DRAFT ONLY NOT APPROVED FOR INTRODUCTION

HOUSE BILL NO. [BILL NUMBER]

Insurance amendments.

Sponsored by: Joint Corporations, Elections & Political Subdivisions Interim Committee

A BILL

for

1 AN ACT relating to the insurance code; amending the definition of insurance transaction; making requirements 2 applicable to original certificates of authority apply to 3 all certificates of authority; requiring insurers to update 4 5 their contact information as specified; amending service of process requirements; clarifying requirements regarding 6 7 reporting of actions; clarifying the applicability of statutes governing property and casualty insurance; 8 9 repealing the requirement for insurers to certificates of authority to the insurance commissioner 10 11 upon expiration, suspension or termination of the 12 certificates; repealing disclosure requirements regarding

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the extent to which disability, group disability and
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   blanket disability insurance policies include comprehensive
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   adult wellness benefits; and providing for an effective
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   date.
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   Be It Enacted by the Legislature of the State of Wyoming:
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        Section 1. W.S. 26-1-102(a) (xxxix), 26-3-106(b), 26-
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   3-108(a)(intro), 26-3-112(a)(intro), 26-3-114(d) and by
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   creating a new subsection (e), 26-3-122(c), 26-9-216(a) and
11
   (b), 26-24-109 (b) (intro), 26-24-110 (a) (intro), 26-24-113,
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   26-29-210(e) and 26-35-201 are amended to read:
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                        STAFF COMMENT
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   For ease of reference, W.S. 26-1-102(a)(xxx) and (xxxviii)
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   are included in this draft. These paragraphs will be
   deleted from any final draft if they are not amended.
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        26-1-102. Definitions.
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        (a) As used in this act:
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1	1 (xxx) "Transact" with respect to	a business of
2	2 insurance means:	
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4	4 (A) Solicitation or inducement	;
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6	6 (B) Negotiations;	
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8	8 (C) Carrying out of a	contract of
9	9 insurance;	
10	.0	
11	.1 (D) Transaction of matters	subsequent to
12	.2 the carrying out and arising out of a	contract of
13	3 insurance; or	
14	. 4	
15	(E) Any other aspects	of insurance
16	operations to which this code applies.	
17	.7	
18	8 (xxxviii) "Insurance support	organization"
19	9 means:	
20	2.0	
21	(A) Any person who regularly	y engages, in
22	22 whole or in part, in the practice of	assembling or
23	23 collecting information about natural pers	ons for the

1	primary purpose of providing the information to an
2	insurance institution or insurance producer for insurance
3	transactions, including the furnishing of consumer reports
4	or investigative consumer reports to an insurer or
5	insurance producer for use in connection with an insurance
6	transaction or the collection of personal information from
7	insurers, insurance producers or other insurance support
8	organizations for the purpose of detecting or preventing
9	fraud, material misrepresentation or material nondisclosure
10	in connection with insurance underwriting or insurance
11	claim activity;
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13	(B) Notwithstanding subparagraph (A) of
14	this paragraph the following persons are not considered
15	insurance support organizations for purposes of this code:
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17	(I) Insurance producers;
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19	(II) Government institutions;
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21	(III) Insurers;
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23	(IV) Medical care institutions;

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2	(V) Medical professionals.
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4	(xxxix) "Insurance transaction" means:
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6	(A) For the purposes of paragraph (xxxviii)
7	of this subsection, means—any transaction involving
8	insurance primarily for personal, family or household needs
9	rather than business or professional needs and which
LO	entails the determination of an individual's eligibility
L1	for an insurance coverage, benefit or payment or the
L2	servicing of an insurance application, policy, contract or
L3	certificate;
L 4	
L 5	(B) For all other purposes except as
L 6	provided in subparagraph (A) of this paragraph, any
L 7	transaction involving insurance, including any act
L 8	specified in paragraph (xxx) of this subsection.
L 9	
20	26-3-106. Conflict of names prohibited.
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22	(b) In case of conflict of names between two (2)
23	insurers, or a conflict otherwise prohibited under this

- 1 section, the commissioner may permit, or shall require as a
- 2 condition to the issuance of an original a certificate of
- 3 authority to an applicant insurer, the insurer to use in
- 4 this state a modified name as may reasonably be necessary
- 5 to avoid the conflict.

26-3-108. Capital and surplus requirements.

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- 9 (a) To qualify for authority to transact any kind of
- 10 insurance as defined in chapter 5 or combination of kinds
- 11 of insurance as specified in this subsection, a foreign
- 12 insurer, or a domestic stock insurer applying for its
- 13 original—certificate of authority, shall possess and
- 14 thereafter maintain unimpaired basic paid-in capital stock
- 15 and surplus, if a stock insurer, or unimpaired basic
- 16 surplus, if a foreign mutual insurer or foreign reciprocal
- 17 insurer, in an amount not less than as follows:

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- 19 26-3-112. Certificate of authority; application;
- 20 contents of application.

- 22 (a) An insurer shall apply to the commissioner for an
- 23 original a certificate of authority, stating under oath of

1 the president, or vice-president or other chief officer and 2 the secretary of the insurer, or of the attorney-in-fact if 3 the insurer is a reciprocal insurer, the insurer's name, 4 location of its home office, or principal office in the United States if an alien insurer, the kinds of insurance 5 to be transacted, date of organization or incorporation, 6 form of organization, state or country of domicile and any 7 8 additional information the commissioner reasonably 9 requires. The application shall be accompanied by the 10 applicable fees as provided in W.S. 26-4-101 together with 11 the following documents, as applicable:

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13 26-3-114. Certificate of authority; continuation;

expiration; reinstatement.

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16 If an insurer fails to renew its certificate of authority within the time specified in subsection (c) of 17 this section, another certificate shall be issued only 18 19 after all requirements for an original a certificate of

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(e) All insurers o<u>r persons otherwise licensed or</u> 22 23 registered under this article shall inform the commissioner

authority in this state are fulfilled.

1	by any means acceptable to the commissioner, or as
2	specified by rule and regulation of the commissioner, of
3	any change of address, telephone number, email address or
4	other contact information that is on file with the
5	department within thirty (30) days of the change.
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7 8 9 10	**************************************
11 12 13 14	Subsection (e) has been revised to reference all insurers or persons otherwise licensed or registered "under this article."
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18	26-3-122. Service of process; service generally.
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20	(c) Upon service the commissioner shall immediately
21	mail by registered certified mail one (1) of the copies of
22	the process to the person currently designated by the
23	insurer to receive the process as provided in W.S. 26-3-
24	121(d).
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26	26-9-216. Reporting of actions.
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23 mutual insurers.

1	(a) A licensee shall report to the commissioner any
2	administrative action taken against the producer licensee
3	in another jurisdiction or by another governmental agency
4	in this state within thirty (30) days of the final
5	disposition of the matter. This report shall include a copy
6	of the order, consent to order or other relevant legal
7	documents.
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9	(b) Within thirty (30) days of the initial pretrial
10	hearing date, a licensee shall report to the commissioner
11	any criminal prosecution of the <pre>producer licensee</pre> taken in
12	any jurisdiction. The report shall include a copy of the
13	initial complaint filed, the order resulting from the
14	hearing and any other relevant legal documents.
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16	26-24-109. Initial requirements of domestic mutual
17	insurers; authorized transactions.
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19	(b) When applying for an original <u>a</u> certificate of
20	authority, the insurer shall:
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22	26-24-110. Bond or deposit required of domestic

2 (a) Before soliciting any applications for insurance 3 required under W.S. 26-24-109 as qualifications for the 4 original certificate of authority, the incorporators of the proposed insurer shall file with the commissioner a 5 corporate surety bond in the penalty of fifteen thousand 6 dollars (\$15,000.00), in favor of the state and for the use 7 8 and benefit of the state of the applicant members and creditors of the corporation. The bond shall be conditioned 9 10 for:

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26-24-113. Failure of domestic mutual insurer to 13 qualify.

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15 If the proposed domestic insurer fails to complete its
16 organization and to secure its original certificate of
17 authority within one (1) year from the date of its
18 certificate of incorporation, its corporate powers cease,
19 and the commissioner shall return or cause to be returned
20 to the persons entitled thereto all advance deposits or
21 payments of premiums held in trust under W.S. 26-24-112.

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23 **26-29-210.** Organization.

2 The commissioner may make an examination and 3 require further information as he deems advisable. Upon 4 presentation of satisfactory evidence that the society has complied with all the provisions of law, the commissioner 5 shall issue to the society a certificate of authority to 6 that effect and that the society is authorized to transact 7 8 business pursuant to the provisions of this chapter. The certificate of authority shall be prima facie evidence of 9 10 the existence of the society at the date of the 11 certificate. The commissioner shall cause a record of the 12 certificate of authority to be made. A certified copy of the record may be given in evidence with like effect as the 13 14 original certificate of authority.

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16 **26-35-201**. Scope of article.

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This article applies to all property and casualty insurance as defined in W.S. 26-5-104 and 26-5-106, except this article does not apply to binders and other temporary contracts for temporary insurance provided for under W.S. 22 26-15-119 or personal lines auto policies.

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Section 2. W.S. 26-3-113(c), 26-18-103(a) (ix) and (b)
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2 and 26-19-107(a)(xvii) and (h) are repealed.

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For reference, the repealed provisions are described below.

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W.S. 26-3-113(c) concerns certificates of authority and provides: "Although issued and delivered to the insurer, the certificate of authority at all times is the property of this state. Upon expiration, suspension or termination of the certificate, the insurer shall promptly deliver the certificate to the commissioner."

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19 20 W.S. 26-18-103(a)(ix) contains disclosure requirements regarding "comprehensive adult wellness benefits" in disability insurance policies. Subsection (b) contains a definition of "comprehensive adult wellness benefits" for purposes of paragraph (a)(ix).

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(a) No disability insurance policy shall be delivered or issued for delivery to any person in this state unless it otherwise complies with this code and the following:

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(ix) If issued or delivered on after January 1, 1999, the policy shall provide a notice on the face of the policy of not less than fourteen (14) point bold type, as to the extent to which the policy includes comprehensive adult wellness benefits as defined in subsection (b) of this section. To insure that the disclosure has been made, the notice shall include space for the signature of the policyholder and the sales representative on the disclosure statement. The disclosure statement must be signed by applicant and sales representative at the time of policy application. No policy shall represented as containing comprehensive adult wellness benefits unless the policy meets the

criteria specified under subsection (b) of this section. If coverage is included, the notice shall make reference to the exact location within the policy where the level and extent of coverage is described in detail. If coverage is not included, the notice shall state that the policy does not contain comprehensive adult wellness benefits as defined by law. This statement shall also be placed in a prominent location on any representing materials used in the policy, including sales materials. The department of insurance shall prescribe the form and content of the notice required under this paragraph. This paragraph does not apply to any policy with a deductible of five thousand dollars (\$5,000.00) or more.

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(b) As used in paragraph (a) (ix) of this section, "comprehensive adult wellness benefits" means benefits not subject to policy deductibles, which provide a minimum benefit equal to eighty percent (80%) of the reimbursement allowance under the private health benefit plan with a maximum of twenty percent (20%) coinsurance by the insured and which provide a benefit structure to the insured equal to a minimum of one hundred fifty dollars (\$150.00) per insured adult per calendar year, or a benefit structure of similar actuarial value to the insured. In addition, the benefits shall at minimum provide for testing procedures and for the examination of adult policyholders and their spouses for breast cancer, prostate cancer, cervical cancer diabetes.

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W.S. 26-19-107(a)(xvii) contains similar disclosure requirements regarding "comprehensive adult wellness benefits" in group disability or blanket disability insurance policies. Subsection (h) contains a similar definition of "comprehensive adult wellness benefits" for purposes of paragraph (a)(xvii).

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Section 3. This act is effective July 1, 2025.

3 (END)