1	or receiver as justice requires, without regard to the limitations otherwise prescribed
2	by law.
3	*-0797/P1.380*Section 1012. 645.07 (1) (intro.) of the statutes is amended to
4	read:
5	645.07 (1) DUTY TO COOPERATE. (intro.) Any officer, manager, trustee or general
6	agent of any insurer, any attorney representing an insurer on any matter, and any
7	other person with executive authority over or in charge of any segment of the
8	insurer's affairs shall cooperate with the commissioner secretary in any proceeding
9	under this chapter or any investigation preliminary or incidental to the proceeding.
10	"To cooperate" includes:
11	*-0797/P1.381*Section 1013. 645.07 (1) (a) of the statutes is amended to read:
12	645.07 (1) (a) To reply promptly in writing to any inquiry from the
13	commissioner secretary requesting a reply; and
14	*-0797/P1.382*Section 1014. 645.07 (1) (b) of the statutes is amended to read:
15	645.07 (1) (b) To make available and deliver to the commissioner secretary any
16	books, accounts, documents or other records, or information or property of or
17	pertaining to the insurer and in the person's possession, custody or control.
18	*-0797/P1.383*Section 1015. 645.07 (2) of the statutes is amended to read:
19	645.07 (2) DUTY NOT TO OBSTRUCT. No person may obstruct or interfere with the
20	commissioner secretary in the conduct of any delinquency proceeding or any
21	investigation preliminary or incidental thereto.
22	*-0797/P1.384*Section 1016. 645.07 (4) of the statutes is amended to read:
23	645.07 (4) SANCTION. Any person included within sub. (1) who fails to cooperate
24	with the commissioner secretary, or any person who obstructs or interferes with the

commissioner	secretary	in	the	conduct	of	any	delinquency	proceeding	or	any
investigation p	preliminary	or or	inci	dental th	ere	to, is	subject to s.	601.64.		

*-0797/P1.385*Section 1017. 645.08 (1) of the statutes is amended to read: 645.08 (1) Bonds. In any proceeding under this chapter the commissioner secretary and the commissioner's secretary's deputies are responsible on their official bonds for the faithful performance of their duties. If the court deems it desirable for the protection of the assets, it may at any time require an additional bond from the commissioner secretary or the commissioner's secretary's deputies.

*-0797/P1.386*Section 1018. 645.08 (2) of the statutes is amended to read: 645.08 (2) Immunity. No civil cause of action may arise against and no civil liability may be imposed upon the state, commissioner secretary, special deputy commissioner, rehabilitator or liquidator, or their employees or agents, or the insurance security fund under ch. 646 or its agents, employees, directors or contributor insurers, for an act or omission by any of them in the performance of their powers and duties under this chapter or in the performance of their powers and duties relating to regulation of the capital or solvency of an insurer under chs. 600 to 646, including the compulsory or security surplus requirements under ch. 623. This subsection does not apply to a civil cause of action arising from an act or omission that is criminal under ch. 943. Such a cause of action, however, may be barred or limited by common law, sovereign immunity, governmental immunity or otherwise by law.

*-0797/P1.387*SECTION 1019. 645.09 (title), (1) (intro.) and (a), (2) (a) and (b) and (3) of the statutes are amended to read:

645.09 (title) Commissioner's Secretary's reports. (1) GENERAL REPORT OF
PROCEEDINGS. (intro.) The commissioner secretary may include in his or her annual
report any of the following:

- (a) Formal proceedings. The names of the insurers proceeded against under ss. 645.31, 645.41, 645.45, 645.81, 645.82 and 645.84, and such other facts as indicate in reasonable detail the commissioner's secretary's formal proceedings under this chapter; and.
- (2) (a) Causes of delinquency. The commissioner secretary may include in his or her annual report, not later than the 2nd annual report following the initiation of any formal proceedings under this chapter, a detailed analysis of the basic causes and the contributing factors making the initiation of formal proceedings necessary, and may make recommendations for remedial legislation. For this purpose the commissioner secretary may appoint a special assistant qualified in insurance, finance, and accounting to conduct the study and prepare the analysis, and may determine the special assistant's compensation, which shall be paid from the appropriation under s. 20.145 (1) 20.142 (3) (g) 1.
- (b) Final study. The commissioner secretary may include in his or her annual report, not later than the 2nd annual report following discharge of the receiver, a detailed study of the delinquency proceeding for each insurer subjected to a formal proceeding, with an analysis of the problems faced and their solutions. The commissioner secretary may also suggest alternative solutions, as well as other material of interest, for the purpose of assisting and guiding liquidators or rehabilitators in the future. For this purpose the commissioner secretary may appoint a special assistant qualified to conduct the study and prepare the analysis,

- and may determine his or her compensation, which shall be paid from the appropriation under s. 20.145 (1) 20.142 (3) (g) 1.
- (3) Reports on insurers subject to proceedings. The commissioner secretary as receiver shall make and file annual reports and any other required reports for the companies proceeded against under ss. 645.31, 645.41, 645.45, 645.81, 645.82 and 645.84 in the manner and form and within the time required by law of insurers authorized to do business in this state, and under the same penalties for failure to do so.

*-0797/P1.388*Section 1020. 645.10 of the statutes is amended to read:

645.10 Continuation of delinquency proceedings. Every proceeding commenced before August 5, 1967 is deemed to have commenced under this chapter for the purpose of conducting the proceeding thereafter, except that in the discretion of the commissioner secretary the proceeding may be continued, in whole or in part, as it would have been continued had this chapter not been enacted.

*-0797/P1.389*Section 1021. 645.21 of the statutes is amended to read:

AFTER HEARING. Whenever the commissioner secretary has reasonable cause to believe, and determines, after a hearing held as prescribed in s. 601.62, that any insurer has committed or engaged in, or is committing or engaging in or is about to commit or engage in any act, practice or transaction, or is in or is about to get into a situation that would subject it to formal delinquency proceedings under this chapter, the commissioner secretary may make and serve upon the insurer and any other persons involved, such orders other than seizure orders under ss. 645.22 and 645.23 as are reasonably necessary to correct, eliminate or remedy such conduct, condition or ground.

(2) SUMMARY ORDER BEFORE HEARING. If the conditions of sub. (1) are satisfied,
and if it appears to the commissioner secretary that irreparable harm to the property
or business of the insurer or to the interests of its policyholders, creditors or the
public may occur unless the commissioner secretary issues with immediate effect the
orders described in sub. (1), the commissioner secretary may make and serve such
orders without notice and before hearing, simultaneously serving upon the insurer
notice of hearing under s. 601.62.

- (4) JUDICIAL RELIEF. If the commissioner secretary issues a summary order before hearing under sub. (2), the insurer may at any time waive the commissioner's secretary's hearing and apply for immediate judicial relief by means of any remedy afforded by law without first exhausting administrative remedies. Subsequent to a hearing the insurer or any person whose interests are substantially affected is entitled to judicial review of any order issued by the commissioner secretary.
- *-0797/P1.390*Section 1022. 645.22 (1) (intro.) of the statutes is amended to read:
- 645.22 (1) Issuance. (intro.) Upon the filing by the commissioner secretary in any circuit court in this state of a verified petition alleging any ground that would justify a court order for a formal delinquency proceeding against an insurer under this chapter and that the interests of policyholders, creditors or the public will be endangered by delay, and setting out the order considered necessary by the commissioner secretary, the court shall issue forthwith, ex parte and without a hearing, the requested order, which may do any of the following:

*-0797/P1.391*Section 1023. 645.22 (1) (a) of the statutes is amended to read:

1	645.22 (1) (a) Direct the commissioner secretary to take possession and control
2	of all or a part of the property, books, accounts, documents and other records of an
3	insurer and of the premises occupied by it for the transaction of its business.
4	*-0797/P1.392*Section 1024. 645.22 (1) (b) of the statutes is amended to read:
5	645.22 (1) (b) Until further order of the court, enjoin the insurer and its officers,
6	managers, agents, and employees from disposition of its property and from
7	transaction of its business except with the written consent of the commissioner
8	secretary.
9	*-0797/P1.393*Section 1025. 645.22 (2) of the statutes is amended to read:
10	645.22 (2) DURATION. The court shall specify in the order what its duration shall
11	be, which shall be such time as the court deems necessary for the commissioner
12	secretary to ascertain the condition of the insurer. On motion of either party or on
13	its own motion, the court may hold such hearings as it deems desirable after such
14	notice as it deems appropriate, and may extend, shorten or modify the terms of the
15	seizure order. The court shall vacate the seizure order if the commissioner secretary
16	fails to commence a formal proceeding under this chapter after having had a
17	reasonable opportunity to do so. The issuance of an order of the court pursuant to
18	a formal proceeding under this chapter vacates the seizure order.
19	*-0797/P1.394*Section 1026. 645.23 (title), (1), (2) and (3) of the statutes are
20	amended to read:
21	645.23 (title) Commissioner's Secretary's seizure order. (1) Issuance. If
22	it appears to the commissioner secretary that the interests of creditors, policyholders
23	or the public will be endangered by the delay incident to asking for a court seizure
24	order, then on any ground that would justify a court seizure order under s. 645.22,

without notice and without applying to the court, the commissioner secretary may

public.

issue a seizure order which must contain a verified statement of the grounds for the
action. As directed by the seizure order, the commissioner's secretary's
representatives shall forthwith take possession and control of all or part of the
property, books, accounts, documents and other records of the insurer, and of the
premises occupied by the insurer for the transaction of its business. The
commissioner secretary shall retain possession and control until the order is vacated
or is replaced by an order of the court pursuant to a proceeding commenced under
sub. (2) or a formal proceeding under this chapter.

- (2) JUDICIAL REVIEW. At any time after seizure under sub. (1), the insurer may apply to the circuit court for Dane County or for the county in which the insurer's principal office is located. The court shall thereupon order the commissioner secretary to appear forthwith and shall proceed thereafter as if the order were a court seizure order issued under s. 645.22.
- (3) DUTY TO ASSIST COMMISSIONER SECRETARY. Every law enforcement officer shall assist the commissioner secretary in making and enforcing any such seizure, and every sheriff's and police department shall furnish the commissioner secretary with such deputies, patrolmen or officers as are necessary to assist in the seizure.

*-0797/P1.395*Section 1027. 645.24 (1) of the statutes is amended to read: 645.24 (1) Confidentiality of commissioners secretary shall hold all hearings in summary proceedings privately unless the insurer requests a public hearing, in which case the hearing shall be

*-0797/P1.396*Section 1028. 645.24 (3) of the statutes is amended to read: 645.24 (3) Records. In all summary proceedings and judicial reviews thereof, all records of the company, other documents, and all office of the commissioner of

*-0797/P1.397*Section 1029. 645.24 (5) of the statutes is amended to read:
file.
all papers filed with the clerk of the court shall be held by the clerk in a confidential
the insurer requests that the matter be made public. Until the court order is issued,
after hearing arguments from the parties in chambers, orders otherwise, or unless
confidential except as is necessary to obtain compliance therewith, unless the court,
or are a part of the record of the summary proceedings, shall be and remain
insurance department files and court records and papers, so far as they pertain to

645.24 (5) SANCTIONS. Any person having possession or custody of and refusing

to deliver any of the property, books, accounts, documents or other records of an insurer against which a seizure order or a summary order has been issued by the

commissioner secretary or by the court, is subject to s. 601.64.

*-0797/P1.398*SECTION 1030. 645.31 (intro.) of the statutes is amended to read:

645.31 Grounds for rehabilitation. (intro.) The commissioner secretary may apply by verified petition to the circuit court for Dane County or for the county in which the principal office of the insurer is located for an order directing rehabilitation of a domestic insurer or an alien insurer domiciled in this state on any one or more of the following grounds:

*-0797/P1.399*Section 1031. 645.31 (1) of the statutes is amended to read: 645.31 (1) Any ground on which the commissioner secretary may apply for an order of liquidation under s. 645.41, whenever he or she believes that the insurer may be successfully rehabilitated without substantial increase in the risk of loss to creditors of the insurer or to the public.

*-0797/P1.400*Section 1032. 645.31 (2) of the statutes is amended to read:

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1	645.31 (2) That the commissioner secretary has reasonable cause to believe
2	that there has been embezzlement from the insurer, wrongful sequestration or
3	diversion of the insurer's assets, forgery or fraud affecting the insurer or other illegal
4	conduct in, by or with respect to the insurer, that if established would endanger
5	assets in an amount threatening the solvency of the insurer.
6	*-0797/P1.401*Section 1033. 645.31 (3) of the statutes is amended to read:
7	645.31 (3) That information coming into the commissioner's secretary's
8	possession has disclosed substantial and not adequately explained discrepancies
9	between the insurer's records and the most recent annual report or other official
10	company reports.
11	*-0797/P1.402*Section 1034. 645.31 (4) of the statutes is amended to read:
12	645.31 (4) That the insurer has failed to remove any person who in fact has
13	executive authority in the insurer, whether an officer, manager, general agent,
14	employee or other person, if the person has been found by the commissioner secretary
15	after notice and hearing to be dishonest or untrustworthy in a way affecting the
16	insurer's business.
17	*-0797/P1.403*Section 1035. 645.31 (6) of the statutes is amended to read:
18	645.31 (6) That any person who in fact has executive authority in the insurer,
19	whether an officer, manager, general agent, employee or other person, has refused
20	to be examined under oath by the commissioner secretary concerning its affairs,
21	whether in this state or elsewhere, and after reasonable notice of the fact the insurer
22	has failed promptly and effectively to terminate the employment and status of the
23	person and all his or her influence on management.

*-0797/P1.404*Section 1036. 645.31 (7) of the statutes is amended to read:

645.31 (7) That after demand by the commissioner secretary the insurer has failed to submit promptly any of its own property, books, accounts, documents or other records, or those of any subsidiary or other affiliate within the control of the insurer, or those of any person having executive authority in the insurer so far as they pertain to the insurer, to reasonable inspection or examination by the commissioner secretary or the commissioner's secretary's authorized representative. If the insurer is unable to submit the property, books, accounts, documents or other records of a person having executive authority in the insurer, it shall be excused from doing so if it promptly and effectively terminates the relationship of the person to the insurer.

*-0797/P1.405*Section 1037. 645.31 (8) of the statutes is amended to read:

645.31 (8) That less than 30 days after reporting the proposed action to the commissioner secretary unless it is earlier approved by the commissioner secretary, or after the action has been disapproved by the commissioner secretary, the insurer has transferred, or attempted to transfer, substantially its entire property or business, or has entered into any transaction the effect of which is to merge, consolidate or reinsure substantially its entire property or business in or with the property or business of any other person.

*-0797/P1.406*SECTION 1038. 645.31 (10) of the statutes is amended to read: 645.31 (10) That within the previous year the insurer has willfully violated its charter or articles of incorporation or its bylaws or any insurance law or regulation of any state, or of the federal government, or any valid order of the commissioner secretary under s. 645.21, or having become aware within the previous year of an unintentional violation has failed to take all reasonable steps to remedy the situation resulting from the violation and to prevent future violations.

*-0797/P1.407*Section 1039. 645.31 (12) of the statutes is amended to read:

645.31 (12) That the insurer has failed to pay for 60 days after due date any
obligation to this state or any political subdivision thereof or any judgment entered
in this state, except that such nonpayment shall not be a ground until 60 days after
any good faith effort by the insurer to contest the obligation has been terminated,
whether it is before the commissioner secretary or in the courts.

*-0797/P1.408*SECTION 1040. 645.31 (13) of the statutes is amended to read: 645.31 (13) That the insurer has failed to file its annual report or other report within the time allowed by law, and after written demand by the commissioner secretary has failed to give an adequate explanation immediately.

*-0797/P1.409*SECTION 1041. 645.32 (1) of the statutes is amended to read: 645.32 (1) APPOINTMENT OF REHABILITATOR. An order to rehabilitate the business of a domestic insurer, or an alien insurer domiciled in this state, shall appoint the commissioner secretary and his or her successors in office rehabilitator and shall direct the rehabilitator to take possession of the assets of the insurer and to administer them under the orders of the court. The recording of the order with any register of deeds in the state imparts the same notice as a deed, bill of sale or other evidence of title recorded with that register of deeds.

*-0797/P1.410*Section 1042. 645.33 (1) of the statutes is amended to read: 645.33 (1) Special deputy commissioner to rehabilitate the insurer. The special deputy commissioner shall have all of the powers of the rehabilitator granted under this section. Subject to court approval, the rehabilitator shall make such arrangements for compensation as are necessary to obtain a special deputy commissioner of proven ability. The special deputy commissioner shall serve at the pleasure of the rehabilitator.

1	*-0797/P1.411*Section 1043. 645.41 (intro.) of the statutes is amended to
2	read:
3	645.41 Grounds for liquidation. (intro.) The commissioner secretary may
4	apply by verified petition to the circuit court for Dane County or for the county in
5	which the principal office of the insurer is located for an order directing him or her
6	to liquidate a domestic insurer or an alien insurer domiciled in this state on any one
7	or more of the following grounds:
8	*-0797/P1.412*Section 1044. 645.41 (1) of the statutes is amended to read:
9	645.41 (1) Any ground on which the commissioner secretary may apply for an
10	order of rehabilitation under s. 645.31, whenever the commissioner secretary
11	believes that attempts to rehabilitate the insurer would substantially increase the
12	risk of loss to its creditors, its policyholders or the public, or would be futile, or that
13	rehabilitation would serve no useful purpose;
14	*-0797/P1.413*Section 1045. 645.41 (8) of the statutes is amended to read:
15	645.41 (8) That the insurer has concealed records or assets from the
16	commissioner secretary or improperly removed them from the jurisdiction;
17	*-0797/P1.414*Section 1046. 645.42 (1) of the statutes is amended to read:
18	645.42 (1) ORDER TO LIQUIDATE. An order to liquidate the business of a domestic
19	insurer shall appoint the commissioner secretary and his or her successors in office
20	liquidator and shall direct the liquidator to take possession of the assets of the
21	insurer and to administer them under the orders of the court. The liquidator is
22	vested by operation of law with the title to all of the property, contracts, rights of
23	action and books and records, wherever located, of the insurer ordered liquidated,
24	and with all of the stock issued by the insurer and any cause of action that has or

subsequently accrues to the holder of the stock, as of the date of the filing of the

petition for liquidation. The liquidator may recover and reduce the same to
possession except that ancillary receivers in reciprocal states shall have, as to assets
located in their respective states, the rights and powers which are prescribed in s.
645.84 (3) for ancillary receivers appointed in this state as to assets located in this
state. The recording of the order with any register of deeds in this state imparts the
same notice as a deed, bill of sale or other evidence of title recorded with that register
of deeds.

*-0797/P1.415*SECTION 1047. 645.42 (4) of the statutes is amended to read: 645.42 (4) Declaration of insolvency. At the time of petitioning for an order of liquidation, or at any time thereafter, the commissioner secretary may petition the court to declare the insurer insolvent, and after such notice and hearing as it deems proper, the court may make the declaration.

*-0797/P1.416*Section 1048. 645.44 of the statutes is amended to read:

645.44 Dissolution of insurer. The commissioner secretary may petition for an order dissolving the corporate existence of a domestic insurer or the U.S. branch of an alien insurer domiciled in this state at the time of the application for a liquidation order. If the court issues a liquidation order, it also shall order dissolution if the commissioner has petitioned for it. The court shall order dissolution of the corporation upon petition by the commissioner secretary at any time after a liquidation order has been granted. If the dissolution has not previously occurred, it shall be effected by operation of law upon the discharge of the liquidator.

*-0797/P1.417*SECTION 1049. 645.45 (1) of the statutes is amended to read: 645.45 (1) Petition for federal receiver. Whenever in the commissioner's secretary's opinion, liquidation of a domestic insurer or an alien insurer domiciled in this state would be facilitated by a federal receivership, and when any ground

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exists upon which the commissioner secretary might petition the court for an order of rehabilitation or liquidation under s. 645.31 or 645.41, or if an order of rehabilitation or liquidation has already been entered, the commissioner secretary may request another insurance regulator or commissioner or other willing resident of another state to petition any appropriate federal district court for the appointment of a federal receiver. The commissioner secretary may intervene in any such action to support or oppose the petition, and may accept appointment as the receiver if he or she is so designated. So much of this chapter shall apply to the receivership as can be made applicable and is appropriate. Upon motion of the commissioner secretary. the courts of this state shall relinquish all jurisdiction over the insurer for purposes of rehabilitation or liquidation.

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*-0797/P1.418*Section 1050. 645.45 (2) of the statutes is amended to read: 645.45 (2) Compliance with federal requirements. If the commissioner secretary is appointed receiver under this section, the commissioner secretary shall

comply with any requirements necessary to give him or her title to and control over

the assets and affairs of the insurer.

*-0797/P1.419*Section 1051. 645.46 (4) of the statutes is amended to read:

645.46 (4) Defray all expenses of taking possession of, conserving, conducting, liquidating, disposing of, or otherwise dealing with the business and property of the insurer. If the property of the insurer does not contain sufficient cash or liquid assets to defray the costs incurred, the liquidator may advance the costs so incurred out of the appropriation under s. 20.145 (1) 20.142 (3) (g) 1. Any amounts so paid shall be deemed expense of administration and shall be repaid for the credit of the office of the commissioner of insurance department out of the first available moneys of the insurer.

*-0797/P1.420*Section 1052. 645.46 (14) of the statutes is amended to read:
645.46 (14) Remove any records and property of the insurer to the offices of the
commissioner department or to such other place as is convenient for the purposes of
efficient and orderly execution of the liquidation.

*-0797/P1.421*Section 1053. 645.46 (21) of the statutes is amended to read: 645.46 (21) Enter into agreements with any receiver or insurance regulator or commissioner of any other state relating to the rehabilitation, liquidation, conservation or dissolution of an insurer doing business in both states.

*-0797/P1.422*SECTION 1054. 645.47 (1) (a) of the statutes is amended to read: 645.47 (1) (a) General requirements. The liquidator shall give notice of the liquidation order as soon as possible by first class mail and either by telegram or telephone to the insurance regulator or commissioner of each jurisdiction in which the insurer is licensed to do business, by first class mail and by telephone to the department of workforce development of this state if the insurer is or has been an insurer of worker's compensation, by first class mail to all insurance agents having a duty under s. 645.48, by first class mail to the director of state courts under s. 601.53 (1) if the insurer does a surety business and by first class mail at the last-known address to all persons known or reasonably expected from the insurer's records to have claims against the insurer, including all policyholders. The liquidator also shall publish a class 3 notice, under ch. 985, in a newspaper of general circulation in the county in which the liquidation is pending or in Dane County, the last publication to be not less than 3 months before the earliest deadline specified in the notice under sub. (2).

^{*-0872/}P1.206*Section 1055. 645.47 (1) (a) of the statutes is amended to read:

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*-0797/P1.423*Section 1056. 645.49 (1) of the statutes is amended to read: 645.49 (1) Termination of actions against insurer by order appointing the commissioner secretary liquidator of a domestic insurer or of an alien insurer domiciled in this state, all actions and all proceedings against the insurer whether in this state or elsewhere shall be abated and the liquidator shall not intervene in them, except as provided in this subsection. Whenever in the liquidator's judgment an action in this state has proceeded to a point where fairness or convenience would be served by its continuation to judgment, the liquidator may apply to the court for leave to defend or to be substituted for the insurer, and if the court grants the application, the action shall not be abated. Whenever in the liquidator's judgment, protection of the estate

645.47 (1) (a) General requirements. The liquidator shall give notice of the liquidation order as soon as possible by first class mail and either by telegram or telephone to the insurance commissioner of each jurisdiction in which the insurer is licensed to do business, by first class mail and by telephone to the department of workforce development of this state if the insurer is or has been an insurer of worker's compensation, by first class mail to all insurance agents having a duty under s. 645.48, by first class mail to the director of state courts under s. 601.53 (1), if the insurer does a surety business, and by first class mail at the last-known address to all persons known or reasonably expected from the insurer's records to have claims against the insurer, including all policyholders. The liquidator also shall publish a class 3 notice, under ch. 985, in a newspaper of general circulation in the county in which the liquidation is pending or in Dane County, the last publication to be not less than 3 months before the earliest deadline specified in the notice under sub. (2).

of the insurer necessitates intervention in an action against the insurer that is
pending outside this state, with approval of the court the liquidator may intervene
in the action. The liquidator may defend at the expense of the estate of the insurer
any action in which he or she intervenes under this section at the expense of the
estate of the insurer.

*-0797/P1.424*Section 1057. 645.61 (4) of the statutes is amended to read:

645.61 (4) FILING OF CLAIMS BY FUNDS. Claims by funds under s. 646.33 and corresponding provisions of funds of other jurisdictions that satisfy s. 646.60 (1) (b) shall be filed periodically by the funds pursuant to rules promulgated by the commissioner department.

*-0797/P1.425*Section 1058. 645.73 (2) of the statutes is amended to read:

645.73 (2) WITHHELD FUNDS. All funds withheld under s. 645.64 and not distributed shall upon discharge of the liquidator be deposited with the secretary of revenue and paid by the secretary in accordance with s. 645.64. Any sums remaining which under s. 645.64 would revert to the undistributed assets of the insurer shall be transferred to the secretary of revenue and become the property of the state under sub. (1), unless the commissioner secretary of financial institutions, insurance, and professional standards petitions the court to reopen the liquidation under s. 645.75.

*-0797/P1.426*Section 1059. 645.75 of the statutes is amended to read:

645.75 Reopening liquidation. After the liquidation proceeding has been terminated and the liquidator discharged, the commissioner secretary or other interested party may at any time petition the court to reopen the proceedings for good cause, including the discovery of additional assets. If the court is satisfied that there is justification for reopening, it shall so order.

*-0797/P1.427*Section 1060. 645.77 of the statutes is amended to read:

1	645.77 External audit of receiver's books. The court in which the
2	proceeding is pending may, as it deems desirable, cause audits to be made of the
3	books of the commissioner secretary relating to any receivership established under
4	this chapter, and a report of each audit shall be filed with the commissioner secretary
5	and with the court. The books, records and other documents of the receivership shall
6	be made available to the auditor at any time without notice. The expense of each
7	audit shall be considered a cost of administration of the receivership.
8	*-0797/P1.428*Section 1061. 645.81 (1) (intro.) of the statutes is amended to
9	read:
10	645.81 (1) Grounds for Petition. (intro.) If a domiciliary liquidator has not
11	been appointed, the commissioner secretary may apply to the circuit court for Dane
12	County by verified petition for an order directing him or her to conserve the property
13	of an alien insurer not domiciled in this state or a foreign insurer on any one or more
14	of the following grounds:
15	*-0797/P1.429*Section 1062. 645.82 (1) (intro.) of the statutes is amended to
16	read:
17	645.82 (1) Grounds for Petition. (intro.) If no domiciliary receiver has been
18	appointed, the commissioner secretary may apply to the circuit court for Dane
19	County by verified petition for an order directing the commissioner secretary to
20	liquidate the assets found in this state of a foreign insurer or an alien insurer not
21	domiciled in this state, on any of the following grounds:
22	*-0797/P1.430*Section 1063. 645.82 (4) of the statutes is amended to read:
23	645.82 (4) FEDERAL RECEIVERSHIP. On the same grounds as are specified in sub.
24	(1), the commissioner secretary may petition any appropriate federal district court

to be appointed receiver to liquidate that portion of the insurer's assets and business

over which the court will exercise jurisdiction, or any lesser part thereof that the
commissioner secretary deems desirable for the protection of the policyholders and
creditors in this state. The commissioner secretary may accept appointment as
federal receiver if another person files a petition.

*-0797/P1.431*Section 1064. 645.83 (2) of the statutes is amended to read:

645.83 (2) Property rights and title: State not a reciprocal state. If a domiciliary liquidator is appointed for an insurer not domiciled in a reciprocal state, the commissioner of this state secretary shall be vested by operation of law with the title to all of the property, contracts and rights of action, and all of the books, accounts and other records of the insurer located in this state, at the same time that the domiciliary liquidator is vested with title in the domicile. The commissioner of this state secretary may petition for a conservation or liquidation order under s. 645.81 or 645.82, or for an ancillary receivership under s. 645.84, or after approval by the circuit court for Dane County may transfer title to the domiciliary liquidator, as the interests of justice and the equitable distribution of the assets require.

*-0797/P1.432*SECTION 1065. 645.84 (1) (intro.) of the statutes is amended to read:

645.84 (1) Appointment of ancillary receiver in this state. (intro.) If a domiciliary liquidator has been appointed for an insurer not domiciled in this state, the commissioner secretary shall file a petition with the circuit court for Dane County requesting appointment as ancillary receiver in this state in any of the following circumstances:

*-0797/P1.433*Section 1066. 645.84 (1) (a) of the statutes is amended to read:

...:...

1	645.84 (1) (a) If the commissioner secretary finds that there are sufficient
2	assets of the insurer located in this state to justify the appointment of an ancillary
3	receiver ; .
4	*-0797/P1.434*Section 1067. 645.84 (1) (b) of the statutes is amended to read:
5	645.84 (1) (b) If 10 or more persons resident in this state having claims against
6	the insurer file a petition with the commissioner <u>secretary</u> requesting appointment
7	of an ancillary receiver ; or .
8	*-0797/P1.435*Section 1068. 645.85 of the statutes is amended to read:
9	645.85 Ancillary summary proceedings. The commissioner secretary in
10	his or her sole discretion may institute proceedings under ss. 645.21 to 645.23 at the
11	request of the commissioner <u>secretary</u> or other appropriate official of the domiciliary
12	state of any nondomestic insurer having property located in this state.
13	*-0797/P1.436*Section 1069. 646.11 (5) of the statutes is amended to read:
14	646.11 (5) IMMUNITY. No cause of action of any nature may arise against and
15	no liability may be imposed upon the fund or its agents, employees, directors,
16	including alternate representatives designated under s. 646.12 (1) (a) 3., or
17	contributor insurers, or the commissioner secretary or the commissioner's
18	secretary's agents, employees, or representatives, for any act or omission by any of
19	them in the performance of their powers and duties under this chapter.
20	*-0797/P1.437*Section 1070. 646.12 (1) (a) 1. of the statutes is amended to
21	read:
22	646.12 (1) (a) 1. The fund shall be administered by a board of directors that
23	shall consist of the attorney general, the state treasurer, and the commissioner
24	secretary, each of whom shall have full voting rights, and at least 9 but not more than

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1	11 insurer representatives of domestic, foreign, and alien insurers subject to this
2	chapter.
3	*-0797/P1.438*Section 1071. 646.12 (1) (a) 2. of the statutes is amended to
4	read:
5	646.12 (1) (a) 2. The commissioner secretary shall appoint the insurer
6	representative members for 3-year terms, after considering recommendations of the
.7	other board members currently serving terms. In recommending candidates to fill
8	the positions, the board shall consider whether all insurers subject to this chapter
9	are fairly represented, including property and casualty insurers, life and health
10	insurers, health maintenance organizations and service insurance corporations, and
11	domestic and nondomestic insurers.
12	*-0797/P1.439*Section 1072. 646.12 (2) (e) of the statutes is amended to read:
13	646.12 (2) (e) Advise and make recommendations to the commissioner
14	secretary on any matter related to the possible insolvency of an insurer covered by
15	this chapter, and respond to any reasonable questions presented by the
16	commissioner secretary. Information, recommendations and advice under this
17	subsection are privileged and confidential and are not open to public inspection
18	under s. 19.35 (1).

646.16 (1) The commissioner department shall promptly pay to the fund any deposit held in this state that was paid, as required by law or the commissioner department, by the insolvent insurer for the benefit of creditors, including policyholders, and not turned over to the domiciliary liquidator upon the entry of a final order of liquidation of an insurer domiciled in this state or in a reciprocal state, as defined in s. 645.03 (1) (i). Of the amount paid to the fund under this subsection,

*-0797/P1.440*Section 1073. 646.16 (1) of the statutes is amended to read:

standards:

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1	the fund may retain the percentage determined by dividing the aggregate amount
2	of policyholders' claims that are related to the insolvency and for which the fund has
3	provided benefits under this chapter by the aggregate amount of all policyholders'
4	claims in this state that are related to the insolvency. The fund shall remit the
5	balance to the domiciliary liquidator.
6	*-0797/P1.441*Section 1074. 646.35 (8) (e) of the statutes is amended to read:
7	646.35 (8) (e) This subsection supersedes s. 645.58 (1), any applicable rules of
8	the commissioner department, and the provisions of any affected reinsurance
9	agreement that provide for or require payment of reinsurance proceeds to the
10	liquidator of the insolvent insurer on account of losses or events that occur after the
11	coverage date. The liquidator remains entitled to any amounts payable by the
12	reinsurer under the reinsurance agreement with respect to losses or events that
13	occur before the coverage date, subject to any applicable setoff provisions.
14	*-0797/P1.442*Section 1075. 646.51 (7) (d) of the statutes is amended to
15	read:
16	646.51 (7) (d) Any amount available for credit against future tax liabilities
17	under this subsection may be regarded as an asset of the insurer under rules
18	promulgated by the commissioner department.
19	*-0797/P1.443*Section 1076. 648.01 (2) of the statutes is repealed.
20	*-0797/P1.444*Section 1077. 648.05 (2) (intro.) of the statutes is amended to
21	read:
22	648.05 (2) APPLICATION. (intro.) A care management organization applying for
23	a permit shall submit all of the following information in the format required by the
24	commissioner department of financial institutions, insurance, and professional

1	*-0797/P1.445*Section 1078. 648.05 (2) (a) of the statutes is amended to read:
2	648.05 (2) (a) The names, addresses and occupations of all controlling persons
3	and directors and principal officers of the care management organization currently
4	and for the preceding 10 years, unless the commissioner department of financial
5	institutions, insurance, and professional standards waives this requirement.
6	*-0797/P1.446*Section 1079. 648.05 (2) (c) of the statutes is amended to read:
7	648.05 (2) (c) A business plan approved by the department of health services,
8	including a projection of the anticipated operating results at the end of each of the
9	next 3 years of operation, based on reasonable estimates of income and operating
10	expenses.
11	*-0797/P1.447*Section 1080. 648.05 (2) (d) of the statutes is amended to
12	read:
13	648.05 (2) (d) Any other relevant documents or information that the
14	commissioner department of financial institutions, insurance, and professional
15	standards reasonably requires after consulting with the department of health
16	services.
17	*-0797/P1.448*Section 1081. 648.05 (3) (intro.) of the statutes is amended to
18	read:
19	648.05 (3) STANDARDS FOR ISSUING PERMIT. (intro.) The commissioner
20	department of financial institutions, insurance, and professional standards may
21	issue a permit to the care management organization if the commissioner department
22	of financial institutions, insurance, and professional standards finds, after
23	consulting with the department of health services, all of the following:
24	*-0797/P1.449*Section 1082. 648.05 (4) (intro.) of the statutes is amended to
25	read:

1	648.05 (4) Suspension or revocation. (intro.) The commissioner department
2	of financial institutions, insurance, and professional standards may suspend or
3	revoke a permit issued under this chapter if the commissioner department of
4	financial institutions, insurance, and professional standards finds, after consulting
5	with the department of health services, any of the following:
6	*-0797/P1.450*Section 1083. 648.05 (4) (d) of the statutes is amended to
7	read:
8	648.05 (4) (d) The permittee conceals records from the commissioner
9	department of financial institutions, insurance, and professional standards.
10	*-0797/P1.451*Section 1084. 648.05 (4) (f) of the statutes is amended to read:
11	648.05 (4) (f) The permittee ceases to be certified by or maintain a contract with
12	the department of health services.
13	*-0797/P1.452*Section 1085. 648.10 (intro.) and (1) of the statutes are
14	amended to read:
15	648.10 Powers and duties of the commissioner department. (intro.) The
16	commissioner department of financial institutions, insurance, and professional
17	standards may do any of the following:
18	(1) Promulgate rules that are necessary to carry out the intent of this chapter,
19	including, after consulting with the department of health services, standards for the
20	financial condition of care management organizations.
21	*-0797/P1.453*Section 1086. 648.15 (1) (intro.) of the statutes is amended to
22	read:
23	648.15 (1) Reports. (intro.) The commissioner department of financial
24	institutions, insurance, and professional standards may require from any care
25	management organization any of the following:

1	* $-0797/P1.454*Section 1087. 648.15 (1) (a) of the statutes is amended to read:$
2	648.15 (1) (a) Statements, reports, answers to questionnaires, and other
3	information in whatever reasonable form the commissioner department of financial
4	institutions, insurance, and professional standards designates and at such
5	reasonable intervals as the commissioner department of financial institutions,
6	insurance, and professional standards chooses, or from time to time.
7	*-0797/P1.455*Section 1088. 648.15 (2) of the statutes is amended to read:
8	648.15 (2) FORMS. The commissioner department of financial institutions,
9	insurance, and professional standards, after consulting with the department of
10	health services, may prescribe forms for the reports under sub. (1) and specify who
11	shall execute or certify such reports.
12	*-0797/P1.456*Section 1089. 648.15 (3) of the statutes is amended to read:
13	648.15 (3) ACCOUNTING METHODS. The commissioner department of financial
14	institutions, insurance, and professional standards, after consulting with the
15	department of health services, may prescribe reasonable minimum standards and
16	techniques of accounting and data handling to ensure that timely and reliable
17	information will exist and will be available to the commissioner department of
18	financial institutions, insurance, and professional standards.
19	*-0797/P1.457*Section 1090. 648.15 (4) of the statutes is amended to read:
20	648.15 (4) Replies. Any officer or manager of a care management organization,
21	any person controlling or having a contract under which the person has a right to
22	control a care management organization, whether exclusively or otherwise, or any
23	person with executive authority over or in charge of any segment of such a care

management organization's affairs, shall reply promptly in writing or in another

designated	form,	to	any	written	inquiry	from	the	commissioner	department	<u>of</u>
financial in	<u>stituti</u>	<u>ons</u>	, ins	urance, a	and profe	ession	al sta	andards reques	sting a reply.	

*-0797/P1.458*Section 1091. 648.15 (5) of the statutes is amended to read: 648.15 (5) Verification. The commissioner department of financial institutions, insurance, and professional standards may require that any communication made to the commissioner department of financial institutions, insurance, and professional standards under this section be verified.

*-0797/P1.459*Section 1092. 648.15 (6) of the statutes is amended to read: 648.15 (6) Immunity. In the absence of actual malice, no person shall be subject to damages in an action for defamation based on a communication to the commissioner department of financial institutions, insurance, and professional standards required by law under this chapter or by the commissioner department of financial institutions, insurance, and professional standards under this chapter.

*-0797/P1.460*Section 1093. 648.15 (7) of the statutes is amended to read: 648.15 (7) Experts. The commissioner department of financial institutions, insurance, and professional standards may employ experts to assist the commissioner department of financial institutions, insurance, and professional standards in an examination or in the review of any transaction subject to approval under this chapter. The care management organization that is the subject of the examination, or that is a party to a transaction under review, including the person acquiring, controlling, or attempting to acquire the care management organization, shall pay the reasonable costs incurred by the commissioner department of financial institutions, insurance, and professional standards for the expert and related expenses.

*-0797/P1.461*Section 1094. 648.20 (1) (a) of the statutes is amended to read:

1	648.20 (1) (a) To inform himself or herself about a matter related to the
2	enforcement of this chapter, the commissioner department of financial institutions,
3	insurance, and professional standards may examine the affairs and condition of any
4	permittee.
5	*-0797/P1.462*Section 1095. 648.20 (1) (b) (intro.) of the statutes is amended
6	to read:
7	648.20 (1) (b) (intro.) So far as reasonably necessary for an examination under
8	par. (a), the commissioner department of financial institutions, insurance, and
9	professional standards may examine the accounts, records, or documents so far as
10	they relate to the permittee, of any of the following:
11	*-0797/P1.463*Section 1096. 648.20 (1) (c) of the statutes is amended to read:
12	648.20 (1) (c) On demand, every permittee shall make available to the
13	commissioner department of financial institutions, insurance, and professional
14	standards for examination any of its own accounts, records, documents, or evidences
15	of transactions.
16	*-0797/P1.464*Section 1097. 648.20 (1) (d) of the statutes is amended to
17	read:
18	648.20 (1) (d) On order of the commissioner department of financial
19	institutions, insurance, and professional standards any examinee under this chapter
20	shall bring to the office department of financial institutions, insurance, and
21	professional standards for examination such records as the order reasonably
22	requires.
23	*-0797/P1.465*Section 1098. 648.20 (2) of the statutes is amended to read:
24	648.20 (2) AUDITS OR ACTUARIAL OR OTHER EVALUATIONS. In lieu of all or part of
25	an examination under sub. (1), or in addition to it, the commissioner department of

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financial institutions, insurance, and professional standards may order an independent audit by certified public accountants or an actuarial or other evaluation by actuaries or other experts approved by the commissioner department of financial institutions, insurance, and professional standards of any permittee. Any accountant, actuary, or other expert selected is subject to rules respecting conflicts of interest promulgated by the commissioner department of financial institutions, insurance, and professional standards. Any audit or evaluation under this section is subject to s. 648.25, so far as applicable.

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*-0797/P1.466*Section 1099. 648.20 (3) of the statutes is amended to read: 648.20 (3) Alternatives to examination. In lieu of all or part of an examination under this section, the commissioner department of financial institutions, insurance, and professional standards may accept the report of an audit already made by certified public accountants or of an actuarial or other evaluation already made by actuaries or other experts approved by the commissioner department of financial institutions, insurance, and professional standards, or the report of an examination made by another government agency in this state, the federal government, or another state.

*-0797/P1.467*SECTION 1100. 648.20 (4) of the statutes is amended to read: 648.20 (4) PURPOSE AND SCOPE OF EXAMINATION. An examination may but need not cover comprehensively all aspects of the permittee's affairs and condition. The commissioner department of financial institutions, insurance, and professional standards shall determine the exact nature and scope of each examination, and in doing so shall take into account all relevant factors, including the length of time the permittee has been doing business, the length of time the permittee has been certified by the department of health services, the nature of the business being

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1	examined, the nature of the accounting records available, and the nature of
2	examinations performed elsewhere.
3	*-0797/P1.468*Section 1101. 648.25 (1) of the statutes is amended to read:
4	648.25 (1) Order of examination. For each examination under s. 648.20, the
5	commissioner department of financial institutions, insurance, and professional
6	standards shall issue an order stating the scope of the examination and designating
7	the examiner in charge. Upon demand, a copy of the order shall be provided to the
8	examinee.
9	*-0797/P1.469*Section 1102. 648.25 (2) of the statutes is amended to read:
10	648.25 (2) Access to examinee. Any examiner authorized by the commissioner
11	department of financial institutions, insurance, and professional standards shall, for
12	the purposes of the examination, have access at all reasonable hours to the premises
13	and to any property of the examinee.
14	*-0797/P1.470*Section 1103. 648.25 (4) of the statutes is amended to read:
15	648.25 (4) CORRECTION OF BOOKS. If the commissioner department of financial
16	institutions, insurance, and professional standards finds the accounts or records to
17	be inadequate for proper examination of the condition and affairs of the permittee
18	or improperly kept or posted, the commissioner department of financial institutions
19	insurance, and professional standards may employ experts to rewrite, post, or
20	balance them at the expense of the permittee.
21	*-0797/P1.471*Section 1104. 648.25 (5) of the statutes is amended to read:
22	648.25 (5) REPORT ON EXAMINATION. The examiner in charge of an examination
23	shall make a proposed report of the examination, including information and analysis
24	ordered in sub. (1), together with the examiner's recommendations. Preparation of

the proposed report may include conferences with the examinee or the examinee's

1	representatives at the option of the examiner in charge. The commissioner
2	department of financial institutions, insurance, and professional standards shall
3	serve the final examination report on the examinee.
4	*-0797/P1.472*Section 1105. 648.27 (1) of the statutes is amended to read:
5	648.27 (1) Costs to be paid by care management organizations. Permittees
6	shall pay the reasonable estimate of costs of examinations under s. 648.20, of review
7	of applications under s. 648.05, and of analysis and financial monitoring of care
8	management organizations by the commissioner department of financial
9	institutions, insurance, and professional standards and the department of health
10	services, including overhead and fixed costs, by a system of regular annual billings.
11	*-0797/P1.473*Section 1106. 648.27 (2) of the statutes is amended to read:
12	648.27 (2) Determination of costs. Annually, the commissioner department
13	of financial institutions, insurance, and professional standards shall determine the
14	estimated costs under sub. (1) for the commissioner department of financial
15	institutions, insurance, and professional standards and the department of health
16	services. The commissioner department of financial institutions, insurance, and
17	professional standards shall serve a request for payment on each permittee
18	allocating the cost to each permittee in an amount that the commissioner
19	department of financial institutions, insurance, and professional standards
20	determines reflects the permittee's proportionate share of projected enrollment in
21	the department's annual contracting period for the department of health services.
22	*-0797/P1.474*Section 1107. 648.27 (3) of the statutes is amended to read:
23	648.27 (3) PAYMENT DEADLINE. The permittee shall pay the amount determined

by the commissioner department of financial institutions, insurance, and

professional standards within 30 days of service of the request for payment under

2	sub. (2).
3	*-0797/P1.475*Section 1108. 648.30 (1) (intro.) of the statutes is amended to
4	read:
5	648.30 (1) Types of information. (intro.) The office department of financial
6	institutions, insurance, and professional standards may refuse to disclose and may
7	prevent any other person from disclosing any of the following:
8	*-0797/P1.476*Section 1109. 648.30 (1) (c) (intro.) of the statutes is amended
9	to read:
10	648.30 (1) (c) (intro.) Testimony, reports, records, communications, and
11	information that are obtained by the office department of financial institutions,
12	insurance, and professional standards from, or provided by the office to, any of the
13	following, under a pledge of confidentiality or for the purpose of assisting or
14	participating in monitoring activities or in the conduct of any inquiry, investigation,
15	or examination:
16	*-0797/P1.477*Section 1110. 648.30 (1) (c) 5. of the statutes is amended to
17	read:
18	648.30 (1) (c) 5. An international, federal, state, or local regulatory or law
19	enforcement agency, including the department of health services.
20	*-0797/P1.478*Section 1111. 648.35 (1) of the statutes is amended to read:
21	648.35 (1) Injunctions and restraining orders. The commissioner
22	department of financial institutions, insurance, and professional standards may
23	commence an action in circuit court in the name of the state to restrain by temporary
24	or permanent injunction or by temporary restraining order any violation of this
25	chapter, any rule promulgated under this chapter, or any order issued under s.

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648.10 (2). The commissioner department of financial institutions, insurance, and
professional standards need not show irreparable harm or lack of an adequate
remedy at law in an action commenced under this subsection.

*-0797/P1.479*SECTION 1112. 648.35 (2) of the statutes is amended to read: 648.35 (2) Orders. The commissioner department of financial institutions, insurance, and professional standards shall issue any orders under the procedures described in s. 601.63 and shall hold any hearings under the procedures described in s. 601.62.

*-0797/P1.480*Section 1113. 648.35 (3) of the statutes is amended to read:

648.35 (3) Compulsive forfeitures. If a person does not comply with an order issued under s. 648.10 (2) within 2 weeks after the commissioner department of financial institutions, insurance, and professional standards has given the care management organization notice of the commissioner's department's intention to proceed under this subsection, the commissioner department of financial institutions, insurance, and professional standards may commence an action for a forfeiture in such sum as the court considers just, but not exceeding \$5,000 for each day that the violation continues after the commencement of the action until judgment is rendered. No forfeiture may be imposed under this subsection if at the time the action was commenced the care management organization was in compliance with the order, nor for any violation of an order occurring while any proceeding for judicial review of the order was pending, unless the court in which the proceeding was pending certifies that the claim of invalidity or nonapplicability of the order was frivolous or a sham. If after judgment is rendered the care management organization does not comply with the order, the commissioner department of financial institutions, insurance, and professional standards may

complying with the duty is a new violation.

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commence a new action for a forfeiture and may continue commencing actions until the person complies. The proceeds of all actions under this subsection, after deduction of the expenses of collection, shall be paid into the common school fund of the state.

*-0797/P1.481*Section 1114. 648.35 (4) (c) of the statutes is amended to read:

648.35 (4) (c) Forfeiture for violation of statute or rule. Whoever violates, intentionally aids in violating, or knowingly permits a person over whom he or she has authority to violate a section of this chapter or a rule promulgated under this chapter shall forfeit to the state not more than \$1,000 for each violation. If the section or rule violated imposes a duty to make a report to the commissioner department of financial institutions, insurance, and professional standards, each week of delay in

*-0797/P1.482*Section 1115. 648.35 (4) (d) of the statutes is amended to read: 648.35 (4) (d) Procedure. The commissioner department of financial institutions, insurance, and professional standards may order any person to pay a forfeiture imposed under this subsection, which shall be paid into the common school fund. If the order is issued without a hearing, the affected person may demand a hearing through procedures described under s. 601.62 (3) (a). If the person fails to request a hearing, the order is conclusive as to the person's liability. The scope of review for forfeitures ordered is that specified under s. 227.57. The commissioner department of financial institutions, insurance, and professional standards may cause an action to be commenced to recover the forfeiture. Before an action is commenced, the commissioner department of financial institutions, insurance, and professional standards may compromise the forfeiture.

*-0797/P1.483*Section 1116. 648.45 (1) of the statutes is amended to read:

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648.45 (1) Information. A permittee and a person attempting to acquire or
having control of a permittee, shall report to the commissioner department of
financial institutions, insurance, and professional standards the information
concerning the permittee, its affiliates, and the person attempting to acquire control
of the permittee that the commissioner department of financial institutions,
insurance, and professional standards requires by rule. The commissioner
department of financial institutions, insurance, and professional standards may
promulgate rules prescribing the timing of reports under this subsection, including
requiring periodic reporting and the form and procedure for filing reports.

*-0797/P1.484*Section 1117. 648.45 (3) of the statutes is amended to read: 648.45 (3) Consent to jurisdiction. Every permittee shall promptly submit to the commissioner department of financial institutions, insurance, and professional standards a statement from each of its affiliates that the affiliate agrees to be subject to the jurisdiction of the commissioner department of financial institutions, insurance, and professional standards and the courts of this state for the purposes of this chapter. A governmental unit is not subject to this requirement. The commissioner department of financial institutions, insurance, and professional standards may exempt other affiliates from this subsection.

*-0797/P1.485*Section 1118. 648.45 (4) of the statutes is amended to read:

648.45 (4) Information order. The commissioner department of financial institutions, insurance, and professional standards may, by order, require any permittee or any person attempting to acquire or having control of the permittee, to report information under sub. (1) or other information to the commissioner department of financial institutions, insurance, and professional standards.

*-0797/P1.486*Section 1119. 648.45 (5) (d) of the statutes is amended to read:

1 .	648.45 (5) (d) The transaction complies with any other standard that the
2	commissioner department of financial institutions, insurance, and professional
3	standards, after consulting with the department of health services, prescribes by
4	rule.
5	*-0797/P1.487*Section 1120. 648.45 (6) (a) 1. (intro.) of the statutes is
6	amended to read:
7	648.45 (6) (a) 1. (intro.) The commissioner department of financial institutions,
8	insurance, and professional standards, after consulting with the department of
9	health services, may promulgate rules requiring a permittee, a person attempting
10	to acquire or having control of a permittee, and affiliates of a permittee to report a
11,	transaction or a group or series of transactions, if all of the following are satisfied:
12	*-0797/P1.488*Section 1121. 648.45 (6) (a) 2. of the statutes is amended to
13	read:
14	648.45 (6) (a) 2. Transactions that are material to a permittee for the purposes
15	of subd. 1. include management contracts, service contracts, and cost-sharing
16	arrangements. The commissioner department of financial institutions, insurance,
17	and professional standards, after consulting with the department of health services,
18	may prescribe by rule standards for determining whether a transaction is material
19	under this subsection.
20	*-0797/P1.489*Section 1122. 648.45 (6) (a) 3. of the statutes is amended to
21	read:
22	648.45 (6) (a) 3. No permittee, person attempting to acquire or having control
23	of a permittee, or affiliate of the permittee may enter into a transaction required to
24	be reported to the commissioner department of financial institutions, insurance, and
25	professional standards under this subsection unless the permittee, person, and

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affiliate report the transaction to the commissioner department of financial
institutions, insurance, and professional standards in the form and by the date
before the effective date of the transaction that are prescribed by the commissioner
department of financial institutions, insurance, and professional standards by rule,
after consulting with the department of health services. The commissioner
department of financial institutions, insurance, and professional standards may not
require the transaction to be reported earlier than 30 days before the effective date
of the transaction.

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*-0797/P1.490*Section 1123. 648.45 (6) (b) of the statutes is amended to read: 648.45 **(6)** (b) *Disapproval*. The commissioner department of financial institutions, insurance, and professional standards may, within the period prescribed in par. (a) 3., disapprove any transaction reported under par. (a) if the commissioner department of financial institutions, insurance, and professional standards finds, after consulting with the department, that it would violate the law or would be contrary to the interests of enrollees of the permittee, the department of health services, or the public.

*-0797/P1.491*Section 1124. 648.45 (6) (c) of the statutes is amended to read: 648.45 (6) (c) Transactions prohibited. No permittee, person attempting to acquire or having control of the permittee, or affiliate of the permittee may enter into a transaction that is not reported as required under par. (a) or that is disapproved by the commissioner department of financial institutions, insurance, and professional standards under par. (b).

*-0797/P1.492*Section 1125. 648.45 (6) (d) of the statutes is amended to read: 648.45 (6) (d) Voidable transactions. If a permittee, person attempting to acquire or having control of the permittee, or affiliate enters into a transaction in

violation of this section, the permittee may void the transaction, obtain an
injunction, and recover from the person or affiliate the amount necessary to restore
the permittee to its condition had the transaction not occurred. The commissioner
department of financial institutions, insurance, and professional standards may
order a permittee to void the transaction, to commence an action against the person
or affiliate, or to take other action.

*-0797/P1.493*SECTION 1126. 648.45 (6) (e) of the statutes is amended to read: 648.45 (6) (e) Required financial conditions. The commissioner department of financial institutions, insurance, and professional standards, after consulting with the department of health services, may promulgate rules for determining adequacy of financial condition under this section.

*-0797/P1.494*Section 1127. 648.45 (6) (f) of the statutes is amended to read: 648.45 (6) (f) Exemption if permittee reports. Paragraph (a) does not apply to a person attempting to acquire or having control of, or an affiliate of, a permittee, if the permittee reports on behalf of the person or on behalf of the affiliate, and the transaction is not disapproved by the commissioner department of financial institutions, insurance, and professional standards under par. (b).

*-0797/P1.495*SECTION 1128. 648.45 (7) (a) of the statutes is amended to read: 648.45 (7) (a) A permittee may not pay a dividend or distribution, and an affiliate of a permittee may not accept a dividend or distribution, unless the permittee reports the dividend or distribution to the commissioner department of financial institutions, insurance, and professional standards at least 30 days before payment and the commissioner department of financial institutions, insurance, and professional standards does not disapprove the dividend or distribution within that period.

1	*-0797/P1.496*Section 1129. 648.45 (7) (b) (intro.) of the statutes is amended
2	to read:
3	648.45 (7) (b) (intro.) The commissioner department of financial institutions
4	insurance, and professional standards, after consulting with the department of
5	health services, may promulgate rules under this section that do any of the following
6	*-0797/P1.497*Section 1130. 648.45 (7) (b) 2. of the statutes is amended to
7	read:
8	648.45 (7) (b) 2. Exempt dividends or distributions from the reporting
9	requirement under par. (a) under conditions that the commissioner department of
10	financial institutions, insurance, and professional standards determines will not
11	jeopardize the financial condition of the permittee.
12	*-0797/P1.498*Section 1131. 648.45 (7) (c) of the statutes is amended to read
13	648.45 (7) (c) A permittee may declare a dividend or distribution that is
14	conditioned upon the permittee's compliance with this subsection. A declaration of
15	a dividend or distribution under this subsection does not confer rights to the
16	proposed recipient of the dividend or distribution unless this subsection is complied
17	with and is void if the dividend or distribution is disapproved by the commissioner
18	department of financial institutions, insurance, and professional standards under
19	par. (a).
20	*-0797/P1.499*Section 1132. 648.45 (8) (b) of the statutes is amended to read
21	648.45 (8) (b) An officer or director of a permittee or of an affiliate of a permittee
22	who knows, or reasonably should know, that the permittee or affiliate has entered
23	into a transaction or paid a dividend or distribution that violates this chapter shall
24	report the transaction, dividend, or distribution to the commissioner in writing

within 30 days after attaining that knowledge. Section 648.15 (6) applies to a report

1	under this section, and the report is confidential unless the commissioner
2	department of financial institutions, insurance, and professional standards finds it
3	necessary to disclose the report for the purpose of enforcing this chapter.
4	*-0797/P1.500*Section 1133. 648.50 (1) of the statutes is amended to read:
5	648.50 (1) APPROVAL REQUIRED. No proposed plan of merger or other plan for
6	acquisition of control of a permittee may be executed unless the commissioner
7	department of financial institutions, insurance, and professional standards, after
8	consulting with the department of health services, approves the plan.
9	*-0797/P1.501*Section 1134. 648.50 (2) of the statutes is amended to read:
10	648.50 (2) Grounds for approval. The commissioner department of financial
11	institutions, insurance, and professional standards shall approve the plan under
12	this section if the commissioner department of financial institutions, insurance, and
13	professional standards finds, after a hearing, that it would not violate the law or be
14	contrary to the interests of the public, the department of health services, or the
15	enrollees.
16	*-0797/P1.502*Section 1135. 648.50 (3) of the statutes is amended to read:
17	648.50 (3) Information required. A permittee shall report to the commissioner
18	department of financial institutions, insurance, and professional standards any
19	changes in directors or principal officers after a permit is issued, together with
20	biographical data on the new director or officer that the commissioner department
21	of financial institutions, insurance, and professional standards requires by rule.
22	*-0797/P1.503*Section 1136. 648.55 (title) of the statutes is amended to read:
23	648.55 (title) Commissioner's Department's summary orders.
24	*-0797/P1.504*Section 1137. 648.55 (1) (intro.) of the statutes is amended to
25	read:

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services.

648.55 (1) (intro.) The commissioner department of financial institutions,
insurance, and professional standards, after consulting with the department of
health services, may make and serve an order on a permittee, requiring it to stop
providing services under the department contract, or to take corrective measures,
without notice and before hearing, if it appears to the commissioner department of
financial institutions, insurance, and professional standards that irreparable harm
to the property or business of the permittee or to the interests of its enrollees or the
public, will occur unless the commissioner department of financial institutions,
insurance, and professional standards acts with immediate effect and one of the
following applies:
*-0797/P1.505*Section 1138. 648.55 (3) of the statutes is amended to read:
648.55 (3) The permittee has the rights provided under s. 601.62. The
commissioner department of financial institutions, insurance, and professional
standards may serve upon the permittee notice of hearing under the procedures
under s. 601.62 simultaneously with service of the order under sub. (1).
*-0797/P1.506*Section 1139. 648.55 (4) of the statutes is amended to read:
648.55 (4) The commissioner department of financial institutions, insurance,
and professional standards may keep proceedings under this section confidential.
*-0797/P1.507*Section 1140. 648.65 (1) of the statutes is amended to read:
648.65 (1) IMMUNITY. An enrollee of a care management organization is not
liable for health care, service, equipment, or supply charges that are covered under
the care management organization's contract with the department of health

*-0797/P1.508*Section 1141. 648.75 (1) of the statutes is amended to read:

...:...

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1	648.75 (1) Deposit required. A permittee shall deposit an amount established
2	by the contract with the department of health services, and not less than \$250,000,
3	using the procedures under s. 601.13.
4	*-0797/P1.509*Section 1142. 648.75 (2) (intro.) of the statutes is amended to
5	read:
6	648.75 (2) Release of deposit. (intro.) A deposit under this section may be
7	released only with the approval of the commissioner department of financial
8	institutions, insurance, and professional standards, after consulting with the
9	department $\underline{\text{of health services}}$, by the procedures under s. 601.13 (10) and only in one
10	of the following circumstances:
11	* $-0797/P1.510*Section 1143. 648.75 (2) (b)$ of the statutes is amended to read:
12	648.75 (2) (b) To pay creditors of the permittee according to the priority
13	determined by the department of health services if the permittee is insolvent,
14	dissolves, or is subject to an insolvency proceeding, including a bankruptcy
15	proceeding.
16	*-0797/P1.511*Section 1144. 648.75 (3) of the statutes is amended to read:
17	648.75 (3) Assessment. The department of health services may assess an
18	amount from each permittee's deposit for the purpose of funding arrangements for,
19	or to pay expenses related to, services for enrollees of an insolvent or financially
20	hazardous permittee. The department's assessment by the department of health
21	services shall be allocated to each permittee's deposit in an amount that reflects the
22	permittee's proportionate share of projected enrollment in the department's annual
23	contracting period for the department of health services. The commissioner

department of financial institutions, insurance, and professional standards may

authorize release, and the department of administration shall pay to the department
of health services the assessed amount for the purposes of this subsection.

*-0797/P1.513*Section 1145. 648.75 (4) of the statutes is amended to read: 648.75 (4) Restoration. A permittee shall restore its deposit that is subject to an assessment under sub. (3) within 30 days after the assessment, unless the office department of financial institutions, insurance, and professional standards, after consulting with the department of health services, authorizes a longer period, which shall not exceed 2 years.

*-0797/P1.512*Section 1146. 648.75 (4) of the statutes is amended to read: 648.75 (4) Restoration. A permittee shall restore its deposit that is subject to an assessment under sub. (3) within 30 days after the assessment, unless the office department of financial institutions, insurance, and professional standards, after consulting with the department of health services, authorizes a longer period, which shall not exceed 2 years.

648.75 (5) Recovery. The department of health services may recover, and may file a claim or bring civil action to recover, from the insolvent or financially hazardous permittee any amount that the department of health services assesses and pays under sub. (3). Any amount recovered shall be restored to each permittee's deposit

*-0797/P1.514*Section 1147. 648.75 (5) of the statutes is amended to read:

in the same proportion as the assessment.

*-0797/P1.515*Section 1148. 655.001 (4) of the statutes is repealed.

*-0797/P1.516*SECTION 1149. 655.001 (14) of the statutes is amended to read:
655.001 (14) "Self-insurance plan" means a plan approved by the
commissioner department of financial institutions, insurance, and professional
standards to self-insure health care providers against medical malpractice claims

1	in accordance with this chapter. A "self-insurance plan" may provide coverage to a
2	single health care provider or affiliated health care providers.
3	*-0797/P1.517*Section 1150. 655.002 (2) (intro.) of the statutes is amended
4	to read:
5	655.002 (2) OPTIONAL PARTICIPATION. (intro.) All of the following may elect, in
6	the manner designated by the commissioner department of financial institutions,
7	insurance, and professional standards by rule under s. 655.004, to be subject to this
8	chapter:
9	*-0797/P1.518*Section 1151. 655.003 (3) of the statutes is amended to read:
10	655.003 (3) Except for a physician or nurse anesthetist who meets the criteria
11	under s. 146.89 (5) (a), a physician or a nurse anesthetist who provides professional
12	services under the conditions described in s. 146.89, with respect to those
13	professional services provided by the physician or nurse anesthetist for which he or
14	she is covered by s. 165.25 and considered an agent of the department of health
15	services, as provided in s. 165.25 (6) (b).
16	*-0797/P1.519*Section 1152. 655.004 of the statutes is amended to read:
17	655.004 Rule-making authority. The director of state courts, department
18	of health services and commissioner department of financial institutions, insurance,
19	and professional standards may promulgate such rules under ch. 227 as are
20	necessary to enable them to perform their responsibilities under this chapter.
21	*-0797/P1.520*Section 1153. 655.015 of the statutes is amended to read:
22	655.015 Future medical expenses. If a settlement or judgment under this
23	chapter resulting from an act or omission that occurred on or after May 25, 1995,
24	provides for future medical expense payments in excess of \$100,000, that portion of
25	future medical expense payments in excess of an amount equal to \$100,000 plus an

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amount sufficient to pay the costs of collection attributable to the future medical expense payments, including attorney fees reduced to present value, shall be paid into the fund. The commissioner department of financial institutions, insurance, and professional standards shall develop by rule a system for managing and disbursing those moneys through payments for these expenses, which shall include a provision for the creation of a separate accounting for each claimant's payments and for crediting each claimant's account with a proportionate share of any interest earned by the fund, based on that account's proportionate share of the fund. The commissioner department of financial institutions, insurance, and professional standards shall promulgate a rule specifying the criteria that shall be used to determine the medical expenses related to the settlement or judgment, taking into consideration developments in the provision of health care. The payments shall be made under the system until either the account is exhausted or the patient dies.

*-0797/P1.521*Section 1154. 655.019 of the statutes is amended to read:

655.019 Information needed to set fees. The department of health services shall provide the director of state courts, the commissioner department of financial institutions, insurance, and professional standards and the board of governors with information on hospital bed capacity and occupancy rates as needed to set fees under s. 655.27 (3) or 655.61.

*-0797/P1.522*Section 1155. 655.23 (3) (a) of the statutes is amended to read: 655.23 (3) (a) Except as provided in par. (d), every health care provider either shall insure and keep insured the health care provider's liability by a policy of health care liability insurance issued by an insurer authorized to do business in this state or shall qualify as a self-insurer. Qualification as a self-insurer is subject to conditions established by the commissioner department of financial institutions.

insurance, and professional standards and is valid only when approved by the commissioner department of financial institutions, insurance, and professional standards. The commissioner department of financial institutions, insurance, and professional standards may establish conditions that permit a self-insurer to self-insure for claims that are against employees who are health care practitioners and that are not covered by the fund. An approved self-insurance plan may provide coverage for all affiliated health care providers under a controlling legal entity.

*-0797/P1.523*SECTION 1156. 655.23 (3) (b) of the statutes is amended to read: 655.23 (3) (b) Each insurance company issuing health care liability insurance that meets the requirements of sub. (4) to any health care provider shall, at the times prescribed by the commissioner department of financial institutions, insurance, and professional standards, file with the commissioner department of financial institutions, insurance, and professional standards in a form prescribed by the commissioner department of financial institutions, insurance, and professional standards a certificate of insurance on behalf of the health care provider upon original issuance and each renewal.

*-0797/P1.524*Section 1157. 655.23 (3) (c) of the statutes is amended to read: 655.23 (3) (c) Each self-insured health care provider furnishing coverage that meets the requirements of sub. (4) shall, at the times and in the form prescribed by the commissioner department of financial institutions, insurance, and professional standards, file with the commissioner department of financial institutions, insurance, and professional standards a certificate of self-insurance and a separate certificate of insurance for each additional health care provider covered by the self-insured plan.

*-0797/P1.525*Section 1158. 655.23 (3) (d) of the statutes is amended to read:

655.23 (3) (d) If a cash or surety bond furnished by a health care provider for
the purpose of insuring and keeping insured the health care provider's liability was
approved by the commissioner before April 25, 1990, par. (a) does not apply to the
health care provider while the cash or surety bond remains in effect. A cash or surety
bond remains in effect unless the commissioner department of financial institutions,
insurance, and professional standards, at the request of the health care provider or
the surety, approves its cancellation.

*-0797/P1.526*Section 1159. 655.23 (4) (d) of the statutes is amended to read: 655.23 (4) (d) The commissioner department of financial institutions, insurance, and professional standards may promulgate such rules as the commissioner department of financial institutions, insurance, and professional standards considers necessary for the application of the liability limits under par. (b) to reporting years following termination of claims—made coverage, including rules that provide for the use of actuarial equivalents.

*-0797/P1.527*Section 1160. 655.23 (7) of the statutes is amended to read: 655.23 (7) Each health care provider shall comply with this section and with s. 655.27 (3) (a) before exercising any rights or privileges conferred by his or her health care provider's license. The commissioner department of financial institutions, insurance, and professional standards shall notify the board that issued the license of a health care provider that has not complied with this section or with s. 655.27 (3) (a). The board that issued the license may suspend, or refuse to issue or to renew the license of any health care provider violating this section or s. 655.27 (3) (a).

*-0797/P1.528*Section 1161. 655.23 (8) of the statutes is amended to read:

655.23 (8) No health care provider who retires or ceases operation after July
24, 1975, shall be eligible for the protection provided under this chapter unless proof
of financial responsibility for all claims arising out of acts of malpractice occurring
after July 24, 1975, is provided to the commissioner department of financial
institutions, insurance, and professional standards in the form prescribed by the
commissioner department of financial institutions, insurance, and professional
standards.

*-0797/P1.529*Section 1162. 655.24 (1) of the statutes is amended to read:

655.24 (1) No insurer may enter into or issue any policy of health care liability insurance until its policy form has been submitted to and approved by the commissioner department of financial institutions, insurance, and professional standards under s. 631.20 (1) (a). The filing of a policy form by any insurer with the commissioner department of financial institutions, insurance, and professional standards for approval shall constitute, on the part of the insurer, a conclusive and unqualified acceptance of all provisions of this chapter, and an agreement by it to be bound hereby as to any policy issued by it to any health care provider.

*-0797/P1.530*Section 1163. 655.24 (3) of the statutes is amended to read:

655.24 (3) A notice of cancellation or nonrenewal that is required under sub. (2) (b) issued to a health care provider who is a natural person must inform the health care provider that his or her license to practice medicine or nursing may be suspended or not renewed if the health care provider has no insurance or insufficient insurance. The insurer shall retain a copy of each notice issued under sub. (2) (b) for not less than 10 years from the date of mailing or delivery of the notice and shall furnish a copy to the commissioner department of financial institutions, insurance, and professional standards upon request.

1	*-0797/P1.531*Section 1164. 655.24 (4) of the statutes is amended to read:
2	655.24 (4) The insurer shall, upon termination of a policy of health care liability
3	insurance issued under this chapter by cancellation or nonrenewal, notify the
4	commissioner department of financial institutions, insurance, and professional
5	standards of the termination.
6	*-0797/P1.532*Section 1165. 655.26 (1) (intro.) of the statutes is amended to
7	read:
8	655.26 (1) (intro.) In addition to any information required by the commissioner
9	department of financial institutions, insurance, and professional standards under s
10	601.42, by the 15th day of each month, each insurer that writes health care liability
11	insurance in this state and each self-insurer approved under s. 655.23 (3) (a) shall
12	report the following information to the medical examining board and the board of
13	governors on each claim paid during the previous month for damages arising out of
14	the rendering of health care services:
15	*-0797/P1.533*Section 1166. 655.26 (2) of the statutes is amended to read:
16	655.26 (2) By the 15th day of each month, the board of governors shall report
17	the information specified in sub. (1) to the medical examining board for each claim
18	paid by the fund or from the appropriation under s. $\frac{20.145}{(2)}$ $\frac{20.142}{(4)}$ (a) during
19	the previous month for damages arising out of the rendering of health care services
20	by a health care provider or an employee of a health care provider.
21	*-0797/P1.534*Section 1167. 655.27 (2) of the statutes is amended to read:
22	655.27 (2) Fund administration and operation. Management of the fund shall
23	be vested with the board of governors. The commissioner department of financial
24	institutions, insurance, and professional standards shall either provide staff

services necessary for the operation of the fund or, with the approval of the board of

1	governors, contract for all or part of these services. Such a contract is subject to ss
2	16.753 and 16.765, but is otherwise exempt from subch. IV of ch. 16. The
3	commissioner department of financial institutions, insurance, and professional
4	standards shall adopt rules governing the procedures for creating and implementing
5	these contracts before entering into the contracts. At least annually, the contractor
6	shall report to the commissioner department of financial institutions, insurance, and
7	professional standards and to the board of governors regarding all expenses incurred
8	and subcontracting arrangements. If the board of governors approves, the contractor
9	may hire legal counsel as needed to provide staff services. The cost of contracting for
10	staff services shall be funded from the appropriation under s. 20.145 (2) 20.142 (4)
11	(u). The fund shall pay to the commissioner department of financial institutions
12	insurance, and professional standards amounts charged for organizational support
13	services, which shall be credited to the appropriation account under s. 20.145 (1)
14	20.142 (3) (g) 2.
15	*-0797/P1.535*Section 1168. 655.27 (3) (a) 5. of the statutes is amended to
16	read:
17	655.27 (3) (a) 5. The supplemental appropriation under s. 20.145 (2) 20.142 (4)
18	(a) for payment of claims.
19	*-0797/P1.536*Section 1169. 655.27 (3) (am) of the statutes is amended to
20	read:
21	655.27 (3) (am) Assessments for peer review council. The fund, a mandatory
22	health care liability risk-sharing plan established under s. 619.04, and a private
23	health care liability insurer shall be assessed, as appropriate, fees sufficient to cover
24	the costs of the injured patients and families compensation fund peer review council

including costs of administration, for reviewing claims paid by the fund or from the

appropriation under s. 20.145 (2) 20.142 (4) (a), by the plan, and by the insurer,
respectively, under s. 655.275 (5). The fees shall be set by the commissioner
department of financial institutions, insurance, and professional standards by rule,
after approval by the board of governors, and shall be collected by the commissioner
department of financial institutions, insurance, and professional standards for
deposit in the fund. The costs of the injured patients and families compensation fund
peer review council shall be funded from the appropriation under s. 20.145 (2) 20.142
(4) (um).
* 0707/D1 597*Cncrrox 1170 CEE 07 (9) (b) 1 of the statutes is assembled to

*-0797/P1.537*SECTION 1170. 655.27 (3) (b) 1. of the statutes is amended to read:

655.27 (3) (b) 1. The commissioner department of financial institutions, insurance, and professional standards, after approval by the board of governors, shall by rule set the fees under par. (a). The rule shall provide that fees may be paid annually or in semiannual or quarterly installments. In addition to the prorated portion of the annual fee, semiannual and quarterly installments shall include an amount sufficient to cover interest not earned and administrative costs incurred because the fees were not paid on an annual basis. This paragraph does not impose liability on the board of governors for payment of any part of a fund deficit.

*-0797/P1.538*Section 1171. 655.27 (3) (b) 2m. of the statutes is amended to read:

655.27 (3) (b) 2m. In addition to the fees and payment classifications described under subds. 1. and 2., the commissioner department of financial institutions, insurance, and professional standards, after approval by the board of governors, may by rule establish a separate payment classification for physicians satisfying s. 655.002 (1) (b) and a separate fee for nurse anesthetists satisfying s. 655.002 (1) (b)