

## SENATE COMMITTEE SUBSTITUTE

FOR

## HOUSE COMMITTEE SUBSTITUTE

FOR

HOUSE BILL NO. 2168

AN ACT

To repeal sections 288.132, 303.025, 303.041, 319.129, 375.159, 376.380, and 379.011, RSMo, and to enact in lieu thereof thirteen new sections relating to insurance, with penalty provisions and an effective date for certain sections.

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*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Sections 288.132, 303.025, 303.041, 319.129, 375.159, 376.380, and 379.011, RSMo, are repealed and thirteen new sections enacted in lieu thereof, to be known as sections 288.132, 288.133, 303.025, 303.041, 303.420, 303.422, 303.425, 303.430, 303.440, 319.129, 375.159, 376.380, and 379.011, to read as follows:

288.132. 1. There is hereby created in the state treasury the "Unemployment Automation Fund", which shall consist of money collected [under subsection 1 of section 288.131] pursuant to section 288.133, and such other state funds appropriated by the general assembly. The state treasurer shall be custodian of the fund and may approve disbursements from the fund in accordance with sections 30.170 and 30.180. Upon appropriation, money in the fund shall be used solely for the purpose of providing automated systems, and the payment of associated costs, to improve the administration of the state's unemployment insurance program. Notwithstanding the provisions of section 33.080 to the contrary, all moneys remaining in the fund at the end of the biennium shall not revert to the credit of the

general revenue fund. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and money earned on such investments shall be credited to the fund.

2. The unemployment automation fund shall not be used in whole or in part for any purpose or in any manner that would permit its substitution for, or a corresponding reduction in, federal funds that would be available in its absence to finance expenditures for the administration of this chapter, or cause the appropriate agency of the United States government to withhold any part of an administrative grant which would otherwise be made.

288.133. 1. Each employer liable for contributions pursuant to this chapter, except employers with a contribution rate equal to zero, shall pay an annual unemployment automation adjustment in an amount equal to two one-hundredths of one percent of such employer's total taxable wages for the twelve-month period ending the preceding June thirtieth.

2. Notwithstanding subsection 1 of this section to the contrary, the division may reduce the automation adjustment percentage to ensure that the total amount of adjustment due from all employers under this section shall not exceed five million dollars annually.

3. Each employer liable to pay an automation adjustment shall be notified of the amount due under this section by March thirty-first of each year and such amount shall be considered delinquent thirty days thereafter. Delinquent unemployment automation adjustment amounts may be collected in the manner provided under sections 288.160 and 288.170. All moneys collected under this section shall be deposited in the unemployment automation fund established in section 288.132.

4. For the first quarter of each calendar year, the total amount of contribution otherwise due from each employer liable to pay contributions under this chapter shall be reduced by the dollar amount of unemployment automation adjustment due from such employer pursuant to subsection 1 of this section. However, the amount of contributions due from such employer for the first quarter of the calendar year in question shall not be reduced below zero.

303.025. 1. No owner of a motor vehicle registered in this state, or required to be registered in this state, shall operate, register or maintain registration of a motor vehicle, or permit another person to operate such vehicle, unless the owner maintains the financial responsibility which conforms to the requirements of the laws of this state. No nonresident shall operate or permit another person to operate in this state a motor vehicle registered to such nonresident unless the nonresident maintains the financial responsibility which conforms to the requirements of the laws of the nonresident's state of residence. Furthermore, no person shall operate a motor vehicle owned by another with the knowledge that the owner has not maintained financial responsibility unless such person has financial responsibility which covers the person's operation of the other's vehicle; however, no owner or nonresident shall be in violation of this subsection if he or she fails to maintain financial responsibility on a motor vehicle which is inoperable or being stored and not in operation. The director of the department of revenue shall establish by rule a process for voluntary suspension of motor vehicle registration for vehicles which are inoperable or being stored and not in operation. The owner or nonresident shall not further operate the vehicle until the owner or

nonresident notifies the department of revenue that the vehicle will be in use, and the department shall reinstate the motor vehicle registration upon receipt of proof of financial responsibility. Owners or nonresidents who operate a motor vehicle during a period of inoperability or storage claimed under this subsection shall be guilty of a class B misdemeanor and may additionally be guilty of a violation of this subsection. Notwithstanding any provision of law to the contrary, the department of revenue may verify motor vehicle financial responsibility as provided by law, but shall not otherwise take legal or administrative action to enforce the requirements of this section unless, in the discretion of the director, the motor vehicle is determined to have been operated in violation of this section, a motor vehicle registration is applied for in violation of this section, or the motor vehicle on two separate occasions thirty days apart is determined to have its registration maintained in violation of this section. The director may prescribe rules and regulations for the implementation of this section.

2. A motor vehicle owner shall maintain the owner's financial responsibility in a manner provided for in section 303.160, or with a motor vehicle liability policy which conforms to the requirements of the laws of this state. A nonresident motor vehicle owner shall maintain the owner's financial responsibility which conforms to the requirements of the laws of the nonresident's state of residence.

3. Any person who violates this section is guilty of a misdemeanor. Except as otherwise provided in this section, a first violation of this section shall be punishable as a class D misdemeanor. A second or subsequent violation of this section **[shall]** may be [punishable] punished by imprisonment in the county jail for a term not to exceed

fifteen days [and/or] and shall be punished by a fine not less than two hundred dollars but not to exceed five hundred dollars. Prior pleas of guilty and prior findings of guilty shall be pleaded and proven in the same manner as required by section 558.021. However, no person shall be found guilty of violating this section if the operator demonstrates to the court that he or she met the financial responsibility requirements of this section at the time the peace officer, commercial vehicle enforcement officer or commercial vehicle inspector wrote the citation. In addition to any other authorized punishment, the court shall notify the director of revenue of any person convicted pursuant to this section and shall do one of the following:

(1) Enter an order suspending the driving privilege as of the date of the court order. If the court orders the suspension of the driving privilege, the court shall require the defendant to surrender to it any driver's license then held by such person. The length of the suspension shall be as prescribed in subsection 2 of section 303.042. The court shall forward to the director of revenue the order of suspension of driving privilege and any license surrendered within ten days;

(2) Forward the record of the conviction for an assessment of four points;

(3) In lieu of an assessment of points, render an order of supervision as provided in section 302.303. An order of supervision shall not be used in lieu of points more than one time in any thirty-six-month period. Every court having jurisdiction pursuant to the provisions of this section shall forward a record of conviction to the Missouri state highway patrol, or at the written direction of the Missouri state highway patrol, to the department of revenue, in a manner approved by the director of the department of

public safety. The director shall establish procedures for the record keeping and administration of this section; or

(4) For a nonresident, suspend the nonresident's driving privileges in this state in accordance with section 303.030 and notify the official in charge of the issuance of licenses and registration certificates in the state in which such nonresident resides in accordance with section 303.080.

4. Nothing in sections 303.010 to 303.050, 303.060, 303.140, 303.220, 303.290, 303.330 and 303.370 shall be construed as prohibiting the department of commerce and insurance from approving or authorizing those exclusions and limitations which are contained in automobile liability insurance policies and the uninsured motorist provisions of automobile liability insurance policies.

5. If a court enters an order of suspension, the offender may appeal such order directly pursuant to chapter 512 and the provisions of section 302.311 shall not apply.

6. Any fines owed to the state pursuant to this section may be eligible for payment in installments. The director shall promulgate rules for the application of payment plans, which shall take into account individuals' ability to pay.

303.041. 1. Except as otherwise provided in subsection 7 of section 303.425, if the director determines [that as a result of a verification sample or accident report that the owner of a motor vehicle has not maintained financial responsibility, or if the director determines as a result of an order of supervision] that the owner or operator of a motor vehicle has not maintained the financial responsibility as required in this chapter, the director shall thirty-three days after mailing notice, suspend the driving privilege of the owner or operator and/or the registration of the vehicle failing to meet such

requirement. The notice of suspension shall be mailed to the person at the last known address shown on the department's records. The notice of suspension is deemed received three days after mailing. The notice of suspension shall clearly specify the reason and statutory grounds for the suspension and the effective date of the suspension, the right of the person to request a hearing, the procedure for requesting a hearing, and the date by which that request for a hearing must be made. If the request for a hearing is received by the department prior to the effective date of the suspension, the effective date of the suspension will be stayed until a final order is issued following the hearing.

2. Except as otherwise provided by law, neither the fact that subsequent to the date of verification or conviction, the owner acquired the required liability insurance policy nor the fact that the owner terminated ownership of the motor vehicle, shall have any bearing upon the director's decision to suspend. Until it is terminated, the suspension shall remain in force after the registration is renewed or a new registration is acquired for the motor vehicle. The suspension also shall apply to any motor vehicle to which the owner transfers the registration. Effective January 1, 2000, the department shall not extend any suspension for failure to pay a delinquent late surrender fee pursuant to this subsection.

303.420. As used in sections 303.420 to 303.440,  
unless the context requires otherwise, the following terms  
shall mean:

(1) "Program", the motor vehicle financial  
responsibility enforcement and compliance incentive program  
established under section 303.425;

(2) "Qualified agency", the department of revenue, the  
Missouri state highway patrol, the prosecuting attorney or

sheriff's office of any county or city not within a county, the chiefs of police of any city or municipality, or any other authorized law enforcement agency recognized by the state;

(3) "System" or "verification system", the web-based resource established under section 303.430 for online verification of motor vehicle financial responsibility.

303.422. 1. There is hereby created in the state treasury the "Motor Vehicle Financial Responsibility Verification and Enforcement Fund", which shall consist of money received by the department of revenue under sections 303.420 to 303.440. The state treasurer shall be custodian of the fund. In accordance with sections 30.170 and 30.180, the state treasurer may approve disbursements. The fund shall be a dedicated fund and money in the fund shall be used solely by the department of revenue for the administration of sections 303.420 to 303.440.

2. Notwithstanding the provisions of section 33.080 to the contrary, any moneys remaining in the fund at the end of the biennium shall not revert to the credit of the general revenue fund.

3. The state treasurer shall invest moneys in the fund in the same manner as other funds are invested. Any interest and moneys earned on such investments shall be credited to the fund.

303.425. 1. (1) There is hereby created within the department of revenue the motor vehicle financial responsibility enforcement and compliance incentive program. The department of revenue may enter into contractual agreements with third-party vendors to facilitate the necessary technology and equipment, maintenance thereof, and associated program management services, and may enter into contractual agreements with the



Missouri office of prosecution services as provided in sections 303.420 to 303.440. Where sections 303.420 to 303.440 authorize the department of revenue to enter into contracts with a third-party vendor or the Missouri office of prosecution services at its option, the department of revenue shall contract with the Missouri office of prosecution services unless the Missouri office of prosecution services declines to enter into the contract.

(2) The department of revenue or a third-party vendor shall utilize technology to compare vehicle registration information with the financial responsibility information accessible through the system. The department of revenue shall utilize this information to identify motorists who are in violation of the motor vehicle financial responsibility law. The department of revenue may offer offenders under this program the option of pretrial diversion as an alternative to statutory fines or reinstatement fees prescribed under the motor vehicle financial responsibility law as a method of encouraging compliance and discouraging recidivism.

(3) All fees paid to or collected by third-party vendors or the Missouri office of prosecution services under sections 303.420 to 303.440 may come from violator diversion fees generated by the pretrial diversion option established under this section. A contractual agreement between the department of revenue and the Missouri office of prosecution services under sections 303.420 to 303.440 may provide for retention by the Missouri office of prosecution services of part or all of the violator diversion fees as consideration for the contract.

2. The department of revenue may authorize law enforcement agencies or third-party vendors to use technology to collect data for the investigation, detection,

analysis, and enforcement of the motor vehicle financial responsibility law.

3. The department of revenue may authorize traffic enforcement officers, third-party vendors, or the Missouri office of prosecution services to administer the processing and issuance of notices of violation, the collection of fees for a violation of the motor vehicle financial responsibility law, or the referral of cases for prosecution, under the program.

4. Access to the system shall be restricted to qualified agencies and the third-party vendors with which the department of revenue contracts for purposes of the program, provided that any third-party vendor with which a contract is executed to provide necessary technology, equipment, or maintenance for the program shall be authorized as necessary to collaborate for required updates and maintenance of system software.

5. For purposes of the program, any data collected and matched to a corresponding vehicle insurance record as verified through the system, and any Missouri vehicle registration database, may be used to identify violations of the motor vehicle financial responsibility law. Such corresponding data shall constitute evidence of the violations.

6. Except as otherwise provided in this section, the department of revenue shall suspend, in accordance with section 303.041, the registration of any motor vehicle that is determined under the program to be in violation of the motor vehicle financial responsibility law.

7. The department of revenue shall send to an owner whose vehicle is identified under the program as being in violation of the motor vehicle financial responsibility law a notice that the vehicle's registration may be suspended

unless the owner, within thirty days, provides proof of financial responsibility for the vehicle or proof, in a form specified by the department of revenue, that the owner has a pending criminal charge for a violation of the motor vehicle financial responsibility law. The notice shall include information on steps an individual may take to obtain proof of financial responsibility and a web address to a page on the department of revenue's website where information on obtaining proof of financial responsibility shall be provided. If proof of financial responsibility or a pending criminal charge is not provided within the time allotted, the department of revenue shall provide a notice of suspension and suspend the vehicle's registration in accordance with section 303.041, or shall send a notice of vehicle registration suspension, clearly specifying the reason and statutory grounds for the suspension and the effective date of the suspension, the right of the vehicle owner to request a hearing, the procedure for requesting a hearing, and the date by which that request for a hearing must be made, as well as informing the owner that the matter will be referred for prosecution if a satisfactory response is not received in the time allotted, informing the owner that the minimum penalty for the violation is three hundred dollars and four license points, and offering the owner participation in a pretrial diversion option to preclude referral for prosecution and registration suspension under sections 303.420 to 303.440. The notice of vehicle registration suspension shall give a period of thirty-three days from mailing for the vehicle owner to respond, and shall be deemed received three days after mailing. If no request for a hearing or agreement to participate in the diversion option is received by the department of revenue prior to the date provided on the notice of vehicle

registration suspension, the director shall suspend the vehicle's registration, effective immediately, and refer the case to the appropriate prosecuting attorney. If an agreement by the vehicle owner to participate in the diversion option is received by the department of revenue prior to the effective date provided on the notice of vehicle registration suspension, then upon payment of a diversion participation fee not to exceed two hundred dollars, agreement to secure proof of financial responsibility within the time provided on the notice of suspension, and agreement that such financial responsibility shall be maintained for a minimum of two years, no points shall be assessed to the vehicle owner's driver's license under section 302.302 and the department of revenue shall not take further action against the vehicle owner under sections 303.420 to 303.440, subject to compliance with the terms of the pretrial diversion option. The department of revenue shall suspend the vehicle registration of, and shall refer the case to the appropriate prosecuting attorney for prosecution of, participating vehicle owners who violate the terms of the pretrial diversion option. If a request for hearing is received by the department of revenue prior to the effective date provided on the notice of vehicle registration suspension, then for all purposes other than eligibility for participation in the diversion option, the effective date of the suspension shall be stayed until a final order is issued following the hearing. The department of revenue shall suspend the registration of vehicles determined under the final order to have violated the motor vehicle financial responsibility law, and shall refer the case to the appropriate prosecuting attorney for prosecution. Notices under this subsection shall be mailed to the vehicle owner at the last known address shown on the

department of revenue's records. The department of revenue or its third-party vendor or the Missouri office of prosecution services shall issue receipts for the collection of diversion participation fees. Except as otherwise provided in subsection 1 of this section, all such fees shall be deposited into the motor vehicle financial responsibility verification and enforcement fund established in section 303.422. A vehicle owner whose registration has been suspended under sections 303.420 to 303.440 may obtain reinstatement of the registration upon providing proof of financial responsibility and payment to the department of revenue of a nonrefundable reinstatement fee equal to the fee that would be applicable under subsection 2 of section 303.042 if the registration had been suspended under section 303.041.

8. Data collected or retained under the program shall not be used by any entity for purposes other than enforcement of the motor vehicle financial responsibility law. Data collected and stored by law enforcement under the program shall be considered evidence if noncompliance with the motor vehicle financial responsibility law is confirmed. The evidence, and an affidavit stating that the evidence and system have identified a particular vehicle as being in violation of the motor vehicle financial responsibility law, shall constitute probable cause for prosecution and shall be forwarded in accordance with subsection 7 of this section to the appropriate prosecuting attorney.

9. Owners of vehicles identified under the program as being in violation of the motor vehicle financial responsibility law shall be provided with options for disputing such claims which do not require appearance at any state or local court of law, or administrative facility.

Any person who presents timely proof that he or she was in compliance with the motor vehicle financial responsibility law at the time of the alleged violation shall be entitled to dismissal of the charge with no assessment of fees or fines. Proof provided by a vehicle owner to the department of revenue that the vehicle was in compliance at the time of the suspected violation of the motor vehicle financial responsibility law shall be recorded in the system established by the department of revenue under section 303.430.

10. The collection of data or use of any technology pursuant to this section shall be done in a manner that prohibits any bias towards a specific community, race, gender, or socioeconomic status of vehicle owner.

11. Law enforcement agencies, third-party vendors, or other entities authorized to operate under the program shall not sell data collected or retained under the program for any purpose or share it for any purpose not expressly authorized in this section. All data shall be secured and any third-party vendor or other entity authorized to operate under the program may be liable for any data security breach.

12. The department of revenue shall not take action under sections 303.420 to 303.440 against vehicles registered as fleet vehicles under section 301.032, or against vehicles known to the department of revenue to be insured under a policy of commercial auto coverage, as such term is defined in subdivision (10) of subsection 2 of section 303.430.

13. Following one year after the implementation of the program, and every year thereafter, the department of revenue shall provide a report to the president pro tempore of the senate, the speaker of the house of representatives, the chairs of the house and senate committees with

jurisdictions over insurance or transportation matters, and the chairs of the house budget and senate appropriations committees. The report shall include an evaluation of program operations, information as to the costs of the program incurred by the department of revenue, insurers, and the public, information as to the effectiveness of the program in reducing the number of uninsured motor vehicles, and anonymized demographic information including the race and zip code of vehicle owners identified under the program as being in violation of the motor vehicle financial responsibility law, and may include any additional information and recommendations for improvement of the program deemed appropriate by the department of revenue. The department of revenue may, by rule, require the state, counties, and municipalities to provide information in order to complete the report.

14. The Missouri office of prosecution services in consultation with the department of revenue may promulgate rules as necessary for the implementation of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void.

303.430. 1. The department of revenue shall establish and maintain a web-based system for the verification of motor vehicle financial responsibility, shall provide access

to insurance reporting data and vehicle registration and financial responsibility data, and shall require motor vehicle insurers to establish functionality for the verification system, as provided in sections 303.420 to 303.440. The verification system, including any exceptions as provided for in sections 303.420 to 303.440 or in the implementation guide developed to support the program, shall supersede any existing verification system, and shall be the sole system used for the purpose of verifying financial responsibility required under this chapter.

2. The system established pursuant to subsection 1 of this section shall be subject to the following:

(1) The verification system shall transmit requests to insurers for verification of motor vehicle insurance coverage via web services established by the insurers through the internet in compliance with the specifications and standards of the Insurance Industry Committee on Motor Vehicle Administration, or "IICMVA". Insurance company systems shall respond to each request with a prescribed response upon evaluation of the data provided in the request. The system shall include appropriate protections to secure its data against unauthorized access, and the department of revenue shall maintain a historical record of the system data for a period of no more than twelve months from the date of all requests and responses. The system shall be used for verification of the financial responsibility required under this chapter. The system shall be accessible to authorized personnel of the department of revenue, the courts, law enforcement personnel, and other entities authorized by the state as permitted by state or federal privacy laws, and it shall be interfaced, wherever appropriate, with existing state systems. The system shall include information enabling the



department of revenue to submit inquiries to insurers regarding motor vehicle insurance which are consistent with insurance industry and IICMVA recommendations, specifications, and standards by using the following data elements for greater matching accuracy: insurer National Association of Insurance Commissioners, or "NAIC", company code; vehicle identification number; policy number; verification date; or as otherwise described in the specifications and standards of the IICMVA. The department of revenue shall promulgate rules to offer insurers who insure one thousand or fewer vehicles within this state an alternative method for verifying motor vehicle insurance coverage in lieu of web services, and to provide for the verification of financial responsibility when financial responsibility is proven to the department to be maintained by means other than a policy of motor vehicle insurance. Insurers shall not be required to verify insurance coverage for vehicles registered in other jurisdictions;

(2) The verification system shall respond to each request within a time period established by the department of revenue. An insurer's system shall respond within the time period prescribed by the IICMVA's specifications and standards. Insurer systems shall be permitted reasonable system downtime for maintenance and other work with advance notice to the department of revenue. Insurers shall not be subject to enforcement fees or other sanctions under such circumstances, or when systems are not available because of emergency, outside attack, or other unexpected outages not planned by the insurer and reasonably outside its control;

(3) The system shall assist in identifying violations of the motor vehicle financial responsibility law in the most effective way possible. Responses to individual insurance verification requests shall have no bearing on

whether insurance coverage is determined to be in force at the time of a claim. Claims shall be individually investigated to determine the existence of coverage.

Nothing in sections 303.420 to 303.440 shall prohibit the department of revenue from contracting with a third-party vendor or vendors who have successfully implemented similar systems in other states to assist in establishing and maintaining this verification system;

(4) The department of revenue shall consult with representatives of the insurance industry and may consult with third-party vendors to determine the objectives, details, and deadlines related to the system by establishment of an advisory council. The advisory council shall consist of voting members comprised of:

(a) The director of the department of commerce and insurance, or his or her designee, who shall serve as chair;

(b) Two representatives of the department of revenue, to be appointed by the director of the department of revenue;

(c) One representative of the department of commerce and insurance, to be appointed by the director of the department of commerce and insurance;

(d) Three representatives of insurance companies, to be appointed by the director of the department of commerce and insurance;

(e) One representative from the Missouri Insurance Coalition;

(f) One representative chosen by the National Association of Mutual Insurance Companies;

(g) One representative chosen by the American Property and Casualty Insurance Association;

(h) One representative chosen by the Missouri Independent Agents Association; and

(i) Such other representatives as may be appointed by the director of the department of commerce and insurance;

(5) The department of revenue shall publish for comment, and then issue, a detailed implementation guide for its online verification system;

(6) The department of revenue and its third-party vendors, if any, shall each maintain a contact person for insurers during the establishment, implementation, and operation of the system;

(7) If the department of revenue has reason to believe a vehicle owner does not maintain financial responsibility as required under this chapter, it may also request an insurer to verify the existence of such financial responsibility in a form approved by the department of revenue. In addition, insurers shall cooperate with the department of revenue in establishing and maintaining the verification system established under this section, and shall provide motor vehicle insurance policy status information as provided in the rules promulgated by the department of revenue;

(8) Every property and casualty insurance company licensed to issue motor vehicle insurance or authorized to do business in this state shall comply with sections 303.420 to 303.440, and corresponding rules promulgated by the department of revenue, for the verification of such insurance for every vehicle insured by that company in this state;

(9) Insurers shall maintain a historical record of insurance data for a minimum period of six months from the date of policy inception or policy change for the purpose of historical verification inquiries;

(10) For the purposes of this section, "commercial auto coverage" shall mean any coverage provided to an

insured, regardless of number of vehicles or entities covered, under a commercial coverage form and rated from a commercial manual approved by the department of commerce and insurance. Sections 303.420 to 303.440 shall not apply to vehicles insured under commercial auto coverage; however, insurers of such vehicles may participate on a voluntary basis, and vehicle owners may provide proof at or subsequent to the time of vehicle registration that a vehicle is insured under commercial auto coverage, which the department of revenue shall record in the system;

(11) Insurers shall provide commercial or fleet automobile customers with evidence reflecting that the vehicle is insured under a commercial or fleet automobile liability policy. Sufficient evidence shall include an insurance identification card clearly marked with a suitable identifier such as "commercial auto insurance identification card", "fleet auto insurance identification card", or other clear identification that the vehicle is insured under a fleet or commercial policy;

(12) Notwithstanding any provision of sections 303.420 to 303.440, insurers shall be immune from civil and administrative liability for good faith efforts to comply with the terms of sections 303.420 to 303.440;

(13) Nothing in this section shall prohibit an insurer from using the services of a third-party vendor for facilitating the verification system required under sections 303.420 to 303.440.

3. The department of revenue shall promulgate rules as necessary for the implementation of sections 303.420 to 303.440. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the

provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2022, shall be invalid and void.

303.440. The verification system established under section 303.430 shall be installed and fully operational on January 1, 2024, following an appropriate testing or pilot period of not less than nine months. Until the successful completion of the testing or pilot period in the judgment of the director of the department of revenue, no enforcement action shall be taken based on the system, including but not limited to action taken under the program established under section 303.425.

319.129. 1. There is hereby created a special trust fund to be known as the "Petroleum Storage Tank Insurance Fund" within the state treasury which shall be the successor to the underground storage tank insurance fund. Moneys in such special trust fund shall not be deemed to be state funds. Notwithstanding the provisions of section 33.080 to the contrary, moneys in the fund shall not be transferred to general revenue at the end of each biennium.

2. The owner or operator of any underground storage tank, including the state of Missouri and its political subdivisions and public transportation systems, in service on August 28, 1989, shall submit to the department a fee of one hundred dollars per tank on or before December 31, 1989. The owner or operator of any underground storage tank who seeks to participate in the petroleum storage tank insurance fund, including the state of Missouri and its

political subdivisions and public transportation systems, and whose underground storage tank is brought into service after August 28, 1998, shall transmit one hundred dollars per tank to the board with his or her initial application. Such amount shall be a one-time payment, and shall be in addition to the payment required by section 319.133. The owner or operator of any aboveground storage tank regulated by this chapter, including the state of Missouri and its political subdivisions and public transportation systems, who seeks to participate in the petroleum storage tank insurance fund, shall transmit one hundred dollars per tank to the board with his or her initial application. Such amount shall be a one-time payment and shall be in addition to the payment required by section 319.133. Moneys received pursuant to this section shall be transmitted to the director of revenue for deposit in the petroleum storage tank insurance fund.

3. The state treasurer may deposit moneys in the fund in any of the qualified depositories of the state. All such deposits shall be secured in a manner and upon the terms as are provided by law relative to state deposits. Interest earned shall be credited to the petroleum storage tank insurance fund.

4. The general administration of the fund and the responsibility for the proper operation of the fund, including all decisions relating to payments from the fund, are hereby vested in a board of trustees. The board of trustees shall consist of the commissioner of administration or the commissioner's designee, the director of the department of natural resources or the director's designee, the director of the department of agriculture or the director's designee, and eight citizens appointed by the governor with the advice and consent of the senate. Three

of the appointed members shall be owners or operators of retail petroleum storage tanks, including one tank owner or operator of greater than one hundred tanks; one tank owner or operator of less than one hundred tanks; and one aboveground storage tank owner or operator. One appointed trustee shall represent a financial lending institution, and one appointed trustee shall represent the insurance underwriting industry. One appointed trustee shall represent industrial or commercial users of petroleum. The two remaining appointed citizens shall have no petroleum-related business interest, and shall represent the nonregulated public at large. The members appointed by the governor shall serve four-year terms except that the governor shall designate two of the original appointees to be appointed for one year, two to be appointed for two years, two to be appointed for three years and two to be appointed for four years. Any vacancies occurring on the board shall be filled in the same manner as provided in this section.

5. [The board shall meet in Jefferson City, Missouri, within thirty days following August 28, 1996. Thereafter,] The board shall meet upon the written call of the chairman of the board or by the agreement of any six members of the board. Notice of each meeting shall be delivered to all other trustees in person or by registered mail not less than six days prior to the date fixed for the meeting. The board may meet at any time by unanimous mutual consent. There shall be at least one meeting in each quarter.

6. Six trustees shall constitute a quorum for the transaction of business, and any official action of the board shall be based on a majority vote of the trustees present.

7. The trustees shall serve without compensation but shall receive from the fund their actual and necessary expenses incurred in the performance of their duties for the board.

8. The board of trustees shall be a type III agency and shall appoint an executive director and other employees as needed, who shall be state employees and be eligible for all corresponding benefits. The executive director shall have charge of the offices, operations, records, and other employees of the board, subject to the direction of the board. Employees of the board shall receive such salaries and necessary expenses as shall be fixed by the board.

9. Staff resources for the Missouri petroleum storage tank insurance fund may be provided by the department of natural resources or another state agency as otherwise specifically determined by the board. The fund shall compensate the department of natural resources or other state agency for all costs of providing staff required by this subsection. Such compensation shall be made pursuant to contracts negotiated between the board and the department of natural resources or other state agency.

10. In order to carry out the fiduciary management of the fund, the board may select and employ, or may contract with, persons experienced in insurance underwriting, accounting, the servicing of claims and rate making, and legal counsel to defend third-party claims, who shall serve at the board's pleasure. Invoices for such services shall be presented to the board in sufficient detail to allow a thorough review of the costs of such services.

11. [At the first meeting of the board,] The board shall elect one of its members as chairman. The chairman shall preside over meetings of the board and perform such other duties as shall be required by action of the board.



12. The board shall elect one of its members as vice chairman, and the vice chairman shall perform the duties of the chairman in the absence of the latter or upon the chairman's inability or refusal to act.

13. The board shall determine and prescribe all rules and regulations as they relate to fiduciary management of the fund, pursuant to the purposes of sections 319.100 to 319.137. In no case shall the board have oversight regarding environmental cleanup standards for petroleum storage tanks.

14. No trustee or staff member of the fund shall receive any gain or profit from any moneys or transactions of the fund. This shall not preclude any eligible trustee from making a claim or receiving benefits from the petroleum storage tank insurance fund as provided by sections 319.100 to 319.137.

15. The board may reinsure all or a portion of the fund's liability. Any insurer who sells environmental liability insurance in this state may, at the option of the board, reinsure some portion of the fund's liability.

16. The petroleum storage tank insurance fund shall expire on December 31, ~~2025~~ 2030, unless extended by action of the general assembly. After December 31, ~~2025~~ 2030, the board of trustees may continue to function for the sole purpose of completing payment of claims made prior to December 31, ~~2025~~ 2030.

17. The board shall annually commission an independent financial audit of the petroleum storage tank insurance fund. The board shall biennially commission an actuarial analysis of the petroleum storage tank insurance fund. The results of the financial audit and the actuarial analysis shall be made available to the public. The board may

contract with third parties to carry out the requirements of this subsection.

375.159. 1. As used in this section, the following terms shall mean:

(1) "Aggregator site", a website that provides information regarding insurance products from more than one insurer, including product and insurer information, for use in comparison shopping;

(2) "Blanket travel insurance", a policy of travel insurance issued to any eligible group providing coverage for specific classes of persons defined in the policy, with coverage provided to all members of the eligible group without a separate charge to individual members of the eligible group;

(3) "Cancellation fee waiver", a contractual agreement between a supplier of travel services and its customer to waive some or all of the nonrefundable cancellation fee provisions of the supplier's underlying travel contract with or without regard to the reason for the cancellation or form of reimbursement. A cancellation fee waiver is not insurance;

(4) "Director", the director of the department of commerce and insurance;

(5) "Eligible group", solely for the purpose of travel insurance, two or more persons who are engaged in a common enterprise or have an economic, educational, or social affinity or relationship, including but not limited to any of the following:

(a) Any entity engaged in the business of providing travel or travel services, including but not limited to: tour operators, lodging providers, vacation property owners, hotels and resorts, travel clubs, travel agencies, property managers, cultural exchange programs, and common carriers or

the operator, owner, or lessor of a means of transportation of passengers including, but not limited to, airlines, cruise lines, railroads, steamship companies, and public bus carriers, in which there is a common exposure to risk attendant to the particular type of travel or traveler for all members or customers of the group;

(b) Any college, school, or other institution of learning, covering students, teachers, employees, or volunteers;

(c) Any employer covering any group of employees, volunteers, contractors, members of boards of directors, dependents, or guests;

(d) Any sports team, camp, or sponsor thereof, covering participants, members, campers, employees, officials, supervisors, or volunteers;

(e) Any religious, charitable, recreational, educational, or civic organization, or branch thereof, covering any group of members, participants, or volunteers;

(f) Any financial institution, financial institution vendor, or parent holding company, trustee, or agent of or designated by one or more financial institutions or financial institution vendors, including accountholders, credit card holders, debtors, guarantors, or purchasers;

(g) Any incorporated or unincorporated association, including any labor union, having a common interest, constitution, and bylaws, and organized and maintained in good faith for purposes other than obtaining insurance for members or participants of such association covering its members;

(h) Any trust or the trustees of a fund established, created, or maintained for the benefit of and covering members, employees, or customers of one or more associations meeting the requirements of paragraph (g) of this

subdivision, subject to the director's permission of the use of a trust and the state's premium tax provisions described in subsection 4 of this section;

(i) Any entertainment production company covering any group of participants, volunteers, audience members, contestants, or workers;

(j) Any volunteer fire department, ambulance, rescue, police, court, first aid, civil defense, or other such volunteer group;

(k) Preschools, day care institutions for children or adults, and senior citizen clubs;

(l) Any automobile or truck rental or leasing company covering a group of persons who may become renters, lessees, or passengers defined by their travel status on the rented or leased vehicles. The common carrier; the operator, owner, or lessor of a means of transportation; or the automobile or truck rental or leasing company is the policyholder under a policy to which this section applies; or

(m) Any other group for which the director has determined that the members are engaged in a common enterprise or have an economic, educational, or social affinity or relationship and that issuance of the policy would not be contrary to the public interest;

(6) "Fulfillment materials", documentation sent to the purchaser of a travel protection plan confirming the purchase and providing the travel protection plan's coverage and assistance details;

(7) "Group travel insurance", travel insurance issued to any eligible group;

(8) "Limited lines travel insurance producer", a:

(a) Licensed managing general agent as provided by sections 375.147 to 375.153 or third-party administrator;

[or]

(b) Licensed insurance producer as provided by chapter 375[;], including a limited lines producer, designated by the insurer as the travel insurance supervising entity as set forth in subdivision (7) of subsection [5] 3 of this section below; or

(c) Travel administrator;

[(2)] (9) "Offer and disseminate", provide general information, including a description of the coverage and price, as well as process the application, collect premiums, and perform other nonlicensable activities permitted by the state;

[(3)] (10) "Primary certificate holder", a person who elects and purchases travel insurance under a group policy;

(11) "Primary policyholder", a person who elects and purchases individual travel insurance;

(12) "Travel administrator", a person who directly or indirectly underwrites; collects charges, collateral, or premiums from; or adjusts and settles claims on residents of this state in connection with travel insurance; except that a person shall not be considered a travel administrator if that person's only actions that would otherwise cause the person to be considered a travel administrator are among the following:

(a) A person working for a travel administrator to the extent that the person's activities are subject to the supervision and control of the travel administrator;

(b) An insurance producer selling insurance or engaged in administrative and claims-related activities within the scope of the producer's license;

(c) A travel retailer offering and disseminating travel insurance and registered under the license of a limited lines travel insurance producer in accordance with this section;

(d) A person adjusting or settling claims in the normal course of that person's practice or employment as an attorney-at-law and who does not collect charges or premiums in connection with insurance coverage; or

(e) A business entity that is affiliated with a licensed insurer while acting as a travel administrator for the direct and assumed insurance business of an affiliated insurer;

(13) "Travel assistance services", noninsurance services for which the consumer is not indemnified based on a fortuitous event and in which providing the service does not result in transfer or shifting of risk that would constitute the business of insurance. The term "travel assistance services" includes, but is not limited to: security advisories, destination information, vaccination and immunization information services, travel reservation services, entertainment, activity and event planning, translation assistance, emergency messaging, international legal and medical referrals, medical case monitoring, coordination of transportation arrangements, emergency cash transfer assistance, medical prescription replacement assistance, passport and travel document replacement assistance, lost luggage assistance, concierge services, and any other service that is furnished in connection with planned travel. Travel assistance services are not insurance and not related to insurance;

(14) "Travel insurance", insurance coverage for personal risks incident to planned travel, including, but not limited to:

- (a) Interruption or cancellation of trip or event;
- (b) Loss of baggage or personal effects;
- (c) Damages to accommodations or rental vehicles; [or]

(d) Sickness, accident, disability, or death occurring during travel;

(e) Emergency evacuation;

(f) Repatriation of remains; or

(g) Any other contractual obligations to indemnify or pay a specified amount to the traveler upon determinable contingencies related to travel as approved by the director.

Travel insurance does not include major medical plans, which provide comprehensive medical protection for travelers with trips lasting six months or longer, including, for example, those persons working overseas as expatriates or military personnel being deployed, or any other product that requires a specific insurance producer license;

[(4)] (15) "Travel protection plans", plans that provide one or more of the following:

(a) Travel insurance;

(b) Travel assistance services; or

(c) Cancellation fee waivers;

(16) "Travel retailer", a business entity that makes, arranges, or offers travel services and may offer and disseminate travel insurance as a service to its customers on behalf of and under the direction of a limited lines travel insurance producer.

2. (1) The requirements of this section shall apply to travel insurance that covers any resident of this state and is sold, solicited, negotiated, or offered in this state and policies and certificates that are delivered or issued for delivery in this state. Except as expressly provided in this section, the requirements of this section shall not apply to cancellation fee waivers or travel assistance services.

(2) All other applicable provisions of this state's insurance laws shall continue to apply to travel insurance,

except that the specific provisions of this section shall supersede any general provisions of law that would otherwise be applicable to travel insurance.

3. Notwithstanding any other provision of law:

(1) The director may issue a limited lines travel insurance producer license to a person or business entity that has filed with the director an application for a limited lines travel insurance producer license in a form and manner prescribed by the director. A limited lines travel insurance producer shall be licensed to sell, solicit, or negotiate travel insurance through a licensed insurer. No person shall act as a limited lines travel insurance producer or travel retailer unless properly licensed or registered, respectively;

(2) A travel retailer may offer and disseminate travel insurance on behalf of and under the control of a limited lines travel insurance producer only if the following conditions are met:

(a) The limited lines travel insurance producer or travel retailer provides to purchasers of travel insurance:

- a. A description of the material terms or the actual material terms of the insurance coverage;
- b. A description of the process for filing a claim;
- c. A description of the review or cancellation process for the travel insurance policy; and
- d. The identity and contact information of the insurer and limited lines travel insurance producer;

(b) At the time of licensure, the limited lines travel insurance producer shall establish and maintain a register on a form prescribed by the director of each travel retailer that offers travel insurance on the limited lines travel insurance producer's behalf. The register shall be maintained and updated annually by the limited lines travel



insurance producer and shall include the name, address, and contact information of the travel retailer and an officer or person who directs or controls the travel retailer's operations, and the travel retailer's federal tax identification number. The limited lines travel insurance producer shall submit such register within thirty days upon request by the department. The limited lines travel insurance producer shall also certify that the travel retailer **[register]** registered complies with 18 U.S.C. 1033. The grounds for suspension and revocation and the penalties applicable to resident insurance producers under sections 375.141 to 375.153 shall be applicable to the limited lines travel insurance producers and travel retailers;

(c) The limited lines travel insurance producer has designated one of its employees who is a licensed individual producer as a person responsible for the business entity's compliance with the travel insurance laws, rules, and regulations of this state;

(d) The designated person under paragraph (c) of this subdivision, president, secretary, treasurer, and any other officer or person who directs or controls the limited lines travel insurance producer's insurance operations complies with the fingerprinting requirements applicable to insurance producers in the resident state of the **[business entity]** limited lines travel insurance producer;

(e) The limited lines travel insurance producer has paid all applicable insurance producer licensing fees as set forth in applicable state law;

(f) The limited lines travel insurance producer requires each employee and authorized representative of the travel retailer whose duties include offering and disseminating travel insurance to receive a program of

instruction or training, which may be subject to review by the director. The training material shall, at a minimum, contain instructions on the types of insurance offered, ethical sales practices, and required disclosures to prospective customers;

~~[(2)]~~ (3) Any travel retailer offering or disseminating travel insurance shall make available to prospective purchasers brochures or other written materials that have been approved by the travel insurer. Such materials shall include information that, at a minimum, shall:

(a) Provide the identity and contact information of the insurer and the limited lines travel insurance producer;

(b) Explain that the purchase of travel insurance is not required to purchase any other product or service from the travel retailer; and

(c) Explain that an unlicensed travel retailer is permitted to provide general information about the insurance offered by the travel retailer, including a description of the coverage and price, but is not qualified or authorized to answer technical questions about the terms and conditions of the insurance offered by the travel retailer or to evaluate the adequacy of the customer's existing insurance coverage;

~~[(3)]~~ (4) A travel retailer's employee or authorized representative, who is not licensed as an insurance producer, may not:

(a) Evaluate or interpret the technical terms, benefits, and conditions of the offered travel insurance coverage;

(b) Evaluate or provide advice concerning a prospective purchaser's existing insurance coverage; or

(c) Hold themselves or itself out as a licensed insurer, licensed producer, or insurance expert[.];

[3. Notwithstanding any other provision of law,] (5) A travel retailer whose insurance-related activities, and those of its employees and authorized representatives, are limited to offering and disseminating travel insurance on behalf of and under the direction of a limited lines travel insurance producer meeting the conditions stated in this section is authorized to do so and receive related compensation, upon registration by the limited lines travel insurance producer as described in paragraph (b) of subdivision [(1)] (2) of this subsection [2 of this section.];

[4.] (6) Travel insurance may be provided under an individual policy or under a group or [master] blanket policy[.];

[5.] (7) As the insurer designee, the limited lines travel insurance producer is responsible for the acts of the travel retailer and shall use reasonable means to ensure compliance by the travel retailer with this section; and

(8) Any person licensed in a major line of authority as an insurance producer is authorized to sell, solicit, and negotiate travel insurance. A property and casualty insurance producer is not required to become appointed by an insurer in order to sell, solicit, or negotiate travel insurance.

4. (1) A travel insurer shall pay premium tax, as provided in section 148.370, on travel insurance premiums paid by any of the following:

(a) An individual primary policyholder who is a resident of this state;

(b) A primary certificate holder who is a resident of this state who elects coverage under a group travel insurance policy; or

(c) A blanket travel insurance policyholder that is a resident in this state or has its principal place of business or the principal place of business of an affiliate or subsidiary that has purchased blanket travel insurance in this state for eligible blanket group members, subject to any apportionment rules that apply to the insurer across multiple taxing jurisdictions or that permit the insurer to allocate premium on an apportioned basis in a reasonable and equitable manner in those jurisdictions.

(2) A travel insurer shall:

(a) Document the state of residence or principal place of business of the policyholder or certificate holder, as required in subdivision (1) of this subsection; and

(b) Report as premium only the amount allocable to travel insurance and not any amounts received for travel assistance services or cancellation fee waivers.

5. Travel protection plans may be offered for one price for the combined features that the travel protection plan offers in this state if:

(1) The travel protection plan clearly discloses to the consumer, at or prior to the time of purchase, that it includes travel insurance, travel assistance services, and cancellation fee waivers as applicable, and provides information and an opportunity, at or prior to the time of purchase, for the consumer to obtain additional information regarding the features and pricing of each;

(2) The fulfillment materials describe and delineate the travel insurance, travel assistance services, and cancellation fee waivers in the travel protection plan; and

(3) The fulfillment materials include the travel insurance disclosures and the contact information for persons providing travel assistance services and cancellation fee waivers, as applicable.

6. (1) Except as otherwise provided in this section, all persons offering travel insurance to residents of this state are subject to sections 375.930 to 375.948. If there is a conflict between this section and other provisions of chapters 361 to 385 regarding the sale and marketing of travel insurance and travel protection plans, the provisions of this section shall control.

(2) Offering or selling a travel insurance policy that could never result in payment of any claims for any insured under the policy is an unfair trade practice under sections 375.930 to 375.948.

(3) (a) All documents provided to consumers prior to the purchase of travel insurance, including but not limited to sales materials, advertising materials, and marketing materials, shall be consistent with the travel insurance policy itself, including but not limited to forms, endorsements, policies, rate filings, and certificates of insurance.

(b) For travel insurance policies or certificates that contain preexisting condition exclusions, information and an opportunity to learn more about the preexisting condition exclusions shall be provided any time prior to the time of purchase, and in the coverage's fulfillment materials.

(c) The fulfillment materials and the information described in paragraph (a) of subdivision (2) of subsection 3 of this section shall be provided to a policyholder or certificate holder as soon as practicable following the purchase of a travel protection plan. Unless the insured has either started a covered trip or filed a claim under the

travel insurance coverage, a policyholder or certificate holder may cancel a policy or certificate for a full refund of the travel protection plan price from the date of purchase of a travel protection plan until at least:

a. Fifteen days following the date of delivery of the travel protection plan's fulfillment materials by postal mail; or

b. Ten days following the date of delivery of the travel protection plan's fulfillment materials by means other than postal mail.

For purposes of this paragraph, delivery means handing fulfillment materials to the policyholder or certificate holder or sending fulfillment materials by postal mail or electronic means to the policyholder or certificate holder.

(d) The company shall disclose in the policy documentation and fulfillment materials whether the travel insurance is primary or secondary to other applicable coverage.

(e) Marketing travel insurance directly to a consumer through an insurer's website or by others through an aggregator site shall not be an unfair trade practice or other violation of law if an accurate summary or short description of coverage is provided on the web page and the consumer has access to the full provisions of the policy through electronic means.

(4) No person offering, soliciting, or negotiating travel insurance or travel protection plans on an individual or group basis shall do so by using negative option or opt-out that would require a consumer to take an affirmative action to deselect coverage, such as unchecking a box on an electronic form, when the consumer purchases a trip.

(5) It shall be an unfair trade practice to market blanket travel insurance coverage as free.

(6) Where a consumer's destination jurisdiction requires insurance coverage, it shall not be an unfair trade practice to require that a consumer choose between the following options as a condition of purchasing a trip or travel package:

(a) Purchasing the coverage required by the destination jurisdiction through the travel retailer or limited lines travel insurance producer supplying the trip or travel package; or

(b) Agreeing to obtain and provide proof of coverage that meets the destination jurisdiction's requirements prior to departure.

7. (1) Notwithstanding any other provisions of chapters 361 to 385, no person shall act or represent himself or herself as a travel administrator for travel insurance in this state unless the person:

(a) Is a licensed property and casualty insurance producer in this state for activities permitted under that producer license;

(b) Holds a valid managing general agent license in this state; or

(c) Holds a valid third-party administrator license in this state.

(2) An insurer is responsible for the acts of a travel administrator administering travel insurance underwritten by the insurer, and is responsible for ensuring that the travel administrator maintains all books and records relevant to the insurer to be made available by the travel administrator to the director upon request.

8. (1) Notwithstanding any other provision of chapters 361 to 385, travel insurance shall be classified and filed for purposes of rates and forms under an inland marine line of insurance, except that travel insurance that

provides coverage for sickness, accident, disability, or death occurring during travel, either exclusively or in conjunction with related coverages of emergency evacuation or repatriation of remains or incidental limited property and casualty benefits such as baggage or trip cancellation, may be filed under either an accident and health line of insurance or an inland marine line of insurance.

(2) Eligibility and underwriting standards for travel insurance may be developed and provided based on travel protection plans designed for individual or identified marketing or distribution channels, provided those standards also meet the state's underwriting standards for an inland marine line of insurance.

**[6.]** 9. The limited lines travel insurance producer and any travel retailer offering and disseminating travel insurance under the limited lines travel insurance producer license shall be subject to the provisions of chapters 374 and 375, except as provided for in this section.

**[7.]** 10. The director may promulgate rules to effectuate this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2013, shall be invalid and void.



376.380. 1. The legal minimum standard for valuation of policies and contracts and the reserves to be maintained thereon shall be as follows:

(1) For those policies and contracts issued prior to the operative date provided in subsection 20 of section 376.670:

(a) Except as otherwise provided in subdivision (3) of this subsection, the legal minimum standard for valuation of policies of life insurance or annuity contracts issued prior to April 13, 1934, shall be the Actuaries' or Combined Experience Table of Mortality, with interest at the rate of five percent per annum for group annuity contracts and four percent per annum for all other policies and contracts; and for policies of life insurance and annuity contracts issued on and after April 13, 1934, such minimum standard shall be the American Experience Table of Mortality with interest at the rate of five percent per annum for group annuity contracts and three and one-half percent per annum for all other policies and contracts;

(b) The director may vary the legal minimum standards of interest and mortality for annuity contracts and in particular cases of invalid or substandard lives and other extra hazards, and shall have the right and authority to designate the legal minimum standard for valuation of total and permanent disability benefits and additional accidental death benefits;

(c) Policies issued by companies doing business in this state may provide for not more than one year preliminary term insurance by incorporating in the provisions thereof, specifying the premium consideration to be received, a clause plainly showing that the first year's insurance under such policies is term insurance, purchased by the whole or a part of the premium to be received during

the first policy year and shall be valued accordingly; provided, that if the premium charged for term insurance under a limited payment life preliminary term policy providing for the payment of all premiums thereon in less than twenty years from the date of the policy, or under an endowment preliminary term policy, exceeds that charged for life insurance twenty payment life preliminary term policies of the same company, the reserve thereon at the end of any year, including the first, shall not be less than the reserve on a twenty payment life preliminary term policy issued in the same year and at the same age, together with an amount which shall be equivalent to the accumulation of a net level premium sufficient to provide for a pure endowment at the end of the premium payment period equal to the difference between the value at the end of such period of such twenty payment life preliminary term policy and the full reserve at such time of such a limited payment life or endowment policy. The premium payment period is the period during which premiums are concurrently payable under such twenty payment life preliminary term policy and such limited payment life or endowment policy;

(d) Reserves for all such policies and contracts may be calculated, at the option of the company, according to any standards which produce greater aggregate reserves for all such policies and contracts than the minimum reserves required by this subdivision. In the case of policy obligations of an insolvent life insurance company assumed or reinsured in bulk by an insurance company upon a basis requiring a separate accounting of the business and assets of such insolvent company and an application of any part of the earnings therefrom upon obligations which are not implicit in the original terms of the policies or contracts assumed or reinsured, the director, in order to protect all

policyholders of the reinsuring company, including the holders of all policies so assumed or reinsured, and to safeguard the future solvency of such reinsuring company, shall have the right and authority to designate standards of valuation for such reinsured policies and contracts which will produce greater aggregate reserves for all such policies and contracts than the minimum reserves required by this subdivision or the terms and provisions of the policies and contracts so assumed or reinsured, and, in such event, such reinsuring company shall not, thereafter, adopt any lower standards of valuation without the approval of the director.

(2) For those policies and contracts issued on or after the operative date provided in subsection 20 of section 376.670:

(a) Except as otherwise provided in subdivision (3) of this subsection and subsection 2 of this section, the minimum standard for the valuation of all such policies and contracts shall be the commissioners reserve valuation methods defined in paragraphs (b), (c), (d), (e), and (h) of this subdivision, three and one-half percent interest on all such policies and contracts except those contracts specified in subparagraph c. of this paragraph which consist of single premium annuity contracts and in subparagraph d. of this paragraph which consists of group annuity contracts where the interest rate shall be five percent, and except policies and contracts, other than annuity and pure endowment contracts, issued on or after September 28, 1975, where the interest rate shall be four percent interest for such policies issued prior to September 28, 1979, and four and one-half percent interest for such policies issued on or after September 28, 1979, and the following tables:

a. For all ordinary policies of life insurance issued prior to the operative date provided in subsection 12 of section 376.670 on the standard basis, excluding any disability and accidental death benefits in such policies, the Commissioners 1941 Standard Ordinary Mortality Table, and for such policies issued on or after the operative date provided in subsection 12 of section 376.670, and prior to the operative date of subsection 14 of section 376.670, the Commissioners 1958 Standard Ordinary Mortality Table; provided that for any category of such policies issued on or after September 28, 1979, on female risks all modified net premiums and present values referred to in this section may be calculated according to an age not more than six years younger than the actual age of the insured; and for such policies issued on or after the operative date of subsection 14 of section 376.670:

(i) The Commissioners 1980 Standard Ordinary Mortality Table; or

(ii) At the election of the company for any one or more specified plans of life insurance, the Commissioners 1980 Standard Ordinary Mortality Table with Ten-Year Select Mortality Factors; or

(iii) Any ordinary mortality table, adopted after 1980 by the NAIC, that is approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such policies;

b. For all industrial life insurance policies issued on the standard basis, excluding any disability and accidental death benefits in such policies, the 1941 Standard Industrial Mortality Table for such policies issued prior to the operative date of subsection 13 of section 376.670 and for such policies issued on or after such operative date, the Commissioners 1961 Standard Industrial

Mortality Table or any industrial mortality table, adopted after 1980 by the NAIC, that is approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such policies;

c. For individual annuity and pure endowment contracts, excluding any disability and accidental death benefits in such policies, the 1937 Standard Annuity Mortality Table or, at the option of the company, the Annuity Mortality Table for 1949, Ultimate, or any modification of either of these tables approved by the director;

d. For group annuity and pure endowment contracts, excluding any disability and accidental death benefits in such policies, the Group Annuity Mortality Table for 1951, any modification of such table approved by the director, or, at the option of the company, any of the tables or modifications of tables specified for individual annuity and pure endowment contracts;

e. For total and permanent disability benefits in or supplementary to ordinary policies or contracts, for policies or contracts issued on or after January 1, 1966, the tables of period two disablement rates and the 1930 to 1950 termination rates of the 1952 disability study of the Society of Actuaries, with due regard to the type of benefit or any tables of disablement rates and termination rates, adopted after 1980 by the NAIC, that are approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such policies; for policies or contracts issued on or after January 1, 1961, and prior to January 1, 1966, either such tables or at the option of the company, the Class (3) Disability Table (1926); and for policies issued prior to January 1, 1961, the Class (3) Disability Table (1926). Any

such table shall, for active lives, be combined with a mortality table permitted for calculating the reserves for life insurance policies;

f. For accidental death benefits in or supplementary to policies issued on or after January 1, 1966, the 1959 Accidental Death Benefits Table or any accidental death benefits table, adopted after 1980 by the NAIC, that is approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such policies; for policies issued on or after January 1, 1961, and prior to January 1, 1966, either such table or, at the option of the company, the Inter-Company Double Indemnity Mortality Table; and for policies issued prior to January 1, 1961, the Inter-Company Double Indemnity Mortality Table. Either table shall be combined with a mortality table permitted for calculating the reserves for life insurance policies;

g. For group life insurance, life insurance issued on the substandard basis and other special benefits, such tables as may be approved by the director;

(b) Except as otherwise provided in paragraphs (d), (e), and (h) of this subdivision, reserves according to the commissioners reserve valuation method, for the life insurance and endowment benefits of policies providing for a uniform amount of insurance and requiring the payment of uniform premiums shall be the excess, if any, of the present value, at the date of valuation, of such future guaranteed benefits provided for by such policies, over the then present value of any future modified net premiums therefor. The modified net premiums for any such policy shall be such uniform percentage of the respective contract premiums for such benefits that the present value, at the date of issue of the policy, of all such modified net premiums shall be

equal to the sum of the then present value of such benefits provided for by the policy and the excess of a. over b., as follows:

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

b. A net one year term premium for such benefit provided for in the first policy year; provided, that for any life insurance policy issued on or after January 1, 1986, for which the contract premium in the first policy year exceeds that of the second year and for which no comparable additional benefit is provided in the first year for such excess and which provides an endowment benefit or a cash surrender value or a combination thereof in an amount greater than such excess premium, the reserve according to the commissioners reserve valuation method as of any policy anniversary occurring on or before the assumed ending date defined herein as the first policy anniversary on which the sum of any endowment benefit and any cash surrender value then available is greater than such excess premium shall, except as otherwise provided in paragraph (h) of this subdivision, be the greater of the reserve as of such policy anniversary calculated as described in paragraph (b) of this subdivision and the reserve as of such policy anniversary calculated as described in paragraph (b) of this subdivision, but with:

(i) The value defined in subparagraph a. of paragraph (b) of this subdivision being reduced by fifteen percent of the amount of such excess first year premium;

(ii) All present values of benefits and premiums being determined without reference to premiums or benefits provided for by the policy after the assumed ending date;

(iii) The policy being assumed to mature on such date as an endowment; and

(iv) The cash surrender value provided on such date being considered as an endowment benefit.

In making the above comparison the mortality and interest bases stated in paragraph (a) of this subdivision and subsection 2 of this section shall be used;

(c) Reserves according to the commissioners reserve valuation method for:

a. Life insurance policies providing for a varying amount of insurance or requiring the payment of varying premiums;

b. Group annuity and pure endowment contracts purchased under a retirement plan or plan of deferred compensation, established or maintained by an employer (including a partnership or sole proprietorship) or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under Section 408 of the Internal Revenue Code, as now or hereafter amended;

c. Disability and accidental death benefits in all policies and contracts; and

d. All other benefits, except life insurance and endowment benefits in life insurance policies and benefits provided by all other annuity and pure endowment contracts, shall be calculated by a method consistent with the principles of paragraph (b) of this subdivision;



(d) Paragraph (e) of this subdivision shall apply to all annuity and pure endowment contracts other than group annuity and pure endowment contracts purchased under a retirement plan or plan of deferred compensation, established or maintained by an employer (including a partnership or sole proprietorship), or by an employee organization, or by both, other than a plan providing individual retirement accounts or individual retirement annuities under Section 408 of the Internal Revenue Code, as now or hereafter amended;

(e) Reserves according to the commissioners annuity reserve method for benefits under annuity or pure endowment contracts, excluding any disability and accidental death benefits in such contracts, shall be the greatest of the respective excesses of the present values, at the date of valuation, of the future guaranteed benefits, including guaranteed nonforfeiture benefits, provided for by such contracts at the end of each respective contract year, over the present value, at the date of valuation, of any future valuation considerations derived from future gross considerations, required by the terms of such contract, that become payable prior to the end of such respective contract year. The future guaranteed benefits shall be determined by using the mortality table, if any, and the interest rate, or rates, specified in such contracts for determining guaranteed benefits. The valuation considerations are the portions of the respective gross considerations applied under the terms of such contracts to determine nonforfeiture values;

(f) In no event shall a company's aggregate reserves for all life insurance policies, excluding disability and accidental death benefits, be less than the aggregate reserves calculated in accordance with the method set forth

in paragraphs (b), (c), (d), (e), (h) and (i) of this subdivision and the mortality table or tables and rate or rates of interest used in calculating nonforfeiture benefits for such policies;

(g) In no event shall the aggregate reserves for all policies, contracts and benefits be less than the aggregate reserves determined by the qualified actuary to be necessary to render the opinion required by subsections 4 and 5 of this section;

(h) If in any contract year the gross premium charged by any life insurance company on any policy or contract is less than the valuation net premium for the policy or contract calculated by the method used in calculating the reserve thereon but using the minimum valuation standards of mortality and rate of interest, the minimum reserve required for such policy or contract shall be the greater of either the reserve calculated according to the mortality table, rate of interest, and method actually used for such policy or contract, or the reserve calculated by the method actually used for such policy or contract but using the minimum valuation standards of mortality and rate of interest and replacing the valuation net premium by the actual gross premium in each contract year for which the valuation net premium exceeds the actual gross premium. The minimum valuation standards of mortality and rate of interest referred to in this section are those standards stated in paragraph (a) of this subdivision and subsection 2 of this section; provided, that for any life insurance policy issued on or after January 1, 1986, for which the gross premium in the first policy year exceeds that of the second year and for which no comparable additional benefit is provided in the first year for such excess and which provides an endowment benefit or a cash surrender value or a

combination thereof in an amount greater than such excess premium, the foregoing provisions of this paragraph shall be applied as if the method actually used in calculating the reserve for such policy were the method described in paragraph (b) of this subdivision. The minimum reserve at each policy anniversary of such a policy shall be the greater of the minimum reserve calculated in accordance with paragraphs (b) and (c) of this subdivision and the minimum reserve calculated in accordance with this paragraph;

(i) In the case of any plan of life insurance which provides for future premium determination, the amounts of which are to be determined by the insurance company based on their estimates of future experience, or in the case of any plan of life insurance or annuity which is of such a nature that the minimum reserves cannot be determined by the methods described in paragraphs (b) to (e) of this subdivision, and paragraph (h) of this subdivision, the reserves which are held under any such plan must:

a. Be appropriate in relation to the benefits and the pattern of premiums for that plan; and

b. Be computed by a method which is consistent with the principles of this section as determined by regulations promulgated by the director.

(3) Except as provided in subsection 2 of this section, the minimum standard for the valuation of all individual annuity and pure endowment contracts issued on or after the operative date of this subdivision, as defined herein, and for all annuities and pure endowments purchased on or after such operative date under group annuity and pure endowment contracts, shall be the commissioner's reserve valuation methods defined in paragraphs (b), (c), (d), and (e) of subdivision (2) of this subsection, and the following tables and interest rates:

(a) For individual annuity and pure endowment contracts issued prior to September 28, 1979, excluding any disability and accidental death benefits in such contracts, the 1971 Individual Annuity Mortality Table, or any modification of this table approved by the director, and six percent interest for single premium immediate annuity contracts, and four percent interest for all other individual annuity and pure endowment contracts;

(b) For individual single premium immediate annuity contracts issued on or after September 28, 1979, excluding any disability and accidental death benefits in such contracts, the 1971 Individual Annuity Mortality Table, or any individual annuity mortality table adopted after 1980 by the NAIC, that is approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such contracts, or any modification of these tables approved by the director, and seven and one-half percent interest;

(c) For individual annuity and pure endowment contracts issued on or after September 28, 1979, other than single premium immediate annuity contracts, excluding any disability and accidental death benefits in such contracts, the 1971 Individual Annuity Mortality Table, or any individual annuity mortality table adopted after 1980 by the NAIC, that is approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such contracts, or any modification of these tables approved by the director, and five and one-half percent interest for single premium deferred annuity and pure endowment contracts and four and one-half percent interest for all other such individual annuity and pure endowment contracts;

(d) For all annuities and pure endowments purchased prior to September 28, 1979, under group annuity and pure endowment contracts, excluding any disability and accidental death benefits purchased under such contracts, the 1971 Group Annuity Mortality Table, or any modification of this table approved by the director, and six percent interest;

(e) For all annuities and pure endowments purchased on or after September 28, 1979, under group annuity and pure endowment contracts, excluding any disability and accidental death benefits purchased under such contracts, the 1971 Group Annuity Mortality Table, or any group annuity mortality table adopted after 1980 by the NAIC, that is approved by regulation promulgated by the director for use in determining the minimum standard of valuation for such annuities and pure endowments, or any modification of these tables approved by the director, and seven and one-half percent interest;

(f) On and after September 28, 1975, any company may file with the director a written notice of its election to comply with the provisions of this subdivision after a specified date before January 1, 1980, which shall be the operative date of this subdivision for such company, provided a company may elect a different operative date for individual annuity and pure endowment contracts from that elected for group annuity and pure endowment contracts. If a company makes no such election, the operative date of this subdivision for such company shall be January 1, 1980.

2. (1) The calendar year statutory valuation interest rates as defined in this subsection shall be the interest rates used in determining the minimum standard for the valuation of:

(a) All life insurance policies issued in a particular calendar year, on or after the operative date of subsection 14 of section 376.670;

(b) All individual annuity and pure endowment contracts issued in a particular calendar year on or after January 1, 1983;

(c) All annuities and pure endowment contracts purchased in a particular calendar year on or after January 1, 1983, under group annuity and pure endowment contracts; and

(d) The net increase, if any, in a particular calendar year after January 1, 1983, in amounts held under guaranteed interest contracts.

(2) The calendar year statutory valuation interest rates,  $I$ , shall be determined as follows and the results rounded to the nearer one-quarter of one percent:

(a) For life insurance:

$$I = .03 + W (R1 - .03) + W/2 (R2 - .09);$$

(b) For single premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and from guaranteed interest contracts with cash settlement options:

$I = .03 + W (R - .03)$ , where  $R1$  is the lesser of  $R$  and  $.09$ ;  $R2$  is the greater of  $R$  and  $.09$ ;  $R$  is the reference interest rate defined in this subsection; and  $W$  is the weighting factor defined in this subsection;

(c) For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on an issue year basis, except as stated in paragraph (b) of this subdivision, the formula for life insurance stated in paragraph (a) of this subdivision shall apply to annuities and guaranteed interest contracts with

guarantee durations in excess of ten years and the formula for single premium immediate annuities stated in paragraph (b) of this subdivision shall apply to annuities and guaranteed interest contracts with guarantee durations of ten years or less;

(d) For other annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the formula for single premium immediate annuities stated in paragraph (b) of this subdivision shall apply;

(e) For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a change in fund basis, the formula for single premium immediate annuities stated in paragraph (b) of this subdivision shall apply. If the calendar year statutory valuation interest rate for any life insurance policies issued in any calendar year determined without reference to this sentence differs from the corresponding actual rate for similar policies issued in the immediately preceding calendar year by less than one-half of one percent, the calendar year statutory valuation interest rate for such life insurance policies shall be equal to the corresponding actual rate for the immediately preceding calendar year. For purposes of applying the immediately preceding sentence, the calendar year statutory valuation interest rate for life insurance policies issued in a calendar year shall be determined for 1980 (using the reference interest rate defined for 1979) and shall be determined for each subsequent calendar year regardless of when subsection 14 of section 376.670 becomes operative.

(3) The weighting factors referred to in the formulas stated in subdivision (2) of this subsection are given in the following tables:

(a) Weighting factors for life insurance:

Guarantee Duration (Years)	Weighting Factors
10 or less	.50
More than 10, but not more than 20	.45
More than 20	.35

For life insurance, the guarantee duration is the maximum number of years the life insurance can remain in force on a basis guaranteed in the policy or under options to convert to plans of life insurance with premium rates or nonforfeiture values or both which are guaranteed in the original policy;

(b) Weighting factor for single premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and guaranteed interest contracts with cash settlement options: .80;

(c) Weighting factors for other annuities and for guaranteed interest contracts, except as stated in paragraph (b) of this subdivision, shall be as specified in subparagraphs a., b., and c. of this paragraph, according to the rules and definitions in subparagraphs d., e., and f. of this paragraph:

a. For annuities and guaranteed interest contracts valued on an issue year basis:

Guarantee Duration (Years)	Weighting Factor for Plan Type		
	A	B	C



5 or less:	.80	.60	.50
More than 5, but not more than 10:	.75	.60	.50
More than 10, but not more than 20:	.65	.50	.45
More than 20:	.45	.35	.35

b. For annuities and guaranteed interest contracts valued on a change in fund basis, the factors shown in subparagraph a. of this paragraph increased by:

Plan Type

A	B	C
.15	.25	.05

c. For annuities and guaranteed interest contracts valued on an issue year basis (other than those with no cash settlement options) which do not guarantee interest on considerations received more than one year after issue or purchase and for annuities and guaranteed interest contracts valued on a change in fund basis which do not guarantee interest rates on considerations received more than twelve months beyond the valuation date, the factors shown in subparagraph a. of this paragraph or derived in subparagraph b. of this paragraph increased by:

Plan Type

A	B	C
.05	.05	.05

d. For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, the guarantee duration is the number of years for

which the contract guarantees interest rates in excess of the calendar year statutory valuation interest rate for life insurance policies with guarantee duration in excess of twenty years. For other annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the guarantee duration is the number of years from the date of issue or date of purchase to the date annuity benefits are scheduled to commence;

e. Plan type as used in subparagraphs a., b., and c. of this paragraph is defined as follows:

Plan Type A: At any time policyholder may withdraw funds only with an adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurance company, or without such adjustment but in installments over five years or more, or as an immediate life annuity, or no withdrawal permitted;

Plan Type B: Before expiration of the interest rate guarantee, policyholder may withdraw funds only with an adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurance company, or without such adjustment but in installments over five years or more, or no withdrawal permitted. At the end of interest rate guarantee, funds may be withdrawn without such adjustment in a single sum or installments over fewer than five years;

Plan Type C: Policyholder may withdraw funds before expiration of interest rate guarantee in a single sum or installments over fewer than five years either without adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurance company, or subject only to a fixed surrender charge stipulated in the contract as a percentage of the fund;

f. A company may elect to value guaranteed interest contracts with cash settlement options and annuities with cash settlement options on either an issue year basis or on a change in fund basis. Guaranteed interest contracts with no cash settlement options and other annuities with no cash settlement options must be valued on an issue year basis. As used in this subsection an issue year basis of valuation refers to a valuation basis under which the interest rate used to determine the minimum valuation standard for the entire duration of the annuity or guaranteed interest contract is the calendar year valuation interest rate for the year of issue or year of purchase of the annuity or guaranteed interest contract, and the change in fund basis of valuation refers to a valuation basis under which the interest rate used to determine the minimum valuation standard applicable to each change in the fund held under the annuity or guaranteed interest contract is the calendar year valuation interest rate for the year of the change in the fund.

(4) The "reference interest rate" referred to in subdivision (2) of this subsection shall be defined as follows:

(a) For all life insurance, the lesser of the average over a period of thirty-six months and the average over a period of twelve months, ending on June thirtieth of the calendar year next preceding the year of issue, of the Monthly Average of the Composite Yield on Seasoned Corporate Bonds, as published by Moody's Investors Service, Inc.;

(b) For single premium immediate annuities and for annuity benefits involving life contingencies arising from other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, the average over a period of twelve months, ending on June thirtieth of

the calendar year of issue or purchase, of the Monthly Average of the Composite Yield on Seasoned Corporate Bonds, as published by Moody's Investors Service, Inc.;

(c) For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a year of issue basis, except as stated in paragraph (b) of this subdivision, with guarantee duration in excess of ten years, the lesser of the average over a period of thirty-six months and the average over a period of twelve months, ending on June thirtieth of the calendar year of issue or purchase, of the Monthly Average of the Composite Yield on Seasoned Corporate Bonds, as published by Moody's Investors Service, Inc.;

(d) For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a year of issue basis, except as stated in paragraph (b) of this subdivision, with guarantee duration of ten years or less, the average over a period of twelve months, ending on June thirtieth of the calendar year of issue or purchase, of the Monthly Average of the Composite Yield on Seasoned Corporate Bonds, as published by Moody's Investors Service, Inc.;

(e) For other annuities with no cash settlement options and for guaranteed interest contracts with no cash settlement options, the average over a period of twelve months, ending on June thirtieth of the calendar year of issue or purchase, of the Monthly Average of the Composite Yield on Seasoned Corporate Bonds, as published by Moody's Investors Service, Inc.;

(f) For other annuities with cash settlement options and guaranteed interest contracts with cash settlement options, valued on a change in fund basis, except as stated in paragraph (b) of this subdivision, the average over a

period of twelve months, ending on June thirtieth of the calendar year of the change in the fund, of the Monthly Average of the Composite Yield on Seasoned Corporate Bonds, as published by Moody's Investors Service, Inc.

(5) In the event that the Monthly Average of the Composite Yield on Seasoned Corporate Bonds is no longer published by Moody's Investors Service, Inc., or in the event that the NAIC determines that the Monthly Average of the Composite Yield on Seasoned Corporate Bonds as published by Moody's Investors Service, Inc., is no longer appropriate for the determination of the reference interest rate, then an alternative method for determination of the reference interest rate, which is adopted by the NAIC and approved by regulation promulgated by the director, may be substituted.

3. For accident and health insurance contracts issued on or after the operative date of the valuation manual, the standard prescribed in the valuation manual is the minimum standard of valuation required under subsection 2 of section 376.370. For disability, accident and sickness, and accident and health insurance contracts issued on or after the operative date provided in subsection 20 of section 376.670 and prior to the operative date of the valuation manual, the minimum standard of valuation is the standard adopted by the director by regulation.

4. (1) This subsection shall apply to actuarial opinions of reserves prior to the date of the valuation manual.

(2) Every life insurance company doing business in this state shall annually submit the opinion of a qualified actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified by the director by regulation are computed appropriately, are based on assumptions which satisfy

contractual provisions, are consistent with prior reported amounts and comply with applicable laws of this state. The director by regulation shall define the specifics of this opinion and add any other items deemed to be necessary to its scope.

(3) (a) Every life insurance company, except as exempted by or pursuant to regulation, shall also annually include in the opinion required by subdivision (2) of this subsection, an opinion of the same qualified actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified by the director by regulation, when considered in light of the assets held by the company with respect to the reserves and related actuarial items, including but not limited to the investment earnings on the assets and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision for the company's obligations under the policies and contracts, including but not limited to the benefits under and expenses associated with the policies and contracts.

(b) The director may provide by regulation for a transition period for establishing any higher reserves which the qualified actuary may deem necessary in order to render the opinion required by this subsection.

(4) Each opinion required by subdivision (3) of this subsection shall be governed by the following provisions:

(a) A memorandum, in form and substance acceptable to the director as specified by regulation, shall be prepared to support each actuarial opinion; and

(b) If the insurance company fails to provide a supporting memorandum at the request of the director within a period specified by regulation or the director determines that the supporting memorandum provided by the insurance

company fails to meet the standards prescribed by the regulations or is otherwise unacceptable to the director, the director may engage a qualified actuary at the expense of the company to review the opinion and the basis for the opinion and prepare such supporting memorandum as is required by the director.

(5) Every opinion required by this subsection shall be governed by the following provisions:

(a) The opinion shall be submitted with the annual statement reflecting the valuation of such reserve liabilities for each year ending on or after December 31, 1993;

(b) The opinion shall apply to all business in force including individual and group health insurance plans, in form and substance acceptable to the director as specified by regulation;

(c) The opinion shall be based on standards adopted from time to time by the Actuarial Standards Board and on such additional standards as the director may by regulation prescribe;

(d) In the case of an opinion required to be submitted by a foreign or alien company, the director may accept the opinion filed by that company with the insurance supervisory official of another state if the director determines that the opinion reasonably meets the requirements applicable to a company domiciled in this state;

(e) For the purposes of this section, "qualified actuary" means a member in good standing of the American Academy of Actuaries who meets the requirements set forth in such regulations;

(f) Except in cases of fraud or willful misconduct, the qualified actuary shall not be liable for damages to any person, other than the insurance company and the director,

for any act, error, omission, decision or conduct with respect to the actuary's opinion;

(g) Disciplinary action by the director against the company or the qualified actuary shall be defined in regulations by the director; and

(h) Any memorandum in support of the opinion, and any other material provided by the company to the director in connection therewith, shall be kept confidential by the director and shall not be made public and shall not be subject to subpoena, other than for the purpose of defending an action seeking damages from any person by reason of any action required by this section or by regulations promulgated hereunder; except that the memorandum or other material may otherwise be released by the director:

- a. With the written consent of the company; or
- b. To the American Academy of Actuaries upon request stating that the memorandum or other material is required for the purpose of professional disciplinary proceedings and setting forth procedures satisfactory to the director for preserving the confidentiality of the memorandum or other material.

Once any portion of the confidential memorandum is cited by the company in its marketing or is cited before any governmental agency other than a state insurance department or is released by the company to the news media, all portions of the confidential memorandum shall be no longer confidential.

5. (1) This subsection shall apply to actuarial opinions of reserves after the operative date of the valuation manual.

(2) Every company with outstanding life insurance contracts, accident and health insurance contracts, or deposit-type contracts in Missouri and subject to regulation



by the director shall annually submit the opinion of the appointed actuary as to whether the reserves and related actuarial items held in support of the policies and contracts are computed appropriately, are based on assumptions that satisfy contractual provisions, are consistent with prior reported amounts, and comply with applicable Missouri law. The valuation manual shall prescribe the specifics of such opinion, including any items deemed to be necessary to its scope.

(3) Every company with outstanding life insurance contracts, accident and health insurance contracts, or deposit-type contracts in Missouri and subject to regulation by the director, except as exempted in the valuation manual, shall also annually include in the opinion required under subdivision (2) of this subsection an opinion of the same appointed actuary as to whether the reserves and related actuarial items held in support of the policies and contracts specified in the valuation manual, when considered in light of the assets held by the company with respect to the reserves and related actuarial items including, but not limited to, the investment earnings on the assets and the considerations anticipated to be received and retained under the policies and contracts, make adequate provision for the company's obligations under the policies and contracts including, but not limited to, benefits under and expenses associated with the policies and contracts.

(4) Each opinion required by subdivision (3) of this subsection shall be governed by the following provisions:

(a) A memorandum, in form and substance as specified in the valuation manual and acceptable to the director, shall be prepared to support each actuarial opinion; and

(b) If the insurance company fails to provide a supporting memorandum at the request of the director within

a period specified in the valuation manual or the director determines that the supporting memorandum provided by the insurance company fails to meet the standards prescribed by the valuation manual or is otherwise unacceptable to the director, the director may engage a qualified actuary at the expense of the company to review the opinion and the basis for the opinion and prepare the supporting memorandum required by the director.

(5) Every opinion required by this subsection shall be governed by the following:

(a) The opinion shall be in form and substance as specified in the valuation manual and acceptable to the director;

(b) The opinion shall be submitted with the annual statement reflecting the valuation of such reserve liabilities for each year ending on or after the operative date of the valuation manual;

(c) The opinion shall apply to all policies and contracts subject to subdivision (3) of this subsection, plus other actuarial liabilities as may be specified in the valuation manual;

(d) The opinion shall be based on standards adopted from time to time by the Actuarial Standards Board or its successor, and on such additional standards as may be prescribed in the valuation manual;

(e) In the case of an opinion required to be submitted by a foreign or alien company, the director may accept the opinion filed by such company with the insurance supervisory official of another state if the director determines that the opinion reasonably meets the requirements applicable to a company domiciled in Missouri;

(f) Except in cases of fraud or willful misconduct, the appointed actuary shall not be liable for damages to any

person, other than the insurance company and the director, for any act, error, omission, decision, or conduct with respect to the appointed actuary's opinion; and

(g) Disciplinary action by the director against the company or the appointed actuary shall be defined in regulations by the director.

6. (1) For policies issued on or after the operative date of the valuation manual, the standard prescribed in the valuation manual is the minimum standard of valuation required under subsection 2 of section 376.370, except as provided under subdivision (5) or (7) of this subsection.

(2) The operative date of the valuation manual is January first of the first calendar year following the first July first as of which all of the following have occurred:

(a) The valuation manual has been adopted by the NAIC by an affirmative vote of at least forty-two members or three-fourths of the members voting, whichever is greater;

(b) The standard valuation law as amended by the NAIC in 2009 or legislation including substantially similar terms and provisions has been enacted by states representing greater than seventy-five percent of the direct premiums written as reported in the following annual statements submitted for 2008: life, accident, and health annual statements; health annual statements; or fraternal annual statements;

(c) The standard valuation law as amended by the NAIC in 2009 or legislation including substantially similar terms and provisions has been enacted by at least forty-two of the following fifty-five jurisdictions: the fifty states of the United States, American Samoa, the American Virgin Islands, the District of Columbia, Guam, and Puerto Rico; and

(d) The valuation manual becomes effective under an order of the director.

(3) Unless a change in the valuation manual specifies a later effective date, changes to the valuation manual shall be effective on January first following the date when all of the following have occurred:

(a) The change to the valuation manual has been adopted by the NAIC by an affirmative vote representing:

a. At least three-fourths of the members of the NAIC voting, but not less than a majority of the total membership; and

b. Members of the NAIC representing jurisdictions totaling greater than seventy-five percent of the direct premiums written as reported in the following annual statements most recently available prior to the vote in subparagraph a. of this paragraph: life, accident, and health annual statements; health annual statements; or fraternal annual statements;

(b) The valuation manual becomes effective under an order of the director.

(4) The valuation manual shall specify all of the following:

(a) Minimum valuation standards for and definitions of the policies or contracts subject to subsection 2 of section 376.370. Such minimum standards shall be:

a. The commissioners reserve valuation method for life insurance contracts, other than annuity contracts, subject to subsection 2 of section 376.370;

b. The commissioners annuity reserve valuation method for annuity contracts subject to subsection 2 of section 376.370; and

c. Minimum reserves for all other policies and contracts subject to subsection 2 of section 376.370;

(b) Which policies or contracts or types of policies or contracts are subject to the requirements of a principle-

based valuation under subdivision (1) of subsection 7 of this section and the minimum valuation standards consistent with such requirements;

(c) For policies and contracts subject to principle-based valuation under subsection 7 of this section:

a. Requirements for the format of reports to the director under paragraph (c) of subdivision (2) of subsection 7 of this section and which shall include information necessary to determine if the valuation is appropriate and in compliance with sections 376.365 to 376.380;

b. Assumptions which shall be prescribed for risks over which the company does not have significant control or influence;

c. Procedures for corporate governance and oversight of the actuarial function, and a process for appropriate waiver or modification of such procedures;

(d) For policies not subject to a principle-based valuation under subsection 7 of this section, the minimum valuation standard shall either:

a. Be consistent with the minimum standard of valuation prior to the operative date of the valuation manual; or

b. Develop reserves that quantify the benefits and guarantees, and the funding, associated with the contracts and their risks at a level of conservatism that reflects conditions that include unfavorable events that have a reasonable probability of occurring;

(e) Other requirements including, but not limited to, those relating to reserve methods, models for measuring risk, generation of economic scenarios, assumptions, margins, use of company experience, risk measurement,

disclosure, certifications, reports, actuarial opinions and memorandums, transition rules, and internal controls; and

(f) The data and form of the data required under subsection 8 of this section, to whom the data shall be submitted, and may specify other requirements, including data analyses and reporting of analyses.

(5) In the absence of a specific valuation requirement or if a specific valuation requirement in the valuation manual is not, in the opinion of the director, in compliance with sections 376.365 to 376.380, the company shall, with respect to such requirements, comply with minimum valuation standards prescribed by the director by regulation.

(6) The director may engage a qualified actuary, at the expense of the company, to perform an actuarial examination of the company and opine on the appropriateness of any reserve assumption or method used by the company, or to review and opine on a company's compliance with any requirement set forth in sections 376.365 to 376.380. The director may rely upon the opinion regarding provisions contained in sections 376.365 to 376.380 of a qualified actuary engaged by the director of another state, district, or territory of the United States. As used in this subdivision, engage includes employment and contracting.

(7) The director may require a company to change any assumption or method that in the opinion of the director is necessary in order to comply with the requirements of the valuation manual or sections 376.365 to 376.380, and the company shall adjust the reserves as required by the director. The director may take other disciplinary action as permitted under chapter 354 and chapters 374 to 385.

7. (1) A company shall establish reserves using a principle-based valuation that meets the following

conditions for policies or contracts as specified in the valuation manual:

(a) Quantify the benefits and guarantees, and the funding, associated with the contracts and their risks at a level of conservatism that reflects conditions that include unfavorable events that have a reasonable probability of occurring during the lifetime of the contracts. For policies or contracts with significant tail risk, the company's valuation shall reflect conditions appropriately adverse to quantify the tail risk;

(b) Incorporate assumptions, risk analysis methods, and financial models and management techniques that are consistent with, but not necessarily identical to, those utilized within the company's overall risk assessment process, while recognizing potential differences in financial reporting structures and any prescribed assumptions or methods;

(c) Incorporate assumptions that are derived in one of the following manners:

a. The assumption is prescribed in the valuation manual; or

b. For assumptions that are not prescribed, the assumption shall:

(i) Be established utilizing the company's available experience to the extent it is relevant and statistically credible; or

(ii) To the extent that company data is not available, relevant, or statistically credible, be established utilizing other relevant statistically credible experience;

(d) Provide margins for uncertainty, including adverse deviation and estimation error, such that the greater the uncertainty the larger the margin and resulting reserve.

(2) A company using a principle-based valuation for one or more policies or contracts subject to this section as specified in the valuation manual shall:

(a) Establish procedures for corporate governance and oversight of the actuarial valuation function consistent with those described in the valuation manual;

(b) Provide to the director an annual certification of the effectiveness of the internal controls with respect to the principle-based valuation. Such controls shall be designed to ensure that all material risks inherent in the liabilities and associated assets subject to such valuation are included in the valuation and that valuations are made in accordance with the valuation manual. The certification shall be based on the controls in place as of the end of the preceding calendar year;

(c) Develop, and file with the director upon request, a principle-based valuation report that complies with standards prescribed in the valuation manual.

(3) A principle-based valuation may include a prescribed formulaic reserve component.

8. For policies in force on or after the operative date of the valuation manual, a company shall submit mortality, morbidity, policyholder behavior, or expense experience and other data as prescribed in the valuation manual.

9. (1) For purposes of this subsection, "confidential information" means:

(a) A memorandum in support of an opinion submitted under subsection 4 or 5 of this section and any other documents, materials, and other information including, but not limited to, all working papers and copies thereof created, produced, or obtained by or disclosed to the



director or any other person in connection with such memorandum;

(b) All documents, materials, and other information including, but not limited to, all working papers and copies thereof created, produced, or obtained by or disclosed to the director or any other person in the course of an examination made under subdivision (6) of subsection 6 of this section; provided, however, that if an examination report or other material prepared in connection with an examination made under section 374.205 is not held as private and confidential information under section 374.205, an examination report or other material prepared in connection with an examination made under subdivision (6) of subsection 6 of this section shall not be confidential information to the same extent as if such examination report or other material had been prepared under section 374.205;

(c) Any reports, documents, materials, and other information developed by a company in support of or in connection with an annual certification by the company under paragraph (b) of subdivision (2) of subsection 7 of this section evaluating the effectiveness of the company's internal controls with respect to a principle-based valuation and any other documents, materials, and other information including, but not limited to, all working papers and copies thereof created, produced, or obtained by or disclosed to the director or any other person in connection with such reports, documents, material, and other information;

(d) Any principle-based valuation report developed under paragraph (c) of subdivision (2) of subsection 7 of this section and any other documents, materials, and other information including, but not limited to, all working papers and copies thereof created, produced, or obtained by

or disclosed to the director or any other person in connection with such report; and

(e) Any documents, materials, data, and other information submitted by a company under subsection 8 of this section (collectively, "experience data" ) and any other documents, materials, data, and other information including, but not limited to, all working papers and copies thereof created or produced in connection with such experience data, in each case that include any potentially company-identifying or personally identifiable information, that is provided to or obtained by the director (together with any "experience data", the "experience materials" ) and any other documents, materials, data, and other information including, but not limited to, all working papers and copies thereof created, produced, or obtained by or disclosed to the director or any other person in connection with such experience materials.

(2) (a) Except as provided in this subsection, a company's confidential information is confidential by law and privileged, and shall not be subject to chapter 610, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action; provided, however, that the director is authorized to use the confidential information in the furtherance of any regulatory or legal action brought against the company as a part of the director's official duties.

(b) Neither the director nor any person who received confidential information while acting under the authority of the director shall be permitted or required to testify in any private civil action concerning any confidential information.

(c) In order to assist in the performance of the director's duties, the director may share confidential information with:

a. Other state, federal, and international regulatory agencies and with the NAIC and its affiliates and subsidiaries; and

b. In the case of confidential information specified in paragraphs (a) and (d) of subdivision (1) of this subsection only, the Actuarial Board for Counseling and Discipline or its successor upon request stating that the confidential information is required for the purpose of professional disciplinary proceedings and with state, federal, and international law enforcement officials.

(d) The sharing of confidential information detailed in paragraph (c) of this subdivision shall be contingent on such recipient agreeing and having the legal authority to agree to maintain the confidentiality and privileged status of such documents, materials, data, and other information in the same manner and to the same extent as required for the director.

(e) The director may receive documents, materials, data, and other information, including otherwise confidential and privileged documents, materials, data, or information, from the NAIC and its affiliates and subsidiaries, from regulatory or law enforcement officials of other foreign or domestic jurisdictions, and from the Actuarial Board for Counseling and Discipline or its successor and shall maintain as confidential or privileged any document, material, data, or other information received with notice or the understanding that it is confidential or privileged under the laws of the jurisdiction that is the source of the document, material, or other information.

(f) The director may enter into agreements governing sharing and use of information consistent with this subdivision.

(g) No waiver of any applicable privilege or claim of confidentiality in the confidential information shall occur as a result of disclosure to the director under this section or as a result of sharing as authorized in paragraph (c) of this subdivision.

(h) A privilege established under the law of any state or jurisdiction that is substantially similar to the privilege established under this subdivision shall be available and enforced in any proceeding in, and in any court of, Missouri.

(i) In this subsection, regulatory agency, law enforcement agency, and the NAIC include, but are not limited to, their employees, agents, consultants and contractors.

(3) Notwithstanding subdivision (2) of this subsection, any confidential information specified in paragraphs (a) and (d) of subdivision (1) of this subsection:

(a) May be subject to subpoena for the purpose of defending an action seeking damages from the appointed actuary submitting the related memorandum in support of an opinion submitted under subsection 4 or 5 of this section or principle-based valuation report developed under paragraph (c) of subdivision (2) of subsection 7 of this section by reason of an action required by sections 376.365 to 376.380 or by regulations promulgated hereunder;

(b) May otherwise be released by the director with the written consent of the company; and

(c) Once any portion of a memorandum in support of an opinion submitted under subsection 4 or 5 of this section or a principle-based valuation report developed under paragraph

(c) of subdivision (2) of subsection 7 of this section is cited by the company in its marketing, or is publicly volunteered to or before a governmental agency other than a state insurance department, or is released by the company to the news media, all portions of such memorandum or report shall no longer be confidential.

10. The director may exempt specific product forms or product lines of a domestic company that is licensed and doing business only in Missouri from the requirements of subsection 6 of this section provided:

(1) The director has issued an exemption in writing to the company and has not subsequently revoked the exemption in writing; and

(2) The company computes reserves using assumptions and methods used prior to the operative date of the valuation manual in addition to any requirements established by the director and promulgated by regulation.

For any company granted an exemption under this section, subsection 3 of section 376.370 and subsections 1 to 5 of this section shall be applicable. With respect to any company applying this exemption, any reference to subsection 6 of this section found in subsection 3 of section 376.370 and subsections 1 to 5 of this section shall not be applicable.

[11. (1) A company that has less than three hundred million dollars of ordinary life premium and that is licensed and doing business in Missouri and that is subject to the requirements of subsections 6 and 7 of this section may hold reserves based on the mortality tables and interest rates defined by the valuation manual for net premium reserves and using the methodology defined in the provisions of paragraphs (b) through (i) of subdivision (2) of subsection 1 of this section and subsection 3 of section

376.370 as they apply to ordinary life insurance in lieu of the reserves required by subsections 6 and 7 of this section, provided that:

(a) If the company is a member of a group of life insurers, the group has combined ordinary life premiums of less than six hundred million dollars;

(b) The company reported total adjusted capital of at least four hundred fifty percent of authorized control level risk-based capital in the risk-based capital report for the prior calendar year;

(c) The appointed actuary has provided an unqualified opinion on the reserves in accordance with subsections 4 and 5 of this section for the prior calendar year;

(d) The company has provided a certification by a qualified actuary that any universal life policy with a secondary guarantee issued after the operative date of the valuation manual meets the definition of a nonmaterial secondary guarantee universal life product as defined in the valuation manual.

(2) For purposes of subdivision (1) of this subsection, ordinary life premiums are measured as direct premium plus reinsurance assumed from an unaffiliated company, as reported in the prior calendar year annual statement.

(3) A domestic company meeting all of the above conditions may file a statement prior to July first with the director certifying that these conditions are met for the current calendar year based on premiums and other values from the prior calendar year financial statements. The director may reject such statement prior to September first and require a company to comply with the valuation manual requirements for life insurance reserves.]

379.011. 1. As used in this section, the following terms mean:

(1) "Delivered by electronic means", includes delivery to an electronic mail address at which a party has consented to receive notices or documents, or posting on an electronic network or site accessible via the internet, mobile application, computer, mobile device, tablet, or any other electronic device, together with a separate notice to a party directed to the electronic mail address at which the party has consented to receive notice of the posting;

(2) "Party", any recipient of any notice or document required as part of an insurance transaction, including but not limited to an applicant, an insured or a policyholder.

2. Subject to subsection 3 of this section, any notice to a party or any other document required under applicable law in an insurance transaction or that is to serve as evidence of insurance coverage may be delivered, stored, and presented by electronic means so long as it meets the requirements of sections 432.200 to 432.295. Delivery of a notice or document in accordance with this subsection shall be considered equivalent to any delivery method required under applicable law, including delivery by first class mail, first class mail postage prepaid, certified mail, or certificate of mailing.

3. A notice or document may be delivered by electronic means by an insurer to a party under this **[subsection]** section if:

(1) The party has affirmatively consented to that method of delivery and has not withdrawn the consent;

(2) The party, before giving consent, is provided with a clear and conspicuous statement informing the party of:

(a) Any right or option to have the notice or document provided in paper or another nonelectronic form at no additional cost;

(b) The right of the party to withdraw consent to have a notice or document delivered by electronic means;

(c) Whether the party's consent applies only to the particular transaction as to which the notice or document must be given or to identified categories of notices or documents that may be delivered by electronic means during the course of the parties' relationship;

(d) The means, after consent is given, by which a party may obtain a paper copy of a notice or document delivered by electronic means at no additional cost; and

(e) The procedure a party must follow to withdraw consent to have a notice or document delivered by electronic means and to update information needed to contact the party electronically;

(3) The party, before giving consent, is provided with a statement of the hardware and software requirements for access to and retention of a notice or document delivered by electronic means and consents electronically, and confirms consent electronically, in a manner that reasonably demonstrates that the party can access information in the electronic form that will be used for notices or documents delivered by electronic means as to which the party has given consent; and

(4) After consent of the party is given, the insurer, in the event a change in the hardware or software requirements needed to access or retain a notice or document delivered in electronic means creates a material risk that the party will not be able to access or retain a subsequent notice or document to which the consent applies:



(a) Provides the party with a statement of the revised hardware and software requirements for access to and retention of a notice or document delivered by electronic means and of the right of the party to withdraw consent pursuant to paragraph (b) of subdivision (2) of this subsection; and

(b) Complies with subdivision (2) of this subsection.

4. Notwithstanding any other provisions of this section, if a policy of insurance is purchased directly through an insurer's website, portal, or application, and is initially delivered by electronic means, a party's consent to have all future notices and documents related to the policy, or claims thereunder, delivered by electronic means shall be presumed. Nothing in this subsection shall affect the right of a party under this section to withdraw its consent to have a notice or document delivered by electronic means.

5. This section does not affect requirements relating to content or timing of any notice or document required under applicable law. If any provision of applicable law requiring a notice or document to be provided to a party expressly requires verification or acknowledgment of receipt of the notice or document, the notice or document may be delivered by electronic means only if the method used provides for verification or acknowledgment of receipt. Absent verification or acknowledgment of receipt of the initial notice or document on the part of the party, the insurer shall send two subsequent notices or documents at intervals of five business days. The legal effectiveness, validity, or enforceability of any contract or policy of insurance executed by a party may not be made contingent upon obtaining electronic consent or confirmation of consent

of the party in accordance with subdivision (3) of subsection 3 of this section.

**[5.]** 6. A withdrawal of consent by a party does not affect the legal effectiveness, validity, or enforceability of a notice or document delivered by electronic means to the party before the withdrawal of consent is effective. A withdrawal of consent by a party is effective within thirty days after receipt of the withdrawal by the insurer. Failure by an insurer to comply with subdivision (4) of subsection 3 of this section may be treated, at the election of the party, as a withdrawal of consent for purposes of this section.

**[6.]** 7. This section does not apply to a notice or document delivered by an insurer in an electronic form before August 28, 2013, to a party who, before that date, has consented to receive notices or documents in an electronic form otherwise allowed by law. If the consent of a party to receive certain notices or documents in an electronic form is on file with an insurer before August 28, 2013, and pursuant to this section, an insurer intends to deliver additional notices or documents to such party in an electronic form, then prior to delivering such additional notices or documents electronically, the insurer shall notify the party of:

(1) The notices or documents that may be delivered by electronic means under this section that were not previously delivered electronically; and

(2) The party's right to withdraw consent to have notices or documents delivered by electronic means.

**[7.]** 8. A party who does not consent to delivery of notices or documents under subsection 3 of this section, or who withdraws their consent, shall not be subject to any additional fees or costs for having notices or documents

provided or made available to them in paper or another nonelectronic form.

**[8.]** 9. If any provision of applicable law requires a signature or notice or document to be notarized, acknowledged, verified, or made under oath, the requirement is satisfied if the electronic signature of the person authorized to perform those acts, together with all other information required to be included by the provision, is attached to or logically associated with the signature, notice, or document.

**[9.]** 10. This section may not be construed to modify, limit, or supercede the provisions of sections 354.442, 376.1450, or 432.200 to 432.295. The provisions of this section shall apply to notices and documents issued by insurers organized under this chapter or chapter 380 and to notices and documents relating to life insurance products issued by insurers organized under chapter 376.

**[10.]** 11. Nothing in this section shall prevent an insurer from offering a discount to an insured who elects to receive notices and documents electronically in accordance with this section.

Section B. The repeal and reenactment of section 288.132 and the enactment of section 288.133 shall become effective January 1, 2023.

Section C. The repeal and reenactment of sections 303.025 and 303.041 shall take effect on January 1, 2024.