제3부 부록

I. McCarran-Ferguson법 관련 미국 법무부 보고서

II. 유럽연합 보험 관련 적용제외 규칙(2003, 1992)

III. 일본 보험업법과 시행규칙의 상호협정 관련 조항

Ⅰ. 맥캐런-퍼거슨법 관련 미국 법무부 보고서

1. 개관

미국 연방 법무성이 OECD 경쟁당국에 자국의 보험분야 적용제외상황에 대해 공식적으로 작성한 개별국가 보고서(Country report)이다. 이 문건은 맥캐런-퍼거슨 소정의 적용면제에 대한 미국 경쟁당국의 공식적인 견해로 보아도 무방할 것이다.

2. OECD Policy Roundtables – Competition and Regulation Issues in the Insurance Industry, DAFFE/CLP(98)20, pp. 206–210.

The McCarran–Ferguson Act

Enacted in 1945, the McCarran-Ferguson Act, 15 U.S.C. § 1012(b), exempts the Business of insurance from the federal antitrust law to the extent such business is regulated by state law. But the McCarran Act is limited by its own exception that

the exemption does not extend to "any agreement to boycott, coerce, or intimidate, or act of boycott, coercion, or intimidation." 15 U.S.C § 1013(b).

The "Business of insurance" requirement

In S.E.C. v. National Securities, Inc., 393 U.S. 453 (1969), the Court found that the McCarran Act, even apart from the boycott exception, did not exempt from federal regulation all activities of insurance companies. The McCarran Act exempted the "business" of insurance, not insurance companies.

Not all acts of insurance companies were the Business of insurance, The Court considered what constitutes the Business of insurance and determined that the relationship between insurer and insured was at the "core" of the Business of insurance, The Court enumerated certain acts which clearly were the Business of insurance: fixing of rates between insurer and insured, selling and advertising of policies, and licensing of companies and agents. Beyond those enumerated acts, the determination must be based upon the relationship between insurer and insured, Acts within the scope of that relationship or closely related to that relationship are within the Business of insurance.

The Supreme Court has made clear that not all aspects of a third-party provider contract are within the McCarran Act. In Group Life & Health Ins. Co. v. Royal Drug Co., Inc., 440 U.S. 205 (1979), aff'g 561 F.2d 262 (5th Cir. 1977), the Supreme Court found that fixing of prices between Blue Shield and participating pharmacies did not involve an insurance relationship between insurer and insured. Plaintiffs challenged Blue Shield's prepaid prescription drug policy which entitled insureds of Blue Shield to purchase drugs from any pharmacy. Blue Shield had entered into agreements with pharmacies to provide pharmaceutical services. If the insured purchased from a participating pharmacy, the insured paid only two

dollars, the policy deductible amount. If the insured used a non-participating pharmacy, the insured paid full price, and then was reimbursed to the extent of 75 percent of the price exceeding the two dollar deductible amount. Blue Cross limited its payment to participating pharmacies to two dollars above the pharmacy's cost. This two dollar markup was called a "professional dispensing fee." Blue Shield argued that the fixing of prices was directly related to its relationship with insureds, in that, it contained costs, thereby reducing premiums. The Supreme Court rejected the cost containment argument.

Similarly, in Union Labor Life Insurance Co. v. Pireno, 458 U.S. 119 (1982), the Court held that the use of a peer review committee to determine the reasonableness of chiropractic charges did not constitute the "Business of insurance" within the meaning of the McCarran Act. The Court reiterated the three criteria, outlined in Royal Drug, said to be relevant in determining whether a particular practice is part of the "Business of insurance" (i.e., whether the practice has the effect of transferring or spreading a policyholder's risk, whether the practice is an integral part of the policy relationship between the insurer and the insured, and whether the practice is limited to entities within the insurance industry), and found that the peer review procedure met none of the criteria.

A recent pre-Pireno Federal Trade Commission opinion letter, however, advises that a peer review plan would not violate antitrust laws if certain safeguards are followed. Advisory Opinion Letter to Peter M. Sfikas, 99 F.T.C. 648 (1982). Among the suggestions included are the selection of a consumer representative to be on the panel, stressing the voluntary and advisory nature of the peer review process, and making clear that no preferred status is conferred upon participants or non-preferred status conferred upon non-participants.

The Blue Cross/Blue Shield system of contracting to provide health care services, rather than indemnifying costs of health care services, has been found to

be the Business of insurance. Ocean State Physicians'' Health Plan v. Blue Cross and Blue Shield of Rhode Island, 883 F.2d 1101, 1108 (1st Cir. 1989), cert. denied, 110 S. Ct. 1473 (1990); Health Care Equalization Committee v, Iowa Medical Society, 851 F.2d 1020, 1028 (8th Cir. 1988); Frankford Hospital v. Blue Cross of Greater Philadelphia, 417 F.

Supp. 1104, 1106 (E.D. Pa. 1976), aff'd per curiam, 554 F.2d 1253 (3d Cir.), cert. denied, 434 U.S. 860(1977).

The "regulation by state law" requirement

The Supreme Court has suggested that this requirement is satisfied by general standards set by the state. See Federal Trade Commission. v. National Casualty Co., 357 U.S. 560, 564-65 (1958). Lower courts have applied the "general standards" requirement fairly broadly. See Ocean State, 883 F.2d at 1109 (state did not have to approve specific elements of HMO and adverse selection policy); In re Workers' Compensation Antitrust Litigation, 867 F.2d 1552, 1559 (8th Cir. 1989), cert. denied, 492 U.S. 920 (1989) ("The fundamental issue is whether a general prohibition providing an insurance commissioner with authority under a state unfair method of competition or unfair practices act is regulation under the McCarran-Ferguson Act."), cert. denied, 493 U.S. 818 (1989); Mackey v. Nationwide Insurance Cos., 724 F.2d 419, 421 (4th Cir. 1984) ("A body of state law which proscribes unfair insurance practices and provides for administrative supervision and enforcement satisfies the state requirement of the exemption.").

The "boycott, coercion, or intimidation" requirement

Much of the case law interpreting this provision focuses on the "boycott" rather

than the "coercion or intimidation" aspect of the exception. See, e.g., Hartford Fire Ins. v. California, 509 U.S. 764 (1993) (complaint sufficiently alleged statutory boycott exception); St. Paul Fire and Marine Ins. Co. v. Barry, 438 U.S. 531 (1978). The holding of these decisions is that a boycott is a refusal to deal in aid of achieving a purpose unrelated to that refusal to deal. In effect, a boycott is a tactic designed to coerce a target into cooperating in connection with a separate transaction. The effect of these decisions is to confirm that much insurance industry activity that might otherwise violate the U.S. antitrust laws is in fact exempt from those laws.

"Coercion" does not generally include situations where options have not been entirely closed off to the allegedly coerced parties, even though such options may have been made more expensive. See Ocean State (attempt to lure subscribers from competing HMO by offering favorable rates for traditional indemnity coverage did not amount to coercion); Klamath-Lake Pharmaceutical Association v. Klamath Medical Service Bureau, 701 F.2d 1276 (9th Cir. 1983), cert. denied, 464 U.S. 822 (1984) (policy that insureds use provider's pharmacy to receive benefits did not constitute coercion where insureds were not precluded from using other pharmacies). In Feinstein v. Nettleship Co. of Los Angeles, 714 F.2d 928 (9th Cir. 1983), cert. denied, 466 U.S. 972 (1984), it was held that a medical association's agreement with insurers to offer malpractice insurance through an exclusive broker to association members was not a boycott where the agreement did not restrict members from dealing with other insurers, even though participation in the plan was restricted to members only. Recent opinions of lower courts, as well, indicate that the McCarran-Ferguson insurance exemption will be narrowly construed. In Hahn v. Oregon Physicians Service, 689 F.2d 840 (9th Cir. 1982), cert. denied, 462 U.S. 1133 (1983), the court held that the exclusion of podiatric services from health plan coverage could not be justified by risk-related reasons and was therefore not

at the core of the Business of insurance. In Portland Retail Druggists Association v. Kaiser Foundation Health Plan, 662 F.2d 641 (9th Cir. 1981), cert. denied, 469 U.S. 1229 (1985), the court held that contractual arrangements and conditions by which HMOs acquired drugs from manufacturers, wholesalers, and distributors were not within the Business of insurance, thereby rendering the requirement that customers buy HMO drug plans in order to obtain health plans amenable to suit as a tying arrangement. In Nurse Midwifery Associates v. Hibbett, 549 F. Supp. 1185 (M.D. Tenn. 1982), the court held that the concerted activities of defendant obstetricians and a provider of malpractice insurance effectively denying coverage to physicians who associated with nurse midwives was not the Business of insurance. In Kartell v. Blue Shield of Massachusetts, 542 F. Supp. 782 (D. Mass.), appeal dismissed, 687 F.2d 543 (1st Cir. 1982), the court held that an arrangement between Blue Shield and participating doctors, whereby the doctors would accept stipulated amounts as payment in full, involved some risk, in that the doctors would only receive a pro rata share if funds were insufficient, but was not enough to qualify as the Business of insurance. In Blue Cross of Washington and Alaska v. Kitsap Physicians Service, 1982-1 Trade Cas. (CCH) ¶ 64,588 (W.D. Wash. 1981), the court held that a bylaw of a health insurance provider, denying membership to any surgeon or physician who contracts to provide services to any health care provider which utilizes a closed panel, was not exempt from antitrust scrutiny under the McCarran Act.

Ⅱ. 유럽연합 보험분야 적용제외 규칙

1. 개관

유럽연합 보험분야 일괄 적용제외 규칙(Insurance Block Exemption Regulation, 약칭 IBER)은 여러 차례의 개정을 거쳤고, 현행 2010년 개정규칙은 2017년 3월 31일 실효를 앞두고 있다. 보험분야 경쟁법 적용제외에 관한 규칙은 역내국가의 보험시장의 상황 그리고 보험거래의 수요를 반영하여 정밀하게 발전해 왔다. 우리나라 상호협정 제도의 개편에서 유력한 참고가 될 것으로 보인다. 이 부록에서는 1992년 규칙과 2003년 규칙을 수록한다.

규칙의 개정경과

1. 1992년 규칙 제정(Regulation 3932/92. 효력기간 2003년 3월 31일까지)
2. 2003년 규칙[Regulation (EC) No 358/2003. 2010. 3. 31까지 발효]
3. 2010년 규칙[Commission Regulation (EU) No 267/2010. 2017. 3. 31까지 발효]
4. 2017. 3. 31 일몰 예정

2. 2003년 Regulation

Commission Regulation (EC) No 358/2003 of 27 February 2003 on the application of Article 81(3) of the Treaty to certain categories of agreements, decisions and concerted practices in the insurance sector

CHAPTER I. EXEMPTION AND DEFINITIONS

Article 1. Exemption

Pursuant to Article 81(3) of the Treaty and subject to the provisions of this

Regulation, it is hereby declared that Article 81(1) of the Treaty shall not apply to agreements entered into between two or more undertakings in the insurance sector (hereinafter referred to as "the parties") with respect to:

(a) the joint establishment and distribution of:

- calculations of the average cost of covering a specified risk in the past (hereinafter "calculations");
- in connection with insurance involving an element of capitalisation, mortality tables, and tables showing the frequency of illness, accident and invalidity (hereinafter "tables");

(b) the joint carrying-out of studies on the probable impact of general circumstances external to the interested undertakings, either on the frequency or scale of future claims for a given risk or risk category or on the profitability of different types of investment (hereinafter "studies"), and the distribution of the results of such studies;

(c) the joint establishment and distribution of non-binding standard policy conditions for direct insurance (hereinafter "standard policy conditions");

(d) the joint establishment and distribution of non-binding models illustrating the profits to be realised from an insurance policy involving an element of capitalisation (hereinafter "models");

(e) the setting-up and operation of groups of insurance undertakings or of insurance undertakings and reinsurance undertakings for the common coverage of a specific category of risks in the form of co-insurance or co-reinsurance; and

(f) the establishment, recognition and distribution of:

- technical specifications, rules or codes of practice concerning those types of security devices for which there do not exist at Community level technical specifications, classification systems, rules, procedures or codes of practice

harmonised in line with Community legislation covering the free movement of goods, and procedures for assessing and approving the compliance of security devices with such specifications, rules or codes of practice,

- technical specifications, rules or codes of practice for the installation and maintenance of security devices, and procedures for assessing and approving the compliance of undertakings which install or maintain security devices with such specifications, rules or codes of practice.

Article 2. Definitions

For the purposes of the present Regulation, the following definitions shall apply:

1. "Agreement" means an agreement, a decision of an association of undertakings or a concerted practice;
2. "Participating undertakings" means undertakings party to the agreement and their respective connected undertakings;
3. "Connected undertakings" means:
   (a) undertakings in which a party to the agreement, directly or indirectly:
      (i) has the power to exercise more than half the voting rights, or
      (ii) has the power to appoint more than half the members of the supervisory board, board of management or bodies legally representing the undertaking, or
      (iii) has the right to manage the undertaking's affairs;
   (b) undertakings which directly or indirectly have, over a party to the agreement, the rights or powers listed in (a);
   (c) undertakings in which an undertaking referred to in (b) has, directly or indirectly, the rights or powers listed in (a);
   (d) undertakings in which a party to the agreement together with one or more of the undertakings referred to in (a), (b) or (c), or in which two or more of the

latter undertakings, jointly have the rights or powers listed in (a);

(e) undertakings in which the rights or the powers listed in (a) are jointly held by:

(i) parties to the agreement or their respective connected undertakings referred to in (a) to (d), or

(ii) one or more of the parties to the agreement or one or more of their connected undertakings referred to in (a) to (d) and one or more third parties.

4. "Standard policy conditions" refers to any clauses contained in model or reference insurance policies prepared jointly by insurers or by bodies or associations of insurers;

5. "Co-insurance groups" means groups set up by insurance undertakings which:

(i) agree to underwrite in the name and for the account of all the participants the insurance of a specified risk category; or

(ii) entrust the underwriting and management of the insurance of a specified risk category in their name and on their behalf to one of the insurance undertakings, to a common broker or to a common body set up for this purpose;

6. "Co-reinsurance groups" means groups set up by insurance undertakings, possibly with the assistance of one or more re-insurance undertakings:

(i) in order to reinsure mutually all or part of their liabilities in respect of a specified risk category;

(ii) incidentally, to accept in the name and on behalf of all the participants the re-insurance of the same category of risks;

7. "New risks" means risks which did not exist before, and for which insurance cover requires the development of an entirely new insurance product, not involving an extension, improvement or replacement of an existing insurance

product.

8. "Security devices" means components and equipment designed for loss prevention and reduction, and systems formed from such elements.
9. "Commercial premium" means the price which is charged to the purchaser of an insurance policy.

CHAPTER II. JOINT CALCULATIONS, TABLES, AND STUDIES

Article 3. Conditions for exemption

1. The exemption provided for in Article 1(a) shall apply on condition that the calculations or tables:
   (a) are based on the assembly of data, spread over a number of risk-years chosen as an observation period, which relate to identical or comparable risks in sufficient number to constitute a base which can be handled statistically and which will yield figures on (inter alia):
   - the number of claims during the said period,
   - the number of individual risks insured in each risk-year of the chosen observation period,
   - the total amounts paid or payable in respect of claims arisen during the said period,
   - the total amount of capital insured for each risk-year during the chosen observation period;

   (b) include as detailed a breakdown of the available statistics as is actuarially adequate;

   (c) do not include in any way elements for contingencies, income deriving from reserves, administrative or commercial costs or fiscal or para-fiscal contributions, and take into account neither revenues from investments nor

anticipated profits.

2. The exemptions provided for in both Article 1(a) and Article 1(b) shall apply on condition that the calculations, tables or study results:

(a) do not identify the insurance undertakings concerned or any insured party;

(b) when compiled and distributed, include a statement that they are non-binding;

(c) are made available on reasonable and non-discriminatory terms, to any insurance undertaking which requests a copy of them, including insurance undertakings which are not active on the geographical or product market to which those calculations, tables or study results refer.

Article 4. Agreements not covered by the exemption

The exemption provided for in Article 1 shall not apply where participating undertakings enter into an undertaking or commitment among themselves, or oblige other undertakings, not to use calculations or tables that differ from those established pursuant to Article 1(a), or not to depart from the results of the studies referred to in Article 1(b).

CHAPTER III. STANDARD POLICY CONDITIONS AND MODELS

Article 5. Conditions for exemption

1. The exemption provided for in Article 1(c) shall apply on condition that the standard policy conditions:

(a) are established and distributed with an explicit statement that they are non-binding and that their use is not in any way recommended;

(b) expressly mention that participating undertakings are free to offer different policy conditions to their customers; and

(c) are accessible to any interested person and provided simply upon request.

2. The exemption provided for in Article 1(d) shall apply on condition that the non-binding models are established and distributed only by way of guidance.

Article 6. Agreements not covered by the exemption

1. The exemption provided for in Article 1(c) shall not apply where the standard policy conditions contain clauses which:

(a) contain any indication of the level of commercial premiums;

(b) indicate the amount of the cover or the part which the policyholder must pay himself (the "excess");

(c) impose comprehensive cover including risks to which a significant number of policyholders are not simultaneously exposed;

(d) allow the insurer to maintain the policy in the event that he cancels part of the cover, increases the premium without the risk or the scope of the cover being changed (without prejudice to indexation clauses), or otherwise alters the policy conditions without the express consent of the policyholder;

(e) allow the insurer to modify the term of the policy without the express consent of the policyholder;

(f) impose on the policyholder in the non-life assurance sector a contract period of more than three years;

(g) impose a renewal period of more than one year where the policy is automatically renewed unless notice is given upon the expiry of a given period;

(h) require the policyholder to agree to the reinstatement of a policy which has been suspended on account of the disappearance of the insured risk, if he is once again exposed to a risk of the same nature;

(i) require the policyholder to obtain cover from the same insurer for different risks;

(j) require the policyholder, in the event of disposal of the object of insurance, to make the acquirer take over the insurance policy;

(k) exclude or limit the cover of a risk if the policyholder uses security devices, or installing or maintenance undertakings, which are not approved in accordance with the relevant specifications agreed by an association or associations of insurers in one or several other Member States or at the European level.

2. The exemption provided for in Article 1(c) shall not benefit undertakings or associations of undertakings which agree, or agree to oblige other undertakings, not to apply conditions other than standard policy conditions established pursuant to an agreement between the participating undertakings.

3. Without prejudice to the establishment of specific insurance conditions for particular social or occupational categories of the population, the exemption provided for in Article 1(c) shall not apply to agreements decisions and concerted practices which exclude the coverage of certain risk categories because of the characteristics associated with the policyholder.

4. The exemption provided for in Article 1(d) shall not apply where, without prejudice to legally imposed obligations, the non-binding models include only specified interest rates or contain figures indicating administrative costs;

5. The exemption provided for in Article 1(d) shall not benefit undertakings or associations of undertakings which concert or undertake among themselves, or oblige other undertakings, not to apply models illustrating the benefits of an insurance policy other than those established pursuant to an agreement between the participating undertakings.

CHAPTER IV. COMMON COVERAGE OF CERTAIN TYPES OF RISKS

Article 7. Application of exemption and market share thresholds

1. As concerns co-insurance or co-reinsurance groups which are created after the date of entry into force of the present Regulation in order exclusively to cover new risks, the exemption provided for in Article 1(e) shall apply for a period of three years from the date of the first establishment of the group, regardless of the market share of the group.
2. As concerns co-insurance or co-reinsurance groups which do not fall within the scope of the first paragraph (for the reason that they have been in existence for over three years or have not been created in order to cover a new risk), the exemption provided for in Article 1(e) shall apply as long as the present Regulation remains in force, on condition that the insurance products underwritten within the grouping arrangement by the participating undertakings or on their behalf do not, in any of the markets concerned, represent:
   (a) in the case of co-insurance groups, more than 20 % of the relevant market;
   (b) in the case of co-reinsurance groups, more than 25 % of the relevant market.
3. For the purposes of applying the market share threshold provided for in the second paragraph the following rules shall apply:
   (a) the market share shall be calculated on the basis of the gross premium income; if gross premium income data are not available, estimates based on other reliable market information, including insurance cover provided or insured risk value, may be used to establish the market share of the undertaking concerned;
   (b) the market share shall be calculated on the basis of data relating to the preceding calendar year;

(c) the market share held by the undertakings referred to in Article 2(3)(e) shall be apportioned equally to each undertaking having the rights or the powers listed in Article 2(3)(a).

4. If the market share referred to in point (a) of the second paragraph is initially not more than 20 % but subsequently rises above this level without exceeding 22 %, the exemption provided for in Article 1(e) shall continue to apply for a period of two consecutive calendar years following the year in which the 20 % threshold was first exceeded.

5. If the market share referred to in point (a) of the second paragraph is initially not more than 20 % but subsequently rises above 22 %, the exemption provided for in Article 1(e) shall continue to apply for one calendar year following the year in which the level of 22 % was first exceeded.

6. The benefit of paragraphs 4 and 5 may not be combined so as to exceed a period of two calendar years.

7. If the market share referred to in point (b) of the second paragraph is initially not more than 25 % but subsequently rises above this level without exceeding 27 %, the exemption provided for in Article 1(e) shall continue to apply for a period of two consecutive calendar years following the year in which the 25 % threshold was first exceeded.

8. If the market share referred to in point (b) of the second paragraph is initially not more than 25 % but subsequently rises above 27 %, the exemption provided for in Article 1(e) shall continue to apply for one calendar year following the year in which the level of 27 % was first exceeded.

9. The benefit of paragraphs 7 and 8 may not be combined so as to exceed a period of two calendar years.

Article 8. Conditions for exemption

The exemption provided for in Article 1(e) shall apply on condition that:

(a) each participating undertaking has the right to withdraw from the group, subject to a period of notice of not more than one year, without incurring any sanctions;

(b) the rules of the group do not oblige any member of the group to insure or re-insure through the group, in whole or in part, any risk of the type covered by the group;

(c) the rules of the group do not restrict the activity of the group or its members to the insurance or reinsurance of risks located in any particular geographical part of the European Union;

(d) the agreement does not limit output or sales;

(e) the agreement does not allocate markets or customers;

(f) the members of a co-reinsurance group do not agree on the commercial premiums which they charge in direct insurance; and

(g) no member of the group, or undertaking which exercises a determining influence on the commercial policy of the group, is also a member of, or exercises a determining influence on the commercial policy of, a different group active on the same relevant market.

CHAPTER V. SECURITY DEVICES

Article 9. Conditions for exemption

The exemption provided for in Article 1(f) shall apply on condition that:

(a) the technical specifications and compliance assessment procedures are precise, technically justified and in proportion to the performance to be attained by the

security device concerned;

(b) the rules for the evaluation of installation undertakings and maintenance undertakings are objective, relate to their technical competence and are applied in a non-discriminatory manner;

(c) such specifications and rules are established and distributed with an accompanying statement that insurance undertakings are free to accept for insurance, on whatever terms and conditions they wish, other security devices or installation and maintenance undertakings which do not comply with these technical specifications or rules;

(d) such specifications and rules are provided simply upon request to any interested person;

(e) any lists of security devices and installation and maintenance undertakings compliant with specifications include a classification based on the level of performance obtained;

(f) a request for an assessment may be submitted at any time by any applicant;

(g) the evaluation of conformity does not impose on the applicant any expenses that are disproportionate to the costs of the approval procedure;

(h) the devices and installation undertakings and maintenance undertakings that meet the assessment criteria are certified to this effect in a non-discriminatory manner within a period of six months of the date of application, except where technical considerations justify a reasonable additional period;

(i) the fact of compliance or approval is certified in writing;

(j) the grounds for a refusal to issue the certificate of compliance are given in writing by attaching a duplicate copy of the records of the tests and controls that have been carried out;

(k) the grounds for a refusal to take into account a request for assessment are provided in writing; and

(l) the specifications and rules are applied by bodies accredited to norms in the series EN 45 000 and EN ISO/IEC 17025.

CHAPTER VI. MISCELLANEOUS PROVISIONS

Article 10. Withdrawal

The Commission may withdraw the benefit of this Regulation, pursuant to Article 7 of Council Regulation (EEC) No 1534/91, where either on its own initiative or at the request of a Member State or of a natural or legal person claiming a legitimate interest, it finds in a particular case that an agreement to which the exemption provided for in Article 1 applies nevertheless has effects which are incompatible with the conditions laid down in Article 81(3) of the Treaty, and in particular where,

(a) studies to which the exemption in Article 1(b) applies are based on unjustifiable hypotheses;

(b) standard policy conditions to which the exemption in Article 1(c) applies contain clauses which create, to the detriment of the policyholder, a significant imbalance between the rights and obligations arising from the contract;

(c) in relation to the common coverage of certain types of risks to which the exemption in Article 1(e) applies, the setting-up or operation of a group results, through the conditions governing admission, the definition of the risks to be covered, the agreements on retrocession or by any other means, in the sharing of the markets for the insurance products concerned or for neighbouring products.

Article 11. Transitional period

The prohibition laid down in Article 81(1) of the Treaty shall not apply during the

period from 1 April 2003 to 31 March 2004 in respect of agreements already in force on 31 March 2003 which do not satisfy the conditions for exemption provided for in this Regulation but which satisfy the conditions for exemption provided for in Regulation (EEC) No 3932/92.

Article 12. Period of validity

This Regulation shall enter into force on 1 April 2003. It shall expire on 31 March 2010. This Regulation shall be binding in its entirety and directly applicable in all Member States.

3. 1992년 규칙

COMMISSION REGULATION (EEC) No 3932/92 of 21 December 1992 on the application of Article 85 (3) of the Treaty to certain categories of agreements, decisions and concerted practices in the insurance sector

TITLE I General provisions

Article 1

Pursuant to Article 85 (3) of the Treaty and subject to the provisions of this Regulation, it is hereby declared that Article 85 (1) of the Treaty shall not apply to agreements, decisions by associations of undertakings and concerted practices in the insurance sector which seek cooperation with respect to:

(a) the establishment of common risk-premium tariffs based on collectively ascertained statistics or on the number of claims;

(b) the establishment of standard policy conditions;

(c) the common coverage of certain types of risks;

(d) the establishment of common rules on the testing and acceptance of security devices.

TITLE II Calculation of the premium

Article 2

The exemption provided for in Article 1 (a) hereof shall apply to agreements, decisions and concerted practices which relate to:

(a) the calculation of the average cost of risk cover (pure premiums) or the establishment and distribution of mortality tables, and tables showing the frequency of illness, accident and invalidity, in connection with insurance involving an element of capitalization - such tables being based on the assembly of data, spread over a number of risk-years chosen as an observation period, which relate to identical or comparable risks in sufficient number to constitute a base which can be handled statistically and which will yield figures on (inter alia):

- the number of claims during the said period,
- the number of individual risks insured in each risk-year of the chosen observation period,
- the total amounts paid or payable in respect of claims arisen during the said period,
- the total amount of capital insured for each risk-year during the chosen observation period,

(b) the carrying-out of studies on the probable impact of general circumstances external to the interested undertakings on the frequency or scale of claims, or the profitability of different types of investment, and the distribution of their results.

Article 3

The exemption shall apply on condition that:

(a) the calculations, tables or study results referred to in Article 2, when compiled and distributed, include a statement that they are purely illustrative;

(b) the calculations or tables referred to in Article 2 (a) do not include in any way loadings for contingencies, income deriving from reserves, administrative or commercial costs comprising commissions payable to intermediaries, fiscal or para-fiscal contributions or the anticipated profits of the participating undertakings;

(c) the calculations, tables or study results referred to in Article 2 do not identify the insurance undertakings concerned.

Article 4

The exemption shall not benefit undertakings or associations of undertakings which enter into an undertaking or commitment among themselves, or which oblige other undertakings, not to use calculations or tables that differ from those established pursuant to Article 2 (a), or not to depart from the results of the studies referred to in Article 2 (b).

TITLE III Standard policy conditions for direct insurance

Article 5

1. The exemption provided for in Article 1 (b) shall apply to agreements, decisions and concerted practices which have as their object the establishment and distribution of standard policy conditions for direct insurance.
2. The exemption shall also apply to agreements, decisions and concerted practices which have as their objeect the establishment and distribution of

common models illustrating the profits to be realized from an insurance policy involving an element of capitalization.

Article 6

1. The exemption shall apply on condition that the standard policy conditions referred to in Article 5 (1):
   (a) are established and distributed with an explicit statement that they are purely illustrative; and
   (b) expressly mention the possibility that different conditions may be agreed; and
   (c) are accessible to any interested person and provided simply upon request.
2. The exemption shall apply on condition that the illustrative models referred to in Article 5 (2) are established and distributed only by way of guidance.

Article 7

1. The exemption shall not apply where the standard policy conditions referred to in Article 5 (1) contain clauses which:
   (a) exclude from the cover losses normally relating to the class of insurance concerned, without indicating explicitly that each insurer remains free to extend the cover to such events;
   (b) make the cover of certain risks subject to specific conditions, without indicating explicity that each insurer remains free to waive them;
   (c) impose comprehensive cover including risks to which a significant number of policyholders is not simultaneously exposed, without indicating explicitly that each insurer remains free to propose separate cover;
   (d) indicate the amount of the cover or the part which the policyholder must pay himself (the 'excess');
   (e) allow the insurer to maintain the policy in the event that he cancels part of

the cover, increases the premium without the risk or the scope of the cover being changed (without prejudice to indexation clauses), or otherwise alters the policy conditions without the express consent of the policyholder;

(f) allow the insurer to modify the term of the policy without the express consent of the policyholder;

(g) impose on the policyholder in the non-life assurance sector a contract period of more than three years;

(h) impose a renewal period of more than one year where the policy is automatically renewed unless notice is given upon the expiry of a given period;

(i) require the policyholder to agree to the reinstatement of a policy which has been suspended on account of the disappearance of the insured risk, if he is once again exposed to a risk of the same nature;

(j) require the policyholder to obtain cover from the same insurer for different risks;

(k) require the policyholder, in the event of disposal of the object of insurance, to make the acquirer take over the insurance policy.

2. The exemption shall not benefit undertakings or associations of undertakings which concert or undertake among themselves, or oblige other undertakings not to apply conditions other than those referred to in Article 5 (1).

Article 8

Without prejudice to the establishment of specific insurance conditions for particular social or occupational categories of the population, the exemption shall not apply to agreements decisions and concerted practices which exclude the coverage of certain risk categories because of the characteristics associated with the policyholder.

Article 9

1. The exemption shall not apply where, without prejudice to legally imposed obligations, the illustrative models referred to in Article 5 (2) include only specified interest rates or contain figures indicating administrative costs;
2. The exemption shall not benefit undertakings or associations of undertakings which concert or undertake among themselves, or oblige other undertakings not to apply models illustrating the benefits of an insurance policy other than those referred to in Article 5 (2).

TITLE IV Common coverage of certain types of risks

Article 10

1. The exemption under Article 1 (c) hereof shall apply to agreements which have as their object the setting-up and operation of groups of insurance undertakings or of insurance undertakings and reinsurance undertakings for the common coverage of a specific category of risks in the form of co-insurance or co-reinsurance.
2. For the purposes of this Regulation:

(a) 'co-insurance groups' means groups set up by insurance undertakings which:

- agree to underwrite in the name and for the account of all the participants the insurance of a specified risk category, or
- entrust the underwriting and management of the insurance of a specified risk category in their name and on their behalf to one of the insurance undertakings, to a common broker or to a common body set up for this purpose;

(b) 'co-reinsurance groups' means groups set up by insurance undertakings, possibly with the assistance of one or more re-insurance undertakings:

- in order to reinsure mutually all or part of their liabilities in respect of a specified risk category,
- incidentally, to accept in the name and on behalf of all the participants the re-insurance of the same category of risks.

3. The agreements referred to in paragraph 1 may determine:

(a) the nature and characteristics of the risks covered by the co-insurance or co-reinsurance;

(b) the conditions governing admission to the group;

(c) the individual own-account shares of the participants in the risks co-insured or co-reinsured;

(d) the conditions for individual withdrawal of the participants;

(e) the rules governing the operation and management of the group.

4. The agreements alluded to in paragraph 2 (b) may further determine:

(a) the shares in the risks covered which the participants to not pass on for co-reinsurance (individual retentions);

(b) the cost of co-reinsurance, which includes both the operating costs of the group and the remuneration of the participants in their capacity as co-reinsurers.

Article 11

1. The exemption shall apply on condition that:

(a) the insurance products underwritten by the participating undertakings or on their behalf do not, in any of the markets concerned, represent:

- in the case of co-insurance groups, more than 10 % of all the insurance products that are identical or regarded as similar from the point of view of the risks covered and of the cover provided,
- in the case of co-reinsurance groups, more than 15 % of all the insurance

products that are identical or regarded as similar from the point of view of the risks covered and of the cover provided;

(b) each participating undertaking has the right to withdraw from the group, subject to a period of notice of not more than six months, without incurring any sanctions.

2. By way of derogation from paragraph 1, the respective percentages of 10 and 15 % apply only to the insurance products brought into the group, to the exclusion of identical or similar products underwritten by the participating companies or on their behalf and which are not brought into the group, where this group covers:

- catastrophe risks where the claims are both rare and large,
- aggravated risks which involve a higher probability of claims because of the characteristics of the risk insured.

This derogation is subject to the following conditions:

- that none of the concerned undertakings shall participate in another group that covers risks on the same market, and
- with respect to groups which cover aggravated risks, that the insurance products brought into the group shall not represent more than 15 % of all identical or similar products underwritten by the participating companies or on their behalf on the market concerned.

Article 12

Apart from the obligations referred to in Article 10, no restriction on competition shall be imposed on the undertakings participating in a co-insurance group other than:

(a) the obligation, in order to qualify for the co-insurance cover within the group, to

- take preventive measures into account,

- use the general or specific insurance conditions accepted by the group,
- use the commercial premiums set by the group;

(b) the obligation to submit to the group or approval any settlement of a claim relating to a co-insured risk;

(c) the obligation to entrust to the group the negotiation of reinsurance agreements on behalf of all concerned;

(d) a ban on reinsuring the individual share of the co-insured risk.

Article 13

Apart from the obligations referred to in Article 10, no restriction on competition shall be imposed on the undertakings participating in a co-reinsurance group other than:

(a) the obligation, in order to qualify for the co-reinsurance cover, to

- take preventive measures into account,
- use the general or specific insurance conditions accepted by the group,
- use a common risk-premium tariff for direct insurance calculated by the group, regard being had to the probable cost of risk cover or, where there is not sufficient experience to establish such a tariff, a risk premium accepted by the group,
- participate in the cost of the co-reinsurance;

(b) the obligation to submit to the group for approval the settlement of claims relating to the co-reinsured risks and exceeding a specified amount, or to pass such claims on to it for settlement;

(c) the obligation to entrust to the group the negotiation of retrocession agreements on behalf of all concerned;

(d) a ban on reinsuring the individual retention or retroceding the individual share.

TITLE V Security devices

Article 14

The exemption provided for in Article 1 (d) shall apply to agreements, decisions and concerted practices which have as their object the establishment, recognition and distribution of:

- technical specifications, in particular technical specifications intended as future European norms, and also procedures for assessing and certifying the compliance with such specifications of security devices and their installation and maintenance,
- rules for the evaluation and approval of installation undertakings or maintenance undertakings.

Article 15

The exemption shall apply on condition that:

(a) the technical specifications and compliancy assessment procedures are precise, technically justified and in proportion to the performance to be attained by the security device concerned;

(b) the rules for the evaluation of installation undertakings and maintenance undertakings are objective, relate to their technical competence and are applied in a non-discriminatory manner;

(c) such specifications and rules are established and distributed with the statement that insurance undertakings are free to accept other security devices or approve other installation and maintenance undertakings which do not comply with these technical specifications or rules;

(d) such specifications and rules are provided simply upon request to any interested person;

(e) such specifications include a classification based on the level of performance obtained;

(f) a request for an assessment may be submitted at any time by any applicant;

(g) the evaluation of conformity does not impose on the applicant any expenses that are disproportionate to the costs of the approval procedure;

(h) the devices and installation undertakings and maintenance undertakings that meet the assessment criteria are certified to this effect in a non-discriminatory manner within a period of six months of the date of application, except where technical considerations justify a reasonable additional period;

(i) the fact of compliance or approval is certified in writing;

(j) the grounds for a refusal to issue the ceritifcate of compliance are given in writing by attaching a duplicate copy of the records of the tests and controls that have been carried out;

(k) the grounds for a refusal to take into account a request for assessment are provided in writing;

(l) the specifications and rules are applied by bodies observing the appropriate provisions of norms in the series EN 45 000.

TITLE VI Miscellaneous provisions

Article 16

1. The provisions of this Regulation shall also apply where the participating undertakings lay down rights and obligations for the undertakings connected with them. The market shares, legal acts or conduct of the connected undertakings shall be considered to be those of the participating undertakings.

2. 'Connected undertakings' for the purposes of this Regulation means:

(a) undertakings in which a participating undertaking, directly or indirectly:

- owns more than half the capital or business assets, or
- has the power to exercise more than half the voting rights, or
- has the power to appoint more than half the members of the supervisory board, board of directors or bodies legally representing the undertaking, or
- has right to manage the affairs of the undertaking;

(b) undertakings which directly or indirectly have in or over a participating undertaking the rights or powers listes in (a);

(c) undertakings in which an undertaking referred to in (b) directly or indirectly has the rights or powers listed in (a).

3. Undertakings in which the participating undertakings or undertakings connected with them have directly or indirectly the rights or powers set out in paragraph 2 (a) shall be considered to be connected with each of the participating undertakings.

Article 17

The Commission may withdraw the benefit of this Regulation, pursuant to Article 7 of 1534/91, where it finds in a particular case that an agreement, decision or concerted practice exempted under this Regulation nevertheless has certain effects which are incompatible with the conditions laid down in Article 85 (3) of the EEC Treaty, and in particular where,

- in the cases referred to in Title II, the studies are based on unjustifiable hypotheses,
- in the cases referred to in Title III, the standard policy conditions contain clauses other than those listed in Article 7 (1) which create, to the detriment of the policyholder, a significant imbalance between the rights and obligations arising from the contract,
- in the cases referred to in Title IV:

(a) the undertakings participating in a group would not, having regard to the nature, characteristics and scale of the risks concerned, encounter any significant difficulties in operating individually on the relevant market without organizing themselves in a group;

(b) one or more participating undertakings exercise a determining influence on the commercial policy of more than one group on the same market;

(c) the setting-up or operation of a group may, through the conditions governing admission, the definition of the risks to be covered, the agreements on retrocession or by any other means, result in the sharing of the markets for the insurance products concerned or form neighbouring products;

(d) an insurance group which benefits from the provisions of Article 11 (2) has such a position with respect to aggravated risks that the policyholders encounter considerable difficulties in finding cover outside this group.

Article 18

1. As regards agreements existing on 13 March 1962 and notified before 1 February 1963 and agreements, whether notified or not, to which Article 4 (2) (1) of Regulation No 17 applies, the declaration of inapplicability of Article 85 (1) of the Treaty contained in this Regulation shall have retroactive effect from the time at which the conditions for application of this Regulation were fulfilled.
2. As regards all other agreements notified before this Regulation entered into force, the declaration of inapplicability of Article 85 (1) of the Treaty contained in this Regulation shall have retroactive effect from the time at which the conditions for application of this Regulation were fulfilled, or from the date of notification, whichever is later.

Article 19

If agreements existing on 13 March 1962 and notified before 1 February 1963, or agreements covered by Article 4 (2) (1) of Regulation No 17 and notified before 1 January 1967, are amended before 31 December 1993 so as to fulfil the conditions for application of this Regulation, and if the amendment is communicated to the Commission before 1 April 1994, the prohibition in Article 85 (1) of the Treaty shall not apply in respect of the period prior to the amendment. The communication shall take effect from the time of its receipt by the Commission. Where the communication is sent by registered post, it shall take effect from the date shown on the postmark of the place of posting.

Article 20

1. As regards agreements covered by Article 85 of the Treaty as a result of the accession of the United Kingdom, Ireland and Denmark, Articles 18 and 19 shall apply, on the understanding that the relevant dates shall be 1 January 1973 instead of 13 March 1962 and 1 July 1973 instead of 1 February 1963 and 1 January 1967.
2. As regards agreements covered by Article 85 of the Treaty as a result of the accession of Greece, Articles 18 and 19 shall apply, on the understanding that the relevant dates shall be 1 January 1981 instead of 13 March 1962 and 1 July 1981 instead of 1 February 1963 and 1 January 1967.
3. As regards agreements covered by Article 85 of the Treaty as a result of the accession of Spain and Portugal, Articles 18 and 19 shall apply, on the understanding that the relevant dates shall be 1 January 1986 instead of 13 March 1962 and 1 July 1986 instead of 1 February 1963 and 1 January 1967.

Article 21

This Regulation shall enter into force on 1 April 1993. It shall apply until 31 March 2003. This Regulation shall be binding in its entirety and directly applicable in all Member States.

Done at Brussels, 21 December 1992. For the Commission

Leon BRITTAN

Ⅲ. 일본 보험업법 관련 조항

1. 보험업법 제101조 ～ 105조

第百一条(私的独占の禁止及び公正取引の確保に関する法律 の適用除外)

1 私的独占の禁止及び公正取引の確保に関する法律 の規定は、次条第一項の認可を受けて行う次に掲げる行為には、適用しない。ただし、不公正な取引方法を用いるとき、一定の取引分野における競争を実質的に制限することにより保険契約者若しくは被保険者の利益を不当に害することとなるとき、又は第百五条第四項の規定による公示があった後一月を経過したとき (同条第三項の請求に応じ、内閣総理大臣が第百三条の規定による処分をした場合を除く。)は、この限りでない。

一 航空保険事業 (航空機(ロケットを含む。 以下この号において同じ。)若しくは航空機により運送される貨物を保険の目的とする保険又は航空機の事故により生じた損害を賠償する責任に関する保険の引受けを行う事業をいい、航空機搭乗中の者の傷害に関する保険の引受けに係る事業を含む。)、原子力保険事業(原子力施設を保険の目的とする保険又は原子力施設の事故により生じた損害を賠償する責任に関する保険の引受けを行う事業をい

う。)、 自動車損害賠償保障法の規定に基づく自動車損害賠償責任保険事業又は地震保険に関する法律(昭和四十一年法律第七十三号)に規定する地震保険契約に関する事業の固有の業務につき損害保険会社が他の損害保険会社(外国損害保険会社等を含む。)と行う共同行為

二 前号以外の保険の引受けに係る事業において、危険の分散又は平準化を図るためにあらかじめ損害保険会社と他の損害保険会社(外国損害保険会社等を含む。)との間で´共同して再保険することを定めておかなければ、保険契約者又は被保険者に著しく不利益を及ぼすおそれがあると認められる場合に、当該再保険契約又は当該再保険に係る保険契約につき次に掲げる行為の全部又は一部に関し損害保険会社が他の損害保険会社(外国損害保険会社等を含む。)と行う共同行為

イ 保険約款の内容(保険料率に係るものを除く。)の決定

ロ 損害査定の方法の決定

ハ 再保険の取引に関する相手方又は数量の決定

ニ 再保険料率及び再保険に関する手数料の決定

2 第百五条第三項の規定による請求が共同行為の内容の一部について行われたときは、 その共同行為の内容のうちその請求に係る部分以外の部分については、 前項ただし書(同条第四項の規定による公示に係る部分に限る。)の規定にかかわらず、前項本文の規定の適用があるものとする。

第百二条(共同行為の認可)

1 損害保険会社は、 前条第一項各号の共同行為を行い、 又はその内容を変更しようとするときは、内閣総理大臣の認可を受けなければならない。

2 内閣総理大臣は、 前項の認可の申請に係る共同行為の内容が次の各号に適合すると認めるときでなければ、同項の認可をしてはならない。

一 保険契約者又は被保険者の利益を不当に害さないこと。

二 不当に差別的でないこと。

三 加入及び脱退を不当に制限しないこと。

四 危険の分散又は平準化その他共同行為を行う目的に照らして必要最小限度であること。

第百三条(共同行為の変更命令及び認可の取消し)

内閣総理大臣は、 前条第一項の認可に係る共同行為の内容が同条第二項各号に適合するものでなくなったと認めるときは、その損害保険会社に対し、その共同行為の内容を変更すべきことを命じ、又はその認可を取り消さなければならない。

第百四条(共同行為の廃止の届出)

損害保険会社は、共同行為を廃止したときは、遅滞なく、その旨を内閣総理大臣に届け出なければならない。

第百五条(公正取引委員会との関係)

1 内閣総理大臣は、第百二条第一項の認可をしようとするときは、あらかじめ、公正取引委員会の同意を得なければならない。

2 内閣総理大臣は、 第百三条の規定による処分をしたとき、 又は前条の規定による届出を受理したときは、 遅滞なく、 その旨を公正取引委員会に通知しなければならない。

3 公正取引委員会は、第百二条第一項の認可を受けた共同行為の内容が同条第二項各号に適合するものでなくなったと認めるときは、 内閣総理大臣に対し、第百三条の規定による処分をすべきことを請求することができる。

4 公正取引委員会は、前項の規定による請求をしたときは、その旨を官報に公示しなければならない。

2. 시행규칙 관련 조항

(共同行為の認可の申請)

第五十五条　　損害保険会社(外国損害保険会社等を含む。以下この項において同じ。)は、 法第百二条第一項（法第百九十九条において準用する場合を含む。)の規定による認可を受けようとするときは´次に掲げる事項（共同行為の内容の変更をする場合においては、 当該変更の内容)を記載した共同行為の当事者である損害保険会社の連名の認可申請書を金融庁長官に提出しなければならない。

一　共同行為の当事者の商号、名称又は氏名及びその本店、主たる事務所又は日本における主たる店舗（法第百八十七条第一項第四号　に規定する日本における主たる店舗をいう。 以下同じ。） の所在地並びに当該当事者が法人である場合においては代表者又は法第百八十七条第一項第二号の日本における代表者の氏名

二　共同行為の名称

三　共同行為の態様

四　共同行為の開始時期及び期間の定めがある場合には、その開始時期及び期間

五　共同行為に関する事務を統括する事務所がある場合には、その事務所の名称及び所在地

2　前項の認可申請書には、次に掲げる書類を添付しなければならない。

一　理由書

二　共同行為に関する協定書´ 契約書その他の書面

三　その他参考となるべき事項を記載した書類

3　第一項の認可申請書及びその添付書類は、正本一通及びその写し二通を金融庁長官に提出しなければならない。

(保険業務等に関する苦情処理措置及び紛争解決措置)

第五十五条の二　法第百五条の二第一項第二号（法第百九十九条 において準用する場合を含む。）に規定する苦情処理措置として内閣府令で定める措置は、 次の

各号のいずれかとする。

一　次に掲げるすべての措置を講じること。

イ　保険業務等関連苦情(法第二条第三十八項 に規定する保険業務等関連苦情をいう。 以下この項及び第三項において同じ。)の処理に関する業務を公正かつ的確に遂行するに足りる業務運営体制を整備すること。

ロ　保険業務等関連苦情の処理に関する業務を公正かつ的確に遂行するための規則（当該業務に関する保険業関係業者（法第二条第四十二項 に規定する保険業関係業者をいう。 第四号及び第三項において同じ。)内における責任分担を明確化する規定を含むものに限る。)を整備すること。

ハ　保険業務等関連苦情の申出先を顧客(法第百五条の二第一項第二号 に規定する顧客をいう。)に周知し、 並びにイの業務運営体制及びロの規則を公表すること。

二　金融商品取引法第七十七条第一項(同法第七十八条の六 （投資者からの苦情に対する対応等)及び第七十九条の十二(認定団体による苦情の処理)において準用する場合を含む。） （投資者からの苦情に対する対応等)の規定により金融商品取引業協会(同法第二条第十三項(定義)に規定する認可金融商品取引業協会又は同法第七十八条第二項(認定金融商品取引業協会の認定)に規定する認定金融商品取引業協会をいう。 次項第一号において同じ。)又は認定投資者保護団体(同法第七十九条の十第一項(業務廃止の届出)に規定する認定投資者保護団体をいう。次項第一号において同じ。)が行う苦情の解決により保険業務等関連苦情の処理を図ること。

三　消費者基本法(昭和四十三年法律第七十八号)第十九条第一項(苦情処理及び紛争解決の促進)又は第二十五条(国民生活センターの役割)に規定するあっせんにより保険業務等関連苦情の処理を図ること。

四　法第三百八条の二第一項 に規定する指定(その紛争解決等業務の種別が当該保険業関係業者が行う保険業務等以外の保険業務等であるものに限る。次項第四号において同じ。） 又は令第四十四条の七 各号に掲げる指定を受

けた者が実施する苦情を処理する手続により保険業務等関連苦情の処理を図ること。

五　保険業務等関連苦情の処理に関する業務を公正かつ的確に遂行するに足りる経理的基礎及び人的構成を有する法人(法第三百八条の二第一項第一号に規定する法人をいう。次項第五号において同じ。)が実施する苦情を処理する手続により保険業務等関連苦情の処理を図ること。

2　法第百五条の二第一項第二号(法第百九十九条において準用する場合を含む。)に規定する紛争解決措置として内閣府令で定める措置は、次の各号のいずれかとする。

一　金融商品取引業協会又は認定投資者保護団体のあっせん(金融商品取引法第七十七条の二第一項(同法第七十八条の七(認定協会によるあつせん)及び第七十九条の十三(認定団体によるあつせん)において準用する場合を含む。)(認可協会によるあつせん)に規定するあっせんをいう。)により保険業務等関連紛争(法第二条第三十九項　に規定する保険業務等関連紛争をいう。以下この条において同じ。)の解決を図ること。

二　弁護士法(昭和二十四年法律第二百五号)　第三十三条第一項(会則)に規定する会則若しくは当該会則の規定により定められた規則に規定する機関におけるあっせん又は当該機関における仲裁手続により保険業務等関連紛争の解決を図ること。

三　消費者基本法第十九条第一項　若しくは第二十五条に規定するあっせん又は同条　に規定する合意による解決により保険業務等関連紛争の解決を図ること。

四　法第三百八条の二第一項に規定する指定又は令第四十四条の七各号に掲げる指定を受けた者が実施する紛争の解決を図る手続により保険業務等関連紛争の解決を図ること。

五　保険業務等関連紛争の解決に関する業務を公正かつ的確に遂行するに足りる経理的基礎及び人的構成を有する法人が実施する紛争の解決を図る手続

により保険業務等関連紛争の解決を図ること。

3 前二項(第一項第五号及び前項第五号に限る。)の規定にかかわらず、保険業関係業者は、次の各号のいずれかに該当する法人が実施する手続により保険業務等関連苦情の処理又は保険業務等関連紛争の解決を図ってはならない。

一 法又は弁護士法の規定により罰金の刑に処せられ、その執行を終わり、又は執行を受けることがなくなった日から五年を経過しない法人

二 法第三百八条の二十四第一項の規定により法第三百八条の二第一項の規定による指定を取り消され、その取消しの日から五年を経過しない法人又は令第四十四条の七各号に掲げる指定を取り消され、その取消しの日から五年を経過しない法人

三 その業務を行う役員(役員が法人であるときは、その職務を行うべき者を含む。以下この号において同じ。)のうちに、次のいずれかに該当する者がある法人

イ 禁錮以上の刑に処せられ、又は法若しくは弁護士法の規定により刑に処せられ、その執行を終わり、又は執行を受けることがなくなった日から五年を経過しない者

ロ 法第三百八条の二十四第一項の規定により法第三百八条の二第一項の規定による指定を取り消された法人において、その取消しの日前一月以内にその法人の役員であった者でその取消しの日から五年を経過しない者又は令第四十四条の七各号に掲げる指定を取り消された法人において、その取消しの日前一月以内にその法人の役員であった者でその取消しの日から五年を経過しない者

보험연구원(KIRI) 발간물 안내

■ 연구보고서

2017-1 보험산업 미래 / 김석영 · 윤성훈 · 이선주 2017.2

■ 연구보고서(구)

2008-1 보험회사의 리스크 중심 경영전략에 관한 연구 / 최영목 · 장동식 · 김동겸 2008.1
2008-2 한국 보험시장과 공정거래법 / 정호열 2008.6
2008-3 확정급여형 퇴직연금의 자산운용 / 류건식 · 이경희 · 김동겸 2008.3
2009-1 보험설계사의 특성분석과 고능률화 방안 / 안철경 · 권오경 2009.1
2009-2 자동차사고의 사회적 비용 최소화 방안 / 기승도 2009.2
2009-3 우리나라 가계부채 문제의 진단과 평가 / 유경원 · 이혜은 2009.3
2009-4 사적연금의 노후소득보장 기능제고 방안 / 류건식 · 이창우 · 김동겸 2009.3
2009-5 일반화선형모형(GLM)을 이용한 자동차보험 요율상대도 산출 방법 연구 / 기승도 · 김대환 2009.8
2009-6 주행거리에 연동한 자동차보험제도 연구 / 기승도 · 김대환 · 김혜란 2010.1
2010-1 우리나라 가계 금융자산 축적 부진의 원인과 시사점 / 유경원 · 이혜은 2010.4
2010-2 생명보험 상품별 해지율 추정 및 예측 모형 / 황진태 · 이경희 2010.5
2010-3 보험회사 자산관리서비스 사업모형 검토 / 진 익 · 김동겸 2010.7

■ 정책보고서(구)

2008-2 환경오염리스크관리를 위한 보험제도 활용방안 / 이기형 2008.3
2008-3 금융상품의 정의 및 분류에 관한 연구 / 유지호 · 최 원 2008.3
2008-4 2009년도 보험산업 전망과 과제 / 이진면 · 이태열 · 신종협 · 황진태 · 유진아 · 김세환 · 이정환 · 박정희 · 김세중 · 최이섭 2008.11
2009-1 현 금융위기 진단과 위기극복을 위한 정책제언 / 진 익 · 이민환 · 유경원 · 최영목 · 최형선 · 최 원 · 이경아 · 이혜은 2009.2

2009-2 퇴직연금의 급여 지급 방식 다양화 방안 / 이경희 2009.3
2009-3 보험분쟁의 재판외적 해결 활성화 방안 / 오영수 · 김경환 · 이종욱 2009.3
2009-4 2010년도 보험산업 전망과 과제 / 이진면 · 황진태 · 변혜원 · 이경희 · 이정환 · 박정희 · 김세중 · 최이섭 2009.12
2009-5 금융상품판매전문회사의 도입이 보험회사에 미치는 영향 / 안철경 · 변혜원 · 권오경 2010.1
2010-1 보험사기 영향요인과 방지방안 / 송윤아 2010.3
2010-2 2011년도 보험산업 전망과 과제 / 이진면 · 김대환 · 이경희 · 이정환 · 최 원 · 김세중 · 최이섭 2010.12
2011-1 금융소비자 보호 체계 개선방안 / 오영수 · 안철경 · 변혜원 · 최영목 · 최형선 · 김경환 · 이상우 · 박정희 · 김미화 2010.4
2011-2 일반공제사업 규제의 합리화 방안 / 오영수 · 김경환 · 박정희 2011.7
2011-3 퇴직연금 적립금의 연금전환 유도방안 / 이경희 2011.5
2011-4 저출산 · 고령화와 금융의 역할 / 윤성훈 · 류건식 · 오영수 · 조용운 · 진 익 · 유진아 · 변혜원 2011.7
2011-5 소비자 보호를 위한 보험유통채널 개선방안 / 안철경 · 이경희 2011.11
2011-6 2012년도 보험산업 전망과 과제 / 윤성훈 · 황진태 · 이정환 · 최 원 · 김세중 · 오병국 2011.12
2012-1 인적사고 보험금의 지급방식 다양화 방안 / 조재린 · 이기형 · 정인영 2012.8
2012-2 보험산업 진입 및 퇴출에 관한 연구 / 이기형 · 변혜원 · 정인영 2012.10
2012-3 금융위기 이후 보험규제 변화 및 시사점 / 임준환 · 유진아 · 이경아 2012.11
2012-4 소비자중심의 변액연금보험 개선방안 연구: 공시 및 상품설계 개선을 중심으로 / 이기형 · 임준환 · 김해식 · 이경희 · 조영현 · 정인영 2012.12
2013-1 생명보험의 자살면책기간이 자살에 미치는 영향 / 이창우 · 윤상호 2013.1
2013-2 퇴직연금 지배구조체계 개선방안 / 류건식 · 김대환 · 이상우 2013.1
2013-3 2013년도 보험산업 전망과 과제 / 윤성훈 · 전용식 · 이정환 · 최 원 · 김세중 · 채원영 2013.2
2013-4 사회안전망 체제 개편과 보험산업 역할 / 진 익 · 오병국 · 이성은 2013.3
2013-5 보험지주회사 감독체계 개선방안 연구 / 이승준 · 김해식 · 조재린 2013.5

2013-6 2014년도 보험산업 전망과 과제 / 윤성훈 · 전용식 · 최 원 · 김세중 · 채원영 2013.12
2014-1 보험시장 경쟁정책 투명성 제고방안 / 이승준 · 강민규 · 이해랑 2014.3
2014-2 국내 보험회사 지급여력규제 평가 및 개선방안 / 조재린 · 김해식 · 김석영 2014.3
2014-3 공 · 사 사회안전망의 효율적인 역할 제고 방안 / 이태열 · 강성호 · 김유미 2014.4
2014-4 2015년도 보험산업 전망과 과제 / 윤성훈 · 김석영 · 김진억 · 최 원 · 채원영 · 이아름 · 이해랑 2014.11
2014-5 의료보장체계 합리화를 위한 공 · 사건강보험 협력방안 / 조용운 · 김경환 · 김미화 2014.12
2015-1 보험회사 재무건전성 규제-IFRS와 RBC 연계방안 / 김해식 · 조재린 · 이경아 2015.2
2015-2 2016년도 보험산업 전망과 과제 / 윤성훈 · 김석영 · 김진억 · 최 원 · 채원영 · 이아름 · 이해랑 2015.11
2016-1 정년연장의 노후소득 개선 효과와 개인연금의 정책방향 / 강성호 · 정봉은 · 김유미 2016.2
2016-2 국민건강보험 보장률 인상 정책 평가: DSGE 접근법 / 임태준 · 이정택 · 김혜란 2016.11
2016-3 2017년도 보험산업 전망과 과제 / 동향분석실 2016.12

■ 경영보고서(구)

2009-1 기업휴지보험 활성화 방안 연구 / 이기형 · 한상용 2009.3
2009-2 자산관리서비스 활성화 방안 / 진 익 2009.3
2009-3 탄소시장 및 녹색보험 활성화 방안 / 진 익 · 유시용 · 이경아 2009.3
2009-4 생명보험회사의 지속가능성장에 관한 연구 / 최영목 · 최 원 2009.6
2010-1 독립판매채널의 성장과 생명보험회사의 대응 / 안철경 · 권오경 2010.2
2010-2 보험회사의 윤리경영 운영실태 및 개선방안 / 오영수 · 김경환 2010.2
2010-3 보험회사의 퇴직연금사업 운영전략 / 류건식 · 이창우 · 이상우 2010.3
2010-4(1) 보험환경변화에 따른 보험산업 성장방안 / 산업연구실 · 정책연구실 · 동향분석실 2010.6
2010-4(2) 종합금융서비스를 활용한 보험산업 성장방안 / 금융제도실 · 재무연구실 2010.6

2010-5 변액보험 보증리스크관리연구 / 권용재 · 장동식 · 서성민 2010.4
2010-6 RBC 내부모형 도입 방안 / 김해식 · 최영목 · 김소연 · 장동식 · 서성민 2010.10
2010-7 금융보증보험 가격결정모형 / 최영수 2010.7
2011-1 보험회사의 비대면채널 활용방안 / 안철경 · 변혜원 · 서성민 2011.1
2011-2 보증보험의 특성과 리스크 평가 / 최영목 · 김소연 · 김동겸 2011.2
2011-3 충성도를 고려한 자동차보험 마케팅전략 연구 / 기승도 · 황진태 2011.3
2011-4 보험회사의 상조서비스 기여방안 / 황진태 · 기승도 · 권오경 2011.5
2011-5 사기성클레임에 대한 최적조사방안 / 송윤아 · 정인영 2011.6
2011-6 민영의료보험의 보험리스크관리방안 / 조용운 · 황진태 · 김미화 2011.8
2011-7 보험회사의 개인형 퇴직연금 운영방안 / 류건식 · 김대환 · 이상우 2011.9
2011-8 퇴직연금시장의 환경변화에 따른 확정기여형 퇴직연금 운영방안 / 김대환 · 류건식 · 이상우 2011.10
2012-1 국내 생명보험회사의 기업공개 평가와 시사점 / 조영현 · 전용식 · 이혜은 2012.7
2012-2 보험산업 비전 2020 : ⓝ sure 4.0 / 진 익 · 김동겸 · 김혜란 2012.7
2012-3 현금흐름방식 보험료 산출의 시행과 과제 / 김해식 · 김석영 · 김세영 · 이혜은 2012.9
2012-4 보험회사의 장수리스크 발생원인과 관리방안 / 김대환 · 류건식 · 김동겸 2012.9
2012-5 은퇴가구의 경제형태 분석 / 유경원 2012.9
2012-6 보험회사의 날씨리스크 인수 활성화 방안: 지수형 날씨보험을 중심으로 / 조재린 · 황진태 · 권용재 · 채원영 2012.10
2013-1 자동차보험시장의 가격경쟁이 손해율에 미치는 영향과 시사점 / 전용식 · 채원영 2013.3
2013-2 중국 자동차보험 시장점유율 확대방안 연구 / 기승도 · 조용운 · 이소양 2013.5
2016-1 뉴 노멀 시대의 보험회사 경영전략 / 임준환 · 정봉은 · 황인창 · 이혜은 · 김혜란 · 정승연 2016.4
2016-2 금융보증보험 잠재 시장 연구: 지방자치단체 자금조달 시장을 중심으로 / 최창희 · 황인창 · 이경아 2016.5
2016-3 퇴직연금시장 환경변화와 보험회사 대응방안 / 류건식 · 강성호 · 김동겸 2016.5

■ 조사보고서(구)

2008-1 보험회사 글로벌화를 위한 해외보험시장 조사 / 양성문 · 김진억 · 지재원 · 박정희 · 김세중 2008.2
2008-2 노인장기요양보험 제도 도입에 대응한 장기간병보험 운영 방안 / 오영수 2008.3
2008-3 2008년 보험소비자 설문조사 / 안철경 · 기승도 · 이상우 2008.4
2008-4 주요국의 보험상품 판매권유 규제 / 이상우 2008.3
2009-1 2009년 보험소비자 설문조사 / 안철경 · 이상우 · 권오경 2009.3
2009-2 Solvency II의 리스크 평가모형 및 측정 방법 연구 / 장동식 2009.3
2009-3 이슬람 보험시장 진출방안 / 이진면 · 이정환 · 최이섭 · 정중영 · 최태영 2009.3
2009-4 미국 생명보험 정산거래의 현황과 시사점 / 김해식 2009.3
2009-5 헤지펀드 운용전략 활용방안 / 진 익 · 김상수 · 김종훈 · 변귀영 · 유시용 2009.3
2009-6 복합금융 그룹의 리스크와 감독 / 이민환 · 전선애 · 최 원 2009.4
2009-7 보험산업 글로벌화를 위한 정책적 지원방안 / 서대교 · 오영수 · 김영진 2009.4
2009-8 구조화금융 관점에서 본 금융위기 분석 및 시사점 / 임준환 · 이민환 · 윤건용 · 최 원 2009.7
2009-9 보험리스크 측정 및 평가 방법에 관한 연구 / 조용운 · 김세환 · 김세중 2009.7
2009-10 생명보험계약의 효력상실 · 해약분석 / 류건식 · 장동식 2009.8
2010-1 과거 금융위기 사례분석을 통한 최근 글로벌 금융위기 전망 / 신종협 · 최형선 · 최 원 2010.3
2010-2 금융산업의 영업행위 규제 개선방안 / 서대교 · 김미화 2010.3
2010-3 주요국의 민영건강보험의 운영체계와 시사점 / 이창우 · 이상우 2010.4
2010-4 2010년 보험소비자 설문조사 / 변혜원 · 박정희 2010.4
2010-5 산재보험의 운영체계에 대한 연구 / 송윤아 2010.5
2010-6 보험산업 내 공정거래규제 조화방안 / 이승준 · 이종욱 2010.5
2010-7 보험종류별 진료수가 차등적용 개선방안 / 조용운 · 서대교 · 김미화 2010.4
2010-8 보험회사의 금리위험 대응전략 / 진 익 · 김해식 · 유진아 · 김동겸 2011.1
2010-9 퇴직연금 규제체계 및 정책방향 / 류건식 · 이창우 · 이상우 2010.7

2011-1 생명보험설계사 활동실태 및 만족도 분석 / 안철경 · 황진태 · 서성민 2011.6
2011-2 2011년 보험소비자 설문조사 / 김대환 · 최 원 2011.5
2011-3 보험회사 녹색금융 참여방안 / 진 익 · 김해식 · 김혜란 2011.7
2011-4 의료시장 변화에 따른 민영실손의료보험의 대응 / 이창우 · 이기형 2011.8
2011-5 아세안 주요국의 보험시장 규제제도 연구 / 조용운 · 변혜원 · 이승준 · 김경환 · 오병국 2011.11
2012-1 2012년 보험소비자 설문조사 / 황진태 · 전용식 · 윤상호 · 기승도 · 이상우 · 최 원 2012.6
2012-2 일본의 퇴직연금제도 운영체계 특징과 시사점 / 이상우 · 오병국 2012.12
2012-3 솔벤시 Ⅱ의 보고 및 공시 체계와 시사점 / 장동식 · 김경환 2012.12
2013-1 2013년 보험소비자 설문조사 / 전용식 · 황진태 · 변혜원 · 정원석 · 박선영 · 이상우 · 최 원 2013.8
2013-2 건강보험 진료비 전망 및 활용방안 / 조용운 · 황진태 · 조재린 2013.9
2013-3 소비자 신뢰 제고와 보험상품 정보공시 개선방안 / 김해식 · 변혜원 · 황진태 2013.12
2013-4 보험회사의 사회적 책임 이행에 관한 연구 / 변혜원 · 조영현 2013.12
2014-1 주택연금 연계 간병보험제도 도입 방안 / 박선영 · 권오경 2014.3
2014-2 소득수준을 고려한 개인연금 세제 효율화방안: 보험료 납입단계의 세제방식 중심으로 / 정원석 · 강성호 · 이상우 2014.4
2014-3 보험규제에 관한 주요국의 법제연구: 모집채널, 행위 규제 등을 중심으로 / 한기정 · 최준규 2014.4
2014-4 보험산업 환경변화와 판매채널 전략 연구 / 황진태 · 박선영 · 권오경 2014.4
2014-5 거시경제 환경변화의 보험산업 파급효과 분석 / 전성주 · 전용식 2014.5
2014-6 국내경제의 일본식 장기부진 가능성 검토 / 전용식 · 윤성훈 · 채원영 2014.5
2014-7 건강생활관리서비스 사업모형 연구 / 조용운 · 오승연 · 김미화 2014.7
2014-8 보험개인정보 보호법제 개선방안 / 김경환 · 강민규 · 이해랑 2014.8
2014-9 2014년 보험소비자 설문조사 / 전용식 · 변혜원 · 정원석 · 박선영 · 오승연 · 이상우 · 최 원 2014.8
2014-10 보험회사 수익구조 진단 및 개선방안 / 김석영 · 김세중 · 김혜란 2014.11
2014-11 국내 보험회사의 해외사업 평가와 제언 / 전용식 · 조영현 · 채원영 2014.12
2015-1 보험민원 해결 프로세스 선진화 방안 / 박선영 · 권오경 2015.1

2015-2 재무건전성 규제 강화와 생명보험회사의 자본관리 / 조영현 · 조재린 · 김혜란 2015.2
2015-3 국내 배상책임보험 시장 성장 저해 요인 분석 – 대인사고 손해배상액 산정 기준을 중심으로 – / 최창희 · 정인영 2015.3
2015-4 보험산업 신뢰도 제고 방안 / 이태열 · 황진태 · 이선주 2015.3
2015-5 2015년 보험소비자 설문조사 / 동향분석실 2015.8
2015-6 인구 및 가구구조 변화가 보험 수요에 미치는 영향 / 오승연 · 김유미 2015.8
2016-1 경영환경 변화와 주요 해외 보험회사의 대응 전략 / 전용식 · 조영현 2016.2
2016-2 시스템리스크를 고려한 복합금융그룹 감독방안 / 이승준 · 민세진 2016.3
2016-3 저성장 시대 보험회사의 비용관리 / 김해식 · 김세중 · 김현경 2016.4
2016-4 자동차보험 해외사업 경영성과 분석과 시사점 / 전용식 · 송윤아 · 채원영 2016.4
2016-5 금융 · 보험세제연구: 집합투자기구, 보험 그리고 연금세제를 중심으로 / 정원석 · 임 준 · 김유미 2016.5
2016-6 가용자본 산출 방식에 따른국내 보험회사 지급여력 비교 / 조재린 · 황인창 · 이경아 2016.5
2016-7 해외 사례를 통해 본 중 · 소형 보험회사의 생존전략 / 이태열 · 김해식 · 김현경 2016.5
2016-8 생명보험회사의 연금상품 다양화 방안: 종신소득 보장기능을 중심으로 / 김세중 · 김혜란 2016.6
2016-9 2016년 보험소비자 설문조사 / 동향분석실 2016.8
2016-10 자율주행자동차 보험제도 연구 / 이기형 · 김혜란 2016.9

■ 조사자료집

2014-1 보험시장 자유화에 따른 보험산업 환경변화 / 최 원 · 김세중 2014.6
2014-2 주요국 내부자본적정성 평가 및 관리 제도 연구 – Own Risk and Solvency Assessment – / 장동식 · 이정환 2014.8
2015-1 고령층 대상 보험시장 현황과 해외사례 / 강성호 · 정원석 · 김동겸 2015.1

2015-2 경증치매자 보호를 위한 보험사의 치매신탁 도입방안 / 정봉은 · 이선주 2015.2
2015-3 소비자 금융이해력 강화 방안: 보험 및 연금 / 변혜원 · 이해랑 2015.4
2015-4 글로벌 금융위기 이후 세계경제의 구조적 변화 / 박대근 · 박춘원 · 이항용 2015.5
2015-5 노후소득보장을 위한 주택연금 활성화 방안 / 전성주 · 박선영 · 김유미 2015.5
2015-6 고령화에 대응한 생애자산관리 서비스 활성화 방안 / 정원석 · 김미화 2015.5
2015-7 일반 손해보험 요율제도 개선방안 연구 / 김석영 · 김혜란 2015.12

■ 연차보고서

제 1 호 2008년 연차보고서 / 보험연구원 2009.4
제 2 호 2009년 연차보고서 / 보험연구원 2010.3
제 3 호 2010년 연차보고서 / 보험연구원 2011.3
제 4 호 2011년 연차보고서 / 보험연구원 2012.3
제 5 호 2012년 연차보고서 / 보험연구원 2013.3
제 6 호 2013년 연차보고서 / 보험연구원 2013.12
제 7 호 2014년 연차보고서 / 보험연구원 2014.12
제 8 호 2015년 연차보고서 / 보험연구원 2015.12
제 9 호 2016년 연차보고서 / 보험연구원 2017.1

■ 영문발간물

제 7 호 Korean Insurance Industry 2008 / KIRI, 2008.9
제 8 호 Korean Insurance Industry 2009 / KIRI, 2009.9
제 9 호 Korean Insurance Industry 2010 / KIRI, 2010.8
제10호 Korean Insurance Industry 2011 / KIRI, 2011.10
제11호 Korean Insurance Industry 2012 / KIRI, 2012.11
제12호 Korean Insurance Industry 2013 / KIRI, 2013.12
제13호 Korean Insurance Industry 2014 / KIRI, 2014.7
제14호 Korean Insurance Industry 2015 / KIRI, 2015.7
제15호 Korean Insurance Industry 2016 / KIRI, 2016.7

제 6 호 Korean Insurance Industry Trend 2Q FY2013 / KIRI, 2014.2
제 7 호 Korean Insurance Industry Trend 3Q FY2013 / KIRI, 2014.5
제 8 호 Korean Insurance Industry Trend 1Q FY2014 / KIRI, 2014.8
제 9 호 Korean Insurance Industry Trend 2Q FY2014 / KIRI, 2014.10
제10호 Korean Insurance Industry Trend 3Q FY2014 / KIRI, 2015.2
제11호 Korean Insurance Industry Trend 4Q FY2014 / KIRI, 2015.4
제12호 Korean Insurance Industry Trend 1Q FY2015 / KIRI, 2015.8

■ CEO Report

2008-1 자동차보험 물적담보 손해율 관리 방안 / 기승도 2008.6
2008-2 보험산업 소액지급결제시스템 참여 관련 주요 이슈 / 이태열 2008.6
2008-3 FY2008 수입보험료 전망 / 동향분석실 2008.8
2008-4 퇴직급여보장법 개정안의 영향과 보험회사 대응과제 / 류건식 · 서성민 2008.12
2009-1 FY2009 보험산업 수정전망과 대응과제 / 동향분석실 2009.2
2009-2 퇴직연금 예금보험요율 적용의 타당성 검토 / 류건식 · 김동겸 2009.3
2009-3 퇴직연금 사업자 관련규제의 적정성 검토 / 류건식 · 이상우 2009.6
2009-4 퇴직연금 가입 및 인식실태 조사 / 류건식 · 이상우 2009.10
2010-1 복수사용자 퇴직연금제도의 도입 및 보험회사의 대응과제 / 김대환 · 이상우 · 김혜란 2010.4
2010-2 FY2010 수입보험료 전망 / 동향분석실 2010.6
2010-3 보험소비자 보호의 경영전략적 접근 / 오영수 2010.7
2010-4 장기손해보험 보험사기 방지를 위한 보험금 지급심사제도 개선 / 김대환 · 이기형 2010.9
2010-5 퇴직금 중간정산의 문제점과 개선과제 / 류건식 · 이상우 2010.9
2010-6 우리나라 신용카드시장의 특징 및 개선논의 / 최형선 2010.11
2011-1 G20 정상회의의 금융규제 논의 내용 및 보험산업에 대한 시사점 / 김동겸 2011.2
2011-2 영국의 공동계정 운영체계 / 최형선 · 김동겸 2011.3
2011-3 FY2011 수입보험료 전망 / 동향분석실 2011.7
2011-4 근퇴법 개정에 따른 퇴직연금 운영방안과 과제 / 김대환 · 류건식 2011.8
2012-1 FY2012 수입보험료 전망 / 동향분석실 2012.8

2012-2 건강생활서비스법 제정(안)에 대한 검토 / 조용운 · 이상우 2012.11
2012-3 보험연구원 명사초청 보험발전 간담회 토론 내용 / 윤성훈 · 전용식 · 전성주 · 채원영 2012.12
2012-4 새정부의 보험산업 정책(Ⅰ): 정책공약집을 중심으로 / 이기형 · 정인영 2012.12
2013-1 새정부의 보험산업 정책(Ⅱ): 국민건강보험 본인부담경감제 정책에 대한 평가 / 김대환 · 이상우 2013.1
2013-2 새정부의 보험산업 정책(Ⅲ): 제18대 대통령직인수위원회 제안 국정과제를 중심으로 / 이승준 2013.3
2013-3 FY2013 수입보험료 수정 전망 / 동향분석실 2013.7
2013-4 유럽 복합금융그룹의 보험사업 매각 원인과 시사점 / 전용식 · 윤성훈 2013.7
2014-1 2014년 수입보험료 수정 전망 / 동향분석실 2014.6
2014-2 인구구조 변화가 보험계약규모에 미치는 영향 분석 / 김석영 · 김세중 2014.6
2014-3 『보험 혁신 및 건전화 방안』의 주요 내용과 시사점 / 이태열 · 조재린 · 황진태 · 송윤아 2014.7
2014-4 아베노믹스 평가와 시사점 / 임준환 · 황인창 · 이혜은 2014.10
2015-1 연말정산 논란을 통해 본 소득세제 개선 방향 / 강성호 · 류건식 · 정원석 2015.2
2015-2 2015년 수입보험료 수정 전망 / 동향분석실 2015.6
2015-3 보험산업 경쟁력 제고 방안 및 이의 영향 / 김석영 2015.10
2016-1 금융규제 운영규정 제정 의미와 시사점 / 김석영 2016.1
2016-3 2016년 수입보험료 수정 전망 / 동향분석실 2016.7
2016-4 EU Solvency Ⅱ 경과조치의 의미와 시사점 / 황인창 · 조재린 2016.7
2016-5 비급여 진료비 관련 최근 논의 동향과 시사점 / 정성희 · 이태열 2016.9
2017-1 보험부채 시가평가와 보험산업의 과제 / 김해식 2017.2

■ Insurance Business Report

26호 퇴직연금 중심의 근로자 노후소득보장 과제 / 류건식 · 김동겸 2008.2
27호 보험부채의 리스크마진 측정 및 적용 사례 / 이경희 2008.6
28호 일본 금융상품판매법의 주요내용과 보험산업에 대한 영향 / 이기형

2008.6
29호 보험회사의 노인장기요양 사업 진출 방안 / 오영수 2008.6
30호 교차모집제도의 활용의향 분석 / 안철경 · 권오경 2008.7
31호 퇴직연금 국제회계기준의 도입영향과 대응과제 / 류건식 · 김동겸 2008.7
32호 보험회사의 헤지펀드 활용방안 / 진 익 2008.7
33호 연금보험의 확대와 보험회사의 대응과제 / 이경희 · 서성민 2008.9

■ 간행물

○ 보험동향 / 연 4회
○ 보험금융연구 / 연 4회

※ 2008년 이전 발간물은 보험연구원 홈페이지(http://www.kiri.or.kr)에서 확인하시기 바랍니다.

『도서회원 가입안내』

회원 및 제공자료

	법인회원	특별회원	개인회원
연회비	₩300,000원	₩150,000원	₩150,000원
제공자료	- 연구보고서 - 정책/경영보고서 - 조사보고서 - 기타보고서 - 보험동향 - 보험금융연구	- 연구보고서 - 정책/경영보고서 - 조사보고서 - 기타보고서 - 보험동향 - 보험금융연구	- 연구보고서 - 정책/경영보고서 - 조사보고서 - 기타보고서 - 보험동향 - 보험금융연구
	- 본원 주최 각종 세미나 및 공청회 자료(PDF) - 영문보고서	-	-

※ 특별회원 가입대상 : 도서관 및 독서진흥법에 의하여 설립된 공공도서관 및 대학도서관

가입문의

보험연구원 도서회원 담당
전화 : (02) 3775-9113, 9080 팩스 : (02) 3775-9102

회비납입방법

- 무통장입금 : 국민은행 (400401-01-125198)
  예금주 : 보험연구원

가입절차

보험연구원 홈페이지(www.kiri.or.kr)에 접속 후 도서회원가입신청서를 작성·등록 후 회비입금을 하시면 확인 후 1년간 회원자격이 주어집니다.

자료구입처

서울 : 보험연구원 보험자료실, 교보문고, 영풍문고, 반디앤루니스
부산 : 영광도서

저자약력

정호열

서울대학교 법학 박사
공정거래위원회 위원장(제15대)
한국경쟁법학회 회장
보험연구원 연구자문위원장
현 성균관대학교 법학전문대학원 교수
현 한국법제연구원 연구자문위원장
현 한국비교사법학회 회장
(E-mail : hoychung@skku.edu)

연구보고서 2017-3

상호협정 관련 입법정책 연구

발행일	2017년 2월
발행인	한 기 정
발행처	보 험 연 구 원 서울특별시 영등포구 국제금융로 6길 38 화재보험협회빌딩 대표전화: (02) 3775-9000
조판및 인 쇄	고려씨엔피

ISBN 979-11-85691-53-4 94320
979-11-85691-50-3 (세트) 정가 10,000원