

**Title 23. Public Utilities and Regulated Industries**  
**Chapter I. State Insurance Department, Department of Commerce**  
**Subchapter A. Generally**  
**Part 19. To Define Standards and Commissioner's Authority for Companies Deemed to be in Hazardous Financial Condition**

**Codification Notes.** This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

"Section 1. Authority

This rule is adopted and promulgated by the Arkansas Insurance Commissioner pursuant to Ark. code Ann. §§ 23-61-108, 23-68-101, et seq., and 25-15-101, et seq."

"Section 7. Effective Date

This rule shall become effective January 10, 2014."

**Subpart 1. Generally**

**23 CAR § 19-101. Purpose and scope.**

(a) The purpose of this part is to set forth the standards which the Insurance Commissioner may use for identifying insurers found to be in such condition as to render the continuance of their business hazardous to:

- (1) Their policyholders;
- (2) Their creditors; or
- (3) The general public.

(b) This part shall not be interpreted to limit the powers granted the commissioner by any laws or parts of laws of this state, nor shall this rule be interpreted to supersede any laws or parts of laws of this state.

(c) This part shall be applicable to all insurers, companies, and other entities subject to the provisions of Arkansas Code § 23-68-101 et seq.

**Authority.** Arkansas Code § 23-68-108.

**23 CAR § 19-102. Standards.**

(a) The following standards, either singly or a combination of two (2) or more, may be considered by the Insurance Commissioner to determine whether the continued operation of any insurer transacting insurance business in this state might be deemed to be hazardous to:

- (1) Its policyholders;
- (2) Its creditors; or
- (3) The general public.

(b) The commissioner may consider:

(1) Adverse findings reported in:

- (A) Financial condition and market conduct examination reports;
- (B) Audit reports;
- (C) Actuarial opinions;
- (D) Actuarial reports; or
- (E) Actuarial summaries;

(2) The National Association of Insurance Commissioners Insurance Regulatory Information System and its other financial analysis solvency tools and reports;

(3) For insurers not subject to standard NAIC reporting requirements, the ratios of commission expense, general insurance expense, policy benefits, and reserve increases as to annual premium and net investment income which could lead to an impairment of capital and surplus;

(4) For insurers not subject to standard NAIC reporting requirements, the insurer's asset portfolio, when viewed in light of current economic conditions, is not of sufficient value, liquidity, or diversity to ensure the company's ability to meet its outstanding obligations as they mature;

(5) Whether the insurer has made adequate provision, according to presently accepted actuarial standards of practice, for the anticipated cash flows required by the contractual obligations and related expenses of the insurer, when considered in light of

the assets held by the insurer with respect to such reserves and related actuarial items including, but not limited to the:

(A) Investment earnings on such assets; and

(B) Considerations anticipated to be received and retained under such policies and contracts;

(6) The ability of an assuming reinsurer to perform and whether the insurer's reinsurance program provides sufficient protection for the insurer's remaining surplus after taking into account the insurer's cash flow and the classes of business written as well as the financial condition of the assuming reinsurer;

(7) Whether the insurer's operating loss in the last twelve-month period or any shorter period of time, including but not limited to net capital gain or loss, change in nonadmitted assets, and cash dividends paid to shareholders, is greater than fifty percent (50%) of the insurer's remaining surplus as regards policyholders in excess of the minimum required;

(8) Whether the insurer's operating loss in the last twelve-month period or any shorter period of time, excluding net capital gains, is greater than twenty percent (20%) of the insurer's remaining surplus as regards policyholders in excess of the minimum required;

(9) Whether a reinsurer, obligor, or any entity within the insurer's insurance holding company system is insolvent, threatened with insolvency, or delinquent in payment of its monetary or other obligations, and which in the opinion of the commissioner may affect the solvency of the insurer;

(10) Contingent liabilities, pledges, or guaranties which either individually or collectively involve a total amount which in the opinion of the commissioner may affect the solvency of the insurer;

(11) Whether any "controlling person" of an insurer is delinquent in the transmitting to, or payment of, net premiums to the insurer;

(12) The age and collectability of receivables;

(13) Whether the management of an insurer, including officers, directors, or any other person who directly or indirectly controls the operation of the insurer, fails to

possess and demonstrate the competence, fitness, and reputation deemed necessary to serve the insurer in such position;

(14) Whether management of an insurer has:

(A) Failed to respond to inquiries relative to the condition of the insurer;

or

(B) Furnished false and misleading information concerning an inquiry;

(15) Whether the insurer has failed to meet financial and holding company filing requirements in the absence of a reason satisfactory to the commissioner;

(16) Whether management of an insurer either has:

(A) Filed any false or misleading sworn financial statement;

(B) Released a false or misleading financial statement to lending institutions or to the general public; or

(C) Made a false or misleading entry or omitted an entry of material amount in the books of the insurer;

(17) Whether the insurer has grown so rapidly and to such an extent that it lacks adequate financial and administrative capacity to meet its obligations in a timely manner;

(18) Whether the insurer has experienced or will experience in the foreseeable future cash flow or liquidity problems;

(19) Whether management has established reserves that do not comply with minimum standards established by:

(A) State insurance laws;

(B) Rules;

(C) Statutory accounting standards;

(D) Sound actuarial principles; and

(E) Standards of practice;

(20) Whether management persistently engages in material under reserving that results in adverse development;

(21) Whether transactions among affiliates, subsidiaries, or controlling persons for which the insurer receives assets or capital gains, or both, do not provide sufficient

value, liquidity, or diversity to ensure the insurer's ability to meet its outstanding obligations as they mature; or

(22) Any other finding determined by the commissioner to be hazardous to the:

- (A) Insurer's policyholders;
- (B) Insurer's creditors; or
- (C) General public.

**Authority.** Arkansas Code § 23-68-108.

**Codification Notes.** "NAIC" means National Association of Insurance Commissioners.

**23 CAR § 19-103. Commissioner's authority.**

(a) For the purposes of making a determination of an insurer's financial condition under this part, the Insurance Commissioner may:

(1) Disregard any credit or amount receivable resulting from transactions with a reinsurer that is:

- (A) Insolvent;
- (B) Impaired; or
- (C) Otherwise subject to a delinquency proceeding;

(2) Make appropriate adjustments including disallowance to asset values attributable to investments in or transactions with parents, subsidiaries, or affiliates consistent with:

- (A) The NAIC Accounting Practices and Procedures Manual;
- (B) State laws; and
- (C) Rules;

(3) Refuse to recognize the stated value of accounts receivable if the ability to collect receivables is highly speculative in view of the age of the account or the financial condition of the debtor;

(4) Increase the insurer's liability in an amount equal to any contingent liability, pledge, or guarantee not otherwise included if there is a substantial risk that the insurer will be called upon to meet the obligation undertaken within the next twelve (12) months.

(b)(1) If the commissioner determines that the continued operation of the insurer licensed to transact business in this state may be hazardous to its policyholders, creditors, or the general public, then the commissioner may, upon a determination, issue an order requiring the insurer to:

(A) Reduce the total amount of present and potential liability for policy benefits by reinsurance;

(B) Reduce, suspend, or limit the volume of business being accepted or renewed;

(C) Reduce general insurance and commission expenses by specified methods;

(D) Increase the insurer's capital and surplus;

(E) Suspend or limit the declaration and payment of dividend by an insurer to its stockholders or to its policyholders;

(F) File reports in a form acceptable to the commissioner concerning the market value of an insurer's assets;

(G) Limit or withdraw from certain investments or discontinue certain investment practices to the extent the commissioner deems necessary;

(H) Document the adequacy of premium rates in relation to the risks insured;

(I) File, in addition to regular annual statements, interim financial reports on the form adopted by the National Association of Insurance Commissioners or in such format as promulgated by the commissioner;

(J) Correct corporate governance practice deficiencies and adopt and utilize governance practices acceptable to the commissioner;

(K) Provide a business plan to the commissioner in order to continue to transact business in the state;

(L) Notwithstanding any other provision of law limiting the frequency or amount of premium rate adjustments, adjust rates for any non-life insurance product written by the insurer that the commissioner considers necessary to improve the financial condition of the insurer.

(2) If the insurer is a foreign insurer the commissioner's order may be limited to the extent provided by statute.

(c)(1)(A) An insurer subject to an order under subsection (b) of this section may request a hearing to review that order.

(B) The notice of hearing shall be served upon the insurer pursuant to Arkansas Code § 23-61-304 and § 25-15-101 et seq.

(C) The notice of hearing shall state the:

(i) Time and place of hearing; and

(ii) Conduct, condition, or ground upon which the commissioner based the order.

(2) Unless mutually agreed between the commissioner and the insurer, the hearing shall:

(A) Occur not less than ten (10) days nor more than thirty (30) days after notice is served; and

(B) Be either in Pulaski County or in some other place convenient to the parties designated by the commissioner.

(3) The commissioner shall hold all hearings under this subsection privately, unless the insurer requests a public hearing, in which case the hearing shall be public.

**Authority.** Arkansas Code § 23-68-108.

**Codification Notes.** "NAIC" means National Association of Insurance Commissioners.

**23 CAR § 19-104. Judicial review.**

Any order or decision of the Insurance Commissioner shall be subject to review in accordance with Arkansas Code § 23-61-307 and § 25-15-101 et seq., at the instance of any party to the proceedings whose interests are substantially affected.

**Authority.** Arkansas Code § 23-68-108.

**23 CAR § 19-105. Severability.**

If any provisions of this part be held invalid, the remainder shall not be affected.

**Authority.** Arkansas Code § 23-68-108.