CHAPTER 2

INSURANCE GROUP

Authority

N.J.S.A. 17:1–8.1, 17:1–15e, 17:17–1 et seq., 17B:17–1 et seq., 34:15–77 and 54:18A–1 et seq.

Source and Effective Date

R.2001 d.6, effective November 30, 2000. See: 32 N.J.R. 3530(a), 33 N.J.R. 85(a).

Executive Order No. 66(1978) Expiration Date

Chapter 2, Insurance Group, expires on November 30, 2005.

Chapter Historical Note

Chapter 2, Insurance Group, was adopted and became effective prior to September 1, 1969.

Subchapter 10, Casualty Insurers, Personal Lines Insurance, was adopted as new rules by R.1970 d.71, effective June 26, 1970.

Subchapter 11, Rules Governing Advertisement of Health Insurance, was adopted as new rules by R.1972 d.95, effective May 16, 1972. See: 4 N.J.R. 69(b), 4 N.J.R. 128(d).

Subchapter 12, Mass Marketing of Property and Liability Insurance, was adopted as new rules by R.1974 d.271, effective September 25, 1974. See: 6 N.J.R. 313(d), 6 N.J.R. 408(a).

Subchapter 13, Group Coverage Discontinuance and Replacement, was adopted as new rules by R.1974 d.272, effective February 1, 1975. See: 5 N.J.R. 342(c), 6 N.J.R. 409(a).

Subchapter 17, Unfair Claims Settlement Practices, was adopted as new rules by R.1981 d.407, effective November 2, 1981, operative January 15, 1982. See: 12 N.J.R. 600(f), 13 N.J.R. 774(c), 13 N.J.R. 894(a).

Subchapter 18, Readable Policies, was adopted as new rules by R.1982 d.410, effective November 15, 1982. See: 14 N.J.R. 967(a), 14 N.J.R. 1307(c).

Subchapter 10, Casualty Insurers, Personal Lines Insurance, was repealed by R.1985 d.71, effective February 19, 1985. See: 16 N.J.R. 2920(a), 17 N.J.R. 458(b).

Subchapter 23, Advertisement of Life Insurance and Annuities, was adopted as new rules by R.1985 d.600, effective November 18, 1985. See: 16 N.J.R. 2626(a), 17 N.J.R. 2776(a).

Subchapter 19, Approval of Insurance Schools and Company Training Programs, was adopted as new rules by R.1985 d.608, effective December 2, 1985. See: 16 N.J.R. 2920(b), 17 N.J.R. 2901(b).

Subchapter 1, Educational Requirements for Licensing, was repealed, and Subchapter 19, Approval of Insurance Schools and Company Training Programs, was repealed by R.1989 d.192, effective April 3, 1989. See: 20 N.J.R. 1152(a), 21 N.J.R. 899(b).

Subchapter 26, Annual Audited Financial Reports, was adopted as new rules by R.1989 d.612, effective December 18, 1989. See: 21 N.J.R. 3054(a), 21 N.J.R. 3919(b).

Pursuant to Executive Order No. 66(1978), Chapter 2, Insurance Group, was readopted as R.1991 d.4, effective November 30, 1990, and Subchapter 8, Mid-Term Substitution by Mortgagor of Insurance Policies, was repealed, effective January 7, 1991, by R.1991 d.4. See: 22 N.J.R. 1673(a), 23 N.J.R. 103(a).

Subchapter 32, Custodial Deposits, was adopted as new rules by R.1991 d.14, effective January 7, 1991. See: 22 N.J.R. 2640(a), 23 N.J.R. 105(a).

Subchapter 31, Manner of Determining Premium for Perpetual Homeowners Insurance, was adopted as new rules by R.1991 d.139, effective March 18, 1991. See: 22 N.J.R. 601(a), 23 N.J.R. 860(b).

Subchapter 29, Orderly Withdrawal of Insurance Business, was adopted as new rules by R.1991 d.262, effective May 20, 1991. See: 23 N.J.R. 15(b), 23 N.J.R. 1673(a).

Subchapter 35, Relief from Insurer Obligations Under the Fair Automobile Insurance Reform Act of 1990, was adopted as new rules by R.1991 d.519, effective October 21, 1991. See: 23 N.J.R. 660(a), 23 N.J.R. 3166(a).

Subchapter 27, Determination of Insurers in a Hazardous Financial Condition, was adopted as new rules by R.1992 d.292, effective July 6, 1992. See: 23 N.J.R. 3197(a), 24 N.J.R. 2456(a).

Subchapter 33, Workers' Compensation Self-Insurance, was adopted as new rules by R.1993 d.157, effective April 5, 1993. See: 24 N.J.R. 1944(a), 24 N.J.R. 2708(b), 25 N.J.R. 1526(a).

Subchapter 28, Credit for Reinsurance, was adopted as emergency new rules by R.1993 d.448, effective August 16, 1993, expires October 15, 1993. See: 25 N.J.R. 4289(a). The provisions of R.1993 d.448 were readopted as R.1993 d.557, effective October 15, 1993. See: 25 N.J.R. 4289(a), 25 N.J.R. 5184(a).

Subchapter 36, Risk Retention Groups and Purchasing Groups, was adopted as emergency new rules by R.1993 d.449, effective August 16, 1993, expires October 15, 1993. See: 25 N.J.R. 4298(a). The provisions of R.1993 d.449 were readopted as R.1993 d.558, effective October 15, 1993. See: 25 N.J.R. 4298(a), 25 N.J.R. 5197(a).

Subchapter 37, Producer–Controlled Insurers, was adopted as emergency new rules by R.1993 d.450, effective August 16, 1993, expires October 15, 1993. See: 25 N.J.R. 4304(a). The provisions of R.1993 d.450 were readopted as R.1993 d.559, effective October 15, 1993. See: 25 N.J.R. 4304(a), 25 N.J.R. 5202(a).

Subchapter 38, Increase in Property and Casualty Capital and Surplus Requirements, was adopted as emergency new rules by R.1993 d.451, effective August 16, 1993, expires October 15, 1993. See: 25 N.J.R. 4306(a). The provisions of R.1993 d.451 were readopted as R.1993 d.560, effective October 15, 1993. See: 25 N.J.R. 4306(a), 25 N.J.R. 5204(a).

Subchapter 39, Increase in Capital and Surplus Requirements for Life and Health Insurers, was adopted as emergency new rules by R.1993 d.452, effective August 16, 1993, expires October 15, 1993. See: 25 N.J.R. 4309(a). The provisions of R.1993 d.452 were readopted as R.1993 d.561, effective October 15, 1993. See: 25 N.J.R. 4309(a), 25 N.J.R. 5208(a).

Subchapter 40, Life, Health and Annuity Reinsurance Agreements, was adopted as emergency new rules by R.1993 d.453, effective August 16, 1993, expires October 15, 1993. See: 25 N.J.R. 4314(a). The provisions of R.1993 d.453 were readopted as R.1993 d.562, effective October 15, 1993. See: 25 N.J.R. 4314(a), 25 N.J.R. 5212(a).

Subchapter 34, Surplus Lines Insurance: Allocation of Premium Tax and Surcharge, was adopted as new rules by R.1993 d.582, effective November 15, 1993. See: 25 N.J.R. 1826(a), 25 N.J.R. 5194(a).

Petition for Rulemaking. See: 26 N.J.R. 2487(b).

Subchapter 41, Windstorm Market Assistance Program, was adopted as new rules by R.1995 d.53, effective January 17, 1995. See: 26 N.J.R. 4304(a), 27 N.J.R. 364(a).

Subchapter 1, Admission Requirements for Foreign and Alien Life and Health Insurers, was adopted as new rules by R.1995 d.80, effective February 6, 1995. See: 26 N.J.R. 4586(a), 27 N.J.R. 559(a).

Pursuant to Executive Order No. 66(1978), Chapter 2, Insurance Group, was readopted as R.1996 d.3, effective November 30, 1995, with amendments effective January 2, 1996. See: 27 N.J.R. 3278(b), 28 N.J.R. 152(b).

Pursuant to Executive Order No. 66(1978), Chapter 2, Insurance Group, was readopted as R.2001 d.6, effective November 30, 2000. See: Source and Effective Date. See, also, section annotations.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. ADMISSION REQUIREMENTS FOR FOREIGN AND ALIEN LIFE AND HEALTH INSURERS

- 11:2–1.1 Purpose
- 11:2-1.2 Scope
- 11:2-1.3 Definitions
- 11:2-1.4 General eligibility requirements
- 11:2-1.5 Letter of intent
- 11:2-1.6 Final application
- 11:2-1.7 Review procedures; appeals
- 11:2–1.8 Severability

SUBCHAPTER 2. INSURANCE ON FINANCED AUTOMOBILES

11:2-2.1 Return of unearned premiums

SUBCHAPTER 3. CREDIT LIFE INSURANCE AND CREDIT ACCIDENT AND HEALTH INSURANCE

- 11:2-3.1 Scope
- 11:2–3.2 Definitions
- 11:2-3.3 Forms
- 11:2-3.4 Amount
- 11:2–3.5 Term
- 11:2–3.6 Policy provisions, disclosure to debtors
- 11:2-3.7 Credit life insurance in connection with leases of personal property
- 11:2-3.8 Credit accident and health insurance in connection with leases of personal property
- 11:2-3.9 Open-end credit coverage
- 11:2-3.10 Balloon coverage
- 11:2-3.11 Prohibited provisions of credit insurance policies
- 11:2-3.12 Delivery of policy; procedures
- 11:2–3.13 Application or notice of proposed insurance
- 11:2-3.14 Filing
- 11:2-3.15 Group policy; delivery
- 11:2-3.16 Disapproval by Commissioner
- 11:2-3.17 Standards for premium rates
- 11:2-3.18 Joint credit accident and health insurance
- 11:2-3.19 Maximum payments by debtors
- 11:2–3.20 Refunds
- 11:2-3.21 Maintenance of statistics
- 11:2-3.22 Issuance of policies
- 11:2-3.23 Payment of claims
- 11:2-3.24 Existing insurance; choice of insurer
- 11:2-3.25 Separability
- 11:2-3.26 Effect on previously filed forms and rates

APPENDIX. CREDIT ACCIDENT AND HEALTH INSURANCE

SUBCHAPTER 4. ELECTRONIC DATA PROCESSING EQUIPMENT

11:2-4.1 Cost of equipment as admitted asset

SUBCHAPTER 5. PROXIES, CONSENTS AND AUTHORIZATIONS

- 11:2-5.1 Applicability
- 11:2-5.2 Solicitation; prohibition
- 11:2–5.3 Disclosure of equivalent information

- 11:2-5.4 Definitions
- 11:2-5.5 Information to be furnished to stockholders
- 11:2-5.6 Proxy requirements
- 11:2-5.7 Material required to be filed
- 11:2-5.8 False or misleading statements
- 11:2-5.9 Undated or postdated proxy; prohibition
- 11:2-5.10 Election contests; special provisions

SUBCHAPTER 6. INFORMATION REQUIRED IN PROXY STATEMENT, GENERALLY

- 11:2–6.1 Revocability of proxy
- 11:2-6.2 Dissenters' rights of appraisal
- 11:2–6.3 Solicitation by management
- 11:2–6.4 Solicitation by nonmanagement
- 11:2-6.5 Solicitation by specially engaged employees or paid solicitors
- 11:2-6.6 Disclosure of interests of solicitors
- 11:2-6.7 Stocks and principal stockholders
- 11:2-6.8 Nominees and directors
- 11:2-6.9 Remuneration and other transactions with management and others
- 11:2-6.10 Bonus, profit sharing and other remuneration plans
- 11:2-6.11 Pension and retirement plan
- 11:2-6.12 Options, warrants or rights
- 11:2-6.13 Authorization or issuance of stock
- 11:2-6.14 Mergers, consolidations, acquisitions and similar matters
- 11:2-6.15 Restatement of accounts
- 11:2-6.16 Matters not required to be submitted
- 11:2-6.17 Amendment of charter, bylaws or other documents

SUBCHAPTER 7. INFORMATION REQUIRED BY PARTICIPANTS IN PROXY SOLICITATION IN ELECTION CONTESTS

11:2-7.1 Required information

SUBCHAPTER 8. (RESERVED)

SUBCHAPTER 9. INSIDER TRADING OF DOMESTIC STOCK INSURANCE COMPANY EQUITY SECURITIES

- 11:2-9.1 Definitions
- 11:2–9.2 Transactions exempted from the operation of N.J.S.A. 17:17B–2
- 11:2–9.3 Filing of statements under N.J.S.A. 17:17B–1
- 11:2-9.4 Ownership of more than 10 percent of an equity security under N.J.S.A. 17:17B-1
- 11:2-9.5 Disclaimer of beneficial ownership under N.J.S.A. 17:17B-1
- 11:2-9.6 Exemptions from N.J.S.A. 17:17B-1 and 2
- 11:2-9.7 Exemption from Act of securities purchased or sold by oddlot dealers
- 11:2-9.8 Transferable options, puts, calls, spreads and straddles
- 11:2-9.9 Ownership of securities held in trust
- 11:2-9.10 Exemption from N.J.S.A. 17:17B-1; small transactions
- 11:2-9.11 Exemption from N.J.S.A. 17:17B-2 of transactions which need not be reported under N.J.S.A. 17:17B-1
- 11:2-9.12 Exemption from N.J.S.A. 17:17B-2—certain transactions effected in connection with a distribution
- 11:2-9.13 Exemption from N.J.S.A. 17:17B-2—acquisitions of shares of stock and stock options under certain stock bonus, stock option or similar plans
- 11:2-9.14 Exemption from N.J.S.A. 17:17B-2—certain transactions in which securities are received by redeeming other securities
- 11:2-9.15 Exemption of long-term profits incident to sales within six months of exercise of an option
- 11:2-9.16 Exemption from N.J.S.A. 17:17B-2—certain acquisitions and dispositions of securities pursuant to merger or consolidations
- 11:2-9.17 Exemption from N.J.S.A. 17:17B-2—certain securities received upon surrender of similar equity securities
- 11:2-9.18 Exemption from N.J.S.A. 17:17B-2—certain transactions involving exchange of similar securities

INSURANCE GROUP

TI IDOIL	LICE GROCI			
	Exemption from N.J.S.A. 17:17B-3—certain securities Exemption from N.J.S.A. 17:17B-3—certain transactions	SUBCHAPTER 14. PROCEDURES FOR THE CONDUCT OF VOTING ON A PLAN OF REORGANIZATION		
11:2-9.21	effected in connection with a distribution Exemption from N.J.S.A. 17:17B-3—sales of securities to	OF A DOMESTIC MUTUAL LIFE INSURER		
11:2-9.22	be acquired Arbitrage transactions under N.J.S.A. 17:17B–5	11:2–14.1 Purpose and scope 11:2–14.2 Definitions		
11:2-9.23	Instructions for Form A Form A	11:2–14.3 Policyholders entitled to notice and vote and manner of giving notice		
11:2–9.25 11:2–9.26	Instructions for Form B Form B	11:2–14.4 Policyholder communication 11:2–14.5 Mailing, receipt, custody, and safeguarding of ballots		
SUBCHAPTER 10. (RESERVED)		11:2–14.6 Presumptions as to ballot validity 11:2–14.7 Voting on the plan 11:2–14.8 Assistance with voting		
SUBCHAPTER 11. RULES GOVERNING ADVERTISEMENT OF HEALTH INSURANCE		11:2–14.9 Vote confirmation 11:2–14.10 Agents		
11:2-11.1	Purpose, general provisions and definitions	11:2–14.11 Penalties		
11:2–11.2 11:2–11.3	Advertisements in general Advertisements of benefits payable, losses covered or pre-	SUBCHAPTER 15. INSOLVENT INSURERS		
11:2-11.4	miums payable Necessity for disclosing policy provisions relating to renew-	11:2–15.1 Cancellation of property and liability policies		
11:2-11.5	ability, cancellability and termination Method of disclosure of required information	SUBCHAPTER 16. GUARANTEED ARREST BOND		
11:2–11.6 11:2–11.7	Endorsements by third parties Use of statistics	CERTIFICATES OF AUTOMOBILE CLUB UNDERTAKING		
11:2–11.8 11:2–11.9	Inspection of policy Identification of plan or number of policies	11:2–16.1 General provisions		
11:2-11.10 11:2-11.11	Disparaging comparisons and statements	SUBCHAPTER 17. UNFAIR CLAIMS SETTLEMENT		
11:2-11.12	Identity of insurer	PRACTICES		
11:2–11.13 11:2–11.14		11:2–17.1 Purpose		
	(Reserved)	11:2–17.2 Scope		
11:2-11.16	Service facilities	11:2–17.3 Definitions 11:2–17.4 Miscellaneous rules		
	Statements about an insurer	11:2–17.5 Misrepresentation of policy provisions		
11:2-11.18	Insurers' responsibility and control; advertising file; certificate of compliance	11:2–17.6 Rules for replying to pertinent communications		
	Penalties	11:2–17.7 Rules for prompt investigation and settlement of claims 11:2–17.8 Rules for fair and equitable settlements and reasonable		
11:2–11.20	Prior regulation superseded Effective date	explanations applicable to all insurance		
11:2–11.22		11:2–17.9 Rules for fair and equitable settlements applicable to life and health		
	APTER 12. MASS MARKETING OF PROPERTY	11:2–17.10 Rules for fair and equitable settlements applicable to property and liability insurance		
Aſ	ND LIABILITY INSURANCE	11:2–17.11 Written notice by insurer of payment of claims		
11:2-12.1	Introduction	11:2–17.12 Examinations 11:2–17.13 Special claims reports		
11:2-12.2	Definitions	11:2–17.14 Separability		
11:2–12.3 11:2–12.4	Applicability Fictitious arrangement prohibited	11:2–17.15 Penalties		
11:2-12.5	Premiums and policy forms	ON IDOUGNOTED AND DEAD ADDED NOT YOUR		
11:2-12.6	Statistics	SUBCHAPTER 18. READABLE POLICIES		
11:2–12.7 11:2–12.8	Producers Compulsory participation prohibited	11:2–18.1 Purpose		
11:2-12.9	Tie-in sales prohibited	11:2–18.2 Scope 11:2–18.3 Definitions		
	Disclosure required	11:2–18.3 Definitions 11:2–18.4 Minimum readability standards		
	Underwriting standards	11:2–18.5 Procedures for requesting an opinion of compliance with		
	Cancellation and nonrenewal	the Plain Language Law		
	Compulsory facilities	11:2–18.6 Enforcement		
	Eligibility Severability	11:2–18.7 Separability		
SUBCHAPTER 13. GROUP COVERAGE DISCONTINUANCE AND REPLACEMENT		EXHIBIT A REQUEST FOR OPINION AS TO COMPLIANCE WITH PLAIN LANGUAGE LAW		
	Purpose and scope	EXHIBIT B AFFIDAVIT OF COMPLIANCE		
11:2-13.2	Definitions	SUBCHAPTER 19. DESIGNATION OF THIRD PARTY		
11:2–13.3	Effective date of discontinuance for nonpayment of premi- um or subscription charges	FOR CERTAIN NOTIFICATIONS BY SENIOR CITIZEN INSUREDS		
11:2-13.4	Requirements for notice of discontinuance			
	Extension of benefits	11:2–19.1 Purpose and scope		
11:2-13.0	Replacement carrier coverage Noncompliance	11:2–19.2 Definitions 11:2–19.3 Designation third party to receive copies of certain notices		
11:2–13.7 11:2–13.8 t	Chrough 11:2–13.9 (Reserved)	11:2–19.5 Designation third party to receive copies of certain notices 11:2–19.4 Penalties		

2-3 Supp. 5-19-03

SUBCHAPTERS 20 THROUGH 22. (RESERVED) 11:2-29.3 General provisions 11:2-29.4 Elements of proposed plan of orderly withdrawal SUBCHAPTER 23. ADVERTISEMENT OF LIFE 11:2-29.5 Replacement; non-renewal **INSURANCE AND ANNUITIES** 11:2-29.6 Confidentiality of plan of orderly withdrawal 11:2-23.1 11:2-29.7 Fines and penalties Purpose 11:2-29.8 Severability 11:2-23.2 Applicability 11:2-23.3 Definitions 11:2-23.4 SUBCHAPTER 30. (RESERVED) Form and content of advertisements in general 11:2-23.5 Disclosure requirements SUBCHAPTER 31. MANNER OF DETERMINING Identification of insurer, plan and number of policies 11:2-23.6 PREMIUM FOR PERPETUAL HOMEOWNERS 11:2-23.7 Jurisdictional licensing and status of insurer; statements INSURANCE about the insurer 11:2-23.8 Insurers' responsibility and control; advertising file; certif-11:2-31.1 Purpose icate of compliance 11:2-31.2 Scope 11:2-23.9 Failure to comply 11:2-31.3 Definitions 11:2-23.10 Severability 11:2-31.4 Determination of premium 11:2-31.5 Data filed; examination SUBCHAPTERS 24 THROUGH 25. (RESERVED) 11:2-31.6 **Penalties** SUBCHAPTER 26. ANNUAL AUDITED FINANCIAL SUBCHAPTER 32. CUSTODIAL DEPOSITS REPORTS 11:2-32.1 Purpose and scope 11:2-26.1 Purpose 11:2-32.2 Definitions 11:2-26.2 Scope 11:2-32.3 Deposits with custodian; establishment of fees 11:2-26.3 Definitions 11:2-32.4 Compliance dates 11:2-26.4 Filing of annual audited financial reports; extensions 11:2-32.5 Penalties Contents of annual audited financial report 11:2-26.5 11:2-26.6 Qualifications of independent certified public accountants SUBCHAPTER 33. WORKERS' COMPENSATION SELF-11:2-26.7 Certification by independent certified public accountant **INSURANCE** 11:2-26.8 Consolidated or combined audits 11:2-26.9 Scope of examination and report 11:2-33.1 Purpose and scope 11:2-26.10 Notification of adverse financial condition 11:2-33.2 Definitions 11:2-26.11 Report on significant deficiencies in internal controls 11:2-33.3 Exemption from insuring compensation liability; filing re-Accountant's letter of qualifications 11:2-26.12 quirements 11:2-26.13 Availability and maintenance of workpapers 11:2-33.4 Renewals 11:2-26.14 Exemptions 11:2-33.5 Confidentiality 11:2-26.15 Alien insurers 11:2-33.6 Cancellation of exemption Confidentiality of documents 11:2-26.16 11:2-33.7 Failure to comply with subchapter; denial of exemption 11:2-26.17 Penalties 11:2-33.8 Severability 11:2-26.18 Severability APPENDIX. EXHIBIT A THROUGH EXHIBIT E SUBCHAPTER 27. DETERMINATION OF INSURERS IN SUBCHAPTER 34. SURPLUS LINES INSURANCE: A HAZARDOUS FINANCIAL CONDITION ALLOCATION OF PREMIUM TAX AND 11:2-27.1 Purpose and scope **SURCHARGE** 11:2-27.2 Definitions 11:2-34.1 Purpose and scope 11:2-27.3 Determination of hazardous financial condition; factors 11:2-34.2 Definitions 11:2-27.4 Determination of hazardous financial condition; corrective 11:2-34.3 Allocation of premium tax and surcharge 11:2-34.4 Duty to file allocation form 11:2-34.5 Duty to keep records SUBCHAPTER 28. CREDIT FOR REINSURANCE 11:2-34.6 Penalties 11:2-28.1 Purpose and scope 11:2-28.2 Definitions APPENDIX. SURPLUS LINES PREMIUM TAX AND 11:2-28.3 Reinsurer licensed in New Jersey ALLOCATION SCHEDULE 11:2-28.4 Reinsurer accredited in New Jersey SUBCHAPTER 35. RELIEF FROM INSURER 11:2-28.5 Reinsurer domiciled and licensed in another state or OBLIGATIONS UNDER THE FAIR AUTOMOBILE jurisdiction which employs substantially similar standards to this subchapter **INSURANCE REFORM ACT OF 1990** 11:2-28.6 Reinsurer maintaining trust funds 11:2-35.1 Purpose and scope 11:2-28.7 Credit for reinsurance required by law 11:2-35.2 Definitions 11:2-28.8 Reduction from liability for reinsurance ceded to an unau-11:2-35.3 Application procedures and filing format thorized assuming insurer 11:2-35.4 Informational filing requirements 11:2-28.9 Trust agreements qualified pursuant to N.J.A.C. 11:2-28.8 11:2-35.5 Relief 11:2-28.10 Letters of credit qualified pursuant to N.J.A.C. 11:2-28.8 11:2-35.6 Hearings 11:2-28.11 Other security 11:2-28.12 Reinsurance contract SUBCHAPTER 36. RISK RETENTION GROUPS AND 11:2-28.13 Contracts affected **PURCHASING GROUPS APPENDIX** 11:2-36.1 Purpose and scope 11:2-36.2 **Definitions** SUBCHAPTER 29. ORDERLY WITHDRAWAL OF 11:2-36.3 Risk retention group registration requirements **INSURANCE BUSINESS** 11:2-36.4 Additional risk retention groups requirements 11:2-29.1 Purpose and scope 11:2-36.5 Notice and registration requirements of purchasing groups 11:2-36.6

11:2–29.2 Definitions

Surplus lines coverage

11:2-1.3

11:2-36.7 Fines and Penalties APPENDIX A APPENDIX B APPENDIX C APPENDIX D SUBCHAPTER 37. PRODUCER-CONTROLLED **INSURERS** 11:2-37.1 Purpose 11:2-37.2 Scope 11:2-37.3 Definitions 11:2-37.4 Filing of Producer-Controlled Insurer Information Report 11:2-37.5 Contents of the Producer-Controlled Insurer Information Report 11:2-37.6 Confidentiality of documents 11:2-37.7 Penalties APPENDIX A SUBCHAPTER 38. TEMPORARY WAIVER FROM INCREASE IN PROPERTY AND CASUALTY CAPITAL AND SURPLUS REQUIREMENTS 11:2-38.1 Purpose and scope 11:2-38.2 Definitions 11:2-38.3 Requests for temporary waiver of capital and surplus requirements 11:2-38.4 Fines and penalties 11:2–38.5 through 11:2–38.6 (Reserved) SUBCHAPTER 39. INCREASE IN CAPITAL AND SURPLUS REQUIREMENTS FOR INSURERS 11:2-39.1 Purpose and scope 11:2-39.2 Definitions 11:2-39.3 **RBC** reports 11:2-39.4 Company action level event 11:2-39.5 Regulatory action level event 11:2-39.6 Authorized control level event 11:2-39.7 Mandatory control level event Filings of RBC Plans 11:2-39.8 11:2-39.9 Hearings 11:2-39.10 Confidentiality and prohibition on announcements 11:2-39.11 Supplemental provisions 11:2-39.12 Foreign insurers Severability clause 11:2-39.13 11:2-39.14 Notices 11:2-39.15 Phase-in provision SUBCHAPTER 40. LIFE, HEALTH AND ANNUITY REINSURANCE AGREEMENTS 11.2-40.1 Purpose and scope 11:2-40.2 Definitions 11:2-40.3 Reinsurance agreements 11:2-40.4 Agreements or conditions precluding reduction of liability or inclusion as an asset 11:2-40.5 Exceptions to agreements or conditions precluding reduction of liability or inclusion as an asset 11:2-40.6 Additional standards 11:2-40.7 Penalties 11:2-40.8 Severability **APPENDIX** SUBCHAPTER 41. WINDSTORM MARKET ASSISTANCE PROGRAM

11:2-41.1	Purpose and scope
11:2-41.2	Definitions
11:2-41.3	Creation of the Windstorm MAP
11:2-41.4	Governing committee
11:2-41.5	Plan of operation

Formal Assistance Program ("FAP") application process 11:2-41.7

11:2-41.8 Right to petition for appeal to the Commissioner

Reports 11:2-41.9

11:2-41.10 Windstorm deductibles

APPENDIX A

SUBCHAPTER 1. ADMISSION REQUIREMENTS FOR FOREIGN AND ALIEN LIFE AND **HEALTH INSURERS**

11:2-1.1 Purpose

This subchapter establishes the procedures, requirements and standards which govern the application of foreign and alien insurers engaged in the business of life and health insurance for a certificate of authority to transact the business of insurance in this State.

11:2-1.2 Scope

This subchapter applies to all foreign and alien insurers that apply for a certificate of authority to transact the business of life and health insurance in this State. The filing requirements contained in this subchapter shall not apply to the continuation, renewal or timely reinstatement of existing certificates of authority except where the Commissioner, pursuant to law, shall otherwise require.

11:2-1.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Commissioner" means the Commissioner of the Department of Banking and Insurance of this State.

"Committee on Admissions" means the advisory committee within the Department appointed by the Commissioner to aid in the review of applications for admission to transact the business of insurance in this State and to render to the Commissioner recommendations as to the disposition of such applications.

"Department" means the Department of Banking and Insurance of this State.

"IRIS" means the NAIC Insurance Regulatory Information System.

"NAIC" means National Association of Insurance Commissioners.

Amended by R.2001 d.6, effective January 2, 2001. See: 32 N.J.R. 3530(a), 33 N.J.R. 85(a). Amended "Commissioner" and "Department".

11:2-1.4 General eligibility requirements

- (a) In order for a foreign or alien insurer to be admitted as a life and health insurer in this State, the requirements in this section shall be satisfied in addition to any other requirements in this subchapter or any other provision of law.
 - 1. The applicant shall satisfy the Commissioner that its condition or methods of operation are not such as would render its operation hazardous to the public or its policyholders in this State. In determining whether a hazardous financial condition exists, the factors identified in N.J.A.C. 11:2-27.3 shall be considered. A hazardous financial condition shall exist when those factors indicate, either singly or in combination of two or more, that the financial condition of any applicant which has applied to transact, or is already transacting the business of insurance in any jurisdiction, is considered by the Commissioner to be hazardous to the policyholders, stockholders, claimants, creditors, or the general public. The Commissioner shall further consider any other fact or circumstance that indicates that an insurer's operations may be hazardous.
 - 2. The applicant shall satisfy at least the minimum capital and surplus requirements of a similar domestic insurer of this State for all lines of insurance that it is authorized to write pursuant to the certificate of authority issued by its place of domicile, whether or not the applicant desires to transact any of those lines of insurance in this State, subject to the following:
 - i. In determining whether an applicant meets the minimum capital and surplus requirements, the following shall be deducted from unassigned funds:
 - (1) The statement value of any and all special deposits not held for the protection of all policyholders;
 - (2) Reserves and losses reinsured with companies not authorized in New Jersey, accredited as reinsurers in New Jersey, or otherwise in compliance with N.J.S.A. 17:51B-1 et seq., net of any offsets;
 - (3) The statement value for the portion of assets held in excess of investment limitations for life and health insurers pursuant to N.J.S.A. 17B:20-1 et seq.;
 - (4) Reserve shortfalls caused by the company holding reserves weaker than those mandated by N.J.S.A. 17B:19, or such other standards provided by administrative rule, actuarial guidelines, or determined necessary by actuarial analysis;
 - (5) The excess of the statement value over the market value of bonds held by the applicant; and
 - (6) Off balance sheet guarantees and contingent liabilities for which the company has not previously established a liability in an appropriate amount.

- ii. Capital and surplus requirements may be reduced to the level required for the kinds of insurance actually being marketed if the applicant:
 - (1) Does not transact one or more of the kinds of insurance contained in the certificate of authority issued by its state or country of domicile; and
 - (2) Submits a resolution by its board of directors stating that it will refrain from transacting the kind(s) of insurance permitted by the certificate of authority issued by its state or country of domicile.
- 3. An applicant which has total adjusted capital of less than its company action level risk-based capital or which has otherwise triggered a company action level event, as these terms are defined in N.J.A.C. 11:2–39, as of December 31 of the preceding calendar year, shall not be considered for admission until the applicant's status has improved.
- 4. The applicant shall be deemed to have its application deferred if any one of the following conditions exist:
 - i. An applicant which has failed four or more IRIS tests shall have its application deferred until it has demonstrated to the Commissioner and its place of domicile that the IRIS test results are not indicative of a financial condition that may be hazardous to the policyholders, stockholders, claimants, creditors or the general public; or
 - ii. An applicant which has failed to file with the NAIC an annual statement for the prior year shall have its application deferred until it has filed with the NAIC such annual statement.
- 5. The applicant shall satisfy the following seasoning requirements:
 - i. Subject to the provisions of this subchapter, no applicant shall be considered for a certificate of authority to transact the business of insurance in this State unless the Commissioner has been furnished with evidence that the applicant has been authorized by its state or country of domicile to engage in the kind(s) of insurance business for which the applicant seeks a certificate of authority, and has in fact been actively, continuously and successfully engaged in such business, without a change in control, for a period of at least five years prior to the date of the application for the New Jersey certificate of authority.
 - ii. An applicant qualified under (a)5i above shall demonstrate that:
 - (1) During any three of the last five years, including therein the two most recent years of business operations, it generated a net gain from operations, after Federal taxes, as reported in the annual statement; and

Supp. 5-19-03 **2-6**

INSURANCE GROUP 11:2–41.9

- 9. Such other provisions as are deemed necessary by the governing committee for the operation of the Windstorm MAP.
- (b) The governing committee shall, within 30 days of the adoption of these rules, submit to the Commissioner, for his or her review and approval, a proposed plan of operation. After approval of the plan, the governing committee may thereafter propose an amendment to the plan of operation at any time for review and approval by the Commissioner. If approved, the Commissioner shall certify approval to the governing committee.
 - 1. If the Commissioner disapproves all or any part of the plan of operation or any amendment, he or she shall return same to the governing committee with a statement that sets forth the reasons for his or her disapproval and may include other recommendations he or she may wish to make.
 - 2. If the governing committee does not submit a plan of operation by February 16, 1995, or a new plan which is acceptable to the Commissioner within 30 days after the disapproval of a proposed plan, the Commissioner may promulgate a plan of operation and certify same to the governing committee, until such time as the governing committee submits its own plan of operation which is acceptable to the Commissioner.
 - 3. The Commissioner may review the plan of operation at any time and may suggest amendments to the governing committee.

11:2-41.6 Informal Referral Program ("IRP")

- (a) The IRP shall provide for the distribution to the public of information about insurers offering coverage to qualified applicants that meet current underwriting guidelines.
- (b) The governing committee shall provide in the plan of operation for administration of the IRP, which shall include provision for maintaining necessary records in order to confirm the applicant's qualification for the FAP pursuant to N.J.A.C. 11:2–41.7(a)2.
- (c) The Windstorm MAP may revise the IRP as necessary to provide maximum assistance to property owners seeking homeowners' insurance in the coastal area; however, only the Department may gather underwriting information from homeowner insurers the Department determines is needed for use in the IRP.

11:2-41.7 Formal Assistance Program ("FAP") application process

(a) Any person applying for homeowners' insurance through the FAP shall demonstrate that he or she is a qualified applicant.

- (b) The FAP shall arrange for coverage to qualified applicants to the extent that the Windstorm MAP has capacity to provide such coverage based upon the participation of insurers.
- (c) The governing committee shall establish procedures in the plan of operation with respect to documentation to be provided by the applicant or the producer showing (where applicable) the reasons for termination of previous insurance coverage, including, but not limited to:
 - 1. Previous insurance company name and policy number:
 - 2. Reasons for termination and effective date of termination; and
 - 3. Claim history for the preceding three years.
- (d) Those insurers that have agreed to consider risks through the FAP shall provide homeowners' insurance coverage to qualified applicants in accordance with each insurers' voluntary commitment to participate and to provide coverage.

11:2–41.8 Right to petition for appeal to the Commissioner

- (a) A member or participant may petition for appeal to the Commissioner from an adverse decision of the governing committee by filing a request in writing within 20 days of the date of receipt of the written decision of the governing committee.
 - 1. The written request to appeal shall set forth the facts upon which it is based and include a copy of the written decision of the governing committee.
 - 2. The Commissioner shall notify the petitioner and the governing committee within 30 days whether the request to appeal shall be granted.
 - 3. Notice from the Commissioner that an appeal has been granted shall also provide a statement about whether the action of the governing committee has been stayed pending the disposition of the appeal.
- (b) An appeal to the Commissioner granted pursuant to this rule shall be conducted on the record before the governing committee in accordance with applicable provisions of the Administrative Procedure Act, N.J.S.A. 52:14B–1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

11:2-41.9 Reports

Member insurers shall, no less frequently than quarterly, submit reports relative to the amount of homeowners' insurance in force and new business written in a format which shall be prescribed by Order of the Commissioner.

2-135 Supp. 1-2-01

11:2-41.10 Windstorm deductibles

Member insurers that demonstrate pursuant to the provisions of this subchapter proportionate Statewide and coastal area market shares, may file for approval, pursuant to N.J.S.A. 17:29A–1 et seq., amendments to their filed rating systems in order to offer optional and/or mandatory windstorm deductibles. In determining whether to approve such filings, the Commissioner shall consider the insurer's demonstrated participation in the homeowners' insurance market and whether approval of the filing will contribute to improve availability and affordability of homeowners' insurance in the coastal areas.

APPENDIX A

COASTAL REGION ZIP CODES

07002	07715	07753	08202	08405	08750
07008	07716	07755	08203	08406	08751
07036	07717	07756	08204	08411	08752
07064	07718	07757	08212	08721	08753
07077	07719	07758	08223	08723	08754
07201	07720	07760	08226	08724	08755
07202	07721	07762	08230	08730	08756
07206	07723	07764	08243	08731	08757
07302	07730	08005	08247	08732	08758
07304	07732	08006	08248	08734	08832
07305	07734	08008	08260	08735	08861
07306	07735	08050	08400	08736	08862
07709	07737	08087	08401	08738	08878
07711	07740	08092	08402	08739	08879
07712	07748		08403	08740	
07713	07750		08404	08742	

Supp. 1-2-01 **2-136**