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ALASKA STATE LEGISLATURE - SENATE

SENATOR RICHARD I. ELIASON

LABOR AND COMMERCE COMMITTEE, CHAIRMAN
RESOURCES COMMITTEE
JUDICIARY COMMITTEE
FISHERIES SUB-COMMITTEE



P O BOX 143
SITKA, ALASKA 99835
POUCH V
JUNEAU, ALASKA 99811
(907) 465-4916

MEMORANDUM

TO: Sen. Bill Ray, Chair
Senate Judiciary Committee

FROM: Sen. Dick Eliason *Dick*

DATE: May 24, 1983

RE: HB 308 --- "An Act relating to insurance."

As requested, I reviewed the above-referenced bill and I am now reporting my findings to you.

House Bill 308, introduced by the House Labor and Commerce Committee is very similar to a bill introduced in the Senate, SB 66. This legislation would allow the formation of a group of individuals interested in providing group self-insurance. These entities would participate in a reciprocal form of insurance and would be regulated by the Division of Insurance in the Dept. of Commerce and Economic Development.

Passage of this legislation would permit organizations, such as the Alaska Rural Electric Cooperative Association and the Alaska Municipal League, to offer this cost-saving insurance benefit to their members.



ALASKA RURAL ELECTRIC COOPERATIVE ASSOCIATION, INC.

237 E. FIREWEED LANE • SUITE 301
ANCHORAGE, ALASKA 99503 • (907) 276-3235

May 25, 1983

The Honorable Richard I. Eliason
Alaska State Senate
Pouch V
Juneau, Alaska 99811

RE: House Bill 308

Dear Senator Eliason:

As you will recall, the committee substitute for SB 66 was developed in the Senate Labor and Commerce Committee as a compromise developed largely by the committee staff and representatives of the Division of Insurance. It has the effect of requiring us to reorganize our association's insurance program as a reciprocal insurer under the regulation of the Division. In return, we were to be exempted from participation in the assigned risk pool (workers' compensation) and the insurance company guarantee fund.

The House Labor and Commerce Committee introduced your committee substitute as HB 308. That committee then made the changes in the bill which I have marked in yellow on the attached copy. All of these changes are in the direction of further restricting who can benefit from this legislation.

Section 1 now limits the exemption from the assigned risk pool to reciprocals formed by groups of municipalities or nonprofit public utilities.

Section 2 now requires 10 or more municipalities to form a reciprocal.

Section 3 now requires 10 or more persons to organize a reciprocal whereas CS SB 66 only required 2.

Section 4 is unchanged.

Sections 5 and 6 now restrict exemption from the insurance company guarantee fund to assessable reciprocal insurers formed by and insuring only municipalities or nonprofit utilities.

CS HB 308 in its present form still meets the very urgent needs of our association, and we give it our unqualified support.

Sincerely,

David Hutchens
Executive Director

Enclosure

DEMOCRACY IN ACTION

STATE OF ALASKA

DEPARTMENT OF COMMERCE & ECONOMIC DEVELOPMENT

DIVISION OF INSURANCE

March 23, 1983

BILL SHEFFIELD, GOVERNOR

POUCH D
JUNEAU, ALASKA 99811
PHONE: 465-2515

Honorable Richard I. Eliason
Chairman
Committee on Labor and Commerce
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Dear Senator Eliason:

RE: Position Paper SB 66

The Administration has carefully reviewed the ramifications of SB 66 and concludes that the public would best be served by a committee substitute that deletes the content of the current bill and replaces it with the enclosed changes which are similar to those forwarded to you on March 1, 1983.

SB 66 would allow two or more municipalities to pool their workers' compensation liabilities in a self-insured pool. The terms "self-insured pool" and "group self-insured" are anomalous terms. Self-insurance for two or more entities is insurance. The insurance code would normally apply to such situations. The bill as written, however, does not treat the combination of municipalities as an insurer. It would be more consistent with the general approach of the insurance code to treat this combination of municipalities the same as other combinations of other entities.

We recommend that SB 66 be replaced with a CS that would continue the regulation of insurers (group self-insurers) in the insurance code and apply the requirements for formation of an insurer to a group of municipalities. The requirements that would apply to municipalities, as well as public utilities, can be reasonably eased in view of the nature of those entities. The recommended easing would incorporate four changes. These are:

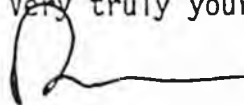
1. Reduction of the financial requirements for municipalities by permitting the use of a bond in lieu of cash surplus and by reducing the amount of operational surplus necessary;

March 23, 1983

2. Removal of any assigned risk liabilities that might otherwise accrue to an insurer formed by a group of municipalities or public utilities;
3. Reduction of the number of entities required to form a reciprocal insurer; and,
4. Removal of any liabilities in the Alaska Guaranty Association for insolvencies of other insurers if the insurer formed by a group of municipalities or public utilities is an assessable reciprocal insurer.

We believe that this is a reasonable stance which provides adequate public protection for claimants and policyholders.

Very truly yours,



Richard A. Lyon
Commissioner

RAL/cw#2113

Enclosure

cc: Art Peterson
Department of Law



ALASKA RURAL ELECTRIC COOPERATIVE ASSOCIATION, INC.

6000 C STREET • SUITE C • ANCHORAGE, ALASKA 99502 • (907) 276-3235

January 26, 1983

Senate Labor and Commerce Committee
Alaska State Legislature
Capitol Building
Pouch V
Juneau, Alaska 99811

RE: Senate Bill 66

Gentlemen:

I am sure that permitting the Alaska Municipal League to establish a group self-insurance program, as Senate Bill 66 now does, is in the public interest. However, we very strongly urge that this bill be expanded at least to include the utility industry. Our association has successfully operated a group self-insurance program for three years, but our program faces termination unless favorable legislation is enacted this year.

In 1979, the Alaska Rural Electric Cooperative Association applied to the Workers' Compensation Board for a self-insurance certificate for our member utilities. The certificate was issued effective January 1, 1980 and was renewed for a year effective January 1, 1981. Our program has been completely successful in meeting its obligations to the employees of its participants and in saving the participants substantial sums of money in insurance costs. Other associations, including the Municipal League, expressed interest in adopting group self-insurance programs modeled after ours.

At the beginning of 1982, our certificate was renewed for only a few months, and we were told that the Board was "reviewing the situation." In February 1982, Ms. Jacqueline McClintock of the Department of Labor requested an Attorney General's opinion regarding the legal status of group self-insurance programs in Alaska. In April, the Attorney General's opinion declared that since group self-insurance is not specifically mentioned in the Alaska statutes and it is in some other jurisdictions, it can be interpreted that group self-insurance is not authorized in this state.

Based on this opinion from the Attorney General, the Workers' Compensation Board terminated our certificate effective September 30, 1982. We appealed this action to the Superior Court, and we were successful in obtaining a stay of the Board action pending appeal. At the present time we are self-insured as a group by order of the Superior Court.

DEMOCRACY IN ACTION

Alaska
MUNICIPAL
League

TELEPHONES
(907) 586-1325
586-6526

204 N. FRANKLIN ST.
JUNEAU, ALASKA 99801

February 10, 1983

To: Senator Richard Eliason, Chair
Senate Labor & Commerce Committee
and all members of the Committee

From: Ginny Chitwood, Executive Director
Alaska Municipal League

Re: SB 66

The Alaska Municipal League supports SB 66 which says regulations may be adopted allowing municipalities to organize a self-insurance group in order to pool their liabilities. The League feels municipalities have that power now because of the strong cooperative agreement clause in Title 29:

"29.48.010 Municipalities have the following general powers, subject to other provisions of law:

- (4) to enter into agreements, including those for cooperative or joint administration of any functions or powers with a local government, with the state, or with the United States;"

AS 29.48.310 and .320 also speak to the liberal construction of powers of boroughs and cities.

In addition to Title 29, the Alaska Constitution, Article X, Section 13, states "Agreements, including those for cooperative or joint administration of any functions or powers, may be made by any local government with any other local government, with the State, or with the United States, unless otherwise provided by law or charter." Article X, Section 1, also speaks to "maximum local self government".

(over)

In the attorney general's opinion dated April 19, 1982, to Jacquelyn McClintock, Amendola states "The broad grant of powers and the liberal construction given hereto indicate that municipal governments in the State of Alaska, through the Alaska Municipal League, can associate in order to provide workers' compensation coverage for their employees." However, in that same opinion Amendola says the Workers' Compensation Board is still without authority to grant approval for such a group self-insurance plan. Therefore the necessity for SB 66.

The program we wish to provide would be a cooperative effort on the part of participating municipalities to save money and to improve coverage. This type of cooperative effort is not new to the insurance field but in fact has existed throughout the country for the past 20 to 30 years. Through a cooperative approach to better coverage, the mass-purchasing power obtained through the combined strength of members means a stable, competitive source of insurance. The program is patterned after other municipal systems and is basically established on a non-profit basis to benefit the members. More than thirty state associations are now developing or have developed programs for counties and at least twenty state associations have set up group pools or self-insurance funds for their member cities.

We will not be soliciting the participation of the Municipality of Anchorage since they already are self-insured and it is working very well. The City of Fairbanks and the City of North Pole and the Fairbanks North Star Borough also are self-insured and are very pleased with their program which makes the League all the more anxious to be able to offer a self-insurance program to other municipalities.

hazards, to a reasonable margin for underwriting profit and contingencies, to dividends, savings or unabsorbed premium deposits allowed or returned by insurers to their policyholders, members or subscribers, to past and prospective expenses both countrywide and those specially applicable to this state, and to all other relevant factors inside and outside this state;

(3) the systems of expense provisions included in the rates for use by an insurer or group of insurers may differ from those of other insurers or group of insurers to reflect the requirements of the operating methods of the insurer or group of insurers with respect to any kind of insurance, or with respect to a subdivision or combination thereof for which subdivision or combination separate expense provisions are applicable;

(4) risks may be grouped by classifications for the establishment of rates and minimum premiums; classification rates may be modified to produce rates for individual risks in accordance with rating plans which establish standards for measuring variations in hazards or expense provisions, or both; the standards may measure any differences among risks that can be demonstrated to have a probable effect upon losses or expenses;

(5) in the case of fire insurance rates, consideration may be given to the experience of the fire insurance business during a period of not more than the most recent five-year period for which experience is available;

(6) when there is an established program to inspect new and existing dwellings and the program has been certified by the director as likely to reduce the incidence of fires in inspected dwellings, then in any rate plan used in this state, dwellings which have been found by the inspection to meet the standards established by the program shall have credits applied to the rate in amounts approved by the director.

(b) Except to the extent necessary to meet the provisions of (a)(1) of this section, uniformity among insurers in matters within the scope of this section is neither required nor prohibited. (§ 1 ch 120 SLA 1966; am §§ 1, 2 ch 34 SLA 1977)

Effect of amendments. — The 1977 amendment, in subsection (a), deleted "and in the case of fire insurance rates consideration shall be given to the experience of the fire insurance business during a

period of not less than the most recent five-year period for which experience is available" from the end of paragraph (2) and added paragraphs (5) and (6).

Sec. 21.39.155. Assigned risk pool. (a) The director may require carriers, as a condition of writing a line of insurance dealing with workers' compensation, to participate in an assigned risk pool if the director finds that mandatory carrier participation is in the public interest.

(b) The assigned risk pool and the procedures to be followed in administering the pool shall be established by regulation. (§ 1 ch 252 SLA 1976; am § 60 ch 94 SLA 1980)

Effect of amendments. — The 1980 amendment substituted "workers' compensation" for "workmen's compensation."

Sec. 21.39.175. Statistics. Any insurer providing malpractice coverage for health care providers shall collect, maintain and report information concerning claims against health care providers which it insures. The information shall be on forms prescribed by the director, and shall be sufficient to enable a proper determination of losses for rate making and to identify causes and sources of loss for loss control. At least annually the insurer shall report to the director the number and amount of claims filed, reserved, paid, settled and adjudicated during the year, the premiums paid to and the expenses incurred by the corporation during the year. This report shall be available to the public. The director may require that supplemental reports include the names of insured health care providers and the claimants; however, no reports which become available to the public may include the names of health care providers or claimants or information that will permit by inference the identity of specific health care providers or claimants. All statistics, including the supplemental reports, shall be made available to the State Medical Board. (§ 38 ch 177 SLA 1978)

Editor's notes. — As to the purpose of the 1978 amendatory act, see § 1, ch 177, SLA 1978 as amended by § 7, ch. 46, SLA 1982 in the 1982 Temporary and Special Acts and Resolves.

Sec. 21.39.180. Definitions. In AS 21.39.010 — 21.39.180 "dwelling" means a residential structure containing not more than four family living units. (§ 3 ch 34 SLA 1977)

Chapter 42. The Insurance Contract.

Section	Section
75. Reimbursement of losses	350. [Repealed]
80. Power to contract — Purchase of insurance by minors	355. Coverage for cost of services provided by nurse midwives
130. Grounds for disapproval	360. [Repealed]
320 — 340. [Repealed]	370. Separate accounts
345. Required provision for coverage for newly born children	

Sec. 21.42.040. Interest of named insured.

NOTES TO DECISIONS

Applicability of section. — See Moran v. Kenai Towing & Salvage, Inc., Sup. Ct. Op. No. 1056 (File Nos. 1924, 1934), 523 P.2d 1237 (1974).

property damage, to which the maximum and minimum insured amounts apply;

(5) the maximums provided for in column (F) are net of applicable reinsurance;

(6) the deposit of surplus in the amount specified in columns (G) and (H) must thereafter be maintained unimpaired; the deposit is subject to the provisions of AS 21.24.010 — 21.24.130. (§ 1 ch 120 SLA 1966; am § 1 ch 127 SLA 1970; am § 60 ch 94 SLA 1980)

Effect of amendments. — The 1970 amendment, in subsection (b), added "Marine, Wet Marine, and Transportation" at the end of column (A), added "50" at the end of column (B), added "annual" at the end of column (C), added "\$1,000" at the end of column (D), added "\$25,000" at the

end of column (F), added "\$100,000" at the end of column (G), substituted "(6)" for "(7)" in column (H) and added "\$200,000" at the end of that column.

The 1980 amendment substituted "Workers'" for "Workmen's" in column (A) of subsection (b).

Sec. 21.69.490. Dividends to stockholders.

Cross references. — For exception to the requirements of this section, see AS 21.22.100(c).

Chapter 75. Reciprocal Insurers.

Article

- 1. General Provisions (§§ 21.75.010 — 21.75.290)
- 2. Cooperative Insurance Coverage (§§ 21.75.300 — 21.75.330)

Article 1. General Provisions.

Section

Section

- 30. Name, suits
- 50. Surplus funds required
- 55. Surplus funds for cooperative insurers
- 230. Nonassessable policies

Sec. 21.75.030. Name, suits. (a) A reciprocal insurer shall

(1) have and use a business name; the name shall include the word "reciprocal" or "interinsurer" or "interinsurance" or "exchange" or "underwriters" or "underwriting" or "association";

(2) sue and be sued in its own name.

(b) In addition to the requirements of (a) of this section, a cooperative insurer organized under AS 21.75.300 — 21.75.330 shall include the word "cooperative" in its name. (§ 1 ch 120 SLA 1966; am § 3 ch 150 SLA 1978)

Effect of amendments. — The 1978 amendment added subsection (b).

Sec. 21.75.050. Surplus funds required. (a) A domestic reciprocal insurer formed in accordance with the provisions of AS 21.75.010 —

21.75.330 shall have and maintain a surplus no less than an amount equal to the total of the capital and one-half of the surplus that would be required of a domestic stock insurer writing the same lines for which the reciprocal insurer seeks to be authorized.

(b) A foreign reciprocal insurer shall have and maintain a surplus no less than an amount equal to the total capital and surplus that would be required of a domestic stock insurer writing the same lines for which the reciprocal seeks to be authorized. (§ 1 ch 120 SLA 1966; am § 4 ch 150 SLA 1978)

Effect of amendments. — The 1978 amendment rewrote this section.

Sec. 21.75.055. Surplus funds for cooperative insurers. A cooperative insurer organized under AS 21.75.300 — 21.75.330, if it has otherwise complied with the applicable provisions of AS 21.75.010 — 21.75.330, may be authorized to transact insurance if it has and maintains surplus funds equal to one-half of the capital required for a domestic reciprocal insurer under AS 21.75.050(a) and such additional surplus as the director considers sufficient. (§ 5 ch 150 SLA 1978)

Sec. 21.75.230. Nonassessable policies. (a) If a reciprocal insurer has a surplus of assets over all liabilities at least equal to the minimum capital and surplus required of a domestic stock insurer authorized to transact like kinds of insurance, upon application of the attorney and as approved by the subscribers' advisory committee, the director shall issue his certificate authorizing the insurer to extinguish the contingent liability of subscribers under its policies then in force in this state, and to omit provisions imposing contingent liability in all policies delivered or issued for delivery in this state for as long as all the surplus remains unimpaired.

(b) Upon impairment of the surplus, the director shall immediately revoke the certificate. The revocation shall not render subject to contingent liability a policy then in force and for the remainder of the period for which the premium has theretofore been paid; but after the ~~revocation~~ ~~no policy may be issued~~ or renewed without providing for contingent assessment liability of the subscriber.

(c) The director may not authorize a domestic reciprocal insurer to extinguish the contingent liability of any of its subscribers or in any of its policies to be issued, unless it qualifies to and does extinguish the liability of all its subscribers and in all the policies for all kinds of insurance transacted by it. Except, that if required by the laws of another state in which the insurer is transacting insurance as an authorized insurer, the insurer may issue policies providing for the contingent liability of those subscribers which may acquire the policies in that state, and need not extinguish the contingent liability applicable to policies theretofore in force in that state. (§ 1 ch 120 SLA 1966; am § 6 ch 150 SLA 1978)

21.75.050

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§ 21.75.060

INSURANCE

§ 21.75.070

of a stock insurer for authority to transact a like combination of kinds of insurance. (§ 1 ch 120 SLA 1966)

Sec. 21.75.060. Organization of reciprocal insurer. (a) Twenty-five or more persons domiciled in this state may organize a domestic reciprocal insurer and make application to the director for a certificate of authority to transact insurance.

(b) The proposed attorney shall fulfill the requirements of and shall execute and file with the director when applying for a certificate or authority, a declaration setting out

(1) the name of the insurer;

(2) the location of the insurer's principal office, which shall be the same as that of the attorney and shall be maintained in this state;

(3) the kinds of insurance proposed to be transacted;

(4) the names and addresses of the original subscribers;

(5) the designation and appointment of the proposed attorney and a copy of the power of attorney;

(6) the names and addresses of the officers and directors of the attorney, if a corporation, or its members, if a firm;

(7) the powers of the subscribers' advisory committee, and the names and terms of office of the members;

(8) that all money paid to the reciprocal (insurer) shall, after deducting any sum payable to the attorney, be held in the name of the insurer and for the purposes specified in the subscribers' agreement;

(9) a copy of the subscribers' agreement;

(10) a statement that each of the original subscribers has in good faith applied for insurance of a kind proposed to be transacted, and that the insurer has received from each subscriber the full premium or premium deposit required for the policy applied for, for a term of not less than six months at an adequate rate filed with and approved by the director;

(11) a statement of the financial condition of the insurer, a schedule of its assets, and a statement that the surplus as required by § 50 of this chapter is on hand;

(12) a copy of each policy, endorsement, and application form it then proposes to issue or use.

(c) The declaration shall be acknowledged by the attorney in the manner required for the acknowledgment of deeds. (§ 1 ch 120 SLA 1966)

Sec. 21.75.070. Certificate of authority. (a) The certificate of authority of a reciprocal insurer shall be issued to its attorney in the name of the insurer.

(b) The director may refuse, suspend or revoke the certificate of authority, in addition to other grounds, for failure of the at-

Sec. 21.80.170. Termination and distribution of funds. (a) The commissioner shall by order terminate the operation of the Alaska Insurance Guaranty Association as to any kind of insurance covered by AS 21.80.010 — 21.80.190 with respect to which he has found, after hearing, that there is in effect a statutory or voluntary plan which

(1) is a permanent plan which is adequately funded or for which adequate funding is provided; and

(2) extends, or will extend to the Alaska policyholders and residents protection and benefits with respect to insolvent insurers not substantially less favorable and effective to the policyholders and residents than the protection and benefits provided with respect to the kinds of insurance under AS 21.80.010 — 21.80.190.

(b) The commissioner shall by the same order authorize discontinuance of future payments by insurers to the Alaska Insurance Guaranty Association with respect to the same kinds of insurance so long as the assessments and payments continue, as necessary, to liquidate covered claims of insurers adjudged insolvent before the order and the related expenses not covered by the other plan.

(c) If the operation of the Alaska Insurance Guaranty Association is terminated as to all kinds of insurance otherwise within its scope, the association, as soon as possible thereafter, shall distribute the balance of money and assets remaining (after discharge of the functions of the association with respect to prior insurer insolvencies not covered by the other plan, together with related expenses) to the insurers which are then writing in this state policies of the kinds of insurance covered by AS 21.80.010 — 21.80.190 and which had made payments to the association, pro rata upon the basis of the aggregate of the payments made by the respective insurers during the period of five years next preceding the date of the termination order. Upon completion of this distribution with respect to all of the kinds of insurance covered by AS 21.80.010 — 21.80.190, AS 21.80.010 — 21.80.190 shall be considered to have expired. (§ 1 ch 121 SLA 1970)

Sec. 21.80.180. Definitions. In AS 21.80.010 — 21.80.190, unless the context requires otherwise,

(1) "account" means any one of the three accounts created by AS 21.80.040;

(2) "association" means the Alaska Insurance Guaranty Association;

(3) "commissioner" means the commissioner of the Department of Commerce or his representative;

(4) "covered claim" means an unpaid claim, including one of unearned premiums, which arises out of and is within the coverage and not in excess of the applicable limits of an insurance policy to which AS 21.80.010 — 21.80.190 apply issued by an insurer, if the insurer becomes an insolvent insurer after August 6, 1970, and (A) the claimant or insured is a resident of this state at the time of the insured event;

or (B) the property from which the claim arises is permanent and located in this state; "covered claim" does not include any amount due a reinsurer, insurer, insurance pool, or underwriting association, as subrogation recoveries or otherwise;

(5) "insolvent insurer" means an insurer

(A) authorized to transact insurance in this state, except the Medical Indemnity Corporation of Alaska and the Health Care Providers Joint Underwriting Association established under AS 21.88.010 — 21.88.900, either at the time the policy was issued or when the insured event occurred, and

(B) determined to be insolvent by a court of competent jurisdiction;

(6) "member insurer" means a person, except the Medical Indemnity Corporation of Alaska and the Health Care Providers Joint Underwriting Association established under AS 21.88.010 — 21.88.900, who

(A) writes any kind of insurance to which AS 21.80.010 — 21.80.190 apply under AS 21.80.020 including the exchange of reciprocal or inter-insurance contracts, and

(B) is licensed to transact insurance in this state;

(7) "net direct written premiums" means direct gross premiums written in this state on insurance policies to which AS 21.80.010 — 21.80.190 apply, less return premiums thereon and dividends paid or credited to policyholders on direct business; "net direct written premiums" does not include premiums on contracts between insurers or reinsurers. (§ 1 ch 121 SLA 1970; am §§ 43, 44 ch 102 SLA 1976)

Cross references. — As to constitutionality of ch. 102, SLA 1976, see notes to AS 09.55.536 and Alas. Const., art. II, § 14.

Effect of amendments. — The 1976 amendment inserted the language beginning "except the Medical Indemnity Corporation of Alaska" and ending "under AS 21.88.010 — 21.88.900" in paragraph (5)(A) and in the introductory language of paragraph (6).

Editor's notes. — Section 48, ch. 102, SLA 1976, provides: "AS 01.10.030 applies to this Act except that if any portion of AS 21.88.110 — 21.88.180 is held invalid all of AS 21.88.110 — 21.88.180 shall be void and the Medical Indemnity Corporation of

Alaska shall assume all duties and liabilities incurred by the Health Care Providers Joint Underwriting Association before the declaration of invalidity; and except that if the requirement that health care providers purchase medical malpractice insurance from the Medical Indemnity Corporation of Alaska is found to be invalid, secs. 41, 42, 43, and 44 of this Act are void; however, the Medical Indemnity Corporation of Alaska and the Health Care Providers Joint Underwriting Association shall continue to discharge and assess to pay claims incurred before the declaration of invalidity." AS 21.88.110 — 21.88.180 were repealed by § 40, ch. 177, SLA 1978.

NOTES TO DECISIONS

Applicability of AS 21.80.010 — 21.80.190. — AS 21.80.010 — 21.80.190 were applicable to a claim against a policyholder for personal injuries as a result of an automobile accident from the time his insurer became insolvent. King v.

Jordan, Sup. Ct. Op. No. 1956 (File Nos. 3400, 3401, 3673), 601 P.2d 272 (1979).

AS 21.80.010 — 21.80.190 on their face limits "covered claims" to those asserted by claimants or insureds. White v. Alaska Ins. Guar. Ass'n, Sup. Ct.