

State of Misconsin LEGISLATIVE REFERENCE BUREAU

RESEARCH APPENDIX PLEASE DO NOT REMOVE FROM DRAFTING FILE

Date Transfer Requested: 01/06/2015

(Per: CMH & MPG)

Compile Draft – Appendix A ... Part VII

Appendix A [™] The <u>2015</u> drafting file for LRB–0797

Appendix B [™] The <u>2015</u> drafting file for LRB–0799

Appendix C [™] The <u>2015</u> drafting file for LRB–0800

Appendix D [™] The <u>2015</u> drafting file for LRB–0852

Appendix E [™] The <u>2015</u> drafting file for LRB–0872

Appendix F [™] The <u>2015</u> drafting file for LRB–0906

Appendix G [™] The <u>2015</u> drafting file for LRB–0941

has been copied/added to the drafting file for

2015 LRB-0807

1	examiner. The commissioner secretary shall take statements presented under this
2	paragraph into consideration in making the determination under sub. (7).
3	SECTION 357. 644.07 (7) (title) of the statutes is amended to read:
4	644.07 (7) (title) Approval by commissioner secretary.
5	SECTION 358. 644.07 (7) (a) of the statutes is amended to read:
6	644.07 (7) (a) The commissioner secretary shall approve the mutual holding
7	company plan unless he or she finds that the plan violates the law, is not fair and
8	equitable to policyholders or is contrary to the interests of policyholders or the public.
9	SECTION 359. 644.07 (7) (b) of the statutes is amended to read:
10	644.07 (7) (b) In considering the plan, the commissioner secretary shall
11	consider whether the restructuring would be detrimental to the safety and
12	soundness of the converting insurance company or the contractual rights and
13	reasonable expectations of the persons who are policyholders on the effective date of
14	the restructuring. The commissioner secretary may take into consideration any
15	conclusions and recommendations on the subject of restructuring published by
16	recognized organizations of professional insurance actuaries. The commissioner
17	department may by rule establish standards applicable to a restructuring under this
18	chapter.
19	SECTION 360. 644.07 (9) of the statutes is amended to read:
20	644.07 (9) AMENDMENT OR WITHDRAWAL. At any time before the effective date of
21	the restructuring, the converting insurance company may, by resolution of its board,
22	amend the mutual holding company plan or withdraw the mutual holding company
23	plan. The commissioner secretary shall determine whether any amendment made
24	after the public hearing under sub. (6) changes the mutual holding company plan in

a manner that is materially disadvantageous to any of the policyholders of the

converting insurance company and, in such case, may require a further public hearing on the plan as amended. If an amendment that the commissioner secretary determines is materially disadvantageous to any of the policyholders is made after the plan has been approved by the policyholders, the plan as amended shall be submitted for reconsideration by the policyholders.

SECTION 361. 644.07 (10m) of the statutes is amended to read:

644.07 (10m) Effect on service insurance corporation of disapproval of Plan. Notwithstanding sub. (1) (a) 2. and s. 644.02 (1) (b), if the converting insurance company is a service insurance corporation, and the commissioner secretary disapproves the mutual holding company plan under sub. (7) or the policyholders disapprove the mutual holding company plan under sub. (8), the converting insurance company shall remain a service insurance corporation subject to ch. 613.

SECTION 362. 644.07 (11) of the statutes is amended to read:

644.07 (11) EXPENSES. The converting insurance company may not pay compensation of any kind to any person in connection with the mutual holding company plan other than regular salaries to the company's personnel. This subsection does not prohibit the payment of reasonable fees and compensation to attorneys at law, accountants, financial advisers, actuaries or other consultants for services performed in the independent practice of their professions. All expenses of the restructuring, including the expenses incurred by the commissioner secretary and the prorated salaries of any involved office staff members of the office of the commissioner of insurance department, shall be borne by the converting insurance company.

SECTION 363. 644.09 (2) of the statutes is amended to read:

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644.09 (2) AMENDMENT OF ARTICLES. A mutual holding company may amend its articles in the manner provided in ss. 181.1001, 181.1002 (1), 181.1003, 181.1005 and 181.1006, except that papers required by those sections to be filed with the department of financial institutions shall instead be filed with the commissioner. The articles may be amended in any desired respect, including substantial changes of its original purposes, except that no amendment may be made that is contrary to sub. (1). In addition to the requirements of s. 181.1005, the articles of amendment of a mutual holding company shall, if mail voting is used, state the number of members voting by mail and the number of such members voting for and against the amendment. No amendment may become effective until the articles of amendment have been filed with the commissioner department. No amendment shall affect any existing cause of action in favor of or against such mutual holding company, any civil, criminal, administrative or investigatory proceeding to which the mutual holding company is a party or the existing rights of persons other than members. In the event that the corporate name is changed by amendment, no suit brought by or against such mutual holding company under its former name shall abate for that reason.

SECTION 364. 644.10 (1) (intro.) of the statutes is amended to read:

644.10 (1) (intro.) The converting insurance company may propose to acquire, or to merge or consolidate with, one or more domestic or foreign insurers, or both, as part of a mutual holding company plan under s. 644.07. The commissioner secretary shall approve the acquisition, merger or consolidation as part of the mutual holding company plan and shall approve the continued corporate existence of any domestic insurer that is a party to the plan under this section as a subsidiary of the mutual holding company or any intermediate stock holding company, if any of the following applies:

1	SECTION 365. 644.10 (1) (b) of the statutes is amended to read:
2	644.10 (1) (b) In the case of a domestic mutual, no grounds for disapproval exist
3	under s. 611.73 (3) (a) and the domestic mutual has complied with s. 644.07 (2) to (8).
4	The converting insurance company and any domestic mutual that the converting
5	insurance company proposes to acquire, or merge or consolidate with, may adopt one
6	plan. The commissioner secretary may combine the hearings required under s.
7	644.07 (6) for the converting insurance company and any domestic mutual that is the
8	subject of the acquisition by, or merger or consolidation with, the converting
9	insurance company. Section 644.07 (9), (10) (b) to (f), and (11) applies to a domestic
10	mutual acquired by, merged into, or consolidated with a converting insurance
11	company under this section.
12	Section 366. 644.11 (2) (c) 2. of the statutes is amended to read:
13	644.11 (2) (c) 2. The commissioner secretary may hold a hearing on the plan
14	of merger prior to the meeting at which a vote of the members will be taken. A
15	hearing under this subdivision may be combined with the hearing required under
16	par. (b). The existing domestic mutual holding company shall provide written notice
17	of the hearing to each member in the manner provided under s. 644.07 (6) (b) 1. for
18	notice to policyholders of the hearing under s. 644.07 (6).
19	Section 367. 644.11 (2) (c) 3. of the statutes is amended to read:
20	644.11 (2) (c) 3. The commissioner secretary shall approve the proposed plan
21	of merger unless he or she finds that the plan is not fair and equitable to members
22	or is contrary to the interests of members.
23	Section 368. 644.11 (2) (d) (title) of the statutes is amended to read:
24	644.11 (2) (d) (title) Commissioner issues new New certificate of authority if
25	approved.

Ţ	SECTION 369. 644.19 (3) (title) of the statutes is amended to read:
2	644.19 (3) (title) Notice to commissioner department.
3	SECTION 370. 644.28 (2) (title) of the statutes is amended to read:
4	644.28 (2) (title) Approval by the commissioner secretary.
5	SECTION 371. 644.28 (2) (a) of the statutes is amended to read:
6	644.28 (2) (a) At least 60 days prior to the submission to members of any
7	proposed voluntary dissolution of a mutual holding company under s. 181.1401, the
8	plan shall be filed with the commissioner secretary. The commissioner secretary may
9	require the submission of additional information relevant to the effect of the
10	proposed dissolution on the solvency of the converted insurance company. The
11	commissioner secretary shall approve the dissolution unless, after a hearing, the
12	commissioner secretary finds that dissolution of the mutual holding company would
13	cause the converted insurance company to become insolvent, would be unfair or
14	inequitable to the members of the mutual holding company or would not be in the
15	best interests of the policyholders of the converted insurance company or the public.
16	SECTION 372. 644.28 (4) of the statutes is amended to read:
17	644.28 (4) FILING AND RECORDING ARTICLES OF DISSOLUTION AND EFFECT THEREOF.
18	Upon approval by the commissioner secretary under sub. (2) and by the members
19	under s. 181.1401, the mutual holding company shall file articles of dissolution with
20	the commissioner department. When the articles are filed, the existence of the
21	mutual holding company shall cease, except for the purpose of suits, other
22	proceedings and appropriate corporate action of members, directors and officers as
23	provided in this chapter and in ss. 181.1401 to 181.1407. Upon the filing of the
24	articles, the commissioner department may issue a certificate of dissolution.

Section 373. 645.01 (2) of the statutes is amended to read:

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1	645.01 (2) CONSTRUCTION: NO LIMITATION OF POWERS. This chapter shall not be
2	interpreted to limit the powers granted the commissioner department by other
3	provisions of the law.
4	SECTION 374. 645.03 (1) (f) of the statutes is amended to read:
5	645.03 (1) (f) "Insurer" means any person who is doing, has done, purports to
6	do or is licensed to do an insurance business and is or has been subject to the
7	authority of, or to liquidation, rehabilitation, reorganization or conservation by, the
8	secretary or a commissioner. For purposes of this chapter, all other persons included
9	under s. 645.02 shall be deemed to be insurers.
10	Section 375. 645.03 (1) (i) of the statutes is amended to read:
11	645.03 (1) (i) "Reciprocal state" means any state other than this state in which
12	in substance and effect ss. 645.42 (1), 645.83 (1) and (3), 645.84 and 645.86 to 645.89
13	are in force, and in which provisions are in force requiring that the commissioner or
14	other insurance regulator be the receiver of a delinquent insurer, and in which some
15	provision exists for the avoidance of fraudulent conveyances and preferential
16	transfers.
17	Section 376. 645.04 (1) of the statutes is amended to read:
18	645.04 (1) ACTIONS BY COMMISSIONER SECRETARY. Except as provided in sub. (2)
19	and s. 645.45 (1), no delinquency proceeding may be commenced under this chapter
20	by anyone other than the commissioner of this state secretary and no court has
21	jurisdiction to entertain, hear or determine any proceeding commenced by any other
22	person.
23	SECTION 377. 645.04 (2) (a) (intro.) of the statutes is amended to read:
24	645.04 (2) (a) (intro.) The judgment creditors of 3 or more unrelated judgments
25	may commence proceedings under the conditions and in the manner prescribed in

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"To cooperate" includes:

1 this subsection, by serving notice upon the commissioner secretary and the insurer 2 of intention to file a petition for liquidation under s. 645.41 or 645.82. Each of the 3 judgments must: 4 **Section 378.** 645.04 (2) (b) of the statutes is amended to read: 5 645.04 (2) (b) If any one of the judgments in favor of a petitioning creditor 6 remains unpaid for 30 days after service of the notice, and the commissioner 7 secretary has not then filed a petition for liquidation, the creditor may file in the 8 name of the commissioner secretary a verified petition for liquidation of the insurer 9 under s. 645.41 or 645.82 alleging the conditions stated in this subsection. The 10 commissioner secretary shall be served and joined in the action. 11 **SECTION 379.** 645.06 of the statutes is amended to read: 12 645.06 Costs and expenses of litigation. In any proceeding or action 13 brought by the commissioner secretary or a receiver under this chapter, the court 14 may award such costs and other expenses of litigation to the commissioner secretary 15 or receiver as justice requires, without regard to the limitations otherwise prescribed 16 by law. 17 **SECTION 380.** 645.07 (1) (intro.) of the statutes is amended to read: 18 645.07 (1) DUTY TO COOPERATE. (intro.) Any officer, manager, trustee or general 19 agent of any insurer, any attorney representing an insurer on any matter, and any

SECTION 381. 645.07 (1) (a) of the statutes is amended to read:

other person with executive authority over or in charge of any segment of the

insurer's affairs shall cooperate with the commissioner secretary in any proceeding

under this chapter or any investigation preliminary or incidental to the proceeding.

1	645.07 (1) (a) To reply promptly in writing to any inquiry from the
2	commissioner secretary requesting a reply; and
3	SECTION 382. 645.07 (1) (b) of the statutes is amended to read:
4	645.07 (1) (b) To make available and deliver to the commissioner secretary any
5	books, accounts, documents or other records, or information or property of or
6	pertaining to the insurer and in the person's possession, custody or control.
7	SECTION 383. 645.07 (2) of the statutes is amended to read:
8	645.07 (2) DUTY NOT TO OBSTRUCT. No person may obstruct or interfere with the
9	commissioner secretary in the conduct of any delinquency proceeding or any
10	investigation preliminary or incidental thereto.
11	SECTION 384. 645.07 (4) of the statutes is amended to read:
12	645.07 (4) SANCTION. Any person included within sub. (1) who fails to cooperate
13	with the commissioner secretary, or any person who obstructs or interferes with the
14	commissioner secretary in the conduct of any delinquency proceeding or any
15	investigation preliminary or incidental thereto, is subject to s. 601.64.
16	SECTION 385. 645.08 (1) of the statutes is amended to read:
17	645.08 (1) Bonds. In any proceeding under this chapter the commissioner
18	secretary and the commissioner's secretary's deputies are responsible on their
19	official bonds for the faithful performance of their duties. If the court deems it
20	desirable for the protection of the assets, it may at any time require an additional
21	bond from the commissioner secretary or the commissioner's secretary's deputies.
22	SECTION 386. 645.08 (2) of the statutes is amended to read:
23	645.08 (2) IMMUNITY. No civil cause of action may arise against and no civil
24	liability may be imposed upon the state, commissioner secretary, special deputy
25	commissioner, rehabilitator or liquidator, or their employees or agents, or the

statutes are amended to read:

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.
SECTION 387. 645.09 (title), (1) (intro.) and (a), (2) (a) and (b) and (3) of the

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.

SECTION 388. 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.

Section 389. 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.

Section 390. 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:
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SECTION 391. 645.22 (1) (a) of the statutes is amended to read:

645.22 (1) (a) Direct the commissioner secretary to take possession and control of all or a part of the property, books, accounts, documents and other records of an insurer and of the premises occupied by it for the transaction of its business.

SECTION 392. 645.22 (1) (b) of the statutes is amended to read:

645.22 (1) (b) Until further order of the court, enjoin the insurer and its officers, managers, agents, and employees from disposition of its property and from transaction of its business except with the written consent of the commissioner secretary.

Section 393. 645.22 (2) of the statutes is amended to read:

645.22 (2) DURATION. The court shall specify in the order what its duration shall be, which shall be such time as the court deems necessary for the commissioner secretary to ascertain the condition of the insurer. On motion of either party or on its own motion, the court may hold such hearings as it deems desirable after such notice as it deems appropriate, and may extend, shorten or modify the terms of the seizure order. The court shall vacate the seizure order if the commissioner secretary fails to commence a formal proceeding under this chapter after having had a

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reasonable opportunity to do so. The issuance of an order of the court pursuant to a formal proceeding under this chapter vacates the seizure order.

SECTION 394. 645.23 (title), (1), (2) and (3) of the statutes are amended to read: 645.23 (title) Commissioner's Secretary's seizure order. (1) ISSUANCE. If it appears to the commissioner secretary that the interests of creditors, policyholders or the public will be endangered by the delay incident to asking for a court seizure 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 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 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.

1	Section 395. 645.24 (1) of the statutes is amended to read:
2	645.24 (1) Confidentiality of commissioner's secretarys hearings. The
3	commissioner secretary shall hold all hearings in summary proceedings privately
4	unless the insurer requests a public hearing, in which case the hearing shall be
5	public.
6	SECTION 396. 645.24 (3) of the statutes is amended to read:
7	645.24 (3) Records. In all summary proceedings and judicial reviews thereof,
8	all records of the company, other documents, and all office of the commissioner of
9	insurance department files and court records and papers, so far as they pertain to
10	or are a part of the record of the summary proceedings, shall be and remain
11	confidential except as is necessary to obtain compliance therewith, unless the court,
12	after hearing arguments from the parties in chambers, orders otherwise, or unless
13	the insurer requests that the matter be made public. Until the court order is issued,
14	all papers filed with the clerk of the court shall be held by the clerk in a confidential
15	file.
16	SECTION 397. 645.24 (5) of the statutes is amended to read:
17	645.24 (5) SANCTIONS. Any person having possession or custody of and refusing
18	to deliver any of the property, books, accounts, documents or other records of an
19	insurer against which a seizure order or a summary order has been issued by the
20	commissioner secretary or by the court, is subject to s. 601.64.
21	SECTION 398. 645.31 (intro.) of the statutes is amended to read:
22	645.31 Grounds for rehabilitation. (intro.) The commissioner secretary
23	may apply by verified petition to the circuit court for Dane County or for the county
24	in which the principal office of the insurer is located for an order directing

1	rehabilitation of a domestic insurer or an alien insurer domiciled in this state on any
2	one or more of the following grounds:
3	SECTION 399. 645.31 (1) of the statutes is amended to read:
4	645.31 (1) Any ground on which the commissioner secretary may apply for an
5	order of liquidation under s. 645.41, whenever he or she believes that the insurer may
6	be successfully rehabilitated without substantial increase in the risk of loss to
7	creditors of the insurer or to the public.
8	SECTION 400. 645.31 (2) of the statutes is amended to read:
9	645.31 (2) That the commissioner secretary has reasonable cause to believe
10	that there has been embezzlement from the insurer, wrongful sequestration or
11	diversion of the insurer's assets, forgery or fraud affecting the insurer or other illegal
12	conduct in, by or with respect to the insurer, that if established would endanger
13	assets in an amount threatening the solvency of the insurer.
14	SECTION 401. 645.31 (3) of the statutes is amended to read:
15	645.31 (3) That information coming into the commissioner's secretary's
16	possession has disclosed substantial and not adequately explained discrepancies
17	between the insurer's records and the most recent annual report or other official
18	company reports.
19	SECTION 402. 645.31 (4) of the statutes is amended to read:
20	645.31 (4) That the insurer has failed to remove any person who in fact has
21	executive authority in the insurer, whether an officer, manager, general agent,
22	employee or other person, if the person has been found by the commissioner secretary
23	after notice and hearing to be dishonest or untrustworthy in a way affecting the
24	insurer's business.
25	SECTION 403. 645.31 (6) of the statutes is amended to read:

645.31 (6) That any person who in fact has executive authority in the insurer, whether an officer, manager, general agent, employee or other person, has refused to be examined under oath by the commissioner secretary concerning its affairs, whether in this state or elsewhere, and after reasonable notice of the fact the insurer has failed promptly and effectively to terminate the employment and status of the person and all his or her influence on management.

Section 404. 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.

Section 405. 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.

Section 406. 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.
Section 407. 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.

Section 408. 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.

SECTION 409. 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.

Section 410. 645.33 (1) of the statutes is amended to read:

645.33 (1) Special deputy commissioner. The rehabilitator may appoint a
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.
SECTION 411. 645.41 (intro.) of the statutes is amended to read:
645.41 Grounds for liquidation. (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 him or her
to liquidate a domestic insurer or an alien insurer domiciled in this state on any one
or more of the following grounds:
SECTION 412. 645.41 (1) of the statutes is amended to read:
645.41 (1) Any ground on which the commissioner secretary may apply for an
order of rehabilitation under s. 645.31, whenever the commissioner secretary
believes that attempts to rehabilitate the insurer would substantially increase the
risk of loss to its creditors, its policyholders or the public, or would be futile, or that
rehabilitation would serve no useful purpose;
SECTION 413. 645.41 (8) of the statutes is amended to read:
645.41 (8) That the insurer has concealed records or assets from the
commissioner secretary or improperly removed them from the jurisdiction;
SECTION 414. 645.42 (1) of the statutes is amended to read:

insurer shall appoint the $\overline{\text{commissioner}}$ $\overline{\text{secretary}}$ and his or her successors in office

liquidator and shall direct the liquidator to take possession of the assets of the insurer and to administer them under the orders of the court. The liquidator is vested by operation of law with the title to all of the property, contracts, rights of action and books and records, wherever located, of the insurer ordered liquidated, 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.

SECTION 415. 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.

SECTION 416. 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.

SECTION 417. 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 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.

SECTION 418. 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.

SECTION 419. 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.

SECTION 420. 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.

SECTION 421. 645.46 (21) of the statutes is amended to read:

645.46 (21) Enter into agreements with any receiver or <u>insurance regulator or</u> commissioner of any other state relating to the rehabilitation, liquidation, conservation or dissolution of an insurer doing business in both states.

SECTION 422. 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).

SECTION 423. 645.49 (1) of the statutes is amended to read:

645.49 (1) Termination of actions against insurer by order appointing the eemmissioner 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 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.

SECTION 424. 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.

1	SECTION 425. 645.73 (2) of the statutes is amended to read:
2	645.73 (2) WITHHELD FUNDS. All funds withheld under s. 645.64 and not
3	distributed shall upon discharge of the liquidator be deposited with the secretary of
4	revenue and paid by the secretary in accordance with s. 645.64. Any sums remaining
5	which under s. 645.64 would revert to the undistributed assets of the insurer shall
6	be transferred to the secretary of revenue and become the property of the state under
7	sub. (1), unless the commissioner secretary of financial institutions, insurance, and
8	professional standards petitions the court to reopen the liquidation under s. 645.75.
9	SECTION 426. 645.75 of the statutes is amended to read:
10	645.75 Reopening liquidation. After the liquidation proceeding has been
11	terminated and the liquidator discharged, the commissioner secretary or other
12	interested party may at any time petition the court to reopen the proceedings for good
13	cause, including the discovery of additional assets. If the court is satisfied that there
14	is justification for reopening, it shall so order.
15	SECTION 427. 645.77 of the statutes is amended to read:
16	645.77 External audit of receiver's books. The court in which the
17	proceeding is pending may, as it deems desirable, cause audits to be made of the
18	books of the commissioner secretary relating to any receivership established under
19	this chapter, and a report of each audit shall be filed with the commissioner secretary
20	and with the court. The books, records and other documents of the receivership shall
21	be made available to the auditor at any time without notice. The expense of each
22	audit shall be considered a cost of administration of the receivership.
23	SECTION 428. 645.81 (1) (intro.) of the statutes is amended to read:
24	645.81 (1) Grounds for petition. (intro.) If a domiciliary liquidator has not
25	been appointed, the commissioner secretary may apply to the circuit court for Dane

County by verified petition for an order directing him or her to conserve the property
of an alien insurer not domiciled in this state or a foreign insurer on any one or more
of the following grounds:

SECTION 429. 645.82 (1) (intro.) of the statutes is amended to read:

645.82 (1) GROUNDS FOR PETITION. (intro.) If no domiciliary receiver has been appointed, the commissioner secretary may apply to the circuit court for Dane County by verified petition for an order directing the commissioner secretary to liquidate the assets found in this state of a foreign insurer or an alien insurer not domiciled in this state, on any of the following grounds:

SECTION 430. 645.82 (4) of the statutes is amended to read:

645.82 (4) FEDERAL RECEIVERSHIP. On the same grounds as are specified in sub.

(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.

SECTION 431. 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

1	or 645.82, or for an ancillary receivership under s. 645.84, or after approval by the
2	circuit court for Dane County may transfer title to the domiciliary liquidator, as the
3	interests of justice and the equitable distribution of the assets require.
4	SECTION 432. 645.84 (1) (intro.) of the statutes is amended to read:
5	645.84 (1) APPOINTMENT OF ANCILLARY RECEIVER IN THIS STATE. (intro.) If a
6	domiciliary liquidator has been appointed for an insurer not domiciled in this state,
7	the commissioner secretary shall file a petition with the circuit court for Dane
8	County requesting appointment as ancillary receiver in this state in any of the
9	following circumstances:
10	SECTION 433. 645.84 (1) (a) of the statutes is amended to read:
11	645.84 (1) (a) If the commissioner secretary finds that there are sufficient
12	assets of the insurer located in this state to justify the appointment of an ancillary
13	receiver ; .
14	SECTION 434. 645.84 (1) (b) of the statutes is amended to read:
15	645.84 (1) (b) If 10 or more persons resident in this state having claims against
16	the insurer file a petition with the commissioner secretary requesting appointment
17	of an ancillary receiver ; or .
18	SECTION 435. 645.85 of the statutes is amended to read:
19	645.85 Ancillary summary proceedings. The commissioner secretary in
20	his or her sole discretion may institute proceedings under ss. 645.21 to 645.23 at the
21	request of the commissioner secretary or other appropriate official of the domiciliary
22	state of any nondomestic insurer having property located in this state.
23	SECTION 436. 646.11 (5) of the statutes is amended to read:
24	646.11 (5) IMMUNITY. No cause of action of any nature may arise against and
25	no liability may be imposed upon the fund or its agents, employees, directors,

including alternate representatives designated under s. 646.12 (1) (a) 3., or
contributor insurers, or the commissioner secretary or the commissioner's
secretary's agents, employees, or representatives, for any act or omission by any of
them in the performance of their powers and duties under this chapter.

SECTION 437. 646.12 (1) (a) 1. of the statutes is amended to read:

646.12 (1) (a) 1. The fund shall be administered by a board of directors that shall consist of the attorney general, the state treasurer, and the commissioner secretary, each of whom shall have full voting rights, and at least 9 but not more than 11 insurer representatives of domestic, foreign, and alien insurers subject to this chapter.

SECTION 438. 646.12 (1) (a) 2. of the statutes is amended to read:

646.12 (1) (a) 2. The commissioner secretary shall appoint the insurer representative members for 3-year terms, after considering recommendations of the other board members currently serving terms. In recommending candidates to fill the positions, the board shall consider whether all insurers subject to this chapter are fairly represented, including property and casualty insurers, life and health insurers, health maintenance organizations and service insurance corporations, and domestic and nondomestic insurers.

SECTION 439. 646.12 (2) (e) of the statutes is amended to read:

646.12 (2) (e) Advise and make recommendations to the commissioner secretary on any matter related to the possible insolvency of an insurer covered by this chapter, and respond to any reasonable questions presented by the commissioner secretary. Information, recommendations and advice under this subsection are privileged and confidential and are not open to public inspection under s. 19.35 (1).

SECTION 440. 646.16 (1) of the statutes is amended to read:

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, the fund may retain the percentage determined by dividing the aggregate amount of policyholders' claims that are related to the insolvency and for which the fund has provided benefits under this chapter by the aggregate amount of all policyholders' claims in this state that are related to the insolvency. The fund shall remit the balance to the domiciliary liquidator.

SECTION 441. 646.35 (8) (e) of the statutes is amended to read:

646.35 (8) (e) This subsection supersedes s. 645.58 (1), any applicable rules of the commissioner department, and the provisions of any affected reinsurance agreement that provide for or require payment of reinsurance proceeds to the liquidator of the insolvent insurer on account of losses or events that occur after the coverage date. The liquidator remains entitled to any amounts payable by the reinsurer under the reinsurance agreement with respect to losses or events that occur before the coverage date, subject to any applicable setoff provisions.

Section 442. 646.51 (7) (d) of the statutes is amended to read:

646.51 (7) (d) Any amount available for credit against future tax liabilities under this subsection may be regarded as an asset of the insurer under rules promulgated by the commissioner department.

SECTION 443. 648.01 (2) of the statutes is repealed.

1	SECTION 444. 648.05 (2) (intro.) of the statutes is amended to read:
2	648.05 (2) APPLICATION. (intro.) A care management organization applying for
3	a permit shall submit all of the following information in the format required by the
4	commissioner department of financial institutions, insurance, and professional
5	standards:
6	SECTION 445. 648.05 (2) (a) of the statutes is amended to read:
7	648.05 (2) (a) The names, addresses and occupations of all controlling persons
8	and directors and principal officers of the care management organization currently
9	and for the preceding 10 years, unless the commissioner department of financial
10	institutions, insurance, and professional standards waives this requirement.
11	SECTION 446. 648.05 (2) (c) of the statutes is amended to read:
12	648.05 (2) (c) A business plan approved by the department of health services
13	including a projection of the anticipated operating results at the end of each of the
14	next 3 years of operation, based on reasonable estimates of income and operating
15	expenses.
16	SECTION 447. 648.05 (2) (d) of the statutes is amended to read:
17	648.05 (2) (d) Any other relevant documents or information that the
18	commissioner department of financial institutions, insurance, and professional
19	standards reasonably requires after consulting with the department of health
20	services.
21	SECTION 448. 648.05 (3) (intro.) of the statutes is amended to read:
22	648.05 (3) STANDARDS FOR ISSUING PERMIT. (intro.) The commissioner
23	department of financial institutions, insurance, and professional standards may
24	issue a permit to the care management organization if the commissioner department

1	of financial institutions, insurance, and professional standards finds, after
2	consulting with the department of health services, all of the following:
3	SECTION 449. 648.05 (4) (intro.) of the statutes is amended to read:
4	648.05 (4) Suspension or revocation. (intro.) The commissioner department
5	of financial institutions, insurance, and professional standards may suspend or
6	revoke a permit issued under this chapter if the commissioner department of
7	financial institutions, insurance, and professional standards finds, after consulting
8	with the department of health services, any of the following:
9	SECTION 450. 648.05 (4) (d) of the statutes is amended to read:
10	648.05 (4) (d) The permittee conceals records from the commissioner
11	department of financial institutions, insurance, and professional standards.
12	SECTION 451. 648.05 (4) (f) of the statutes is amended to read:
13	648.05 (4) (f) The permittee ceases to be certified by or maintain a contract with
14	the department of health services.
15	SECTION 452. 648.10 (intro.) and (1) of the statutes are amended to read:
16	648.10 Powers and duties of the commissioner department. (intro.) The
17	commissioner department of financial institutions, insurance, and professional
18	standards may do any of the following:
19	(1) Promulgate rules that are necessary to carry out the intent of this chapter,
20	including, after consulting with the department of health services, standards for the
21	financial condition of care management organizations.
22	SECTION 453. 648.15 (1) (intro.) of the statutes is amended to 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	SECTION 454. 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	SECTION 455. 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	SECTION 456. 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	SECTION 457. 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
24	management organization's affairs, shall reply promptly in writing or in another

1	designated form, to any written inquiry from the commissioner department of
2	financial institutions, insurance, and professional standards requesting a reply.
3	SECTION 458. 648.15 (5) of the statutes is amended to read:
4	648.15 (5) VERIFICATION. The commissioner department of financial
5	institutions, insurance, and professional standards may require that any
6	communication made to the commissioner department of financial institutions.

SECTION 459. 648.15 (6) of the statutes is amended to read:

insurance, and professional standards under this section be verified.

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.

Section 460. 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.

SECTION 461. 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	SECTION 462. 648.20 (1) (b) (intro.) of the statutes is amended to read:
6	648.20 (1) (b) (intro.) So far as reasonably necessary for an examination under
7	par. (a), the commissioner department of financial institutions, insurance, and
8	professional standards may examine the accounts, records, or documents so far as
9	they relate to the permittee, of any of the following:
10	SECTION 463. 648.20 (1) (c) of the statutes is amended to read:
11	648.20 (1) (c) On demand, every permittee shall make available to the
12	commissioner department of financial institutions, insurance, and professional
13	standards for examination any of its own accounts, records, documents, or evidences
14	of transactions.
15	SECTION 464. 648.20 (1) (d) of the statutes is amended to read:
16	648.20 (1) (d) On order of the commissioner department of financial
17	institutions, insurance, and professional standards any examinee under this chapter
18	shall bring to the office department of financial institutions, insurance, and
19	professional standards for examination such records as the order reasonably
20	requires.
21	SECTION 465. 648.20 (2) of the statutes is amended to read:
22	648.20 (2) AUDITS OR ACTUARIAL OR OTHER EVALUATIONS. In lieu of all or part of
23	an examination under sub. (1), or in addition to it, the commissioner department of
24	financial institutions, insurance, and professional standards may order an
25	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.

SECTION 466. 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.

SECTION 467. 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 examined, the nature of the accounting records available, and the nature of examinations performed elsewhere.

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

L	department of financial institutions, insurance, and professional standards shall
2	serve the final examination report on the examinee.
3	SECTION 472. 648.27 (1) of the statutes is amended to read:

648.27 (1) Costs to be paid by care management organizations. Permittees shall pay the reasonable estimate of costs of examinations under s. 648.20, of review of applications under s. 648.05, and of analysis and financial monitoring of care management organizations by the commissioner department of financial institutions, insurance, and professional standards and the department of health services, including overhead and fixed costs, by a system of regular annual billings.

SECTION 473. 648.27 (2) of the statutes is amended to read:

of financial institutions, insurance, and professional standards shall determine the estimated costs under sub. (1) for the commissioner department of financial institutions, insurance, and professional standards and the department of health services. The commissioner department of financial institutions, insurance, and professional standards shall serve a request for payment on each permittee allocating the cost to each permittee in an amount that the commissioner department of financial institutions, insurance, and professional standards determines reflects the permittee's proportionate share of projected enrollment in the department's annual contracting period for the department of health services.

Section 474. 648.27 (3) of the statutes is amended to read:

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 sub. (2).

1	SECTION 475. 648.30 (1) (intro.) of the statutes is amended to read:
2	648.30 (1) Types of information. (intro.) The office department of financial
3	institutions, insurance, and professional standards may refuse to disclose and may
4	prevent any other person from disclosing any of the following:
5	SECTION 476. 648.30 (1) (c) (intro.) of the statutes is amended to read:
6	648.30 (1) (c) (intro.) Testimony, reports, records, communications, and
7	information that are obtained by the office department of financial institutions,
8	insurance, and professional standards from, or provided by the office to, any of the
9	following, under a pledge of confidentiality or for the purpose of assisting or
10	participating in monitoring activities or in the conduct of any inquiry, investigation,
11	or examination:
12	SECTION 477. 648.30 (1) (c) 5. of the statutes is amended to read:
13	648.30 (1) (c) 5. An international, federal, state, or local regulatory or law
14	enforcement agency, including the department of health services.
15	Section 478. 648.35 (1) of the statutes is amended to read:
16	648.35 (1) Injunctions and restraining orders. The commissioner
17	department of financial institutions, insurance, and professional standards may
18	commence an action in circuit court in the name of the state to restrain by temporary
19	or permanent injunction or by temporary restraining order any violation of this
20	chapter, any rule promulgated under this chapter, or any order issued under s.
21	648.10 (2). The commissioner department of financial institutions, insurance, and
22	professional standards need not show irreparable harm or lack of an adequate
23	remedy at law in an action commenced under this subsection.
24	Section 479. 648.35 (2) of the statutes is amended to read:

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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.

Section 480. 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 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.

SECTION 481. 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 complying with the duty is a new violation.

Section 482. 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.

SECTION 483. 648.45 (1) of the statutes is amended to read:

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

rule.

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.
SECTION 484. 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.
SECTION 485. 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.
SECTION 486. 648.45 (5) (d) of the statutes is amended to read:
648.45 (5) (d) The transaction complies with any other standard that the
commissioner department of financial institutions, insurance, and professional
standards, after consulting with the department of health services, prescribes by

SECTION 487. 648.45 (6) (a) 1. (intro.) of the statutes is amended to rea

648.45 (6) (a) 1. (intro.) The commissioner department of financial institutions, insurance, and professional standards, after consulting with the department of health services, may promulgate rules requiring a permittee, a person attempting to acquire or having control of a permittee, and affiliates of a permittee to report a transaction or a group or series of transactions, if all of the following are satisfied:

SECTION 488. 648.45 (6) (a) 2. of the statutes is amended to read:

648.45 (6) (a) 2. Transactions that are material to a permittee for the purposes of subd. 1. include management contracts, service contracts, and cost-sharing arrangements. The commissioner department of financial institutions, insurance, and professional standards, after consulting with the department of health services, may prescribe by rule standards for determining whether a transaction is material under this subsection.

SECTION 489. 648.45 (6) (a) 3. of the statutes is amended to read:

648.45 (6) (a) 3. No permittee, person attempting to acquire or having control of a permittee, or affiliate of the permittee may enter into a transaction required to be reported to the commissioner department of financial institutions, insurance, and professional standards under this subsection unless the permittee, person, and 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.

SECTION 490. 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.

SECTION 491. 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).

SECTION 492. 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.

1	SECTION 493. 648.45 (6) (e) of the statutes is amended to read:
2	648.45 (6) (e) Required financial conditions. The commissioner department of
3	financial institutions, insurance, and professional standards, after consulting with
4	the department of health services, may promulgate rules for determining adequacy
5	of financial condition under this section.
6	SECTION 494. 648.45 (6) (f) of the statutes is amended to read:
7	648.45 (6) (f) Exemption if permittee reports. Paragraph (a) does not apply to
8	a person attempting to acquire or having control of, or an affiliate of, a permittee, if
9	the permittee reports on behalf of the person or on behalf of the affiliate, and the
10	transaction is not disapproved by the commissioner department of financial
11	institutions, insurance, and professional standards under par. (b).
12	Section 495. 648.45 (7) (a) of the statutes is amended to read:
13	648.45 (7) (a) A permittee may not pay a dividend or distribution, and an
14	affiliate of a permittee may not accept a dividend or distribution, unless the
15	permittee reports the dividend or distribution to the commissioner department of
16	financial institutions, insurance, and professional standards at least 30 days before
17	payment and the commissioner department of financial institutions, insurance, and
18	professional standards does not disapprove the dividend or distribution within that
19	period.
20	SECTION 496. 648.45 (7) (b) (intro.) of the statutes is amended to read:
21	648.45 (7) (b) (intro.) The commissioner department of financial institutions,
22	insurance, and professional standards, after consulting with the department of
23	health services, may promulgate rules under this section that do any of the following:
24	SECTION 497. 648.45 (7) (b) 2. of the statutes is amended to read:

648.45 (7) (b) 2. Exempt dividends or distributions from the reporting
requirement under par. (a) under conditions that the commissioner department of
financial institutions, insurance, and professional standards determines will not
jeopardize the financial condition of the permittee.
Section 498. 648.45 (7) (c) of the statutes is amended to read:
648.45 (7) (c) A permittee may declare a dividend or distribution that is
conditioned upon the permittee's compliance with this subsection. A declaration of
a dividend or distribution under this subsection does not confer rights to the
proposed recipient of the dividend or distribution unless this subsection is complied
with and is void if the dividend or distribution is disapproved by the commissioner
department of financial institutions, insurance, and professional standards under
par. (a).
Section 499. 648.45 (8) (b) of the statutes is amended to read:
648.45 (8) (b) An officer or director of a permittee or of an affiliate of a permittee
who knows, or reasonably should know, that the permittee or affiliate has entered
into a transaction or paid a dividend or distribution that violates this chapter shall
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
under this section, and the report is confidential unless the commissioner
department of financial institutions, insurance, and professional standards finds it
necessary to disclose the report for the purpose of enforcing this chapter.

SECTION 500. 648.50 (1) of the statutes is amended to read:

648.50 (1) Approval required. No proposed plan of merger or other plan for

acquisition of control of a permittee may be executed unless the commissioner

1	department of financial institutions, insurance, and professional standards, after
2	consulting with the department of health services, approves the plan.
3	Section 501. 648.50 (2) of the statutes is amended to read:
4	648.50 (2) Grounds for approval. The commissioner department of financial
5	institutions, insurance, and professional standards shall approve the plan under
6	this section if the commissioner department of financial institutions, insurance, and
7	professional standards finds, after a hearing, that it would not violate the law or be
8	contrary to the interests of the public, the department of health services, or the
9	enrollees.
10	SECTION 502. 648.50 (3) of the statutes is amended to read:
11	648.50 (3) Information required. A permittee shall report to the commissioner
12	department of financial institutions, insurance, and professional standards any
13	changes in directors or principal officers after a permit is issued, together with
14	biographical data on the new director or officer that the commissioner department
15	of financial institutions, insurance, and professional standards requires by rule.
16	SECTION 503. 648.55 (title) of the statutes is amended to read:
17	648.55 (title) Commissioner's Department's summary orders.
18	SECTION 504. 648.55 (1) (intro.) of the statutes is amended to read:
19	648.55 (1) (intro.) The commissioner department of financial institutions,
20	insurance, and professional standards, after consulting with the department of
21	health services, may make and serve an order on a permittee, requiring it to stop
22	providing services under the department contract, or to take corrective measures,
23	without notice and before hearing, if it appears to the commissioner department of
24	financial institutions, insurance, and professional standards that irreparable harm
25	to the property or business of the permittee or to the interests of its enrollees or the

1	public, will occur unless the commissioner department of financial institutions,
2	insurance, and professional standards acts with immediate effect and one of the
3	following applies:
4	SECTION 505. 648.55 (3) of the statutes is amended to read:
5	648.55 (3) The permittee has the rights provided under s. 601.62. The
6	commissioner department of financial institutions, insurance, and professional
7	standards may serve upon the permittee notice of hearing under the procedures
8	under s. 601.62 simultaneously with service of the order under sub. (1).
9	SECTION 506. 648.55 (4) of the statutes is amended to read:
10	648.55 (4) The commissioner department of financial institutions, insurance,
11	and professional standards may keep proceedings under this section confidential.
12	SECTION 507. 648.65 (1) of the statutes is amended to read:
13	648.65 (1) Immunity. An enrollee of a care management organization is not
14	liable for health care, service, equipment, or supply charges that are covered under
15	the care management organization's contract with the department of health
16	services.
17	SECTION 508. 648.75 (1) of the statutes is amended to read:
18	648.75 (1) Deposit required. A permittee shall deposit an amount established
19	by the contract with the department of health services, and not less than \$250,000,
20	using the procedures under s. 601.13.
21	SECTION 509. 648.75 (2) (intro.) of the statutes is amended to read:
22	648.75 (2) Release of deposit. (intro.) A deposit under this section may be
23	released only with the approval of the commissioner department of financial
24	institutions, insurance, and professional standards, after consulting with the

department of health services, by the procedures under s. 601.13 (10) and only in or	ıe
of the following circumstances:	

SECTION 510. 648.75 (2) (b) of the statutes is amended to read:

648.75 (2) (b) To pay creditors of the permittee according to the priority determined by the department of health services if the permittee is insolvent, dissolves, or is subject to an insolvency proceeding, including a bankruptcy proceeding.

SECTION 511. 648.75 (3) of the statutes is amended to read:

648.75 (3) Assessment. The department of health services may assess an amount from each permittee's deposit for the purpose of funding arrangements for, or to pay expenses related to, services for enrollees of an insolvent or financially hazardous permittee. The department's assessment by the department of health services shall be allocated to each permittee's deposit in an amount that reflects the permittee's proportionate share of projected enrollment in the department's annual 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.

Section 512. 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.

SECTION 513. 648.75 (4) of the statutes is amended to read:

1	648.75 (4) RESTORATION. A permittee shall restore its deposit that is subject to
2	an assessment under sub. (3) within 30 days after the assessment, unless the office
3	department of financial institutions, insurance, and professional standards, after
4	consulting with the department of health services, authorizes a longer period, which
5	shall not exceed 2 years.
6	SECTION 514. 648.75 (5) of the statutes is amended to read:
7	648.75 (5) Recovery. The department of health services may recover, and may
8	file a claim or bring civil action to recover, from the insolvent or financially hazardous
9	permittee any amount that the department of health services assesses and pays
10	under sub. (3). Any amount recovered shall be restored to each permittee's deposit
11	in the same proportion as the assessment.
12	SECTION 515. 655.001 (4) of the statutes is repealed.
13	SECTION 516. 655.001 (14) of the statutes is amended to read:
14	655.001 (14) "Self-insurance plan" means a plan approved by the
15	commissioner department of financial institutions, insurance, and professional
16	standards to self-insure health care providers against medical malpractice claims
17	in accordance with this chapter. A "self-insurance plan" may provide coverage to a
18	single health care provider or affiliated health care providers.
19	SECTION 517. 655.002 (2) (intro.) of the statutes is amended to read:
20	655.002 (2) OPTIONAL PARTICIPATION. (intro.) All of the following may elect, in
21	the manner designated by the commissioner department of financial institutions,
22	insurance, and professional standards by rule under s. 655.004, to be subject to this
23	chapter:
24	SECTION 518. 655.003 (3) of the statutes is amended to read:

655.003 (3) Except for a physician or nurse anesthetist who meets the criteria under s. 146.89 (5) (a), a physician or a nurse anesthetist who provides professional services under the conditions described in s. 146.89, with respect to those professional services provided by the physician or nurse anesthetist for which he or she is covered by s. 165.25 and considered an agent of the department of health services, as provided in s. 165.25 (6) (b).

SECTION 519. 655.004 of the statutes is amended to read:

655.004 Rule-making authority. The director of state courts, department of health services and commissioner department of financial institutions, insurance, and professional standards may promulgate such rules under ch. 227 as are necessary to enable them to perform their responsibilities under this chapter.

Section 520. 655.015 of the statutes is amended to read:

655.015 Future medical expenses. If a settlement or judgment under this chapter resulting from an act or omission that occurred on or after May 25, 1995, provides for future medical expense payments in excess of \$100,000, that portion of future medical expense payments in excess of an amount equal to \$100,000 plus an 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.

SECTION 521. 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.

SECTION 522. 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.

SECTION 523. 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.

SECTION 524. 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.

Section 525. 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.

Section 526. 655.23 (4) (d) of the statutes is amended to read: