

LEGISLATURE OF NEBRASKA
ONE HUNDRED SIXTH LEGISLATURE
FIRST SESSION

LEGISLATIVE BILL 469

FINAL READING

Introduced by Lindstrom, 18.

Read first time January 18, 2019

Committee: Banking, Commerce and Insurance

1 A BILL FOR AN ACT relating to insurance; to amend sections 44-5501,
2 44-5507, 44-7508.02, 44-7513, and 44-7514, Reissue Revised Statutes
3 of Nebraska, and sections 44-5502 and 44-5508, Revised Statutes
4 Cumulative Supplement, 2018; to define a term; to authorize domestic
5 surplus lines insurers as prescribed and change requirements for
6 nonadmitted insurers under the Surplus Lines Insurance Act; to
7 eliminate requirements for the adoption of certain rules and
8 regulations and change provisions relating to exemptions from policy
9 form approval under the Property and Casualty Insurance Rate and
10 Form Act; to eliminate provisions relating to employee benefit
11 plans; to harmonize provisions; to repeal the original sections; and
12 to outright repeal sections 44-213.01, 44-213.02, 44-213.03,
13 44-213.04, 44-213.05, 44-213.06, 44-213.07, and 44-7512, Reissue
14 Revised Statutes of Nebraska.
15 Be it enacted by the people of the State of Nebraska,

1 Section 1. Section 44-5501, Reissue Revised Statutes of Nebraska, is
2 amended to read:

3 44-5501 Sections 44-5501 to 44-5515 and section 3 of this act shall
4 be known and may be cited as the Surplus Lines Insurance Act.

5 Sec. 2. Section 44-5502, Revised Statutes Cumulative Supplement,
6 2018, is amended to read:

7 44-5502 For purposes of the Surplus Lines Insurance Act, unless the
8 context otherwise requires:

9 (1) Affiliated group means a group of entities in which each entity,
10 with respect to an insured, controls, is controlled by, or is under
11 common control with the insured;

12 (2) Control means:

13 (a) To own, control, or have the power of an entity directly,
14 indirectly, or acting through one or more other persons to vote twenty-
15 five percent or more of any class of voting securities of another entity;
16 or

17 (b) To direct, by an entity, in any manner, the election of a
18 majority of the directors or trustees of another entity;

19 (3) Department means the Department of Insurance;

20 (4) Director means the Director of Insurance;

21 (5) Domestic surplus lines insurer means a nonadmitted insurer
22 domiciled in this state that has a certificate of authority to operate as
23 a domestic surplus lines insurer in the State of Nebraska issued as
24 provided in section 3 of this act;

25 (6)(a) (5)(a) Exempt commercial purchaser means any person
26 purchasing commercial insurance that, at the time of placement, meets the
27 following requirements:

28 (i) The person employs or retains a qualified risk manager to
29 negotiate insurance coverage;

30 (ii) The person has paid aggregate nationwide commercial property
31 and casualty insurance premiums in excess of one hundred thousand dollars

1 in the immediately preceding twelve months; and

2 (iii) The person meets at least one of the following criteria:

3 (A) The person possesses a net worth in excess of twenty million
4 dollars, as such amount is adjusted pursuant to subdivision (6)(b) (5)(b)
5 of this section;

6 (B) The person generates annual revenue in excess of fifty million
7 dollars, as such amount is adjusted pursuant to subdivision (6)(b) (5)(b)
8 of this section;

9 (C) The person employs more than five hundred full-time or full-time
10 equivalent employees per individual insured or is a member of an
11 affiliated group employing more than one thousand employees in the
12 aggregate;

13 (D) The person is a not-for-profit organization or public entity
14 generating annual budgeted expenditures of at least thirty million
15 dollars, as such amount is adjusted pursuant to subdivision (6)(b) (5)(b)
16 of this section; or

17 (E) The person is a municipality with a population in excess of
18 fifty thousand inhabitants as determined by the most recent federal
19 decennial census or the most recent revised certified count by the United
20 States Bureau of the Census.

21 (b) Beginning on the fifth occurrence of January 1 after July 21,
22 2011, and each fifth occurrence of January 1 thereafter, the amounts in
23 subdivisions (6)(a)(iii)(A) (5)(a)(iii)(A), (B), and (D) of this section
24 shall be adjusted to reflect the percentage change for such five-year
25 period in the Consumer Price Index for All Urban Consumers published by
26 the Federal Bureau of Labor Statistics;

27 (7) (6) Foreign, alien, admitted, and nonadmitted, when referring to
28 insurers, have the same meanings as in section 44-103 but do not include
29 a risk retention group as defined in 15 U.S.C. 3901(a)(4);

30 (8)(a) (7)(a) Except as provided in subdivision (8)(b) (7)(b) of
31 this section, home state means, with respect to an insured, (i) the state

1 in which an insured maintains its principal place of business or, in the
2 case of an individual, the individual's principal residence or (ii) if
3 one hundred percent of the insured risk is located out of the state
4 referred to in subdivision (8)(a)(i) ~~(7)(a)(i)~~ of this section, the state
5 to which the greatest percentage of the insured's taxable premium for
6 that insurance contract is allocated.

7 (b) If more than one insured from an affiliated group are named
8 insureds on a single nonadmitted insurance contract, home state means the
9 home state, as determined pursuant to subdivision (8)(a) ~~(7)(a)~~ of this
10 section, of the member of the affiliated group that has the largest
11 percentage of premium attributed to it under such insurance contract.

12 (c) When determining the home state of the insured, the principal
13 place of business is the state in which the insured maintains its
14 headquarters and where the insured's high-level officers direct, control,
15 and coordinate the business activities of the insured;

16 (9) ~~(8)~~ Insurer has the same meaning as in section 44-103;

17 (10) ~~(9)~~ Nonadmitted insurance means any property and casualty
18 insurance permitted to be placed directly or through surplus lines
19 licensees with a nonadmitted insurer eligible to accept such insurance;
20 and

21 (11) ~~(10)~~ Qualified risk manager means, with respect to a
22 policyholder of commercial insurance, a person who meets the definition
23 in section 527 of the Nonadmitted and Reinsurance Reform Act of 2010,
24 which is Subtitle B of the Dodd-Frank Wall Street Reform and Consumer
25 Protection Act, Public Law 111-203, as such section existed on January 1,
26 2011.

27 Sec. 3. (1) The director may provide written authority in the form
28 of a certificate of authority to operate as a domestic surplus lines
29 insurer in the State of Nebraska to a nonadmitted insurer domiciled in
30 this state if the director determines that such nonadmitted insurer:

31 (a) Possesses policyholder surplus of at least fifteen million

1 dollars;

2 (b) Is an eligible surplus lines insurer in at least one state
3 jurisdiction other than this state; and

4 (c) Is acting pursuant to a resolution passed by its board of
5 directors seeking to be a domestic surplus lines insurer in this state.

6 (2) All financial and solvency requirements imposed by Chapter 44
7 upon a domestic admitted insurer shall apply to a domestic surplus lines
8 insurer unless domestic surplus lines insurers are otherwise specifically
9 exempted.

10 (3) Policies issued by a domestic surplus lines insurer are not
11 subject to the protections or other requirements of the Nebraska Property
12 and Liability Insurance Guaranty Association Act or the Nebraska Life and
13 Health Insurance Guaranty Association Act.

14 Sec. 4. Section 44-5507, Reissue Revised Statutes of Nebraska, is
15 amended to read:

16 44-5507 Every nonadmitted insurer accepting transacting business
17 under the Surplus Lines Insurance Act shall be held to have sufficient
18 contact with this state for the exercise of personal jurisdiction over
19 such insurer (1) upon any cause of action arising out of any such
20 transaction or (2) in any proceeding before the director under the act.

21 Sec. 5. Section 44-5508, Revised Statutes Cumulative Supplement,
22 2018, is amended to read:

23 44-5508 (1) A surplus lines licensee shall not place coverage with a
24 nonadmitted insurer unless, at the time of placement, the surplus lines
25 licensee has determined that the nonadmitted insurer is a domestic
26 surplus lines insurer or meets the following criteria:

27 (a) Is authorized to write such insurance in its domiciliary
28 jurisdiction;

29 (b) Has established satisfactory evidence of good repute and
30 financial integrity; and

31 (c)(i) Possesses capital and surplus or its equivalent under the

1 laws of its domiciliary jurisdiction that equals the greater of the
2 minimum capital and surplus requirements under the laws of this state or
3 fifteen million dollars; or

4 (ii) If minimum capital and surplus does not meet the requirements
5 of subdivision (1)(c)(i) of this section, then upon an affirmative
6 finding of acceptability by the director. The finding shall be based upon
7 such factors as quality of management, capital and surplus of any parent
8 company, company underwriting profit and investment income trends, market
9 availability, and company record and reputation within the industry. The
10 director shall not make an affirmative finding of acceptability if the
11 nonadmitted insurer's capital and surplus is less than four million five
12 hundred thousand dollars.

13 (2) No surplus lines licensee shall place nonadmitted insurance with
14 or procure nonadmitted insurance from a nonadmitted insurer domiciled
15 outside the United States unless the insurer is listed on the Quarterly
16 Listing of Alien Insurers maintained by the International Insurers
17 Department of the National Association of Insurance Commissioners.

18 (3) Any surplus lines licensee violating this section shall be
19 guilty of a Class III misdemeanor.

20 (4)(a) No nonadmitted foreign or alien insurer shall accept transact
21 business under the Surplus Lines Insurance Act if it does not comply with
22 the surplus and capital requirements of subsection (1) of this section.

23 (b) In addition to the requirements of subdivision (a) of this
24 subsection, no nonadmitted alien insurer shall accept transact business
25 under the act if it does not comply with the requirements of subsection
26 (2) of this section.

27 Sec. 6. Section 44-7508.02, Reissue Revised Statutes of Nebraska, is
28 amended to read:

29 44-7508.02 (1) For policy forms to which this section applies as
30 provided in section 44-7508.01, each insurer shall file with the director
31 every policy form and related attachment rule and every modification

1 thereof which it proposes to use. For policy forms to which this section
2 applies, no insurer shall issue a contract or policy except in accordance
3 with the filings that are in effect for such insurer as provided in the
4 Property and Casualty Insurance Rate and Form Act except as provided in
5 subsection (10) or (11) of this section, section 44-7514, or as provided
6 by rules and regulations adopted and promulgated pursuant to section
7 ~~44-7514 or 44-7515~~.

8 (2) Every filing shall state its effective date, which shall not be
9 prior to the date that the director receives such filing.

10 (3) Every policy form filing shall explain the intended use of such
11 policy form forms. Filings shall include a list of policy forms that will
12 be replaced when the approval of a filing will result in the replacement
13 of previously approved policy forms. In addition, insurers shall maintain
14 listings of policy forms that have been filed so that such listings can
15 be provided upon request.

16 (4) The director shall acknowledge receipt of a policy form filing
17 as soon as practical. A review of the filing by the director is not
18 required to issue this acknowledgment, and acknowledgment shall not
19 constitute an approval by the director.

20 (5) The director may review a policy form filing at any time after
21 it has been made. The director shall review a policy form filing for
22 insurance covering risks of a personal nature, including insurance for
23 homeowners, tenants, private passenger nonfleet automobiles, mobile
24 homes, and other property and casualty insurance for personal, family, or
25 household needs, within thirty days after the filing has been made.
26 Following such review, the director shall disapprove a filing that
27 contains provisions, exceptions, or conditions that: (a) Are unjust,
28 unfair, ambiguous, inconsistent, inequitable, misleading, deceptive, or
29 contrary to public policy; (b) are written so as to encourage the
30 misrepresentation of coverage; (c) fail to reasonably provide the general
31 coverage for policies of that type; (d) fail to comply with the

1 provisions or the intent of the laws of this state; or (e) would provide
2 coverage contrary to the public interest.

3 (6) If, within thirty days after its receipt, the director
4 disapproves a filing that requires disapproval pursuant to subsection (5)
5 of this section, then a written disapproval notice shall be sent to the
6 insurer. The disapproval notice shall specify in what respects the filing
7 fails to meet these requirements. Upon receipt of the notice of
8 disapproval, the insurer shall cease use of the filing as soon as
9 practical but may use the form for policies that have already been issued
10 or when pending coverage proposals are outstanding.

11 (7) If, within thirty days after its receipt, the director requests
12 additional information to complete review of a policy form filing, the
13 thirty-day review period allowed in subsection (6) of this section shall
14 commence on the date such information is received by the director. If a
15 filer fails to furnish the required information within ninety days, the
16 director may disapprove the filing based on the insurer's failure to
17 provide the requested information. Disapproval shall be by written notice
18 sent to the insurer ordering discontinuance of the filing within thirty
19 days after the date of notice.

20 (8) An insurer whose filing is disapproved pursuant to subsection
21 (6) of this section may, within thirty days after receipt of a
22 disapproval notice, request a hearing in accordance with section 44-7532.

23 (9) An insurer may authorize the director to accept policy form
24 filings made on its behalf by an advisory organization.

25 (10)(a) Subject to the requirements of this subsection, policy forms
26 unique in character and designed for and used with regard to an
27 individual risk under common ownership subject to the rate filing
28 provisions of section 44-7508 shall be exempt from subsection (1) of this
29 section.

30 (b) At the earliest practical opportunity, but no later than thirty
31 days after the effective date of the policy using unfiled provisions, the

1 insurer shall provide the prospective insured with a written listing of
2 the policy forms that have not been filed with the director. This
3 requirement does not apply to renewals using the same unfiled policy
4 forms.

5 (c) A policy form that has been used in this state or elsewhere by
6 the insurer for another risk shall not be subject to the exemption
7 provided by this subsection, except that an insurer may use a policy form
8 previously developed for a single risk for a second risk if the policy
9 form is filed within sixty days after its second usage.

10 (d) The exemption provided by this subsection shall not apply to
11 policy forms that, prior to their use by the insurer, had been filed by
12 an advisory organization in this state or had been filed by the insurer
13 in any jurisdiction, regardless of whether approval was received.

14 (e) The director may by rule and regulation or by order make
15 specific restrictions relating to the exemption provided by this
16 subsection and may require the informational filing of policy forms
17 subject to such exemption within a reasonable time after their use. Any
18 such informational filings specifically relating to individual risks
19 shall be confidential and may not be made public by the director except
20 as may be compiled in summaries of such activity.

21 (11) The director may by rule and regulation suspend or modify the
22 filing requirements of this section as to any type of insurance or class
23 of risk for which policy forms cannot practicably be filed before they
24 are used. The director may examine insurers as is necessary to ascertain
25 whether any policy forms affected by such rules and regulations meet the
26 standards contained in the Property and Casualty Insurance Rate and Form
27 Act.

28 (12) If, at any time after the expiration of the review period
29 provided by subsection (6) of this section or any extension thereof, the
30 director finds that a policy form, attachment rule, or modification
31 thereof does not meet or no longer meets the requirements of subsection

1 (5) of this section, the director shall hold a hearing in accordance with
2 section 44-7532.

3 (13) Any insured aggrieved with respect to any policy form filing
4 subject to this section may make written application to the director for
5 a hearing on such filing. The hearing application shall specify the
6 grounds to be relied upon by the applicant. If the director finds that
7 the hearing application is made in good faith, that a remedy would be
8 available if the grounds are established, or that such grounds otherwise
9 justify holding a hearing, the director shall hold a hearing in
10 accordance with section 44-7532.

11 (14) If, after a hearing held pursuant to subsection (12) or (13) of
12 this section, the director finds that a filing does not meet the
13 requirements of subsection (5) of this section, the director shall issue
14 an order stating in what respects such filing fails to meet the
15 requirements and when, within a reasonable period thereafter, such policy
16 form or attachment rule shall no longer be used. Copies of the order
17 shall be sent to the applicant, if applicable, and to every affected
18 insurer and advisory organization. The order shall not affect any
19 contract or policy made or issued prior to the expiration of the period
20 set forth in the order.

21 Sec. 7. Section 44-7513, Reissue Revised Statutes of Nebraska, is
22 amended to read:

23 44-7513 (1) Each insurer to which this section applies as provided
24 in section 44-7508.01 shall file with the director every policy form and
25 related attachment rule and every modification thereof which it proposes
26 to use. No insurer to which this section applies shall issue a contract
27 or policy except in accordance with the filings that are in effect for
28 such insurer as provided in the Property and Casualty Insurance Rate and
29 Form Act except as provided in subsection (6) or (7) of this section,
30 section 44-7514, or as provided by rules and regulations adopted and
31 promulgated pursuant to section 44-7514 or 44-7515.

1 (2) Every filing shall state its proposed effective date, which
2 shall not be prior to the date that the director receives the filing.
3 Instead of a specific date, a filing may indicate that it will be
4 effective a reasonable specified period of time after approval or that
5 the insurer will notify the director of the effective date within ninety
6 days after approval.

7 (3) Every policy form filing shall explain the intended use of such
8 policy forms. Filings shall include a list of policy forms that will be
9 replaced when the approval of a filing will result in the replacement of
10 previously approved policy forms. In addition, insurers shall maintain
11 listings of policy forms that have been filed and approved by the
12 director so that such listings can be provided upon request.

13 (4) If additional information is needed to complete review of a
14 policy form filing, the director may require the filer to furnish the
15 information and in that event the review period in subsection (10) of
16 this section shall commence on the date such information is received by
17 the director. If a filer fails to furnish the required information within
18 ninety days, the director may, by written notice sent to the insurer,
19 deem the filing as withdrawn and not available for use.

20 (5) An insurer may authorize the director to accept policy form
21 filings made on its behalf by an advisory organization.

22 (6)(a) Subject to the following requirements, policy forms unique in
23 character and designed for and used with regard to an individual risk
24 under common ownership subject to the rate filing provisions of section
25 44-7508 shall be exempt from the approval requirements contained in
26 subsection (1) of this section.

27 (b) At the earliest practical opportunity, but no later than thirty
28 days after the effective date of the policy using unfiled provisions, the
29 insurer shall provide the prospective insured with a written listing of
30 the policy forms that have not been approved by the director and receive
31 written acknowledgment from prospective insureds for which it ultimately

1 provides coverage. This requirement does not apply to renewals using the
2 same unfiled policy forms.

3 (c) A policy form that has been used in this state or elsewhere by
4 the insurer for another risk shall not be subject to the exemption
5 provided by this subsection, except that an insurer may use a policy form
6 previously developed for a single risk for a second risk if the policy
7 form is filed for approval within sixty days after its second usage.

8 (d) The exemption provided by this subsection shall not apply to
9 workers' compensation or excess workers' compensation insurance policy
10 forms or to policy forms that, prior to their use by the insurer, had
11 been filed by an advisory organization in this state or had been filed by
12 the insurer in any jurisdiction, regardless of whether approval was
13 received.

14 (e) The director may by rules and regulations or by order make
15 specific restrictions relating to the exemption provided by this
16 subsection and may require the informational filing of policy forms
17 subject to such exemption within a reasonable time after their use.

18 (7) The director may by rules and regulations suspend or modify the
19 filing requirements of this section as to any type of insurance or class
20 of risk for which policy forms cannot practicably be filed before they
21 are used. The director may examine insurers as is necessary to ascertain
22 whether any policy forms affected by such rules and regulations meet the
23 standards contained in the act.

24 (8) No filing or any supporting information provided by an insurer
25 pursuant to this section shall be open to public inspection pursuant to
26 sections 84-712 to 84-712.09 before the approval or disapproval of the
27 filing unless publicly disclosed in an open court, open administrative
28 proceeding, or open meeting or disclosed by the director pursuant to
29 statute. Correspondence specifically relating to individual risks shall
30 be confidential and may not be made public by the director except as may
31 be compiled in summaries of such activity.

1 (9) The director shall review filings as soon as reasonably possible
2 after they have been made. The director shall disapprove a filing that
3 contains provisions, exceptions, or conditions that: (a) Are unjust,
4 unfair, ambiguous, inconsistent, inequitable, misleading, deceptive, or
5 contrary to public policy; (b) are written so as to encourage the
6 misrepresentation of coverage; (c) fail to reasonably provide the general
7 coverage for policies of that type; (d) fail to comply with the
8 provisions or the intent of the laws of this state; or (e) would provide
9 coverage contrary to the public interest.

10 (10) Within thirty days after receipt, the director shall approve
11 filings that meet the requirements of the act, except that this review
12 period may be extended for an additional period not to exceed thirty days
13 if the director gives written notice within the original review period to
14 the insurer or advisory organization. A filing shall be deemed to meet
15 the requirements of the act unless disapproved by the director within the
16 review period or any extension thereof.

17 (11) If, within the review period provided by subsection (10) of
18 this section or any extension thereof, the director finds that a filing
19 does not meet the requirements of the act, a written disapproval notice
20 shall be sent to the insurer. Such notice shall specify in what respects
21 the filing fails to meet these requirements and state that such filing
22 shall not become effective.

23 (12) Filings shall become effective on their proposed effective date
24 if approved or deemed approved on or before that date. Filings approved
25 or deemed approved after their proposed effective dates shall become
26 effective after notification by the insurer of a revised effective date,
27 which shall not be prior to the date that the insurer mails the
28 notification to the director. If an insurer fails to furnish a revised
29 effective date within a reasonable period of time not less than ninety
30 days, the director may, by written notice sent to the insurer, deem the
31 filing as withdrawn and not available for use.

1 (13) An insurer or advisory organization whose filing is disapproved
2 may, within thirty days after receipt of a disapproval notice, request a
3 hearing in accordance with section 44-7532.

4 (14) If, at any time after approval, the director finds that a
5 policy form, attachment rule, or modification thereof does not meet or no
6 longer meets the requirements of the act, the director shall hold a
7 hearing in accordance with section 44-7532.

8 (15) Any insured aggrieved with respect to any filing may make
9 written application to the director for a hearing on such filing. The
10 hearing application shall specify the grounds to be relied upon by the
11 applicant. If the director finds that the hearing application is made in
12 good faith, that a remedy would be available if the grounds are
13 established, or that such grounds otherwise justify holding a hearing,
14 the director shall hold a hearing in accordance with section 44-7532.

15 (16) If, after a hearing initiated pursuant to subsection (14) or
16 (15) of this section, the director finds that a filing does not meet the
17 requirements of the act, the director shall issue an order stating in
18 what respects such filing fails to meet the requirements and when, within
19 a reasonable period thereafter, such policy form or attachment rule shall
20 no longer be used. Copies of the order shall be sent to the applicant, if
21 applicable, and to every affected insurer and advisory organization. The
22 order shall not affect any contract or policy made or issued prior to the
23 expiration of the period set forth in the order.

24 Sec. 8. Section 44-7514, Reissue Revised Statutes of Nebraska, is
25 amended to read:

26 44-7514 (1) ~~The director shall adopt and promulgate rules and~~
27 ~~regulations to provide that the policy form approval requirements set~~
28 ~~forth in section 44-7513 shall not apply to policies written for~~
29 ~~individual commercial risks of a qualifying multistate commercial~~
30 ~~policyholder. For the purposes of this section, a qualifying multistate~~
31 ~~commercial policyholder is an entity that meets the following~~

1 qualifications: that are headquartered in another state or jurisdiction.
2 To determine whether a commercial risk is headquartered in this state,
3 such rules and regulations shall primarily consider where the largest
4 number of the officers and senior management are physically located.

5 (a) The policyholder is commercial in nature;
6 (b) If the policyholder is comprised of multiple corporations or
7 other entities, there is common or majority ownership of each of the
8 members by the same parent entity. Qualifying multistate commercial
9 policyholder does not include franchise arrangements or other groups
10 where individual members of the group are under different ownership; and
11 (c) The office with the largest number of the officers and senior
12 management of the policyholder is located outside of Nebraska. If this
13 criteria is not meaningful or is ambiguous for a policyholder, then the
14 total premiums for lines of insurance subject to the Property and
15 Casualty Insurance Rate and Form Act that are attributable to another
16 jurisdiction must exceed those premiums attributable to Nebraska.

17 (2) Policy forms for commercial risks exempted by the rules and
18 regulations adopted and promulgated pursuant to subsection (1) of this
19 section may include language that conflicts with sections 44-357, 44-358,
20 and 44-501.02. If a conflict results between a policy form and the
21 requirements of such sections, such sections shall apply.

22 (3) Policy forms for commercial risks exempted by the rules and
23 regulations adopted and promulgated pursuant to subsection (1) of this
24 section may include language that conflicts with sections 44-349, 44-350,
25 44-501, 44-514 to 44-518, 44-520 to 44-523, and 44-6408 and the provision
26 of section 44-601 that prohibits policies with a term longer than five
27 years. If a conflict results between a policy form and the requirements
28 of any of these sections, the language in the policy form shall apply to
29 the extent that it is inconsistent with such sections.

30 (4) Except as set forth in subsections (2) and (3) of this section,
31 the rules and regulations adopted and promulgated pursuant to this

1 ~~section shall require that~~ policy forms exempted from policy form
2 approval requirements shall do not violate any law of this state.

3 Sec. 9. Original sections 44-5501, 44-5507, 44-7508.02, 44-7513,
4 and 44-7514, Reissue Revised Statutes of Nebraska, and sections 44-5502
5 and 44-5508, Revised Statutes Cumulative Supplement, 2018, are repealed.

6 Sec. 10. The following sections are outright repealed: Sections
7 44-213.01, 44-213.02, 44-213.03, 44-213.04, 44-213.05, 44-213.06,
8 44-213.07, and 44-7512, Reissue Revised Statutes of Nebraska.