

House Bill 733

By: Representatives Miller of the 62<sup>nd</sup>, Tran of the 80<sup>th</sup>, Holcomb of the 101<sup>st</sup>, Smith of the 18<sup>th</sup>, Kelley of the 16<sup>th</sup>, and others

A BILL TO BE ENTITLED  
AN ACT

1 To amend Title 33 of the Official Code of Georgia Annotated, relating to insurance, so as to  
2 increase transparency and accountability in the insurance industry and at the office of the  
3 Commissioner of Insurance; to provide for an insurance consumer and policyholder advocate  
4 within the office of the Commissioner of Insurance; to provide for definitions; to provide for  
5 the duties of such advocate; to provide for such advocate to represent insurance consumers  
6 and policyholders at certain proceedings; to provide for rules and regulations; to prohibit  
7 rates from being unjustifiably increased; to revise standards for the making and use of rates  
8 of insurance; to eliminate the file-and-use system for private passenger automobile insurance;  
9 to revise the time the department has to review rate filings; to require insurers to submit  
10 additional documentation when a proposed rate filing will increase rates; to provide for  
11 additional review and procedures for a rate filing that increases a rate by more than ten  
12 percent within any 12 month period; to provide for open records; to provide for the approval  
13 of rate increases under certain conditions; to authorize such advocate to review and  
14 investigate complaints; to provide for such advocate to request a hearing; to provide for  
15 related matters; to provide for a short title; to provide for legislative purpose; to provide for  
16 an effective date and applicability; to repeal conflicting laws; and for other purposes.

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

H. B. 733

18 **SECTION 1.**

19 This Act shall be known and may be cited as the "Georgia Insurance Consumer and  
20 Policyholder Advocacy Act."

21 **SECTION 2.**

22 The purpose of this Act is to protect insurance consumers and policyholders by ensuring  
23 fairness and transparency in insurance practices, addressing unjustified rate increases,  
24 enhancing industry oversight, and providing education and advocacy for insurance  
25 consumers and policyholders.

26 **SECTION 3.**

27 Title 33 of the Official Code of Georgia Annotated, relating to insurance, is amended in  
28 Chapter 2, relating to department and Commissioner, by revising Code Section 33-2-4, which  
29 is reserved, as follows:

30 "33-2-4.

31 (a) As used in this Code section, the term:

32 (1) 'Insurance consumer' means any individual or person in this state that entered into a  
33 contract for a product or service from an insurer or licensee under the jurisdiction of the  
34 Commissioner.

35 (2) 'Insurance consumer and policyholder advocate' or 'advocate' means an individual  
36 employed in the department to represent the interests of insurance consumers and  
37 policyholders in insurance matters.

38 (3) 'Policyholder' means a person in this state who is or was an owner, insured, covered  
39 person, beneficiary, or person designated as responsible for payment under an insurance  
40 policy, certificate of insurance, or annuity contract provided by an insurer.

41 (b) There is established within the office of the Commissioner the position of insurance  
42 consumer and policyholder advocate. The advocate shall:

- 43 (1) Review insurer practices related to policy cancellations and nonrenewals for fairness  
44 to insurance consumers and policyholders and investigate any policy cancellations or  
45 nonrenewals at the request of an insurance consumer or policyholder;  
46 (2) Participate in rate approval processes and advocate on behalf of insurance consumers  
47 and policyholders in such processes and any subsequent hearings;  
48 (3) Implement state-wide campaigns, conduct stakeholder meetings, publish materials,  
49 and provide online tools to educate insurance consumers and policyholders on the risks  
50 and benefits of different types of insurance, including but not limited to health, life,  
51 automobile, property, and flood, to ensure insurance consumers and policyholders can  
52 make informed decisions; and  
53 (4) Perform such other functions necessary to advocate for insurance consumers and  
54 policyholders.
- 55 (c) The advocate shall be entitled to appear, as a party or otherwise, on behalf of insurance  
56 consumers and policyholders in any proceedings before the Commissioner, in  
57 administrative proceedings related to violations of provisions in this title, and in judicial  
58 proceedings appealing an act by the Commissioner.
- 59 (d) The Commissioner shall promulgate any rules and regulations necessary to implement  
60 the provisions of this Code section. Reserved."

61 **SECTION 4.**

62 Said title is further amended in said chapter by adding a new subsection to Code Section  
63 33-2-17, relating to conduct of hearings by Commissioner generally and demands for  
64 hearing, to read as follows:

65 "(e) The insurance consumer and policyholder advocate is authorized to request a hearing  
66 and to participate in any hearing held pursuant to this Code section."

67 **SECTION 5.**

68 Said title is further amended in said chapter by revising Code Section 33-2-26, relating to  
69 persons entitled to appeal and procedure generally, as follows:

70 "33-2-26.

71 An appeal from the Commissioner shall be taken only from an order on hearing or with  
72 respect to a matter as to which the Commissioner has refused or failed to grant or hold a  
73 hearing after demand therefor under Code Section 33-2-17 or as to a matter as to which the  
74 Commissioner has refused or failed to make his order on hearing as required by Code  
75 Section 33-2-23. ~~Any~~ The insurance consumer and policyholder advocate and any person  
76 who was a party to the hearing or whose pecuniary interests are directly and immediately  
77 affected by the refusal or failure to grant a hearing and who is aggrieved by the order,  
78 refusal, or failure may appeal from the order on hearing or as to any such matter within 30  
79 days after:

- 80 (1) The order on hearing has been mailed or delivered to the persons entitled to receive  
81 the same;
- 82 (2) The Commissioner's order denying rehearing or reargument has been so mailed or  
83 delivered;
- 84 (3) The Commissioner has refused or failed to make his order on hearing as required  
85 under Code Section 33-2-23; or
- 86 (4) The Commissioner has refused or failed to grant or hold a hearing as required under  
87 Code Section 33-2-17."

88 **SECTION 6.**

89 Said title is further amended in Chapter 9, relating to regulation of rates, underwriting rules,  
90 and related organizations, by revising subsection (a) of Code Section 33-9-1, relating to  
91 purpose and construction of chapter, as follows:

92 "(a) The purpose of this chapter is to promote the public welfare by regulating insurance  
93 rates as provided in this chapter to the end that they shall not be excessive, inadequate, or  
94 unfairly discriminatory to insurance consumers or policyholders, shall not be unjustifiably  
95 increased, and shall be subject to an open and transparent review process; to authorize the  
96 existence and operation of qualified rating organizations and advisory organizations and  
97 require that specified rating services of such rating organizations be generally available to  
98 all admitted insurers; and to authorize cooperation between insurers in rate making and  
99 other related matters."

100 **SECTION 7.**

101 Said title is further amended in said chapter by revising Code Section 33-9-2, relating to  
102 definitions, as follows:

103 "33-9-2.

104 As used in this chapter, the term:

105 (1) 'Advisory organization' means every person other than an admitted insurer, whether  
106 located within or outside this state, who prepares policy forms or makes underwriting  
107 rules incident to but not including the making of rates, rating plans, or rating systems, or  
108 who collects and furnishes to admitted insurers or rating organizations loss or expense  
109 statistics or other statistical information and data and acts in an advisory, as distinguished  
110 from a rate-making, capacity. No duly authorized attorney at law acting in the usual  
111 course of his profession shall be deemed to be an advisory organization.

112 (2) 'Insurance consumer' shall have the same meaning as set forth in Code  
113 Section 33-2-4.

114 (3) 'Insurance consumer and policyholder advocate' or 'advocate' shall have the same  
115 meaning as set forth in Code Section 33-2-4.

116 ~~(2)~~(4) 'Member' means an insurer who participates in or is entitled to participate in the  
117 management of a rating, advisory, or other organization.

118 (5) 'Policyholder' shall have the same meaning as set forth in Code Section 33-2-4.

119 ~~(3)(6)~~ 'Rating organization' means every person other than an admitted insurer, whether  
 120 located within or outside this state, who has as his object or purpose the making of rates,  
 121 rating plans, or rating systems. Two or more admitted insurers who act in concert for the  
 122 purpose of making rates, rating plans, or rating systems and who do not operate within  
 123 the specific authorizations contained in Code Sections 33-9-6, 33-9-7, 33-9-11, 33-9-20,  
 124 and 33-9-22 shall be deemed to be a rating organization. No single insurer shall be  
 125 deemed to be a rating organization.

126 ~~(4)(7)~~ 'Subscriber' means an insurer which is furnished at its request with rates and rating  
 127 manuals by a rating organization of which it is not a member, or with advisory services  
 128 by an advisory organization of which it is not a member."

129 **SECTION 8.**

130 Said title is further amended in said chapter by revising Code Section 33-9-4, relating to  
 131 standards applicable to making and use of rates, as follows:

132 "33-9-4.

133 The following standards shall apply to the making and use of rates pertaining to all classes  
 134 of insurance to which this chapter is applicable:

135 (1) Rates shall not be excessive, or inadequate, ~~as defined in this Code section, nor shall~~  
 136 ~~they be~~ or unfairly discriminatory to insurance consumers or policyholders;

137 (2) No rate shall be held to be excessive unless such rate is unreasonably high for the  
 138 insurance provided and a reasonable degree of competition does not exist in the area with  
 139 respect to the classification to which such rate is applicable; ~~provided, however, with~~  
 140 ~~respect to rate filings involving an increase in rates, no rate for personal private passenger~~  
 141 ~~motor vehicle insurance shall be held to be excessive unless such rate is unreasonably~~  
 142 ~~high for the insurance provided and a reasonable degree of competition does not exist;~~

143 (3) No rate shall be held inadequate unless it is unreasonably low for the insurance  
144 provided and continued use of it would endanger solvency of the insurer, or unless the  
145 use of such rate by the insurer using such rate has, or will, if continued, tend to destroy  
146 competition or create a monopoly;

147 (3.1) No rate shall be unjustifiably increased, and any rate filing that results in an overall  
148 rate increase of 10 percent or more within a 12 month period shall be subject to an  
149 examination and an open and transparent review process as set forth in this chapter;

150 (4) Consideration shall be given to the extent applicable to past and prospective loss  
151 experience within and outside this state, to conflagration and catastrophe hazards, to a  
152 reasonable margin for underwriting profit and contingencies, to past and prospective  
153 expenses both country wide and those specially applicable to this state, to the insurer's  
154 average yield from investment income, and to all other factors, including judgment  
155 factors, deemed relevant within and outside this state; and, in the case of fire insurance  
156 rates, consideration may be given to the experience of the fire insurance business during  
157 the most recent five-year period;

158 (5) Consideration may also be given, in the making and use of rates, to dividends,  
159 savings, or unabsorbed premium deposits allowed or returned by insurers to their  
160 policyholders, members, or subscribers;

161 (6) The systems of expense provisions included in the rates for use by any insurer or  
162 group of insurers may differ from those of other insurers or groups of insurers to reflect  
163 the operating methods of any such insurer or group with respect to any kind of insurance  
164 or with respect to any subdivision or combination thereof;

165 (7) Risks may be grouped by classifications for the establishment of rates and minimum  
166 premiums. Classification rates may be modified to produce rates for individual risks in  
167 accordance with rating plans which establish standards for measuring variations in  
168 hazards or expense provisions, or both. Such standards may measure any difference  
169 among risks that have a probable effect upon losses or expenses. Classifications or

170 modifications of classifications of risks may be established based upon size, expense,  
 171 management, individual experience, location or dispersion of hazard, or any other  
 172 reasonable considerations. Such classifications and modifications shall apply to all risks  
 173 under the same or substantially the same circumstances or conditions; provided, however,  
 174 the Commissioner shall establish the maximum amount of any such modification;

175 (8) Nothing contained in this Code section or elsewhere in this chapter shall be construed  
 176 to repeal or modify Chapter 6 of this title, relating to unfair trade practices, and any rate,  
 177 rating classification, rating plan or schedule, or variation thereof established in violation  
 178 of Chapter 6 of this title shall, in addition to the consequences stated in Chapter 6 of this  
 179 title or elsewhere, be deemed ~~violative of~~ to violate his Code section;

180 (9) No insurer shall base any standard or rating plan on vehicle insurance, in whole or  
 181 in part, directly or indirectly, upon race, creed, or ethnic extraction; and

182 (10) No insurer shall base any standard or rating plan on vehicle insurance, in whole or  
 183 in part, directly or indirectly, upon any physical disability of an insured unless the  
 184 disability directly impairs the ability of the insured to drive a motor vehicle."

185 **SECTION 9.**

186 Said title is further amended in said chapter by revising Code Section 33-9-21, relating to  
 187 maintenance and filing rates, rating plans, rating systems, or underwriting rules and  
 188 examination of claim reserve practices by the Commissioner, as follows:

189 "33-9-21.

190 (a) Every insurer shall maintain with the Commissioner copies of the rates, rating plans,  
 191 rating systems, underwriting rules, and policy or bond forms used by it. The maintenance  
 192 of rates, rating plans, rating systems, underwriting rules, and policy or bond forms with the  
 193 Commissioner by a licensed rating organization of which an insurer is a member or  
 194 subscriber will be sufficient compliance with this Code section for any insurer maintaining  
 195 membership or subscriberships in such organization, to the extent that the insurer uses the

196 rates, rating plans, rating systems, underwriting rules, and policy or bond forms of such  
197 organization; provided, however, that the Commissioner, when he or she deems it  
198 necessary, without compliance with the rule-making procedures of this title or Chapter 13  
199 of Title 50, the 'Georgia Administrative Procedure Act':

200 (1) May require any domestic, foreign, and alien insurer to file the required rates, rating  
201 plans, rating systems, underwriting rules, and policy or bond forms used independent of  
202 any filing made on its behalf or as a member of a licensed rating organization, as the  
203 Commissioner shall deem to be necessary to ensure compliance with the standards of this  
204 chapter and Code Section 34-9-130 and for the best interests of the citizens of this state;  
205 (2) Shall require each domestic, foreign, and alien insurer, writing or authorized to write  
206 workers' compensation insurance in this state, to file such insurer's own individual rate  
207 filing for rates to be charged for workers' compensation insurance coverage written in this  
208 state. Such rates shall be developed and established after consultation with the State  
209 Board of Workers' Compensation based upon each individual insurer's experience in the  
210 State of Georgia to the extent actuarially credible. The experience filed shall include the  
211 loss ratios, reserves, reserve development information, expenses, including commissions  
212 paid and dividends paid, investment income, pure premium data adjusted for loss  
213 development and loss trending, profits, and all other data and information used by that  
214 insurer in formulating its workers' compensation rates which are used in this state and any  
215 other information or data required by the Commissioner. In establishing and maintaining  
216 loss reserves, no workers' compensation insurer shall be allowed to maintain any excess  
217 loss reserve for any claim or potential claim for more than 90 days after the amount of  
218 liability for such claim or potential claim has been established, whether by final  
219 judgment, by settlement agreement, or otherwise. This limitation on the maintenance of  
220 loss reserves shall be enforced through this Code section, as well as through Code  
221 Section 33-9-23, relating to examination of admitted insurers, and any other appropriate  
222 enforcement procedures. The Commissioner is authorized to accept such rate

223 classifications as are reasonable and necessary for compliance with this chapter. A rate  
224 filing required by this paragraph shall be updated by the insurer at least once every two  
225 years; and

226 (3) As used in paragraph (2) of this subsection, the term 'excess loss reserve' means any  
227 reserve amount in excess of the reserve required by law.

228 (b) Any domestic, foreign, or alien insurer that is authorized to write insurance in this state  
229 ~~must~~ shall file with the Commissioner any rate, rating plan, rating system, or underwriting  
230 rule for all personal private passenger motor vehicle insurance:

231 ~~(1) For private passenger motor vehicle insurance providing only the mandatory~~  
232 ~~minimum limits required by Code Section 33-34-4 and subsection (a) of Code~~  
233 ~~Section 40-9-37, and~~ no such rate, rating plan, rating system, or underwriting rule shall  
234 become effective, nor may any premium be collected by any insurer thereunder, unless  
235 the filing has been received by the Commissioner in his or her office and such filing has  
236 been approved by the Commissioner or a period of ~~45~~ 60 days has elapsed from the date  
237 such filing was received by the Commissioner during which time such filing has not been  
238 disapproved by the Commissioner. The Commissioner shall be authorized to extend such  
239 ~~45~~ 60 day period by no more than ~~55~~ 40 days at his or her discretion. If a filing is  
240 disapproved, notice of such disapproval order shall be given within 100 days of receipt  
241 of filing by the Commissioner, specifying in what respects such filing fails to meet the  
242 requirements of this chapter. The filer shall be given a hearing upon written request made  
243 within 30 days after the issuance of the disapproval order, and such hearing shall  
244 commence within 30 days after such request unless postponed by mutual consent. Such  
245 hearing, once commenced, may be postponed or recessed by the Commissioner only for  
246 weekends, holidays, or after normal working hours or at any time by mutual consent of  
247 all parties to the hearing. The Commissioner may also, at his or her discretion, recess any  
248 hearing for not more than two recess periods of up to 15 consecutive days each. In  
249 connection with any hearing or judicial review with respect to the approval or disapproval

250 of such rates, the burden of persuasion shall fall upon the affected insurer or insurers to  
251 establish that the challenged rates are adequate, not excessive, ~~and~~ not unfairly  
252 discriminatory, and not unjustifiably increased. After such a hearing, the Commissioner  
253 ~~must~~ shall affirm, modify, or reverse his or her previous action within the time period  
254 provided in subsection (a) of Code Section 33-2-23 relative to orders of the  
255 Commissioner. The requirement of approval or disapproval of a rate filing by the  
256 Commissioner under this subsection shall not prohibit actions by the Commissioner  
257 regarding compliance of such rate filing with the requirements of Code Section 33-9-4  
258 brought after such approval or disapproval.

259 ~~(2) For personal private passenger motor vehicle insurance other than that described in~~  
260 ~~paragraph (1) of this subsection, such rate, rating plan, rating system, or underwriting rule~~  
261 ~~for all such personal private passenger motor vehicle insurance shall be effective 60 days~~  
262 ~~after such filing and shall be implemented without approval of the Commissioner, unless~~  
263 ~~an earlier effective date is authorized by the Commissioner or a later effective date is~~  
264 ~~specified by the insurer. This paragraph shall apply to the entire personal private~~  
265 ~~passenger motor vehicle insurance policy with limits above the mandatory minimum~~  
266 ~~required by Code Section 33-34-4 and subsection (a) of Code Section 40-9-37 and shall~~  
267 ~~apply to the entire personal private passenger motor vehicle policy with minimum limits~~  
268 ~~if such policy has any additional nonmandatory coverage or coverages.~~

269 ~~(3) Notwithstanding the provisions of paragraphs (1) and (2) of this subsection, an~~  
270 ~~insurer may, but shall not be required to, file its rate, rating plan, rating system, or~~  
271 ~~underwriting rule for all such personal private passenger motor vehicle insurance~~  
272 ~~provided for in paragraphs (1) and (2) of this subsection under the filing process of~~  
273 ~~paragraph (1) of this subsection.~~

274 (c) When a rate filing of an insurer required under ~~paragraph (1)~~ of subsection (b) of this  
275 Code section is not accompanied by the information upon which the insurer supports the  
276 filing and the Commissioner does not have sufficient information to determine whether the

277 filing meets the requirements of this chapter, then the Commissioner shall request in  
278 writing, within 20 days of the date he or she receives the filing, the specifics of such  
279 additional information as he or she requires, and the insurer shall be required to furnish  
280 such information, and in such event the ~~45~~ 60 day period provided for in ~~paragraph (1) of~~  
281 subsection (b) of this Code section shall commence as of the date such information is  
282 furnished.

283 (d) Any domestic, foreign, or alien insurer that is authorized to write insurance in this state  
284 ~~must~~ shall file with the Commissioner any rate, rating plan, rating system, or underwriting  
285 rule at least ~~45~~ 60 days prior to any indicated effective date for all insurance other than  
286 personal private passenger motor vehicle insurance. No rate, rating plan, rating system, or  
287 underwriting rule required to be filed under this subsection will become effective, nor may  
288 any premium be collected by any insurer thereunder, unless the filing has been received by  
289 the Commissioner in his office not less than ~~45~~ 60 days prior to its effective date.

290 (e) When a rate filing of an insurer required under subsection (d) of this Code section  
291 results in any increase that impacts insurance consumers or policyholders, such insurer  
292 shall submit to the Commissioner a detailed actuarial report demonstrating the necessity  
293 of the proposed rate increase based on claims trends, risk factors, and financial solvency;  
294 a breakdown of administrative expenses, claim costs, and anticipated profit margins; a  
295 statement on how the proposed rate increase shall affect policyholders, including families,  
296 small businesses, and commercial enterprises in this state; historical past rate changes and  
297 corresponding justifications for the preceding five years; and any other documents deemed  
298 necessary by the advocate or the Commissioner. When a rate filing of an insurer required  
299 under subsection (d) of this Code section results in any overall rate increase of 10 percent  
300 or more within any 12 month period, the Commissioner shall order an examination of that  
301 insurer to determine the accuracy of the claim reserves, the applicability of the claim  
302 reserve practices for the loss data used in support of such filing, and any other component  
303 of the rate filing; ~~provided, however, that in the event the overall increase is less than 25~~

304 ~~percent within any 12 month period and the Commissioner affirmatively determines that~~  
305 ~~he or she has sufficient information to evaluate such rate increase and that the cost thereof~~  
306 ~~would not be justified, he or she may waive all or part of such examination. In all other~~  
307 ~~rate filings required under subsection (d) of this Code section, the Commissioner may order~~  
308 ~~an examination of that insurer as provided in this subsection. Such examination shall be~~  
309 ~~conducted in accordance with the provisions of Chapter 2 of this title. Upon notification~~  
310 ~~by the Commissioner of his or her intent to conduct such examination, the insurer shall be~~  
311 ~~prohibited from placing the rates so filed in effect until such examination has been~~  
312 ~~reviewed and certified by the Commissioner as being complete. Such examination, if~~  
313 ~~conducted by the Commissioner, shall be reviewed and certified within 90 days of the date~~  
314 ~~such rate, rating plan, rating system, or underwriting rule is filed; provided, however, that~~  
315 ~~if the Commissioner makes an affirmative finding that the examination may not be~~  
316 ~~completed within the 90 day period, he or she may extend such time for one additional 60~~  
317 ~~day period completed and reviewed by the advocate and the Commissioner has approved~~  
318 ~~or disapproved the rate filing. Any examination required under this Code section shall be~~  
319 ~~conducted in accordance with Chapter 2 of this title.~~

320 (f) Notwithstanding the provisions of subsection (d) of this Code section, in the event the  
321 filing of any rate, rating plan, rating system, or underwriting rule under subsection (d) of  
322 this Code section is not necessary, in the judgment of the Commissioner, to accomplish the  
323 purposes of this chapter as set forth in Code Section 33-9-1, then the Commissioner may  
324 exempt all domestic, foreign, and alien insurers from being required to file such rate, rating  
325 plan, rating system, or underwriting rule.

326 (g) Filings required pursuant to this Code section shall be accompanied by a fee or fees as  
327 provided in Code Section 33-8-1.

328 (h) All filings related to rate increases shall be made available on the office's public  
329 website within ten days of submission, as provided under Article 4 of Chapter 18 of  
330 Title 50."

331 **SECTION 10.**

332 Said title is further amended in said chapter by revising Code Section 33-9-21.2, relating to  
333 petition for hearing by aggrieved insurer, as follows:

334 "33-9-21.2.

335 (a) The Commissioner shall only approve a proposed rate, rating plan, rating system, or  
336 underwriting rule that results in an increase if such increase is:

337 (1) Supported by clear and compelling data;

338 (2) Necessary to ensure the insurer's financial stability; and

339 (3) Not excessive, inadequate, or unfairly discriminatory to insurance consumers or  
340 policyholders.

341 (b) The Commissioner shall disapprove any proposed rate, rating plan, rating system, or  
342 underwriting rule that results in an increase that fails to comply with the requirements of  
343 this chapter.

344 (c) Any insurer aggrieved by the Commissioner's disapproval of any rate filing may  
345 petition the Commissioner for a hearing within ten days of the notification of such  
346 disapproval, unless otherwise specifically provided by law. A hearing conducted pursuant  
347 to this Code section shall be conducted in accordance with the provisions of Chapter 2 of  
348 this title. The insurance consumer and policyholder advocate is authorized to participate  
349 in such hearing and in any appeal therefrom."

350 **SECTION 11.**

351 Said title is further amended in said chapter by revising Code Section 33-9-26, relating to  
352 review of rate, rating plan, rating system, or underwriting rule by insurer or rating  
353 organization, as follows:

354 "33-9-26.

355 (a) Any person aggrieved by any rate charged, rating plan, rating system, or underwriting  
356 rule followed or adopted by an insurer or rating organization may request the insurer or

357 rating organization to review the manner in which the rate, plan, system, or rule has been  
358 applied with respect to insurance afforded him. The request may be made by his  
359 authorized representative and shall be written. If the request is not granted within 30 days  
360 after it is made, the requestor may treat it as rejected.

361 (b) Any person aggrieved by any rate charged, rating plan, rating system, or underwriting  
362 rule followed or adopted by an insurer or rating organization or the action of an insurer or  
363 rating organization in refusing the review requested or in failing or refusing to grant all or  
364 part of the relief requested may file a written complaint and request for hearing with the  
365 Commissioner, specifying the grounds relied upon.

366 (c) The insurance consumer and policyholder advocate shall review and investigate any  
367 written complaint as provided for in subsection (b) of this Code section and, on his or her  
368 own initiative, may review and investigate any rate, rating plan, rating system, or  
369 underwriting rule proposed, followed, or adopted by an insurer or rating organization. If  
370 the Commissioner has information concerning a similar complaint, he may deny the  
371 hearing. If he believes that probable cause for the complaint does not exist or that the  
372 complaint is not made in good faith, he shall deny the hearing. Otherwise, and if he

373 (d) If the advocate finds that the complaint charges a violation of this chapter and that the  
374 complainant would be aggrieved if the violation is proven, he or if the advocate finds a  
375 violation of this chapter based on his or her investigation, the advocate shall request a  
376 hearing before the Commissioner and such complaint shall proceed as provided in Code  
377 Section 33-9-27."

378 **SECTION 12.**

379 Said title is further amended in said chapter by revising Code Section 33-9-28, relating to  
380 conduct of hearing by Commissioner upon failure to correct noncompliance, notice of  
381 hearing, and matters considered at hearing, as follows:

382 "33-9-28.  
383 If the Commissioner has good cause to believe the noncompliance to be willful, or, if  
384 within the period prescribed by the Commissioner in the notice required by Code  
385 Section 33-9-27, the insurer, organization, group, or association does not make the changes  
386 necessary to correct the noncompliance specified by the Commissioner or establish to the  
387 satisfaction of the Commissioner that the specified noncompliance does not exist, then the  
388 Commissioner may hold a public hearing in connection with the noncompliance, provided  
389 that within a reasonable period of time, which shall be not less than ten days before the date  
390 of the hearing, he shall mail written notice specifying the matters to be considered at the  
391 hearing to the insurer, organization, group, or association. If no notice has been given as  
392 provided in Code Section 33-9-27, the notice provided for in this Code section shall state  
393 to the extent practicable in what manner such noncompliance is alleged to exist. The  
394 hearing shall not include any additional subjects not specified in the notices required by  
395 Code Section 33-9-27 or this Code section. The insurance consumer and policyholder  
396 advocate shall represent the interests of insurance consumers and policyholders before the  
397 Commissioner."

398 **SECTION 13.**

399 This Act shall become effective on July 1, 2025, and shall apply to all policies issued,  
400 delivered, issued for delivery, or renewed in this state on or after such date.

401 **SECTION 14.**

402 All laws and parts of laws in conflict with this Act are repealed.