HOUSE BILL No. 2322

By Committee on Insurance

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AN ACT concerning insurance; enacting the insurance unfair trade practices act; amending K.S.A. 40-2,108, 40-1612, 40-22090, 40-2215, 40-2442 and 40-3909 and K.S.A. 2004 Supp. 40-4909, 40-4910 and 40-5014 and repealing the existing sections; also repealing K.S.A. 40-2401, 40-2402, 40-2403, 40-24044, 40-2405, 40-2406, 40-2407, 40-2408, 40-2411, 40-2412, 40-2413, 40-2414, 40-2415, 40-2416, 40-2417, 40-2418, 40-2419, 40-2420 and 40-2421 and K.S.A. 2004 Supp. 40-2404.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. For the purposes of this act: (a) "Affiliate" means any company that controls, is controlled by, or is under common control with another company.

- (b) "Commissioner" means the commissioner of insurance.
- (c) "Customer" means an individual who purchases, applies to purchase, or is solicited to purchase insurance products primarily for personal, family or household purposes.
- (d) "Depository institution" means a bank or savings association. Depository institution does not include an insurance company.
- (e) "Insured" means the party named on a policy or certificate as the individual with legal rights to the benefits provided by such policy.
- (f) "Insurer" means any person, reciprocal exchange, interinsurer, Lloyd's insurer, fraternal benefit society and any other legal entity engaged in the business of insurance, including producers, adjusters and third-party administrators. Insurer includes any health benefit plan as such term is defined in K.S.A. 40-4602 and amendments thereto. For purposes of this act, these foregoing entities shall be deemed to be engaged in the business of insurance.
- (g) "Person" means a natural or artificial entity, including, but not limited to, individuals, partnerships, associations, trusts or corporations.
- (h) "Policy" or "certificate" means a contract of insurance, indemnity, medical, health or hospital service, suretyship, or annuity issued, proposed for issuance, or intended for issuance by any insurer.
- (i) "Producer" or "insurance producer" means a person required to be licensed under the laws of this state to sell, solicit or negotiate insurance. Producer also includes an insurance agent as such term is defined

in K.S.A. 40-4902 and amendments thereto.

New Sec. 2. It is an unfair trade practice for any insurer to commit any practice defined in section 3, and amendments thereto, if such practice: (a) Is committed flagrantly and in conscious disregard of this act or of any rules promulgated hereunder; or

- (b) has been committed with such frequency to indicate a general business practice to engage in that type of conduct.
- New Sec. 3. The following practices are hereby defined as unfair trade practices in the business of insurance when committed in violation of section 2 and amendments thereto:
- (a) Misrepresentations and False Advertising of Insurance Policies. Making, issuing, circulating or causing to be made, issued or circulated, any estimate, illustration, circular or statement, sales presentation, omission or comparison that:
- (1) Misrepresents the benefits, advantages, conditions or terms of any policy;
- (2) misrepresents the dividends or share of the surplus to be received on any policy;
- (3) makes a false or misleading statement as to the dividends or share of surplus previously paid on any policy;
- (4) misleads or misrepresents the financial condition of any insurer, or the legal reserve system upon which any life insurer operates;
- (5) uses any name or title of any policy or class of policies that misrepresents the true nature thereof;
- (6) is a misrepresentation, including any intentional misquote of premium rate, for the purpose of inducing or tending to induce the purchase, lapse, forfeiture, exchange, conversion or surrender of any policy;
- (7) is a misrepresentation for the purpose of effecting a pledge or assignment of or effecting a loan against any policy; or
 - (8) misrepresents any policy as being shares of stock.
- (b) False Information and Advertising Generally. Making, publishing, disseminating, circulating or placing before the public, or causing, directly or indirectly, to be made, published, disseminated, circulated or placed before the public, in a newspaper, magazine or other publication, or in the form of a notice, circular, pamphlet, letter or poster, or over any radio or television station, or in any other way, an advertisement, announcement or statement containing any assertion, representation or statement with respect to the business of insurance or with respect to any insurer in the conduct of its insurance business, which is untrue, deceptive or misleading.
- (c) *Defamation*. Making, publishing, disseminating or circulating, directly or indirectly, or aiding, abetting or encouraging the making, publishing, disseminating or circulating of any oral or written statement or

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any pamphlet, circular, article or literature which is false, or maliciously critical of or derogatory to the financial condition of any insurer, and which is calculated to injure such insurer.

- (d) Boycott, Coercion and Intimidation. Entering into any agreement to commit, or by any concerted action committing any act of boycott, coercion or intimidation resulting in or tending to result in unreasonable restraint of, or monopoly in, the business of insurance.
- (e) False Statements and Entries. (1) Knowingly filing with any supervisory or other public official, or knowingly making, publishing, disseminating, circulating or delivering to any person, or placing before the public, or knowingly causing, directly or indirectly, to be made, published, disseminated, circulated, delivered to any person or placed before the public, any false material statement of fact as to the financial condition of an insurer.
- (2) Knowingly making any false entry of a material fact in any book, report or statement of any insurer or knowingly omitting to make a true entry of any material fact pertaining to the business of such insurer in any book, report or statement of such insurer, or knowingly making any false material statement to any insurance department official.
- (f) Stock Operations and Advisory Board Contracts. Issuing or delivering or permitting agents, officers or employees to issue or deliver, agency company stock or other capital stock, or benefit certificates or shares in any common law corporation, or securities or any special or advisory board contracts or other contracts of any kind promising returns and profits as an inducement to purchase insurance.
- (g) Unfair Discrimination. (1) Making or permitting any unfair discrimination between individuals of the same class and equal expectation of life in the rates charged for any life insurance policy or annuity or in the dividends or other benefits payable thereon, or in any other of the terms and conditions of such policy.
- (2) Making or permitting any unfair discrimination between individuals of the same class and of essentially the same hazard in the amount of premium, policy fees or rates charged for any accident or health insurance policy or in the benefits payable thereunder, or in any of the terms or conditions of such policy, or in any other manner.
- (3) Making or permitting any unfair discrimination between individuals or risks of the same class and of essentially the same hazard by refusing to insure, refusing to renew, canceling or limiting the amount of insurance coverage on a property or casualty risk solely because of the geographic location of the risk, unless such action is the result of the application of sound underwriting and actuarial principles related to actual or reasonably anticipated loss experience.
- (4) Making or permitting any unfair discrimination between individ-

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uals or risks of the same class and of essentially the same hazards by refusing to insure, refusing to renew, canceling or limiting the amount of insurance coverage on the residential property risk, or the personal property contained therein, solely because of the age of the residential property.

- (5) Refusing to insure, refusing to continue to insure, or limiting the amount of coverage available to an individual because of the sex, marital status, race, religion or national origin of the individual; however, nothing in this subsection shall prohibit an insurer from taking marital status into account for the purpose of defining persons eligible for dependent benefits. Nothing in this paragraph shall prohibit or limit the operation of fraternal benefit societies.
- (6) To terminate, or to modify coverage or to refuse to issue or refuse to renew any property or casualty policy solely because the applicant or insured or any employee of either is mentally or physically impaired; provided that this subsection shall not apply to accident and health insurance sold by a casualty insurer and, provided further, that this subsection shall not be interpreted to modify any other provision of law relating to the termination, modification, issuance or renewal of any insurance policy or contract.
- (7) Refusing to insure solely because another insurer has refused to write a policy, or has canceled or has refused to renew an existing policy in which that person was the named insured. Nothing in this paragraph shall prevent the termination of an excess insurance policy on account of the failure of the insured to maintain any required underlying insurance.
- (8) Violation of any of K.S.A. 40-276, 40-278, 40-2,120, 40-2,122, 40-410 and 40-411 and amendments thereto.
- (h) Rebates. (1) Except as otherwise expressly provided by law, knowingly permitting or offering to make or making any life insurance policy or annuity, or accident and health insurance or other insurance, or agreement as to such contract other than as plainly expressed in the policy issued thereon, or paying or allowing, or giving or offering to pay, allow, or give, directly or indirectly, as inducement to such policy, any rebate of premiums payable on the policy, or any special favor or advantage in the dividends or other benefits thereon, or any valuable consideration or inducement whatever not specified in the policy; or giving, or selling, or purchasing or offering to give, sell or purchase as inducement to such policy or annuity or in connection therewith, any stocks, bonds or other securities of any insurance company or other corporation, association or partnership, or any dividends or profits accrued thereon, or anything of value whatsoever not specified in the policy.
- (2) Nothing in subsection (g) or paragraph (1) of subsection (h) of this section shall be construed to include within the definition of discrim-

ination or rebates any of the following practices:

- (A) In the case of life insurance policies or annuities, paying bonuses to policyholders or otherwise abating their premiums in whole, or in part, out of surplus accumulated from nonparticipating insurance, provided that any such bonuses or abatement of premiums shall be fair and equitable to policyholders and for the best interests of the company and its policyholders;
- (B) in the case of life insurance policies issued on the industrial debit plan, making allowance to policyholders who have continuously for a specified period made premium payments directly to an office of the insurer in an amount that fairly represents the saving in collection expenses;
- (C) readjusting the rate of premium for a group insurance policy based on the loss or expense thereunder, at the end of the first or any subsequent policy year of insurance thereunder, which may be made retroactive only for such policy year; or
- (D) engaging in an arrangement that would not violate section 106 of the bank holding company act amendments of 1972 (12 U.S.C. 1972), or section 5(q) of the home owners' loan act, 12 U.S.C. 1464(q) as in effect on the effective date of this act.
- (i) Prohibited Group Enrollments. No insurer shall offer more than one group policy of insurance through any person unless such person is licensed, at a minimum, as a limited insurance representative, except that this prohibition shall not apply to any employer/employee relationship or to any such enrollment.
- (j) Failure to Maintain Marketing and Performance Records. Failure of an insurer to maintain its books, records, documents and other business records in such an order that data regarding complaints, claims, rating, underwriting and marketing are accessible and retrievable for examination by the insurance commissioner. Data for at least the current calendar year and the two preceding years shall be maintained.
- (k) Failure to Maintain Complaint Handling Procedures. Failure of any insurer to maintain a complete record of all the complaints it received since the date of its last examination under K.S.A. 40-222 and amendments thereto. This record shall indicate the total number of complaints, the insurer's classification by line of insurance, the nature of each complaint, the disposition of each complaint and the time required to process each complaint. For purposes of this paragraph, "complaint" shall mean any written communication primarily expressing a grievance.
- (l) Misrepresentation in Insurance Applications. Making false or fraudulent statements or representations on or relative to an application for a policy, for the purpose of obtaining a fee, commission, money or other benefit from any provider or individual person.
 - (m) Unfair Financial Planning Practices. An insurance producer who:

- (1) Holds out such insurance producer, directly or indirectly, to the public as a "financial planner", "investment adviser", "consultant", "financial counselor", or any other specialist engaged in the business of giving financial planning or advice relating to investments, insurance, real estate, tax matters or trust and estate matters when such person is in fact engaged only in the sale of policies. This provision does not preclude any person who holds some form of formal recognized financial planning or consultant certification or designation from using this certification or designation when they are only selling insurance. This provision does not permit any person to charge an additional fee for services that are customarily associated with the solicitation, negotiation or servicing of policies.
- (2) (A) Engaging in the business of financial planning without disclosing to the client prior to the execution of the agreement provided for in paragraph (3) of this section, or solicitation of the sale of a product or service that:
 - (i) Such producer is also an insurance salesperson; and
- (ii) a commission for the sale of an insurance product will be received in addition to a fee for financial planning, if such is the case.
- (B) The disclosure requirement under this subsection may be met by including it in any disclosure required by federal or state securities law.
- (3) (A) Charging fees other than commissions for financial planning by insurance producers unless such fees are based upon a written agreement, signed by the party to be charged in advance of the performance of the services under the agreement. A copy of the agreement must be provided to the party to be charged at the time the agreement is signed by the party.
- (i) The services for which the fee is to be charged must be specifically stated in the agreement.
- (ii) The amount of the fee to be charged or how it will be determined or calculated must be specifically stated in the agreement.
- (iii) The agreement must state that the client is under no obligation to purchase any insurance product through the insurance producer or consultant.
- (B) The insurance producer shall retain a copy of the agreement for not less than three years after completion of services, and a copy shall be available to the commissioner upon request.
- (n) Failure to file or to certify information regarding the endorsement or sale of long-term care insurance. Failure of any insurer to:
 - (1) File with the insurance department the following material:
- (A) The policy and certificate;
- (B) a corresponding outline of coverage; and
- 43 (C) all advertisements requested by the insurance department; or

- (2) certify annually that the association has complied with the responsibilities for disclosure, advertising, compensation arrangements or other information required by the commissioner, as set forth by rule and regulation.
- (o) Failure to Provide Claims History. (1) Loss Information&mdash'operty and Casualty. Failure of a company issuing property and casualty insurance to provide the following loss information for the three previous policy years to the first named insured within 30 days of receipt of the first named insured's written request:
- (A) On all claims, date and description of occurrence, and total amount of payments; and
- (B) for any occurrence not included in subparagraph (A) of this paragraph, the date and description of occurrence.
- (2) Should the first named insured be requested by a prospective insurer to provide detailed loss information in addition to that required under paragraph (1) of this subsection, the first named insured may mail or deliver a written request to the insurer for the additional information. No prospective insurer shall request more detailed loss information than reasonably required to underwrite the same line or class of insurance. The insurer shall provide information under this subparagraph to the first named insured as soon as possible, but in no event later than 20 days of receipt of the written request. Notwithstanding any other provision of this subsection, no insurer shall be required to provide loss reserve information, and no prospective insurer may refuse to insure an applicant solely because the prospective insurer is unable to obtain loss reserve information.
- (3) The commissioner may promulgate regulations to exclude the providing of the loss information as outlined in paragraph (1) of this subsection for any line or class of insurance where it can be shown that the information is not needed for that line or class of insurance, or where the provision of loss information otherwise is required by law.
- (4) (A) Information provided under paragraph (2) of this subsection shall not be subject to discovery by any party other than the insured, the insurer and the prospective insurer.
- (B) The provisions of this paragraph shall expire on July 1, 2010, unless the legislature reviews and reenacts this provision pursuant to K.S.A. 45-229, and amendments thereto, prior to July 1, 2010.
- (p) Violating any provision of K.S.A. 40-216, 40-276a, 40-2,155 or 40-1515 and amendments thereto.
- New Sec. 4. (a) (1) No person or depository institution, or affiliate of a depository institution may require as a condition precedent to the lending of money or extension of credit, or any renewal thereof, that the person to whom such money or credit is extended or whose obligation a

creditor is to acquire or finance, negotiate any policy or renewal thereof through a particular insurer or group of insurers or agent or broker or group of agents or brokers.

- (2) No person or depository institution, or affiliate of a depository institution, may reject an insurance policy solely because the policy has been issued or underwritten by a person who is not associated with the depository institution or affiliate when insurance is required in connection with a loan or extension of credit.
- (b) No person or depository institution, or affiliate of a depository institution, who lends money or extends credit may:
- (1) As a condition for extending credit or offering any product or service that is equivalent to an extension of credit, require that a customer obtain insurance from a depository institution or an affiliate of a depository institution, or a particular insurer or producer. This provision does not prohibit a person or depository institution, or affiliate of a depository institution, from informing a customer or prospective customer that insurance is required in order to obtain a loan or credit, or that loan or credit approval is contingent upon the procurement by the customer of acceptable insurance, or that insurance is available from the person or depository institution, or affiliate of a depository institution;
- (2) unreasonably reject a policy furnished by the customer or borrower for the protection of the property securing the credit or lien. A rejection shall not be deemed unreasonable if it is based on reasonable standards, uniformly applied, relating to the extent of coverage required and the financial soundness and the services of an insurer. Such standards shall not discriminate against any particular type of insurer, nor shall such standards call for rejection of a policy because it contains coverage in addition to that required in the credit transaction;
- (3) require that any customer, borrower, mortgagor, purchaser, insurer, broker or agent pay a separate charge, in connection with the handling of any policy required as security for a loan on real estate, or pay a separate charge to substitute the policy of one insurer for that of another. This paragraph does not include the interest that may be charged on premium loans or premium advancements in accordance with the terms of the loan or credit document. Further, this paragraph does not apply to charges that would be required when the person or depository institution or affiliate of a depository institution is the licensed producer providing the insurance;
- (4) require any procedures or conditions of duly licensed producers or insurers not customarily required of those producers or insurers affiliated or in any way connected with the person who lends money or extends credit:
- (5) use an advertisement or other insurance promotional material that

would cause a reasonable person to mistakenly believe that the federal government or the state is responsible for the insurance sales activity of, or stands behind the credit of, the person, depository institution or its affiliate;

- (6) use an advertisement or other insurance promotional material that would cause a reasonable person to mistakenly believe that the federal government or the state guarantees any returns on insurance products or is a source of payment on any insurance obligation of or sold by the person, depository institution or its affiliate;
- (7) act as a producer unless properly licensed in accordance with the provisions of uniform insurance agents licensing act, K.S.A. 40-4901 et seq. and amendments thereto;
- (8) pay or receive any commission, brokerage fee or other compensation as a producer, unless the person holds a valid producer's license for the applicable class of insurance, except that an unlicensed person may make a referral to a licensed producer provided that the person does not discuss specific insurance policy terms and conditions. The unlicensed person may be compensated for the referral, however, in the case of a referral of a customer, the unlicensed person may be compensated only if the compensation is a fixed dollar amount for each referral that does not depend on whether the customer purchases the insurance product from the licensed producer. Furthermore, any person who accepts deposits from the public in an area where such transactions are routinely conducted in the depository institution may receive for each customer referral no more than a one-time, nominal fee of a fixed dollar amount for each referral that does not depend on whether the referral results in a transaction:
- (9) solicit or sell insurance, other than credit insurance or flood insurance, unless the solicitation or sale is completed through documents separate from any credit transactions;
- (10) include the expense of insurance premiums, other than credit insurance premiums or flood insurance premiums, in the primary credit transaction without the express written consent of the customer;
- (11) solicit or sell insurance unless its insurance sales activities are, to the extent practicable, physically separated from areas where retail deposits are routinely accepted by depository institutions; or
- (12) solicit or sell insurance unless it maintains separate and distinct books and records relating to the insurance transactions, including all files relating to and reflecting consumer complaints.
- (c) Every person or depository institution, or affiliate of a depository institution that lends money or extends credit and who solicits insurance primarily for personal, family or household purposes shall disclose to the customer in writing that the insurance related to the credit extension may

be purchased from an insurer or producer of the customer's choice, subject only to the lender's right to reject a given insurer or agent as provided in paragraph (2) of subsection (b) of this section. Such disclosure shall inform the customer that the customer's choice of insurer or producer will not affect the credit decision or credit terms in any way, except that the depository institution may impose reasonable requirements concerning the creditworthiness of the insurer and the scope of coverage chosen as provided in paragraph (2) of subsection (b) of this section.

- (d) (1) A depository institution that solicits, sells, advertises or offers insurance, and any person who solicits, sells, advertises or offers insurance on behalf of a depository institution or on the premises of a depository institution shall disclose to the customer in writing, where practicable and in a clear and conspicuous manner, prior to a sale, that the insurance:
 - (A) Is not a deposit;
- (B) is not insured by the federal deposit insurance corporation or any other agency of the federal government;
- (C) is not guaranteed by the depository institution, its affiliate (if applicable) or any person that is soliciting, selling, advertising or offering insurance (if applicable); and
- (D) where appropriate, involves investment risk, including the possible loss of value.
- (2) For purposes of the requirements in paragraph (1), an affiliate of a depository institution is subject to these requirements only to the extent that it sells, solicits, advertises or offers insurance products or annuities at an office of a depository institution or on behalf of a depository institution. These requirements apply only when an individual purchases, applies to purchase or is solicited to purchase insurance products or annuities primarily for personal, family or household purposes and only to the extent that the disclosure would be accurate.
- (3) A depository institution that solicits, sells, advertises or offers insurance, and any person who solicits, sells, advertises or offers insurance on behalf of a depository institution or on the premises of a depository institution shall obtain written acknowledgment of the receipt of the disclosure from the customer at the time the customer receives the disclosure or at the time of the initial purchase of the insurance policy. If the solicitation is conducted by telephone, the person or depository institution shall obtain an oral acknowledgment of receipt of the disclosure, maintain sufficient documentation to show that the acknowledgment was given by the customer, and make reasonable efforts to obtain a written acknowledgment from the customer. If a customer affirmatively consents to receiving the disclosures electronically and if the disclosures are provided in a format that the customer may retain or obtain later, the person or depository institution, may provide the disclosure and obtain acknow-

ledgment of the receipt of the disclosure from the customer using electronic media.

- (4) For the purposes of paragraph (1), a person shall be deemed to be selling, soliciting, advertising or offering insurance on behalf of a depository institution, whether at an office of the depository institution or another location, if at least one of the following applies:
- (A) The person represents to the customer that the sale, solicitation, advertisement or offer of the insurance is by or on behalf of the depository institution;
- (B) the depository institution refers a customer to the person who sells insurance and the depository institution has a contractual arrangement to receive commissions or fees derived from the sale of insurance resulting from the referral; or
- (C) documents evidencing the sale, solicitation, advertisement or offer of insurance identify or refer to the depository institution.
- (e) The commissioner shall have the power to examine and investigate those insurance activities of any person, depository institution, affiliate of a depository institution or insurer that the commissioner believes may be in violation of this section. The person, depository institution, affiliate of a depository institution or insurer shall make its insurance books and records available to the commissioner and the commissioner's staff for inspection upon reasonable notice. An affected person may submit to the commissioner a complaint or material pertinent to the enforcement of this subsection.
- (f) Nothing herein shall prevent a person or depository institution, or affiliate of a depository institution, who lends money or extends credit from placing insurance on real or personal property in the event the mortgagor, borrower or purchaser has failed to provide required insurance in accordance with the terms of the loan or credit document.
- (g) Nothing contained in this section shall apply to credit related insurance.
- New Sec. 5. (a) The commissioner shall have power to examine and investigate the affairs of every person or insurer in this state in order to determine whether such person or insurer has been or is engaged in any unfair trade practice prohibited by this act.
- (b) In the case of depository institutions, the commissioner shall have the power to examine and investigate the insurance activities of depository institutions, in order to determine whether the depository institution has been or is engaged in any unfair trade practice prohibited by this act. The commissioner shall notify the appropriate federal banking agency of the commissioner's intent to examine or investigate a depository institution and advise the appropriate federal banking agency of the suspected violations of state law prior to commencing the examination or investigation.

New Sec. 6. (a) (1) Whenever the commissioner shall have reason to believe that any insurer, person, depository institution or affiliate of a depository institution has been engaged or is engaging in this state in any unfair trade practice whether or not defined in this act, and that a proceeding by the commissioner in respect thereto would be in the interest of the public, the commissioner shall issue and serve upon such insurer, person, depository institution or affiliate of a depository institution, a statement of the charges in that respect and a notice of a hearing thereon to be held at a time and place fixed in the notice, which shall not be less than 30 days after the date of the service thereof.

- (2) With respect to a depository institution, the commissioner's authority to call a hearing is limited to the depository institution's insurance underwriting, sales, solicitation and cross marketing activities. The commissioner shall provide a copy of the notice of hearing to the appropriate federal banking agency when a depository institution is involved.
- (b) At the time and place fixed for the hearing, the insurer, person, depository institution or affiliate of a depository institution shall have an opportunity to be heard and to show cause why an order should not be made by the commissioner requiring the insurer, person, depository institution or affiliate of a depository institution to cease and desist from the acts, methods or practices so complained of. Upon good cause shown, the commissioner shall permit any person to intervene, appear and be heard at the hearing by counsel or in person.
- (c) Any hearing held under this section shall be conducted in accordance with the Kansas administrative procedures act.
- (d) To the extent that the powers conferred by this subsection are not inconsistent with the Kansas administrative procedure act, the commissioner may administer oaths, examine and cross examine witnesses, receive oral and documentary evidence, and shall have the power to subpoena witnesses, compel their attendance, and require the production of books, papers, records, correspondence or other documents the commissioner deems relevant to the inquiry, provided, however, that in the case of depository institutions, the commissioner shall have the power to require the production of books, papers, records, correspondence or other documents that the commissioner deems relevant to the inquiry only on the insurance activities of the depository institution. The commissioner, may, and upon the request of any party, shall cause to be made a stenographic record of all the evidence and all the proceedings at the hearing. If no stenographic record is made and if a judicial review is sought, the commissioner shall prepare a statement of the evidence and proceeding for use on review. In case of a refusal of any person to comply with any subpoena or to testify with respect to any matter concerning which he may be lawfully interrogated, on application of the commissioner, the

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 district court of Shawnee county, Kansas, or the county where the person resides, may issue an order requiring such person to comply with the subpoena and to testify; and any failure to obey any order of such court may be punished by the court as contempt.

- (e) To the extent that the powers conferred by this subsection are not inconsistent with the Kansas administrative procedure act, statements of charges, notices, orders and other processes of the commissioner under this act may be served by anyone duly authorized by the commissioner, either in the manner provided by law for service of process in civil actions, or by registering and mailing a copy thereof to the person affected by the statement, notice, order or other process at the person's residence or principal office or place of business. The verified return by the person so serving the statement, notice, order or other process, setting forth the manner of service, shall be proof of the same, and the return postcard receipt for the statement, notice, order or other process, registered and mailed as specified, shall be proof of the service of the same.
- New Sec. 7. (a) If after notice and opportunity for a hearing in accordance with the Kansas administrative procedures act, the commissioner finds that an insurer, person, depository institution or affiliate of a depository institution has engaged in an unfair trade practice, the commissioner shall reduce the findings to writing and shall issue and cause to be served upon the insurer, person, depository institution or affiliate of a depository institution charged with the violation, a copy of the findings in an order requiring the insurer, person, depository institution or affiliate of a depository institution to cease and desist from engaging in the act or practice and the commissioner may, at the commissioner's discretion order any combination of the following:
- (1) Payment of a monetary penalty of not more than \$1,000 for each violation, but not to exceed an aggregate penalty of \$100,000, unless the violation was committed flagrantly in a conscious disregard of this act, in which case the penalty shall not be more than \$25,000 for each violation not to exceed an aggregate penalty of \$250,000.
- (2) Suspension or revocation of the insurer's license if the insurer knew or reasonably should have known that it was in violation of this act.
- (b) In the case of a depository institution, the commissioner shall, if practicable, notify the appropriate federal regulator before imposing a monetary penalty on a depository institution or suspending or revoking the depository institution's insurer's license, and provide to the federal regulator a copy of the findings.

New Sec. 8. (a) Any insurer, person, depository institution or affiliate of a depository institution subject to an order of the commissioner under section 7 or section 10, and amendments thereto, may obtain a review of the order pursuant to the Kansas act for judicial review and enforcement

 of agency actions.

(b) No order of the commissioner issued under this act or order of a court to enforce the same shall in any way relieve or absolve any person affected by such order from any liability under any other laws of this state.

New Sec. 9. If after any hearing under section 6 or section 10, and amendments thereto, the report of the commissioner does not charge a violation of this act, then any intervenor in the proceedings may obtain a review of the order pursuant to the Kansas act for judicial review and enforcement of agency actions. Upon review, the court shall have authority to issue appropriate orders and decrees in connection therewith, including, if the court finds that it is to the interest of the public, orders enjoining and restraining the continuance of any method of competition, act or practice which it finds, notwithstanding the report of the commissioner, constitutes a violation of this act, and containing penalties pursuant to section 7 and amendments thereto.

New Sec. 10. Any insurer, person, depository institution or affiliate of a depository institution that violates a cease and desist order of the commissioner and while such order is in effect, may after notice and an opportunity for a hearing under the Kansas administrative procedures act, at the discretion of the commissioner, be subject to any combination of:
(a) A civil penalty of not more than \$25,000 for each and every act or violation not to exceed an aggregate of \$250,000 pursuant to any such hearing.

(b) Suspension or revocation of the insurer's license.

New Sec. 11. The commissioner may promulgate reasonable rules and regulations and issue orders as are necessary or proper to administer and effectuate the provisions of this act. Such rules and regulations shall be promulgated in accordance with the rules and regulations filing act.

New Sec. 12. The powers vested in the commissioner by this act shall be additional to any other powers to enforce any penalties, fines or forfeitures authorized by law with respect to the methods, acts and practices hereby declared to be unfair or deceptive.

New Sec. 13. If any person shall ask to be excused from attending and testifying or from producing any books, papers, records, correspondence or other documents at any hearing on the grounds that the testimony or evidence required may tend to incriminate or subject the person to a penalty or forfeiture, and shall notwithstanding be directed to give testimony or produce evidence, the person shall nonetheless comply with the direction, but shall not thereafter be prosecuted or subjected to any penalty or forfeiture for or on account of any transaction, matter or thing concerning which the person may testify or produce evidence thereto, and no testimony so given or evidence produced shall be received against the person upon any criminal action, investigation or proceeding; pro-

vided, however, that no person so testifying shall be exempt from prosecution or punishment for any perjury committed while so testifying and the testimony or evidence so given or produced shall be admissible against the person upon any criminal action, investigation or proceeding concerning such perjury, nor shall the person be exempt from the refusal, revocation or suspension of any license, permission or authority conferred, or to be conferred, pursuant to the insurance law of this state. Any such person may execute, acknowledge and file in the office of the commissioner a statement expressly waiving immunity or privilege in respect to any transaction, matter or thing specified in the statement and thereupon the testimony of the person or evidence in relation to the transaction, matter or thing may be received or produced before any judge or justice, court, tribunal, grand jury or otherwise, and if so received or produced the person shall not be entitled to any immunity or privilege on account of any testimony the person may give or evidence produced.

New Sec. 14. If any provision of this act, or the application of the provision to any person or circumstances, shall be held invalid, the remainder of the act, and the application of the provision to person or circumstances other than those as to which it is held invalid, shall not be affected thereby.

New Sec. 15. (a) Sections 1 through 15, and amendments thereto, shall be known and may be cited as the unfair insurance trade practices act.

- (b) This act shall be administered by the commissioner.
- (c) No provision of this act shall be construed to create or imply a private cause of action for a violation of this act.

New Sec. 16. (a) No title insurance company or title insurance agent, or any officer, employee, attorney, agent or solicitor thereof, may pay, allow or give, or offer to pay, allow or give, directly or indirectly, as an inducement to obtaining any title insurance business, any rebate, reduction or abatement of any rate or charge made incident to the issuance of such insurance, any special favor or advantage not generally available to others of the same classification, or any money, thing of value or other consideration or material inducement. The words "charge made incident to the issuance of such insurance" includes, without limitations, escrow, settlement and closing charges.

(b) No insured named in a title insurance policy or contract nor any other person directly or indirectly connected with the transaction involving the issuance of the policy or contract, including, but not limited to, mortgage lender, real estate broker, builder, attorney or any officer, employee, agent representative or solicitor thereof, or any other person may knowingly receive or accept, directly or indirectly, any rebate, reduction or abatement of any charge, or any special favor or advantage or any

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 monetary consideration or inducement referred to in subsection (a).

- (c) Nothing in this section shall be construed as prohibiting:
- (i) The payment of reasonable fees for services actually rendered to a title insurance agent in connection with a title insurance transaction;
- (ii) the payment of an earned commission to a duly appointed title insurance agent for services actually performed in the issuance of the policy of title insurance; or
- (iii) the payment of reasonable entertainment and advertising expenses.
- (d) Nothing in this section prohibits the division of rates and charges between or among a title insurance company and its agent, or one or more title insurance companies and one or more title insurance agents, if such division of rates and charges does not constitute an unlawful rebate under the provisions of this section and is not in payment of a forwarding fee or a finder's fee.
- (e) As used in subsections (e) through (i)(7) of this subpart, unless the context otherwise requires:
- (i) "Associate" means any firm, association, organization, partnership, business trust, corporation or other legal entity organized for profit in which a producer of title business is a director, officer or partner thereof, or owner of a financial interest; the spouse or any relative within the second degree by blood or marriage of a producer of title business who is a natural person; any director, officer or employee of a producer of title business or associate; any legal entity that controls, is controlled by, or is under common control with a producer of title business or associate; and any natural person or legal entity with whom a producer of title business or associate has any agreement, arrangement or understanding or pursues any course of conduct, the purpose or effect of which is to evade the provisions of this section.
- (ii) "Financial interest" means any direct or indirect interest, legal or beneficial, where the holder thereof is or will be entitled to 1% or more of the net profits or net worth of the entity in which such interest is held. Notwithstanding the foregoing, an interest of less than 1% or any other type of interest shall constitute a "financial interest" if the primary purpose of the acquisition or retention of that interest is the financial benefit to be obtained as a consequence of that interest from the referral of title business.
- (iii) "Person" means any natural person, partnership, association, cooperative, corporation, trust or other legal entity.
- (iv) "Producer of title business" or "producer" means any person, including any officer, director or owner of 5% or more of the equity or capital or both of any person, engaged in this state in the trade, business, occupation or profession of:

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- (A) Buying or selling interests in real property;
- (B) making loans secured by interests in real property; or
- (C) acting as broker, agent, representative or attorney for a person who buys or sells any interest in real property or who lends or borrows money with such interest as security.
- (v) "Refer" means to direct or cause to be directed or to exercise any power or influence over the direction of title insurance business, whether or not the consent or approval of any other person is sought or obtained with respect to the referral.
- (f) No title insurer or title agent may accept any order for, issue a title insurance policy to, or provide services to, an applicant if it knows or has reason to believe that the applicant was referred to it by any producer of title business or by any associate of such producer, where the producer, the associate, or both, have a financial interest in the title insurer or title agent to which business is referred unless the producer has disclosed to the buyer, seller and lender the financial interest of the producer of title business or associate referring the title insurance business.
- (g) No title insurer or title agent may accept an order for title insurance business, issue a title insurance policy, or receive or retain any premium, or charge in connection with any transaction if: (i) The title insurer or title agent knows or has reason to believe that the transaction will constitute controlled business for that title insurer or title agent, and (ii) 70% or more of the closed title orders of that title insurer or title agent during the 12 full calendar months immediately preceding the month in which the transaction takes place is derived from controlled business. The prohibitions contained in this subparagraph shall not apply to transactions involving real estate located in a county that has a population, as shown by the last preceding decennial census, of 10,000 or less.
- (h) Within 90 days following the end of each business year, as established by the title insurer or title agent, each title insurer or title agent shall file with the department of insurance and any title insurer with which the title agent maintains an underwriting agreement, a report executed by the title insurer's or title agent's chief executive officer or designee, under penalty of perjury, stating the percent of closed title orders originating from controlled business. The failure of a title insurer or title agent to comply with the requirements of this section, at the discretion of the commissioner, shall be grounds for the suspension or revocation of a license or other disciplinary action, with the commissioner able to mitigate any such disciplinary action if the title insurer or title agent is found to be in substantial compliance with competitive behavior as defined by federal housing and urban development statement of policy 1996-2.
- (i) (1) No title insurer or title agent may accept any title insurance order or issue a title insurance policy to any person if it knows or has

reason to believe that such person was referred to it by any producer of title business or by any associate of such producer, where the producer, the associate, or both, have a financial interest in the title insurer or title agent to which business is referred unless the producer has disclosed in writing to the person so referred the fact that such producer or associate has a financial interest in the title insurer or title agent, the nature of the financial interest and a written estimate of the charge or range of charges generally made by the title insurer or agent for the title services. Such disclosure shall include language stating that the consumer is not obligated to use the title insurer or agent in which the referring producer or associate has a financial interest and shall include the names and telephone numbers of not less than three other title insurers or agents which operate in the county in which the property is located. If fewer than three insurers or agents operate in that county, the disclosure shall include all title insurers or agents operating in that county. Such written disclosure shall be signed by the person so referred and must have occurred prior to any commitment having been made to such title insurer or agent.

- (2) No producer of title business or associate of such producer shall require, directly or indirectly, as a condition to selling or furnishing any other person any loan or extension thereof, credit, sale, property, contract, lease or service, that such other person shall purchase title insurance of any kind through any title agent or title insurer if such producer has a financial interest in such title agent or title insurer.
- (3) No title insurer or title agent may accept any title insurance order or issue a title insurance policy to any person it knows or has reason to believe that the name of the title company was pre-printed in the sales contract, prior to the buyer or seller selecting that title company.
- (4) Nothing in this subpart (i) shall prohibit any producer of title business or associate of such producer from referring title business to any title insurer or title agent of such producer's or associate's choice, and, if such producer or associate of such producer has any financial interest in the title insurer, from receiving income, profits or dividends produced or realized from such financial interest, so long as:
- (a) Such financial interest is disclosed to the purchaser of the title insurance in accordance with part (i)(1) through (4) of this subpart;
- (b) the payment of income, profits or dividends is not in exchange for the referral of business; and
- (c) the receipt of income, profits or dividends constitutes only a return on the investment of the producer or associate.
- (5) Any producer of title business or associate of such producer who violates the provisions of paragraphs (i)(2) through (i)(4), or any title insurer or title agent who accepts an order for title insurance knowing that it is in violation of paragraphs (i)(2) through (i)(4), in addition to any other

action which may be taken by the commissioner of insurance, shall be subject to a fine by the commissioner in an amount equal to five times the premium for the title insurance and, if licensed pursuant to K.S.A. 58-3034 et seq., and amendments thereto, shall be deemed to have committed a prohibited act pursuant to K.S.A. 58-3602, and amendments thereto, and shall be liable to the purchaser of such title insurance in an amount equal to the premium for the title insurance.

- (6) Any title insurer or title agent that is a competitor of any title insurer or title agent that, subsequent to the effective date of this act, has violated or is violating the provisions of subpart (i), shall have a cause of action against such title insurer or title agent and, upon establishing the existence of a violation of any such provision, shall be entitled, in addition to any other damages or remedies provided by law, to such equitable or injunctive relief as the court deems proper. In any such action under this subsection, the court may award to the successful party the court costs of the action together with reasonable attorney fees.
- (7) The commissioner shall also require each title agent to provide core title services as required by the real estate settlement procedures act.
- (j) The commissioner shall adopt any regulations necessary to carry out the provisions of this act.
- New Sec. 17. (a) No person shall disclose any nonpublic personal information contrary to the provisions of title V of the Gramm-Leach-Bliley act of 1999 (public law 106-102). The commissioner may adopt rules and regulations necessary to carry out this section. Such rules and regulations shall be consistent with and not more restrictive than the model regulation adopted on September 26, 2000, by the national association of insurance commissioners entitled "Privacy of consumer financial and health information regulation".
- (b) Any rules and regulations adopted by the commissioner which implement article V of the model regulation adopted on September 26, 2000, by the national association of insurance commissioners entitled "Privacy of consumer financial and health information regulation" shall become effective on and after February 1, 2002.
- (c) Nothing in this section shall be deemed or construed to authorize the promulgation or adoption of any regulation which preempts, supersedes or is inconsistent with any provision of Kansas law concerning requirements for notification of, or obtaining consent from, a parent, guardian or other legal custodian of a minor relating to any matter pertaining to the health and medical treatment for such minor.
- Sec. 18. K.S.A. 40-2,108 is hereby amended to read as follows: 40-2,108. The commissioner shall promulgate such rules and regulations as are necessary to carry out the provisions of this act. Violations of this act

shall be violations of the unfair *insurance* trade practices act, K.S.A. 40-2407 and 40-2411 *and amendments thereto*. This act shall not apply if the commissioner determines nonrenewal or policy limitation is necessary to preserve insurance company solvency or protect policyholders interests.

Sec. 19. K.S.A. 40-1612 is hereby amended to read as follows: 40-1612. In addition to the provisions of this article, the provisions set forth in the following sections of the Kansas Statutes Annotated, and amendments thereto, which govern other types of insurance companies shall apply to reciprocals to the extent that such provisions do not conflict with the provisions of this article: Sections K.S.A. 40-208, 40-209, 40-214, 40-215, 40-216, 40-218, 40-220, 40-221a, 40-222, 40-223, 40-224, 40-225, 40-229, 40-229a, 40-231, 40-233, 40-234, 40-234a, 40-235, 40-236, 40-237, 40-238, 40-239, 40-240, 40-241, 40-242, 40-244, 40-245, 40-246 except as to contracts written through traveling salaried representatives to whom no commissions are paid, 40-246a, 40-247, 40-248, 40-249, 40-250, 40-251, 40-253, 40-254, 40-256, 40-281, 40-2,125, 40-2,126, 40-2,127, 40-2,128, 40-2,156, 40-2,156a, 40-2,157, 40-2,159, 40-952, 40-2001, 40-2002, 40-2003, 40-2004, 40-2005, 40-2006 and 40-2404 section 3 and article 2a of the Kansas Statutes Annotated, and amendments thereto, and any other provision of law pertaining to insurance which specifically refers to reciprocals.

Sec. 20. K.S.A. 40-22090 is hereby amended to read as follows: 40-22090. Violations of this act shall be treated as violations of the unfair *insurance* trade practices act and subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411 and amendments thereto therein.

- Sec. 21. K.S.A. 40-2215 is hereby amended to read as follows: 40-2215. (a) No individual policy of accident and sickness insurance as defined in K.S.A. 40-2201 and amendments thereto shall be issued or delivered to any person in this state nor shall any application, rider or endorsement be used in connection therewith, until a copy of the form thereof and of the classification of risks and the premium rates pertaining thereto, have been filed with the commissioner of insurance.
- (b) No group or blanket policy or certificate of accident and sickness insurance providing hospital, medical or surgical expense benefits shall be issued or delivered to any person in this state, nor shall any application, rider or endorsement be used in connection therewith, until a copy of the form thereof and of the classification of risks and the premium rates pertaining thereto has been filed with the commissioner of insurance.
- (c) No such policy shall be issued, nor shall any application, rider or endorsement be used in connection therewith, until the expiration of 30 days after it has been filed unless the commissioner gives written approval thereof.
- 43 (d) The commissioner may, within 30 days after the filing of any form,

disapprove such form: (1) If, in the case of any form required to be filed pursuant to subsection (a), the benefits provided therein are unreasonable in relation to the premium charged; or (2) if, in the case of any form required to be filed pursuant to subsection (a) or (b), it contains a provision or provisions which are unjust, unfair, inequitable, misleading, deceptive or encourage misrepresentation of such policy. If the commissioner notifies the insurer which has filed any such form that it does not comply with the provisions of article 22 of chapter 40 of the Kansas Statutes Annotated, and amendments thereto, it shall be unlawful thereafter for such insurer to issue such form or use it in connection with any policy. In such notice the commissioner shall specify the reasons for disapproval and state that a hearing will be granted within 20 days after request in writing by the insurer.

- (e) (1) Any risk classifications, premium rates, rating formulae, and all modifications thereof applicable to Kansas residents shall not establish an unreasonable, excessive or unfairly discriminatory rate or, with respect to group or blanket sickness and accident policies providing hospital, medical or surgical expense benefits issued pursuant to K.S.A. 40-2209 or 40-2210, and amendments thereto, discriminate against any individuals eligible for participation in a group, or establish rating classifications within a group that are based on medical conditions. In no event shall the rates charged to any group to which this subsection applies increase by more than 75% during any annual period unless the insurer can clearly document a material and significant change in the risk characteristics of the group.
- (2) All rates for sickness and accident insurance providing hospital, medical or surgical expense benefits covering Kansas residents shall be made in accordance with the following provisions and due consideration shall be given to: (A) Past and prospective loss experience; (B) past and prospective expenses; (C) adequate contingency reserves; and (D) all other relevant factors within and without the state.
- (3) Nothing in this act is intended to prohibit or discourage reasonable competition or discourage or prohibit uniformity of rates except to the extent necessary to accomplish the aforementioned purpose. The commissioner is hereby authorized to issue such rules and regulations as are necessary and not inconsistent with this act.
- (f) The provisions of subsection (e) shall not apply to any medicare supplement policy as defined by the commissioner pursuant to rule and regulation, any policy of long-term care insurance as defined by K.S.A. 40-2227 and amendments thereto, any specified disease, specified accident or accident only coverage, credit insurance, hospital confinement indemnity or any disability income protection policy.
 - (g) The commissioner may at any time, after a hearing of which not

less than 20 days' written notice shall be given to the insurer, withdraw approval of any such form or disapprove any rate filed in accordance with subsection (a) in the event the commissioner finds such filing no longer meets the requirements of this section or of article 22 of chapter 40 of the Kansas Statutes Annotated, and amendments thereto. It shall be unlawful for the insurer to issue such form or use it in connection with any policy after the effective date of such withdrawal of approval.

- (h) Violations of subsection (e) shall be treated as violations of the unfair *insurance* trade practices act and subject to the penalties prescribed by K.S.A. 40-2407 and 40-2411 and amendments thereto therein.
- (i) Hearings under this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act.
- Sec. 22. K.S.A. 40-2442 is hereby amended to read as follows: 40-2442. (a) Within 30 days after receipt of any claim, and amendments thereto, any insurer issuing a policy of accident and sickness insurance shall pay a clean claim for reimbursement in accordance with this section or send a written or electronic notice acknowledging receipt of and the status of the claim. Such notice shall include the date such claim was received by the insurer and state that:
- (1) The insurer refuses to reimburse all or part of the claim and specify each reason for denial; or
- (2) additional information is necessary to determine if all or any part of the claim will be reimbursed and what specific additional information is necessary.
- (b) If any insurer issuing a policy of accident and sickness insurance fails to comply with subsection (a), such insurer shall pay interest at the rate of 1% per month on the amount of the claim that remains unpaid 30 days after the receipt of the claim. The interest paid pursuant to this subsection shall be included in any late reimbursement without requiring the person who filed the original claim to make any additional claim for such interest.
- (c) After receiving a request for additional information, the person claiming reimbursement shall submit all additional information requested by the insurer within 30 days after receipt of the request for additional information. Failure to furnish such additional information within the time required shall not invalidate nor reduce the claim if it was not reasonably possible to give such information within such time, provided such proof is furnished as soon as possible as defined (within the time prescribed) in paragraph (7) of subsection (A) of K.S.A. 40-2203, and amendments thereto.
- (d) Within 15 days after receipt of all the requested additional information, an insurer issuing a policy of accident and sickness insurance shall pay a clean claim in accordance with this section or send a written or

electronic notice that states:

- (1) Such insurer refuses to reimburse all or part of the claim; and
- (2) specifies each reason for denial. Any insurer issuing a policy of accident and sickness insurance that fails to comply with this subsection shall pay interest on any amount of the claim that remains unpaid at the rate of 1% per month.
- (e) The provisions of subsection (b) shall not apply when there is a good faith dispute about the legitimacy of the claim, or when there is a reasonable basis supported by specific information that such claim was submitted fraudulently.
- (f) Any violation of this act by an insurer issuing a policy of accident and sickness insurance with flagrant and conscious disregard of the provisions of this act or with such frequency as to constitute a general business practice shall be considered a violation of the unfair *insurance* trade practices act in K.S.A. 40-2401 et seq. and amendments thereto.
- (g) The commissioner of insurance shall adopt rules and regulations necessary to carry out the provisions of the Kansas health care prompt payment act.
- Sec. 23. K.S.A. 40-3909 is hereby amended to read as follows: 40-3909. Insurers complying with this act, or attempting in good faith to comply with this act, shall be immune from civil and criminal liability and such actions shall not be deemed in violation of K.S.A. 40-2404 section 3 and any amendments thereto, including withholding payment of any insurance proceeds pursuant to this act, or releasing or disclosing any information pursuant to this act.
- Sec. 24. K.S.A. 2004 Supp. 40-4909 is hereby amended to read as follows: 40-4909. (a) The commissioner may deny, suspend, revoke or refuse renewal of any license issued under this act if the commissioner finds that the applicant or license holder has:
- (1) Provided incorrect, misleading, incomplete or untrue information in the license application.
 - (2) Violated:
- (A) Any provision of chapter 40 of the Kansas Statutes Annotated, and amendments thereto, or any rule and regulation promulgated thereunder:
 - (B) any subpoena or order of the commissioner;
 - (C) any insurance law or regulation of another state; or
- 38 (D) any subpoena or order issued by the regulatory official for insur-39 ance in another state.
 - (3) Obtained or attempted to obtain a license under this act through misrepresentation or fraud.
- 42 (4) Improperly withheld, misappropriated or converted any moneys 43 or properties received in the course of doing insurance business.

- (5) Intentionally misrepresented the provisions, terms and conditions of an actual or proposed insurance contract or application for insurance.
 - (6) Been convicted of a misdemeanor or felony.
- (7) Admitted to or been found to have committed any insurance unfair trade practice or fraud in violation of K.S.A. 40-2404 and amendments thereto the unfair insurance trade practices act.
- (8) Used any fraudulent, coercive, or dishonest practice, or demonstrated any incompetence, untrustworthiness or financial irresponsibility in the conduct of business in this state or elsewhere.
- (9) Had an insurance agent license, or its equivalent, denied, suspended or revoked in any other state, district or territory.
- (10) Forged another person's name to an application for insurance or to any document related to an insurance transaction.
- (11) Improperly used notes or any other reference material to complete an examination for an insurance license issued under this act.
- (12) Knowingly accepted insurance business from an individual who is not licensed.
- (13) Failed to comply with any administrative or court order imposing a child support obligation upon the applicant or license holder.
- (14) Failed to pay any state income tax or comply with any administrative or court order directing payment of state income tax.
- (15) Rebated the whole or any part of any insurance premium or offered in connection with the presentation of any contract of insurance any other inducement not contained in the contract of insurance.
- (16) Made any misleading representation or incomplete comparison of policies to any person for the purposes of inducing or tending to induce such person to lapse, forfeit or surrender such person's insurance then in force.
- (b) In addition, the commissioner may suspend, revoke or refuse renewal of any license issued under this act if the commissioner finds that the interests of the insurer or the insurable interests of the public are not properly served under such license.
- (c) Any action taken under this section which affects any license or imposes any administrative penalty shall be taken only after notice and an opportunity for a hearing conducted in accordance with the provisions of the Kansas administrative procedures act.
- (d) The license of any business entity may be suspended, revoked or refused renewal if the insurance commissioner finds that any violation committed by an individual licensee employed by or acting on behalf of such business entity was known by or should have been known by one or more of the partners, officers or managers acting on behalf of the business entity and:
- 43 (1) Such violation was not reported to the insurance commissioner

by such business entity; or

- (2) such business entity failed to take any corrective action.
- (e) None of the following actions shall deprive the commissioner of any jurisdiction or right to institute or proceed with any disciplinary proceeding against such license, to render a decision suspending, revoking or refusing to renew such license, or to establish and make a record of the facts of any violation of law for any lawful purpose:
 - (1) The imposition of an administrative penalty under this section;
- 9 (2) the lapse or suspension of any license issued under this act by 10 operation of law;
 - (3) the licensee's failure to renew any license issued under this act; or
 - (4) the licensee's voluntary surrender of any license issued under this act. No such disciplinary proceeding shall be instituted against any licensee after the expiration of two years from the termination of the license.
 - (f) Whenever the commissioner imposes any administrative penalty or denies, suspends, revokes or refuses renewal of any license pursuant to subsection (a), any costs incurred as a result of conducting an administrative hearing authorized under the provisions of this section shall be assessed against the person who is the subject of the hearing or any business entity represented by such person who is the party to the matters giving rise to the hearing. As used in this subsection, "costs" shall include witness fees, mileage allowances, any costs associated with the reproduction of documents which become a part of the hearing record and the expense of making a record of the hearing.
 - (g) No person whose license as an agent or broker had been suspended or revoked shall be employed by any insurance company doing business in this state either directly, indirectly, as an independent contractor or otherwise to negotiate or effect contracts of insurance, suretyship or indemnity or perform any act toward the solicitation of or transaction of any business of insurance during the period of such suspension or revocation.
 - (h) In lieu of taking any action under subsection (a), the commissioner may:
 - (1) Censure the person; or
 - (2) issue an order imposing an administrative penalty up to a maximum of \$500 for each violation but not to exceed \$2,500 for the same violation occurring within any six consecutive calendar months from the date of the original violation unless such person knew or should have known that the violative act could give rise to disciplinary action under subsection (a). If such person knew or reasonably should have known the violative act could give rise to any disciplinary proceeding authorized by

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subsection (a), the commissioner may impose a penalty up to a maximum of \$1,000 for each violation but not to exceed \$5,000 for the same violation occurring within any six consecutive calendar months from the date of the imposition of the original administrative penalty.

- Sec. 25. K.S.A. 2004 Supp. 40-4910 is hereby amended to read as follows: 40-4910. (a) No insurance company or insurance agent shall pay a commission, service fee, brokerage or other valuable consideration to a person for selling, soliciting or negotiating insurance in this state if that person is required to be licensed under this act and is not so licensed.
- (b) No person shall accept a commission, service fee, brokerage or other valuable consideration for selling, soliciting or negotiating insurance in this state if that person is required to be licensed under this act and is not so licensed.
- (c) Renewal or other deferred commissions may be paid to a person for selling, soliciting or negotiating insurance in this state if:
- (1) Such person was required to be licensed under this act at the time the sale, solicitation or negotiation of insurance occurred; and
- (2) such person was licensed as required by this act when the sale, solicitation or negotiation of insurance occurred.
- (d) An insurance agent may place a kind or kinds of business, for which such insurance agent is licensed pursuant to this act, with an insurer for which such insurance agent is not an agent, by placing such business through an agent of such insurer.
- (e) An insurance agent may divide or share in commissions with other agents licensed to write the same kind or kinds of insurance provided the solicitation of such business shall be subject to subsection (d).
- (f) Any insurance agent may pay or assign a commission, service fee, brokerage or any other valuable consideration to an insurance agency or any financial holding company which does not sell, solicit or negotiate insurance in this state unless such payment or assignment violates any provision of K.S.A. 40-2404 section 3 and amendments thereto.
- Sec. 26. K.S.A. 2004 Supp. 40-5014 is hereby amended to read as follows: 40-5014. Any violation of this act shall also be considered an unfair or deceptive act or practice under K.S.A. 40-2404 section 3, and amendments thereto, and subject to the penalties contained in K.S.A. 40-2401 et seq., and amendments thereto the unfair insurance trade practices act.
- 38 Sec. 27. K.S.A. 40-2,108, 40-1612, 40-22090, 40-2215, 40-2401, 40-39 2402, 40-2403, 40-2404a, 40-2405, 40-2406, 40-2407, 40-2408, 40-2411, 40-2412, 40-2413, 40-2414, 40-2415, 40-2416, 40-2417, 40-2418, 40-419, 40-2420, 40-2421, 40-2442 and 40-3909 and K.S.A. 2004 Supp. 40-42 2404, 40-4909, 40-4910 and 40-5014 are hereby repealed.

- 1 Sec. 28. This act shall take effect and be in force from and after its
- 2 publication in the statute book.