

**TITLE 365. INSURANCE DEPARTMENT
CHAPTER 15. PROPERTY AND CASUALTY**

SUBCHAPTER 1. GENERAL PROVISIONS

365:15-1-3. Property and casualty form filings

(a) **Purpose.** The purpose of this section is to specify the procedures for submitting form filings to the Insurance Commissioner as required by Article 36 of the Insurance Code.

(b) **Procedures.** Policy forms, endorsements and revisions thereto, by insurance companies and advisory organizations licensed in Oklahoma, shall be submitted in compliance with this section, or shall be rejected for filing, and the entity that made such submission shall be so notified.

(1) **Filing requirements.** The Insurance Code, Article 36, requires that each insurer shall make its form filings by line of business directly with the Insurance Commissioner. Companies may satisfy their obligation to make such filings, where authorized by law, by becoming a member or subscriber to an Oklahoma licensed advisory organization that makes such filings.

(2) **Filing fees.**

(A) Form filings shall be accompanied by the proper fees as specified in the Insurance Code. Fees shall not be paid in cash.

(B) Filings for groups of insurers shall be accompanied by the specified fee for each transaction, regardless of the number of members or subscribers.

(C) Filings by advisory organizations shall be accompanied by the specified fee for each transaction regardless of the number of members or subscribers.

(3) **Address requirements.** All filings shall be addressed as follows: Oklahoma Insurance Commissioner, 3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112.

(4) **Number of copies.** All filings except those exempted shall be submitted through the System for Electronic Rate and Form Filing (SERFF) pursuant to the SERFF General Instructions. All ~~paper~~-filings including the cover letter, all exhibits, forms and additional information submitted to the Insurance Commissioner shall be typewritten or printed and submitted with one (1) legible copy of all material. Companies that file as a group listing all companies on the transmittal letter may accomplish this requirement by submitting one (1) typewritten or printed legible copy of all material.

(5) **Effective date of filings.** The effective date of form filings and the dates of required action by the Insurance Commissioner are governed by the applicable provisions of the Insurance Code.

(6) **Notice of Insurance Commissioner action.** The Insurance Commissioner shall indicate action taken through the System for Electronic Rate and Form Filing (SERFF). Nothing in this section shall preclude the Insurance Commissioner from the use of other forms of communication to secure information from the filing entity.

(7) **Life, accident and health insurance.** This section does not apply to Life, Accident and Health. Life, Accident and Health filings shall be made in accordance with the applicable provisions of the Insurance Code and Rules of the Insurance Commissioner.

(8) **Postage requirements.** No submissions shall be accepted which arrive at the offices with postage due. No submissions will be returned unless the necessary postage accompanies the same.

- (9) **Filing form and content.** All filings shall contain the following:
- (A) The name of the filing entity and complete mailing address to which correspondence shall be sent.
 - (B) A "RE" or "caption" briefly describing the content and context of the filing.
 - (C) A list or index of the forms filed in the filing letter or attached thereto including the form numbers and edition date, if applicable.
 - (D) A complete description and full explanation of the changes made by the filing including, reasoning therefore, illustrative examples, including "John Doe" specimen form, and a comparison of currently approved and proposed materials (side by side comparison or marked copy).
 - (E) A concise statement to identify the form to be replaced by the filing including the approval date in this jurisdiction and the identifying filing number of the filing containing the form to be replaced as assigned by the Insurance Department.
 - (F) If a form is being withdrawn or amended due to court decisions in any jurisdiction, the filing entity shall furnish the legal citation, and if from another jurisdiction, a copy of such decision or opinion with its filing.
 - (G) If a form filing is due to a federal law or regulation of a federal agency, the filing entity shall furnish the legal citation and a copy of the pertinent provisions.
 - (H) Completed transmittal forms and exhibits.
- (10) **Withdrawal of pending filings.** Pending filings may be withdrawn by the filing entity upon notice to the Insurance Commissioner prior to the approval or disapproval thereof. The notice shall include the reason for the withdrawal.
- (11) **Duration of filings.** All filings are in effect until withdrawn or amended by the insurer or rating organization, with approval of the Insurance Commissioner or until abrogated by the Insurance Commissioner.
- (12) **Advisory organization deviations.** Every member of, or subscriber to, a licensed rating organization may adhere to any filings made on its behalf by its Advisory Organization, except that any such member or subscriber may deviate from such filings as authorized by this section if it has filed with the Advisory Organization and with the Insurance Commissioner, the deviation to be applied and information necessary to justify the deviation. If such deviation is approved, it shall remain in force until such approval is withdrawn or replaced by the insurer with approval of the Insurance Commissioner.
- (13) **Group filings.** Where filings are made on behalf of more than one insurer, the filing shall list the insurer or insurers by individual name and not by Company group.
- (14) **Members of or subscribers to a licensed advisory organization.**
- (A) **Filings.** A licensed advisory organization may make filings on behalf of its members and subscribers except deviation filings.
 - (B) **Adherence to filings.** Every member of or subscriber to a licensed advisory organization may adhere to any filings made on its behalf by such organization except that any such member or subscriber may deviate from such filings upon compliance with this section and approval of the Insurance Commissioner
 - (C) **Individual company filings.** Members and subscribers shall not file individual forms that have been filed on their behalf by the appropriate advisory organization. Declaration pages, policy "jackets" and other forms not normally filed by the rating organization shall be filed by the insurer directly with the Insurance Commissioner.

(D) **Filing requirements; advisory organization form deviation.** If form deviations are proposed, the insurer shall file the form including supporting documentation with the Insurance Commissioner and furnish copies to the appropriate rating organization.

(E) **Agency filings.** "Agency Filings" by a Rating Organization on behalf of its members or subscribers shall be accepted by the Insurance Commissioner in instances where the rating organization does not have a filing in effect for the coverage involved.

(15) **Independent filings.** If the insurer is filing an independently developed form, the filing shall comply with the following:

(A) File Policy Forms, Endorsements, and other materials, with the Insurance Commissioner and designate them as "Independent Filings".

(B) File support of each filing in accordance with this section.

(C) For revisions, file form with the Insurance Commissioner.

(16) **Reference filings.**

(A) **Advisory Organization Filings**

(i) **Filings permitted without reference filing agreement.** Advisory Organization forms used in whole or in part may be adopted by participating insurers of a licensed advisory organization by "Reference Filings" subject to the approval of the Insurance Commissioner. When making such type filing submit a filing memorandum identifying the forms used. Departures and exceptions, if any, shall be accompanied by the necessary supporting data. Such adoption shall apply only to current filings and shall have no automatic effect as to future filings. Each advisory organization filing shall be separately and specifically adopted.

(ii) **Filings permitted with reference filing agreement.** Approved Advisory Organization material may be adopted by participating insurers of a licensed advisory organization by filing a REFERENCE FILING AGREEMENT with the Insurance Commissioner identifying the forms and material to be used. Such adoption shall apply from the date it is approved by the Insurance Commissioner to filings in effect on that date and to all applicable future filings. It shall remain in effect until such time as the agreement is withdrawn with the approval of the Commissioner.

(iii) **Reference filing.** If filing by "Reference Filing" DO NOT file forms.

(B) **Other than Advisory Organization filings.** An insurer may adopt another insurer's filing by filing forms on the filing insurer's format and by advising the Insurance Commissioner of the names(s) of the insurer whose program is being copied, the Oklahoma filing number, and the date(s) the program was filed for that insurer. Unless an exception is granted by the Insurance Commissioner, this procedure applies only to the filing of the initial program for the adopting insurer and is subject to the review of the Insurance Commissioner.

(17) **Resubmittal of filings.** All resubmissions of disapproved or rejected filings shall be presented to the Insurance Commissioner in the same manner as required by this section for an original filing. In addition the cover letter or completed transmittal forms addressed to the Insurance Commissioner shall state the full and complete history of the

filing, the reason for disapproval or rejection, and the factors which distinguish the resubmittal so it warrants reconsideration.

(18) **Retroactive filings.** The Insurance Commissioner has no authority to and shall not approve filings proposing a retroactive effective date except in cases of a filing correcting an error in a previously approved filing and in cases where required or necessitated by Statute.

(19) **Delivery of policy to insured.** In any instance whereby a policy of insurance is effected the insured shall be furnished with either:

(A) The original policy;

(B) A copy of the original policy or a duplicate policy printed with ten point or larger type; or

(C) A certificate including provisions and conditions of the original policy printed with ten point or larger type.

(20) **Coverage elimination after policy issuance.** Any endorsement which eliminates or restricts coverage and which is issued during the policy term shall be identified as accepted by the insured, by the signature of the insured thereon, and a signed copy (original, computer generated or microfilm) of such endorsement shall be retained in the files of the insurer for one year after the expiration of the policy.

(21) **Uniform standard mortgage clause.** The mortgage clause to be used by Insurance Companies in Oklahoma shall be uniform Standard Form Number 127B September 1934 Edition or subsequent editions, except upon written application by an insurer or rating organization, a clause providing broader coverage may be approved by the Insurance Commissioner.

(22) **Claims-made policies.**

(A) The policy application and the Declarations page of each claims-made policy shall include a conspicuous notice indicating that the contract is a claims-made policy and advising the policyholder to read its provisions.

(B) The policy shall provide for extended reporting period options based on rules, rates or rating plans approved by or filed with the Insurance Commissioner. If so stated in the policy, the extended reporting period options shall not be required to be offered if a policy is cancelled for nonpayment of premium or a material representation or fraud.

(23) **New forms, reductions in coverage.**

(A) Form filings that may result in the elimination of claims (losses) shall be considered as a relevant factor to be given due consideration by the Insurance Commissioner as respects rates in effect or proposed for the coverage involved.

(B) The filer shall fully disclose the rate consideration so that Commissioner can be notified of the form filing. The form filing may be disapproved if the rate effect has not been considered in rules, rates or rating plans approved by or filed with the Commissioner.

365:15-1-3.1. Workers' compensation ~~medical claims small~~ optional deductible form

The offer of ~~an optional small~~ deductible on all Oklahoma Workers' Compensation policies required pursuant to ~~8585A~~ O.S. § ~~356(D)~~95, shall be in the form set forth in Appendix B of this Chapter which shall be filed with and approved by the Insurance Commissioner. The

form shall be provided to the proposed insured in writing separately from the application and shall read as set forth in Appendix B of this Chapter.

SUBCHAPTER 7. PROPERTY AND CASUALTY COMPETITIVE LOSS COST RATING REGULATION

365:15-7-3. Property and casualty rate, loss cost and manual rule filings

(a) **Purpose.** The purpose of this section is to specify the procedures for submitting rate, loss cost and manual rule filings to the Insurance Commissioner as required by 36 O.S. § 981 et seq.

(b) **Procedures.** Rate, loss cost and manual rules and revisions thereto by insurance companies and advisory organizations licensed in Oklahoma shall be submitted in compliance with this section, or shall be rejected for filing, and the entity that made such submission shall be so notified.

(1) **Filing requirements.** The Insurance Code, 36 O.S. § 981 et seq., requires that each insurer shall make its rate, loss cost and manual rule filings by line of business directly with the Insurance Commissioner. Companies may satisfy their obligation to make such filings, where authorized by law, by becoming a member or subscriber to an Oklahoma licensed advisory organization which makes such filings.

(2) **Filing fees.**

(A) Rate, loss cost and manual rule filings shall be accompanied by the proper fees as specified in the Insurance Code. Fees shall not be paid in cash.

(B) Filings for groups of insurers shall be accompanied by the specified fee for each transaction regardless of the number of members or subscribers.

(C) Filings by advisory organizations shall be accompanied by the specified fee for each transaction regardless of the number of members or subscribers.

(3) **Address requirements.** All filings shall be addressed as follows: Oklahoma Insurance Commissioner, 3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112.

(4) **Number of copies.** All filings except those exempted shall be submitted through the System for Electronic Rate and Form Filing (SERFF) pursuant to the SERFF General Instructions. All ~~paper~~-filings including the cover letter, all exhibits, rate sheets and additional information submitted to the Insurance Commissioner shall be typewritten or printed and submitted with one (1) legible copy of all material. Companies that file as a group listing all companies on the transmittal letter may accomplish this requirement by submitting one (1) typewritten or printed legible copy of all material.

(5) **Effective date of filings.** The effective date of rate, loss cost and manual rule filings and the dates of required action by the Insurance Commissioner are governed by the applicable provisions of the Insurance Code.

(6) **Notice of Insurance Commissioner action.** The Insurance Commissioner shall indicate action taken through the System for Electronic Rate and Form Filing (SERFF). Nothing in this section shall preclude the Insurance Commissioner from the use of other forms of communication to secure information from the filing entity.

(7) **Life, accident and health insurance.** This section does not apply to life, accident and health insurance. Life, accident and health insurance filings shall be made in accordance with the applicable provisions of the Insurance Code and Rules of the Insurance Commissioner.

(8) **Postage requirements.** No submissions shall be accepted that arrive at the offices with postage due. No submissions will be returned unless the necessary postage accompanies the same.

(9) **Withdrawal of pending filings.** Pending filings may be withdrawn by the filing entity upon notice to the Insurance Commissioner prior to the approval or disapproval thereof. The notice shall include the reason for the withdrawal.

(10) **Filing form and content.** All filings shall include the following:

(A) The name of the filing entity and complete mailing address to which correspondence shall be sent.

(B) A "RE" or "caption" briefly describing the content and context of the filing.

(C) A list or index of the manual pages filed in the filing letter or attached thereto including the page numbers and edition date, if applicable.

(D) A complete description and full explanation of the changes made by the filing including, reasoning therefore, illustrative examples, including "John Doe" specimen examples, and a comparison of currently approved and proposed materials (side by side comparison or marked copy).

(E) A concise statement to identify the manual pages (rate and/or rule) to be replaced by the filing including the approval date in this jurisdiction and the identifying Oklahoma Insurance Department's assigned filing number of the filing containing the documents to be replaced.

(F) Completed transmittal forms and exhibits.

(11) **Advisory organization deviations.** Every member of, or subscriber to, a licensed advisory organization may adhere to any filings made on its behalf by its advisory organization, except that any such member or subscriber may deviate from such filings as authorized by this section if it has filed with the advisory organization and with the Insurance Commissioner, the deviation to be applied and information necessary to justify the deviation. If such deviation is approved, it shall remain in force until such approval is withdrawn by the insurer with approval of the Insurance Commissioner.

SUBCHAPTER 9. MEDICAL PROFESSIONAL LIABILITY RATE SETTING

365:15-9-1. Purpose

~~The purpose of this subchapter is to set forth rules to carry out the provisions of Section 6821 of Title 36 relating to medical professional liability rate setting.~~

365:15-9-2. Severability

~~If any section or portion of a section of this subchapter or its applicability to any person or circumstance is held invalid by a court, the remainder of this subchapter or the applicability of the provision to other persons or circumstances shall not be affected.~~

365:15-9-3. — Notice to Policyholders

~~(a) — Notification to policyholders required pursuant to Section 6821(C) of Title 36 shall be in the form as set out in Appendix D of this Chapter.~~

~~(b) — Policyholders who are notified of any application for a rate change and the medical malpractice liability insurer making the application for a rate change may submit to the Insurance~~

Commissioner a letter signed by the policyholder waiving the right to request a rate change application hearing pursuant to 36 O.S. § 6821(C)(1).

~~365:15-9-4. Certified shorthand reporter~~

~~(a) The medical professional liability insurer who files a rate change application shall have the responsibility of providing a certified shorthand reporter for a hearing on the rate change application.~~

~~(b) The medical professional liability insurer shall notify the Insurance Department of the contact information of the certified shorthand reporter at least seven days prior to the scheduled hearing. The medical professional liability insurer's choice of certified shorthand reporter must be acceptable to the Insurance Department. The medical professional liability insurer shall provide a written copy of the hearing transcript to the Insurance Department as soon as the transcript becomes available.~~

~~365:15-9-5. Purchasing Groups~~

~~Purchasing Groups as defined by Section 6453 of Title 36 shall be exempt from the provisions of Section 6821 of Title 36 and this subchapter.~~

~~365:15-9-6. Rating Organizations~~

~~Rating and advisory organizations as defined by Section 982 and licensed pursuant to Section 991 of the Commercial Property and Casualty Competitive Loss Cost Rating Act, 36 O.S. §§ 981-998, shall be exempt from the provisions of Section 6821 of Title 36 and this subchapter. However, insurers who use information provided by a rating and advisory organization that has the result of increasing rates charged for medical professional liability insurance shall not be exempt from the provisions of Section 6821 of Title 36.~~

~~365:15-9-6.1. Umbrella medical professional liability coverage.~~

~~An umbrella policy which includes medical professional liability losses is not required to comply with the requirements of Sections 6810 through 6821 of Title 36.~~

~~365:15-9-7. Right to Appeal.~~

~~Medical professional liability insurers shall have the right to appeal a final order of the Commissioner pursuant to the Oklahoma Administrative Procedures Act.~~

~~365:15-9-8. Miscellaneous.~~

~~Supplementary rating information as defined by Section 982 and filed by insurers with the Property and Casualty Division shall remain under the authority of the Property and Casualty Competitive Loss Cost Rating Act, 36 O.S. §§ 981-998.~~

~~365:15-9-9. Rate change application is a public record.~~

~~All parts of a rate change application submitted by an insurer pursuant to 36 O.S. § 6821 shall be a public record upon receipt by the Insurance Department. An insurer may not make an assertion of confidentiality for any part of a rate change application.~~

~~365:15-9-10. Property and casualty rate, loss cost and manual rule filings~~

~~(a) — **Purpose.** The purpose of this section is to specify the procedures for submitting rate, loss costs and manual rule filings to the Insurance Commissioner, which are submitted under the authority of 36 O.S. § 6821.~~

~~(b) — **Procedures.** Rate, loss costs and manual rules and revisions by insurance companies and advisory organizations licensed in Oklahoma shall be submitted in compliance with this section or shall be rejected for filing. If a filing is rejected, the entity that made such submission shall be notified.~~

~~(1) — **Filing requirements.** The rate, loss cost and manual rule filings allowed by this section are for medical professional liability insurance. Companies may satisfy their obligation to make such filings, where authorized by law, by becoming a member or subscriber to an Oklahoma licensed advisory organization which makes such filings.~~

~~(2) — **Filing fees.**~~

~~(A) — Rate, loss cost and manual rule filings shall be accompanied by the proper fees as specified in the Insurance Code. Fees shall not be paid in cash.~~

~~(B) — Filings for groups of insurers shall be accompanied by the specified fee for each transaction regardless of the number of members or subscribers.~~

~~(C) — Filings by rating organizations shall be accompanied by the specified fee for each transaction regardless of the number of members or subscribers.~~

~~(3) — **Address requirements.** All filings shall be addressed as follows: Oklahoma Insurance Commissioner, 3625 NW 56th Street, Suite 100, Oklahoma City, Oklahoma 73112.~~

~~(4) — **Number of copies.** All filings except those exempted shall be submitted through the System for Electronic Rate and Form Filing (SERFF) pursuant to SERFF General Instructions. All paper filings including the cover letter, all exhibits, rate sheets and additional information submitted to the Insurance Commissioner shall be submitted with one (1) legible copy of all material. Companies that file as a group and list all companies on the transmittal letter may accomplish this requirement by submitting one (1) typewritten or printed legible copy of all material.~~

~~(5) — **Effective date of filings.** The effective date of rate, loss cost and manual rule filings and the dates of required action by the Insurance Commissioner are governed by the applicable provisions of the Insurance Code.~~

~~(6) — **Notice of Insurance Commissioner action.** The Insurance Commissioner shall indicate action taken through the System for Electronic Rate and Form Filing (SERFF). Nothing in this section shall preclude the Insurance Commissioner from the use of other forms of communication to secure information from the filing entity.~~

~~(7) — **Life, accident and health insurance.** This section does not apply to life, accident and health insurance. Life, accident and health insurance filings shall be made in accordance with the applicable provisions of the Insurance Code and Rules of the Insurance Commissioner.~~

~~(8) — **Postage requirements.** No submissions shall be accepted that arrive at the offices with postage due. No submissions will be returned unless the necessary postage accompanies the same.~~

~~(9) — **Withdrawal of pending filings.** Pending filings may be withdrawn by the filing entity upon notice to the Insurance Commissioner prior to the approval or disapproval thereof. The notice shall include the reason for the withdrawal.~~

~~(10) — **Filing form and content.** All filings shall include the following:~~

~~(A) — The name of the filing entity and complete mailing address to which correspondence shall be sent.~~

~~(B) — A RE or caption briefly describing the content and context of the filing.~~

~~(C) — A list or index of the manual pages filed in the filing letter or attached thereto including the page numbers and edition date, if applicable.~~

~~(D) — A complete description and full explanation of the changes made by the filing including reasoning therefor, illustrative examples, including John Doe specimen examples, and a comparison of currently approved and proposed materials (side by side comparison).~~

~~(E) — A concise statement identifying the manual pages (rate and or rule) to be replaced by the filing. The statement shall include the approval date in this jurisdiction and the identifying Oklahoma Insurance Department's assigned filing number of the filing containing the documents to be replaced.~~

~~(F) — Completed transmittal forms and exhibits.~~

~~(11) — **Bureau deviations.** Every member of, or subscriber to, a licensed advisory organization may adhere to any filings made on its behalf by its rating organization, except that any such member or subscriber may deviate from such filings as authorized by this section if it has filed with the rating organization and with the Insurance Commissioner, the deviation to be applied and information necessary to justify the deviation. If such deviation is approved, it shall remain in force until such approval is withdrawn by the insurer with approval of the Insurance Commissioner.~~

365:15-9-11. Duration of filings

~~Approved rates for medical professional liability insurance shall be effective until amended or withdrawn by the insurer.~~

365:15-9-12. Forms governed by Article 36

~~Policy forms, endorsements, and other forms used for medical professional liability insurance shall be filed in compliance with the applicable provisions of Article 36 of the Insurance Code. The forms shall be filed separately from rates and manual rules.~~

365:15-9-13. Group filings

~~Filings made on behalf of more than one insurer shall list the insurer or insurers individually and not by company group.~~

365:15-9-14. Independent filings

~~(a) Independent filers shall file rates, loss costs, rating plans or rating systems, schedules, manuals, and other materials with the Insurance Commissioner and designate them as independent filings.~~

~~(b) Independent filers shall file data and experience in support of each filing in accordance with these rules.~~

~~(c) Independent filers shall file rate and loss cost revisions with the Insurance Commissioner.~~

365:15-9-15. Reference filings

~~(a) **Advisory organization filings.**~~

~~(1) **Filings permitted without reference filing agreements.** Advisory organization manuals, materials, and forms used in whole or in part may be adopted by members of or subscribers to a licensed advisory organization by reference filings subject to review by the Insurance Commissioner. When making a reference filing, a filing memorandum shall be submitted, identifying the manuals, rules, or forms used and the Oklahoma filing number. Rate departures and rule exceptions, if any, shall be accompanied by the necessary supporting data. Such adoption shall apply only to current filings and shall have no automatic effect as to future filings. Each advisory organization filing shall be separately and specifically adopted.~~

~~(2) **Filings permitted with reference filing agreement.** Approved advisory organization manuals, material and forms may be adopted by members of or subscribers to a licensed advisory organization by filing a reference filing agreement with the Insurance Commissioner identifying the manuals, material or forms to be used and the Oklahoma filing number. Such adoption shall apply from the date it is filed with the Insurance Commissioner to filings in effect on that date and to all applicable future filings. The reference filing agreement shall remain in effect until such time as the agreement is withdrawn as a filing with the Insurance Commissioner. Manuals shall not be filed if filings are made by reference filing.~~

~~(b) **Other than Advisory organization filings.** An insurer may adopt another insurer's filing by filing rates on the filing insurer's format and by advising the Insurance Commissioner of the name(s) of the insurer whose program is being copied, the Oklahoma filing number, and the date(s) the program was filed for that insurer. Unless an exception is granted by the Insurance Commissioner, this procedure applies only to the initial filing of the program for the "adopting" insurer and is subject to the review of the Insurance Commissioner. Reference filings for previously approved rates for medical professional liability insurance are not allowed.~~

~~(c) **Reference filings.** References filings to previously approved rates for medical professional liability insurance are not allowed.~~

365:15-9-16. Members of or subscribers to a licensed advisory organization

~~(a) **Filings.** A licensed advisory organization may make filings on behalf of its members and subscribers except deviation and rate filings.~~

~~(b) **Adherence to filings.** Every member of or subscriber to a licensed advisory organization may adhere to the filings made on its behalf by such organization except that any such member or subscriber may deviate from such filings upon compliance with the rules of this chapter and review of the Insurance Commissioner where required by the Insurance Code.~~

~~(c) **Individual company filings.** Members and subscribers shall not file individual manuals that have been filed on their behalf by the appropriate advisory organization.~~

~~(d) **Filing requirements; loss cost deviations.** When loss cost deviations are proposed, the filing memorandum shall indicate the applicable advisory organization filing, the Oklahoma filing number, and state the percentage of deviation, as well as the subject matter the deviation applies to by manual name, page number and supporting date in accordance with the rules of this chapter. Copies of all such information shall be furnished to the appropriate advisory organization.~~

365:15-9-17. Resubmittal of disapproved or rejected filings.

All resubmitted filings shall be presented to the Insurance Commissioner in the same manner required by this subchapter for an original filing. In addition, the cover letter or completed transmittal forms addressed to the Insurance Commissioner shall state the full and complete history of the filing, the reason for the disapproval, and the factors that distinguish the resubmittal to warrant reconsideration.

365:15-9-18. Statistical plans

- (a) — Every insurer doing business in this state shall file a statistical plan and any modifications thereto with the Oklahoma Insurance Department.
- (b) — The statistical plan shall record the loss and expense experience of the insurer and shall provide all data elements necessary to support the rating systems the insurer has filed with the Oklahoma Insurance Department. The experience developed in accordance with an approved statistical plan shall be filed on a yearly basis.
- (c) — An insurer may appoint a registered advisory organization as its agent to report and file its statistical plan and experience.
- (d) — The Insurance Commissioner may approve an advisory organization as a statistical agent to gather, record, compile, and report experience in such manner, form, and detail determined by the Insurance Commissioner as necessary to determine whether rating systems comply with the standards of the Property and Casualty Competitive Loss Cost Rating Act and Section 6821 of Title 36 of the Oklahoma Statutes.

365:15-9-19. Outside Review

- (a) The Insurance Commissioner shall have the authority to hire statisticians, accountants, attorneys, auditors, investigators or any other person the Insurance Commissioner deems necessary or beneficial to aid in review or examination of any filings for rate revision made by insurers or advisory organizations.
- (b) Persons listed in paragraph (a) of this section shall be fully accredited and or licensed in their field of expertise and may be employees of corporations, partnerships or individuals duly qualified to provide required services.
- (c) The Insurance Commissioner may retain an actuary to review a filing when deemed necessary or beneficial by the Insurance Commissioner based on one or more of the following criteria:
 - (1) Significant premium and or percentage effect;
 - (2) Significant market share as determined from market share report;
 - (3) Staff unfamiliar with actuarial methodology;
 - (4) Filing establishes a benchmark;
 - (5) Actuarial review necessitated by filer's inability to comply with filing requirements;
 - (6) Review of the adequacy of the proposed filing; and
 - (7) Review of whether the proposed filing constitutes discrimination as described by 36 O.S. § 985(A)(3).
- (d) When a filing is referred to an outside consultant for review, an engagement letter shall be presented to the consultant specifying the scope of review. The filer shall be notified of the review.
- (e) All reasonable expenses incurred in such filing review shall be paid by the insurer or advisory organization making the filing.

~~(f) The Insurance Commissioner shall consider the opinion of the consulting actuary and any other evidence submitted in support of the filing and shall accept or reject the consulting actuary's opinion in whole or in part based on such other evidence.~~

~~365:15-9-20. Individual risk rating plans~~

~~Individual risk rating plans shall comply with the following requirements:~~

- ~~(1) Each individual risk rating plan shall establish standards that bear a relationship to the variation in hazard and or expense to be measured.~~
- ~~(2) Any individual risk rating plan shall be applied by company representatives responsible for underwriting the risk(s) involved.~~
- ~~(3) Each insurer utilizing such plans shall obtain all information necessary to determine the proper applications of such plans to any particular risk. Such supporting information shall be retained by the insurer for three (3) years and made available to the Insurance Department upon its request.~~

~~365:15-9-21. Waiver of Premium~~

~~Insurers may waive additional premium due from an insured. An insurer may also waive the return premium due to an insured. However, any return premium shall be returned to the insured upon request. The amount to be waived for both the additional premium and the return premiums shall be shown on a manual rule page and filed with the Insurance Commissioner.~~

~~365:15-9-22. Withdrawal or discontinue writing~~

~~Any insurer desiring to withdraw from the state or discontinue the writing of medical malpractice insurance or programs in this state or transferring policyholders between admitted companies within the same insurance holding company system shall give ninety (90) days notice in writing to the Rate and Form Compliance Division of the Insurance Department. The insurer shall state in writing its reasons for such action. The ninety (90) day notice is inclusive of, and not in addition to, any other notice requirement per line of business. The insurer shall also provide the following information:~~

- ~~(1) — The number of policyholders affected;~~
- ~~(2) — The number of insurance agents affected;~~
- ~~(3) — The date the insurer will cease writing new business;~~
- ~~(4) — The date the insurer will start non-renewing insurance policies;~~
- ~~(5) — Whether the insurer has made arrangements with another insurer to cover the renewals;~~
- ~~(6) — The lines of insurance on which the insurer plans to concentrate; and~~
- ~~(7) — Whether the insurer anticipates re-entering the market.~~

**APPENDIX B. OKLAHOMA WORKERS' COMPENSATION
SMALL DEDUCTIBLE ACCEPTANCE/REJECTION FORM [REVOKED]
APPENDIX B. OKLAHOMA WORKERS' COMPENSATION
OPTIONAL DEDUCTIBLE ACCEPTANCE/REJECTION FORM [NEW]**

Oklahoma law requires insurers issuing a policy under the Administrative Workers' Compensation Act ("AWCA") to offer, as a part of the policy or as an optional endorsement to the policy, deductibles optional to the policyholder for benefits payable under the AWCA. Deductible amounts offered shall be fully disclosed to the prospective policyholder in writing. The policyholder is not required to select the deductible option, but if the policyholder chooses to exercise this option, the policyholder may choose only one deductible amount. Please carefully review the requirements for the deductible option outlined below.

DEDUCTIBLE OPTIONS

Optional deductibles shall be offered in each policy insuring liability for workers' compensation that is issued, delivered, issued for delivery, or renewed under the AWCA on or after approval by the Insurance Commissioner, unless an insured employer and insurer agree to renegotiate a workers' compensation policy in effect on that date so as to include a provision allowing for a deductible.

EMPLOYER OBLIGATIONS IF DEDUCTIBLE OPTION IS SELECTED

If the policyholder exercises the option and chooses a deductible, the insured employer shall be liable for the amount of the deductible for benefits paid for each compensable claim of work injury suffered by an employee. The insurer shall pay all or part of the deductible amount, whichever is applicable to a compensable claim, to the person or medical provider entitled to the benefits conferred by the AWCA and seek reimbursement from the insured employer for the applicable deductible amount. The payment or nonpayment of deductible amounts by the insured employer to the insurer shall be treated under the policy insuring the liability for workers' compensation in the same manner as payment or nonpayment of premiums. **WARNING: The insured employer must reimburse the insurer within sixty (60) days of a written demand. If the insured employer fails to reimburse the insurer within sixty (60) days, the insurer may seek to recover the full amount of such claim from the insured employer. In addition, the non-payment of deductible amounts shall be treated in the same manner as non-payment of premiums.**

EXPERIENCE MODIFICATION

Premium reduction for deductibles may be determined before the application of any experience modification, premium surcharge, or premium discounts, and, to the extent that an employer's experience rating or safety record is based on benefits paid, money paid by the insured employer under a deductible as provided herein may not be included as benefits paid so as to harm the experience rating of the employer.

ACCEPTANCE/REJECTION

Yes, I have read the optional deductible information outlined above and want the following deductible amount to apply to claims under the AWCA. I understand that this deductible applies to every claim for bodily injury by accident or disease filed by an injured employee.

Deductible Amount: \$ _____

No, I do not want the optional deductible described in this notice.

NAMED INSURED: _____

ADDRESS: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

PLEASE NOTE: The optional deductible does not apply to employers who are approved to self-insure against liability for workers' compensation or group self-insurance funds for workers' compensation.

THIS FORM IS NOT A PART OF YOUR POLICY AND DOES NOT PROVIDE COVERAGE.

**APPENDIX D. FORMAT FOR NOTIFICATION TO POLICYHOLDERS OF
APPLICATION FOR RATE CHANGE [REVOKED]**

NOTICE OF RATE CHANGE APPLICATION

TO ALL INSUREDS OF [medical professional liability insurer name]

On [rate change application filing date], [medical professional liability insurer name] filed a Rate Change Application with the Oklahoma Insurance Department, seeking approval of a percentage increase change in its medical professional liability rates. The proposed effective date of this rate change will be [effective date]. Policyholders are entitled to notice of the Rate Change Application pursuant to Section 6821(C) of Title 36 of the Oklahoma Insurance Code.

[Medical professional liability insurer name] has the burden of proving that the requested change is justified and meets the requirements of Section 6821. You or your representative may request a hearing by the Oklahoma Insurance Department on the Application. The hearing request must be in writing and must be received by the Insurance Department within forty-five (45) days of the date of this notice. Requests for a hearing must be addressed to the Oklahoma Insurance Department, Attn: Property and Casualty Division, P. O. Box 53408, Oklahoma City, OK 73152-3408. The scope of the hearing will be limited to the items mentioned by Section 6821. Written requests for a hearing and written comments about the proposed change become public record and are subject to the Oklahoma Open Records Act.

No professional medical liability insurer shall cancel or refuse to renew coverage of a policyholder on the basis of a policyholder's exercise of any right pursuant to Section 6821.

Specific questions about the circumstances that produced the Rate Change Application should be directed to [medical professional liability insurer contact person, contact information]. Questions about the details of the Application should be directed to the Rate and Form Compliance Division of the Oklahoma Insurance Department.

Sincerely,

[medical professional liability insurer contact information].