

The House Committee on Budget and Fiscal Affairs Oversight offers the following substitute to HB 733:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Chapters 1, 2, and 9 of Title 33 of the Official Code of Georgia Annotated,  
2 relating to general provisions, department and Commissioner, and regulation of rates,  
3 underwriting rules, and related organizations relative to insurance, respectively, so as to  
4 provide for the position of an insurance consumer advocate to increase transparency and  
5 accountability in the insurance industry and at the office of the Commissioner of Insurance;  
6 to provide for definitions; to provide for the appointment and compensation of the advocate;  
7 to provide for additional personnel; to provide for the duties of the advocate; to provide for  
8 the advocate to represent insurance consumers and policyholders at certain proceedings; to  
9 provide for annual reports; to provide for rules and regulations; to authorize the advocate to  
10 demand, appear, and participate in hearings; to provide for administrative relief through the  
11 Office of State Administrative Hearings; to prohibit rates from being unjustifiably increased;  
12 to revise standards for the making and use of rates of insurance; to eliminate the file-and-use  
13 system for private passenger automobile insurance; to revise the time the department has to  
14 review rate filings; to require insurers to submit additional documentation when a proposed  
15 rate filing will increase rates; to provide for additional review and procedures for a rate filing  
16 that increases a rate by more than 10 percent within any 12 month period; to provide for open  
17 records; to provide for the approval of rate increases under certain conditions; to provide for  
18 the publication of such rate increases; to authorize the advocate to review and investigate

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19 complaints; to provide for the advocate to request a hearing; to provide for related matters;  
20 to provide for a short title; to provide for legislative purpose; to provide for an effective date  
21 and applicability; to repeal conflicting laws; and for other purposes.

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

23 **SECTION 1.**

24 This Act shall be known and may be cited as the "Insurance Consumer Protection Act."

25 **SECTION 2.**

26 The purpose of this Act is to protect insurance consumers and policyholders by ensuring  
27 fairness and transparency in insurance practices, addressing unjustified rate increases,  
28 enhancing industry oversight, and providing education and advocacy for insurance  
29 consumers and policyholders.

30 **SECTION 3.**

31 Chapter 1 of Title 33 of the Official Code of Georgia Annotated, relating to general  
32 provisions relative to insurance, is amended in Code Section 33-1-2, relating to definitions,  
33 by adding new paragraphs to read as follows:

34 "(4.1) 'Insurance consumer' means any individual or person in this state that entered into  
35 a contract for a product or service from an insurer or licensee under the jurisdiction of the  
36 Commissioner.

37 (4.2) 'Insurance consumer advocate' or 'advocate' means an individual employed in the  
38 department to represent the interests of insurance consumers and policyholders in  
39 insurance matters. Such individual shall be a practicing attorney qualified by knowledge  
40 and experience to advocate for insurance consumers and policyholders in administrative

41 and judicial proceedings; provided, however, that the advocate shall not engage in the  
42 private practice of law while employed as the advocate."

43 "(7.1) 'Policyholder' means a person in this state who is or was an owner, insured,  
44 covered person, beneficiary, or person designated as responsible for payment under an  
45 insurance policy, certificate of insurance, or annuity contract provided by an insurer."

46 **SECTION 4.**

47 Chapter 2 of Title 33 of the Official Code of Georgia Annotated, relating to department and  
48 Commissioner relative to insurance, is amended by revising Code Section 33-2-4, which is  
49 reserved, as follows:

50 "33-2-4.

51 (a) There is established the position of insurance consumer advocate, who shall be  
52 assigned to the department but shall act as an independent advocate for insurance  
53 consumers and policyholders. The advocate shall be appointed and removed by the  
54 Governor and shall receive compensation in an amount to be determined by the Governor.  
55 Such compensation may include authorization for full-time, part-time, or temporary  
56 personnel to support the advocate in the performance of his or her duties. The  
57 Commissioner shall provide the advocate and any additional personnel the office space,  
58 equipment, supplies, and materials necessary to perform the duties of the advocate.

59 (b) The advocate shall:

60 (1) Review insurer practices related to policy cancellations and nonrenewals for fairness  
61 to insurance consumers and policyholders and investigate any policy cancellations or  
62 nonrenewals at the request of an insurance consumer or policyholder;

63 (2) Participate in rate approval processes and advocate on behalf of insurance consumers  
64 and policyholders in such processes and any subsequent hearings;

65 (3) Implement state-wide campaigns, conduct stakeholder meetings, publish materials,  
66 and provide online tools to educate insurance consumers and policyholders on the risks

67 and benefits of different types of insurance, including but not limited to health, life,  
68 automobile, property, and flood, to ensure insurance consumers and policyholders can  
69 make informed decisions; and

70 (4) Perform such other functions necessary to advocate for insurance consumers and  
71 policyholders.

72 (c) The advocate shall be entitled to appear, as a party or otherwise, on behalf of insurance  
73 consumers and policyholders in any proceedings before the Commissioner, in  
74 administrative proceedings related to violations of provisions in this title, and in judicial  
75 proceedings appealing an act by the Commissioner.

76 (d) Beginning January 31, 2027, and annually thereafter, the advocate shall publish a  
77 written report of the prior year's activities on the department's website, including but not  
78 limited to the number of complaints reviewed, the number of hearings participated in, and  
79 any savings for insurance consumers and policyholders. Such report shall also be  
80 submitted to the Governor, the President of the Senate, the Speaker of the House of  
81 Representatives, and the chairpersons of the House Committee on Insurance and the Senate  
82 Insurance and Labor Committee. Such report shall be promptly updated when requested  
83 by any of the listed recipients.

84 (e) The Commissioner or the advocate or their designees shall advise the chairpersons of  
85 the House Committee on Insurance and the Senate Insurance and Labor Committee on  
86 insurance matters when requested.

87 (f) The Commissioner shall promulgate any rules and regulations necessary to implement  
88 the provisions of this Code section. Reserved."

89 **SECTION 5.**

90 Said chapter is further amended by revising Code Section 33-2-17, relating to conduct of  
91 hearings by Commissioner generally and demands for hearing, as follows:

92 "33-2-17.

93 (a) The Commissioner may hold hearings for any purpose within the scope of this title as  
94 he or she may deem necessary.

95 (b) He or she shall hold a hearing:

96 (1) If required by any provision of this title; ~~or~~

97 (2) Upon written demand for a hearing made by any person aggrieved by any act,  
98 threatened act, or failure of the Commissioner to act if such failure is deemed an act  
99 under any provision of this title or by any report, promulgation, or order of the  
100 Commissioner, other than an order on a hearing of which such person was given actual  
101 notice or at which such person appeared as a party or order pursuant to the order on such  
102 hearing; or

103 (3) Upon demand for a hearing made by the insurance consumer advocate.

104 (c) Any demand for a hearing pursuant to paragraph (2) of subsection (b) of this Code  
105 section shall specify in what respects such person is aggrieved and the grounds to be relied  
106 upon as a basis for the relief to be demanded at the hearing; and, unless postponed by  
107 mutual consent, the hearing shall be held within 30 days after receipt by the Commissioner  
108 of the demand for a hearing. Such hearing shall be held only if the Commissioner shall  
109 find that the demand for a hearing is made in good faith, that the applicant would be  
110 aggrieved, and that such grounds otherwise justify holding such hearing.

111 (d) Pending the hearing and decision on holding the hearing, the Commissioner may  
112 suspend or postpone the effective date of his or her previous action."

113 **SECTION 6.**

114 Said chapter is further amended in Code Section 33-2-21, relating to presiding officer at  
115 hearing, rights of parties, intervention, pleading and evidence, record of proceedings, and  
116 rehearing or reargument, by adding a new subsection to read as follows:

117 "(a.1) The insurance consumer advocate shall be entitled to appear, as a party or otherwise,  
118 on behalf of insurance consumers and policyholders in all proceedings presided over by the  
119 Commissioner or his or her designated representative. The advocate is authorized to be  
120 present during the giving of all evidence, to have a reasonable opportunity to inspect all  
121 documentary evidence and to examine witnesses, to present evidence in support of the  
122 interests of insurance consumers and policyholders, and to have subpoenas issued by the  
123 Commissioner to compel the attendance of witnesses and production of evidence."

124 **SECTION 7.**

125 Said chapter is further amended by revising Code Section 33-2-26, relating to persons  
126 entitled to appeal and procedure generally, as follows:

127 "33-2-26.

128 (a) An appeal from the Commissioner shall be taken only from an order on hearing or with  
129 respect to a matter as to which the Commissioner has refused or failed to grant or hold a  
130 hearing after demand therefor under Code Section 33-2-17 or as to a matter as to which the  
131 Commissioner has refused or failed to make his order on hearing as required by Code  
132 Section 33-2-23.

133 (b) Any person who was a party to the hearing or whose pecuniary interests are directly  
134 and immediately affected by the refusal or failure to grant a hearing and who is aggrieved  
135 by the order, refusal, or failure may appeal from the order on hearing or as to any such  
136 matter within 30 days after:

137 (1) The order on hearing has been mailed or delivered to the persons entitled to receive  
138 the same;

139 (2) The Commissioner's order denying rehearing or reargument has been so mailed or  
140 delivered;

141 (3) The Commissioner has refused or failed to make his order on hearing as required  
142 under Code Section 33-2-23; or

143 (4) The Commissioner has refused or failed to grant or hold a hearing as required under  
 144 Code Section 33-2-17.

145 (c) The insurance consumer advocate may seek administrative relief from the  
 146 Commissioner's order or refusal or failure as provided in subsection (a) of this Code section  
 147 through the Office of State Administrative Hearings."

148 **SECTION 8.**

149 Chapter 9 of Title 33 of the Official Code of Georgia Annotated, relating to regulation of  
 150 rates, underwriting rules, and related organizations, is amended in Code Section 33-9-1,  
 151 relating to purpose and construction of chapter, by revising subsection (a) as follows:

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

160 **SECTION 9.**

161 Said chapter is further amended by revising Code Section 33-9-4, relating to standards  
 162 applicable to making and use of rates, as follows:

163 "33-9-4.

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

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

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

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

178 (4) No rate shall be unjustifiably increased, and any rate filing that results in an overall  
179 rate increase of 10 percent or more within a 12 month period shall be subject to an  
180 examination and an open and transparent review process as set forth in this chapter;  
181 provided, however, that the Commissioner is authorized to adjust such increases for  
182 inflation as necessary;

183 ~~(4)~~(5) Consideration shall be given to the extent applicable to past and prospective loss  
184 experience within and outside this state, to conflagration and catastrophe hazards, to a  
185 reasonable margin for underwriting profit and contingencies, to past and prospective  
186 expenses both country wide and those specially applicable to this state, to the insurer's  
187 average yield from investment income, and to all other factors, including judgment  
188 factors, deemed relevant within and outside this state; and, in the case of fire insurance  
189 rates, consideration may be given to the experience of the fire insurance business during  
190 the most recent five-year period;

191 ~~(5)~~(6) Consideration may also be given, in the making and use of rates, to dividends,  
192 savings, or unabsorbed premium deposits allowed or returned by insurers to their  
193 policyholders, members, or subscribers;

194 ~~(6)~~(7) The systems of expense provisions included in the rates for use by any insurer or  
195 group of insurers may differ from those of other insurers or groups of insurers to reflect  
196 the operating methods of any such insurer or group with respect to any kind of insurance  
197 or with respect to any subdivision or combination thereof;

198 ~~(7)~~(8) Risks may be grouped by classifications for the establishment of rates and  
199 minimum premiums. Classification rates may be modified to produce rates for individual  
200 risks in accordance with rating plans which establish standards for measuring variations  
201 in hazards or expense provisions, or both. Such standards may measure any difference  
202 among risks that have a probable effect upon losses or expenses. Classifications or  
203 modifications of classifications of risks may be established based upon size, expense,  
204 management, individual experience, location or dispersion of hazard, or any other  
205 reasonable considerations. Such classifications and modifications shall apply to all risks  
206 under the same or substantially the same circumstances or conditions; provided, however,  
207 the Commissioner shall establish the maximum amount of any such modification;

208 ~~(8)~~(9) Nothing contained in this Code section or elsewhere in this chapter shall be  
209 construed to repeal or modify Chapter 6 of this title, relating to unfair trade practices, and  
210 any rate, rating classification, rating plan or schedule, or variation thereof established in  
211 violation of Chapter 6 of this title shall, in addition to the consequences stated in  
212 Chapter 6 of this title or elsewhere, be deemed ~~violative of~~ to violate this Code section;

213 ~~(9)~~(10) No insurer shall base any standard or rating plan on vehicle insurance, in whole  
214 or in part, directly or indirectly, upon race, creed, or ethnic extraction; and

215 ~~(10)~~(11) No insurer shall base any standard or rating plan on vehicle insurance, in whole  
216 or in part, directly or indirectly, upon any physical disability of an insured unless the  
217 disability directly impairs the ability of the insured to drive a motor vehicle."

218 **SECTION 10.**

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

222 "33-9-21.

223 (a) Every insurer shall maintain with the Commissioner copies of the rates, rating plans,  
224 rating systems, underwriting rules, and policy or bond forms used by it. The maintenance  
225 of rates, rating plans, rating systems, underwriting rules, and policy or bond forms with the  
226 Commissioner by a licensed rating organization of which an insurer is a member or  
227 subscriber will be sufficient compliance with this Code section for any insurer maintaining  
228 membership or subscriberships in such organization, to the extent that the insurer uses the  
229 rates, rating plans, rating systems, underwriting rules, and policy or bond forms of such  
230 organization; provided, however, that the Commissioner, when he or she deems it  
231 necessary, without compliance with the rule-making procedures of this title or Chapter 13  
232 of Title 50, the 'Georgia Administrative Procedure Act':

233 (1) May require any domestic, foreign, and alien insurer to file the required rates, rating  
234 plans, rating systems, underwriting rules, and policy or bond forms used independent of  
235 any filing made on its behalf or as a member of a licensed rating organization, as the  
236 Commissioner shall deem to be necessary to ensure compliance with the standards of this  
237 chapter and Code Section 34-9-130 and for the best interests of the citizens of this state;

238 (2) Shall require each domestic, foreign, and alien insurer, writing or authorized to write  
239 workers' compensation insurance in this state, to file such insurer's own individual rate  
240 filing for rates to be charged for workers' compensation insurance coverage written in this  
241 state. Such rates shall be developed and established after consultation with the State  
242 Board of Workers' Compensation based upon each individual insurer's experience in the  
243 State of Georgia to the extent actuarially credible. The experience filed shall include the  
244 loss ratios, reserves, reserve development information, expenses, including commissions

245 paid and dividends paid, investment income, pure premium data adjusted for loss  
 246 development and loss trending, profits, and all other data and information used by that  
 247 insurer in formulating its workers' compensation rates which are used in this state and any  
 248 other information or data required by the Commissioner. In establishing and maintaining  
 249 loss reserves, no workers' compensation insurer shall be allowed to maintain any excess  
 250 loss reserve for any claim or potential claim for more than 90 days after the amount of  
 251 liability for such claim or potential claim has been established, whether by final  
 252 judgment, by settlement agreement, or otherwise. This limitation on the maintenance of  
 253 loss reserves shall be enforced through this Code section, as well as through Code  
 254 Section 33-9-23, relating to examination of admitted insurers, and any other appropriate  
 255 enforcement procedures. The Commissioner is authorized to accept such rate  
 256 classifications as are reasonable and necessary for compliance with this chapter. A rate  
 257 filing required by this paragraph shall be updated by the insurer at least once every two  
 258 years; and

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

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

264 ~~(1) For private passenger motor vehicle insurance providing only the mandatory~~  
 265 ~~minimum limits required by Code Section 33-34-4 and subsection (a) of Code~~  
 266 ~~Section 40-9-37, and~~ no such rate, rating plan, rating system, or underwriting rule shall  
 267 become effective, nor may any premium be collected by any insurer thereunder, unless  
 268 the filing has been received by the Commissioner in his or her office and such filing has  
 269 been approved by the Commissioner or a period of ~~45~~ 60 days has elapsed from the date  
 270 such filing was received by the Commissioner during which time such filing has not been  
 271 disapproved by the Commissioner. The Commissioner shall be authorized to extend such

272 ~~45~~ 60 day period by no more than ~~55~~ 40 days at his or her discretion. If a filing is  
273 disapproved, notice of such disapproval order shall be given within 100 days of receipt  
274 of filing by the Commissioner, specifying in what respects such filing fails to meet the  
275 requirements of this chapter. The filer shall be given a hearing upon written request made  
276 within 30 days after the issuance of the disapproval order, and such hearing shall  
277 commence within 30 days after such request unless postponed by mutual consent. Such  
278 hearing, once commenced, may be postponed or recessed by the Commissioner only for  
279 weekends, holidays, or after normal working hours or at any time by mutual consent of  
280 all parties to the hearing. The Commissioner may also, at his or her discretion, recess any  
281 hearing for not more than two recess periods of up to 15 consecutive days each. In  
282 connection with any hearing or judicial review with respect to the approval or disapproval  
283 of such rates, the burden of persuasion shall fall upon the affected insurer or insurers to  
284 establish that the challenged rates are adequate, not excessive, ~~and~~ not unfairly  
285 discriminatory, and not unjustifiably increased. After such a hearing, the Commissioner  
286 ~~must~~ shall affirm, modify, or reverse his or her previous action within the time period  
287 provided in subsection (a) of Code Section 33-2-23 relative to orders of the  
288 Commissioner. The requirement of approval or disapproval of a rate filing by the  
289 Commissioner under this subsection shall not prohibit actions by the Commissioner  
290 regarding compliance of such rate filing with the requirements of Code Section 33-9-4  
291 brought after such approval or disapproval.

292 ~~(2) For personal private passenger motor vehicle insurance other than that described in~~  
293 ~~paragraph (1) of this subsection, such rate, rating plan, rating system, or underwriting rule~~  
294 ~~for all such personal private passenger motor vehicle insurance shall be effective 60 days~~  
295 ~~after such filing and shall be implemented without approval of the Commissioner, unless~~  
296 ~~an earlier effective date is authorized by the Commissioner or a later effective date is~~  
297 ~~specified by the insurer. This paragraph shall apply to the entire personal private~~  
298 ~~passenger motor vehicle insurance policy with limits above the mandatory minimum~~

299 required by Code Section ~~33-34-4~~ and subsection (a) of Code Section ~~40-9-37~~ and shall  
300 apply to the entire personal private passenger motor vehicle policy with minimum limits  
301 if such policy has any additional nonmandatory coverage or coverages.

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

307 (c) When a rate filing of an insurer required under ~~paragraph (1)~~ of subsection (b) of this  
308 Code section is not accompanied by the information upon which the insurer supports the  
309 filing and the Commissioner does not have sufficient information to determine whether the  
310 filing meets the requirements of this chapter, then the Commissioner shall request in  
311 writing, within 20 days of the date he or she receives the filing, the specifics of such  
312 additional information as he or she requires, and the insurer shall be required to furnish  
313 such information, and in such event the ~~45~~ 60 day period provided for in ~~paragraph (1)~~ of  
314 subsection (b) of this Code section shall commence as of the date such information is  
315 furnished.

316 ~~(d) Any domestic, foreign, or alien insurer that is authorized to write insurance in this state~~  
317 ~~must file with the Commissioner any rate, rating plan, rating system, or underwriting rule~~  
318 ~~at least 45 days prior to any indicated effective date for all insurance other than personal~~  
319 ~~private passenger motor vehicle insurance. No rate, rating plan, rating system, or~~  
320 ~~underwriting rule required to be filed under this subsection will become effective, nor may~~  
321 ~~any premium be collected by any insurer thereunder, unless the filing has been received by~~  
322 ~~the Commissioner in his office not less than 45 days prior to its effective date. When a rate~~  
323 ~~filing of an insurer required under subsection (b) of this Code section results in any~~  
324 ~~increase that impacts insurance consumers or policyholders, such insurer shall submit to~~  
325 ~~the Commissioner and the advocate a detailed actuarial report demonstrating the necessity~~

326 of the proposed rate increase based on claims trends, risk factors, and financial solvency;  
327 a breakdown of administrative expenses, claim costs, and anticipated profit margins; a  
328 statement on how the proposed rate increase shall affect policyholders, including families,  
329 small businesses, and commercial enterprises in this state; historical past rate changes and  
330 corresponding justifications for the preceding five years; and any other documents deemed  
331 necessary by the Commissioner or the advocate.

332 (e) When a rate filing of an insurer required under subsection ~~(d)~~ (b) of this Code section  
333 results in any overall rate increase of 10 percent or more within any 12 month period, the  
334 Commissioner shall order an examination of that insurer to determine the accuracy of the  
335 claim reserves, the applicability of the claim reserve practices for the loss data used in  
336 support of such filing, and any other component of the rate filing; ~~provided, however, that~~  
337 ~~in the event the overall increase is less than 25 percent within any 12 month period and the~~  
338 ~~Commissioner affirmatively determines that he or she has sufficient information to evaluate~~  
339 ~~such rate increase and that the cost thereof would not be justified, he or she may waive all~~  
340 ~~or part of such examination.~~ In all other rate filings required under subsection (d) (b) of  
341 this Code section, the Commissioner may order an examination of that insurer as provided  
342 in this subsection. ~~Such examination shall be conducted in accordance with the provisions~~  
343 ~~of Chapter 2 of this title.~~ Upon notification by the Commissioner of his or her intent to  
344 conduct such examination, the insurer shall be prohibited from placing the rates so filed in  
345 effect until such examination has been reviewed and certified by the Commissioner as  
346 being complete. ~~Such examination, if conducted by the Commissioner, shall be reviewed~~  
347 ~~and certified within 90 days of the date such rate, rating plan, rating system, or~~  
348 ~~underwriting rule is filed; provided, however, that if the Commissioner makes an~~  
349 ~~affirmative finding that the examination may not be completed within the 90 day period,~~  
350 ~~he or she may extend such time for one additional 60 day period~~ completed and reviewed  
351 by the advocate and the Commissioner has approved or disapproved the rate filing. Any

352 examination required under this Code section shall be conducted in accordance with  
353 Chapter 2 of this title.

354 (f) Notwithstanding the provisions of subsection ~~(d)~~ (b) of this Code section, in the event  
355 the filing of any rate, rating plan, rating system, or underwriting rule under  
356 subsection ~~(d)~~ (b) of this Code section is not necessary, in the judgment of the  
357 Commissioner, to accomplish the purposes of this chapter as set forth in Code Section  
358 33-9-1, then the Commissioner may exempt all domestic, foreign, and alien insurers from  
359 being required to file such rate, rating plan, rating system, or underwriting rule.

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

362 (h) All filings related to rate increases shall be made available on the department's website  
363 within ten days of submission, as provided under Article 4 of Chapter 18 of Title 50.

364 (i) The Commissioner is authorized to adjust rate increases for inflation as necessary."

365 **SECTION 11.**

366 Said chapter is further amended by revising Code Section 33-9-21.2, relating to petition for  
367 hearing by aggrieved insurer, as follows:

368 "33-9-21.2.

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

371 (1) Supported by clear and compelling data;

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

373 (3) Not excessive, inadequate, or unfairly discriminatory to insurance consumers or  
374 policyholders.

375 (b) Any approved rate increases shall be clearly posted on the home page of the  
376 department's website in a font no smaller than 12 point font, along with the insurance  
377 company's name and a detailed explanation for why the rate increase is necessary.

378 (c) The Commissioner shall disapprove any proposed rate, rating plan, rating system, or  
379 underwriting rule that results in an increase that fails to comply with the requirements of  
380 this chapter.

381 (d) Any insurer aggrieved by the Commissioner's disapproval of any rate filing may  
382 petition the Commissioner for a hearing within ten days of the notification of such  
383 disapproval, unless otherwise specifically provided by law. A hearing conducted pursuant  
384 to this Code section shall be conducted in accordance with the provisions of Chapter 2 of  
385 this title. The insurance consumer advocate is authorized to participate in such hearing and  
386 in any appeal therefrom."

387 **SECTION 12.**

388 Said chapter is further amended by revising Code Section 33-9-26, relating to review of rate,  
389 rating plan, rating system, or underwriting rule by insurer or rating organization, as follows:  
390 "33-9-26.

391 (a) Any person aggrieved by any rate charged, rating plan, rating system, or underwriting  
392 rule followed or adopted by an insurer or rating organization may request the insurer or  
393 rating organization to review the manner in which the rate, plan, system, or rule has been  
394 applied with respect to insurance afforded him. The request may be made by his  
395 authorized representative and shall be written. If the request is not granted within 30 days  
396 after it is made, the requestor may treat it as rejected.

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

402 (c) The insurance consumer advocate shall review and investigate any written complaint  
403 as provided for in subsection (b) of this Code section and, on his or her own initiative, may

404 review and investigate any rate, rating plan, rating system, or underwriting rule proposed,  
 405 followed, or adopted by an insurer or rating organization. If the Commissioner has  
 406 information concerning a similar complaint, he may deny the hearing. If he believes that  
 407 probable cause for the complaint does not exist or that the complaint is not made in good  
 408 faith, he shall deny the hearing. Otherwise, and if he  
 409 (d) If the advocate finds that the complaint charges a violation of this chapter and that the  
 410 complainant would be aggrieved if the violation is proven, he or if the advocate finds a  
 411 violation of this chapter based on his or her investigation, the advocate shall request a  
 412 hearing before the Commissioner and such complaint shall proceed as provided in Code  
 413 Section 33-9-27."

414 **SECTION 13.**

415 Said chapter is further amended by revising Code Section 33-9-27, relating to issuance of  
 416 notice by Commissioner upon determination of noncompliance with requirements of chapter,  
 417 as follows:

418 "33-9-27.

419 (a) If, after examination of an insurer, rating organization, advisory organization, or group,  
 420 association, or other organization of insurers which engages in joint underwriting or joint  
 421 reinsurance, or upon the basis of other information, or upon sufficient complaint as  
 422 provided in Code Section 33-9-26, the Commissioner has good cause to believe that the  
 423 insurer, organization, group, or association, or any rate, rating plan, or rating system made  
 424 or used by any insurer or rating organization does not comply with the requirements and  
 425 standards of this chapter applicable to it, he the Commissioner shall, unless he or she has  
 426 good cause to believe such noncompliance is willful, give notice in writing to such insurer,  
 427 organization, group, or association stating in the notice to the extent practicable in what  
 428 manner such noncompliance is alleged to exist and specifying in the notice a reasonable  
 429 time, not less than ten days after notice, in which the noncompliance may be corrected.

430 (b) If, after review and investigation of any materials as provided for in Code Section  
431 33-9-26, the insurance consumer advocate has good cause to believe a violation of this  
432 chapter has occurred, the advocate shall be entitled to seek administrative remedy through  
433 the Office of State Administrative Hearings."

434 **SECTION 14.**

435 Said chapter is further amended by revising Code Section 33-9-28, relating to conduct of  
436 hearing by Commissioner upon failure to correct noncompliance, notice of hearing, and  
437 matters considered at hearing, as follows:

438 "33-9-28.

439 If the Commissioner has good cause to believe the noncompliance to be willful, or, if  
440 within the period prescribed by the Commissioner in the notice required by Code  
441 Section 33-9-27, the insurer, organization, group, or association does not make the changes  
442 necessary to correct the noncompliance specified by the Commissioner or establish to the  
443 satisfaction of the Commissioner that the specified noncompliance does not exist, then the  
444 Commissioner may hold a public hearing in connection with the noncompliance, provided  
445 that within a reasonable period of time, which shall be not less than ten days before the date  
446 of the hearing, he shall mail written notice specifying the matters to be considered at the  
447 hearing to the insurer, organization, group, or association. If no notice has been given as  
448 provided in Code Section 33-9-27, the notice provided for in this Code section shall state  
449 to the extent practicable in what manner such noncompliance is alleged to exist. The  
450 hearing shall not include any additional subjects not specified in the notices required by  
451 Code Section 33-9-27 or this Code section. The insurance consumer advocate shall  
452 represent the interests of insurance consumers and policyholders before the Commissioner  
453 and shall be entitled to seek administrative remedy through the Office of State  
454 Administrative Hearings."

455 **SECTION 15.**

456 This Act shall become effective on July 1, 2026, and shall apply to all policies issued,  
457 delivered, issued for delivery, or renewed in this state on or after such date.

458 **SECTION 16.**

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