a) issued on or after the operative date of s. 632.43 (6m):
  - \*\*\*\*Note: Can the actual date be substituted for the reference to the operative date of s. 632.43(6m)?
  - 1. The commissioners 1980 standard ordinary mortality table;
  - 2. At the election of the company for any one or more specified plans of life insurance, the commissioners 1980 standard ordinary mortality table with 10-year select mortality factors; or
  - 3. Any ordinary mortality table adopted after 1980 by the National Association of Insurance Commissioners, that is approved by rule adopted by the commissioner for use in determining the minimum standard of valuation for those policies.
  - (b) For all industrial life insurance policies issued on the standard basis, excluding any disability and accidental death benefits in those policies, the 1941 standard industrial mortality table for those policies issued before the operative date of s. 632.43 (6) (c), and for those policies issued on or after the operative date of s. 632.43 (6) (c) the commissioners 1961 standard industrial mortality table or any industrial mortality table adopted after 1980 by the National Association of Insurance Commissioners, that is approved by rule adopted by the commissioner for use in determining the minimum standard of valuation for those policies.

\*\*\*\*Note: Can the actual date be substituted for the reference to the operative date of s. 632.43 (6) (c)?

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(c) For individual annuity and pure endowment contracts, excluding any
disability and accidental death benefits in such policies — the $1937$ standard annuity
mortality table or, at the option of the company, the annuity mortality table for 1949,
ultimate, or any modification of either of these tables approved by the commissioner

- (d) For group annuity and pure endowment contracts, excluding any disability and accidental death benefits in such policies the group annuity mortality table for 1951, any modification of such table approved by the commissioner, or, at the option of the company, any of the tables or modifications of tables specified for individual annuity and pure endowment contracts.
- (e) For total and permanent disability benefits in or supplementary to ordinary policies or contracts issued on or after January 1, 1966, the tables of Period 2 disablement rates and the 1930 to 1950 termination rates of the 1952 disability study of the society of actuaries, with regard to the type of benefit, or any tables of disablement rates and termination rates adopted after 1980 by the National Association of Insurance Commissioners, that are approved by rule adopted by the commissioner for use in determining the minimum standard of valuation for those policies; for policies or contracts issued on or after January 1, 1961 and before January 1, 1966, either those tables or, at the option of the company, the Class (3) disability table (1926); and for policies issued before January 1, 1961, the Class (3) disability table (1926). Any such table shall, for active lives, be combined with a mortality table permitted for calculating the reserves for life insurance policies.
- (f) For accidental death benefits in or supplementary to policies issued on or after January 1, 1966, the 1959 accidental death benefits table or any accidental death benefits table adopted after 1980 by the National Association of Insurance Commissioners, that is approved by rule adopted by the commissioner for use in

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- determining the minimum standard of valuation for those policies; for policies issued on or after January 1, 1961 and before January 1, 1966, either that table or, at the option of the company, the intercompany double indemnity mortality table; and for policies issued before January 1, 1961, the intercompany double indemnity mortality table. Either table shall be combined with a mortality table permitted for calculating the reserves for life insurance policies.
- (g) For group life insurance, life insurance issued on the substandard basis and other special benefits, such tables as may be approved by the commissioner.
- (2a) Except as provided in sub. (2m), the minimum standard for the valuation of all individual annuity and pure endowment contracts issued on or after the operative date of this subsection, as defined in sub. (2b), but before the operative date of the valuation manual, and for all annuities and pure endowments purchased on or after that operative date but before the operative date of the valuation manual under group annuity and pure endowment contracts, shall be the commissioners reserve valuation methods defined in subs. (3) to (4m) and the following tables and interest rates:

\*\*\*\*Note: Does this change on the operative date of the valuation manual so that the references to annuities and pure endowments issued or purchased on or after a particular date need to be limited by "but before the operative date of the valuation manual," as I have done? If so, the limitation I have added should apply to all of the paragraphs below.

(a) For individual annuity and pure endowment contracts issued prior to November 8, 1977, excluding any disability and accidental death benefits in such contracts — the 1971 individual annuity mortality table, or any modification of this table approved by the commissioner, and 6 percent interest for single premium immediate annuity contracts, and 4 percent interest for all other individual annuity and pure endowment contracts.

(b) For individual single premium immediate annuity contracts issued on or
after November 8, 1977, excluding any disability and accidental death benefits in
those contracts, the 1971 individual annuity mortality table or any individual
annuity mortality table adopted after 1980 by the National Association of Insurance
Commissioners, that is approved by rule adopted by the commissioner for use in
determining the minimum standard of valuation for those contracts or any
modification of either table approved by the commissioner, and 7.5 percent interest.
For other individual annuity and pure endowment contracts issued on or after
November 8, 1977, excluding any disability and accidental death benefits in those
contracts, the 1971 individual annuity mortality table or any individual annuity
mortality table adopted after 1980 by the National Association of Insurance
Commissioners, that is approved by rule adopted by the commissioner for use in
determining the minimum standard of valuation for those contracts, or any
modification of either table approved by the commissioner, and 5.5 percent interest
for single premium deferred annuity and pure endowment contracts and 4.5 percent
interest for all other individual annuity and pure endowment contracts.

- (c) For all annuities and pure endowments purchased prior to November 8, 1977, under group annuity and pure endowment contracts, excluding any disability and accidental death benefits purchased under such contracts the 1971 group annuity mortality table, or any modification of this table approved by the commissioner, and 6 percent interest.
- (d) For all annuities and pure endowments purchased on or after November 8, 1977, under group annuity and pure endowment contracts, excluding any disability and accidental death benefits in those contracts, the 1971 group annuity mortality table or any group annuity mortality table adopted after 1980 by the National

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1	c. For annuities and guaranteed interest contracts without cash settlement
2	options, the number of years from the date of issue or date of purchase to the date
3	annuity or guaranteed interest benefits are scheduled to begin.
4	3. "I" means the applicable calendar year valuation interest rate determined
5	under par. (c), rounded to the nearest 0.25 percent.
6	4. "Issue year basis" means a valuation basis under which the interest rate used
7	to determine the minimum valuation standard for the full duration of the annuity
8	or guaranteed interest contract is the calendar year valuation interest rate for the
9	year of issue or year of purchase of the annuity or guaranteed interest contract.
10	5. "Moody's monthly average" means the corporate bond yield monthly average,
11	as published by Moody's Investors Service, Inc.
12	6. "Plan type A" means a policyholder may:
13	a. Withdraw funds with an adjustment to reflect changes in interest rates or
14	asset values since receipt of the funds by the insurance company;
15	b. Withdraw funds without adjustment in installments over 5 years or more;
16	c. Withdraw funds as an immediate life annuity; or
17	d. Not withdraw funds.
18	7. "Plan type B" means that a policyholder is subject to any of subd. 6. a., b. or
19	d. At the end of the interest rate guarantee, funds may be withdrawn without the
20	adjustment under subd. 6. a. in a single sum or installments over less than 5 years.
21	8. "Plan type C" means a policyholder may withdraw funds before the end of
22	the interest rate guarantee in a single sum or installments over less than 5 years

without the adjustment under subd. 6. a. or subject to a fixed surrender charge

9. "R" means the applicable reference interest rate determined under par. (f).

stipulated in the contract as a percentage of the fund.

### SECTION 6

3. Except as provided under subd. 2., for annuities with cash settlement options
and guaranteed interest contracts with cash settlement options, valued on an issue
year basis and having guarantee durations greater than 10 years, I = $0.03 + W$ (R1
-0.03) W/2 (R2 $-0.09$ ).

- 4. Except as provided under subd. 2., for annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on an issue year basis and having guarantee durations not exceeding 10 years, I = 0.03 + W (R -0.03).
- 5. For annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, I = 0.03 + W (R 0.03).
- 6. For annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a change in fund basis,  $I=0.03+W\,(R-0.03)$ .
- (d) Notwithstanding par. (c) 1., if the calendar year valuation interest rate determined under par. (c) 1. differs from the corresponding actual rate for similar policies issued in the immediately preceding calendar year by less than 0.5 percent, the calendar year valuation interest rate for those policies is the corresponding actual rate for the immediately preceding calendar year. For purposes of this paragraph, the calendar year valuation interest rate for policies issued in 1980 shall be determined using the reference interest rate for 1979 and shall be determined under this paragraph for subsequent calendar years notwithstanding s. 632.43 (6m).
  - (e) 1. For life insurance having a guarantee duration of:
  - a. Not more than 10 years, the weighting factor is 0.50.
  - b. More than 10 years and not more than 20 years, the weighting factor is 0.45.
  - c. More than 20 years, the weighting factor is 0.35.

2. For single premium immediate annuities and annuity benefits involving life
contingencies arising from other annuities with cash settlement options and
guaranteed interest contracts with cash settlement options, the weighting factor is
0.80.

- 3. Except as provided in subd. 2., for annuities and guaranteed interest contracts valued on an issue year basis and having a guarantee duration of:
- 7 a. Not more than 5 years, the weighting factor is 0.80 for plan type A, 0.60 for plan type B and 0.50 for plan type C.
  - b. More than 5 years and not more than 10 years, the weighting factor is 0.75 for plan type A, 0.60 for plan type B and 0.50 for plan type C.
  - c. More than 10 years and not more than 20 years, the weighting factor is 0.65 for plan type A, 0.50 for plan type B and 0.45 for plan type C.
  - d. More than 20 years, the weighting factor is 0.45 for plan type A and 0.35 for plan types B and C.
  - 4. Except as provided in subd. 2., for annuities and guaranteed interest contracts valued on a change in fund basis, the weighting factor is that specified under subd. 3. increased by 0.15 for plan type A, 0.25 for plan type B and 0.05 for plan type C.
  - 5. Except as provided under subd. 2., for annuities and guaranteed interest contracts valued on an issue year basis, other than those with no cash settlement options, which do not guarantee interest on considerations received more than one year after issue or purchase and for annuities and guaranteed interest contracts valued on a change in fund basis which do not guarantee interest rates on considerations received more than 12 months beyond the valuation date, the

- weighting factor is that specified under subd. 3. or 4. increased by 0.05 for plan types A, B and C.
  - (f) 1. For life insurance, the reference interest rate is the lesser of the average over a period of 36 months and the average over a period of 12 months, ending on June 30 of the calendar year next preceding the year of issue, of Moody's monthly average.
  - 2. For single premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, the reference interest rate is the average over a period of 12 months, ending on June 30 of the calendar year of issue or year of purchase, of Moody's monthly average.
  - 3. Except as provided under subd. 2., for annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on an issue year basis and having a guarantee duration in excess of 10 years, the reference interest is the lesser of the average over a period of 36 months and the average over a period of 12 months, ending on June 30 of the calendar year of issue or purchase, of Moody's monthly average.
  - 4. Except as provided under subd. 2., for annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on an issue year basis and having a guarantee duration of 10 years or less, the reference interest rate is the average over a period of 12 months, ending on June 30 of the calendar year of issue or purchase, of Moody's monthly average.
  - 5. For annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the reference interest rate is the average

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- over a period of 12 months, ending on June 30 of the calendar year of issue or purchase, of Moody's monthly average.
  - 6. Except as provided under subd. 2., for annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a change in fund basis, the reference interest rate is the average over a period of 12 months, ending on June 30 of the calendar year of the change in the fund, of Moody's monthly average.
  - (g) If Moody's monthly average is no longer published, or if the national association of insurance commissioners determines that Moody's monthly average is no longer appropriate for the determination of the reference interest rate, an alternative method for determination of the reference interest rate, which is adopted by the National Association of Insurance Commissioners and approved by rule adopted by the commissioner, may be substituted.
  - (h) A company may elect to value guaranteed interest contracts with cash settlement options and annuities with cash settlement options on an issue year basis or a change in fund basis. Guaranteed interest contracts with no cash settlement options and other annuities with no cash settlement options must be valued on an issue year basis.

\*\*\*\*Note: Do pars. (e) to (h) above need to be limited in any way to issuance before the operative date of the valuation manual?

(3) Except as provided in subs. (4m) and (7), reserves according to the commissioners reserve valuation method, for the life insurance and endowment benefits of policies providing for a uniform amount of insurance and requiring the payment of uniform premiums shall be the excess, if any, of the present value, at the date of valuation, of such future guaranteed benefits provided for by such policies,

over the then present value of any future modified net premiums therefor. The
modified net premiums for any such policy shall be such uniform percentage of the
respective contract premiums for such benefits that the present value, at the date of
issue of the policy, of all such modified net premiums shall be equal to the sum of the
then present value of such benefits provided for by the policy and the excess of par.
(a) over par. (b), as follows:

- (a) A net level annual premium equal to the present value, at the date of issue, of such benefits provided for after the first policy year, divided by the present value, at the date of issue, of an annuity of one per year payable on the first and each subsequent anniversary of such policy on which a premium falls due; provided, that such net level annual premium shall not exceed the net level annual premium on the 19–year premium whole life plan for insurance of the same amount at an age one year higher than the age at issue of such policy.
- (b) A net one-year term premium for such benefits provided for in the first policy year.

\*\*\*\*Note: Does anything in the subsection above (such as issuance) need to be limited to before the operative date of the valuation manual?

### (3m) (a) In this subsection:

- 1. "Assumed ending date" means the first policy anniversary on which the sum of any endowment benefit and any cash surrender value then available is greater than the excess premium.
- 2. "Excess premium" means the amount by which a contract premium in the first policy year exceeds the contract premium in the 2nd policy year.
- (b) Except as provided under sub. (7), any life insurance policy issued on or after January 1, 1984, but before the operative date of the valuation manual, for which no

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comparable benefit is provided in the first year for an excess premium and which provides an endowment benefit or a cash surrender value or a combination of both in an amount greater than the excess premium, the reserve according to the commissioners reserve valuation method as of any policy anniversary occurring on or before the assumed ending date is the greater of the reserve on that policy anniversary calculated under sub. (3) and the reserve on that policy anniversary calculated under sub. (3) subject to the following computational assumptions:

\*\*\*\*Note: Is the limitation to before the operative date of the valuation manual correct?

- 1. The value defined in sub. (3) (a) is reduced by 15 percent of the amount of the excess premium.
- 2. All present values of benefits and premiums are determined without reference to premiums or benefits provided by the policy after the assumed ending date.
  - 3. The policy matures on the assumed ending date as an endowment.
- 4. The cash surrender value provided on the assumed ending date is an endowment benefit.
- (c) In making the comparison under par. (b) the mortality and interest bases stated in subs. (2) and (2m) shall be used.
- (4) Reserves according to the commissioners reserve valuation method for the following shall be calculated by a method consistent with the principles of sub. (3), except that any extra premiums charged because of impairments or special hazards shall be disregarded in the determination of modified net premiums:
- (a) Life insurance policies providing for a varying amount of insurance or requiring the payment of varying premiums.

(b) Group annuity and pure endowment contracts purchased under a
retirement plan or plan of deferred compensation, established or maintained by an
employer, including a partnership or sole proprietorship, or by an employee
organization, or by both, other than a plan providing individual retirement accounts
or individual retirement annuities under section 408 of the internal revenue code,
as amended.

- (c) Disability and accidental death benefits in all policies and contracts.
- (d) All other benefits, except life insurance and endowment benefits in life insurance policies and benefits provided by all other annuity and pure endowment contracts.

\*\*\*\*Note: Does anything in the subsection above (such as issuance) need to be limited to before the operative date of the valuation manual?

(4m) This subsection applies to all annuity and pure endowment contracts other than group annuity and pure endowment contracts purchased under a retirement plan or plan of deferred compensation, established or maintained by an employer, including a partnership or sole proprietorship, or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under section 408 of the Internal Revenue Code. Reserves according to the commissioners annuity reserve method for benefits under annuity or pure endowment contracts, excluding any disability and accidental death benefits in such contracts, shall be the greatest of the respective excesses of the present values, at the date of valuation, of the future guaranteed benefits, including guaranteed nonforfeiture benefits, provided for by such contracts at the end of each respective contract year, over the present value, at the date of valuation, of any future valuation considerations derived from future gross considerations, required

by the terms of such contract, that become payable prior to the end of such respective contract year. The future guaranteed benefits shall be determined by using the mortality table, if any, and the interest rate specified in such contracts for determining guaranteed benefits. The valuation considerations are the portions of the respective gross considerations applied under the terms of such contracts to determine nonforfeiture values.

\*\*\*\*Note: Does anything in the subsection above (such as issuance) need to be limited to before the operative date of the valuation manual?

(5) (a) In no event may a company's aggregate reserves for all life insurance policies, excluding disability and accidental death benefits, issued on or after the effective date of this section but before the operative date of the valuation manual, be less than the aggregate reserves calculated in accordance with the method set forth in subs. (3) to (4m) and (7) and the mortality table or tables and rate or rates of interest used in calculating nonforfeiture benefits for such policies.

\*\*\*\*Note: Can the actual date be substituted for "the effective date of this section"? Is the limitation to before the operative date of the valuation manual correct?

(b) In no event may a company's aggregate reserves for all policies, contracts and benefits be less than the aggregate reserves determined by a qualified actuary in an opinion under sub. (1m) (b) 1. to be necessary to make adequate provision for the company's obligations under the policies and contracts.

\*\*\*\*Note: Does anything in the paragraph above (such as issuance) need to be limited to before the operative date of the valuation manual?

(6) Reserves for all policies and contracts issued prior to the effective date of this subsection <u>but before the operative date of the valuation manual</u> may be calculated, at the option of the company, according to any standards that produce greater aggregate reserves for all such policies and contracts than the minimum reserves required by the laws in effect immediately prior to such date. Reserves for

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#### SECTION 6

any category of policies, contracts or benefits as established by the commissioner, issued on or after the effective date of this subsection but before the operative date of the valuation manual, may be calculated, at the option of the company, according to any standards that produce greater aggregate reserves for such category than those calculated according to the minimum standard herein provided, but the rate or rates of interest used for policies and contracts, other than annuity and pure endowment contracts, shall not be higher than the corresponding rate or rates of interest used in calculating any nonforfeiture benefits provided for therein. Any such company that at any time has adopted any standard of valuation producing greater aggregate reserves than those calculated according to the minimum standard herein provided may, with the approval of the commissioner, adopt any lower standard of valuation, but not lower than the minimum herein provided. For the purposes of this subsection, holding any additional reserves that a qualified actuary, in an opinion under sub. (1m) (b) 1., determined to be necessary to make adequate provision for the company's obligations under the policies and contracts shall not be considered the adoption of a higher standard of valuation.

\*\*\*\*Note: Can the actual date be substituted for "the effective date of this section"? Is the limitation to before the operative date of the valuation manual correct?

(7) (a) If in any contract year the gross premium charged by any life insurance company on any policy or contract is less than the valuation net premium for the policy or contract calculated by the method used in calculating its reserve but using the minimum valuation standards of mortality and rate of interest under subs. (2) and (2m), the minimum reserve required for the policy or contract shall be the greater of either the reserve calculated according to the mortality table, rate of interest, and method actually used for the policy or contract, or the reserve calculated

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by the method actually used for the policy or contract but using the minimum valuation standards of mortality and rate of interest under subs. (2) and (2m) and replacing the valuation net premium by the actual gross premium in each contract year for which the valuation net premium exceeds the actual gross premium.

\*\*\*\*Note: Does anything in the paragraph above (such as issuance) need to be limited to before the operative date of the valuation manual?

- (b) 1. In this paragraph, "excess premium" means the amount by which a gross premium in the first policy year exceeds the gross premium in the 2nd policy year.
- 2. If a life insurance policy issued on or after January 1, 1984, <u>but before the operative date of the valuation manual</u> provides no comparable benefit in the first year for an excess premium and provides an endowment benefit, cash surrender value or both in an amount greater than the excess premium, the minimum reserve at each policy anniversary is the greater of the minimum reserve under subs. (3) to (4) and the minimum reserve under par. (a).

 ${}^{****}\mbox{Note:}$  Is the limitation to before the operative date of the valuation manual correct?

- 3. For purposes of par. (a), the method used in calculating the reserve of a policy under subd. 2. is specified under subs. (3) to (4).
- (c) If a plan of life insurance provides for future determination of premiums based on recent estimates of future experience available at the time of the determination, or if the minimum reserves for a plan of life insurance or an annuity cannot be determined under subs. (3) to (4m) and this subsection, the commissioner shall by rule adopt a method for determining the minimum reserves for the plan or annuity. A rule adopted under this paragraph shall specify a method consistent with the principles of this section and appropriate in relation to the benefits and pattern of premiums for the plan or annuity.

LRB-2912/? PJK:... **SECTION 6** 

of policies or contracts

\*\*\*\*Note: Does anything in the paragraph above (such as issuance) need to be limited to before the operative date of the valuation manual?

1	SECTION 7. 623.06 (8) of the statutes is renumbered 623.06 (13) and amended
2	to read:
3	623.06 (13) This section shall become effective on the same date as does s.
4	632.43. The provisions of this section shall supersede all provisions of law
5	inconsistent or in conflict therewith.
6 Hist a. 490;	ory: 1973 c. 303; 1977 c. 153 ss. 2, 4, 6; 1977 c. 273; 1977 c. 339 ss. 17, 44; Stats. 1977 s. 623.06; 1979 c. 110 s. 60 (13); 1981 c. 307 ss. 1x to 6, 13; 1989 a. 56; 1993 a. 396; 1999 a. 85; 2001 a. 103; 2011 a. 257.  SECTION 8. 623.06 (8m) of the statutes is created to read:
7	623.06 (8m) For accident and health insurance contracts issued on or after the
8	effective date of this subsection [LRB inserts date], but before the operative date
9	of the valuation manual, the minimum standard of valuation is the standard adopted
10	by the commissioner by rule. For accident and health insurance contracts issued on
11	or after the operative date of the valuation manual, the standard prescribed in the
12	valuation manual shall be the minimum standard of valuation required under sub.
13	(1f) (b).
14	<b>Section 9.</b> 623.06 (9) of the statutes is created to read:
15	623.06 (9) (a) For policies and contracts issued on or after the operative date
16	of the valuation manual, the standard prescribed in the valuation manual is the
17	minimum standard of valuation required under sub. (1f) (b), except as provided in
18	pars. (e) and (g).
19	(b) The operative date of the valuation manual is January 1 of the first calendar
20	year beginning after the first July 1 as of which all of the following have occurred:
21	1. The valuation manual has been adopted by the National Association of
( <b>22</b> )	Insurance Commissioners by an affirmative vote of at least 42 members, or

three-fourths of the members voting, whichever is greater.

membership.

1	2. The standard valuation law, as amended by the National Association of
2	Insurance Commissioners in 2009, or legislation including substantially similar
3	terms and provisions, has been enacted by states representing more than 75 percent
4	of the direct premiums written as reported in all of the following annual statements
5	submitted for 2008:
6	a. Life, accident, and health annual statements.
7	b. Health annual statements.
8	c. Fraternal annual statements.
9	3. The standard valuation law, as amended by the National Association of
10	Insurance Commissioners in 2009, or legislation including substantially similar
11	terms and provisions, has been enacted by at least 42 of the following 55
12	jurisdictions:
13	a. The 50 states of the United States.
14	b. American Samoa.
15	c. The American Virgin Islands
16	d. The District of Columbia.
17	e. Guam.
18	f. Puerto Rico.
19	(c) Unless a change in the valuation manual specifies a later effective date,
20	changes to the valuation manual shall be effective on the first January 1 after the
21	date when such changes have been adopted by the National Association of Insurance
22	Commissioners by an affirmative vote representing all of the following:
23	1. At least three-fourths of the members of the National Association of
24	Insurance Commissioners voting, but not less than a majority of the total

(10), all of the following:

2. Members of the National Association of Insurance Commissioners
representing jurisdictions with more than 75 percent of the direct premiums written
as reported in all of the following annual statements most recently available before
the vote under subd. 1.:
a. Life, accident, and health annual statements.
b. Health annual statements.
c. Fraternal annual statements.
****Note: Does "jurisdictions" refer to the 55 listed in par. (b) 3.? Would it be useful to clarify that?
(d) The valuation manual must specify all of the following:
1. Minimum valuation standards for and definitions of the policies and
contracts subject to sub. (1f) (b). The minimum valuation standards shall be all of
the following:
a. The commissioners reserve valuation method for life insurance contracts,
other than annuity contracts, subject to sub. (1f) (b).
b. The commissioners annuity reserve valuation method for annuity contracts
subject to sub. (1f) (b).
c. Minimum reserves for all other policies and contracts subject to sub. (1f) (b).
2. Which policies or contracts, or types of policies or contracts, are subject to the
requirements of a principle-based valuation in sub. (10) (a) and the minimum
valuation standards consistent with those requirements.
3. For policies and contracts subject to a principle-based valuation under sub.

1	a. Requirements for the format of reports to the commissioner under sub. $(10)$
2	(b) 3., which reports shall include information necessary to determine if the
3	valuation is appropriate and in compliance with this section.
4	b. Requirements regarding the treatment of risks over which the insurance
5	company does not have significant control or influence.
6	c. Procedures for corporate governance and oversight of the actuarial function
7	and a process for appropriate waiver or modification of such procedures.
8	4. The minimum valuation standard for policies not subject to a
9	principle–based valuation under sub. (10), which minimum valuation standard shall
10	be the greater of the following:
11	a. Reserves that are consistent with the minimum standard of valuation before
12	the operative date of the valuation manual.
13	b. Reserves that quantify the benefits, guarantees, and funding associated with
14	the contracts and their risks at a level of conservatism that reflects conditions that
15	include unfavorable events that have a reasonable probability of occurring. This
16	does not preclude, for policies with significant tail risk, reflecting in the reserve
17	conditions appropriately adverse to quantify that tail risk.
18	5. Other requirements, including those relating to reserve methods, models for
19	measuring risk, generation of economic scenarios, assumptions, margins, use of
20	insurance company experience, risk measurement, disclosure, certifications,
21	reports, actuarial opinions and memoranda, transition rules, and internal controls.
22	6. The data and form of the data required under sub. (11) and to whom the data
23	must be submitted. The valuation manual may specify other related requirements,

including data analyses and reporting of analyses.

(e) In the absence of a specific valuation requirement, or if a specific valuation
requirement in the valuation manual is not, in the opinion of the commissioner, in
compliance with this section, the insurance company shall, with respect to such
requirements, comply with minimum valuation standards prescribed by the
commissioner by rule.

- (f) The commissioner may engage a qualified actuary, at the expense of the insurance company, to perform an actuarial examination of the company and opine on the appropriateness of any reserve assumption or method used by the company, or to review and opine on a company's compliance with any requirement in this section. The commissioner may rely on the opinion, regarding provisions in this section, of a qualified actuary engaged by the commissioner of another state or district or territory of the United States. As used in this paragraph, the term "engage" includes both "employ" and "contract with."
- (g) The commissioner may require an insurance company to make any change to an assumption or method that, in the opinion of the commissioner, is necessary to comply with the requirements of the valuation manual or this section. An insurance company shall adjust the reserves as required by the commissioner. The commissioner may take any disciplinary action permitted under ss. 601.41 (4) and 601.64.
- (h) 1. The commissioner may exempt specific product forms or product lines of a domestic company that is licensed and doing business only in Wisconsin from the requirements of this subsection if all of the following are satisfied:
- a. The commissioner has issued an exemption in writing to the company and has not subsequently revoked the exemption in writing.

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assumptions or methods.

- 1 The company computes reserves using assumptions and methods used  $\mathbf{2}$ before the operative date of the valuation manual in addition to any requirements 3 established by the commissioner and promulgated by rule. 4 2. For policy forms and product lines for which a company is granted an exemption under subd. 1., subs. (1f) (a), (1m), and (2) to (7) apply, and any reference 5 6 to the valuation manual does not apply. 7 **Section 10.** 623.06 (10) of the statutes is created to read: 8 623.06 (10) (a) An insurer must establish reserves for policies and contracts as 9 specified in the valuation manual using a principle-based valuation that does all of 10 the following: \*\*\*\*Note: Since this will be effective immediately, do we need to say "Beginning on the operative date of the valuation manual"? Also, does this apply to policies and contracts existing on that date or only those issued on or after the operative date of the valuation manual? 11 Quantifies the benefits, guarantees, and funding associated with the contracts and their risks at a level of conservatism that reflects conditions that 12 13 include unfavorable events that have a reasonable probability of occurring during the lifetime of the contracts. For polices or contracts with significant tail risk, the 14 principle-based valuation should reflect conditions appropriately adverse to 15 16 quantify the tail risk. 17 2. Incorporates assumptions, risk analysis methods and financial models, and 18 management techniques that are consistent with, but not necessarily identical with, 19 those used within the company's overall risk assessment process, while recognizing
  - 3. Incorporates assumptions that are derived in one of the following ways:

potential differences in financial reporting structures and any prescribed

a. The assumption is prescribed in the valuation manual.

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1	b. For an assumption that is not prescribed in the valuation manual, the
2	assumption is established using the company's available experience to the extent it
3	is relevant and statistically credible. To the extent that company data is not
4	available, relevant, or statistically credible, the assumption is established using
5	other relevant, statistically credible experience.
6	4. Provides margins for uncertainty, including adverse deviation and

- estimation error, such that the greater the uncertainty the larger the margin and resulting reserve.
- (b) A company using a principle-based valuation for one or more policies or contracts subject to this section as specified in the valuation manual shall do all of the following:
- 1. Establish procedures for corporate governance and oversight of the actuarial valuation function consistent with those described in the valuation manual.
- 2. Provide to the commissioner and the board of directors an annual certification of the effectiveness of the internal controls with respect to the principle-based valuation. The internal controls shall be designed to ensure that all material risks inherent in the liabilities and associated assets subject to the valuation are included in the valuation and that valuations are made in accordance with the valuation manual. The certification shall be based on the controls in place as of the end of the preceding calendar year.
- 3. Develop, and file with the commissioner upon request, a principle-based valuation report that complies with standards prescribed in the valuation manual.
- (c) A principle-based valuation may include a prescribed formulaic reserve component.

**Section 11.** 623.06 (11) of the statutes is created to read:

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623.06 (11) A company shall submit mortality, morbidity, policyholder behavior, or expense experience and other data as prescribed in the valuation manual.

\*\*\*\*Note: Should this also say "Beginning on the operative date of the valuation manual"?

- **Section 12.** 623.06 (12) of the statutes is created to read:
- 623.06 (12) (a) For purposes of pars. (b) and (c), all of the following are confidential information:
- 1. A memorandum in support of an opinion submitted under sub. (1m) or (1r) and any other documents, materials, or other information, including all working papers and copies of working papers, created, produced, or obtained by or disclosed to the commissioner or any other person in connection with the memorandum.
- 2. All documents, materials, and other information, including all working papers and copies of working papers, created, produced, or obtained by or disclosed to the commissioner or any other person in the course of an examination made under sub. (9) (f), except that if an examination report or other material prepared in connection with an examination made under ss. 601.43 and 601.44 is not held as private and confidential information under s. 601.465 (1m) (b), an examination report or other material prepared in connection with an examination made under sub. (9) (f) is not confidential information to the same extent as if the examination report or other material had been prepared under ss. 601.43 and 601.44.
- 3. Any reports, documents, materials, or other information developed by a company in support of, or in connection with, an annual certification by the company under sub. (10) (b) 2. evaluating the effectiveness of the company's internal controls with respect to a principle-based valuation and any other documents, materials, or

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other information, including all working papers and copies of working papers,
created, produced, or obtained by or disclosed to the commissioner or any other
person in connection with the reports, documents, materials, and other information.

- 4. Any principle-based valuation report developed under sub. (10) (b) 3. and any other documents, materials, or other information, including all working papers and copies of working papers, created, produced, or obtained by or disclosed to the commissioner or any other person in connection with the report.
- 5. Any documents, materials, data, or other information submitted by a company under sub. (11), and any supporting information related to such a submission that is provided to or obtained by the commissioner, to the extent that such documents, materials, data, other information, or supporting information include potentially company-identifying or personally identifiable information.

\*\*\*\*Note: Doesn't adding the word "potentially" make just about any written materials confidential? It seems a little overbroad.

- (b) 1. Information described as confidential under par. (a) is confidential and privileged; is not subject to receipt, inspection, or copying under s. 19.35 (1); is not subject to subpoena; and is not subject to discovery or admissible in evidence in any private civil action. The commissioner is authorized to use the confidential information in the furtherance of any regulatory or legal action brought against the company as a part of the commissioner's official duties.
- 2. Neither the commissioner nor any person who received confidential information while acting under the authority of the commissioner may testify in any private civil action concerning any confidential information.
- 3. a. In furtherance of the performance of the commissioner's regulatory duties, the commissioner may share confidential information with other state, federal, and

- international regulatory agencies; the National Association of Insurance Commissioners and its affiliates and subsidiaries; and state, federal, and international law enforcement agencies.
- b. Confidential information may be shared under subd. 3. a. only if the recipient agrees, and has the legal authority to agree, to maintain the confidentiality and privileged status of such documents, materials, data, and other information in the same manner and to the same extent as required for the commissioner.
- c. The commissioner may receive documents, materials, or other information, including otherwise confidential and privileged documents, materials, data, or information from the National Association of Insurance Commissioners and its affiliates and subsidiaries, from regulatory or law enforcement agencies of other foreign or domestic jurisdictions, and from the Actuarial Board for Counseling and Discipline or its successor, and shall maintain as confidential or privileged any document, material, or other information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the document, material, or information.
- d. The commissioner may enter into agreements governing sharing and use of information consistent with this subsection.
- e. No waiver of any applicable privilege or claim of confidentiality in the confidential information shall occur as a result of disclosure of such information or documents to the commissioner under this subsection or as a result of the commissioner sharing such information or documents as authorized in this subsection.

1	f. A privilege established under the law of any state or jurisdiction that is
2	substantially similar to the privilege established under this subsection shall be
3	available and enforced in any proceeding in, and in any court of, this state.
4	(c) Notwithstanding par. (b), any confidential information specified in par. (a)
5	1. and $4$ . is subject to all of the following:
6	1. The confidential information may be subject to subpoena for the purpose of
7	defending an action seeking damages from the appointed actuary submitting the
8	related memorandum in support of an opinion submitted under sub. $(1m)$ or $(1r)$ or
9	the principle-based valuation report developed under sub. (10) (b) 3. by reason of an
10	action required by this section or rules promulgated under this section.
	****Note: Is "subject to subpoen for the purpose of defending an action seeking damages" too limited? Would it be better to say "subject to subpoen in an action seeking damages" and leave out the limitation to defending the action?
	****Note: Does the appointed actuary submit both the memorandum in support of an opinion and the principle-based valuation report?
11	2. The confidential information may otherwise be released by the commissioner
12	with the written consent of the company.
13	3. If any portion of a memorandum in support of an opinion submitted under
14	sub. (1m) or (1r) or any portion of the principle-based valuation report developed
<b>(15)</b>	under sub. (10) (b) 3. is cited by the company in its marketing is publicly
16	volunteered to or before a government agency other than a state insurance
17	department or is released by the company to the news media, all portions of such
18	memorandum or report shall no longer be confidential.  SECTION 13. Nonstatutory provisions.
20	(1) OPERATIVE DATE OF THE VALUATION MANUAL. As soon as possible after the
21	requirements under section 623.06 (9) (b) of the statutes, as created by this act, are

met, the office of the commissioner of insurance shall submit to the legislative

1	reference bureau for publication in the Wisconsin administrative register a notice
2	specifying the date that is the operative date of the valuation manual, as provided
3	in section 623.06 (9) (b) of the statutes, as created by this act.

Section 14. Effective dates. This act takes effect on the day after publication, except as follows:

(1) OPERATIVE DATE OF VALUATION MANUAL. The repeal and recreation of section  $623.06\,(1c)\,(f)$  of the statutes takes effect on the date specified in the notice published in the Wisconsin administrative register under Section 13 (1) of this act.

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## DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-2912/P1dn PJK:klm

August 17, 2015

This draft shows s. 623.06 with all of the provisions of current law and the proposed new provisions. The new, created provisions from LRB-2365 are not underscored, but they are prefaced by an action phrase such as "623.06 (1r) of the statutes is created to read." All of the provisions that were included in LRB-2365 (whether created, amended, repealed and recreated, etc.) are shown with the action phrase from that draft. Some provisions of current law that were not included in LRB-2365 have proposed changes that are stricken or underscored, but I have not added an action phrase.

All (except one) of the provisions take effect immediately. Those that are not effective until the operative date of the valuation manual have that in-text phrase. Thus, they become law now but will not be implemented until the operative date of the valuation manual. The one provision that has a delayed effective date is the second treatment of the definition of "operative date of the valuation manual." I have double-drafted this definition. The first treatment takes effect immediately. It is then repealed and recreated, with a delayed effective date of the operative date of the valuation manual. That way, the actual date that is the operative date of the valuation manual can be inserted into the definition by the revisor when you provide the notice to the LRB of that date, so that wherever that phrase appears in s. 623.06, the actual date is incorporated through the definition. (See the nonstatutory provision that requires you to provide to the LRB a notice of the date, which is then published in the Wisconsin Administrative Register.) I am hoping that you will be able to give me the actual dates for the other references in current law to "effective date" and "operative date" so that I can amend them in and make the statute much more user-friendly and drafter-friendly.

I have assumed that the valuation manual will supersede all of the subsections in current law that were not treated in LRB-2365 (subs. (2) to (7)); however, that may not be the case. I have added "but before the operative date of the valuation manual" where appropriate, but that may not be enough to capture all of the provisions. For that reason a different treatment may be better. There are two alternative options. One option is to create a single provision that provides something to the effect that subs. (2) to (7) do not apply to policies or contracts issued on or after the operative date of the valuation manual (if that is true). The other option is to "notwithstand" the subsections that will be superseded. For example, it might be appropriate to add "Notwithstanding subs. (2) to (7)," at the beginning of newly created sub. (9) (a).

Finally, you will notice that I removed any reference to effective dates in sub. (8), which is renumbered to sub. (13). That is because all of current law is in effect now and the new provisions will be in effect on the day after publication, so there is no need to have an effective date in the text of the statutes.

Please let me know if you have any questions. When s. 623.06 is finalized, the changes you approve will be incorporated into LRB-2365, so this draft is just for working purposes.

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### Kahler, Pam

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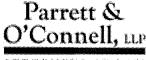
Tuesday, August 25, 2015 9:45 AM

To: Subject: Kahler, Pam

t: Language for actuarial board

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## DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-2912/P2dn PJK:kdm/UM

- OATE

I think we are getting very close. The two aspects that I have concerns about are the effective date statutory provision in sub. (8) (renumbered to sub. (13)) and the applicability provisions (sentences at the end of s. 623.06 (1f) (a) and (b)). Both applicability provisions state what policies and contracts the subsections apply to. Should those subsections apply to *only* those policies and contracts? Let me know what tweaks are needed. Thank you.

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