

(i) *Appeal by minority.*

Any member of or subscriber to a rating organization may appeal to the Commissioner from the action or decision of the rating organization in approving or rejecting any proposed changes in or addition to the filings of the rating organization and the Commissioner, after a hearing held upon not less than ten days' written notice to the appellant and to such rating organization, shall issue an order approving the action or decision of the rating organization or directing it to give further consideration to the proposal, or, if the appeal is from the action or decision of the rating organization in rejecting a proposed addition to its filings, he may, if he finds that the action or decision was unreasonable, issue an order directing the rating organization to make an addition to its filings, on behalf of its members and subscribers, in a manner consistent with his findings, within a reasonable time after the issuance of the order.

If the appeal is based upon the failure of the rating organization to make a filing on behalf of the member or subscriber which is based on a system of expense provisions which differs, in accordance with the right granted in paragraph (3) of subsection (c), from the system of expense provisions included in a filing made by the rating organization, the Commissioner, if he grants the appeal, shall order the rating organization to make the requested filing for use by the appellant. In deciding the appeal the Commissioner shall apply the standards set forth in this section.

(j) *Information to insureds.*

Every filer within a reasonable time after receiving written request therefor and upon payment of a reasonable charge shall furnish to any insured affected by a filing made by it, or to the authorized representative of the insured, all pertinent information as to the filing.

(k) *Appeals by insureds.*

Every filer shall provide within this State reasonable means whereby any person aggrieved by the application of its rating system may be heard in person or by his authorized representative, on his written request to review the manner in which the rating system has been applied in connection with the insurance afforded him. If the filer fails to grant or reject the request within thirty days after it is made, the applicant may proceed as if his application had been rejected. Any person affected by the action of the filer, within thirty days after written notice of the action, may appeal to the Commissioner who, after a hearing held upon not less than ten days' written notice to the appellant and to the filer, may affirm or reverse the action.

(l) *Advisory organizations.*

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

(2) Every advisory organization shall file with the Commissioner (i) a copy of its constitution, its articles or agreement or association