WEST VIRGINIA LEGISLATURE
REGULAR SESSION, 1947

ENROLLED

SENATE BILL No. 162

(By Mr. Hardesty)

PASSED March 3, 1947

In Effect October 1, 1947
AN ACT to amend chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article designated article four-a, relative to the regulation of rates for fire insurance and allied lines, (except insurance against the perils of fire and lightning under the form of policy set forth in subsection (f) of section seven, article four, chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended), marine and inland marine insurance, and to rating organizations.

Be it enacted by the Legislature of West Virginia:

That chapter thirty-three of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new article to be designated article four-a, to read as follows:
Article 4A. Fire, Marine and Inland Marine Insurance Rates and Rating Organizations

Section 1. Purpose of Article.—The purpose of this article is to promote the public welfare by regulating insurance rates to the end that they shall not be excessive, inadequate or unfairly discriminatory, and to authorize and regulate cooperative action among insurers in rate making and in other matters within the scope of this article. Nothing in this article is intended (1) to prohibit or discourage reasonable competition, or (2) to prohibit, or encourage, except to the extent necessary to accomplish the aforementioned purpose, uniformity in insurance rates, rating systems, rating plans or practices. This article shall be liberally interpreted to carry into effect the provisions of this section.

Sec. 2. Scope of Article.—This article applies to fire and allied lines, marine and inland marine insurance, on risks located in this state, and, excepting only farmers' mutuals, to all insurers, including stock and mutual insurers, reciprocal and inter-insurance exchanges, which under any provisions of the laws of this state write any of the
kinds of insurance to which this article applies. Inland marine insurance shall be deemed to include insurance now or hereafter defined by statute, or by interpretation thereof, or if not so defined or interpreted, by ruling of the commissioner of insurance, hereinafter referred to as commissioner, or as established by general custom of the business, as inland marine insurance.

This article shall not apply:
(a) To insurance against the perils of fire and lightning under the form of policy set forth in subsection (f) of section seven, article four, chapter thirty-three, of the code, as amended;
(b) To reinsurance, other than joint reinsurance to the extent stated in section eleven;
(c) To insurance of vessels or craft, their cargoes, marine builders’ risks, marine protection and indemnity, or other risks commonly insured under marine, as distinguished from inland marine, insurance policies;
(d) To insurance of hulls of aircraft, including their accessories and equipment, or against liability arising out of the ownership, maintenance or use of aircraft;
(e) To motor vehicle insurance, nor to insurance against liability arising out of the ownership, maintenance or use of motor vehicles.

If any kind of insurance, subdivision or combination thereof, or type of coverage, subject to this article is also subject to regulation by another rate regulatory act of this state, an insurer to which both acts are otherwise applicable shall file with the commissioner, a designation as to which rate regulatory act shall be applicable to it with respect to such kind of insurance, subdivision or combination thereof, or type of coverage.

Sec. 3. Making of Rates.—(a) Rates shall be made in accordance with the following provisions:

1. Manual, minimum, class rates, rating schedules or rating plans, shall be made and adopted, except in the case of specific inland marine rates on risks specially rated;

2. Rates shall not be excessive, inadequate or unfairly discriminatory;

3. Due consideration shall be given to past and prospective loss experience within and outside this state, to the
conflagration and catastrophe 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 within and outside this state; and in the case of fire insurance rates 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 such experience is available.

(b) Except to the extent necessary to meet the provisions of subdivision two of subsection (a) of this section, uniformity among insurers in any matters within the scope of this section is neither required nor prohibited.

(c) Rates made in accordance with this section may be used subject to the provisions of this article.

Sec. 4. Rate Filings.—(a) Every insurer shall file with the commissioner, except as to inland marine risks which by general custom of the business are not written according to manual rates or rating plans, every manual,
minimum, class rate, rating schedule or rating plan and
every other rating rule, and every modification of any
of the foregoing which it proposes to use. Every such
filing shall state the proposed effective date thereof, and
shall indicate the character and extent of the coverage
contemplated. When a filing is not accompanied by the
information upon which the insurer supports such filing,
and the commissioner does not have sufficient informa-
tion to determine whether such filing meets the require-
ments of this article, he shall require such insurer to fur-
nish the information upon which it supports such filing
and in such event the waiting period shall commence
as of the date such information is furnished. The infor-
mation furnished in support of a filing may include (1)
the experience or judgment of the insurer or rating or-
ganization making the filing, (2) its interpretation of any
statistical data it relies upon, (3) the experience or other
insurers or rating organizations, or (4) any other rele-
vent factors. A filing and any supporting information
shall be open to public inspection after the filing becomes
effective. Specific inland marine rates on risks specially
An insurer may satisfy its obligation to make such filings by becoming a member of, or a subscriber to, a licensed rating organization which makes such filings, and by authorizing the commissioner to accept such filings on its behalf: Provided, That nothing contained in this article shall be construed as requiring any insurer to become a member of or a subscriber to any rating organization.

The commissioner shall review filings as soon as reasonably possible after they have been made in order to determine whether they meet the requirements of this article.

Subject to the exception specified in subsection (e) of this section, each filing shall be on file for a waiting period of fifteen days before it becomes effective, which period may be extended by the commissioner for an additional period not to exceed fifteen days if he gives written notice within such waiting period to the insurer or rating organization which make the filing that he needs.
such additional time for the consideration of such filing.

Upon written application by such insurer or rating organization, the commissioner may authorize a filing which he has reviewed to become effective before the expiration of the waiting period or any extension thereof. A filing shall be deemed to meet the requirements of this article unless disapproved by the commissioner within the waiting period or any extension thereof.

(e) Specific inland marine rates on risks specially rated by a rating organization shall become effective when filed and shall be deemed to meet the requirements of this article until such time as the commissioner reviews the filing and so long thereafter as the filing remains in effect.

(f) Under such rules and regulations as he shall adopt the commissioner may, by written order, suspend or modify the requirements of filing as to any kind of insurance, subdivision or combination thereof, or as to classes of risks, the rates for which cannot practicably be filed before they are used. Such orders, rules and regulations shall be made known to insurers and rating orga-
rations affected thereby. The commissioner may make
such examination as he may deem advisable to ascertain
whether any rates affected by such order meet the stand-
ardst set forth in subdivision two of subsection (a) of sec-
tion three.

(g) Upon the written application of the insured, stat-
ing his reasons therefor, filed with and approved by the
commissioner, a rate in excess of that provided by a filing
otherwise applicable may be used on any specific risk.

(h) Beginning ninety days after the effective date of
this article no insurer shall make or issue a contract or
policy except in accordance with the filings which are in
effect for said insurer as provided in this article or in
accordance with subsections (f) or (g) of this section.

This subsection shall not apply to contracts or policies for
inland marine risks as to which filings are not required.

Sec. 5. Disapproval of Filings.—(a) If within the wait-
ing period or any extension thereof as provided in sub-
section (d) of section four, the commissioner finds that
a filing does not meet the requirements of this article,
he shall send to the insurer or rating organization which
made such filing, written notice of disapproval of such filing specifying therein in what respects he finds such filing fails to meet the requirements of this article and stating that such filing shall not become effective.

(b) If within thirty days after a specific inland marine rate on a risk specially rated by a rating organization, subject to subsection (e) of section four has become effective, the commissioner finds that such filing does not meet the requirements of this article, he shall send to the rating organization which made such filing written notice of disapproval of such filing specifying therein in what respects he finds that such filing fails to meet the requirements of this article and stating when, within a reasonable period thereafter, such filing shall be deemed no longer effective. Said disapproval shall not affect any contract made or issued prior to the expiration of the period set forth in said notice.

(c) If at any time subsequent to the applicable review period provided for in subsection (a) or (b) of this section, the commissioner finds that a filing does not meet the requirements of this article, he shall, after a hearing
held upon not less than ten days' written notice, specifying the matters to be considered at such hearing, to every insurer and rating organization which made such filing, issue an order specifying in what respects he finds that such filing fails to meet the requirements of this article, and stating when, within a reasonable period thereafter, such filing shall be deemed no longer effective. Copies of said order shall be sent to every such insurer and rating organization. Said order shall not affect any contract or policy made, or issued prior to the expiration of the period set forth in said order.

(d) Any person or organization aggrieved with respect to any filing which is in effect may make written application to the commissioner for a hearing thereon: Provided, however, That the insurer or rating organization that made the filing shall not be authorized to proceed under this subsection. Such application shall specify the grounds to be relied upon by the applicant. If the commissioner shall find that the application is made in good faith, that the applicant would be so aggrieved if his grounds are established, and that such grounds otherwise
justify holding such a hearing, he shall, within thirty days
after receipt of such application, hold a hearing upon not
less than ten days’ written notice to the applicant and to
every insurer and rating organization which made such
filing.

If, after such hearing, the commissioner finds that the
filing does not meet the requirements of this article, he
shall issue an order specifying in what respects he finds
that such filing fails to meet the requirements of this arti-
cle, and stating when, within a reasonable period there-
after such filing shall be deemed no longer effective. Cop-
ies of said order shall be sent to the applicant and to every
such insurer and rating organization. Said order shall
not affect any contract or policy made or issued prior
to the expiration of the period set forth in said order.

(e) No manual, minimum, class rate, rating schedule,
rating plan, rating rule, or any modification of any of
the foregoing which has been filed pursuant to the re-
quirements of section four of this act shall be disapproved
if the rates thereby produced meet the requirements of
this article.
Sec. 6. Rating Organizations.—(a) A corporation, an unincorporated association, a partnership or an individual, whether located within or outside this state, may make application to the commissioner for license as a rating organization for such kinds of insurance, or subdivision or class of risk or a part or combination thereof as are specified in its application and shall file therewith (1) a copy of its constitution, its articles of agreement or association or its certificate of incorporation, and of its by-laws, rules and regulations governing the conduct of its business, (2) a list of its members and subscribers, (3) the name and address of a resident of this state upon whom notices or orders of the commissioner or process affecting such rating organization may be served and (4) a statement of its qualifications as a rating organization. If the commissioner finds that the applicant is competent, trustworthy and otherwise qualified to act as a rating organization and that its constitution, articles of agreement or association or certificate of incorporation, and its by-laws, rules and regulations governing the conduct of its business conform to the requirements of
law, he shall issue a license specifying the kinds of insurance, or subdivision or class of risk or part or combination thereof for which the applicant is authorized to act as a rating organization. Every such application shall be granted or denied in whole or in part by the commissioner within sixty days of the date of its filing with him. Licenses issued pursuant to this section shall remain in effect for three years unless sooner suspended or revoked by the commissioner. The fee for said license shall be twenty-five dollars. Licenses issued pursuant to this section may be suspended or revoked by the commissioner, after hearing upon notice, in the event the rating organization ceases to meet the requirements of this subsection. Every rating organization shall notify the commissioner promptly of every change in (1) its constitution, its articles of agreement or association, or its certificate of incorporation, and its by-laws, rules and regulations governing the conduct of its business, (2) its list of members and subscribers and (3) the name and address of the resident of this state designated by it upon
whom notices or orders of the commissioner or process affecting such rating organization may be served.

(b) Subject to rules and regulations which have been approved by the commissioner as reasonable, each rating organization shall permit any insurer, not a member, to be a subscriber to its rating services for any kind of insurance, subdivision, or class of risk or a part or combination thereof for which it is authorized to act as a rating organization. Notice of proposed changes in such rules and regulations shall be given to subscribers. Each rating organization shall furnish its rating services without discrimination to its members and subscribers. The reasonableness of any rule or regulation in its application to subscribers, or the refusal of any rating organization to admit an insurer as a subscriber, shall, at the request of any subscribers or any such insurer, be reviewed by the commissioner at a hearing held upon at least ten days' written notice to such rating organization and to such subscriber or insurer. If the commissioner finds that such rule or regulation is unreasonable in its application to subscribers, he shall order that such rule or regulation shall not be applicable to sub-
If the rating organization fails to grant or reject an insurer's application for subscribership within thirty days after it was made, the insurer may request a review by the commissioner as if the application had been rejected. If the commissioner finds that the insurer has been refused admittance to the rating organization as a subscriber without justification, he shall order the rating organization to admit the insurer as a subscriber. If he finds that the action of the rating organization was justified, he shall make an order affirming its action.

(c) No rating organization shall adopt any rule the effect of which would be to prohibit or regulate the payment of dividends, savings or unabsorbed premium deposits allowed or returned by insurers to their policyholders or subscribers.

(d) Cooperation among rating organizations or among rating organizations and insurers in rate making or in other matters within the scope of this article is hereby authorized, provided the filings resulting from such cooperation are subject to all the provisions of this article.
which are applicable to filings generally. The commis-
sioner may review such cooperative activities and prac-
tices and if, after a hearing, he finds that any such activ-
ity or practice is unfair or unreasonable or otherwise
inconsistent with the provisions of this article, he may
issue a written order specifying in what respects such
activity or practice is unfair or unreasonable or other-
wise inconsistent with the provisions of this article, and
requiring the discontinuance of such activity or practice.
(e) Any rating organization may provide for the ex-
amination of policies, daily reports, binders, renewal
certificates, endorsements or other evidence of insur-
ance, or the cancellation thereof, and may make reason-
able rules governing their submission. Such rules shall
contain a provision that in the event any insurer does
not within sixty days furnish satisfactory evidence to
the rating organization of the correction of any error or
omission previously called to its attention by the rating
organization, it shall be the duty of the rating organiza-
tion to notify the commissioner thereof. All information
so submitted for examination shall be confidential.
Any rating organization may subscribe for or purchase actuarial, technical or other services, and such services shall be available to all members and subscribers without discrimination.

Sec. 7. Deviations.—Every member of or subscriber to a rating organization shall adhere to the filings made on its behalf by such organization except that any such insurer may make written application to the commissioner for permission to file a deviation from the class rates, schedules, rating plans or rules respecting any kind of insurance, or class of risk within a kind of insurance, or combination thereof. Such application shall specify the basis for the modification and a copy thereof shall also be sent simultaneously to such rating organization. The commissioner shall set a time and place for a hearing at which the insurer and such rating organization may be heard and shall give them not less than ten days' written notice thereof. In the event the commissioner is advised by the rating organization that it does not desire a hearing he may, upon the consent of the applicant, waive such hearing. In considering the
application for permission to file such deviation the commissioner shall give consideration to the available statistics and the principles for rate making as provided in section three of this article. The commissioner shall issue an order permitting the deviation for such insurer to be filed if he finds it to be justified and it shall thereupon become effective. He shall issue an order denying such application if he finds that the resulting premiums would be excessive, inadequate or unfairly discriminatory. Each deviation permitted to be filed shall be effective for a period of one year from the date of such permission unless terminated sooner with the approval of the commissioner.

Sec. 8. Appeal by Minority.—Any member of, or subscriber to, a rating organization may appeal to the commissioner from the action or decision of such rating organization in approving or rejecting any proposed change in or addition to the filings of such rating organization and the commissioner shall, after a hearing held upon not less than ten days' written notice to the appellant and to such rating organization, issue an order approv-
ing the action or decision of such rating organization
or directing it to give further consideration to such pro-
posal, or, if such appeal is from the action or decision
of the rating organization in rejecting a proposed addi-
tion to its filings, he may, in the event he finds that such
action or decision was unreasonable, issue an order di-
recting the rating organization to make an addition to
its filings, on behalf of its members and subscribers, in
a manner consistent with his findings, within a reason-
able time after the issuance of such order.

Sec. 9. Information to be Furnished Insureds; Hear-
ings and Appeals of Insureds.—Every rating organization
and every insurer which makes its own rates shall, with-
in a reasonable time after receiving written request
therefor and upon payment of such reasonable charge
as it may make, furnish to any insured affected by a rate
made by it, or to the authorized representative of such
insured, all pertinent information as to such rate. Every
rating organization and every insurer which makes its
own rates shall provide within this state reasonable
means whereby any person aggrieved by the application
of its rating system may be heard, in person or by his authorized representative, on his written request to review the manner in which such rating system has been applied in connection with the insurance afforded him. If the rating organization or insurer fails to grant or reject such request within thirty days after it is made, the applicant may proceed in the same manner as if his application had been rejected. Any party affected by the action of such rating organization or such insurer on such request may, within thirty days after written notice of such action, appeal to the commissioner, who, after a hearing held upon not less than ten days' written notice to the appellant and to such rating organization or insurer, may affirm or reverse such action.

Sec. 10. Advisory Organizations.—(a) Every group, association or other organization of insurers, whether located within or outside this state, which assists insurers which make their own filings or rating organizations in rate making, by the collection and furnishing of loss or expense statistics, or by the submission of recommendations, but which does not make filings under
this article, shall be known as an advisory organization.

(b) Every advisory organization shall file with the commissioner (1) a copy of its constitution, its articles of agreement or association or its certificate of incorporation and of its by-laws, rules and regulations governing its activities, (2) a list of its members, (3) the name and address of a resident of this state upon whom notices or orders of the commissioner or process issued at his direction may be served, and (4) an agreement that the commissioner may examine such advisory organization in accordance with the provisions of section twelve of this article.

(c) If, after a hearing, the commissioner finds that the furnishing of such information or assistance involves any act or practice which is unfair or unreasonable or otherwise inconsistent with the provisions of this article, he may issue a written order specifying in what respects such act or practice is unfair or unreasonable or otherwise inconsistent with the provisions of this article, and requiring the discontinuance of such act or practice.

(d) No insurer which makes its own filings nor any
rating organization shall support its filings by statistics
or adopt rate making recommendations, furnished to it
by an advisory organization which has not complied with
this section or with an order of the commissioner in-
volving such statistics or recommendations issued under
subsection (c) of this section. If the commissioner finds
such insurer or rating organization to be in violation of
this subsection he may issue an order requiring the dis-
continuance of such violation.

Sec. 11. Joint Underwriting or Joint Reinsurance.—
(a) Every group, association or other organization of
insurers which engages in joint underwriting or joint
reinsurance, shall be subject to regulation with respect
thereto as herein provided, subject, however, with re-
spect to joint underwriting, to all other provisions of
this article and, with respect to joint reinsurance, to
sections twelve and fifteen to nineteen of this article.
(b) If, after a hearing, the commissioner finds that any
activity or practice of any such group, association or other
organization is unfair or unreasonable or otherwise in-
consistent with the provisions of this article, he may
issue a written order specifying in what respects such
activity or practice is unfair or unreasonable or other-
wise inconsistent with the provisions of this article, and
requiring the discontinuance of such activity or practice.

Sec. 12. Examinations.—The commissioner shall, at
least once in five years, make or cause to be made an
examination of each rating organization licensed in this
state as provided in section six and he may, as often as
he may deem it expedient, make or cause to be made
an examination of each advisory organization referred
to in section ten and of each group, association or other
organization referred to in section eleven. The reason-
able costs of any such examination shall be paid by the
rating organization, advisory organization, or group, as-
sociation or other organization examined upon presenta-
tion to it of a detailed account of costs. The officers, man-
agers, agents and employees of such rating organization,
advisory organization, or group, association or other or-
ganization may be examined at any time under oath and
shall exhibit all books, records, accounts, documents, or
agreements governing its method of operation. In lieu
of any such examination the commissioner may accept
the report of an examination made by the insurance
supervisory official of another state, pursuant to the laws
of such state. The commissioner shall furnish two copies
of the examination report to the organization, group or
association examined and shall notify such organization,
group or association that it may, within twenty days
thereafter, request a hearing on said report or on any
facts or recommendations therein. Before filing such re-
port for public inspection, the commissioner shall grant
a hearing to the organization, group or association ex-
amed. The report of such examination, when filed for
public inspection, shall be admissible in evidence in any
action or proceeding brought by the commissioner against
the organization, group or association examined, or its
officers or agents, and shall be prima facie evidence of
the facts stated therein. The commissioner may withhold
the report of any such examination from public inspec-
tion for such time as he may deem proper.

Sec. 13. Rate Administration.—(a) Recording and
Reporting of Loss and Expense Experience. The com-
missioner shall promulgate reasonable rules and statistical plans, reasonably adapted to each of the rating systems on file with him, which may be modified from time to time and which shall be used thereafter by each insurer in the recording and reporting of its loss and countrywide expense experience, in order that the experience of all insurers may be made available at least annually in such form and detail as may be necessary to aid him in determining whether rating systems comply with the standards set forth in section three. Such rules and plans may also provide for the recording and reporting of expense experience items which are specially applicable to this state and are not susceptible of determination by a prorating of countrywide expense experience. In promulgating such rules and plans, the commissioner shall give due consideration to the rating systems on file with him and, in order that such rules and plans may be as uniform as is practicable among the several states, to the rules and to the form of the plans used for such rating systems in other states. No insurer shall be required to record or report its loss
experience on a classification basis that is inconsistent
with the rating system filed by it. The commissioner
may designate one or more rating organizations or other
agencies to assist him in gathering such experience and
making compilations thereof, and such compilations shall
be made available, subject to reasonable rules promul-
gated by the commissioner, to insurers and rating organ-
izations.

(b) Reasonable rules and plans may be promulgated
by the commissioner for the interchange of data neces-
sary for the application of rating plans.

(c) In order to further uniform administration of
rate regulatory laws, the commissioner and every in-
surer and rating organization may exchange information
and experience data with insurance supervisory officials,
insurers and rating organizations in other states and may
consult with them with respect to rate making and the
application of rating systems.

(d) The commissioner may make reasonable rules
and regulations necessary to effect the purposes of this
article.
Sec. 14. **False or Misleading Information.**—No person or organization shall wilfully withhold information from, or knowingly give false or misleading information to, the commissioner, any statistical agency designated by the commissioner, any rating organization, or any insurer, which will affect the rates or premiums chargeable under this article. A violation of this section shall subject the one guilty of such violation to the penalties in section fifteen of this article.

Sec. 15. **Penalties.**—The commissioner may, if he finds that any person or organization has violated any provision of this article, impose a penalty of not more than fifty dollars for each such violation, but if he finds such violation to be wilful he may impose a penalty of not more than five hundred dollars for each such violation. Such penalties may be in addition to any other penalty provided by law.

The commissioner may suspend the license of any rating organization or insurer which fails to comply with an order of the commissioner within the time limited by such order, or any extension thereof which the com-
missioner may grant. The commissioner shall not suspend the license of any rating organization or insurer for failure to comply with an order until the time prescribed for an appeal therefrom has expired or if an appeal has been taken, until such order has been affirmed. The commissioner may determine when a suspension of license shall become effective and it shall remain in effect for the period fixed by him, unless he modifies or rescinds such suspension, or until the order upon which such suspension is based is modified, rescinded or reversed.

No penalty shall be imposed and no license shall be suspended or revoked except upon a written order of the commissioner, stating his findings, made after a hearing held upon not less than ten days' written notice to such person or organization specifying the alleged violation.

Sec. 16. Rebates Prohibited.—No broker, agent or solicitor shall knowingly charge, demand or receive a premium for any policy of insurance except in accordance with the provisions of this article. No insurer or employee thereof, and no broker, agent or solicitor shall
pay, allow, or give, or offer to pay, allow, or give, directly
or indirectly as an inducement to insurance, or after in-
surance has been effected, any rebate, discount, abate-
ment, credit or reduction of the premium named in a
policy of insurance, or any special favor or advantage
in the dividends or other benefits to accrue thereon, or
any valuable consideration or inducement whatever, not
specified in the policy of insurance, except to the extent
provided for in an applicable filing. No insured named
in a policy of insurance, nor any employee of such in-
sured shall knowingly receive or accept, directly or in-
directly, any such rebate, discount, abatement, credit or
reduction of premium, or any such special favor or ad-
vantage or valuable consideration or inducement.
Nothing in this section shall be construed as prohibit-
ing the payment of commissions or other compensation
to duly licensed agents, brokers and solicitors, nor as pro-
hibiting any insurer from allowing or returning to its
participating policyholders, members or subscribers, divi-
dends, savings or unabsorbed premium deposits.

Sec. 17. Hearing Procedure and Judicial Review.—
(a) Any insurer or rating organization aggrieved by any order or decision of the commissioner made without a hearing, may, within thirty days after notice of the order to the insurer or organization, make written request to the commissioner for a hearing thereon. The commissioner shall hear such party or parties within twenty days after receipt of such request and shall give not less than ten days' written notice of the time and place of the hearing. Within fifteen days after such hearing the commissioner shall affirm, reverse or modify his previous action, specifying his reasons therefor. Pending such hearing and decision thereon the commissioner may suspend or postpone the effective date of his previous action.

(b) Nothing contained in this article shall require the observance at any hearing of formal rules of pleading or evidence.

(c) In the event that any party in interest is dissatisfied with any decision or order of the commissioner he or it may, within thirty days after the entry thereof, file a petition in the circuit court of Kanawha county,
or with the judge thereof in vacation, for the review of such order. Before presenting his or its petition to the court or judge, the petitioner shall mail a copy thereof to the insurance commissioner. Upon the receipt of such copy, the insurance commissioner shall forthwith transmit to the clerk of such court the record of the proceedings before him. The court or judge shall fix a time for the review of said proceedings at his earliest convenience. Notice in writing of the time and place of such hearing shall be given to the insurance commissioner at least ten days before the date set therefor. The court or judge shall, without a jury, hear and determine the case upon the record of the proceedings before the insurance commissioner. The court or judge may enter an order revising or reversing the decision of the insurance commissioner, if it appears that the decision is clearly wrong, or may affirm such decision. The judgment of the circuit court or judge may be reviewed upon appeal in the supreme court of appeals. Pending such review the order of the commissioner shall be in full force and effect until final determination, unless the
court, or the judge thereof sitting in vacation, before whom such review is pending, shall enter an order stay-
ing the effect of the order or decision of the commis-
sioner until final determination by the court. The court may, in disposing of the issue before it, modify, affirm or reverse the decision or order of the commissioner in whole or in part.

Sec. 18. **Laws Repealed.**—All other laws or parts of laws inconsistent with the provisions of this article are hereby repealed.

Sec. 19. **Constitutionality.**—If any section, subsection, subdivision, paragraph, sentence or clause of this article is held invalid or unconstitutional, such decision shall not affect the remaining portions of this article.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

[Signatures]

Chairman Senate Committee

Chairman House Committee

Originated in the Senate

Takes effect October 1, 1947

Clerk of the Senate

[Signature]

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

The within this the day of , 1947.

Governor.
I certify that the foregoing act, having been presented to the Governor for his approval, and not having been returned by him to the House of the Legislature in which it originated within the time prescribed by the constitution of the state, has become a law without his approval.

This the __________ day of MAR. 13, 1947

19__________

[Signature]

SECRETARY OF STATE