

CHAPTER 79

COMPENSATION INSURANCE

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79.01 DEFINITIONS.

Subdivision 1. **Terms.** Unless the language or context clearly indicates that a different meaning is intended, the following terms, for the purposes of sections 79.01 to 79.23, shall have the meanings ascribed to them.

Subd. 2. **Insurer.** The word "insurer" means any insurance carrier authorized by license issued by the commissioner of insurance to transact the business of workers' compensation insurance in this state. For purposes of this subdivision "insurer" does not include a political subdivision providing self insurance or establishing a pool under section 471.981, subdivision 3.

Subd. 3. **Insurance.** The word "insurance" means workers' compensation insurance and insurance covering any part of the liability of an employer exempted from insuring his liability for compensation, as provided in section 176.181. A program of self insurance, self insurance revolving fund or pool established under section 471.981 is not insurance for purposes of this subdivision.

Subd. 4. [Repealed, 1969 c 9 s 10]

Subd. 5. **Commissioner.** The word "commissioner" means the commissioner of insurance.

Subd. 6. **Association.** "Association" or "rating association" means the Workers' Compensation Insurers Rating Association of Minnesota.

Subd. 7. **Interested party.** "Interested party" means any person or association acting on behalf of its members who is directly affected by a change in the schedule of rates and includes the staff of the insurance division.

Subd. 8. **Schedule of rates.** "Schedule of rates" means the rate level applicable to the various industry groupings or classes, including the risk classifications thereunder upon which the determination of workers' compensation premiums are based, including but not limited to all systems for merit or experience rating, retrospective rating, and premium discounts.

History: 1921 c 85 s 1; 1931 c 353 s 1; 1957 c 508 s 1; 1969 c 9 s 8; 1973 c 577 s 1,2; 1975 c 359 s 23; Ex1979 c 3 s 1; 1980 c 529 s 3,4 (3612)

- 79.02 [Repealed, 1969 c 9 s 10]
 79.021 [Repealed, 1969 c 9 s 10]
 79.03 [Repealed, 1969 c 9 s 10]
 79.04 [Repealed, 1969 c 9 s 10]
 79.05 [Repealed, Ex1979 c 3 s 70]
 79.06 [Repealed, Ex1979 c 3 s 70]
 79.07 [Repealed, Ex1979 c 3 s 70]

79.071 RATES; HEARINGS.

Subdivision 1. The commissioner shall adopt a schedule of workers' compensation insurance rates for use in this state for each classification under which business is written. The schedule of rates shall not be excessive, inadequate, or unfairly discriminatory. In adopting a schedule of rates, the commissioner may act on the written petition of the association or any other interested party requesting that a hearing be held for modification of the schedule of rates. The commissioner may include the expense of a reasonable charge for the services of an agent of record, for the service of rejected risks as set forth in sections 79.24 to 79.27.

Subd. 2. Upon receipt of a petition requesting a hearing for modification of an existing schedule of rates, the commissioner shall determine whether the petition sufficiently sets forth facts that show that the existing schedule of rates is excessive, inadequate, unfairly discriminatory, or otherwise in need of modification so as to indicate the need to hold a hearing. The commissioner may decline to grant a hearing if the association has failed to provide information requested by previous orders modifying the schedule of rates, provided that the request was not unreasonable. The commissioner may accept or reject the petition for a hearing and shall give notice of his determination to the petitioning party within 30 days of receipt of the petition. If the commissioner rejects the petition, he shall notify the petitioning party of the reasons for the rejection.

Subd. 3. If the commissioner accepts the petition for hearing, the commissioner shall order a hearing on matters set forth in the petition requesting modification of the schedule of rates. The hearing shall be held pursuant to the contested case procedures set forth in sections 15.0411 to 15.052. The burden of proof shall be on the petitioning party. The hearing examiner may admit documentary and statistical evidence accepted and relied upon by an expert whose field of expertise may have some relevance to workers' compensation rate matters, without the requirement of traditional evidentiary foundation. Within 30 days after the close of the hearing record, the hearing examiner shall transmit to the commissioner the entire record of the hearing, including the transcript, exhibits, and all other material properly accepted into evidence, together with the finding of facts, conclusions, and recommended order made by the hearing examiner. The time for filing the report may be extended by the chief hearing examiner for good cause.

Subd. 4. The commissioner may accept, reject, or modify, in whole or in part, matters raised in the petition for modification of the schedule of rates or matters raised in the findings and recommendations of the hearing examiner. The commissioner's determination shall be based upon substantial evidence.

Subd. 5. The commissioner shall make a final determination with respect to adoption of a schedule of rates within 90 days after receipt of the hearing examiner's report. If the commissioner fails to act within the 90 day period, the findings, conclusions, and recommended order of the hearing examiner become the final order of the commissioner.

Subd. 6. The commissioner may hire a consulting actuary and other experts he deems necessary to assist in the hearing for modification of the schedule of

rates. The costs of conducting the hearing provided under subdivision 3, including the costs of hiring a consulting actuary and other experts, shall be assessed against the rating association and its members.

Subd. 6a. At the time of filing a petition for a change in the schedule of rates, the association shall estimate the total increase in manual premiums which would be collected as a result of the proposed change on all new and renewal policies with an effective date of 12 months or less following the date at which the association is requesting its petition to be implemented.

Subd. 6b. The association shall deposit into a special account in the office of the commissioner of insurance a sum of not less than one percent of the amount calculated pursuant to subdivision 6a. The money in the account shall be allocated as follows:

(a) 50 percent shall be for the use of the commissioner of insurance for payments authorized in subdivision 6.

(b) 25 percent shall be for the use of a representative of business selected pursuant to subdivision 6c.

(c) 25 percent shall be for use of a representative of labor selected pursuant to subdivision 6c.

Subd. 6c. Within five days following the receipt of a petition for a change in the schedule of rates, the commissioner shall convene a meeting of the commissioner and the chairpersons of the senate employment committee and the house of representatives labor management relations committee. They shall, by majority vote, select one representative of business and one representative of labor to formally intervene in the hearing held pursuant to the petition if the commissioner orders the hearing. The representative of business shall be selected on the basis of extent of membership, its representation of both large and small employers, statewide representation of membership, representation of members in the aggregate with payrolls containing at least 50 percent of the job classifications contained in the workers' compensation and employers liability insurance manual, its demonstrated interest in Minnesota workers' compensation insurance legislation and rates and its willingness and ability to participate actively and effectively in the hearing process.

The representative of labor shall be selected on the basis of extent of membership, statewide representation of membership, demonstrated interest in workers' compensation legislation and insurance rates, the variety of trades represented by its membership, and its willingness and ability to participate actively and effectively in the hearing process. The intervenors shall have their costs of intervention in the hearing paid from the fund established pursuant to subdivision 6b.

Costs of intervenors shall include attorneys' fees, costs of the office of hearing examiner, expert witness fees, consultant fees, and reasonable costs and disbursements. The commissioner of insurance shall authorize payments from the fund when presented with statements of cost submitted to him by other intervenors in the form he may prescribe. All money not disbursed to intervenors, together with investment income earned thereon, shall be refunded to the association after the hearing, and all subsequent judicial actions, if any, have been completed.

Subd. 6d. If a petition for a change in the schedule of rates does not result in an increase in the manual premiums or if the increase is so small as to not cover the costs of the office of hearing examiner, the association shall deposit into the special fund established in subdivision 6b, an amount adequate to pay the costs of the hearing.

Subd. 6e. There is appropriated to the commissioner of insurance from the special account established in subdivision 6b, a sum sufficient to make the payments authorized in subdivision 6c.

Subd. 7. The office of administrative hearings, upon approval of the chief hearing examiner, may hire consultants necessary to assist the hearing examiner assigned to a given workers' compensation rate proceeding.

History: *Ex1979 c 3 s 2; 1980 c 556 s 1-5; 1980 c 615 s 60*

NOTE: Subdivisions 6a to 6e expire June 30, 1982. See Laws 1980, Chapter 556, Section 14.

79.072 PETITION FOR REHEARING.

Subdivision 1. Any interested party may petition the commissioner for rehearing and reconsideration of a determination made pursuant to section 79.071. The petition for rehearing and reconsideration shall be served upon the commissioner and all parties to the rate hearing within 30 days after service of the commissioner's final order. The petition shall set forth factual grounds the petitioning party deems to exist in support of its petition. An interested party adversely affected by a petition for review and reconsideration shall be afforded 15 days to respond to factual matters so alleged in the petition.

Subd. 2. At his discretion, the commissioner may grant a rehearing upon the filing of a petition under subdivision 1. Upon rehearing, the commissioner may limit the scope of factual matters that are subject to rehearing and reconsideration. The rehearing is subject to the provisions of section 79.071.

Subd. 3. Following rehearing, the commissioner may modify the terms of the initial order adopting a change in the schedule of rates upon a determination that adequate factual grounds exist to support modification. Adequate factual grounds shall include, but need not be limited to, erroneous testimony by any witness or party to the hearing, material change in Minnesota loss or expense data occurring after a petition for modification of the schedule of rates has been filed, or any other mistake of fact that has a substantial effect upon the schedule of rates adopted in the initial order of the commissioner.

History: *Ex1979 c 3 s 3*

79.073 JUDICIAL REVIEW.

Final orders of the commissioner pursuant to sections 79.071 and 79.072 are subject to judicial review by writ of certiorari brought in the district court in Ramsey County by an interested party of record adversely affected thereby. The operation of the commissioner's order is not suspended during judicial review; provided that in the event of a judicial determination against the validity of the commissioner's order, the order under review and any subsequent order shall be modified so as to give effect to the court's ruling. For purposes of further judicial review, the commissioner is an aggrieved party to the extent that his orders are modified or set aside by the district court.

History: *Ex1979 c 3 s 4*

79.074 DISCRIMINATION.

Subdivision 1. **Rates.** One rate is unfairly discriminatory in relation to another if it clearly fails to reflect equitably the differences in expected losses, expenses, and the degree of risk. Rates are not unfairly discriminatory because different premiums result for policyholders with like loss exposures but different expense factors, or like expense factors but different loss exposures, so long as the rates reflect the differences with reasonable accuracy.

Subd. 2. **Dividends.** Dividend plans are not unfairly discriminatory where different premiums result for different policyholders with similar loss exposures but different expense factors, or where different premiums result for different policyholders with similar expense factors but different loss exposures, so long as the respective premiums reflect the differences with reasonable accuracy. Every insurer referred to in section 79.20 who issues participating policies shall file

with the commissioner a true copy or summary as the commissioner shall direct of its participating dividend rates as to policyholders. The commissioner may study the participating dividend rates and make recommendations to the legislature concerning possible bases for unfair discrimination.

History: *Ex1979 c 3 s 5*

79.075 AUTOMATIC ADJUSTMENT OF RATES.

The commissioner shall, by rule, establish a formula by which a schedule of rates may be automatically adjusted to reflect benefit changes that have been mandated by operation of law subsequent to the most recent change in the state-wide schedule of rates. This adjustment shall also reflect the annual change in the maximum weekly compensation made pursuant to section 176.101, an adjustment in the assessment rate for the financing of the special fund, and the annual adjustment made pursuant to section 176.645. Any automatic adjustment made pursuant to this subdivision is effective on October 1 or as soon thereafter as possible and is not otherwise subject to sections 15.0411 to 15.052.

At each rate hearing held pursuant to section 79.071 or rehearing pursuant to section 79.072, following an automatic adjustment, the commissioner shall review the rate adjustment to assure that the schedule of rates adopted subsequent to the adjustment are not excessive, inadequate, or unfairly discriminatory. If the commissioner finds that the schedule of rates adopted subsequent to the adjustment are excessive, inadequate, or unfairly discriminatory, the commissioner shall order appropriate remedial action.

History: *Ex1979 c 3 s 6*

79.076 RATE REVISION ORDER; EFFECT.

Subdivision 1. Following adoption of a revised schedule of rates pursuant to section 79.071 or 79.072, the revised rates apply to new and renewal policies issued after the effective date of the commissioner's final order.

Subd. 2. The revised schedule of rates apply to all insureds and prospective insureds pursuant to the provisions of the workers' compensation rating manual adopted by the association and approved by the commissioner, provided that the manual:

(1) Is deemed to have met the applicable requirements of sections 15.0411 to 15.052 as of June 8, 1979.

(2) Shall not be amended except by a contested case proceeding held pursuant to sections 79.071 and 79.072.

History: *Ex1979 c 3 s 7*

79.08 COMMISSIONER MAY REQUIRE SURVEY.

The commissioner may at any time require a survey and report, by the association herein provided for, of any risk regarding which complaint may have been made. Its approval of any rate or classification may be withdrawn by the commissioner upon ten days notice to the parties interested.

History: *1921 c 85 s 8; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3619)*

79.09 CLASSIFICATION OF WORKERS' COMPENSATION INSURANCE.

No classification for compensation insurance purposes shall be effective until approved as correct by the commissioner. No rule or regulation with reference to compensation risks filed by any insurer, or by the association herein provided, shall be effective until approved by the commissioner. No kind of insurance covering any part of the liability of an employer exempted from insuring his liability for compensation, as provided in section 176.181, shall be effective

in this state unless approved by the commissioner. If it appears at any time that reasonable doubt on the part of the commissioner as to the proper classification or rate for any risk exists, such risk may be bound for insurance subject to rate and classification to be established therefor.

History: 1921 c 85 s 9; 1931 c 392 s 1; 1957 c 508 s 2; 1969 c 9 s 9; 1973 c 577 s 2; 1975 c 359 s 23; Ex1979 c 3 s 68 (3620)

79.095 APPOINTMENT OF ACTUARY.

The commissioner shall employ the services of a casualty actuary experienced in worker's compensation whose duties shall include but not be limited to investigation of complaints by insured parties relative to rates, rate classifications, or discriminatory practices of an insurer. The salary of the actuary employed pursuant to this section is not subject to the provisions of section 43.067.

History: 1977 c 342 s 24; Ex1979 c 3 s 8

79.10 REVIEW OF ACTS OF INSURERS.

The insurance division staff may investigate on the request of any person or on its own initiative the acts of the rating association, an insurer, or an agent that are subject to provisions of sections 79.01 to 79.23 and may make findings and recommendations that the commissioner issue an order requiring compliance with the provisions thereof. The proposed findings and recommended order shall be served on all affected parties at the same time that the staff transmits its findings and recommendations to the commissioner. Any party adversely affected by the proposed findings and recommended order may request that a hearing be held concerning the issues raised therein within 15 days after service of the findings and recommended order. This hearing shall be conducted as a contested case pursuant to sections 15.0411 to 15.052. If a hearing is not requested within the time specified in this section, the proposed findings and recommended order may be adopted by the commissioner as a final order.

History: 1921 c 85 s 10; 1953 c 615 s 3; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 9 (3621)

79.11 INSURERS SHALL BE MEMBERS OF ASSOCIATION.

Every insurer transacting the business of workers' compensation insurance in this state shall be a member of the association organized under sections 79.01 to 79.23, to be maintained in this state for the following purposes:

(1) To separate the industries of this state that are subject to workers' compensation insurance into proper classes for compensation insurance purposes; to make inspections of compensation risks and to apply thereto the merit and experience rating system approved for use in this state; to establish charges and credits under the system and make reports showing all facts affecting these risks as the subject of compensation insurance and for approving policies of compensation insurance as being written in conformity with classifications and rates previously promulgated by the association and approved by the commissioner; and

(2) To assist the commissioner and insurers in approving rates, determining hazards and other material facts in connection with compensation risks, and to assist in promoting safety in the industries.

History: 1921 c 85 s 11; 1947 c 98 s 2; 1969 c 9 s 9; 1973 c 577 s 2; 1975 c 359 s 23; Ex1979 c 3 s 68 (3622)

79.12 ORGANIZATION OF ASSOCIATION.

The association shall adopt articles of association and bylaws for its government and for the government of its members. These articles and bylaws and all amendments thereto shall be filed with and approved by the commissioner and shall not be effective until so filed and approved. The association shall admit to membership any insurer authorized to transact workers' compensation insurance in this state. The charges and service of the association shall be fixed in the articles or bylaws and shall be equitable and non-discriminatory as between members.

History: 1921 c 85 s 12; 1969 c 9 s 9; 1973 c 577 s 2; 1975 c 359 s 23; Ex1979 c 3 s 68 (3623)

79.13 EXPENSE, HOW PAID.

Each member of the association shall pay an equitable and non-discriminatory share of the cost of operating the association. If the members of the association cannot agree upon an apportionment of cost, any member may in writing petition the commissioner to establish a basis for apportioning the cost. If any member is aggrieved by an apportionment made by the association, it may in writing petition the commissioner for a review of the apportionment. The commissioner shall, upon not less than five days notice to each member of the association hold a hearing upon any such petition at which all members are entitled to be present and be heard. The commissioner shall determine the matter and mail a copy of his decision to each member of the association. The decision of the commissioner shall be final and binding upon all members of the association.

History: 1921 c 85 s 13; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3624)

79.14 REPRESENTATION.

Each class of insurers, stock companies, mutual companies, and inter-insurers, which are members of the association shall be represented in the association management and on committees, as provided in the bylaws, but the non-stock and stock companies shall have equal representation on the governing or managing committee and on the rating committee of the association. One-half of the members of each committee shall be chosen by the non-stock companies and one-half by the stock companies. Each member company shall be entitled to one vote. In case of a tie vote upon any committee, the commissioner shall cast the deciding vote.

History: 1921 c 85 s 14; 1947 c 210 s 1; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3625)

79.15 LICENSE; FEE.

The association shall procure annually from the commissioner a license to carry on its business. The license year for the association shall be from March first to the last day of February succeeding. The association shall pay to the state through the commissioner an annual license fee of \$100 to be paid at the time of filing application for license. The commissioner shall prescribe blanks and make needed regulations governing the licensing of the association.

History: 1921 c 85 s 15; 1947 c 52 s 1; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3626)

79.16 ANNUAL STATEMENT.

The association shall annually on or before March first file with the commissioner a statement covering its activities for the year ending on the preceding thirty-first day of December. This report shall cover its financial transactions and

other matters connected with its operation as required by the commissioner. The commissioner shall prescribe the form of the report. The association shall be subject to supervision and examination by the commissioner or any examiner authorized by him. Examinations may be made as often as deemed expedient. The expense of an examination shall be paid by the association.

History: 1921 c 85 s 16; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3627)

79.17 ASSOCIATION SHALL MAKE CLASSIFICATION.

The association shall, on behalf of its members, assign each compensation risk and subdivision thereof in this state to its proper classification. The determination as to the proper classification by the association shall be subject to the approval of the commissioner as herein provided. The association shall, on behalf of all members thereof, inspect and make a written survey of each risk to which the system of merit rating approved for use in this state is applicable. It shall, on behalf of all the members thereof, file with the commissioner its classification of risks and keep on file at the office of the association the written surveys of all risks inspected by it, which survey shall show the location and description of all items producing charges and credits, if any, and such other facts as are material in the writing of insurance thereon. It shall file any subsequent proposed classification or later survey and all rules and regulations which do or may affect the writing of these risks. The association classification shall be binding upon all insurers. The commissioner and the association and its representatives shall give all information as to classifications, rates, surveys, and other facts collected and intended for the common use of insurers subject to sections 79.01 to 79.23 to all these insurers at the same time. A copy of the complete survey, with the approved classification and rates based thereon and the effective date thereof, shall be furnished to the insurer of record as soon as approved. The approved classification and rates upon a specific risk shall be furnished upon request to any other insurer upon the payment of a reasonable charge for the service. Every insurer shall promptly file with the association a copy of each payroll audit, which shall be checked by the association for correctness of classification and rate. The commissioner may require the association to file with it any such copy and may verify any payroll audit by a reaudit of the books of the employer or in such other manner as may to it appear most expedient. Upon written complaint stating facts sufficient to warrant action by it, the commissioner shall verify any payroll audit reported to it.

History: 1921 c 85 s 17; 1947 c 98 s 3; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3628)

79.171 INFORMATION.

In addition to other information that the commissioner requests pursuant to section 79.071, the rating association shall: (a) separate the incurred but not reported losses of its members; (b) separate paid and outstanding losses of its members; (c) provide information indicating cases in which its members have established a reserve in excess of \$50,000; and (d) provide information on the income on invested reserves of its members.

The commissioner shall consider this information in an appropriate manner in adopting a schedule of rates and shall decline to grant a hearing pursuant to section 79.071 if the association fails to provide the information.

History: Ex1979 c 3 s 10

79.18 RECORD; SHALL FURNISH INFORMATION.

The association shall keep a careful record of its proceedings. It shall furnish, upon his demand, to any employer upon whose workers' compensation risk a survey has been made, full information as to the survey, including the method of the computation and a detailed description and location of all items producing charges or credits. The association shall provide such means as may be approved by the commissioner whereby any member or any employer whose risk has been inspected by it may be heard, either in person or by a representative, before the governing or rating committee or other proper representatives with reference to any matter affecting the risk. Any insurer or employer may appeal from a decision of the association to the commissioner. The association shall make rules governing appeals, which rules shall be filed with and approved by the commissioner. The association shall file with the commissioner when it may call therefor such information as it may have concerning any matter connected with its activities.

History: 1921 c 85 s 18; 1969 c 9 s 9; 1973 c 577 s 2; 1975 c 359 s 23; Ex1979 c 3 s 68 (3629)

79.19 INSURERS SHALL NOT DISCRIMINATE.

No insurer shall make or charge any rate for workers' compensation insurance in this state which discriminates unfairly between risks or classes, or which discriminates unfairly between risks in the application of like charges and credits in the plan of merit or experience rating in use; and no insurer shall discriminate by granting to any employer insurance against other hazards at less than its regular rates for such insurance or otherwise.

History: 1921 c 85 s 19; 1947 c 98 s 4; 1975 c 359 s 23 (3630)

79.20 RATES SHALL BE FILED.

Every insurer writing workers' compensation insurance in this state shall, except as otherwise ordered by the commissioner, file with the commissioner its rates for this insurance and all additions thereto or changes therein. All rates so filed shall comply with the requirements of law and shall not be effective or used until approved as to such compliance by the commissioner. A rate which is filed and approved shall not be changed until the substituted rate has been filed for at least 15 days and has been approved by the commissioner.

History: 1921 c 85 s 20; 1969 c 9 s 9; 1973 c 577 s 2; 1975 c 359 s 23 (3631)

79.21 RATES TO BE UNIFORM; EXCEPTIONS.

No insurer shall write insurance at a rate that exceeds that made and put into force by the bureau and approved as reasonable by the commissioner. The bureau may reduce or increase a rate by the application to individual risks of the system of merit or experience rating which has been approved by the commissioner. This reduction or increase shall be set forth in the policy or by indorsement thereon. Upon written request an insurer shall furnish a written explanation to the insured of how and why the individual rate was adjusted by application of a system of merit or experience rating. This explanation shall be mailed to the insured within 30 days of the request. An insurer may write insurance at rates that are lower than the rates approved by the commissioner provided the rates are not unfairly discriminatory.

History: 1921 c 85 s 21; 1947 c 98 s 5; 1969 c 9 s 9; 1973 c 577 s 2; 1979 c 271 s 2; Ex1979 c 3 s 11 (3632)

79.211 CERTAIN PREMIUM DETERMINATION PRACTICES.

Subdivision 1. **Certain wages excluded for rate making.** The rating association or an insurer shall not include wages paid for a vacation, holiday, or sick leave in the determination of a workers' compensation insurance premium.

Subd. 2. **Division of payroll.** An insurer shall permit an employer to divide his payroll among the rating classifications most closely fitting the work actually performed for purposes of premium calculation when the employer's records provide adequate support for a division.

History: *Ex1979 c 3 s 12; 1980 c 556 s 6*

79.22 DUTIES OF COMMISSIONER.

Subdivision 1. The commissioner of insurance shall require these insurers, or their agents, to file with him on such blanks as he may prescribe such reports as in the judgment of the commissioner, may be necessary for the purposes of sections 79.01 to 79.23; and this information when so filed shall be available for the use of the commissioner. No information regarding the writings of any insurer shall be made public by the commissioner or the association, or any of its employees, except as required by law.

Subd. 2. The commissioner shall annually examine the reopened case fund established in section 176.134 to determine whether the fund has sufficient assets to cover claims charged against the fund including the maintenance of reasonable reserves. If upon this examination the commissioner deems it necessary for the maintenance of the required assets he shall determine the amount to be assessed against insurers and self-insured employers and shall notify the commissioner of labor and industry of the determination.

History: *1921 c 85 s 22; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 13,68 (3633)*

79.221 INDEPENDENT CONTRACTORS; PAYROLL DETERMINATION.

Pursuant to the contested case procedures in sections 15.0411 to 15.052, the commissioner may establish a formula to be used to determine the remuneration of independent contractors whose actual payroll cannot be determined.

History: *Ex1979 c 3 s 14*

79.23 VIOLATIONS; PENALTIES.

Any insurer, rating association, agent, or other representative or employee of any insurer or rating association failing to comply with, or which is guilty of a violation of, any of the provisions of sections 79.01 to 79.23, or of any order or ruling of the commissioner of insurance made thereunder, shall be punished by a fine of not less than \$50 nor more than \$500. In addition thereto, the license of any insurer, agent, or broker guilty of such violation may be revoked or suspended by the commissioner of insurance.

History: *1921 c 85 s 23; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3634)*

79.24 INSURERS REQUIRED TO TAKE CERTAIN RISKS; REFUSAL TO WRITE.

It shall be the duty of companies carrying workers' compensation insurance and being members of the rating association of Minnesota, as defined in the statutes of this state, to insure and accept any workers' compensation insurance risk which shall have been tendered to and rejected by any member of the association, in the manner herein provided. The member of the association, or any agent of the member, refusing to write this insurance when the applicant has made written application for insurance, shall forthwith furnish the applicant for

insurance a written statement of the refusal, and the member of the association, or any agent of the member, to whom written application has been made, shall forthwith file a copy of the refusal with the rating association. The commissioner of insurance may revoke the license of the member or agent for refusal or failure to give the refusal in writing. The commissioner of insurance shall notify all members of the association now licensed to write insurance and such companies as may thereafter become members of the association of the provisions of this section.

History: 1929 c 237 s 1; 1937 c 175 s 1; 1969 c 9 s 9; 1975 c 359 s 23; Ex1979 c 3 s 68 (3634-1)

79.25 ASSOCIATION TO FIX PREMIUM RATES.

Subdivision 1. When any rejected risk is called to its attention and it appears that the risk is in good faith entitled to coverage the association shall fix the initial premium therefor and may fix an additional charge to compensate the agent of record for his services and, upon its payment, the association shall designate a member, whose duty it shall be to issue a policy containing the usual and customary provisions found in such policies therefor, but for which undertaking all members of the association shall be reinsurers as among themselves in the amount which the compensation insurance written in this state during the preceding calendar year by that member bears to the total compensation insurance written in this state during the preceding year by all the members of the association.

Subd. 2. An insurer that issues a policy pursuant to this section shall not receive an expense allowance that exceeds the expense allowance approved by the commissioner for other insurers.

History: 1929 c 237 s 2; 1969 c 949 s 2; Ex1979 c 3 s 15,68 (3634-2)

79.26 ASSOCIATION TO ADOPT RULES.

The association shall make and adopt such rules as may be necessary to carry this law into effect, subject to an appeal to the commissioner as in all other cases.

History: 1929 c 237 s 3; 1969 c 9 s 9; 1973 c 577 s 2; Ex1979 c 3 s 68 (3634-3)

79.27 APPLICATION.

As a prerequisite to the transaction of workers' compensation insurance in this state every insurance carrier shall file with the commissioner of insurance written authority permitting the association to act in its behalf, as provided in sections 79.24 to 79.27.

History: 1929 c 237 s 4; 1969 c 9 s 9; 1975 c 359 s 23; Ex1979 c 3 s 68 (3634-4)

79.28 LIABILITY OF INSURERS.

Carriers of workers' compensation insurance shall be liable to the extent and in the manner hereafter set forth for the payment of unpaid awards of workers' compensation arising out of injuries sustained from and after the passage of Laws 1935, Chapter 103, while the employer was insured by a carrier and the carrier becomes insolvent. Upon the determination by the commissioner of insurance, or other competent authority of the state where the carrier is incorporated or organized, that any carrier of workers' compensation insurance, which is or has been engaged in such business in this state, is insolvent, the workers' compensation division shall thereupon and thereafter from time to time certify to the rating association of Minnesota, as defined in sections 79.11 and

79.12, the unpaid awards of workers' compensation for such injuries outstanding against employers insured by this carrier and as to which it is liable. The rating association shall thereupon make payment of the unpaid awards so far as funds are available at the times and in the amounts required by the awards, unless payment in a lesser number of instalments is authorized by the commissioner of the department of labor and industry; and, if sufficient funds to make all of the payments due and payable are not available in any one year, the available funds shall be prorated to these claims in proportion to the amounts of the awards due and payable in that year and the unpaid portion thereof shall be paid as soon as funds are available.

History: 1935 c 103 s 1; Ex1967 c 1 s 6; 1969 c 9 s 9; 1973 c 388 s 1; 1975 c 359 s 1,23; Ex1979 c 3 s 68 (3634-6)

79.29 ASSESSMENTS.

If necessary to secure funds for the payment of these awards, it shall be the duty of the rating association upon such certification, to levy assessments on all carriers writing workers' compensation insurance in the proportion that the workers' compensation insurance written by each such carrier in the state during the preceding calendar year bears to the total of such insurance written in the state during that year. The assessments may be made at any time by the association in its discretion for such amount as it estimates will be necessary to meet both past and future awards which will probably become due and payable during the year in which the assessment is levied. Each company assessed shall have at least 30 days notice by mail as to the date the assessment is due and payable. In no event shall the total sum assessed in any calendar year exceed one percent of the premiums for workers' compensation insurance written in this state during the preceding calendar year. Any assessment paid under the provisions of sections 79.28 to 79.32 shall be included in determining the loss ratio of such carriers.

History: 1935 c 103 s 2; 1975 c 359 s 23; Ex1979 c 3 s 68 (3634-7)

79.30 SUBROGATION UPON INSOLVENCY.

The rating association shall be subrogated to the rights of the employee, or his dependents, as against the employer's worker's compensation insurance carrier, to the extent of payments made by the rating association under the provisions of sections 79.28 to 79.32 and shall take such legal proceedings as it shall deem necessary or advisable to recover thereon, and all sums so recovered shall constitute an additional fund for payment of these awards until the same are paid in full. The rating association shall not be subrogated to the rights of the employee, or his dependents, if any, as against the employer. In such a proceeding against an insolvent carrier, the rating association shall have first priority in payment from the assets of the insolvent insurer.

History: 1935 c 103 s 3; 1977 c 342 s 26; Ex1979 c 3 s 68 (3634-8)

79.31 RATING ASSOCIATION TO BE PARTY IN INTEREST.

After insolvency of any such carrier the rating association shall be a party in interest in all workers' compensation proceedings involving risk insured by this carrier with the same rights to receive notice, defend, appeal, and review as a solvent carrier would have.

History: 1935 c 103 s 4; 1975 c 359 s 23; Ex1979 c 3 s 68 (3634-9)

79.32 DUTIES OF RATING ASSOCIATION.

The association may sue for and recover any assessment not paid when due and any member thereof which shall fail to pay an assessment, as provided in sections 79.28 to 79.32, shall be liable to forfeiture and revocation of its license upon complaint made to the commissioner of insurance by the association.

History: 1935 c 103 s 5; 1969 c 9 s 9; Ex1979 c 3 s 68 (3634-10)

79.33 ADDITIONAL DUTIES OF THE COMMISSIONER.

In addition to other duties prescribed to the commissioner, he may: (a) study the feasibility of extending the experience rating system to employers who are not covered by it; and (b) require insurers when establishing reserves to use life expectancy tables, when available, that are appropriate for persons with equivalent disabilities. If these life expectancy tables are not available, the commissioner shall require insurers to develop them unless their development is not feasible.

History: Ex1979 c 3 s 16

79.34 CREATION OF REINSURANCE ASSOCIATION.

Subdivision 1. A nonprofit association known as the workers' compensation reinsurance association is created, which may be incorporated under chapter 317 with all the powers of a corporation formed under that chapter, except that if the provisions of that chapter are inconsistent with sections 79.34 to 79.42 or any amendments thereto, sections 79.34 to 79.42 shall govern. Each insurer as defined by section 79.01, subdivision 2, shall as a condition of its authority to transact workers' compensation insurance in this state, be a member of the reinsurance association and shall be bound by the plan of operation of the reinsurance association. Each self-insurer approved pursuant to section 176.181 shall, as a condition of its authority to self-insure workers' compensation liability in this state, be a member of the reinsurance association and shall be bound by its plan of operation. The reinsurance association shall not be deemed a state agency. Actions of the reinsurance association and its board of directors and actions of the commissioner of insurance with respect to the reinsurance association shall not be subject to chapter 15. The reinsurance association shall be exempt from taxation under the laws of this state and all property owned by the association shall be exempt from taxation. The reinsurance association shall not be obligated to make any payments or pay any assessments to any funds or pools established pursuant to this chapter or chapter 176 or any other law.

Subd. 2. The reinsurance association shall provide and each member shall accept indemnification for 100 percent of the amount of ultimate loss sustained in each loss occurrence relating to one or more claims arising out of a single compensable event, including aggregate losses related to a single event or occurrence which constitutes a single loss occurrence, under chapter 176 on and after October 1, 1979, in excess of \$300,000 or \$100,000 retention limit, at the option of the member. In case of occupational disease causing disablement on and after October 1, 1979, each person suffering such disablement shall be considered to be involved in a separate loss occurrence. Each retention limit shall be increased to the nearest \$10,000, on January 1, 1981 and on each January 1 thereafter by the percentage increase in the statewide average weekly wage, as determined in accordance with section 176.011, subdivision 20. Ultimate loss as used in this section means the actual loss amount which a member is obligated to pay and which is paid by the member for workers' compensation benefits payable under chapter 176 and shall not include claim expenses, assessments, damages or penalties. A loss is incurred by the reinsurance association on the date on which the accident or other compensable event giving rise to the loss occurs, and a member is liable for a loss up to its retention limit in effect at the time that the

loss was incurred, except that members which are determined by the reinsurance association to be controlled by or under common control with another member, and which are liable for claims from one or more employees entitled to compensation for a single compensable event, including aggregate losses relating to a single loss occurrence, may aggregate their losses and obtain indemnification from the reinsurance association for the aggregate losses in excess of the higher retention limit in effect at the time the loss was incurred. Each member is liable for payment of its ultimate loss and shall be entitled to indemnification from the reinsurance association for the ultimate loss in excess of the member's retention limit in effect at the time of the loss occurrence.

A member that chooses the higher retention limit shall retain the liability for all losses below the higher retention limit itself and shall not transfer the liability to any other entity or reinsure or otherwise contract for reimbursement or indemnification for losses below its retention limit, except in the following cases: (a) when the reinsurance or contract is with another member which, directly or indirectly, through one or more intermediaries, control or are controlled by or are under common control with the member; (b) when the reinsurance or contract provides for reimbursement or indemnification of a member if and only if the total of all claims which the member pays or incurs, but which are not reimbursable or subject to indemnification by the reinsurance association for a given period of time, exceeds a dollar value or percentage of premium written or earned and stated in the reinsurance agreement or contract; (c) when the reinsurance or contract is a pooling arrangement with other insurers where liability of the member to pay claims pursuant to chapter 176 is incidental to participation in the pool and not as a result of providing workers' compensation insurance to employers on a direct basis under chapter 176; or (d) any other reinsurance or contract approved by the commissioner upon his determination that the reinsurance or contract is not inconsistent with the bases for exception provided under clauses (a), (b) and (c) above.

Subd. 3. An insurer may withdraw from the reinsurance association only upon ceasing to be authorized by license issued by the commissioner to transact workers' compensation insurance in this state and when all workers' compensation insurance policies issued by such insurer have expired; a self-insurer may withdraw from the reinsurance association only upon ceasing to be approved to self-insure workers' compensation liability in this state pursuant to section 176.181.

An insurer or self-insurer which withdraws or whose membership in the reinsurance association is terminated shall continue to be bound by the plan of operation. Upon withdrawal or termination, all unpaid premiums which have been charged to the withdrawing or terminated member shall be payable as of the effective date of the withdrawal or termination.

Subd. 4. An unsatisfied net liability to the reinsurance association of an insolvent member shall be assumed by and apportioned among the remaining members of the reinsurance association as provided in the plan of operation. The reinsurance association shall have all rights allowed by law on behalf of the remaining members against the estate or funds of the insolvent member for sums due the reinsurance association.

Subd. 5. When a member has been merged or consolidated into another insurer or self-insurer, or another insurer, which provides insurance required by chapter 176, has reinsured a member's entire business, the member and successors in interest of the member shall remain liable for the member's obligations.

Subd. 6. The commissioner shall require each member to identify the portion of all losses which exceed its retention limit selected under this section in any report filed with the workers' compensation insurers rating association of

Minnesota or filed with the insurance division for use in reviewing the workers' compensation schedule of rates.

History: *Ex1979 c 3 s 17; 1980 c 556 s 7*

79.35 DUTIES; RESPONSIBILITIES; POWERS.

The reinsurance association shall do the following on behalf of its members:

(a) Assume 100 percent of the liability as provided in section 79.34;

(b) Establish procedures by which members shall promptly report to the reinsurance association each claim which, on the basis of the injury sustained, may reasonably be anticipated to involve liability to the reinsurance association if the member is held liable under chapter 176. Solely for the purpose of reporting claims, the member shall in all instances consider itself legally liable for the injury. The member shall advise the reinsurance association of subsequent developments likely to materially affect the interest of the reinsurance association in the claim;

(c) Maintain relevant loss and expense data relative to all liabilities of the reinsurance association and require each member to furnish statistics in connection with liabilities of the reinsurance association at the times and in the form and detail as may be required by the plan of operation;

(d) Calculate and charge to members a total premium sufficient to cover the expected liability which the reinsurance association will incur in excess of the higher retention limit but less than \$500,000, together with incurred or estimated to be incurred operating and administrative expenses and actual claim payments for claims in excess of \$500,000 for the period to which this premium is applicable. Each member shall be charged a proportion of the total premium in an amount equal to its proportion of the total standard earned premium of all members during the period to which the reinsurance association premium will apply, as determined by the commissioner. Each member exercising the lower retention option shall also be charged a premium established by the board as sufficient to cover incurred or estimated to be incurred claims for the liability the reinsurance association is likely to incur between the lower and higher retention limits for the period to which the premium applies. Each member's premium shall include an amount determined by the board to equitably distribute excess or deficient premiums from previous periods. An equitable basis for determining standard earned premium for self-insurers shall be established by the commissioner. The premiums charged to members shall not be unfairly discriminatory as defined in section 79.074. All premiums shall be approved by the commissioner;

(e) Require and accept the payment of premiums from members of the reinsurance association;

(f) Receive and distribute all sums required by the operation of the reinsurance association;

(g) Establish procedures for reviewing claims procedures and practices of members of the reinsurance association. If the claims procedures or practices of a member are considered inadequate to properly service the liabilities of the reinsurance association, the reinsurance association may undertake, or may contract with another person, including another member, to adjust or assist in the adjustment of claims which create a potential liability to the association and may charge the cost of the adjustment to the member; and

(h) Provide each member of the reinsurance association with an annual report of the operations of the reinsurance association in a form the board of directors may specify.

History: *Ex1979 c 3 s 18; 1980 c 556 s 8*

79.36 ADDITIONAL POWERS.

In addition to the powers granted in section 79.35, the reinsurance association may do the following:

(a) Sue and be sued. A judgment against the reinsurance association shall not create any direct liability against the individual members of the reinsurance association. The reinsurance association shall provide in the plan of operation for the indemnification, to the extent provided in the plan of operation, of the members, members of the board of directors of the reinsurance association, and officers, employees and other persons lawfully acting on behalf of the reinsurance association;

(b) Reinsure all or any portion of its potential liability, including potential liability in excess of \$500,000, with reinsurers licensed to transact insurance in this state or otherwise approved by the commissioner;

(c) Provide for appropriate housing, equipment, and personnel as may be necessary to assure the efficient operation of the reinsurance association;

(d) Contract for goods and services, including but not limited to independent claims management, actuarial, investment, and legal services from others within or without this state to assure the efficient operation of the reinsurance association;

(e) Adopt operating rules, consistent with the plan of operation, for the administration of the reinsurance association, enforce those operating rules, and delegate authority as necessary to assure the proper administration and operation of the reinsurance association;

(f) Intervene in or prosecute at any time, including but not limited to intervention or prosecution as subrogee to the member's rights in a third party action, any proceeding under this chapter or chapter 176 in which liability of the reinsurance association may, in the opinion of the board of directors of the reinsurance association or its designee, be established, or the reinsurance association affected in any other way;

(g) The net proceeds derived from intervention or prosecution of any subrogation interest, or other recovery, shall first be used to reimburse the reinsurance association for amounts paid or payable pursuant to this chapter, together with any expenses of recovery, including attorney's fees, and any excess shall be paid to the member or other person entitled thereto, as determined by the board of directors of the reinsurance association, unless otherwise ordered by a court.

(h) Hear and determine complaints of a company or other interested party concerning the operation of the reinsurance association; and

(i) Perform other acts not specifically enumerated in this section which are necessary or proper to accomplish the purposes of the reinsurance association and which are not inconsistent with sections 79.34 to 79.42 or the plan of operation.

History: *Ex1979 c 3 s 19; 1980 c 556 s 9*

79.37 BOARD OF DIRECTORS.

A board of directors of the reinsurance association is created and shall be responsible for the operation of the reinsurance association consistent with the plan of operation and sections 79.34 to 79.42. The board shall consist of nine directors and the commissioner of insurance who shall be an *ex officio* member. Four members of the board shall represent insurers, three members of the board shall represent employers, at least one, but not more than two, of whom shall represent self-insurers, and two members of the board shall represent employ-

ees. Members shall elect the insurer directors, and the commissioner shall appoint the employer and employee directors, for the terms authorized in the plan of operation. Each board member shall be entitled to one vote. Terms of the directors shall be staggered so that the terms of all the directors do not expire at the same time and so that a director does not serve a term of more than four years. The board shall select a chairman and other officers it deems appropriate.

A majority of the board shall constitute a quorum, notwithstanding any vacancies. Action may be taken by a majority vote of the directors present.

History: *Ex1979 c 3 s 20; 1980 c 556 s 10*

79.38 PLAN OF OPERATION.

Subdivision 1. **Provisions.** The plan of operation shall provide for all of the following:

- (a) The establishment of necessary facilities;
- (b) The management and operation of the reinsurance association;
- (c) A preliminary premium, payable by each member in proportion to its total premium in the year preceding the inauguration of the reinsurance association, for initial expenses necessary to commence operation of the reinsurance association;
- (d) Procedures to be utilized in charging premiums, including adjustments from excess or deficient premiums from prior periods;
- (e) Procedures governing the actual payment of premiums to the reinsurance association;
- (f) Reimbursement of each member of the board by the reinsurance association for actual and necessary expenses incurred on reinsurance association business;
- (g) The composition, terms, compensation and other necessary rules consistent with section 79.37 for boards of directors of the reinsurance association to succeed the initial board provided in section 79.41;
- (h) The investment policy of the reinsurance association; and
- (i) Any other matters required by or necessary to effectively implement sections 79.34 to 79.42.

Subd. 2. **Validity.** If the reinsurance association is incorporated pursuant to chapter 317, the plan of operation shall be filed with and accepted by the secretary of state as the corporation's articles of incorporation and bylaws. The plan of operation shall be valid as articles of incorporation and bylaws under chapter 317, notwithstanding that one or more of the required provisions for articles and bylaws under chapter 317 is not included or requirements of form are not followed.

Subd. 3. **Amendments.** (a) **Procedure with members' ratification.** The plan of operation may be amended, in whole or in part, as follows: proposal of an amendment by a member of the board and adoption by a majority vote of the board at a meeting duly called for that purpose, ratification by a majority vote of the members at any annual meeting or special meeting duly called for that purpose, and approval of the commissioner, provided that an amendment shall be deemed approved 30 days after the day following the date of ratification by the members if not sooner disapproved by written order of the commissioner.

(b) **Emergency board power to amend with delayed members' ratification.** The board shall have emergency powers to amend the plan at a meeting duly called for that purpose, without ratification by the members; provided that a meeting of members shall be scheduled to consider ratification of the amendment within 90 days.

(c) **Commissioner's power to amend.** If the board proposes an amendment which the members decline to ratify, the commissioner is authorized, upon request of the board, to amend the plan as proposed by the board when he determines that failure to adopt the proposed amendment may seriously impair the ability of the reinsurance association to meet its financial obligations.

(d) **Delegation of authority to ratify.** By a majority vote, the members, voting in person, or by proxy if authorized by the board, at a meeting duly called for that purpose, may authorize the board to exercise the power of amendment of the plan without ratification by the members. When the members have authorized the board to amend the plan without ratification by the members, the board may, by a majority vote of the directors, amend the plan, provided that notice of the meeting and of the proposed amendment shall be given to each director and officer, including the commissioner. By a majority vote, the members, voting in person, or by proxy if authorized by the board, at a meeting duly called for that purpose, may prospectively revoke the authority of the board to amend the plan without ratification by the members.

History: *Ex1979 c 3 s 21; 1980 c 556 s 11*

79.39 APPLICABILITY OF CHAPTER 79.

The reinsurance association is subject to all the provisions of this chapter. The commissioner or an authorized representative of the commissioner may visit the reinsurance association at any time and examine the reinsurance association's operations, records and practices.

History: *Ex1979 c 3 s 22*

79.40 PREMIUM INCLUSION IN RATEMAKING.

Premiums charged members by the reinsurance association shall be recognized in the ratemaking procedures for insurance rates in the same manner as assessments for the special compensation fund.

History: *Ex1979 c 3 s 23*

79.41 [Repealed, 1980 c 556 s 13]

79.42 [Repealed, 1980 c 556 s 13]

Securities
CHAPTER 80
SECURITIES DIVISION

- 80.01** Subdivision 1. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 2. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 3. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 4. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 5. [Repealed, 1965 c 333 s 10]
- Subd. 6. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 7. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 8. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 9. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 10. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 11. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 12. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 13. [Repealed, 1973 c 451 s 32 subd 1]
- 80.02** [Repealed, 1973 c 451 s 32 subd 1]
- 80.03** [Repealed, 1973 c 451 s 32 subd 1]
- 80.04** [Repealed, 1961 c 561 s 17]
- 80.05** Subdivision 1. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 2. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 3. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 4. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 5. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 6. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 7. [Repealed, 1969 c 400 s 2]
- Subd. 8. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 9. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 10. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 11. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 12. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 13. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 14. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 15. [Repealed, 1973 c 451 s 32 subd 1]
- Subd. 16. [Repealed, 1973 c 451 s 32 subd 1]
- 80.06** [Repealed, 1973 c 451 s 32 subd 1]
- 80.07** [Repealed, 1973 c 451 s 32 subd 1]
- 80.08** [Repealed, 1973 c 451 s 32 subd 1]
- 80.09** [Repealed, 1973 c 451 s 32 subd 1]
- 80.10** [Repealed, 1973 c 451 s 32 subd 1]
- 80.11** [Repealed, 1973 c 451 s 32 subd 1]
- 80.12** [Repealed, 1973 c 451 s 32 subd 1]

- 80.121 [Repealed, 1973 c 451 s 32 subd 1]
- 80.122 [Repealed, 1973 c 451 s 32 subd 1]
- 80.13 [Repealed, 1973 c 451 s 32 subd 1]
- 80.131 [Repealed, 1973 c 451 s 32 subd 1]
- 80.132 [Repealed, 1973 c 451 s 32 subd 1]
- 80.14 [Repealed, 1973 c 451 s 32 subd 1]
- 80.15 [Repealed, 1973 c 451 s 32 subd 1]
- 80.16 [Repealed, 1973 c 451 s 32 subd 1]
- 80.17 [Repealed, 1973 c 451 s 32 subd 1]
- 80.18 [Repealed, 1973 c 451 s 32 subd 1]
- 80.19 [Repealed, 1973 c 451 s 32 subd 1]
- 80.20 [Repealed, 1973 c 451 s 32 subd 1]
- 80.21 [Repealed, 1973 c 451 s 32 subd 1]
- 80.22 [Repealed, 1973 c 451 s 32 subd 1]
- 80.225 [Repealed, 1973 c 451 s 32 subd 1]
- 80.23 [Repealed, 1973 c 451 s 32 subd 1]
- 80.24 [Repealed, 1973 c 451 s 32 subd 1]
- 80.25 [Repealed, 1973 c 451 s 32 subd 1]
- 80.26 [Repealed, 1973 c 451 s 32 subd 1]
- 80.27 [Repealed, 1973 c 451 s 32 subd 1]
- 80.28 [Repealed, 1973 c 451 s 32 subd 1]
- 80.29 [Repealed, 1973 c 451 s 32 subd 1]
- 80.30 [Repealed, 1973 c 451 s 32 subd 1]
- 80.31 [Repealed, 1973 c 451 s 32 subd 1]
- 80.32 [Repealed, 1973 c 451 s 32 subd 1]
- 80.33 [Repealed, 1973 c 451 s 32 subd 1]
- 80.34 [Repealed, 1973 c 451 s 32 subd 1]
- 80.35 [Repealed, 1973 c 451 s 32 subd 1]
- 80.36 [Repealed, 1973 c 451 s 32 subd 1]
- 80.37 [Repealed, 1973 c 451 s 32 subd 1]