

Agency 40

Insurance Department

Articles

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Article 1.—GENERAL

40-1-22. Insurance policies and certificates; change of name or merger of an insurance company; assumption of risk endorsements. (a) Each assuming company shall attach to each insurance policy and each certificate of accident and sickness coverage an “assumption of risk” endorsement that displays the name and address of the assuming company when any outstanding insurance policy or certificate of accident and sickness coverage issued to a resident of Kansas is affected by any of the following:

- (1) A change in the name of the issuing company;
- (2) a merger, consolidation, or similar transaction involving the issuing company;
- (3) a change of domicile in which policy liability is assumed by another company; or
- (4) an assumption reinsurance agreement.

(b) The “assumption of risk” endorsement shall be approved by the commissioner of insurance before issuance to residents of the state of Kansas.

(c) Each “assumption of risk” endorsement originating from an assumption reinsurance agreement shall meet the following requirements:

- (1) Not require the insured to take affirmative action to reject the substitution of one insurer for another; and
- (2) not state that failure to reject the substitution or the continued payment of premium will constitute acceptance of the substitution. (Authorized by K.S.A. 40-103; implementing K.S.A. 2010 Supp. 40-221a, K.S.A. 2010 Supp. 40-309, and K.S.A. 40-510; effective Jan. 1, 1967; amended May 1, 1979; amended May 1, 1986;

amended March 28, 1994; amended June 24, 2011.)

40-1-37. Audited financial reports; filing requirements. The Kansas insurance department’s “policy and procedure requiring annual audited financial reports,” dated November 22, 2010, is hereby adopted by reference. (Authorized by K.S.A. 40-103 and K.S.A. 40-225; implementing K.S.A. 40-222b and K.S.A. 40-225; effective July 10, 1989; amended Jan. 4, 1993; amended Sept. 14, 2001; amended Sept. 21, 2007; amended July 6, 2009; amended March 18, 2011.)

40-1-38. Insurance companies; hazardous financial condition; standards; corrective actions. The Kansas insurance department’s “policy and procedure for companies deemed to be in hazardous financial condition,” dated August 4, 2009, is hereby adopted by reference. (Authorized by K.S.A. 40-103; implementing K.S.A. 40-222b and K.S.A. 40-222d; effective, T-40-9-26-91, Sept. 26, 1991; effective Jan. 6, 1992; amended Nov. 20, 2009.)

40-1-48. Risk-based capital instructions for health organizations. The following document prepared by the national association of insurance commissioners and dated October 28, 2009 is hereby adopted by reference:

“2009 NAIC health risk-based capital report including overview and instructions for companies as of December 31, 2009,” including the appendices and excluding the letter dated October 28, 2009 to health risk-based capital subscribers from Eva Yeung; the health risk-based capital newsletter, volume 12.1, dated July 2009; pages i and ii; and the health risk-based capital forecasting

spreadsheet instructions. (Authorized by K.S.A. 40-2d29; implementing K.S.A. 40-2d02(a) and 40-2d03(a); effective Dec. 28, 2001; amended July 5, 2002; amended Oct. 17, 2003; amended April 23, 2004; amended March 17, 2006; amended Dec. 1, 2008; amended Jan. 3, 2011.)

Article 2.—LIFE INSURANCE

40-2-28. Preneed insurance contracts; minimum standards for determining reserves. The Kansas insurance department's "policy and procedure pertaining to preneed life insurance minimum standards for determining reserve liabilities and nonforfeiture values," except section 1, dated November 25, 2008, is hereby adopted by reference. (Authorized by K.S.A. 40-103 and K.S.A. 40-409; implementing K.S.A. 40-409; effective March 27, 2009.)

Article 3.—FIRE AND CASUALTY INSURANCE

40-3-30. Fire and casualty insurance; assigned risk plans; forms and procedures. (a) Each insurance company authorized to transact fire and casualty business in this state shall inform its certified agents of the following:

(1) The Kansas assigned risk plans, their availability, eligibility, and other related procedures; and

(2) the location of forms necessary to place risks in the various Kansas assigned risk plans.

(b) All agents shall be informed of the assigned risk plans upon their initial appointment. All appointed agents shall be informed of the assigned risk plans at least annually.

(c) This regulation shall apply only to agents certified to write insurance for which a Kansas assigned risk plan is available. (Authorized by K.S.A. 40-103; implementing K.S.A. 40-2102 and 40-2109; effective Jan. 1, 1969; amended May 1, 1979; amended May 1, 1986; amended Feb. 13, 2009.)

40-3-33. (Authorized by K.S.A. 40-103, 40-2116; implementing K.S.A. 40-2101; effective, E-69-3, Oct. 7, 1968; amended, E-69-5, Jan. 8, 1969; effective Jan. 1, 1970; amended, E-70-41, Sept. 1, 1970; amended Jan. 1, 1970; amended May 1, 1988; amended Nov. 29, 1993; amended July 30, 1999; revoked March 25, 2011.)

40-3-43. Title insurance; controlled business; definitions; requirements. (a) For

purposes of K.S.A. 40-2404(14)(f) through (i) and amendments thereto, the following terms shall have the meanings specified in this subsection:

(1) "Closed title order" shall mean an order for which a policy or policies of title insurance have actually been issued.

(2) "Controlled business" shall mean any portion of a title insurer's or title agent's business in this state that was referred by any producer of title business if the producer of title business with a financial interest in the title insurer or title agent to which the business is referred initiates the referral.

(3) "Title insurance order" shall mean an order for an owner's title insurance policy or an order for a loan policy of title insurance, or both. Each pair of orders for an owner's title insurance policy and a loan policy of title insurance to be issued simultaneously for the same real estate transaction shall constitute one order. The policies of title insurance issued under this transaction shall constitute one closed title order only if both policies are issued by the same title insurer or title agency.

(b) Each title agent shall keep all records of escrow operations and escrow trust accounts for at least three years. (Authorized by K.S.A. 40-103, K.S.A. 40-1140, and K.S.A. 2009 Supp. 40-2404; implementing K.S.A. 40-1138 and K.S.A. 2009 Supp. 40-2404; effective, T-40-7-27-89, July 27, 1989; effective Sept. 11, 1989; amended March 10, 2006; amended Sept. 24, 2010.)

40-3-56. Controlled insurance programs. Each controlled insurance program providing coverage for general liability or workers compensation, or both, shall meet the following requirements:

(a) Establish a method for the quarterly reporting of the participant's respective claims details and loss information to that participant;

(b) provide that cancellation of any or all of the coverage provided to a participant before completion of work on the applicable project shall require the owner or contractor who establishes a controlled insurance program to either replace the insurance or pay the subcontractor's cost to do so;

(c) not charge enrolled participants who are not the sponsoring participants a deductible in excess of \$2,500 per occurrence or a per claim assessment by the sponsor;

(d) keep self-insured retentions fully funded or collateralized by the owner or contractor establishing the controlled insurance program, except

that this subsection shall not apply to deductible programs;

(e) disclose specific requirements for safety or equipment before accepting bids from contractors and subcontractors on a construction project; and

(f) allow monetary fines for alleged safety violations to be assessed only by government agencies. (Authorized by K.S.A. 40-103 and 2009 HB 2214, sec. 3; implementing 2009 HB 2214, sec. 3; effective Oct. 30, 2009.)

40-3-57. Controlled insurance programs including general liability. Each controlled insurance program including general liability coverage for the participants shall require the following:

(a) Coverage for completed operations liability shall not, after substantial completion of a construction project, be canceled, lapse, or expire before the limitation on actions has expired as established by K.S.A. 60-513(b), and amendments thereto, but in no case more than 10 years. If another carrier takes responsibility for completed operations liability coverage, any and all prior completed operation liability carriers shall be released from completed operations liability unless specified otherwise in subsequent policies.

(b) General liability coverage shall not be required of project participants except for liabilities not arising on the site or sites of the construction project, and any coverage maintained by the participants shall cover liabilities not arising on the site or sites of the construction project.

(c) The general liability coverage provided to participants shall provide for severability of interest, except with respect to limits of liability, so that participants shall be treated as if separately covered under the policy.

(d) Participants shall be given the same shared limits of liability coverage as those that apply to the sponsoring participant under the controlled insurance program.

(e) Participants shall not be required to waive rights of recovery for claims covered by the controlled insurance program against another participant in the controlled insurance program covered by general liability insurance provided by the controlled insurance program. (Authorized by K.S.A. 40-103 and 2009 HB 2214, sec. 3; implementing 2009 HB 2214, sec. 3; effective Oct. 30, 2009.)

40-3-58. Controlled insurance programs including workers compensation liabilities. Each controlled insurance program in-

cluding coverage for workers compensation liabilities of the participants shall require the following:

(a) Workers compensation coverage shall include all workers compensation for which payroll attributable to the contractual agreement has been reported and the premiums collected covering all services performed incidental to, arising out of, or emanating from the construction site or sites and the coming or going to or from the site or sites. Nothing in this regulation shall be construed to expand, reduce, or otherwise modify current statutory law, regulations, or judicial decisions regarding the scope of workers compensation obligations regarding off-site injuries. This regulation shall be limited to requiring that any controlled insurance program provide coverage for the work-related off-site injuries only to the extent that the injuries would otherwise be covered under existing law and regulations. This regulation shall be construed to require that any controlled insurance program provide coverage for work-related off-site injuries to the extent that the injuries would be covered under existing law as interpreted by the courts.

(b) Participants shall not be required to provide employment to a worker who has been injured on the job unless both of the following conditions are met:

(1) The worker's treating health care provider certifies that the worker is fit to perform the participant's work on the job site consistent with the treating physician's limitations.

(2) The employer has the preinjury job or modified work available. (Authorized by K.S.A. 40-103, 2009 HB 2214, sec. 3, and 2009 HB 2214, sec. 4; implementing 2009 HB 2214, sec. 3 and sec. 4; effective Oct. 30, 2009.)

Article 4.—ACCIDENT AND HEALTH INSURANCE

40-4-35. Medicare supplement policies; minimum standards; requirements. (a) The Kansas insurance department's "policy and procedure to implement medicare supplement insurance minimum standards," including the appendices, dated May 28, 2009, is hereby adopted by reference, except for sections 1, 2, 25, and 26.

(b) This regulation shall supersede any other Kansas insurance department regulation to the extent that the other regulation or any provision of

it is inconsistent with or contrary to this regulation.

(c) If any provision of the document adopted in subsection (a) or the application of any provision of this document to any person or circumstance is for any reason deemed invalid, the remainder of this regulation and the application of the provision to other persons or circumstances shall not be affected. (Authorized by K.S.A. 40-103, K.S.A. 40-2221, and K.S.A. 40-2404a; implementing K.S.A. 2008 Supp. 40-2215, K.S.A. 40-2221, and K.S.A. 40-2403; effective May 1, 1982; amended May 1, 1984; amended May 1, 1986; effective, T-40-12-16-88, Dec. 16, 1988; amended, T-40-3-31-89, March 31, 1989; amended June 5, 1989; amended Oct. 15, 1990; amended April 1, 1992; amended May 24, 1996; amended, T-40-3-18-99, April 29, 1999; amended Aug. 20, 1999; amended Jan. 1, 2001; amended Sept. 7, 2001; amended Aug. 26, 2005; amended June 26, 2009.)

40-4-36. Accident and sickness insurance; conversion policies; reasonable notice of right to convert. (a) The requirements for reasonable notice by the insurer of the right to convert specified in K.S.A. 40-19c06, K.S.A. 40-2209, and K.S.A. 40-3209, and amendments thereto, shall be fulfilled if, during the 18-month continuation period, a form meeting the following requirements is transmitted to the person eligible for conversion:

- (1) Describes the conversion options;
- (2) describes the premiums or subscriber's charges for each option;
- (3) provides instructions regarding the action required to effect conversion; and
- (4) describes the availability of types of coverage through the Kansas health insurance association.

(b) Insurers may include provisions in their group policies, subscription agreements, and certificates of coverage that are necessary to identify or obtain identification of persons and events that would activate the continuation and conversion rights created by K.S.A. 40-19c06, K.S.A. 40-2209, and K.S.A. 40-3209, and amendments thereto. (Authorized by K.S.A. 40-103 and K.S.A. 2007 Supp. 40-2209, as amended by L. 2008, Ch. 164, §5; implementing K.S.A. 2007 Supp. 40-19c06, as amended by L. 2008, Ch. 164, §3, 40-2209, as amended by L. 2008, Ch. 164, §5, and 40-3209, as amended by L. 2008, Ch. 164, §7; effective, T-86-3, Jan. 9, 1985; effective May 1,

1985; amended May 1, 1986; amended May 29, 1998; amended April 25, 2003; amended Sept. 4, 2009.)

40-4-37v. Long-term care; agent training. (a) On and after July 1, 2010, each licensed insurance agent who is an individual and who sells, solicits, or negotiates a long-term care partnership program policy shall have four hours of initial training in courses certified by the commissioner of insurance as long-term care partnership program training. For each biennium after obtaining the initial training, each licensed insurance agent who is an individual and who sells, solicits, or negotiates a long-term care partnership program policy shall obtain at least one hour of training in any course certified by the commissioner of insurance as long-term care partnership program training.

(b) The number of hours required by this regulation may be used to meet the requirements of K.S.A. 40-4903, and amendments thereto, if the training is submitted to and approved by the commissioner of insurance for continuing education credit. (Authorized by K.S.A. 2008 Supp. 40-2137; implementing K.S.A. 2008 Supp. 40-2136; effective May 29, 2009.)

40-4-43. Hospital, medical, and surgical expense insurance policies and certificates; prohibiting certain types of discrimination.

(a) A hospital, medical, or surgical expense policy or certificate issued by an insurance company, nonprofit health service corporation, nonprofit medical and hospital service corporation, or health maintenance organization shall not be delivered or issued for delivery in this state on an individual, group, blanket, franchise, or association basis if the amount of benefits payable or a term, condition, or type of coverage is or could be restricted, modified, excluded, or reduced on the basis of whether both of the following conditions are met:

(1) The insured or prospective insured has been diagnosed with cancer and accepted into a phase I, phase II, phase III, or phase IV clinical trial for cancer.

(2) The treating physician who is providing covered health care services to the insured recommends participation in the clinical trial after determining that participation in the clinical trial has a meaningful potential to benefit the insured.

(b) Each policy or certificate covered by this regulation shall provide coverage for all routine

patient care costs associated with the provision of health care services, including drugs, items, devices, treatments, diagnostics, and services that would otherwise be covered under the insurance policy or certificate if those drugs, items, devices, treatments, diagnostics, and services were not provided in connection with an approved clinical trial program, including health care services typically provided to patients not participating in a clinical trial.

(c) For purposes of this regulation, “routine patient care costs” shall not include the costs associated with the provision of any of the following:

(1) Drugs or devices that have not been approved by the federal food and drug administration and that are associated with the clinical trial;

(2) services other than health care services, including travel, housing, companion expenses, and other nonclinical expenses, that an insured could require as a result of the treatment being provided for purposes of the clinical trial;

(3) any item or service that is provided solely to satisfy data collection and analysis needs and that is not used in the clinical management of the patient;

(4) health care services that, except for the fact that they are being provided in a clinical trial, are otherwise specifically excluded from coverage under the insured’s hospital, medical, or surgical expense policy or certificate; or

(5) health care services customarily provided by the research sponsors of a trial free of charge for any insured in the trial.

(d) This regulation shall not apply if the amount of benefits, the terms, the conditions, or the type of coverage varies as a result of the application of permissible rate differentials or as a result of negotiations between the insurer and insured. (Authorized by K.S.A. 40-103 and K.S.A. 40-2404a; implementing K.S.A. 2009 Supp. 40-2404(7); effective June 4, 2010.)

Article 7.—AGENTS

40-7-20a. Agents; continuing education; approval of courses; requirements. (a) Definitions. For the purposes of this regulation, the following definitions shall apply:

(1) “Coordinator” means an individual who is responsible for monitoring continuing education offerings.

(2) “Course” means a series of lectures or lessons that deals with a particular subject following

a prearranged agenda or study plan and that may culminate in a written examination.

(3) “Instructor” means an individual lecturing in a continuing education offering.

(4) “Licensee,” “licensed agent,” and “agent” mean a natural person licensed by this state as an agent.

(5) “Person” means a natural person, firm, institution, partnership, corporation, or association.

(6) “Provider” and “providing organization” mean a person or firm offering or providing insurance education.

(7) “Self-study courses” means courses that are primarily delivered or conducted in other than a classroom setting or with on-site instruction and are designed to be completed independently by the student.

(b) General requirements.

(1) Only courses that impart substantive and procedural knowledge relating to insurance and are beneficial to the insuring public after initial licensing shall be approved for credit. Approved courses shall be classified as life, health, and variable contracts courses; property and casualty courses; general courses; ethics courses; or general management courses. Credit earned from general courses, ethics courses, or general management courses shall be acceptable in meeting the requirements for the property and casualty insurance or the life and health insurance license classifications.

(2) Courses of the following types shall not meet the basic criteria for approvable courses described in paragraph (1) of this subsection:

(A) Courses designed to prepare students for a license examination;

(B) courses in mechanical office skills, including typing, speed reading, and the use of calculators or other machines or equipment; and

(C) courses in sales promotion, including meetings held in conjunction with the general business of the licensee.

(3)(A) Each licensee shall attend a course in its entirety in order to receive full credit.

(B) Upon completion of each approved course, the student shall receive credit for the number of hours approved for the course, which shall be equivalent to one hour of credit for each hour of instruction.

(C) If the number of credit hours for which a course is approved is fewer than the total number of hours of the course presentation, the student

shall attend the entire course in order to receive credit for the number of approved hours.

(D) The number of approved hours shall not include time spent on introductions, breaks, or other activities not directly related to approved educational information or material.

(E) Neither a student nor an instructor shall earn full credit for attending or instructing any subsequent offering of the same course in the current biennial license period after attending or teaching the course.

(4) Course examinations shall not be required for approval of continuing education courses except self-study courses.

(5) Each provider shall submit proposed courses to the commissioner or the commissioner's designee for preapproval at least 30 days before the date on which the course is to be held.

(6) An advertisement shall not state or imply that a course has been approved by the commissioner or the commissioner's designee unless written confirmation of this approval has been received by the provider or the course is advertised as having approval pending.

(7) If approval has been granted for the initial offering of a course, approval for subsequent offerings not disclosed in the initial submission may be obtained by providing written notification to the commissioner or the commissioner's designee at least 30 days before the date the program is to be held, indicating that no change has been made in the course and specifying the additional times and places the course will be presented.

(8) The provider shall submit all fees required for individual course approval with the course submission. If the provider elects to pay the prescribed fee for all courses, the provider shall pay the fee annually and shall submit the fee with the first course submission each year.

(9) Each course of study, except self-study courses, shall be conducted in a classroom or other facility that comfortably accommodates the faculty and the number of students enrolled. The provider may limit the number of students enrolled in a course.

(10)(A) Each successfully completed course leading to a nationally or regionally recognized designation shall receive credit as approved by the commissioner or the commissioner's designee.

(B) Any agent attending at least 80 but less than 100 percent of regularly scheduled classroom sessions for any single course may receive full ed-

ucational credit if the course is filed as a formal classroom course. This credit may be earned to the extent that adequate records are maintained and appropriate certification of such attendance is provided by the course instructor.

(11)(A) The amount of credit received by an agent for a self-study course shall be based upon successful completion of the course and an independently monitored examination subject to the number of hours assigned by the commissioner or the commissioner's designee.

(B) Examination monitors shall not be affiliated in any way with the providing organization or the licensee and shall be subject to approval by the commissioner or the commissioner's designee. Each examination utilized or to be utilized shall be included in the material submitted for course approval. No examination shall be approved unless the commissioner is satisfied that security procedures protecting the integrity of the examination can be maintained. If security is compromised, no credit shall be granted.

(C) Each provider of self-study courses shall clearly disclose to any agent wishing to receive credit in Kansas the number of hours for which that particular course has been approved by the commissioner or the commissioner's designee.

(D) Each self-study course provided online shall meet the following requirements:

(i) Require the agent to enroll and pay for the course before having access to the course materials;

(ii) prevent access to the course exam before review of the course materials;

(iii) prevent the downloading of any course exam;

(iv) provide review questions at the end of each unit or chapter and prevent access to the following unit or chapter until the review questions after the previous unit or chapter have been correctly answered;

(v) provide exam questions that do not duplicate unit review questions;

(vi) prevent alternately accessing course materials and course exams; and

(vii) prevent the issuance of a monitor affidavit until the course and course examination are successfully completed.

(c) Each licensee or provider found to have falsified a continuing education report to the commissioner shall be subject to suspension or revocation of the licensee's or provider's insurance li-

cense in accordance with K.S.A. 40-4909 and amendments thereto, a penalty as prescribed in K.S.A. 40-254 and amendments thereto, or termination of approval as a provider.

(d) Course requirements.

(1) Each course of study shall have a coordinator who is responsible for supervising the course and ensuring compliance with the statutes and regulations governing the offering of insurance continuing education courses.

(2)(A) Each provider and each providing organization shall maintain accurate records relating to course offerings, instructors, and student attendance. If the coordinator leaves the employ of the provider or otherwise ceases to monitor continuing education offerings, the records shall be transferred to the replacement coordinator or an officer of the provider. If a provider ceases operations, the coordinator shall maintain the records or provide a custodian of the records acceptable to the commissioner. In order to be acceptable, a custodian shall agree to make copies of student records available to students free of charge or at a reasonable fee. The custodian of the records shall not be the commissioner, under any circumstances.

(B) Each provider shall provide students with course completion certificates, in a manner prescribed or approved by the commissioner, within 30 days after completion of the course. A provider may require payment of the course tuition as a condition for receiving the course completion certificate.

(3) Each instructor shall possess at least one of the following qualifications:

(A) Recent experience in the subject area being taught; or

(B) an appropriate professional designation in the area being taught.

(4) Each instructor shall perform the following:

(A) Comply with all laws and regulations pertaining to insurance continuing education;

(B) provide the students with current and accurate information;

(C) maintain an atmosphere conducive to learning in a classroom; and

(D) provide assistance to the students and respond to questions relating to course material.

(5) Each provider, coordinator, and instructor shall notify the commissioner within 10 days after the occurrence of any of the following:

(A) A felony or misdemeanor conviction or disciplinary action taken against a provider or against an insurance or other occupational license held by the coordinator or instructor; and

(B) any change of information contained in an application for course approval.

(e) Licensee reporting requirement.

(1) Each licensee shall report continuing education credit on forms and in a manner prescribed by the commissioner. Each course shall be completed or attended during the reporting period for which the credit hours are to be applied.

(2) Each request for an extension permitted by K.S.A. 40-4903 and amendments thereto shall be submitted in writing not later than the reporting deadline and shall include an explanation and independent verification of the hardship. (Authorized by K.S.A. 40-103 and K.S.A. 2008 Supp. 40-4916; implementing K.S.A. 2008 Supp. 40-4903; effective May 15, 1989; amended, T-40-8-28-90, Aug. 30, 1990; amended Oct. 15, 1990; amended Feb. 8, 1993; amended April 11, 1997; amended Feb. 9, 2007; amended May 22, 2009.)

40-7-26. Public adjuster; examinations.

(a) The public adjuster licensing examination shall test the applicant's knowledge in the following areas:

(1) The laws of Kansas, including the following:

(A) The pertinent provisions of the statutes of Kansas; and

(B) the regulations of the insurance department;

(2) duties and responsibilities of a public adjuster; and

(3) basic insurance.

(b) Each applicant shall be required to score at least 70 percent on the examination, unless the applicant is exempt.

(c) Each applicant shall be advised of eligibility to take the examination by the commissioner or the commissioner's designee, unless the applicant is exempt. (Authorized by K.S.A. 40-103, K.S.A. 2009 Supp. 40-5506, and K.S.A. 2009 Supp. 40-5518; implementing K.S.A. 2009 Supp. 40-5506 and K.S.A. 2009 Supp. 40-5507; effective Jan. 3, 2011.)

40-7-27. Public adjuster; reporting requirements. Each person licensed in this state as a public adjuster shall report the following to the commissioner of insurance:

(a) Each change in the information submitted

on the application within 30 days of the change pursuant to K.S.A. 40-5509 and amendments thereto, including the following:

(1) Each change in the public adjuster's name. If the change of name is effected by court order, a copy of the court order shall be furnished to the commissioner of insurance;

(2) each change in the public adjuster's residential and mailing addresses; and

(3) each judgment or injunction entered against the licensee on the basis of conduct involving fraud, deceit, misrepresentation, or a violation of any insurance law; and

(b) each legal action pursuant to K.S.A. 40-5517 and amendments thereto, including the following:

(1) Each administrative action within 30 days of final disposition, including the following:

(A) Each action taken against the public adjuster's license or licenses by the insurance regulatory agency of any other state or any territory of the United States; and

(B) each action taken against an occupational license held by the licensee, other than a public adjuster's license, by the appropriate regulatory authority of this or any other jurisdiction; and

(2) the details of each criminal prosecution, other than minor traffic violations, within 30 days of the initial pretrial hearing date for any felony offense and the first appearance date for any misdemeanor offense. The details shall include the name of the arresting agency, the location and date of the arrest, the nature of the charge or charges, the court where the case was filed, the judge assigned to the case, and the disposition of the charges. (Authorized by K.S.A. 40-103 and K.S.A. 2009 Supp. 40-5518; implementing K.S.A. 2009 Supp. 40-5509 and K.S.A. 2009 Supp. 40-5517; effective Jan. 3, 2011.)

Article 9.—ADVERTISING

40-9-23. Insurance companies; advertising; senior-specific certifications and professional designations. The Kansas insurance department's "policy and procedure for use of senior-specific certifications and professional designations in the sale of life insurance annuities," dated August 25, 2010, is hereby adopted by reference. (Authorized by K.S.A. 40-103 and K.S.A. 40-2404a; implementing K.S.A. 2009 Supp. 40-2404; effective Jan. 14, 2011.)

Article 10.—FIREFIGHTER'S RELIEF FUND TAX

40-10-16. Firefighters relief act; fund allocation. (a) The annual redetermination allocation shall be calculated using a formula based on the population and the assessed tangible property valuation of the area served by the association that requests redetermination in relation to the population and the assessed tangible property valuation of the state. The assessed tangible property valuation of the area served by the association and the state to be used in the formula shall be as reported by the Kansas department of revenue's statistical report of property assessment and taxation for the year during which redetermination is requested. The populations of the area served by the association and the state to be used in the formula shall be those population totals certified by the Kansas secretary of state for the year during which redetermination is requested.

(b) The following formula shall be used to calculate a new base allocation percentage for the association that requests redetermination:

(1) The assessed tangible property valuation of the area served by the association shall be divided by the assessed tangible property valuation of the state, and the quotient shall be divided by two to form one-half of the new base allocation percentage.

(2) The population of the area served by the association shall be divided by the population of the state, and the quotient shall be divided by two to form the second half of the new base allocation percentage.

(3) The sum of the amounts calculated in paragraphs (b)(1) and (2) shall be the new base allocation percentage for the association.

(c) The next distribution of firefighters relief funds following a redetermination shall be computed as follows:

(1) The new base allocation percentage for each association that was redetermined shall be added to the new base allocation percentage of any associations eligible for the distribution that were new or merged since the last distribution and the prior year's allocation percentage for all other active associations.

(2) The sum computed in paragraph (c)(1) shall be divided into 100.

(3) The quotient computed in paragraph (c)(2) shall be multiplied by each new base allocation

percentage for associations that were redetermined, new, or merged in the prior year and each prior year's allocation percentage for other associations to receive distributions so that the total of all percentages of associations eligible for the distribution equals 100.

(d) The allocation formula prescribed by this regulation shall also be used when distributions

are determined for new or merged associations. Any association that has failed to qualify for funds for two consecutive years may resume participation as a new association by submitting the information required by K.A.R. 40-10-2(d) and K.S.A. 40-1706(a), and amendments thereto. (Authorized by K.S.A. 40-1707(g); implementing K.S.A. 2010 Supp. 40-1706; effective May 27, 2011.)