CERTIFICATION OF ENROLLMENT

SENATE BILL 5180

Chapter 142, Laws of 2016

64th Legislature 2016 Regular Session

LIFE INSURANCE--RESERVE REQUIREMENTS--VALUATION

EFFECTIVE DATE: Sections 1 through 19 take effect 1/1/2017, and Section 20 takes effect 7/1/2017.

Passed by the Senate March 9, 2016 CERTIFICATE Yeas 49 Nays 0 I, Hunter G. Goodman, Secretary of Senate of the State of BRAD OWEN Washington, do hereby certify that the attached is **SENATE BILL 5180** as President of the Senate passed by Senate and the House of Representatives on the dates hereon set forth. Passed by the House March 8, 2016 Yeas 84 Nays 12 HUNTER G. GOODMAN Secretary FRANK CHOPP Speaker of the House of Representatives Approved March 31, 2016 4:43 PM FILED April 1, 2016 Secretary of State JAY INSLEE State of Washington Governor of the State of Washington

SENATE BILL 5180

AS AMENDED BY THE HOUSE

Passed Legislature - 2016 Regular Session

State of Washington 64th Legislature 2015 Regular Session

By Senators Benton, Mullet, Angel, Hobbs, Hargrove, Keiser, and Darneille; by request of Insurance Commissioner

Read first time 01/15/15. Referred to Committee on Financial Institutions & Insurance.

- 1 AN ACT Relating to modernizing life insurance reserve
- 2 requirements; amending RCW 48.74.010, 48.74.020, 48.74.025,
- 3 48.74.030, 48.74.050, 48.74.060, 48.74.070, 48.74.090, 48.76.010,
- 4 48.76.050, and 42.56.400; reenacting and amending RCW 42.56.400;
- 5 adding new sections to chapter 48.74 RCW; providing effective dates;
- 6 and providing an expiration date.
- 7 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 8 **Sec. 1.** RCW 48.74.010 and 1982 1st ex.s. c 9 s 1 are each
- 9 amended to read as follows:
- 10 This chapter may be known and cited as the standard valuation
- 11 law. ((As used in this chapter, "NAIC" means the National Association
- 12 of Insurance Commissioners.))
- NEW SECTION. Sec. 2. A new section is added to chapter 48.74
- 14 RCW to read as follows:
- 15 Beginning on the operative date of the valuation manual, the
- 16 definitions in this section apply throughout this chapter unless the
- 17 context clearly requires otherwise.
- 18 (1) "Appointed actuary" means a qualified actuary who is
- 19 appointed in accordance with the valuation manual to prepare the
- 20 actuarial opinion required in section 6 of this act.

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(2) "Company" means an entity, that:

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- (a) Has written, issued, or reinsured life insurance contracts, disability insurance contracts, or deposit-type contracts in this state and has at least one such policy in force or on claim; or
- 5 (b) Has written, issued, or reinsured life insurance contracts, 6 disability insurance contracts, or deposit-type contracts in any 7 state and is required to hold a certificate of authority to write 8 life insurance, disability insurance, or deposit-type contracts in 9 this state.
- 10 (3) "Deposit-type contract" means contracts that do not incorporate mortality or morbidity risks and as may be specified in the valuation manual.
 - (4) "Disability insurance," which also may be known in the industry as "accident and health insurance," means contracts that incorporate morbidity risk and provide protection against economic loss resulting from accident, sickness, or medical conditions and as may be specified in the valuation manual.
- 18 (5) "Life insurance" means contracts that incorporate mortality 19 risk, including annuity and pure endowment contracts, and as may be 20 specified in the valuation manual.
- 21 (6) "NAIC" means the national association of insurance 22 commissioners.
 - (7) "Policyholder behavior" means any action a policyholder, contract holder, or any other person with the right to elect options, such as a certificate holder, may take under a policy or contract subject to this chapter including, but not limited to, lapse, withdrawal, transfer, deposit, premium payment, loan, annuitization, or benefit elections prescribed by the policy or contract but excluding events of mortality or morbidity that result in benefits prescribed in their essential aspects by the terms of the policy or contract.
 - (8) "Principle-based valuation" means a reserve valuation that uses one or more methods or one or more assumptions determined by the insurer and is required to comply with section 14 of this act as specified in the valuation manual.
 - (9) "Qualified actuary" means an individual who is qualified to sign the applicable statement of actuarial opinion in accordance with the American academy of actuaries qualification standards for actuaries signing such statements and who meets the requirements specified in the valuation manual.

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- 1 (10) "Tail risk" means a risk that occurs either where the 2 frequency of low probability events is higher than expected under a 3 normal probability distribution or where there are observed events of 4 very significant size or magnitude.
- 5 (11) "Valuation manual" means the manual of valuation 6 instructions adopted by the NAIC as specified in this chapter.
- 7 Sec. 3. RCW 48.74.020 and 1982 1st ex.s. c 9 s 2 are each 8 amended to read as follows:

9 <u>This section applies to policies and contracts issued prior to</u> 10 the operative date of the valuation manual.

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(1) The commissioner shall annually value, or cause to be valued, reserve liabilities, hereinafter called reserves, outstanding life insurance policies and annuity and pure endowment contracts of every life insurance company doing business in this state((, and may certify the amount of any such reserves, specifying the mortality table or tables, rate or rates of interest, and methods, including net level premium method or other, used in the calculation of such reserves))issued on or after July 10, 1982, and prior to the operative date of the valuation manual. In calculating such reserves, the commissioner may use group methods and approximate averages for fractions of a year or otherwise. In lieu of the valuation of the reserves herein required of any foreign or alien company, the commissioner may accept any valuation made, or caused to be made, by the insurance supervisory official of any state or other jurisdiction when such valuation complies with the minimum standard provided in this chapter ((and if the official of such state or jurisdiction accepts as sufficient and valid for all legal purposes the certificate of valuation of the commissioner when such certificate states the valuation to have been made in a specified manner according to which the aggregate reserves would be at least as large as if they had been computed in the manner prescribed by the law of that state or jurisdiction)).

(2) RCW 48.74.030 through 48.74.090 apply to all policies and contracts, as appropriate, subject to this chapter issued on or after July 10, 1982, and prior to the operative date of the valuation manual and sections 13 and 14 of this act do not apply to any such policies and contracts.

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- 1 (3) The minimum standard for valuation of policies and contracts
- 2 <u>issued prior to July 10, 1982, is that provided by the laws</u>
- 3 immediately prior to that date.

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- 4 <u>NEW SECTION.</u> **Sec. 4.** A new section is added to chapter 48.74 5 RCW to read as follows:
- 6 This section applies to policies and contracts issued on or after 7 the operative date of the valuation manual.
- (1) The commissioner shall annually value, or cause to be valued, 8 the reserve liabilities, called reserves, for all outstanding life 9 10 insurance contracts, annuity and endowment contracts, disability contracts, and deposit-type contracts of every company issued on or 11 after the operative date of the valuation manual. In lieu of the 12 valuation of the reserves required of a foreign or alien company, the 13 commissioner may accept a valuation made, or caused to be made, by 14 15 insurance supervisory official of any state, or 16 jurisdiction when the valuation complies with the minimum standard 17 provided in this chapter.
- 18 (2) Sections 13 and 14 of this act apply to all policies and 19 contracts issued on or after the operative date of the valuation 20 manual.
- 21 **Sec. 5.** RCW 48.74.025 and 1993 c 462 s 85 are each amended to 22 read as follows:
- 23 <u>This section applies to actuarial opinions prior to the operative</u> 24 <u>date of the valuation manual.</u>
 - (1) 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 commissioner by rule are computed appropriately, are based on assumptions that satisfy contractual provisions, are consistent with prior reported amounts, and comply with applicable laws of this state. The commissioner by rule shall define the specifics of this opinion and add any other items deemed to be necessary to its scope.
- 34 (2) <u>Actuarial analysis of reserves and assets supporting</u> 35 <u>reserves.</u>
- 36 (a) Every life insurance company, except as exempted by rule, 37 shall also include in the opinion required under subsection (1) of 38 this section an opinion as to whether the reserves and related

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actuarial items held in support of the policies and contracts specified by the commissioner by rule, 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 commissioner may provide by rule for a transition period for establishing higher reserves that the qualified actuary may deem necessary in order to render the opinion required by this section.
- (3) Each opinion required under subsection (2) of this section is governed by the following provisions:
- (a) A memorandum, in form and substance acceptable to the commissioner as specified by rule, must be prepared to support each actuarial opinion.
- (b) If the insurance company fails to provide a supporting memorandum at the request of the commissioner within a period specified by rule or if the commissioner determines that the supporting memorandum provided by the insurance company fails to meet the standards prescribed by the rules or is otherwise unacceptable to the commissioner, the commissioner 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 commissioner.
- (4) ((A memorandum in support of the opinion, and other material provided by the company to the commissioner in connection with it, must be kept confidential by the commissioner and may not be made public and is not subject to subpoena, other than for the purpose of defending an action seeking damages from any person by reason of an action required by this section or by rules adopted under it. However, the commissioner may otherwise release the memorandum or other material (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 commissioner 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

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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 are no longer confidential.

- (5) Each)) Every opinion required under this section is governed by the following provisions:
- (a) The opinion must be submitted with the annual statement reflecting the valuation of the reserve liabilities for each year ending on or after December 31, 1994.
- (b) The opinion applies to all business in force, including individual and group disability insurance, in form and substance acceptable to the commissioner as specified by rule.
 - (c) The opinion must be based on standards adopted ((by the commissioner, who in setting the standards shall give due regard to the standards established)) from time to time by the actuarial standards board ((or its successors)) and on such additional standards as the commissioner may prescribe by rule.
 - (d) In the case of an opinion required to be submitted by a foreign or alien company, the commissioner may accept the opinion filed by that company with the insurance supervisory official of another state if the commissioner determines that the opinion reasonably meets the requirements applicable to a company domiciled in this state.
 - (e) For purposes of this section, "qualified actuary" means a ((person who meets qualifications set by the commissioner with due regard to the qualifications established for membership in)) member in good standing of the American Academy of Actuaries ((or its successors)) who meets the requirements set forth in rules adopted by the commissioner.
 - (f) Except in cases of fraud or willful misconduct, the qualified actuary is not liable for damages to any person, other than the insurance company and the commissioner, for any act, error, omission, decision, or conduct with respect to the actuary's opinion.
- 33 (g) Rules adopted by the commissioner shall define disciplinary 34 action by the commissioner against the company or the qualified 35 actuary.
- NEW SECTION. Sec. 6. A new section is added to chapter 48.74 RCW to read as follows:
- This section applies to actuarial opinions of reserves after the operative date of the valuation manual.

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(1) Every company with outstanding life insurance contracts, accident and health insurance contracts, or deposit-type contracts in this state and subject to regulation by the commissioner must 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 laws of this state. The valuation manual will prescribe the specifics of this opinion including any items deemed to be necessary to its scope.

- (2) Every company with outstanding life insurance contracts, accident and health insurance contracts, or deposit-type contracts in this state and subject to regulation by the commissioner, except as exempted in the valuation manual, must also annually include in the opinion required by subsection (1) of this section, 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 the benefits under and expenses associated with the policies and contracts.
- (3) Each opinion required by this section is governed by the following:
- (a) A memorandum, in form and substance as specified in the valuation manual, and acceptable to the commissioner, must be prepared to support each actuarial opinion.
- (b) If the insurance company fails to provide a supporting memorandum at the request of the commissioner within a period specified in the valuation manual or the commissioner 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 commissioner, the commissioner 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 commissioner.

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1 (4) Every opinion under this section is governed by the 2 following:

- (a) The opinion must be in form and substance as specified in the valuation manual and acceptable to the commissioner.
- (b) The opinion must be submitted with the annual statement reflecting the valuation of the reserve liabilities for each year ending on or after the operative date of the valuation manual.
- (c) The opinion must apply to all policies and contracts subject to this section, plus other actuarial liabilities as may be specified in the valuation manual.
- (d) The opinion must be based on standards adopted from time to time by the actuarial standards board or its successor, and on the 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 commissioner may accept the opinion filed by that company with the insurance supervisory official of another state if the commissioner determines that the opinion reasonably meets the requirements applicable to a company domiciled in this state.
- (f) Except in cases of fraud or willful misconduct, the appointed actuary is not liable for damages to any person, other than the insurance company and the commissioner, for any act, error, omission, decision, or conduct with respect to the appointed actuary's opinion.
- 24 (g) Disciplinary action by the commissioner against the company 25 or the appointed actuary must be defined in rule by the commissioner.
- NEW SECTION. Sec. 7. A new section is added to chapter 48.74 RCW to read as follows:
 - (1)(a) The opinion and memorandum in support of the opinion submitted to the commissioner under RCW 48.74.025 are confidential and privileged, are exempt from disclosure pursuant to chapter 42.56 RCW, are not subject to subpoena, and are not subject to discovery or admissible in evidence in any private civil action, only if and to the extent that the opinion and memorandum supporting the opinion independently qualify for exemption from disclosure as documents, materials, or information in the possession of the commissioner pursuant to a financial conduct examination.
 - (b) If independently qualifying for exemption from disclosure, as provided in (a) of this subsection, the provisions of RCW 48.02.065 apply to the opinion and memorandum in support of the opinion to the

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same extent as documents, materials, and information in possession of the commissioner pursuant to a financial conduct examination.

- (2) In addition to the provisions of RCW 48.02.065, (a) through (c) of this subsection apply to the opinion and memorandum in support of the opinion submitted to the commissioner under RCW 48.74.025.
- (a) A memorandum in support of the opinion, and any other material provided by the company to the commissioner in connection with the memorandum, may be subject to subpoena for the purpose of defending an action seeking damages from the actuary submitting the memorandum by reason of an action required by this section or by rules adopted under this section.
- (b) A memorandum or other material may otherwise be released by the commissioner with the written consent of the company or 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 commissioner for preserving the confidentiality of the memorandum or other material.
- (c) Once any portion of the confidential memorandum is cited by the company in its marketing or is cited before a governmental agency other than a state insurance department or is released by the company to the news media, all portions of the confidential memorandum are no longer confidential.
 - (3) Included in those agencies or organizations with which the commissioner may share the opinion and memorandum in support of the opinion, as provided in this section and RCW 48.02.065, is the office of the attorney general for purposes of investigating any consumer protection or antitrust action.
- **Sec. 8.** RCW 48.74.030 and 1993 c 462 s 86 are each amended to 30 read as follows:
- (1) Except as ((otherwise)) provided in subsections (2) and (3) of this section, or in RCW 48.74.090, the minimum standard for the valuation of all such policies and contracts issued prior to July 10, 1982, shall be that provided by the laws in effect immediately prior to such date. Except as otherwise provided in subsections (2) and (3) of this section, or in RCW 48.74.090, the minimum standard for the valuation of all such policies and contracts issued on or after July 10, 1982, shall be the commissioner's reserve valuation methods defined in RCW 48.74.040, 48.74.070, and 48.74.090, three and one-

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- half percent interest, or in the case of life insurance policies and contracts, other than annuity and pure endowment contracts, issued on or after July 16, 1973, four percent interest for such policies issued prior to September 1, 1979, five and one-half percent interest for single premium life insurance policies and four and one-half percent interest for all other such policies issued on and after September 1, 1979, and the following tables:
- (a) For ((all)) ordinary policies of life insurance issued on the 8 standard basis, excluding any disability and accidental death 9 benefits in such policies—the commissioner's 1941 standard ordinary 10 mortality table for such policies issued prior to the operative date 11 12 of RCW ((48.23.350(5a)))48.76.050(5) and the commissioner's 1958 13 standard ordinary mortality table for such policies issued on or 14 after such operative date and prior to the operative date of RCW $48.76.050((\frac{4}{1}))(5)$, except that for any category of such policies 15 16 issued on female risks, all modified net premiums and present values 17 referred to in this chapter may be calculated according to an age not more than six years younger than the actual age of the insured; and 18 19 for such policies issued on or after the operative date of RCW 20 48.76.050(((4)))<u>(7)</u>:
- 21 (i) The commissioner's 1980 standard ordinary mortality table; 22 $((\Theta r))$

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- (ii) $\underline{A}t$ the election of the company for any one or more specified plans of life insurance, the commissioner's 1980 standard ordinary mortality table with ten-year select mortality factors; or
- (iii) Any ordinary mortality table, adopted after 1980 by the national association of insurance commissioners, that is approved by regulation promulgated by the commissioner 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 RCW ((48.23.350(5b)))48.76.050(6), and for such policies issued on or after such operative date of RCW 48.76.050(6), the commissioner's 1961 standard industrial mortality table or any industrial mortality table, adopted after 1980 by the national association of insurance commissioners, that is approved by rule of the commissioner for use in determining the minimum standard of valuation for such policies.

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(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 commissioner.

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- (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 commissioner, or, at the option of the company, any of the tables or modifications of tables specified for individual annuity and pure endowment contracts.
- (e) total and permanent disability benefits in For or supplementary to ordinary policies or contracts—for policies or contracts issued on or after January 1, 1966, the tables of period 2 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 <u>n</u>ational <u>a</u>ssociation of <u>i</u>nsurance commissioners, that are approved by regulation promulgated by the commissioner 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 —for 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 <u>national association of insurance commissioners</u>, that is approved by regulation promulgated by the commissioner 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 intercompany double indemnity mortality table; and for policies issued prior to January 1, 1961, the intercompany double indemnity mortality table. Either table shall be combined with a

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1 mortality table permitted for calculating the reserves for life 2 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 commissioner.
- (2) Except as provided in subsection (3) of this section, the minimum standard ((for the)) valuation ((of all))for individual annuity and pure endowment contracts issued on or after July 10, 1982, and for all annuities and pure endowments purchased on or after such effective date under group annuity and pure endowment contracts, shall be the commissioner's reserve valuation methods defined in RCW 48.74.040 and the following tables and interest rates:
- (a) For individual annuity and pure endowment contracts issued before September 1, 1979, excluding any disability and accidental death benefit in such contracts—the 1971 individual annuity mortality table, or any modification of this table approved by the commissioner, 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 1, 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 <u>national association of insurance commissioners</u>, that is approved by regulation promulgated by the commissioner for use in determining the minimum standard of valuation for such contracts, or any modification of these tables approved by the commissioner, and seven and one-half percent interest.
- (c) For individual annuity and pure endowment contracts issued on or after September 1, 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 <u>national association of insurance commissioners</u>, that is approved by regulation promulgated by the commissioner for use in determining the minimum standard of valuation for such contracts, or any modification of these tables approved by the commissioner, and five and one-half percent interest for single premium deferred annuity and pure endowment contracts and four and one-half percent

1 interest for all other such individual annuity and pure endowment 2 contracts.

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- (d) For all annuities and pure endowments purchased prior to September 1, 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 commissioner, and six percent interest.
- (e) For all annuities and pure endowments purchased on or after September 1, 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 national association of insurance commissioners, that is approved by regulation promulgated by the commissioner for use in determining the minimum standard of valuation for such annuities and pure endowments, or any modification of these tables approved by the commissioner, and seven and one-half percent interest.

After July 16, 1973, any company may file with the commissioner a written notice of its election to comply with the provisions of this section after a specified date before January 1, 1979, which shall be the operative date of this section for such company. If a company makes no such election, the operative date of this section for such company shall be January 1, 1979.

- (3)(a) The interest rates used in determining the minimum standard for the valuation of:
- (i) ((All))Life insurance policies issued in a particular calendar year, on or after the operative date of RCW 48.76.050(((4))) 29 (7);
- 30 (ii) ((All))<u>I</u>ndividual annuity and pure endowment contracts 31 issued in a particular calendar year on or after January 1, 1982;
- (iii) ((All))Annuities and pure endowments purchased in a particular calendar year on or after January 1, 1982, under group annuity and pure endowment contracts; and
- 35 (iv) The net increase, if any, in a particular calendar year 36 after January 1, 1982, in amounts held under guaranteed interest 37 contracts shall be the calendar year statutory valuation interest 38 rates as defined in this section.

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- 1 (b) The calendar year statutory valuation interest rates, I, 2 shall be determined as follows and the results rounded to the nearer 3 one-quarter of one percent:
 - (i) For life insurance:
- 6 (ii) For single premium immediate annuities and for annuity
 7 benefits involving life contingencies arising from other annuities
 8 with cash settlement options and from guaranteed interest contracts
 9 with cash settlement options:
- 10 I = .03 + W (R .03)

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- 11 where R_1 is the lesser of R and .09,
- 12 R_2 is the greater of R and .09,
- R is the reference interest rate defined in this section, and
- W is the weighting factor defined in this section;
- (iii) For other annuities with cash settlement options and 15 guaranteed interest contracts with cash settlement options, valued on 16 17 issue year basis, except as stated in (b)(ii) 18 ((subparagraph))subsection, the formula for life insurance stated in (b)(i) of this ((subparagraph))subsection shall apply to annuities 19 and guaranteed interest contracts with guarantee durations in excess 20 of ten years and the formula for single premium immediate annuities 21 stated in (b)(ii) of this ((subparagraph))subsection shall apply to 22 23 annuities and guaranteed interest contracts with guarantee duration 24 of ten years or less;
 - (iv) 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 (b)(ii) of this ((subparagraph))subsection shall apply;
 - (v) 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 (b)(ii) of this ((subparagraph))subsection shall apply.
- 34 (c) However, if the calendar year statutory valuation interest 35 rate for any life insurance policies issued in any calendar year 36 determined without reference to this sentence differs from the 37 corresponding actual rate for similar policies issued in the 38 immediately preceding calendar year by less than one-half of one 39 percent, the calendar year statutory valuation interest rate for such

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life insurance policies shall be equal to the corresponding actual 1 rate for the immediately preceding calendar year. For purposes of 2 applying the immediately preceding sentence, the calendar year 3 statutory valuation interest rate for life insurance policies issued 4 in a calendar year shall be determined for 1983 using the reference 5 6 interest rate defined for 1982 and shall be determined for each 7 subsequent calendar year regardless of when RCW $48.76.050((\frac{4}{4}))(7)$ 8 becomes operative.

- (d) The weighting factors referred to in the formulas stated in ((subparagraph)) (b) of this subsection are given in the following tables:
 - (i) Weighting Factors for Life Insurance:

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13	Guarantee Duration	Weighting
14	(Years)	Factors
15	10 or less	.50
16	More than 10, but not more than 20	.45
17	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;

- (ii) 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;
- (iii) Weighting factors for other annuities and for guaranteed interest contracts, except as stated in $\underline{(d)}(ii)$ of this $((\underline{subparagraph}))\underline{subsection}$, shall be as specified in (d)(iii)(A), (B), and (C) of this subsection, according to the rules and definitions in (d)(iii)(D), (E), and (F) of this subsection:
- 32 (A) For annuities and guaranteed interest contracts valued on an 33 issue year basis:

34		Weigh	ting Fa	actor
35	Guarantee Duration	for Pl	an Typ	e
36	(Years)	A	В	C
37	5 or less:	.80	.60	.50

1	More than 5, but not more than 10:		.60	.50
2	More than 10, but not more than 20:	.65	.50	.45
3	More than 20:	.45	.35	.35

4 (B) For annuities and guaranteed interest contracts valued on a change in fund basis, the factors shown in (d)(iii)(A) of this subsection increased by:

7	Plan Type		
8	A	В	C
9	.15	.25	.05

10 (C) For annuities and guaranteed interest contracts valued on an 11 issue year basis other than those with no cash settlement options 12 which do not quarantee interest on considerations received more than one year after issue or purchase and for annuities and guaranteed 13 14 interest contracts valued on a change in fund basis which do not quarantee interest rates on considerations received more than twelve 15 months beyond the valuation date, the factors shown in (d)(iii)(A) of 16 17 this subsection or derived in (d)(iii)(B) of this subsection 18 increased by:

19	Plan Type		
20	A	В	C
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- (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.
- 32 (E) Plan type as used in the tables in (d)(iii)(A), (B), and (C) 33 of this subsection is defined as follows:

Plan Type A: At any time a policyholder may withdraw funds only:
(1) With an adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurance company; or (2)

without such adjustment but in installments over five years or more; or (3) as an immediate life annuity; or (4) no withdrawal permitted.

Plan Type B: Before expiration of the interest rate guarantee, a policyholder may withdraw funds only: (1) With adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurance company; or (2) without such adjustment but in installments over five years or more; or (3) no withdrawal permitted. At the end of the interest rate guarantee, funds may be withdrawn without such adjustment in a single sum or installments over less than five years.

Plan Type C: A policyholder may withdraw funds before expiration of the interest rate guarantee in a single sum or installments over less than five years either: (1) Without adjustment to reflect changes in interest rates or asset values since receipt of the funds by the insurance company; or (2) 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 section, 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. 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 quaranteed interest contract is the calendar year valuation interest rate for the year of the change in the fund.
- (e) The reference interest rate referred to in ((subparagraphs))
 (b) and (c) of this subsection is defined as follows:
- (i) 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 30th of the calendar year next preceding the year of issue, of ((Moody's corporate bond yield average monthly average corporates))the composite yield on seasoned corporate bonds, as published by Moody's Investors Service, Inc.

(ii) 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 30th of the calendar year of issue or year of purchase of ((Moody's corporate bond yield average monthly average corporates))the composite yield on seasoned corporate bonds, as published by Moody's Investors Service, Inc.

- (iii) 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 (e)(ii) of this ((subparagraph))subsection, 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 30th of the calendar year of issue or purchase, of ((Moody's corporate bond yield average—))the monthly average ((corporates))of the composite yield on seasoned corporate bonds, as published by Moody's Investors Service, Inc.
- (iv) 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 (e)(ii) of this ((subparagraph))subsection, with guarantee duration of ten years or less, the average over a period of twelve months, ending on June 30th of the calendar year of issue or purchase, of ((Moody's corporate bond yield average—))the monthly average ((corporates))of the composite yield on seasoned corporate bonds, as published by Moody's Investors Service, Inc.
- (v) 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 30th of the calendar year of issue or purchase, of ((Moody's corporate bond yield average—))the monthly average ((corporates))of the composite yield on seasoned corporate bonds, as published by Moody's Investors Service, Inc.
- (vi) 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 (e)(ii) of this ((subparagraph))subsection, the average over a period of twelve months, ending on June 30th of the calendar year of the change in the

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- fund, of ((Moody's corporate bond yield average—))the monthly average ((corporates))of the composite yield on seasoned corporate bonds, as published by Moody's Investors Service, Inc.
- If ((Moody's corporate bond yield average—))the monthly 4 5 average ((corporates)) of the composite yield on seasoned corporate bonds is no longer published by Moody's Investors Service, Inc., or 6 7 if the <u>n</u>ational <u>a</u>ssociation of <u>i</u>nsurance <u>c</u>ommissioners determines 8 that ((Moody's corporate bond yield average—))the monthly average 9 ((corporates)) of the composite yield on seasoned corporate bonds as published by Moody's Investors Service, Inc. is no longer appropriate 10 for the determination of the reference interest rate, then 11 alternative method for determination of the reference interest rate, 12 13 which adopted by the national association of is insurance commissioners and approved by rule adopted by the commissioner, may 14 15 be substituted.
- 16 **Sec. 9.** RCW 48.74.050 and 1993 c 462 s 88 are each amended to 17 read as follows:
- (1) In no event may a company's aggregate reserves for all life insurance policies, excluding disability and accidental death benefits, issued on or after July 10, 1982, be less than the aggregate reserves calculated in accordance with the methods set forth in RCW 48.74.040, 48.74.070, and 48.74.080 and the mortality table or tables and rate or rates of interest used in calculating nonforfeiture benefits for such policies.
 - (2) In no event may the aggregate reserves for all policies, contracts, and benefits be less than the aggregate reserves determined by the ((qualified))appointed actuary to be necessary to render the opinion required under RCW 48.74.025 and section 6 of this act.

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- 30 **Sec. 10.** RCW 48.74.060 and 1993 c 462 s 89 are each amended to 31 read as follows:
- 32 (1) Reserves for all policies and contracts issued prior to ((the operative date of this chapter))July 10, 1982, 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 the laws in effect immediately prior to such date.

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(2) Reserves for any category of policies, contracts, or benefits as established by the commissioner, issued on or after July 10, 1982, may be calculated, at the option of the company, according to any standards which produce greater aggregate reserves for such category than those calculated according to the minimum standard herein provided, but the rate or rates of interest used for policies and contracts, other than annuity and pure endowment contracts, shall not be ((higher))greater than the corresponding rate or rates of interest used in calculating any nonforfeiture benefits provided ((therein))in the policies or contracts.

((Any such))(3) A company which adopts at any time ((has adopted)) any standard of valuation producing greater aggregate reserves than those calculated according to the minimum standard ((herein provided))under this chapter may, adopt a lower standard of valuation with the approval of the commissioner, ((adopt any lower standard of valuation,)) but not lower than the minimum ((herein)) provided. For the purposes of this section, the holding of additional reserves previously determined by ((a qualified))the appointed actuary to be necessary to render the opinion required under RCW 48.74.025 and section 6 of this act is not to be the adoption of a higher standard of valuation.

Sec. 11. RCW 48.74.070 and 1982 1st ex.s. c 9 s 7 are each amended to read as follows:

If in any contract year the gross premium charged by ((any life insurance))a 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 RCW 48.74.030 (1) and (3): PROVIDED, That for any life insurance policy issued on or after

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1 January 1, 1986, for which the gross premium in the first policy year exceeds that of the second year and for which no comparable 2 additional benefit is provided in the first year for such excess and 3 which provides an endowment benefit or a cash surrender value or a 4 combination thereof in an amount greater than such excess premium, 5 6 the foregoing provisions of this section shall be applied as if the method actually used in calculating the reserve for such policy were 7 the method described in RCW 48.74.040, ignoring the second paragraph 8 of that section. The minimum reserve at each policy anniversary of 9 such a policy shall be the greater of the minimum reserve calculated 10 in accordance with RCW 48.74.040, including the second paragraph of 11 12 that section, and the minimum reserve calculated in accordance with this section. 13

14 **Sec. 12.** RCW 48.74.090 and 1993 c 462 s 90 are each amended to 15 read as follows:

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((The commissioner shall adopt rules containing the minimum standards applicable to the valuation of disability insurance.))For disability 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 section 4 of this act. For disability insurance contracts issued on or after July 10, 1982, and prior to the operative date of the valuation manual, the minimum standard of valuation is the standard adopted by the commissioner by rule.

NEW SECTION. Sec. 13. A new section is added to chapter 48.74 RCW to read as follows:

- (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 section 4 of this act, except as provided under subsection (5) or (7) of this section.
- 31 (2) The operative date of the valuation manual is January 1st of 32 the first calendar year following the first July 1st as of which all 33 of the following have occurred:
- 34 (a) The valuation manual has been adopted by the NAIC by an 35 affirmative vote of at least forty-two members, or three-fourths of 36 the members voting, whichever is greater.
- 37 (b) The standard valuation law, as amended by the NAIC in 2009, 38 or legislation including substantially similar terms and provisions,

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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.

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- (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.
 - (3) Unless a change in the valuation manual specifies a later effective date, changes to the valuation manual are effective on January 1st following the date when all of the following have occurred: The change to the valuation manual has been adopted by the NAIC by an affirmative vote representing:
- 17 (a) At least three-fourths of the members of the NAIC voting, but 18 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 (a) of this subsection: Life, accident and health annual statements, health annual statements, or fraternal annual statements.
 - (4) The valuation manual must specify all of the following:
 - (a) Minimum valuation standards for and definitions of the policies or contracts subject to section 4 of this act. Such minimum valuation standards shall be:
- 29 (i) The commissioner's reserve valuation method for life 30 insurance contracts, other than annuity contracts, subject to section 31 4 of this act;
- 32 (ii) The commissioners annuity reserve valuation method for 33 annuity contracts subject to section 4 of this act; and
- 34 (iii) Minimum reserves for all other policies or contracts 35 subject to section 4 of this act;
- 36 (b) Which policies or contracts or types of policies or contracts 37 that are subject to the requirements of a principle-based valuation 38 in section 14(1) of this act and the minimum valuation standards 39 consistent with those requirements;

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(c) For policies and contracts subject to a principle-based valuation under section 14 of this act:

- (i) Requirements for the format of reports to the commissioner under section 14(2)(c) of this act which must include information necessary to determine if the valuation is appropriate and in compliance with this chapter;
- (ii) Assumptions must be prescribed for risks over which the company does not have significant control or influence; and
- (iii) 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 section 14 of this act, the minimum valuation standard must either:
- (i) Be consistent with the minimum standard of valuation prior to the operative date of the valuation manual; or
- (ii) 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 section 15 of this act, with whom the data must 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 commissioner, in compliance with this chapter, then the company must, with respect to such requirements, comply with minimum valuation standards prescribed by the commissioner by rule.
- (6) The commissioner 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 this chapter. The commissioner may rely upon the opinion, regarding provisions contained within this chapter, of a qualified actuary engaged by the

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commissioner of another state, district, or territory of the United States. As used in this subsection, "engage" includes employment and contracting.

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- (7) The commissioner may require a company to change any assumption or method that in the opinion of the commissioner is necessary in order to comply with the requirements of the valuation manual or this chapter; and the company must adjust the reserves as required by the commissioner. The commissioner may take other disciplinary action as permitted under this title.
- NEW SECTION. Sec. 14. A new section is added to chapter 48.74
 RCW to read as follows:
 - (1) A company must establish reserves, consistent with the commissioner's superseding authority to establish reserves pursuant to section 13(7) of this act, 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, valuations must 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.
- 30 (c) Incorporate assumptions that are derived in one of the 31 following manners:
 - (i) The assumption is prescribed in the valuation manual.
- 33 (ii) For assumptions that are not prescribed, the assumptions 34 must:
- 35 (A) Be established utilizing the company's available experience, 36 to the extent it is relevant and statistically credible; or
- 37 (B) To the extent that company data is not available, relevant, 38 or statistically credible, be established utilizing other relevant, 39 statistically credible experience.

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- 1 (d) Provide margins for uncertainty including adverse deviation 2 and estimation error, such that the greater the uncertainty the 3 larger the margin and resulting reserve.
- 4 (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 must:

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- (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 commissioner and the board of directors an annual certification of the effectiveness of the internal controls with respect to the principle-based valuation. These controls must be designed to assure 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 must be based on the controls in place as of the end of the preceding calendar year.
- 18 (c) Develop, and file with the commissioner upon request, a 19 principle-based valuation report that complies with standards 20 prescribed in the valuation manual.
- 21 (3) A principle-based valuation may include a prescribed 22 formulaic reserve component.
- NEW SECTION. Sec. 15. A new section is added to chapter 48.74 RCW to read as follows:
- A company must submit mortality, morbidity, policyholder behavior, or expense experience and other data as prescribed in the valuation manual.
- NEW SECTION. Sec. 16. A new section is added to chapter 48.74 29 RCW to read as follows:
- 30 (1) For purposes of this section, "confidential information" 31 means:
- 32 (a) A memorandum in support of an opinion submitted under RCW
 33 48.74.025 and section 6 of this act and any other documents,
 34 materials, and other information, including, but not limited to, all
 35 working papers, and copies thereof, created, produced, or obtained by
 36 or disclosed to the commissioner or any other person in connection
 37 with such memorandum;

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(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 commissioner or any other person in the course of an examination made under section 13(6) of this act. However, if an examination report or other material prepared in connection with an examination made under chapter 48.03 RCW is not held as private and confidential information, an examination report or other material prepared in connection with an examination made under section 13(6) of this act is not "confidential information" to the same extent as if such examination report or other material had been prepared under chapter 48.03 RCW;

- (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 section 14(2)(b) of this act 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 commissioner or any other person in connection with such reports, documents, materials, and other information;
- (d) Any principle-based valuation report developed under section 14(2)(c) of this act 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 commissioner or any other person in connection with such report; and
- (e) Any documents, materials, data, and other information submitted by a company under section 15 of this act (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 commissioner (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 commissioner or any other person in connection with such experience materials.
- (2)(a) Except as provided in this section, a company's confidential information is confidential by law and privileged, is

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- not subject to chapter 42.56 RCW, is not subject to subpoena, and is not subject to discovery or admissible in evidence in any private civil action. However, the commissioner 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 commissioner's official duties.
 - (b) Neither the commissioner nor any person who received confidential information while acting under the authority of the commissioner is permitted or required to testify in any private civil action concerning any confidential information.

- (c) In order to assist in the performance of the commissioner's duties, the commissioner may share confidential information:
- (i) With other state, federal, and international regulatory agencies and with the NAIC and its affiliates and subsidiaries;
- (ii) In the case of confidential information specified in subsection (1)(a) and (d) of this section only, with 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;
- (iii) In the case of (c)(i) and (ii) of this subsection, when the recipient agrees, and has 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 commissioner.
- (d) The commissioner 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, data, or other information.
- 37 (e) The commissioner may enter into agreements governing sharing 38 and use of information consistent with this subsection (2).
 - (f) No waiver of any applicable privilege or claim of confidentiality in the confidential information may occur as a result

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- 1 of disclosure to the commissioner under this section or as a result of sharing as authorized in (c) of this subsection. 2
 - (g) A privilege established under the law of any state or jurisdiction that is substantially similar to the privilege established under this subsection (2) is available and shall be enforced in any proceeding in, and in any court of, this state.
 - this section "regulatory agency," "law enforcement In agency," and the "NAIC" include, but are not limited to, their employees, agents, consultants, and contractors.
- Notwithstanding subsection (2) of this section, 10 confidential information specified in subsection (1)(a) and (d) of 11 12 this section:
- (a) May be subject to subpoena for the purpose of defending an 13 14 action seeking damages from the appointed actuary submitting the related memorandum in support of an opinion submitted under RCW 15 48.74.025 and section 6 of this act or principle-based valuation 17 report developed under section 14(2)(c) of this act by reason of an 18 action required by this chapter or by rules adopted under this 19 chapter;
- 20 (b) May otherwise be released by the commissioner with the 21 written consent of the company; and
 - (c) Once any portion of a memorandum in support of an opinion submitted under RCW 48.74.025 and section 6 of this act or a principle-based valuation report developed under section 14(2)(c) of this act 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 are no longer confidential.
- 29 **Sec. 17.** RCW 48.76.010 and 1982 1st ex.s. c 9 s 10 are each 30 amended to read as follows:
- 31 (1) This chapter may be known and cited as the standard nonforfeiture law for life insurance. 32
 - (2) As used in this chapter ((7)):

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- (a) "NAIC" means the 34 <u>n</u>ational <u>a</u>ssociation of <u>i</u>nsurance 35 commissioners.
- (b) "Operative date of the valuation manual" means the January 36 1st of the first calendar year that the valuation manual as defined 37 38 in chapter 48.74 RCW is effective.

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Sec. 18. RCW 48.76.050 and 1982 1st ex.s. c 9 s 14 are each 2 amended to read as follows:

 $(1)((\frac{1}{2}))$ This $(\frac{1}{2})$ This $(\frac{1}{2})$ This $(\frac{1}{2})$ This $(\frac{1}{2})$ Section does not apply to policies issued on or after the operative date of subsection $(\frac{1}{2})$ of this section. Except as provided in $(\frac{1}{2})$ Subsection $(\frac{1}{2})$ of this section, the adjusted premiums for any policy shall be calculated on an annual basis and shall be such uniform percentage of the respective premiums specified in the policy for each policy year, excluding amounts stated in the policy as extra premiums to cover impairments or special hazards, that the present value, at the date of issue of the policy, of all such adjusted premiums shall be equal to the sum of:

 $((\frac{1}{2}))(a)$ The then present value of the future guaranteed benefits provided for by the policy;

 $((\frac{(ii)}{(ii)}))$ (b) Two percent of the amount of insurance, if the insurance is uniform in amount, or of the equivalent uniform amount, as $(\frac{(hereinafter)}{(hereinafter)})$ defined, if the amount of insurance varies with duration of the policy;

(((iii)))(c) Forty percent of the adjusted premium for the first
policy year;

(((iv)))(d) Twenty-five percent of either the adjusted premium for the first policy year or the adjusted premium for a whole life policy of the same uniform or equivalent uniform amount with uniform premiums for the whole of life issued at the same age for the same amount of insurance, whichever is less((: PROVIDED, That)).

<u>However</u>, in applying the percentages specified in ((subparagraph (a)(iii) and (iv)))(c) and (d) of this subsection, no adjusted premium shall be deemed to exceed four percent of the amount of insurance or level amount equivalent thereto. The date of issue of a policy for the purpose of this section shall be the date as of which the rated age of the insured is determined.

 $((\frac{b}{b}))(2)$ In the case of a policy providing an amount of insurance varying with duration of the policy, the equivalent level amount thereof for the purpose of this section shall be deemed to be the level amount of insurance provided by an otherwise similar policy, containing the same endowment benefit or benefits, if any, issued at the same age and for the same term, the amount of which does not vary with duration and the benefits under which have the same present value at the inception of the insurance as the benefits under the policy: PROVIDED HOWEVER, That in the case of a policy

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providing a varying amount of insurance issued on the life of a child under age ten, the equivalent uniform amount may be computed as though the amount provided by the policy prior to the attainment of age ten were the amount provided by such policy at age ten.

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 $((\frac{c}{c}))(3)$ The adjusted premiums for any policy providing term insurance benefits by rider or supplemental policy provision shall be equal to:

 $((\frac{1}{2}))(a)$ The adjusted premiums for an otherwise similar policy issued at the same age without such term insurance benefits, increased, during the period for which premiums for such term insurance benefits are payable, by

(((ii)))(b) The adjusted premiums for such term insurance, with ((subparagraph (c)(i) and (ii)))(a) and (b) of this subsection being calculated separately and as specified in ((subparagraphs (a) and (b) of this subsection))subsections (1) and (2) of this section except that, for the purposes of ((subparagraph (a)(ii), (a)(iii), and (a)(iv) of this subsection))subsection (1)(b), (c), and (d) of this section, the amount of insurance or equivalent uniform amount of insurance used in the calculation of the adjusted premiums referred to in ((subparagraph (c)(ii) of this))(b) of this subsection shall be equal to the excess of the corresponding amount determined for the entire policy over the amount used in the calculation of the adjusted premiums in ((subparagraph (c)(i) of this))(a) of this subsection.

 $((\frac{d}{d}))(4)$ Except as otherwise provided in subsections $((\frac{2}{d}))(5)$ and $((\frac{3}{3}))(6)$ of this section, all adjusted premiums and present values referred to in this chapter shall for all policies of ordinary insurance be calculated on the basis of the commissioner's 1941 standard ordinary mortality table: PROVIDED, That for any category of ordinary insurance issued on female risks on or after July 1, 1957, adjusted premiums and present values may be calculated according to an age not more than six years younger than the actual age of the insured and such calculations for all policies of industrial insurance shall be made on the basis of the 1941 standard industrial mortality table. All calculations shall be made on the basis of the rate of interest, not exceeding three and one-half percent per annum, specified in the policy for calculating cash surrender values and paid-up nonforfeiture benefits: PROVIDED, That in calculating the present value of any paid-up term insurance with accompanying pure endowment, if any, offered as a nonforfeiture benefit, the rates of mortality assumed may be not more than one hundred thirty percent of

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the rates of mortality according to such applicable table: PROVIDED, FURTHER, That for insurance issued on a substandard basis, the calculation of any such adjusted premiums and present values may be based on such other table of mortality as may be specified by the company and approved by the commissioner.

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 $((\frac{2}{2}))(5)$ This subsection does not apply to ordinary policies issued on or after the operative date of subsection ((4))(7) of this section. In the case of ordinary policies issued on or after the operative date of this section, all adjusted premiums and present values referred to in this chapter shall be calculated on the basis of the commissioner's 1958 standard ordinary mortality table and the rate of interest specified in the policy for calculating cash surrender values and paid-up nonforfeiture benefits provided that such rate of interest shall not exceed three and one-half percent per annum except that a rate of interest not exceeding four percent per annum may be used for policies issued on or after July 16, 1973, and before September 1, 1979, and a rate of interest not exceeding five and one-half percent per annum may be used for policies issued on or after September 1, 1979, except that for any single premium whole life or endowment insurance policy a rate of interest not exceeding six and one-half percent per annum may be used and provided that for any category of ordinary insurance issued on female risks, adjusted premiums and present values may be calculated according to an age not more than six years younger than the actual age of the insured: PROVIDED, That in calculating the present value of any paid-up term insurance with accompanying pure endowment, if any, offered as a nonforfeiture benefit, the rates of mortality assumed may be not more than those shown in the commissioner's 1958 extended term insurance table: PROVIDED FURTHER, That for insurance issued on a substandard basis, the calculation of any such adjusted premiums and present values may be based on such other table of mortality as may be specified by the company and approved by the commissioner.

After June 11, 1959, any company may file with the commissioner a written notice of its election to comply with the provisions of this section. After the filing of such notice, then upon such specified date (which shall be the operative date of this section for such company), this subsection shall become operative with respect to the ordinary policies thereafter issued by such company. If a company makes no such election, the operative date of this section for such company shall be January 1, 1966.

(((3)))(6) This subsection does not apply to industrial policies issued on or after the operative date of subsection ((4))(7) of this section. In the case of industrial policies issued on or after the operative date of this chapter, all adjusted premiums and present values referred to in this chapter shall be calculated on the basis of the commissioner's 1961 standard industrial mortality table and the rate of interest specified in the policy for calculating cash surrender values and paid-up nonforfeiture benefits provided that such rate of interest shall not exceed three and one-half percent per annum, except that a rate of interest not exceeding four percent per annum may be used for policies issued on or after July 16, 1973, and prior to September 1, 1979, and a rate of interest not exceeding five and one-half percent per annum may be used for policies issued on or after September 1, 1979, except that for any single premium whole life or endowment insurance policy a rate of interest not exceeding six and one-half percent per annum may be used: PROVIDED, That in calculating the present value of any paid-up term insurance with accompanying pure endowment, if any, offered as a nonforfeiture benefit, the rates of mortality assumed may be not more than those shown in the commissioner's 1961 industrial extended term insurance table: PROVIDED FURTHER, That for insurance issued on a substandard basis, the calculations of any such adjusted premiums and present values may be based on such other table of mortality as may be specified by the company and approved by the commissioner.

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After July 10, 1982, any company may file with the commissioner a written notice of its election to comply with the provisions of this section. After the filing of such notice, then upon such specified date (which shall be the operative date of this section for such company), this subsection shall become operative with respect to the industrial policies thereafter issued by such company. If a company makes no such election, the operative date of this section for such company shall be January 1, 1968.

((4+))(7)(a) This ((section))subsection applies to all policies issued on or after the operative date of this subsection as defined herein. Except as provided in ((subparagraph)) (g) of this subsection, the adjusted premiums for any policy shall be calculated on an annual basis and shall be such uniform percentage of the respective premiums specified in the policy for each policy year, excluding amounts payable as extra premiums to cover impairments or special hazards and also excluding any uniform annual contract charge

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or policy fee specified in the policy in a statement of the method to 1 in calculating the cash surrender values and paid-up 2 nonforfeiture benefits, that the present value, at the date of issue 3 of the policy, of all adjusted premiums shall be equal to the sum of: 4 (i) The then present value of the future guaranteed benefits provided 5 б for by the policy; (ii) one percent of either the amount of insurance, if the insurance be uniform in amount, or the average 7 amount of insurance at the beginning of each of the first ten policy 8 years; and (iii) one hundred twenty-five percent of the nonforfeiture 9 net level premium as defined in ((subparagraph)) (b) of 10 subsection: PROVIDED, That in applying the percentage specified in 11 12 (a)(iii) of this ((subparagraph))subsection no nonforfeiture net level premium shall be deemed to exceed four percent of either the 13 14 amount of insurance, if the insurance be uniform in amount, or the average amount of insurance at the beginning of each of the first ten 15 16 policy years. The date of issue of a policy for the purpose of this 17 section shall be the date as of which the rated age of the insured is determined. 18

(b) The nonforfeiture net level premium shall be equal to the present value, at the date of issue of the policy, of the guaranteed benefits provided for by the policy divided by the present value, at the date of issue of the policy, of an annuity of one per annum payable on the date of issue of the policy and on each anniversary of such policy on which a premium falls due.

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- (c) In the case of policies which cause on a basis guaranteed in the policy unscheduled changes in benefits or premiums, or which provide an option for changes in benefits or premiums other than a change to a new policy, the adjusted premiums and present values shall initially be calculated on the assumption that future benefits and premiums do not change from those stipulated at the date of issue of the policy. At the time of any such change in the benefits or premiums the future adjusted premiums, nonforfeiture net level premiums and present values shall be recalculated on the assumption that future benefits and premiums do not change from those stipulated by the policy immediately after the change.
- (d) Except as otherwise provided in ((subparagraph)) (g) of this subsection, the recalculated future adjusted premiums for any such policy shall be such uniform percentage of the respective future premiums specified in the policy for each policy year, excluding amounts payable as extra premiums to cover impairments and special

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- 1 hazards, and also excluding any uniform annual contract charge or
- 2 policy fee specified in the policy in a statement of the method to be
- 3 used in calculating the cash surrender values and paid-up
- 4 nonforfeiture benefits, that the present value, at the time of change
- 5 to the newly defined benefits or premiums, of all such future
- 6 adjusted premiums shall be equal to the excess of $\underline{\cdot}$
 - (i) The sum of

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- 8 (A) The then present value of the then future guaranteed benefits 9 provided for by the policy, and
 - (B) The additional expense allowance, if any, over
- 11 (ii) <u>The</u> then cash surrender value, if any, or present value of 12 any paid-up nonforfeiture benefit under the policy.
 - (e) The additional expense allowance, at the time of the change to the newly defined benefits or premiums, shall be the sum of:
 - (i) One percent of the excess, if positive, of the average amount of insurance at the beginning of each of the first ten policy years subsequent to the change over the average amount of insurance prior to the change at the beginning of each of the first ten policy years subsequent to the time of the most recent previous change, or, if there has been no previous change, the date of issue of the policy; and
- 22 (ii) One hundred twenty-five percent of the increase, if 23 positive, in the nonforfeiture net level premium.
 - (f) The recalculated nonforfeiture net level premium shall be equal to the result obtained by dividing (i) by (ii) where:
 - (i) Equals the sum of:
 - (A) The nonforfeiture net level premium applicable prior to the change times the present value of an annuity of one per annum payable on each anniversary of the policy on or subsequent to the date of the change on which a premium would have fallen due had the change not occurred; and
 - (B) The present value of the increase in future guaranteed benefits provided for by the policy; and
 - (ii) Equals the present value of an annuity of one per annum payable on each anniversary of the policy on or subsequent to the date of change on which a premium falls due.
 - (g) Notwithstanding any other provisions of this section to the contrary, in the case of a policy issued on a substandard basis which provides reduced graded amounts of insurance so that, in each policy year, such policy has the same tabular mortality cost as an otherwise

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similar policy issued on the standard basis which provides higher uniform amounts of insurance, adjusted premiums and present values for such substandard policy may be calculated as if it were issued to provide such higher uniform amounts of insurance on the standard basis.

- (h) All adjusted premiums and present values referred to in this chapter shall for all policies of ordinary insurance be calculated on the basis of the commissioner's 1980 standard ordinary mortality table or at the election of the company for any one or more specified plans of life insurance, the commissioner's 1980 standard ordinary mortality table with ten-year select mortality factors, shall for all policies of industrial insurance be calculated on the basis of the commissioner's 1961 standard industrial mortality table, and shall for all policies issued in a particular calendar year be calculated on the basis of a rate of interest not exceeding the nonforfeiture interest rate as defined in this section, for policies issued in that calendar year, subject to the following provisions:
 - (i) At the option of the company, calculations for all policies issued in a particular calendar year may be made on the basis of a rate of interest not exceeding the nonforfeiture interest rate, as defined in this section, for policies issued in the immediately preceding calendar year.
 - (ii) Under any paid-up nonforfeiture benefit, including any paid-up dividend additions, any cash surrender value available, whether or not required by RCW 48.76.020, shall be calculated on the basis of the mortality table and rate of interest used in determining the amount of such paid-up nonforfeiture benefit and paid-up dividend additions, if any.
 - (iii) A company may calculate the amount of any guaranteed paidup nonforfeiture benefit including any paid-up additions under the policy on the basis of an interest rate no lower than that specified in the policy for calculating cash surrender values.
 - (iv) In calculating the present value of any paid-up term insurance with accompanying pure endowment, if any, offered as a nonforfeiture benefit, the rates of mortality assumed may be not more than those shown in the commissioner's 1980 extended term insurance table for policies of ordinary insurance and not more than the commissioner's 1961 industrial extended term insurance table for policies of industrial insurance.

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(v) For insurance issued on a substandard basis, the calculation of any such adjusted premiums and present values may be based on appropriate modifications of the aforementioned tables.

- (vi) Any ordinary mortality tables, adopted after 1980 by the national association of insurance commissioners, that are approved by regulation promulgated by the commissioner for use in determining the minimum nonforfeiture standard may be substituted for the commissioner's 1980 standard ordinary mortality table with or without ten-year select mortality factors or for the commissioner's 1980 extended term insurance table.
- (vii) Any industrial mortality tables, adopted after 1980 by the <u>national association of insurance commissioners</u>, that are approved by regulation promulgated by the commissioner for use in determining the minimum nonforfeiture standard may be substituted for the commissioner's 1961 standard industrial mortality table or the commissioner's 1961 industrial extended term insurance table.
- (viii) For policies issued prior to the operative date of the valuation manual, any commissioner's standard ordinary mortality tables, adopted after 1980 by the national association of insurance commissioners, that are approved by rules adopted by the commissioner for use in determining the minimum nonforfeiture standard may be substituted for the commissioners 1980 standard ordinary mortality table with or without ten-year select mortality factors or for the commissioners 1980 extended term insurance table.

For policies issued on or after the operative date of the valuation manual, the valuation manual must provide the commissioners standard mortality for use in determining the minimum nonforfeiture standard that may be substituted for the commissioners 1980 standard ordinary mortality table with or without ten-year select mortality factors or for the commissioners 1980 extended term insurance table. If the commissioner approves by rule any commissioners standard ordinary mortality table adopted by the national association of insurance commissioners for use in determining the minimum nonforfeiture standard for policies issued on or after the operative date of the valuation manual, then the minimum nonforfeiture standard supersedes the minimum nonforteiture standard provided by the valuation manual.

(ix) For policies issued prior to the operative date of the valuation manual, any commissioners standard industrial mortality tables, adopted after 1980 by the national association of insurance

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commissioners, that are approved by rule adopted by the commissioner for use in determining the minimum nonforfeiture standard may be substituted for the commissioners 1961 standard industrial mortality table or the commissioners 1961 industrial extended term insurance table.

For policies issued on or after the effective date of the valuation manual, the valuation manual must provide the commissioners standard mortality table for use in determining the minimum nonforfeiture standard that may be substituted for the commissioners 1961 standard industrial mortality table or the commissioners 1961 industrial extended term insurance table. If the commissioner approves by rule any commissioners standard industrial mortality table adopted by the national association of insurance commissioners for use in determining the minimum nonforfeiture standard for policies issued on or after the operative date of the valuation manual, then that minimum nonforfeiture standard supersedes the minimum nonforfeiture standard provided by the valuation manual.

- (i)(A) For policies issued prior to the operative date of the valuation manual, the nonforfeiture interest rate per annum for any policy issued in a particular calendar year shall be equal to one hundred twenty-five percent of the calendar year statutory valuation interest rate for such policy as defined in the standard valuation law (chapter 48.74 RCW), rounded to the nearer one quarter of one percent. However, the nonforfeiture interest rate shall not be less than four percent.
- (B) For policies issued on and after the operative date of the valuation manual, the nonforfeiture interest rate per annum for any policy issued in a particular calendar year must be provided by the valuation manual.
- (j) Notwithstanding any other provision in this title to the contrary, any refiling of nonforfeiture values or their methods of computation for any previously approved policy form which involves only a change in the interest rate or mortality table used to compute nonforfeiture values shall not require refiling of any other provisions of that policy form.
- (k) After July 10, 1982, any company may file with the commissioner a written notice of its election to comply with the ((provision[s]))provisions of this section after a specified date before January 1, 1989, which shall be the operative date of this section for such company. If a company makes no such election, the

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- operative date of this section for such company shall be January 1, 1989.
- 3 **Sec. 19.** RCW 42.56.400 and 2015 c 122 s 13 and 2015 c 17 s 10 4 are each reenacted and amended to read as follows:
- 5 The following information relating to insurance and financial 6 institutions is exempt from disclosure under this chapter:
- 7 (1) Records maintained by the board of industrial insurance 8 appeals that are related to appeals of crime victims' compensation 9 claims filed with the board under RCW 7.68.110;

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- (2) Information obtained and exempted or withheld from public inspection by the health care authority under RCW 41.05.026, whether retained by the authority, transferred to another state purchased health care program by the authority, or transferred by the authority to a technical review committee created to facilitate the development, acquisition, or implementation of state purchased health care under chapter 41.05 RCW;
- 17 (3) The names and individual identification data of either all 18 owners or all insureds, or both, received by the insurance 19 commissioner under chapter 48.102 RCW;
 - (4) Information provided under RCW 48.30A.045 through 48.30A.060;
- 21 (5) Information provided under RCW 48.05.510 through 48.05.535, 22 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and 23 48.46.600 through 48.46.625;
- (6) Examination reports and information obtained by the department of financial institutions from banks under RCW 30A.04.075, from savings banks under RCW 32.04.220, from savings and loan associations under RCW 33.04.110, from credit unions under RCW 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and from securities brokers and investment advisers under RCW 21.20.100, all of which is confidential and privileged information;
- 31 (7) Information provided to the insurance commissioner under RCW 32 48.110.040(3);
- 33 (8) Documents, materials, or information obtained by the 34 insurance commissioner under RCW 48.02.065, all of which are 35 confidential and privileged;
- (9) Documents, materials, or information obtained by the insurance commissioner under RCW 48.31B.015(2) (1) and (m), 48.31B.025, 48.31B.030, and 48.31B.035, all of which are confidential and privileged;

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- 1 (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and 2 7.70.140 that, alone or in combination with any other data, may 3 reveal the identity of a claimant, health care provider, health care 4 facility, insuring entity, or self-insurer involved in a particular
- 5 claim or a collection of claims. For the purposes of this subsection:
- 6 (a) "Claimant" has the same meaning as in RCW 48.140.010(2).
- 7 (b) "Health care facility" has the same meaning as in RCW 8 48.140.010(6).
- 9 (c) "Health care provider" has the same meaning as in RCW 48.140.010(7).
- 11 (d) "Insuring entity" has the same meaning as in RCW 12 48.140.010(8).
- (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);
- 14 (11) Documents, materials, or information obtained by the 15 insurance commissioner under RCW 48.135.060;
- 16 (12) Documents, materials, or information obtained by the 17 insurance commissioner under RCW 48.37.060;
- 18 (13) Confidential and privileged documents obtained or produced 19 by the insurance commissioner and identified in RCW 48.37.080;
- 20 (14) Documents, materials, or information obtained by the 21 insurance commissioner under RCW 48.37.140;
- 22 (15) Documents, materials, or information obtained by the 23 insurance commissioner under RCW 48.17.595;
- (16) Documents, materials, or information obtained by the insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and (7)(a)(ii);

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- (17) Documents, materials, or information obtained by the insurance commissioner in the commissioner's capacity as receiver under RCW 48.31.025 and 48.99.017, which are records under the jurisdiction and control of the receivership court. The commissioner is not required to search for, log, produce, or otherwise comply with the public records act for any records that the commissioner obtains under chapters 48.31 and 48.99 RCW in the commissioner's capacity as a receiver, except as directed by the receivership court;
- 35 (18) Documents, materials, or information obtained by the 36 insurance commissioner under RCW 48.13.151;
- 37 (19) Data, information, and documents provided by a carrier 38 pursuant to section 1, chapter 172, Laws of 2010;
- 39 (20) Information in a filing of usage-based insurance about the 40 usage-based component of the rate pursuant to RCW 48.19.040(5)(b);

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- 1 (21) Data, information, and documents, other than those described 2 in RCW 48.02.210(2), that are submitted to the office of the 3 insurance commissioner by an entity providing health care coverage 4 pursuant to RCW 28A.400.275 and 48.02.210;
- 5 (22) Data, information, and documents obtained by the insurance 6 commissioner under RCW 48.29.017;
- 7 (23) Information not subject to public inspection or public 8 disclosure under RCW 48.43.730(5); ((and
- 9 (23) [(24)])) (24) Documents, materials, or information obtained 10 by the insurance commissioner under chapter 48.05A RCW; and
- 11 (25) Documents, materials, or information obtained by the
 12 insurance commissioner under RCW 48.74.025, sections 6, 13(6), 14(2)
 13 (b) and (c), and 15 of this act to the extent such documents,
 14 materials, or information independently qualify for exemption from
 15 disclosure as documents, materials, or information in possession of
 16 the commissioner pursuant to a financial conduct examination and
- 18 **Sec. 20.** RCW 42.56.400 and 2015 c 122 s 14 and 2015 c 17 s 11 19 are each reenacted and amended to read as follows:

exempt from disclosure under RCW 48.02.065.

- The following information relating to insurance and financial institutions is exempt from disclosure under this chapter:
- 22 (1) Records maintained by the board of industrial insurance 23 appeals that are related to appeals of crime victims' compensation 24 claims filed with the board under RCW 7.68.110;
 - (2) Information obtained and exempted or withheld from public inspection by the health care authority under RCW 41.05.026, whether retained by the authority, transferred to another state purchased health care program by the authority, or transferred by the authority to a technical review committee created to facilitate the development, acquisition, or implementation of state purchased health care under chapter 41.05 RCW;
 - (3) The names and individual identification data of either all owners or all insureds, or both, received by the insurance commissioner under chapter 48.102 RCW;
 - (4) Information provided under RCW 48.30A.045 through 48.30A.060;
- 36 (5) Information provided under RCW 48.05.510 through 48.05.535, 37 48.43.200 through 48.43.225, 48.44.530 through 48.44.555, and

38 48.46.600 through 48.46.625;

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- 1 (6) Examination reports and information obtained by the department of financial institutions from banks under RCW 30A.04.075, from savings banks under RCW 32.04.220, from savings and loan associations under RCW 33.04.110, from credit unions under RCW 31.12.565, from check cashers and sellers under RCW 31.45.030(3), and from securities brokers and investment advisers under RCW 21.20.100,
- 8 (7) Information provided to the insurance commissioner under RCW 9 48.110.040(3);

all of which is confidential and privileged information;

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- 10 (8) Documents, materials, or information obtained by the 11 insurance commissioner under RCW 48.02.065, all of which are 12 confidential and privileged;
- 13 (9) Documents, materials, or information obtained by the 14 insurance commissioner under RCW 48.31B.015(2) (1) and (m), 15 48.31B.025, 48.31B.030, and 48.31B.035, all of which are confidential 16 and privileged;
- (10) Data filed under RCW 48.140.020, 48.140.030, 48.140.050, and 7.70.140 that, alone or in combination with any other data, may reveal the identity of a claimant, health care provider, health care facility, insuring entity, or self-insurer involved in a particular claim or a collection of claims. For the purposes of this subsection:
- 22 (a) "Claimant" has the same meaning as in RCW 48.140.010(2).
- 23 (b) "Health care facility" has the same meaning as in RCW 24 48.140.010(6).
- 25 (c) "Health care provider" has the same meaning as in RCW 48.140.010(7).
- 27 (d) "Insuring entity" has the same meaning as in RCW 28 48.140.010(8).
- 29 (e) "Self-insurer" has the same meaning as in RCW 48.140.010(11);
- 30 (11) Documents, materials, or information obtained by the 31 insurance commissioner under RCW 48.135.060;
- 32 (12) Documents, materials, or information obtained by the 33 insurance commissioner under RCW 48.37.060;
- 34 (13) Confidential and privileged documents obtained or produced 35 by the insurance commissioner and identified in RCW 48.37.080;
- 36 (14) Documents, materials, or information obtained by the 37 insurance commissioner under RCW 48.37.140;
- 38 (15) Documents, materials, or information obtained by the insurance commissioner under RCW 48.17.595;

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- 1 (16) Documents, materials, or information obtained by the 2 insurance commissioner under RCW 48.102.051(1) and 48.102.140 (3) and 3 (7)(a)(ii);
- (17) Documents, materials, or information obtained by the 4 insurance commissioner in the commissioner's capacity as receiver 5 6 under RCW 48.31.025 and 48.99.017, which are records under the jurisdiction and control of the receivership court. The commissioner 7 is not required to search for, log, produce, or otherwise comply with 8 the public records act for any records that the commissioner obtains 9 under chapters 48.31 and 48.99 RCW in the commissioner's capacity as 10 11 a receiver, except as directed by the receivership court;
- 12 (18) Documents, materials, or information obtained by the 13 insurance commissioner under RCW 48.13.151;
- 14 (19) Data, information, and documents provided by a carrier 15 pursuant to section 1, chapter 172, Laws of 2010;
- 16 (20) Information in a filing of usage-based insurance about the 17 usage-based component of the rate pursuant to RCW 48.19.040(5)(b);
- 18 (21) Data, information, and documents, other than those described 19 in RCW 48.02.210(2), that are submitted to the office of the 20 insurance commissioner by an entity providing health care coverage 21 pursuant to RCW 28A.400.275 and 48.02.210;
- 22 (22) Data, information, and documents obtained by the insurance 23 commissioner under RCW 48.29.017; ((and))
- 24 (23) Documents, materials, or information obtained by the 25 insurance commissioner under chapter 48.05A RCW; and
- 26 (24) Documents, materials, or information obtained by the 27 insurance commissioner under RCW 48.74.025, sections 6, 13(6), 14(2) 28 (b) and (c), and 15 of this act to the extent such documents, 29 materials, or information independently qualify for exemption from
- 30 disclosure as documents, materials, or information in possession of
- 31 the commissioner pursuant to a financial conduct examination and
- 32 <u>exempt from disclosure under RCW 48.02.065</u>.
- NEW SECTION. Sec. 21. Sections 1 through 19 of this act take effect January 1, 2017.
- NEW SECTION. Sec. 22. Section 19 of this act expires July 1, 2017.

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NEW SECTION. Sec. 23. Section 20 of this act takes effect July 2 1, 2017.

Passed by the Senate March 9, 2016. Passed by the House March 8, 2016. Approved by the Governor March 31, 2016. Filed in Office of Secretary of State April 1, 2016.