26-LS0579\S Bailey 3/16/09

CS FOR HOUSE BILL NO. 175(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - FIRST SESSION

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

Offered: Referred:

Sponsor(s): HOUSE LABOR AND COMMERCE COMMITTEE

A BILL

FOR AN ACT ENTITLED

"An Act relating to insurance, including treating as confidential certain information submitted to the director of insurance by the National Association of Insurance Commissioners; clarifying conditions for the release of insurer deposits; defining travel insurance that may be sold under a travel insurance limited producer license; establishing criteria for licensing of nonresident independent adjusters as resident adjusters; exempting rewards under a wellness program from treatment as insurance discrimination or rebating; making certain insurance required of the Comprehensive Health Insurance Association permissive rather than mandatory; making certain provisions relating to statements on applications and guaranteed renewability for individual health insurance applicable to hospital and medical service corporations; making public certain forms and related documents filed for approval by a hospital or medical service corporation after the filing becomes effective; relating to deposits of self-

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funded multiple employer welfare arrangements; repealing reasons that the director of insurance may use to deny or revoke a license; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

- * **Section 1.** AS 21.06.060(f) is amended to read:
 - (f) The following information or records submitted to or obtained by the director are confidential:
 - (1) personally identifiable consumer information; however, the director may disclose the information or records for the purpose of attempting to resolve a consumer complaint;
 - (2) information or records established by a showing satisfactory to the director to be a trade secret or proprietary business information, including
 - (A) detailed health insurance claim cost data; and
 - (B) justification for usual, customary, and reasonable charge determinations;
 - (3) information or records provided by a person not subject to this title at the request of the director if the information or records are identified as confidential by the director; and
 - (4) [FINANCIAL] analysis ratios and examination synopses concerning insurance companies that are submitted to the director by the National Association of Insurance Commissioners.
- * Sec. 2. AS 21.06.180(b) is amended to read:
 - (b) The office of administrative hearings (AS 44.64.010) shall conduct a hearing on behalf of the director if required under AS 44.64.030. Otherwise, the director shall conduct a hearing if required by a provision of this title, or upon written demand to the director by a person aggrieved by an act, threatened act, or failure of the director to act, or by a report, regulation, or order of the director (other than an order for the holding of a hearing, or an order on hearing or under it). A demand must specify the grounds to be relied upon at the hearing as a basis for the relief. **Except as provided under AS 21.27.420(d), unless** [UNLESS] postponed by mutual consent or for good cause shown, the hearing shall be held within 30 days after receipt by the

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director of the written demand.

* Sec. 3. AS 21.06.180(c) is amended to read:

- (c) Except as provided under AS 21.27.420(d), if, [IF] within the 30-day period, the director does not either (1) grant the hearing, or (2) issue an order refusing the hearing, as to the previous report, regulation, or order as to which the person so claims to be aggrieved, the hearing shall be considered to have been refused.
- * Sec. 4. AS 21.06.190(a) is amended to read:
 - (a) Except as provided in AS 21.27.420(d), a [A] demand for a hearing received by the director before the effective date of an order issued or within 10 days after an order is delivered stays the effectiveness of the order pending the hearing and an order made thereon, except as to action taken or proposed under an order
 - (1) on hearing;
 - (2) under and supplemental to an order on hearing; or
 - (3) based upon impairment of assets or unsound financial condition of an insurer.
- * Sec. 5. AS 21.24.130(d) is amended to read:
 - (d) If a domestic [THE] insurer is subject to delinquency proceedings under [AS DEFINED IN] AS 21.78, [UPON THE ORDER OF A COURT OF COMPETENT JURISDICTION, I the director shall yield the assets and securities held on deposit under AS 21.09.090(b) to the receiver, conservator, rehabilitator, or liquidator of the domestic insurer [, OR TO ANY OTHER PROPERLY DESIGNATED OFFICIAL OR OFFICIALS WHO SUCCEED TO THE MANAGEMENT AND CONTROL OF THE INSURER'S ASSETS]. The director may release the deposit directly to the guaranty fund of which the insurer is a member if the right to receive all or a portion of the deposit is assigned to the guaranty fund.
- * Sec. 6. AS 21.24.130(f) is amended to read:
 - (f) If a foreign [AN] insurer that is a member of the Alaska Life and Health Insurance Guaranty Association (AS 21.79) or the Alaska Insurance Guaranty Association (AS 21.80) is found to be insolvent by a proceeding under AS 21.78 or by a court of competent jurisdiction in another state, the director shall take control of the insurer's deposit made under AS 21.09.090(b). The deposit assets

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shall be released [, AT THE DISCRETION OF THE DIRECTOR,] to the applicable guaranty association upon a showing to the director that the association paid [ALASKA INSURANCE GUARANTY **ASSOCIATION** (AS 21.80) REIMBURSE FOR] a valid loss, [AND] loss expense, or contractual obligation [CLAIM PAYMENT MADE BY THE ASSOCIATION] that is within the purpose of the deposit. After the director determines that all losses, loss expense liabilities, or contractual obligations that were incurred on the insurer's policies written in this state for which the deposit was required have been paid, the [THE] director shall pay the remaining deposit assets to the receiver, conservator, rehabilitator, or liquidator of the insurer, or to another properly designated official who succeeds to the management and control of the insurer's assets [, AFTER THE DIRECTOR DETERMINES THAT ALL LOSS AND LOSS EXPENSE LIABILITIES HAVE BEEN PAID THAT WERE INCURRED ON THE INSURER'S POLICIES WRITTEN IN THIS STATE FOR WHICH THE DEPOSIT WAS REQUIRED].

* Sec. 7. AS 21.24.130 is amended by adding a new subsection to read:

(g) If an insurer is not a member of the Alaska Life and Health Guaranty Association established by AS 21.79 or the Alaska Insurance Guaranty Association established by AS 21.80, the director shall take control of the insurer's deposit made under AS 21.09.090(b) if the insurer is found to be insolvent by a proceeding under AS 21.78 or by a court of competent jurisdiction in another state. The director shall release the deposit assets to the receiver, conservator, rehabilitator, or liquidator of the insurer, or to any other properly designated official who succeeds to the management and control of the insurer's assets.

* Sec. 8. AS 21.27.140(b) is amended to read:

(b) A firm may not be licensed as an insurance producer, managing general agent, reinsurance intermediary broker, reinsurance intermediary manager, surplus lines broker, or independent adjuster, or transact insurance unless each individual employed as an insurance producer, managing general agent, surplus lines broker, trainee independent adjuster, or independent adjuster by the firm is licensed as an individual in the firm. [EACH COMPLIANCE OFFICER OF THE FIRM SHALL BE LICENSED AS AN INDIVIDUAL IN THE FIRM FOR A SPECIFIC LINE AND

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CLASS OF AUTHORITY. IF THERE IS MORE THAN ONE COMPLIANCE OFFICER, THE COMBINED AUTHORITY OF ALL COMPLIANCE OFFICERS SHALL COVER ALL THE POWERS CONFERRED BY THE FIRM'S LICENSE.]

* **Sec. 9.** AS 21.27.150(a) is amended to read:

- (a) The director may issue a
- (1) travel insurance limited producer license to a person who <u>is</u> appointed under AS 21.27.100 and who sells <u>insurance connected with</u> transportation provided by a common carrier, and limited to a specific trip, that covers

(A) trip cancellation;

(B) trip interruption; or

- (C) life, health, disability, or personal effects
 [TRANSPORTATION TICKETS OF A COMMON CARRIER OF PERSONS
 OR PROPERTY, WHO IS APPOINTED UNDER AS 21.27.100 FOR
 TRANSPORTATION TICKET POLICIES OF HEALTH INSURANCE,
 BAGGAGE INSURANCE ON PERSONAL EFFECTS, AND TRIP
 CANCELLATION OR TRIP INTERRUPTION INSURANCE];
- (2) title insurance limited producer license to a person whose place of business is located in this state and whose sole purpose is to be appointed by and act on behalf of a title insurer;
- (3) bail bond limited producer license to a person who is appointed by and acts on behalf of a surety insurer pertaining to bail bonds;
- (4) motor vehicle rental agency limited producer license to a person and, subject to the approval of the director, to employees of the person licensed that the licensee authorizes to transact the business of insurance on the licensee's behalf if, as to an employee, the licensee complies with (D) of this paragraph and if the licensee
 - (A) rents to others, without operators,
 - (i) private passenger motor vehicles, including passenger vans, minivans, and sport utility vehicles; or
 - (ii) cargo motor vehicles, including cargo vans, pickup trucks, and trucks with a gross vehicle weight of less than 26,000

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pounds that do not require the operator to possess a commercial driver's license:

- (B) rents motor vehicles only to persons under rental agreements that do not exceed a term of 90 days;
 - (C) transacts only the following kinds of insurance:
 - (i) motor vehicle liability insurance with respect to liability arising out of the use of a vehicle rented from the licensee during the term of the rental agreement;
 - (ii) uninsured or underinsured motorist coverage, with minimum limits described in AS 21.89.020(c) and (d) arising from [OUT OF] the use of a vehicle rented from the licensee during the term of the rental agreement;
 - (iii) insurance against medical, hospital, surgical, and disability benefits to an injured person and funeral and death benefits to dependents, beneficiaries, or personal representatives of a deceased person if the insurance is issued as incidental coverage with or supplemental to liability insurance and arises out of the use of a vehicle rented from the licensee during the term of the rental agreement;
 - (iv) personal effects insurance, including loss of use, with respect to damage to or loss of personal property of a person renting the vehicle and other vehicle occupants while that property is being loaded into, transported by, or unloaded from a vehicle rented from the licensee during the term of the rental agreement;
 - (v) towing and roadside assistance with respect to vehicles rented from the licensee during the term of the rental agreement; and
 - (vi) other insurance as may be authorized by regulation by the director;
- notifies the director in writing, within 30 days of (D) employment, of the name, date of birth, social security number, location of employment, and home address of an employee authorized by the licensee to

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30 31 transact insurance on the licensee's behalf; and

- (E) provides other information as required by the director;
- (5) nonresident limited producer license to a person; a license that the director issues under this paragraph grants the same scope of authority as a limited lines producer license issued to the person by the person's home state;
- (6) credit insurance limited producer license to a person who sells limited lines credit insurance;
- (7) miscellaneous limited producer license to a person who transacts insurance in this state that restricts the person's authority to less than the total authority for a line of authority described in AS 21.27.115(1) (6), (8), and (9).
- * **Sec. 10.** AS 21.27.270(b) is amended to read:
 - (b) Unless the director denies or refuses to renew a license under AS 21.27.410, the director shall issue a nonresident producer, limited lines, **independent adjuster,** surplus lines broker, managing general agent, reinsurance intermediary broker, or reinsurance intermediary manager license to a person who is not a resident of this state if
 - (1) the person is currently licensed and is in good standing in the person's home state; the director may verify the person's licensing status through the producer licensing database records maintained by the National Association of Insurance Commissioners or its affiliates or subsidiaries or, if an independent adjuster's home state does not license independent adjusters, the independent adjuster qualifies under AS 21.27.020;
 - (2) the person has paid the fees required under AS 21.06.250 and has submitted to the director
 - (A) the license application the person submitted to the person's home state; or
 - (B) if the person is not a firm, a completed uniform application or, if a firm, the uniform business entity application; and
 - (3) the person's home state awards nonresident producer, limited lines, independent adjuster, surplus lines, managing general agent, reinsurance intermediary broker, and reinsurance intermediary manager licenses to residents of

this state on the same basis as does this state.

* Sec. 11. AS 21.27.420 is amended by adding a new subsection to read:

- (d) Without prior hearing, the director may order summary suspension of a license if the director finds that protection of the public requires emergency action and incorporates that finding in an order. The suspension is effective on the date specified in the order or on the date of mailing by first class mail to the licensee's business address on record with the division, whichever is later. If the licensee requests a hearing, the director shall conduct a hearing on the suspension within a reasonable time but not later than 20 days after the effective date of the summary suspension unless the person whose license is suspended requests a later date. At the hearing, the director shall determine if the suspension should be continued or withdrawn and, if proper notice is given, may determine if the license should be revoked. The director shall issue a decision within 30 days after the conclusion of the hearing. If the director decides to continue the suspension or revoke the license, the suspension or revocation must be based on one or more grounds in AS 21.27.410. The summary suspension continues until the decision is issued. AS 21.06.190 and AS 44.64.030 are not applicable to a hearing under this subsection.
- * Sec. 12. AS 21.27.630 is amended by adding a new subsection to read:
 - (m) A person who is an employee of a third-party administrator and who acts within the course and scope of that employment and within the scope of the written contract required under AS 21.27.650(a)(4) is not required to be registered as a third-party administrator under this section. The third-party administrator is responsible for the acts of its employees regulated under this title.
- * Sec. 13. AS 21.27.900(11) is amended to read:
 - (11) "home state" means the District of Columbia or a state or territory of the United States in which an insurance producer <u>or an independent adjuster</u> maintains the producer's <u>or adjuster's</u> principal place of residence or principal place of business and is licensed to act as an insurance producer <u>or independent adjuster</u>;
- * Sec. 14. AS 21.34.020 is amended by adding a new subsection to read:
 - (c) If a policy holder meets the standards of an exempt commercial policyholder under this title and regulations adopted by the director, insurance may be

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procured from a surplus lines broker without complying with (a)(2), (3), and (4) of this section.

* Sec. 15. AS 21.34.040(d) is amended to read:

(d) A nonadmitted insurer may be eligible to provide coverage in this state if it files with [FURNISHES TO] the director or the director's designee a copy of its current annual **financial** statement that has been certified by the insurer. The financial statement must be [EXCEPT IN THE CASE OF AN ALIEN INSURER, THE STATEMENT SHALL BE PROVIDED NOT MORE THAN SIX MONTHS AFTER THE CLOSE OF THE PERIOD REPORTED UPON AND THAT IS EITHER] filed with and approved by the regulatory authority in the domicile of the nonadmitted insurer, or certified by an accounting or auditing firm licensed in the jurisdiction of the insurer's domicile. A foreign insurer shall provide the approved or certified financial statement not more than six months after the close of the reporting period. An alien insurer shall provide the approved or certified financial statement not more [LATER] than nine months after the close of the reporting period. In the case of an insurance exchange, the statement may be an aggregate combined statement of all underwriting syndicates operating during the period reported upon.

* Sec. 16. AS 21.34.080(a) is amended to read:

- (a) A surplus lines broker shall execute and file with the monthly report required by AS 21.34.170 a written report, which shall be kept confidential, regarding each surplus lines insurance transaction occurring in the preceding calendar month. The report must include
 - (1) the name and address of the insured;
- (2) the identity of each insurer including the National Association of Insurance Commissioners [GROUP AND] company [INSURER] number and the percentage of coverage provided by each:
 - (3) a complete description of the subject and location of the risk:
- the amount of gross premium written [CHARGED] for the insurance; and
 - (5) other information required by the director.
- * Sec. 17. AS 21.36.110 is amended to read:

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	Sec.	21.36.110	Exception	is to	discrimina	tion	and	rebates.	Nothing	in
AS 21.	36.09	0, [AND]	21.36.100 <u>, :</u>	and A	S 21.54.100	may	be o	construed	as includ	ing
within	the de	efinition of	discriminati	on or	rebates any c	of the	follo	wing prac	ctices:	

- (1) in the case of a contract of life insurance or life annuity, paying bonuses to policyholders or otherwise abating their premiums in whole or in part out of surplus accumulated from nonparticipating insurance, if the bonuses [,] or abatement of premiums are fair and equitable to policyholders and for the best interests of the insurer;
- (2) in the case of <u>a</u> life insurance <u>policy</u> [POLICIES] issued on [THE] industrial debit, preauthorized check, bank draft, or similar plans, making allowance to policyholders who have [CONTINUOUSLY FOR A SPECIFIED PERIOD] made premium payments directly to an office of the insurer or by preauthorized <u>debit</u>, check, bank draft, or similar plan, in an amount that fairly represents the saving in collection expense;
- (3) readjustment of the rate of premium for a group insurance policy based on the loss or expense experience thereunder, at the end of the first or a subsequent policy year of insurance thereunder, which may be made retroactive only for that policy year;
- (4) issuance of life or health insurance policies or annuity contracts at rates less than the usual rates of premiums for the policies or contracts, or modification of premium or rate based on amount of insurance; but the issuance or modification may [SHALL] not result in reduction in premium or rate in excess of savings in administration and issuance expenses reasonably attributable to the policies or contracts;
- (5) a reward under a wellness program established under a health care plan that favors an individual if the wellness program meets the following requirements:
 - (A) the wellness program is reasonably designed to promote health or prevent disease;
 - (B) an individual has an opportunity to qualify for the reward at least once a year;

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	(C)	the	reward	is	available	for	all	similarly	situated
individuals;									

- (D) the wellness program has alternative standards for individuals who are unable to obtain the reward because of a health factor;
- (E) alternate standards are available for an individual who is unable to participate in a reward program because of a health condition;
- (F) the insurer provides information explaining the standard for achieving the reward and discloses the alternate standards; and
- (G) the total rewards for all wellness programs under the health insurance policy do not exceed 20 percent of the cost of coverage.

* **Sec. 18.** AS 21.36.355(a) is amended to read:

(a) A person who has a conviction for a felony involving dishonesty or a breach of trust may not engage or participate in the business of insurance without receiving prior written consent by the director <u>or by the insurance regulatory official of the person's home state</u> as required under 18 U.S.C. 1033 and 1034 (Violent Crime Control and Law Enforcement Act of 1994).

* Sec. 19. AS 21.42.120(d) is amended to read:

(d) The director may, by order, <u>require that a form or document be filed for informational purposes or may</u> exempt <u>a form or document</u> from the requirements of this section for a time determined by the director <u>when</u>, [AN INSURANCE DOCUMENT OR FORM OR TYPE THEREOF AS SPECIFIED IN THE ORDER, TO WHICH,] in the opinion of the director, this section may not practicably be applied, or the filing <u>or</u> [AND] approval of <u>the form or document is</u> [WHICH ARE], in the opinion of the director, not desirable or necessary for the protection of the public. [THE DIRECTOR SHALL, BY JULY 1, 2002, ADOPT REGULATIONS CONSISTENT WITH THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS PROPERTY AND CASUALTY MODEL RATE AND POLICY FORM ACT AUTHORIZING A POLICY OF COMMERCIAL INSURANCE TO BE

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FILED ON OR BEFORE THE DATE OF USE AND TO BE NOT SUBJECT TO THE PRIOR APPROVAL OF THE DIRECTOR.]

* Sec. 20. AS 21.42.160(d) is amended to read:

- (d) Each policy and annuity contract issued by an [A DOMESTIC] insurer, and the forms thereof filed with the director, must have printed on them an appropriate designating letter or figure, or combination of letters or figures, or terms identifying the respective forms of policies or contracts, together with the year of adoption of the form. When a change is made in the form, the designating letters, figures, or terms and year of adoption **must** [SHALL] be correspondingly changed.
- * Sec. 21. AS 21.42.385(b) is amended to read:
 - (b) The minimum coverage required under (a) of this section [MAY]
 - (1) <u>may</u> be provided under contract with another health care insurer; [AND]
 - (2) <u>may</u> not be less than the dental, vision, and hearing coverage provided on July 1, 2009 [JANUARY 1, 1992], to an individual entitled to medical benefits under AS 39.35.535 (public employees' retirement system of Alaska); and
 - (3) shall be adjusted by the director on July 1, 2012, and every three years thereafter to correspond to changes in coverage provided to individuals entitled to medical benefits under AS 39.35.535.
- * Sec. 22. AS 21.55.100(b) is amended to read:
 - (b) The association may [SHALL] make available to residents who are high risks, eligible for and covered by Medicare, 65 years of age or older, and eligible under this chapter [AT LEAST] one or more Medicare supplement plans [PLAN] that meet [MEETS] the minimum policy standards and minimum benefit standards established by regulations adopted by the director under AS 21.89.060.
- * Sec. 23. AS 21.55.500(19) is repealed and reenacted to read:
 - (19) "resident" means
 - (A) except for a federally defined eligible individual or TAA eligible individual, an individual who meets the eligibility requirements in AS 43.23.005; or
 - (B) for a federally defined eligible individual or TAA eligible

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individual, an individual who is legally domiciled in this state.

* **Sec. 24.** AS 21.78.010(b) is amended to read:

(b) Except as provided under AS 21.24, delinquency [DELINQUENCY] proceedings under this chapter constitute the sole and exclusive method of liquidating, rehabilitating, reorganizing, or conserving an insurer, and a court may not entertain a petition for the commencement of the proceedings unless it has been filed in the name of the state on the relation of the director.

* Sec. 25. AS 21.84.465(b) is amended to read:

(b) A society transacting business in this state shall annually, [ON OR] before March 2, unless the time has been extended by the director for cause shown, file with the director a true statement of the society's financial conditions, transactions, and affairs for the preceding calendar year and pay the applicable fee under AS 21.06.250. The statement shall be in the general form and content approved by the National Association of Insurance Commissioners for fraternal benefit societies and supplemented by additional information required by the director.

* Sec. 26. AS 21.85.100 is amended to read:

Sec. 21.85.100. Applicability of other provisions. In addition to the provisions contained or referred to in this chapter, the following chapters and provisions of this title also apply with respect to self-funded multiple employer welfare arrangements to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications of the express provisions, and, for the purposes of the application, the arrangements shall be considered to be a mutual insurer:

- (1) AS 21.03;
- (2) AS 21.06;
- (3) AS 21.07;
- (4) AS 21.09.100, 21.09.120, 21.09.130, 21.09.140 21.09.200, 21.09.210, 21.09.245 21.09.270, 21.09.300, and 21.09.320;
 - (5) AS 21.18.010 21.18.050, 21.18.080 21.18.086, and 21.18.100;
 - (6) AS 21.24;
 - (7) AS 21.33;

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(8) [(7)] AS 21.36;

(9) [(8)] AS 21.42.120, 21.42.130, 21.42.345 - 21.42.365, and 21.42.375 - 21.42.500;

(10) [(9)] AS 21.48;

(11) [(10)] AS 21.54;

(12) [(11)] AS 21.55;

(13) [(12)] AS 21.56;

(14) [(13)] AS 21.78;

(15) [(14)] AS 21.89.060;

(16) [(15)] AS 21.90.
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* Sec. 27. AS 21.87.180 is amended by adding a new subsection to read:

(e) A filing under this section is open to public inspection after the date the filing becomes effective.

* Sec. 28. AS 21.87.340 is amended to read:

Sec. 21.87.340. Other provisions applicable. In addition to the provisions contained or referred to previously in this chapter, the following chapters and provisions of this title also apply with respect to service corporations to the extent applicable and not in conflict with the express provisions of this chapter and the reasonable implications of the express provisions, and, for the purposes of the application, the corporations shall be considered to be mutual "insurers":

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(1) AS 21.03;
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- (2) AS 21.06;
- (3) AS 21.07;
- (4) AS 21.09, except AS 21.09.090;
- (5) AS 21.18.010;
- (6) AS 21.18.030;
- (7) AS 21.18.040;
- (8) AS 21.18.080 21.18.086;
- (9) AS 21.36;
- (10) **AS 21.42.110, 21.42.345 21.42.365,** [AS 21.42.345 21.42.365]

and 21.42.375 - 21.42.395;

	WORK DRAFT WORK DRAFT 26-LS0579\S
1	(11) AS 21.51.120 <u>and 21.51.400</u> ;
2	(12) AS 21.53;
3	(13) AS 21.54;
4	(14) AS 21.56;
5	(15) AS 21.69.400;
6	(16) AS 21.69.520;
7	(17) AS 21.69.600, 21.69.620, and 21.69.630;
8	(18) AS 21.78;
9	(19) AS 21.89.060;
10	(20) AS 21.90.
11	* Sec. 29. AS 21.90.900 is amended by adding a new paragraph to read:
12	(46) "working day" means a calendar day other than Saturday, Sunday,
13	an official federal holiday, or an official holiday of this state.
14	* Sec. 30. AS 44.64.030(a)(17) is amended to read:
15	(17) AS 21.09, AS 21.22.190, AS 21.27, <u>except under</u>
16	AS 21.27.420(d), AS 21.34, AS 21.36, AS 21.69, AS 21.86.200, AS 21.87, and
17	AS 21.89 (insurance);
18	* Sec. 31. AS 21.07.250(19); AS 21.27.410(a)(10), 21.27.410(a)(11), 21.27.410(a)(12); and
19	AS 21.55.220(b) are repealed.
20	* Sec. 32. This Act takes effect July 1, 2009.