



Deposition of:
Hearing

May 20, 2021

In the Matter of:
Long Term Care Hearing

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LONG-TERM CARE HEARING

Maryland Insurance Administration

Remote (Zoom) Long-Term Care Hearing

May 20, 2021

2:30 PM - 5:30 PM

PANELISTS:

Kathleen A. Birrane, Commissioner

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Todd Switzer, Chief Actuary

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David Cooney, Assoc. Commissioner, Life and
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Jeff Ji, Senior Actuary

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Adam Zimmerman, Actuary

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Craig Ey, Director of Communications

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ALSO PRESENT: Members of the General Public

Reported By: Allison Shearer, RPR

AGENDA

- 1) Commissioner Kathleen Birrane PAGE 3
Provides Opening comments.
- 2) Office of the Chief Actuary PAGE 7
Todd Switzer Provides opening
Remarks.
- 4) Adam Zimmerman, Actuary Provides PAGE 11
Opening Comments
- 3) Company representatives provide
Testimony.
 - a. Genworth Life Insurance Company PAGE 19
 - b. Provident Life and Accident PAGE 45
Insurance Company
 - c. RiverSource Life Insurance PAGE 59
Company
- 4) Interested parties provide PAGE 73
Testimony (sign-up by email
Prior to hearing)

1 *** HEARING COMMENCEMENT 2:37 P.M. ***

2
3 COMMISSIONER BIRRANE: Welcome everyone
4 and thank you for attending today's hearing. My
5 name is Kathleen Birrane and I serve as the
6 Maryland Insurance Commissioner. This is the
7 Maryland Insurance Administration's first public
8 hearing on specific carrier rate increases for
9 long-term care insurance in 2021.

10 And today's hearing will focus on several
11 rate increase requests now before the MIA. In the
12 individual long-term care market, these include
13 requests from:

14 Provident Life and Accident Insurance
15 Company, which originally filed increases of 57.2%
16 to 193.0% depending upon the inflation coverage
17 option, benefit period, and previous 3.8% landing
18 spot election.

19 And by Genworth Life Insurance Company,
20 proposing increases of 101% for all policyholders,
21 except those policies that were issued to people

1 aged 70 or older for policies that do not have
2 inflation.

3 In addition, RiverSource Life Insurance
4 Company is not proposing to increase rates, but
5 they have filed for new benefit reduction options
6 for policies already in force.

7 Combined, these requests affect about
8 8,498 Maryland policyholders. The goal of today's
9 hearing is for representatives from Provident and
10 Genworth to explain their reasons for the rate
11 increases they requested and for a representative
12 from RiverSource to explain the new benefit
13 reduction options.

14 We will also listen to comments from
15 consumers and other interested parties. The MIA is
16 here to listen and ask questions of the carriers
17 and consumers regarding the specific rate increase
18 requests.

19 Before we get started, let me take a
20 moment to introduce the people who are here with me
21 from the Insurance Administration.

1 First, we have Todd Switzer who is our
2 Chief Actuary; David Cooney, the Associate
3 Commissioner of Life and Health; Adam Zimmerman,
4 Actuary; Jeff Ji, Senior Actuary; and Craig Ey, the
5 Director of Communications from the MIA is here.

6 And if you have questions or any
7 technical issues and you're able to access the chat
8 function, you can of course say that to everybody,
9 but you can also message Craig separately,
10 particularly with any technical concerns.

11 So let me just take another moment and go
12 over some of the procedures that we are going to
13 follow today.

14 First, when it's time for public
15 comments, we will call first on the members of the
16 public who are registered to speak in advance. If
17 you didn't RSVP, but you still would like to speak,
18 that's okay. Just use the chat window to alert us
19 and when you're asked to speak, use whatever name
20 you would like to see appear in the transcript. To
21 the extent that time and technology permits, we

1 will call on you and unmute you so that you can
2 speak.

3 Second, with the exception of MIA staff,
4 this hearing is not a question-and-answer forum.
5 Comments from interested parties were received and
6 reviewed in advance of the meeting and Todd Switzer
7 will give us a very brief high-level overview of
8 the key elements of those public comments by
9 interested parties.

10 The MIA will continue to keep the record
11 open until Thursday, May 27, 2021, for additional
12 written testimony or comments. The transcript of
13 today's meeting, as well as the recording will all
14 be posted on the MIA's website on the long-term
15 care page.

16 The long-term care page can be found at
17 the MIA's website by clicking on the "Long-Term
18 Care" tab, which is located right under the "Quick
19 Links" section on the left-hand side of the home
20 page.

21 So as a reminder, and as you heard a few

1 seconds ago, we do have a court reporter on the
2 line today to document the hearing so when you are
3 called to speak, please start by saying your name
4 and your affiliation clearly for the record.
5 Please spell your last name for the court
6 reporter's convenience.

7 To ensure excellent sound quality
8 throughout the hearing, we ask that you please stay
9 on mute unless you are speaking.

10 Okay. So we will ask the carriers to
11 speak first today regarding their filings and we'll
12 call them in just A-to-Z order and afterwards
13 interested stakeholders will be invited to speak.

14 And now I'm going to turn it over to Todd
15 Switzer who has a few comments to make.

16 MR. SWITZER: Good afternoon. Seven
17 Maryland consumers submitted public comments and
18 we're appreciative very much of those comments.

19 A few quotes from them as I went through
20 them stood out and a couple were: "I purchased
21 this policy for piece of mind and security against

1 the infirmities of old age. It's not right that
2 after two decades of premium increases I haven't
3 secured a policy that I can keep for the rest of my
4 life."

5 Another was that: "Options and costs
6 shouldn't be negotiable at this time in one's
7 life," meaning over age 65, and a last one was:
8 "The increases are gigantic, extraordinary requests
9 to the point that they're not insurance anymore."

10 So we figure all these in and it led me
11 to want to communicate some of how when my team and
12 I reviewed these rate fillings, what the outcome
13 is, how we figure this in, how we figure in keeping
14 a stable, financially viable market.

15 In the filings that we looked at in 2020,
16 the average approved loss ratio was 111%. Let me
17 explain that, please. 111% loss ratio means that
18 for every dollar of premium over the life of the
19 policy, we've asked the carriers to pay \$1.11 in
20 claims. So absorbing expenses.

21 And also in that number, when these

1 policies were introduced in the early '80s,
2 generally the intention was to have a net income of
3 a positive 25% of net income and this 111% that
4 we've approved equates to a negative 25% net
5 income. So sharing the burden of what's happened
6 here is implicit there.

7 I wanted to make that known and also
8 share that some of the things that we consider are
9 multi-year rate increases to dampen and spread
10 costs over multiple years, not 15% after 15%.
11 We've approved 10, 7, 5, etcetera, so exempt in
12 benefits like two-year benefits or no inflation
13 benefits, so exempt policies with very low
14 enrollment. We've approved less than half of what
15 has been requested of us in recent years.

16 We insist that investment income be
17 brought into the modeling, in addition to claims
18 and expenses and we've raised the ideas of having a
19 ceiling on how much a premium can increase over the
20 course of a policy.

21 We've looked at states like Washington

1 State that's instituted a state plan with a base of
2 \$36,500 benefit. We don't look at the policies
3 piecemeal, just the filing. We look at the whole
4 block that a carrier has. We ask for rate locks to
5 have some respite from rate increases; in a year
6 where after increases have been implemented, that
7 there's a no increase the company commits to for a
8 year or two.

9 And lastly, we've asked for delays during
10 the pandemic, that even if we've approved
11 something, to wait on implementation.

12 So in closing, we're trying to seek a
13 balance and on the one side from the consumers, I
14 think -- from the insureds rather -- a way to
15 communicate -- and one of the consumer's questions
16 was why and we do want to try to convey why.

17 A major carrier that had a high capital
18 surplus in 2015 of \$3.8 billion and as of 2020,
19 that's \$2.1 billion. So 44% decline. We attend
20 the earnings calls. We try to keep an eye on that
21 thing -- on that metric rather and on the other

1 side are the consumers.

2 One of the filings in front of us
3 proposes to raise a premium ultimately from \$1,500
4 a year to \$16,000. Tenfold. And that's why what I
5 relayed a few minutes ago, we have cut back and we
6 have resulted in the loss ratios we've conveyed.

7 So our hope is that these meetings -- we
8 know there is a long way to go to make things
9 better for all parties and we hope that these
10 meetings generate ideas and dialogues that help
11 make things better because, again, I know problems
12 remain, to state the obvious, and we're trying to
13 attack them with diligence and earnestness. So
14 with that, I will turn it over to my colleague,
15 Adam Zimmerman.

16 COMMISSIONER BIRRANE: Thank you, Todd.

17 MR. ZIMMERMAN: Thanks, everybody. My
18 name is Adam Zimmerman. I'm an actuary with the
19 Maryland Insurance Administration. I just want to
20 apologize in advance for having my video off.
21 Prior to this call I ran into some technical

1 difficulties where my video is lagging
2 significantly and so for everybody's sake, I've
3 just elected to turn it off.

4 But prior to hearing the testimony on
5 behalf of the companies today I just wanted to
6 discuss three items; the first of which will
7 piggyback off of what Todd has just talked about
8 regarding rate approvals.

9 The second one is the standalone long-
10 term care marketplace in Maryland in 2020 and the
11 just a few items related to COVID-19 and its impact
12 on long-term care.

13 So to begin, in 2020, as Todd pointed
14 out, we looked at 44 -- excuse me -- we reviewed
15 and approved 44 long-term care rate filings with an
16 average lifetime loss ratio of 111% and these 44
17 filings impacted approximately 50,000 Maryland
18 policyholders.

19 As initially filed, the average request
20 between all of these filings was for a 70.4% rate
21 increase and the average approval granted was for a

1 31.4% rate increase.

2 For those that may not be aware, Maryland
3 does have a long-term care annual rate cap of 15%
4 in their regulations and so any approval that was
5 granted over 15% would have been phased-in over
6 multiple years as Todd was relaying in his
7 comments.

8 Due to these approvals, the end-all
9 result is approximately \$49 million less in premium
10 increases than originally sought. You know, when
11 looking at every impacted policyholder, the full
12 rate increase requested was approved. Compared to
13 what was approved, the difference is approximately
14 \$49 million for Maryland policyholders.

15 Similarly, so far in 2021, eight long-
16 term care rate filings have been approved impacting
17 approximately 23,500 Maryland policyholders.

18 As initially filed for these eight
19 filings, the average request was for a 95.8% rate
20 increase; average approval was for a 28.4% rate
21 increase. And again, any approval over 15% would

1 be phased-in over multiple years due to Maryland's
2 annual rate cap.

3 The resulting approvals granted by the
4 MIA results in approximately \$46 million in less
5 premium increases than originally requested from
6 the carriers.

7 Moving on to the state of the market. In
8 2020, there were approximately -- or sorry. There
9 were 13 companies that were approved to sell
10 individual standalone long-term care insurance
11 products in Maryland and from the annual statements
12 that were submitted earlier this year, it's
13 estimated that there are approximately 1,094 new
14 policies issued in Maryland between these 13
15 companies for the standalone long-term care market.

16 One thing we wanted to highlight is that
17 we are continually monitoring the market dynamics
18 between the standalone long-term care insurance
19 marketplace and the hybrid long-term care insurance
20 marketplace.

21 For those that may be unaware, a hybrid

1 long-term care insurance product is one that is
2 purchased alongside life insurance or an annuity
3 product in which long-term care benefits can be
4 used should a policyholder require one.

5 And finally, the impact of COVID-19.
6 We'll talk briefly about that. Currently the long-
7 term impact -- and so by long-term, I'm referring
8 to 5, 10 years into the future -- of COVID-19 on
9 long-term care rates remains uncertain.

10 However, generally speaking, in the short
11 term, throughout 2020, long-term care experience
12 data has shown increased mortality rates for
13 policyholders in nursing homes and in addition,
14 slightly improved morbidity rates either because
15 new claims were delayed due to fear of entering a
16 nursing home or assisted living facility or new
17 claims originated at home.

18 In the short-term, this has resulted in
19 improved financial performance for companies
20 offering long-term care insurance.

21 For companies seeking a rate increase,

1 the MIA is requiring carriers to quantify how this
2 improved experience and reflect it in its
3 projections offered in support of the rate
4 increases.

5 One thing we want to point out is that
6 long-term care insurance is usually held for
7 decades and so as such, in the long-term, as more
8 people become vaccinated for COVID-19, it remains
9 uncertain how future experience will develop.

10 In general, one or two years of improved
11 claims experience may not be enough to offset the
12 multiple past losses of poor claims experience that
13 long-term care insurance carriers has seen.
14 Additional considerations for COVID-19 on the long-
15 term impact include, but are not limited to:

16 - As more people become vaccinated, will
17 claims incident rates converge back to normal
18 levels? Will we continue to see a shift in claims
19 towards home care as opposed to nursing home and
20 assisted living facilities.

21 If so, will this require a greater demand

1 for home health aides and if there is a greater
2 demand for home health aides, could this result in
3 increased hourly wages for home health aides, which
4 could potentially increase the costs of long-term
5 care services rendered in a home care setting.

6 - For the first few months of 2020,
7 during the lockdowns, doctors' visits were often
8 forgone and so has this delayed care as a result of
9 COVID exacerbated health problems, which
10 subsequently caused policyholders to become
11 eligible for long-term care benefits today who
12 otherwise would have been -- you know, who would --
13 if they would have attended their doctor regularly,
14 would have caught this diagnosis and potentially
15 delayed the onset of long-term care benefits being
16 needed.

17 - And finally, for the long-term --
18 sorry. For the COVID "long haulers," how do the
19 long-term effects of COVID impact a person? Is a
20 COVID "long hauler" more susceptible to requiring
21 long-term care services in the future?

1 As claims experience develops with COVID
2 in the long-term setting, hopefully some of these
3 answers will become more clear, but one thing is
4 that the MIA will continue to monitor this claim
5 experience as it develops.

6 So with that being said, I want to turn
7 it over to the Commissioner who will call the first
8 company to provide their comments.

9 COMMISSIONER BIRRANE: Thank you,
10 Adam. I think both you and Todd have done an
11 excellent job of trying to contextualize how it is
12 that we consider these filings; how we have
13 traditionally processed them; you know, the
14 considerations that we bring to bear; and the
15 balance that we're trying to reach.

16 So as we move forward, as we consider the
17 rate increases that are currently before us, we
18 want to give the companies the opportunity to
19 articulate the bases for those increases.

20 As I said, this is not interactive for
21 anyone other than the MIA, but our actuaries will

1 articulate their questions with regard to the
2 filings on this presentation.

3 So let's start with Mr. -- and I
4 apologize if I mispronounce your last name. Is it
5 Jaso? Jaso?

6 MR. JASO: It's Jaso.

7 COMMISSIONER BIRRANE: Jaso. Okay --
8 with Genworth Life Insurance Company. So Mr. Jaso,
9 if you would just introduce yourself and your
10 position and happy to hear your presentation.

11 MR. JASO: Sure. Good afternoon. My
12 name is Matt Jaso, spelled J-A-S-O. I am a
13 director in Genworth's long-term care insurance
14 business.

15 Commissioner Birrane, thank you and the
16 Maryland Insurance Administration team for holding
17 today's virtual hearing and for providing Genworth,
18 our policyholders an opportunity to discuss our
19 long-term care insurance policies. I'd also like
20 to thank all of the policyholders for your interest
21 and participation.

1 Genworth understands that your long-term
2 care insurance coverage is important to you and so
3 we welcome this opportunity to participate in
4 today's hearing.

5 During this unprecedented period,
6 Genworth understands our ability to support,
7 service, and protect you, our policyholders, is of
8 absolute importance. We take this very seriously
9 and confirm our commitment to being there for our
10 policyholders when they need us.

11 Genworth has been selling long-term care
12 insurance in the State of Maryland since 1978 and
13 currently provides coverage for approximately
14 29,000 Maryland policyholders and approximately 1.1
15 million policyholders nationwide.

16 I'm here today to speak specifically
17 about our current long-term care premium rate
18 increase filing, which is pending with the Maryland
19 Insurance Administration.

20 Genworth understands how difficult
21 premium increases are for our policyholders so we

1 are committed to providing information that
2 explains why rate increases are needed.

3 We also want to discuss the various
4 options we offer our policyholders and the ways we
5 assist each of you to make informed choices about
6 your specific LTC insurance needs.

7 Genworth is currently seeking rate
8 increases on an individual product issued between
9 2002 and 2005.

10 When we priced this form, we utilized
11 professional actuarial judgment to develop
12 assumptions that looked as long as 60 years into
13 the future. Genworth employs our best efforts to
14 complete a thorough, professional assessment at the
15 time of original pricing and we evaluate the blocks
16 on an ongoing basis.

17 Since 2010, claim information has more
18 than doubled for Genworth. We have seen that
19 claims continue to cost more and occur with higher
20 frequency than originally anticipated.

21 We are sensitive to the impact these rate

1 increases have on policyholders and Genworth is
2 sharing in the cost of these rate increases.

3 Genworth has suffered approximately \$6 --
4 I'm sorry -- approximately \$3.6 billion dollars of
5 losses on LTC legacy blocks cumulatively through
6 year-end 2020 and will continue to experience
7 significant losses on these lines of business.

8 We have stated that we have no intention
9 of ever taking a dividend out of the companies that
10 hold these policies. These blocks of business are
11 being managed solely for the benefit of
12 policyholders and these rate actions will go
13 directly to support the claims-paying ability of
14 the company.

15 It is our intent to act in a timely
16 manner, work diligently with regulators to obtain
17 approval for the proposed rate increase, and seek
18 to avoid more significant premium rate increases
19 that would otherwise be required when the average
20 attained ages are higher.

21 I also want to highlight some of the

1 COVID 19-related considerations that have impacted
2 the long-term care industry and Genworth.

3 Given our industry, we are uniquely
4 positioned to understand the devastating impacts of
5 COVID-19 on some of the most vulnerable in our
6 communities, older adults.

7 Considering our average claimant is in
8 their early 80s, we appreciate that this particular
9 population is at high risk for contracting and
10 suffering serious effects from the coronavirus.

11 Genworth implemented a comprehensive
12 COVID-19 community outreach plan to assist those
13 most challenged in our communities. We initiated
14 outreach to local nursing homes and assisted living
15 facilities and created programs to respond to
16 social isolation among seniors.

17 In addition, the Genworth Foundation has
18 made contributions to safety net organizations in
19 the communities in which we have offices, many of
20 which provide care and services to the elderly. As
21 a global organization, Genworth has created and

1 maintained business continuity plans across all of
2 our businesses.

3 Despite the changes we have made to our
4 operations in light of COVID-19, careful planning
5 has allowed us to continue the operation of
6 critical functions, including policy administration
7 and most importantly, payment of policyholder
8 claims.

9 Overall, Genworth has observed what is
10 believed to be a temporary decrease in new claims
11 potentially due to reluctance that some
12 policyholders feel about moving into facilities or
13 having somebody outside come into their home and
14 take care of them.

15 Publicly available information indicates
16 that this is an industry-wide phenomenon. We
17 believe that incidence is likely to return to
18 pre-pandemic levels in the future.

19 In addition to a temporary decrease in
20 new claims, COVID has also accelerated a shift from
21 facilities to home care services. We believe this

1 increase was induced by concerns over well-
2 publicized COVID-19 infection rates in LTC
3 facilities.

4 Now, although we are seeing lower
5 incidence and shifts to home care services, recent
6 home care experience metrics show higher benefit
7 utilization for those newer claims relative to
8 historical levels.

9 While the ongoing impact of COVID-19 is
10 very difficult to predict, the related outcomes and
11 impact on our LTC business will depend on the
12 length and severity of the pandemic and speed of
13 economic recovery. There is significant
14 uncertainty as to the long-term impacts of COVID on
15 overall morbidity and on the health of the general
16 population.

17 We have not changed our long-term
18 assumptions based on recent COVID experience. We
19 continue to track business performance to help
20 refine our expectations, but it remains too early
21 to tell how recent trends may impact longer-term

1 financial results.

2 LTC is a very long-term product and we
3 project premiums and claims over a 60-year period.
4 Events in any given year, while tragic in-and-of-
5 themselves, are unlikely to materially change
6 overall projections for the future.

7 Genworth's number one goal is to ensure
8 our claims-paying ability for all of our
9 policyholders. Actuarially-based premium rate
10 increases or equivalent policy adjustments are an
11 important component to achieving this over the life
12 of these policies.

13 As it relates to the specific rate
14 increase request at this time, Genworth issued
15 Choice I policies from April 2002 to October 2005
16 under policy form number 7035. We are seeking
17 premium rate increases of 101.1% for policies with
18 issue ages below 70 that include a benefit
19 inflation option.

20 Acknowledging Maryland regulation,
21 Genworth would be willing to implement the

1 requested rate increase over five years with no
2 more than a 15% increase in each year. This rate
3 increase will impact approximately 5,700 Maryland
4 policyholders.

5 Impacted policyholders have had
6 cumulative rate increases of 101% for policies with
7 lifetime benefits and 98.5% for policies with
8 limited benefits.

9 On the Choice I product, the objective of
10 the Genworth's Multi-Year Rate Action Plan is to
11 get closer to a breakeven point. This plan has
12 remained largely unchanged as the rate increases
13 continue to be pursued.

14 In the future we expect to file for
15 additional rate increases on this product above the
16 specific request we're talking about today. We
17 will not make money on these policies. As such, we
18 are absorbing a significant share of the cost of
19 deteriorating claims experience.

20 We understand that premium increases can
21 be a tremendous burden for our policyholders. We

1 know this because we talk to our customers every
2 day. To support our policyholders we have a
3 dedicated team of specially-trained customer
4 service representatives whose sole responsibility
5 is to take calls related to rate increases.

6 Our customer service reps are ready and
7 willing to help our policyholders understand their
8 options so they can determine the best course of
9 action for their individual situation.

10 We also have information on our website
11 that provides policyholders with additional
12 information on "Why Increases are Needed," options
13 they may have, "The Value of Coverage," and
14 "Frequently Asked Questions."

15 We continue to offer policyholders
16 subject to a rate increase a variety of options.
17 They can choose to pay the full amount of the rate
18 increase and maintain their current level of
19 protection.

20 From our overall nationwide experience on
21 the rate increases we have implemented since 2012,

1 even with the variety of options provided, we have
2 seen approximately 62% of our policyholders choose
3 to pay the higher premiums.

4 Or, instead of paying higher premiums,
5 our policyholders can make custom benefit
6 adjustments to find the right balance of
7 affordability and protection for their individual
8 situation.

9 For policyholders who no longer can
10 afford or want to pay any future premiums and who
11 do not otherwise qualify for another option to
12 maintain the policy while ceasing to pay premiums,
13 we voluntarily offer a nonforfeiture option that
14 equals a "paid-up policy."

15 With this option, if the policyholder
16 becomes claim-eligible, Genworth will reimburse
17 eligible expenses up to the amount of premium paid,
18 minus any claims that we previously paid. In
19 addition, a policyholder would still have access to
20 the care coordination services that our company
21 provides.

1 With a full approval of the rate increase
2 requested, Choice I policyholders would be offered
3 our new Lifetime Stable Premium Option, which has
4 been submitted for approval to the Maryland
5 Insurance Administration.

6 This option is designed to have a
7 reduced, but still meaningful set of benefits and
8 provides the stability of a lifetime premium rate
9 guarantee.

10 This new option is the product of our
11 commitment to designing innovative solutions for
12 policyholders facing substantial rate increases.

13 For many policyholders, the Lifetime
14 Stable Premium Option will significantly mitigate
15 the impact of the rate increase, provide meaningful
16 protection against an LTC event while also
17 providing certainty about future rates with the
18 lifetime guarantee.

19 At this time, I also want to acknowledge
20 that Genworth is currently implementing a class
21 action settlement that generally applies to Choice

1 I policies. Under the terms of that settlement,
2 certain Choice I policyholders will receive a
3 special election letter with options to reduce
4 their policy coverage and some of these options may
5 also include the opportunity for a cash damages
6 payment.

7 These policyholders may choose one of the
8 settlement options or may instead choose to keep
9 their coverage unchanged. Our specially-trained
10 customer service team will be available to assist
11 our Choice I policyholders with questions regarding
12 the special election options.

13 The settlement and special election
14 options are not part of a rate increase and are
15 completely separate from the pending rate increase
16 request for this policy form.

17 I hope that the comments today have
18 demonstrated that Genworth actively manages our
19 business to try to ensure that we'll be here for
20 our policyholders when they need us most; to make
21 sure we are available to provide the answers you

1 need; and to pay eligible claims, if and when those
2 needs should arise.

3 To date, Genworth has paid over \$22
4 billion to our policyholders on more than 300,000
5 claims for eligible long-term care benefits.
6 Genworth is committed to keeping our promises for
7 our customers and paying all eligible claims.

8 Again, actuarially-based premium rate
9 increases or equivalent policy adjustments are an
10 important component to our ability to do so over
11 the life of these policies.

12 Genworth is in a unique position relative
13 to other carriers with a material LTC
14 concentration. Almost 60% of our total reserves
15 back LTC liabilities and that analysis is projected
16 to increase to 65% by 2023.

17 Any reserves that are released due to
18 policyholder elections, including elective
19 terminations or reductions in benefits are used to
20 support the LTC business.

21 As I previously noted, GLIC does not

1 intend to use any capital or collected premium for
2 anything other than supporting the claims-paying
3 ability of the company.

4 The company has not contributed any
5 dividends over the past six years to its parent
6 companies. The last dividend was paid on August
7 31, 2015 in the amount of \$7.5 million to Genworth
8 Holdings.

9 Genworth Financial has publicly informed
10 its investors on multiple occasions that it assigns
11 no value to Genworth Life Insurance Company, as
12 management does not anticipate that Genworth Life
13 Insurance Company will pay any future dividends to
14 its parent companies.

15 You may also be aware that Genworth
16 terminated the merger agreement with Oceanwide on
17 April 6th, 2021. As we've publicly discussed
18 before, the strategy for managing the LTC in-force
19 business and need for premium rate increases does
20 not change with or without the transaction.

21 In conclusion, Genworth remains committed

1 to working with the Maryland Insurance
2 Administration to implement actuarially-justified
3 rate increases in a reasonable and responsible
4 manner keeping in mind policyholder interests and
5 concerns.

6 Commissioner Birrane, Genworth
7 appreciates the opportunity to participate in
8 today's hearing and I'd be happy to answer any
9 questions from you or members of your team.

10 COMMISSIONER BIRRANE: Thank you. I do
11 have a few. I'm going to ask a few high-level
12 questions and I'm sure my actuaries will have much
13 more detailed questions, but just a couple of
14 points I want to clarify.

15 So you indicated that the last dividend
16 that was issued by Genworth to its parent was paid
17 on August 31st of 2015. So there haven't been any
18 for six years, but obviously there were dividends
19 paid prior to that time period --

20 MR. JASO: Yes.

21 COMMISSIONER BIRRANE: -- correct?

1 MR. JASO: Yes, there were. That's
2 correct.

3 COMMISSIONER BIRRANE: And do we have any
4 concept of what that amount would be? Let's just
5 say in the 2000s. These policies were issued
6 starting in 2002, correct?

7 MR. JASO: Yes. Yes. The rate request
8 we're talking about today is on the policies only
9 issued in 2002 and 2005.

10 COMMISSIONER BIRRANE: Right.

11 THE WITNESS: Commissioner, I actually do
12 not have that specific dividend information, but we
13 can certainly follow up -- follow up on that.

14 COMMISSIONER BIRRANE: I'm not sure how
15 critically important that full detail is, but I
16 guess what I want to highlight is the fact that
17 during the period of time that these policies were
18 in force and, you know, premium was being collected
19 there were dividends that were being paid.

20 I appreciate and applaud the decision not
21 to pay any further dividends, but, you know, the

1 company was taking dividends and giving --
2 providing dividends for its parent up until 2015.

3 MR. JASO: And I would -- I would just
4 kind of add to that is that while that is true,
5 with long-term care, experience continues to
6 develop and we're kind of learning -- we're
7 learning new information as time goes on.

8 So specifically since 2014 we have made
9 significant updates to our assumptions, which
10 aligns with the decision to stop paying those
11 dividends.

12 COMMISSIONER BIRRANE: Sure. And we
13 could probably have all kind of discussions about,
14 you know, when companies became aware that its
15 actuarial projections were not as strong as they
16 thought they were to begin with in terms of before
17 these products came out.

18 The other thing I wanted to ask about is
19 I just want to make sure I understand the terms
20 that you had indicated that you wanted to get
21 closer to a breakeven point so that you're not

1 making money from the products at this point in
2 time.

3 But are you -- and this goes back to --
4 and Todd can say this in a much more articulate
5 matter than I can, but as you were listening to
6 Todd and Adam talk about sort of what our
7 objectives have been and the idea of what is the
8 company's piece of absorbing.

9 So for example, the average of MIA being
10 that for every dollar received in premium, the
11 company is paying out \$1.11 so that there is not
12 just a breakeven point, but there actually is
13 partnership on the part of the company in terms of
14 sharing the burden of the unexpected changes in
15 experience.

16 And so along those lines, perhaps you
17 could share with us, and perhaps specifically with
18 respect to this block, where you would be on that
19 continuum.

20 MR. JASO: Yeah. Sure. So as I
21 mentioned in my prepared remarks, we've had

1 significant losses on our legacy blocks, including
2 this particular policy form. We have lost money on
3 a cumulative basis.

4 Going forward, we expect significant
5 losses on this block as well so we're looking for
6 the rate increase to help reduce those future
7 losses.

8 COMMISSIONER BIRRANE: So I don't think
9 that was exactly the answer to my question, but we
10 may -- this may be one where you have to take it
11 offline to give us that number or Jeff and Adam
12 maybe ask questions better than I do along those
13 lines.

14 And, you know, one of the things that
15 obviously we want to understand is what goes into
16 your equation. So when you're looking at what you
17 consider the expenses you're absorbing versus what
18 you roll into, you know, the premiums that are
19 applied, I think we want to make sure that we have
20 clarity about that, but I'll leave that to the
21 actuarial team who will say that in a much more

1 articulate way than I can.

2 MR. JASO: Thank you for your questions.

3 COMMISSIONER BIRRANE: You're welcome.

4 MR. SWITZER: Yeah, I did have a
5 question. And first, thank you. My question has a
6 preamble and it's this: That we've noticed that
7 with first quarter '21 financial statements that
8 the capital and surplus of the legal entity has
9 grew by \$200 million, which is good to see;
10 starting to get -- to strengthen.

11 We also have seen and have heard from
12 your CEO and others on the earnings calls eight
13 consecutive quarters of long-term care positive
14 earnings and when you even roll in long-term care
15 with life insurance and the fixed annuities, the
16 last couple of quarters have been the best that
17 we've seen in years, and sadly for the reasons that
18 we have talked about earlier.

19 Thirdly, as you alluded, we've seen a
20 shift from facility care where in Maryland the
21 average cost a year is about \$122,000 to home care

1 where the cost is closer to \$55,000; 55% more
2 pronounced cost reduction in Maryland than
3 nationwide, which is more like a 42% decrease.

4 And that we've had -- we've asked you
5 about the sensitivity model about that shift from
6 facility to home care and the thought of
7 counterpressures to that indicating potentially
8 that utilization shift we're in the middle of
9 talking about.

10 So with that my question is -- I heard
11 you say that we have not changed our long-term
12 assumptions based on COVID; it's too earlier to
13 tell. And my question is: So have the beneficial
14 financial impacts that have been seen observed so
15 far, are they -- have they been projected to be
16 completely offset in the future?

17 MR. JASO: Yeah. Todd, that's a very
18 good question. You're right. We have had some
19 profits over the last few quarters and as you
20 mentioned, it is -- you know, that COVID has been
21 absolutely devastating to older Americans.

1 You know, going forward, we really do not
2 at this time, you know, have any reason to change
3 our long-term expectations from COVID. We are
4 monitoring it. We want to make sure, you know, we
5 understand what's happening. Long-term care, as
6 you know, is very complicated and there's lots of
7 different assumptions.

8 And so, you know, for instance, we're
9 seeing people are going on claim. Today, some of
10 the newer claims, while those incidence are down
11 and maybe there are more happening on the home care
12 side, the benefit utilization is actually higher.

13 So there's lots of offsetting impacts and
14 we're still, like I said, monitoring that and
15 looking at it, but for the moment it's not really
16 changing our long-term projections; and at the
17 moment we would expect to have really, you know,
18 significant losses going forward over time.

19 MR. SWITZER: Thanks. And to speak to
20 the Commissioner's point, one thing we will discuss
21 with you further after this is with the request

1 that you've made of us for rate increase, you have
2 modeled for us various scenarios and if we were to
3 grant theoretically what you've asked for, we would
4 see a lifetime loss ratio of 89%.

5 And our thought was we noticed that the
6 long-term plan is for twelve 15% increases and our
7 thought would be that, you know, this current set
8 of -- subset of those 12 increases would get to
9 89%. We think that the more 15s after that, many
10 more would get it down below 85%. We see 85% as
11 breakeven.

12 So just interested in those numbers and
13 just an advance notice of where our next iteration
14 might be as we try to work with you on these.

15 MR. JASO: Yeah. So the -- I know our
16 next route of our MYRAP (Multi-Year Rate Action
17 Plan) I think is planned for, you know, roughly 75%
18 on lifetime and it's in the 50% range on Unlimited.

19 I don't know exactly what loss ratio that
20 has, but you're correct about the current -- the
21 current offering or ask would be around, you know,

1 89% or 90% loss ratio.

2 MR. SWITZER: Thanks.

3 MR. JI: This is Jeff Ji from the MI. My
4 question is a follow-up to the Commissioner's
5 question. Can you give us a clear definition of
6 the breakeven point meaning so we can have a better
7 idea of that?

8 MR. JASO: Well, I think, you know,
9 overall with the breakeven; so, you know, generally
10 these products were priced at a, you know, roughly
11 65% loss ratio so we're not really trying to get
12 back to original pricing.

13 We know on the loss ratio it's -- you're
14 including, you know, premiums as well as claims,
15 but there's other things that are not factored in,
16 you know.

17 It's hard for me to say exactly a certain
18 percentage, but we're certainly not trying get back
19 to -- we're not trying to get back to pricing.
20 It's something south of 100%, but ultimately it's
21 to the point where we're trying to reduce the

1 losses as much as we can without really making --
2 without making profits.

3 MR. JI: Okay. So I heard that you're
4 asking for a 101% rate increase. So after that, do
5 you expect more rate increase requests in the
6 future?

7 MR. JASO: Well, yes. Yes. And as I
8 mentioned to Todd, there is another round after
9 this particular one.

10 MR. JI: Can you disclose how much more
11 in increases?

12 MR. JASO: I believe the next round is
13 roughly I think -- I don't have the exact numbers,
14 but it's roughly 75% on the lifetime and in the
15 50-55% range on the limited.

16 MR. JI: Okay. Thanks.

17 MR. JASO: I don't have those exact loss
18 ratios in terms of what that relates to.

19 MR. JI: Thank you.

20 COMMISSIONER BIRRANE: Okay. Any other
21 questions from any member of the MIA staff? Well,

1 in that event, thank you very much for the
2 presentation and for your answers to our questions.

3 Obviously the rate request is under
4 review and I know you've had several conversations
5 with Todd and his team and I appreciate your
6 engagement in the process, and for your testimony
7 today. Thank you.

8 MR. JASO: Thanks for the opportunity.

9 COMMISSIONER BIRRANE: Sure. So I will
10 now invite Jake Lucas and John Lemoine from
11 Provident Life and Accident Insurance Company. If
12 you gentlemen could introduce yourselves and your
13 position. Please remember to spell your last name.

14 MR. LEMOINE: Great. Thank You,
15 Commissioner Birrane. Can you hear me? Great. My
16 name is John Lemoine, L-E-M-O-I-N-E, and Jake Lucas
17 is with me here today. We're appearing on behalf
18 of Provident Life and Accident Insurance Company,
19 which is a member of the Unum, U-N-U-M, group of
20 families.

21 So first of all, we do want to thank you,

1 Commissioner Birrane, and the other members of the
2 staff of the Maryland Insurance Administration for
3 holding this hearing and we thank each of the folks
4 who are listening in or participating today.

5 I am an Assistant Vice-President and
6 Legal Counsel for Unum's Closed Block Operations
7 business unit. Unum's Closed Block business unit
8 is comprised of products that Unum no longer
9 markets, including our long-term care business.

10 With me on the call today is Jake Lucas,
11 who is Unum's Chief Long-Term Care Pricing Actuary,
12 and he is also in our Closed Block business unit.

13 A bit of history may help set the
14 groundwork for our comments today. Unum exited the
15 long-term care market, the individual, in 2009 and
16 exited the group long-term care market in 2012.
17 The vast majority of our LTC policies were issued
18 between 1989 and 2012.

19 Unum has over 900,000 long-term care
20 insureds nationwide, including approximately 4,000
21 Maryland individual LTC policyholders and

1 approximately 12,000 insureds covered under group
2 long-term care policies issued to Maryland
3 employers.

4 As context for today's hearing, this
5 pending rate increase is focused on our block of
6 Maryland individual policies written by Provident
7 Life and Accident Insurance Company that were sold
8 from approximately 2003 to 2009.

9 Under that block of policies, the total
10 number of Maryland policyholders who would be
11 impacted by this requested premium increase would
12 be approximately 500 insureds.

13 We at Unum take our commitment to our
14 long-term care policyholders very seriously. We
15 have a team of over 180 LTC professionals dedicated
16 to providing customer service and administering
17 benefits. Our top priority is to meet our
18 obligations to each of our customers, including
19 providing benefits in their time of need.

20 During 2020, we paid over \$667 million in
21 long-term care benefits nationwide and over \$14

1 million in long-term care benefits to Maryland
2 insureds.

3 Another priority of ours is to manage all
4 of our insurance products to ensure the financial
5 stability of our operating companies, both for the
6 short-term horizon and for long-term
7 sustainability. This is extremely important not
8 only for our LTC policyholders, but for all of our
9 policyholders.

10 When Unum entered into the LTC business
11 in the late 1980s, we determined our prices using
12 the best data available at that time applying
13 assumptions and predictions about how future
14 experience would develop.

15 Unfortunately, like many in the industry,
16 our actual experience in the years and even decades
17 since we issued these LTC policies has turned out
18 to be significantly different than the actuarial
19 assumptions used to set original prices. These
20 developments include:

21 - Individuals covered under long-term

1 care policies are living longer and holding onto
2 their coverage longer than anticipated leading to
3 more claims being made than had been originally
4 projected. Also, once individuals are on claim,
5 they are staying on claim longer than expected.

6 - at the same time, investment earnings
7 on the reserves we hold to pay claims continue to
8 be significantly lower than originally projected,
9 given the sustained and historically low interest
10 rate environment.

11 As a result of the combination of these
12 factors, our long-term care block has suffered
13 significant overall losses. In 2006, when the
14 financial reality of Unum's LTC business started to
15 become more clear and credible, we filed our first
16 LTC rate increase to mitigate financial and
17 enterprise risk.

18 Our role -- our goal in the LTC rate
19 increases we have requested on these individual
20 policies is not to generate profits, nor to recoup
21 any of the past losses we have experienced.

1 Instead, the rate increase requests on these
2 policies have been aimed solely at moving these
3 policies to a point of self-sustainability on a
4 go-forward basis. We want to ensure that our
5 reserves, plus premiums for these policies will be
6 sufficient to pay all projected claims and
7 expenses.

8 With that in mind, the rate increases we
9 have requested nationwide on this block of
10 individual policy forms represent only about 37% of
11 the amounts we could ask for as justified under the
12 actuarial requirements in place when these policies
13 were issued.

14 The rate increase amounts we have
15 requested in this filing vary depending on whether
16 the policy provides a lifetime benefit duration or
17 a more limited benefit duration and whether or not
18 the policy's benefit amount includes inflation
19 increases.

20 These requested rate increases reflect
21 the results of our most recent actuarial analysis

1 of our actual and projected experience and include
2 amounts remaining outstanding from our prior rate
3 increase requests that were limited by annual rate
4 increase caps applied by the Maryland Insurance
5 Administration.

6 We understand that the Maryland Insurance
7 Administration typically limits rate increases to a
8 maximum of 15% per year. As with our prior rate
9 requests, if the Insurance Administration applies
10 such a cap to this request, we will continue to
11 seek increases in the future for the amounts that
12 our actuarial analysis indicates are necessary for
13 these policies.

14 We also note that we will continue to
15 monitor and evaluate the experience of our long-
16 term care business over time as we are charged to
17 do under regulatory and actuarial standards.

18 If experience develops adversely to our
19 most recent projections, we may need to return to
20 Maryland in the future with additional rate
21 increase requests.

1 As an example of how we actively review
2 and evaluate our experience, we are monitoring and
3 analyzing the impact of the COVID-19 pandemic. And
4 first, we want to acknowledge the human impact of
5 the pandemic, which has been so sad and profound.

6 Second, when we look at the impacts of
7 the pandemic on our long-term care block from an
8 actuarial perspective, which we are obligated to
9 do, we have seen some near-term elevation in
10 mortality in our claimant population and some near-
11 term volatility in the level of claim submissions.

12 For a product like long-term care where
13 claims experience develops over years or even
14 decades, it is essential for us to analyze these
15 trends over the longer-term horizon.

16 We believe that these near-term trends
17 will normalize and that our pricing assumptions
18 over the long-term horizon remain valid. And as
19 mentioned, we will continue to monitor how
20 experience develops over time.

21 Returning to the rate increase request

1 before the Administration today, we would point out
2 that even though we are seeking less than what is
3 actuarially justified, we at Unum do recognize that
4 long-term care rate increases may present many of
5 our customers with a significant challenge in
6 maintaining their coverage.

7 Unum's policyholders have the option to
8 adjust various coverage features on a go-forward
9 basis to reduce the level of their premium either
10 in response to a rate increase or to manage
11 affordability generally.

12 Depending on the provisions of the policy
13 itself, these adjustments may include:

- 14 - Reducing the monthly benefit amount
- 15 - Reducing the benefit period
- 16 - Changing or dropping inflation coverage
- 17 - Increasing the elimination period

18 And also, in conjunction with Unum's
19 long-term care rate increases, we provide each of
20 our impacted policyholders with the ability to
21 select a nonforfeiture option where the

1 policyholder may choose to no longer pay premiums
2 going forward, but nevertheless, retain LTC
3 coverage in an amount equal to the total premiums
4 paid by the policyholder on that policy.

5 We at Unum believe that no LTC
6 policyholder should surrender coverage as the
7 result of a rate increase and we believe that these
8 options offer reasonable alternatives to our
9 insureds at various levels of affordability.

10 In closing, we acknowledge how difficult
11 LTC rate increases can be for our policyholders and
12 we continue to serve our customers as effectively
13 as possible by offering reasonable options to
14 manage affordability; by providing quality service
15 during the life of the policy, including most
16 importantly, at the time of claim.

17 Thank you and we'd be happy to answer any
18 questions you may have.

19 COMMISSIONER BIRRANE: Okay. Thank you
20 very much. I appreciate the very thorough
21 presentation and again, I think that my actuarial

1 team will have their own questions.

2 I guess my real question to you is: How
3 does -- what is the lifetime loss ratio for this
4 block assuming your rate increase request was
5 granted? What would that be?

6 MR. LUCAS: If the full rate increase was
7 granted, it would be 97% and we kind of -- as John
8 mentioned, we are seeking, you know, self-
9 sustainability going forward and that wouldn't
10 quite get us there, but it at least gets us to
11 where we're covering the claims.

12 COMMISSIONER BIRRANE: And when you're
13 doing the calculation and you're looking at what
14 the -- what self-sustainability means, you know, do
15 you bake in things like investment income? Do you
16 bake in expenses?

17 MR. LUCAS: Yeah, expenses are included
18 and the benefit of investment income is included in
19 that analysis as well. So from a loss ratio
20 perspective, we'd be looking probably between 85%
21 and 90% for a breakeven point.

1 COMMISSIONER BIRRANE: Okay. Thank you.

2 MR. SWITZER: This is Todd and my
3 question was: When you mentioned that the rate
4 increase that you've proposed is 37% of what could
5 be requested, what was actually justified,
6 actuarially justified when policies were issued,
7 does that mean to get back to original
8 profitability?

9 MR. LUCAS: That would be based on the
10 loss ratio requirements at that time so yes, it's
11 getting you back to profitable status.

12 MR. SWITZER: Okay. Thank you. And you
13 said you're monitoring COVID. Can you relay the
14 loss over quarters? Has your experience been
15 consistent with others, that it's favorable for
16 long-term care specifically?

17 MR. LUCAS: Yes, it has been. You know,
18 with the claimant -- higher claimant mortality and
19 we've actually seen lower claim submissions during
20 2020.

21 MR. SWITZER: Sure.

1 MR. LUCAS: And we did see an uptick in
2 claim submits in first quarter 2021. So maybe --

3 MR. SWITZER: Thank you.

4 MR. LUCAS: -- going back towards normal
5 levels. Yeah.

6 MR. JI: This is Jeff. My question is:
7 After you -- you said if the MIA applies the 15% to
8 the rate requested (undiscernible), are increases
9 in the future for the amounts that are -- that your
10 actuarial analysis indicates are necessary.

11 So my question is: Is this the same
12 measure you used for all your findings? For
13 example, December 2019, MIA was not able to fully
14 approve what you originally requested for the other
15 two filings. So are you going to seek increases
16 for those two -- for those forms in the future,
17 too?

18 MR. LUCAS: Yes, we will. We'll be
19 filing later this year for those two forms.

20 MR. JI: Okay. Thank you.

21 COMMISSIONER BIRRANE: If there are no

1 other questions from anybody at the Administration,
2 then I will thank you gentlemen very much for the
3 presentation and for the answers to our question
4 and the dialogue will continue offline.

5 MR. LEMOINE: Thank you very much for
6 your time today.

7 COMMISSIONER BIRRANE: Okay. And last we
8 will hear from Charles Caswell from RiverSource
9 Life Insurance Company. RiverSource is not seeking
10 a rate increase, but approval for a different
11 option, an additional option, for its insureds who
12 wish to reduce their premium or not have a premium
13 increase go into effect because they made
14 adjustments to the policy itself.

15 So Mr. Caswell, if you would let us hear
16 your thoughts with regard to your filing --

17 MR. CASWELL: Thank you.

18 COMMISSIONER BIRRANE: -- I'd appreciate.

19 MR. CASWELL: Can you hear me?

20 COMMISSIONER BIRRANE: I can.

21 MR. CASWELL: Great. Good afternoon,

1 everyone. My name is Charles Caswell. I'm vice
2 president and actuary at RiverSource Life Insurance
3 Company.

4 I'd like to take this opportunity to
5 thank the Commissioner and her staff for providing
6 this opportunity to participate in this important
7 hearing. Thank you also for providing this forum
8 for Maryland citizens, including our valued
9 policyholders to express their views and comments
10 on these filings.

11 I'm here today to talk about the three
12 long-term care rate filings we submitted on March
13 1, 2021 to the MIA. These filings are for the
14 purpose of offering new benefit increase options --
15 that is perhaps better understood as inflation
16 options -- that we would like to make available to
17 owners of certain long-term care policies on three
18 separate blocks of business that were sold in
19 Maryland between 1993 and 2003.

20 The impacted policies are subject to
21 premium rate increases filed with the

1 Administration on April 24, 2020 that are currently
2 being implemented over a period of two or three
3 years depending on the block. We began
4 implementing these premium rate increases on policy
5 anniversaries starting in October 2020.

6 In addition to the three rate filings for
7 the new benefit increase options, we also submitted
8 a separate form filing on March 1, 2021 which
9 includes endorsements to be used with each block of
10 business to support these new inflation options.

11 Please note that these policies provide
12 richer benefits than many policies sold today. For
13 example, over half the policies have lifetime
14 benefits and about 96% of the policies offer some
15 sort of benefit increase option.

16 I want to be clear that we are not
17 seeking to change premium rates from previously
18 filed levels for any existing policy -- for any
19 existing benefit options as part of these filings;
20 rather, we believe it is in our policyholders'
21 interest to have more options to choose from when

1 considering how to respond to a premium rate
2 increase.

3 I'd like to discuss our existing benefit
4 increase options and then describe the new options
5 we are seeking to offer. At the time a policy was
6 originally issued, insured had the choice to elect
7 No Benefit Increase Option, the 5% Simple Benefit
8 Increase Option or the 5% Compound Benefit Increase
9 Option.

10 The 5% Simple Benefit Increase Option
11 increases the daily benefit amount by 5% of the
12 maximum original daily benefit amount each year.
13 The 5% Compound Benefit Increase Option increases
14 the previous year's maximum daily benefit amounts
15 by 5% each year, and as you would guess from the
16 title, the No Benefit Increase Option provides no
17 increases after issue to the maximum daily benefit
18 amounts.

19 The new benefit increase options we would
20 like to offer include:

21 - A new 0% Simple Benefit Increase

1 Option, which will be available only to those
2 policyholders who currently have a 5% Simple
3 Option. The current daily benefit would be locked
4 in at the current level with no future increases,
5 but with a lower premium cost.

6 - A new 2% Compound Benefit Increase
7 Option and a new 0% Compound Benefit Increase
8 Option, which would only be available to those
9 policyholders who currently have a 5% Compound
10 Option.

11 - For policyholders electing the 2%
12 Compound Option, the current daily benefit would
13 increase 2% a year going forward instead of 5%, but
14 with a lower premium cost. Note that all increases
15 in daily benefit accrued from the time of issue
16 until the time the new 2% Option, Compound Option
17 is elected would be retained.

18 - For policyholders electing the 0%
19 Compound Option, the current daily benefit would be
20 locked in at the current level with no future
21 increases, but with a lower premium cost.

1 The premium reduction from currently
2 filed premiums for these new options varies
3 substantially by the issue age of the policy;
4 however, the 0% Simple Option would average about a
5 15% lower cost than the 5% Simple Option with a
6 range of about 3% to 30% less expensive.

7 The 2% Compound Option would average
8 about 25% lower cost than the 5% Compound Option
9 with a range of about 6% to 46% less expensive.

10 And the 0% Compound Option would average
11 about 38% lower cost than the 5% Compound Option
12 with a range of about 10% to 63% less expensive.

13 Across the three filings, there were as
14 of December 31, 2019, 724 Maryland policyholders
15 with the 5% Simple Option and 1,428 Maryland
16 policyholders with the 5% Compound Option across
17 the three blocks of business in which we are filing
18 these options.

19 Since November 2020, we have submitted
20 filings for these new benefit increase options in
21 16 states, focusing on states in the middle of a

1 multi-year premium rate increase implementation.

2 Thirteen states have reviewed and
3 accepted these filings with no changes to our
4 originally submitted premium rates and these
5 filings are pending in the other three states,
6 including Maryland.

7 We are launching these options in two
8 states for anniversaries starting in April 2021, in
9 eight more states starting June 2021, and three
10 states in July 2021 or later. Eventually we hope
11 to offer these new options in every state.

12 We would like to initially offer these
13 options to eligible Maryland policyholders at the
14 time of the second year of the multi-year rate
15 increases currently being implemented, that is
16 starting with policy anniversaries in October of
17 2021.

18 We previously communicated to each
19 policyholder the premium required to maintain the
20 current coverage for each year of the spread
21 premium rate increase. We will also send out a

1 premium rate increase notification letter about 60
2 days in advance of the effective date of the second
3 and if applicable, third year of the increase
4 reminding policyholders of the new level of premium
5 due; and providing premiums for several alternative
6 benefit reduction options, hopefully including the
7 new options we're proposing here.

8 Thus, we want to start mailing these
9 letters with the new benefit increase options to
10 Maryland policyholders in early August 2021 and in
11 order to have our systems updated to be able to
12 offer these new options to impacted policyholders,
13 we hope the premium rates for the new options and
14 the corresponding endorsements can be accepted by
15 the Administration by the end of June 2021 or
16 shortly thereafter.

17 We're eager to work with the
18 Administration to be able to offer these new
19 options to our policyholders as we believe some of
20 our policyholders will find these new options to be
21 very beneficial.

1 Thank you for the opportunity to speak
2 today and I'll be happy to answer any questions you
3 may have.

4 COMMISSIONER BIRRANE: Okay, Mr. Caswell.
5 Thank you very much. I myself do not have
6 questions, but let me turn it over to Mr. Switzer
7 and Mr. Ji to see if they have questions.

8 MR. SWITZER: Yes. Thank you,
9 Mr. Caswell. When we had spoken about this
10 previously, you mentioned that you saw this as a
11 better option than landing spots, that it's more
12 equitable. Do you mind expounding on that a bit,
13 please?

14 MR. CASWELL: Okay. I will be speaking
15 extemporaneously here so -- and I'm an actuary so
16 I'm just warning you.

17 The reason is that someone who is
18 younger -- traditional landing spots tend to get
19 the same reduced inflation increases going forward
20 for every policyholder in exchange for not -- for
21 not increasing the premiums as part of a rate

1 increase.

2 However, that's, you know, not
3 necessarily equivalent to what somebody is giving
4 up. So someone who is currently age 70 might have
5 20 more years of increases that they're giving up
6 and someone who is currently age 90 might only
7 unfortunately have a few years of increases that
8 they're likely giving up, and yet we're changing
9 the inflation amount each year in a traditional
10 landing spot by the same amount.

11 We've chosen a different path in part
12 because we want to try to be a little more
13 equitable on that so younger policyholders would
14 see a larger premium reduction than relatively
15 older policyholders because the younger
16 policyholders on average are giving up many more
17 increases in the future or reducing -- or have
18 increases for many more years into the future than
19 an older policyholder. Does that answer your
20 question?

21 MR. SWITZER: Thank you. It does.

1 MR. JI: This is Jeff. My question is:
2 So what percent of the related policyholders do you
3 assume would attack this new benefit reduction
4 option?

5 MR. CASWELL: Yeah. It's hard to know
6 because it's new. In the past when we have offered
7 things like shortening benefit periods or reducing
8 daily benefit amounts to help mitigate the impact
9 of an increase, roughly five percent of people have
10 done each of those. So maybe five percent -- and
11 these are very round numbers, but 5% of people have
12 reduced benefit periods and 5% of the people would
13 reduce daily benefit amounts.

14 So we don't know. We think this has
15 value. It might displace some of those other
16 decreases, but our best estimate right now is that
17 about 5% of people choose one of these options, but
18 again, we simply -- we don't know. It might take
19 off.

20 We have very, very, very early evidence
21 that, you know, from the -- the effective dates in

1 April that it's starting off a little slower, but I
2 also think our financial advisors aren't as
3 familiar with it yet so so far it's running a
4 little under 5%, but it's very early and I'm
5 reasonably confident it will grow to 5%, maybe a
6 little more.

7 But it's new and I'm not aware of anyone
8 who has done -- offered, you know, multiple
9 inflation-type options to in-force policies that
10 weren't originally filed at the time the policy was
11 sold.

12 So it's kind of a different kind of
13 thing, but we think we've addressed benefit period
14 reductions. We've tried to address benefit amount
15 reductions. This is sort of the one area we
16 haven't really tackled in terms of trying to
17 provide options.

18 MR. JI: Okay. Thank you very much.

19 COMMISSIONER BIRRANE: Okay. If there
20 are no other questions from the Maryland Insurance
21 Commission team, then thank you, Mr. Caswell --

1 MR. CASWELL: Thank you.

2 COMMISSIONER BIRRANE: -- for your
3 comments today and your explanations and as is the
4 case with others, the conversation will continue.

5 So at this point I am going to -- I'm
6 going to do two things. The first thing I'm going
7 to do is, you know, we'll hear from each person who
8 signed up or RSVP'd and signed up to testify.

9 We will also remind people that if you
10 wish to speak, to be heard online, then please let
11 us know. Put your name into the chat frame and
12 Mr. Ey will unmute you and give you the opportunity
13 to speak toward the end of the hearing.

14 Also, there have been two people who have
15 either made comments or asked some questions.
16 We're not going to take questions today, but what I
17 do want to make sure of is that these comments get
18 into the record. So at the end, after the comments
19 by those people that have RSVP'd, I'm going to read
20 those comments in.

21 And with respect to the second chat item,

1 the questions that are imbedded in there, as I
2 said, we're not going to address those today in
3 this hearing; however, what I would ask that
4 individual to do is to in a private chat, if you
5 would, private message Craig Ey with your contact
6 information. Then, we will get back to you.

7 So whether you're comfortable with a
8 phone number or you're comfortable with an email,
9 but please do that privately and then we will make
10 sure that we reach out and have conversation with
11 you about your specific circumstances and
12 questions.

13 So with that, let me first recognize John
14 Roach. If Mr. Roach would like to speak today?

15 MR. EY: Mr. Roach isn't in the audience
16 at this time.

17 COMMISSIONER BIRRANE: Okay. How about
18 Howard Benjamin?

19 MR. EY: Howard Benjamin is not as well.
20 I can't find Howard Benjamin in the audience.

21 COMMISSIONER BIRRANE: Pat Gebhart?

1 MR. EY: Again, not seeing Pat Gebhart.

2 COMMISSIONER BIRRANE: If you are under
3 somebody else's name and, you know, we're just not
4 recognizing you, then, please, you know, just raise
5 your -- do something in the chat room that let's us
6 know that you're in fact here. Let's see. Bill
7 Wanz.

8 MR. EY: No. Again, I'm not seeing
9 Mr. Wanz.

10 COMMISSIONER BIRRANE: I thought I saw
11 Mr. -- I thought I saw among the attendees a Bill
12 Wanz. It looks like maybe he's dropped off.

13 MR. EY: Yes.

14 COMMISSIONER BIRRANE: And then finally
15 Marshall Fritz.

16 MR. EY: Mr. Fritz, can you hear us?

17 MR. FRITZ: Yes. Can you hear me now?

18 MR. EY: Yes.

19 COMMISSIONER BIRRANE: Yes. Excellent.
20 Thank you.

21 MR. FRITZ: Okay. So I have no video of

1 myself here, but you'll hear me; is that correct?

2 MR. EY: That's correct.

3 MR. FRITZ: Okay. I want to make a
4 comment on what Commissioner Birrane just mentioned
5 about the private note to Craig. I just hit chat
6 because I had questions based on the testimony so
7 far and I can either do all panelists or all
8 panelists and attendees, but I don't have any other
9 options on mine.

10 COMMISSIONER BIRRANE: Okay. I apologize
11 for that. That is my lack of Zoom technical skill.
12 If you provide your -- anyone who provides their
13 contact information to all panelists, that will
14 only be disclosed to literally the people whose
15 names you see on the screen as opposed to the all
16 attendees.

17 You know, when we publicize -- provide
18 access to the recording here, you know, we just
19 want to be very thoughtful about peoples' public
20 information and contact information.

21 The other thing that we can do is, Craig,

1 if you want to advertise your email address and
2 make sure that people have that so if folks are
3 more comfortable reaching out that way, we'll do
4 that.

5 But it's really whatever you're
6 comfortable with. We just want to preserve your
7 privacy and your contact information to the extent
8 you don't want that public.

9 MR. FRITZ: Okay. So that's fine. So I
10 will -- once I get contact for Craig, I will send
11 some questions based on the testimony so far and
12 that will either get into the record or at least
13 the staff will think about these questions; is that
14 correct?

15 COMMISSIONER BIRRANE: So two things:
16 First of all, you are welcome to provide any
17 comments that you want verbally today and in
18 writing and those comments will absolutely be
19 available to everybody to see on our website.

20 Secondly, we are very, very happy to talk
21 to you individually and to both hear your questions

1 about these filings and also answer any questions
2 that we can help you with with regard to how they
3 might impact you personally.

4 MR. FRITZ: Okay. Well, can I -- I have
5 prepared testimony, which would be about ten
6 minutes running. Either way, I rehearsed it. But
7 can I ask some of these questions so that they -- I
8 think they're general questions that could be of
9 interest to every attendee. So can I ask them now
10 since it's not personalized?

11 COMMISSIONER BIRRANE: So we have until
12 4:00 -- no. We have time so let me try to ask you
13 to be a little more succinct than 10 minutes. And
14 we're not to go into a question-and-answer session.

15 So we're not going to answer questions,
16 but if you feel that it's important to state them
17 and you want to state them verbally now, I will
18 hear them.

19 MR. FRITZ: Well, then I will try to
20 write to Craig's staff, if I get a contact on the
21 new questions. Okay --

1 COMMISSIONER BIRRANE: So let me just say
2 it out loud. It's Craig -- so you can see his name
3 on the screen. Craig Ey. It's craig.ey -- E-Y --
4 @maryland.gov. And that's true of everybody who is
5 on this screen right now that works for the
6 Maryland Insurance Administration.

7 MR. EY: And that is now in the chat as
8 well.

9 MR. FRITZ: Okay. okay.

10 COMMISSIONER BIRRANE: And it's in the
11 chat.

12 MR. FRITZ: I-E-Y. Craig --I-E-Y,
13 correct?

14 COMMISSIONER BIRRANE: E-Y.

15 MR. FRITZ: Just E-Y. Okay.

16 COMMISSIONER BIRRANE: Yes, sir.

17 MR. FRITZ: Yeah. Okay. Thank you very
18 much.

19 COMMISSIONER BIRRANE: You're very
20 welcome.

21 MR. FRITZ: So let me start and I'll see

1 if I can -- okay. My name is Marshall Fritz and
2 I'm a 2003 long-term care Genworth policyholder
3 with the inflation protection.

4 I've done 2016-17 testimonies and I
5 resubmitted for the record what the communications
6 were back and forth back then.

7 I'm concerned especially because the
8 letter I got from Genworth first said that they
9 were justified with 160% increase and then a month
10 ago I got another letter saying oh, I'm sorry, it
11 was really 315% increase were justified. And
12 there's no explanation of the discrepancy even
13 though they say that the actuarial statistics were
14 justified for the new rate, okay.

15 But I'm worried that because this is so
16 high and far away from the justifications they
17 claimed in 2016 and '17 of 48% and 75%
18 respectively, that it just seems like accelerating
19 without reason over a four-year period well beyond
20 any of the trends of the recent past. So this
21 needs examination clarification.

1 Let's see. And in my response I got in
2 2017 (inaudible) discussion on administrative
3 expenses, reserves, and how these affected
4 calculated premiums, and as we've talked before
5 that the 15% doesn't quite catch up, but I
6 understand that now. And rate stabilization is a
7 difficult term because we're not stabilizing at the
8 moment yet.

9 So I am concerned about 15% increases ad
10 infinitem. If I were to live to 100 independently,
11 I'd be paying a premium of maybe \$400,000 a year
12 and of course, that's of concern because it's well
13 beyond economic value of probable long-term care at
14 that point of what I paid in.

15 And let's see. Well, because Mr. Jaso
16 mentioned that basically that Genworth LTC has been
17 a loss to the company and dividends have been cut,
18 but I don't know how much the company like Genworth
19 should move assets from other divisions that fare
20 well to a division that's -- that's losing. That
21 was mentioned in NIC reports decades ago.

1 And as I said, it's not clear about
2 administrative costs and staff, if they're fairly
3 allocated to long-term care. I think the actuaries
4 know this better, but it's not obvious to
5 consumers.

6 Let's see. Our concern that the policy
7 conversion rates according to what I read from
8 Genworth's bulletins make it sound like they
9 incorporate the already justified rate. Well, if
10 they're saying they can justify a 100, 200, 300%
11 increase, wouldn't that mean that a conversion
12 downgrade could cost more than keeping your policy?

13 So that's a question that needs
14 clarification because it's only written in very few
15 words in the material I received.

16 Let's see. We've talked about the COVID
17 situation, but medical costs and medical inflation
18 before the COVID situation have remained low and
19 that should have helped rates recently. Even if
20 interest rates in the reserves is negligible, they
21 should balance to some extent.

1 So I'm -- let's see. So with all due
2 respect to what the Commissioner has said the
3 intentions are and the staff and Mr. Jaso, I am
4 concerned about what's happening to the rates long
5 term. It's not just 15% for a few years.

6 It looks like it's indefinite unless some
7 kind of stabilization agreement has come into place
8 as Mr. Jaso suggested there may be. And, you know,
9 I'm just adding to the concern other consumers have
10 had.

11 So the numbers that I heard today, as I
12 mentioned, my letters have said 160, 315 justified
13 increases, but it sounds like it's only a hundred
14 percent discussed as requests. And I don't
15 understand if it's justified, why it's not
16 requested.

17 And -- and when Adam had mentioned that
18 28% versus 75% or so was approved, well, I don't
19 know the pockets of the disallowed amounts to
20 understand what's not being accepted. But the
21 numbers don't quite jive.

1 And going forward with the
2 justifications, how that enters from Adam in the
3 actuary perspective, how that goes into the future
4 requests that come back from Genworth. In other
5 words, the disallowed amount, does it come back in
6 next year or it's X'd out as being disallowed? So
7 that's something that I can't know from today's
8 discussion.

9 Let's see. Also, the class action
10 settlement from court from Genworth, is it
11 published somewhere that we can find out?
12 (Indiscernible) but they don't tell us, you know,
13 the court citing.

14 Let's see. So. Okay. I think that's
15 the gist of what I put in and I put into my
16 testimony basically what I was going to talk about
17 so it's on the record that I sent in to staff
18 yesterday. Okay. So that's basically what I
19 wanted to say quickly at probably about five
20 minutes.

21 COMMISSIONER BIRRANE: Okay. Mr. Fritz,

1 thank you very much. We do have your testimony --
2 that will be posted -- if there are additional
3 comments that you want to add. I think in terms of
4 a number of questions, there is some context that
5 our folks would be able to provide to you, if you
6 reach out to them.

7 Todd, let me just ask you for some of the
8 bigger, broader points that Mr. Fritz has
9 referenced, if you or Jeff or Adam just want to hit
10 at a really high level some of those questions
11 around, you know, the difference between
12 actuarially-justified -- really the question that
13 you guys were asking around, you know, actuarially-
14 justified assuming, you know, a breakeven versus
15 assuming the original.

16 Maybe you could provide some sort of
17 high-level discussion around some of those points
18 that Mr. Fritz has asked and then we'll obviously
19 follow that up, Mr. Fritz, and give you the
20 opportunity to do a deeper dive with some of these
21 concepts offline.

1 MR. FRITZ. Yes. Thank you.

2 MR. SWITZER: Kathleen, I've had some
3 problems. I didn't catch all of what you just
4 said.

5 COMMISSIONER BIRRANE: So if you are able
6 to hear, I know we've all been having some
7 technical glitches here.

8 MR. SWITZER: I'm sorry --

9 COMMISSIONER BIRRANE: My connection is
10 not stable as well.

11 MR. SWITZER: -- I'm going to have to go
12 out --

13 COMMISSIONER BIRRANE: That's okay.

14 MR. SWITZER: -- and come in again. I
15 can't hear you.

16 COMMISSIONER BIRRANE: That's okay. Adam
17 or Jeff, were you able to hear Mr. Fritz?

18 MR. JI: Yes. Yes. For your question
19 actuarially justified, the rate, for me, the first
20 assumption should be sustainable. So for example,
21 investment income; morbidity; then, you know, the

1 claim frequency, that all those assumptions be
2 actuarially sound, reasonable.

3 And also another way is in compliance
4 with the Maryland regulation, you know, that kind
5 of thing. For example, nationwide we have an 85/58
6 testing that we need to match. So that's high
7 level in my opinion.

8 COMMISSIONER BIRRANE: So I think
9 Mr. Fritz you're going to need that tutorial
10 offline to get into kind of, you know, sort of that
11 level of detail.

12 Todd, you're back on. I don't know if
13 your sound is any better at this point. Okay. It
14 doesn't look like it.

15 So Mr. Fritz, I'm going to apologize for
16 the technical issues. Adam, I don't know if you
17 have any comments you wanted to make.

18 MR. ZIMMERMAN: The only comment I would
19 make with regard to one of the questions that was
20 raised was the whole difference between what was
21 approved and what was asked for.

1 You know, so if they request, I don't
2 know, just as an example, 50% and the approval is a
3 single 15 or 30, you know, over multiple years, to
4 address the question of are they phased out or are
5 they not?

6 It truly depends on the company because
7 ultimately what happens is, you know, if they come
8 back and they say oh, last year you disallowed a
9 20% rate increase as an example, that was -- you
10 know, we requested 50%. You approved 30% so you
11 disallowed 20%.

12 Some companies may come back and say our
13 experience has deteriorated and based on our new
14 assumptions we can justify X, whatever that X is,
15 or some companies may come back and they say our
16 new assumptions justify X%, plus, you know, there's
17 a backlog of rate increase that wasn't approved for
18 whatever reason so we're adding that into the new
19 request as well.

20 COMMISSIONER BIRRANE: And then it goes
21 through that same rigorous process again.

1 MR. ZIMMERMAN: Correct. It goes through
2 the same review. Of course, experience is based on
3 the new -- you know, a year or two or three years
4 later. However long it's been since the previous
5 rate increase, the experience will have changed
6 from the previous rate increase.

7 So then it's reviewed again, you know;
8 see how it compares to the previous year. Has it
9 deteriorated? What assumption changes there were?
10 Do the assumptions justify whatever rate requests
11 they're seeking, etcetera.

12 COMMISSIONER BIRRANE: Okay. Thank you,
13 Adam. Todd, is there anything you want to say?

14 MR. FRITZ: -- disallowed in the current
15 application? Let's say administrative cost, not a
16 claim, benefit claim. Then, when they come back in
17 the future, they can argue future administrative
18 costs, but the ones that you disallowed that were
19 such like administrative costs, are those
20 permanently disallowed from the past applications?

21 MR. ZIMMERMAN: So the rate increases

1 when they're looked at, they cannot recoup or we
2 will not allow them to recoup past losses. What's
3 in the past, is in the past.

4 So if a company has agreed to a lower
5 rate increase that's been just -- you know, in my
6 example, if they requested 50 and they agreed to 30
7 because of, you know, the 111 or 110, whatever
8 target loss ratio that they agreed to, if they
9 lose -- if they lose money because of that, because
10 of expenses or interest rates being lower than what
11 they assumed, they can't say oh, you know, we
12 should have made \$20 million extra in the last
13 three years and because you, MIA, disallowed this
14 rate increase, we're recouping -- we're re-seeking
15 those, that additional \$20 million. No, that can't
16 happen.

17 It has to go in a look-forward basis with
18 the experience that's left and, you know, the
19 projected expenses, projected claims, and projected
20 interest rates based on current assumptions.

21 MR. FRITZ: Thank you. That's clear.

1 COMMISSIONER BIRRANE: Todd, was there
2 anything you wanted to add? Okay. So technical
3 difficulties. Is there anybody else who is an
4 attendee who wanted to speak?

5 MR. EY: Teresa has her hand up,
6 Commissioner.

7 COMMISSIONER BIRRANE: Do you want to
8 allow her in?

9 MR. EY: Mm-hmm. Can you hear us?

10 COMMISSIONER BIRRANE: We can't hear you,
11 Teresa. Do you want to unmute her?

12 MR. EY: Yeah. She's unmuted.

13 COMMISSIONER BIRRANE: Oh. It still
14 shows up on mine as unmuted.

15 MR. EY: Yeah, I'm asking to unmute now.

16 COMMISSIONER BIRRANE: Okay.

17 MR. EY: Okay. She has to unmute herself
18 at this point so, but she can speak. She has the
19 ability.

20 COMMISSIONER BIRRANE: You may have to
21 unmute yourself, Teresa.

1 TERESA: Hi. Thank you. I'll just
2 follow up in my email to Craig. I appreciate all
3 the comments that Marshall made. He's obviously
4 much more aware of what's going on.

5 But I have similar questions to follow up
6 on the letter that I received from Genworth
7 concerning the price increases because when I see
8 something that talks about a 198% increase over
9 three to six years and I hear from you that the
10 State of Maryland won't allow for anything more
11 than 15%, I'm not that good at math to reconcile
12 those comments.

13 COMMISSIONER BIRRANE: No, I understand
14 what you're saying and so, you know, again, if you
15 reach out to Craig, then we will connect you to the
16 right person on our team who will be able to
17 hopefully explain to you, help walk you through the
18 letter, and to the extent you have questions and
19 contacts, we're happy to spend time with you on
20 that.

21 TERESA: Okay. Thank you.

1 MR. ZIMMERMAN: This is Adam Zimmerman.
2 The only thing I will say to follow up on your
3 comments is that yes, there is a 15% rate cap in
4 Maryland for any policy that was issued in
5 Maryland. The annual rate increase cannot exceed
6 15%.

7 So yes, I can understand the confusion if
8 you're receiving a letter saying they're seeking,
9 you know, whatever hundred and something percent so
10 we will definitely have somebody look into that for
11 you.

12 TERESA: Thank you.

13 COMMISSIONER BIRRANE: So what I'm going
14 to do for the record, and if you want to speak, you
15 know, just let Craig know or raise your hand or
16 send up a flare and we'll unmute you.

17 But I want to read the comments that are
18 in the comment box. And I know we've heard a
19 little bit, but let me read them into the record.

20 So the first is from Maddie Sharp and the
21 comment is: "Hello. My name is Maddie Sharp. I

1 sold many GNW LTC policies in Maryland between 2002
2 and 2015. The rate increases are horrendous, but
3 not surprising given the low cost of the policies
4 at the time of sale.

5 I am on the phone a few times a week
6 speaking with clients about rate increases. Even
7 with the rate increases to date, I still believe
8 the price is fair given the probability of needing
9 care and cost of care.

10 My issue and where I'd like to get some
11 confirmation from GNW is what assurance do the
12 policyholders have that GNW is going to be there in
13 10, 20, 30 years and when it's time to make
14 claim. Will GNW be able to pay these claims.

15 If I felt comfortable knowing that GNW
16 will be able to continue to pay claims for the long
17 haul, I would be much more confident in encouraging
18 my clients to pay the rate increase."

19 So, you know, what we won't do today is
20 go into sort of a back-and-forth debate about
21 solvency and guaranteed funds and sort of those

1 kinds of safety nets and -- and the long-term
2 picture for Genworth, but I know that you provided
3 your contact information in the chat room and we
4 will reach out to you, Ms. Sharp, and discuss with
5 you your questions and sort of some of the
6 framework to the extent that we can help you with
7 that.

8 The next question -- the next comment was
9 from Teresa, who we did also hear from, and I think
10 you have articulated to us, but I will read the
11 comment in nonetheless.

12 My March 19 -- "My March 9th, '21 letter
13 from Genworth refers to 376.320% increase for
14 lifetime benefits over the next three to six years
15 and 198.680% increase for limited benefits. Please
16 reconcile this with what I just heard about your
17 increase requests.

18 Also, I've already been told by Genworth
19 that my next annual bill to be paid this fall will
20 be 13.49% more. When was that increase approved?

21 Finally, am I correct to understand that

1 if I don't opt to change my policy by 6-6-21, that
2 I need to either live with the current policy
3 increases or forfeit the policy?"

4 So I will let MY actuarial team respond
5 now to the question about the timing of any rate
6 increase that you're seeing in your policy. I
7 think that's the last time that we had a rate
8 increase approval, but on a broader sense, let's
9 get you, as we said, connected with someone on our
10 team that can really walk you through the specifics
11 of your policy.

12 But for the most part, just at a very
13 high level, it's not a binary thing. It's not a
14 pay the increase or forfeit the policy. You know,
15 carriers have tried to craft out options to not --
16 not have you lose all benefits under the policy or
17 lose the coverage under the policy, but there are
18 places where you could decrease certain elements.

19 You know, you could increase the amount
20 of times before you file a claim after you're
21 eligible for a claim. You could decrease the cost

1 of living type increases that are in the policy.

2 There are a set of variables or triggers
3 that you could toggle in order to keep the premium
4 low where it is now or not feel the full impact of
5 the rate increase.

6 And then, of course, the other piece of
7 it is the nonforfeiture piece, which is that if you
8 ultimately decide that you are just absolutely not
9 going to pay any additional premium, the premium
10 that has been paid to date, minus claims is still
11 there and available to pay future claims. So it's
12 not a forfeiture of the policy, if you don't make
13 another premium payment. So that piece I did want
14 to mention.

15 But again, we'll look forward to talking
16 to you individually about the letter you received
17 and what that means with your particular policy and
18 your particular policy form.

19 The only other comment I see I think is
20 from you, Todd. Because of your technical
21 difficulties, you're only hearing a small portion

1 of what's being said.

2 MR. SWITZER: Right.

3 COMMISSIONER BIRRANE: Are you able to
4 hear -- are you able to speak now?

5 MR. SWITZER: Yeah. The last five
6 minutes have been okay.

7 COMMISSIONER BIRRANE: Okay. So if you
8 just want to, you know, articulate -- any other
9 comments you want to make based on what you've
10 heard? I won't read your chat.

11 MR. SWITZER: Sure. Well, I apologize
12 upfront if I'm off point, but I'm trying to speak
13 to Mr. Fritz's comments.

14 And the first thought was when we have
15 companies that come in with requests and we approve
16 something less, what's behind that is the thought
17 that the carriers believe that their lifetime loss
18 ratios, if I can speak in those terms, generally
19 should be below 100 percent.

20 And our thought is that partnership and
21 that sharing of the burden should be a little more

1 than that, more sharing by the company up to 111%.
2 That's kind of how you can translate why we're
3 approving less.

4 Also, when I mentioned that proposing
5 that a premium of \$1,500 will ultimately go up to
6 \$16,000 is not something we find tenable that leads
7 to that. So those things are wrapped together.

8 And another related thought was that
9 recently in a phone call with a carrier they asked
10 us well, of the 50 states, you're in the bottom 10
11 of what you've approved. Will you please comment
12 about that.

13 And we want to be cognizant of the best
14 approaches, the best methods, of our partner states
15 and our neighbors; however, in the end, we're
16 tasked with serving Marylanders and we try to be
17 transparent and clear and vet everything that we
18 do, and support what we we're doing.

19 So being in the bottom 10 is something
20 we're aware of, but again, we're trying to serve
21 Marylanders the best way we can and being there is

1 something -- at 111 that we find to be the best
2 balance.

3 So there's a lot in that and we're happy
4 as a team to follow up with you, Mr. Fritz -- we
5 appreciate your thoughtful comments -- after this,
6 but I hope that's a start.

7 COMMISSIONER BIRRANE: Thank you, Todd.
8 I appreciate that. Anybody else who is an attendee
9 who would like the opportunity to be heard today?

10 MR. EY: Ms. Sharp has her hand up.

11 COMMISSIONER BIRRANE: Great. Do you
12 want to put her in?

13 MR. EY: I will.

14 MS. SHARP: Hello? Can you hear me?

15 COMMISSIONER BIRRANE: We can.

16 MS. SHARP: Hi. I'm Maddie Sharp and you
17 did -- Commissioner, you did read my comments and I
18 appreciate that, but I just want to follow up on
19 something that you said.

20 When I was alluding to the solvency of
21 these insurance companies to be able to pay the

1 claims in the future -- and I do think that for the
2 most part that is the crux of this issue, to throw
3 good money after bad is very, very problematic.

4 And again, if I could tell my clients --
5 because I can justify the current prices. I don't
6 know what the future holds, but I can justify the
7 current rate increases with respect to risk
8 probability, etcetera.

9 But if I'm having these clients pay these
10 large rate increases for a company that is not
11 solvent, I think that's a huge issue. And you do
12 mention that many states like Maryland do have a
13 guarantee fund.

14 To my knowledge, that guarantee fund is
15 limited to \$300,000 and many long-term care
16 policyholders have benefits well in excess of
17 \$300,000. Maryland is one of the most expensive
18 places in this country for assisted living and
19 nursing care. And while \$300,000 may sound like a
20 lot of money, it's not enough for the average
21 claim, which is typically three years so I do think

1 solvency of the company is ultra important in these
2 discussions.

3 COMMISSIONER BIRRANE: Well, it's very
4 important to us as regulators and, you know, I
5 represented before I became insurance commissioner
6 long-term care companies, including long-term care
7 companies that unfortunately became insolvent and
8 it is a very, very difficult issue.

9 There are some companies that get so far
10 out of whack that there's not really much that you
11 can do about that. I don't -- and every regulator
12 has that as a top-of-the-line consideration. And
13 that is our balancing test.

14 We are constantly balancing the need to
15 make sure that companies have the surplus, have the
16 money that they need in order to make sure that
17 claims are paid and paid timely against also the
18 consideration of what makes sense for the
19 policyholder.

20 That's why the approach that Maryland
21 takes is a very surgical approach. We look very,

1 very carefully at what, you know, the company is
2 able to absorb in terms of sharing part of and
3 partnering in part of the losses that nobody
4 anticipated.

5 So your comments are spot-on. You know,
6 I'm very familiar with Penn Treaty. I'm very
7 familiar with SHIP and the circumstances -- you
8 know, what's been occasioned by that.

9 That doesn't mean that when companies are
10 taken into receivership because they're insolvent,
11 that does not mean that those companies immediately
12 go into liquidation and into the guarantee fund.

13 You know, a company like SHIP; for
14 example, that was -- continued in business in a
15 solvent runoff for a period of time and then was
16 under supervision for about two years and then is
17 in now a rehabilitation proceeding.

18 There are requests and -- that are
19 contemplated to increase premium during
20 rehabilitation. So it's not, again, a completely
21 binary situation, but you're absolutely correct

1 that the answer isn't that companies become
2 insolvent and we can't just rely on guarantee
3 funds.

4 While it's different from state to state.
5 Some states are as low as \$100,000. Some states
6 have no cap. One state has no cap. And then the
7 average is \$300,000 or \$500,000.

8 So I thank you for those comments because
9 it's important to point that out because that is a
10 real concern.

11 MR. SWITZER: And as we monitor those --
12 that type of information, it was good to see
13 Genworth in the first quarter to go up by \$200
14 million in capital surplus and have a 30-plus point
15 increase in their capital. We try to keep a close
16 eye on those things.

17 COMMISSIONER BIRRANE: Was there anybody
18 else who is an attendee who wanted to be heard
19 today?

20 MR. EY: I'm not seeing anyone else in
21 the chat and no hands raised.

1 COMMISSIONER BIRRANE: I think I have
2 read all the comments in so if there's no one else
3 who has indicated that they want to speak, I'll
4 just give one last opportunity to the folks at the
5 Maryland Insurance Administration. Is there anyone
6 on my team that has anything that they would like
7 to say as we close up? Okay.

8 Well, with that, again, we will hold --
9 oh, Mr. Lemoine, did you want to speak?

10 MR. LEMOINE: No. No. No. Thank you.
11 Just thanks to the Administration for your hard
12 work. These are challenging issues and we
13 appreciate the opportunity to speak and to hear
14 today. Thank you.

15 COMMISSIONER BIRRANE: And, you know, I
16 think what we see is the balancing game that
17 everybody has to play. You know, Maryland is, as I
18 said, pretty surgical and that's why we're in the
19 bottom 10%, but we are very, very mindful of
20 surplus and RBC and what it means for companies to
21 go into receivership or to go into liquidation.

1 Nobody wants to see that happen. That's the other
2 side of the coin.

3 And I think, you know, Maddie is smart to
4 make sure that her clients understand that that is
5 a balancing act, because getting to her point,
6 \$300,000 at the end, after having paid all that
7 premium is frankly -- it could be a much worse
8 result than the increase in premium.

9 But Todd's team looks very carefully and
10 tracks surplus along with our E and A Unit in
11 looking at the status of where companies are.

12 So we will hold our public comment period
13 open until next Thursday, the 27th, so if you have
14 additional written comments or testimony you want
15 to provide, please do so.

16 And if you have questions or comments for
17 any of the members of our team, you have Mr. Ey's
18 email address and you're welcome to send him an
19 email with your questions and we will reach back
20 out to you, and try to answer those questions.

21 So with that, I thank everybody for their

1 participation today and we can close this one
2 out. So thanks and stay safe.

3

4 *** HEARING ADJOURNS 4:25 P.M. ***

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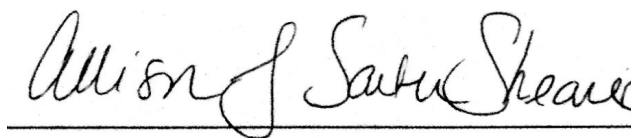
1 STATE OF MARYLAND)
2 COUNTY OF BALTIMORE) SS

3 I, Allison L. Shearer, RPR, a Notary
4 Public of the State of Maryland, do hereby certify
5 that the within named persons, personally appeared
6 before me at the time and place herein set out.

7 I further certify that the hearing was
8 recorded stenographically by me and that this
9 transcript is a true record of the proceedings.

10 I further certify that I am not of
11 counsel to any of the parties, nor an employee of
12 any of the parties, nor related to any of the
13 parties, nor in any way interested in the outcome
14 of this proceeding.

15 As witness my hand and notarial seal this
16 1st day of June, 2021.

17
18 
19

20 Allison L. Shearer, Notary Public
21 My Commission Expires March 18, 2022

0	17 77:17	2016-17 77:4	31st 34:17
0 61:21 62:7,18 63:4,10	18 105:21	2017 78:2	36,500 10:2
1	180 47:15	2019 57:13 63:14	37 50:10 56:4
1 2:3 59:13 60:8	19 2:12 12:11 15:5 15:8 16:8,14 23:1 23:5,12 24:4 25:2 25:9 52:3 92:12	2020 8:15 10:18 12:10,13 14:8 15:11 17:6 22:6 47:20 56:20 60:1 60:5 63:19	376.320 92:13
1,094 14:13	193.0 3:16	2021 1:4 3:9 6:11 13:15 33:17 57:2 59:13 60:8 64:8,9 64:10,17 65:10,15 105:16	38 63:11
1,428 63:15	1978 20:12	2022 105:21	4
1,500 11:3 96:5	198 89:8	2023 32:16	4 2:8,17
1.1 20:14	198.680 92:15	21 39:7 92:12	4,000 46:20
1.11 8:19 37:11	1980s 48:11	22 32:3	400,000 78:11
10 9:11 15:8 63:12 75:13 91:13 96:10 96:19 102:19	1989 46:18	23,500 13:17	42 40:3
100 43:20 78:10 79:10 95:19	1993 59:19	24 60:1	44 10:19 12:14,15 12:16
100,000 101:5	1st 105:16	25 9:3,4 63:8	45 2:13
101 3:20 27:6 44:4	2	27 6:11	46 14:4 63:9
101.1 26:17	2 2:5 62:6,11,13,16 63:7	27th 103:13	48 77:17
11 2:8	2.1 10:19	28 80:18	49 13:9,14
110 87:7	20 1:4 67:5 85:9 85:11 87:12,15 91:13	28.4 13:20	4:00 75:12
111 8:16,17 9:3 12:16 87:7 96:1 97:1	200 39:9 79:10 101:13	29,000 20:14	4:25 104:4
12 42:8	2000s 35:5	2:30 1:5	5
12,000 47:1	2002 21:9 26:15 35:6,9 91:1	2:37 3:1	5 9:11 15:8 61:7,8 61:10,11,13,15 62:2,9,13 63:5,8 63:11,15,16 68:11 68:12,17 69:4,5
122,000 39:21	2003 47:8 59:19 77:2	3	5,700 27:3
13 14:9,14	2005 21:9 26:15 35:9	3 2:3,10 63:6	50 42:18 85:2,10 87:6 96:10
13.49 92:20	2006 49:13	3.6 22:4	50,000 12:17
14 47:21	2009 46:15 47:8	3.8 3:17 10:18	50-55 44:15
15 9:10,10 13:3,5 13:21 27:2 42:6 51:8 57:7 63:5 78:5,9 80:5 85:3 89:11 90:3,6	2010 21:17	30 63:6 85:3,10 87:6 91:13 101:14	500 47:12
15s 42:9	2012 28:21 46:16 46:18	300 79:10	500,000 101:7
16 63:21	2014 36:8	300,000 32:4 98:15 98:17,19 101:7 103:6	55 40:1
16,000 11:4 96:6	2015 10:18 33:7 34:17 36:2 91:2	31 33:7 63:14	55,000 40:1
160 77:9 80:12	2016 77:17	31.4 13:1	57.2 3:15
16540 105:19		315 77:11 80:12	59 2:15
			5:30 1:5
			6
			6 22:3 63:9
			6-6-21 93:1

60 21:12 26:3 32:14 65:1 62 29:2 63 63:12 65 8:7 32:16 43:11 667 47:20 6th 33:17	97:21 100:2 absolute 20:8 absolutely 40:21 74:18 94:8 100:21 absorb 100:2 absorbing 8:20 27:18 37:8 38:17 accelerated 24:20 accelerating 77:18 accepted 64:3 65:14 80:20 access 5:7 29:19 73:18 accident 2:13 3:14 45:11,18 47:7 accrued 62:15 achieving 26:11 acknowledge 30:19 52:4 54:10 acknowledging 26:20 act 22:15 103:5 action 27:10 28:9 30:21 42:16 81:9 actions 22:12 actively 31:18 52:1 actual 48:16 51:1 actuarial 21:11 36:15 38:21 48:18 50:12,21 51:12,17 52:8 54:21 57:10 77:13 93:4 actuarially 26:9 32:8 34:2 53:3 56:6 82:12,13 83:19 84:2 actuaries 18:21 34:12 79:3 actuary 1:9,14,16 2:5,8 5:2,4,4	11:18 46:11 59:2 66:15 81:3 ad 78:9 adam 1:16 2:8 5:3 11:15,18 18:10 37:6 38:11 80:17 81:2 82:9 83:16 84:16 86:13 90:1 adam.zimmerman 1:17 add 36:4 82:3 88:2 adding 80:9 85:18 addition 4:3 9:17 15:13 23:17 24:19 29:19 60:6 additional 6:11 16:14 27:15 28:11 51:20 58:11 82:2 87:15 94:9 103:14 address 69:14 71:2 74:1 85:4 103:18 addressed 69:13 adjourns 104:4 adjust 53:8 adjustments 26:10 29:6 32:9 53:13 58:14 administering 47:16 administration 1:2 4:21 11:19 19:16 20:19 24:6 30:5 34:2 46:2 51:5,7,9 53:1 58:1 60:1 65:15,18 76:6 102:5,11 administration's 3:7 administrative 78:2 79:2 86:15	86:17,19 adults 23:6 advance 5:16 6:6 11:20 42:13 65:2 adversely 51:18 advertise 74:1 advisors 69:2 affect 4:7 affiliation 7:4 afford 29:10 affordability 29:7 53:11 54:9,14 afternoon 7:16 19:11 58:21 age 8:1,7 63:3 67:4 67:6 aged 4:1 agenda 2:1 ages 22:20 26:18 ago 7:1 11:5 77:10 78:21 agreed 87:4,6,8 agreement 33:16 80:7 aides 17:1,2,3 aimed 50:2 alert 5:18 aligns 36:10 allison 1:21 105:3 105:20 allocated 79:3 allow 87:2 88:8 89:10 allowed 24:5 alluded 39:19 alluding 97:20 alongside 15:2 alternative 65:5 alternatives 54:8 americans 40:21
7			
7 2:5 9:11 7.5 33:7 70 4:1 26:18 67:4 70.4 12:20 7035 26:16 724 63:14 73 2:17 75 42:17 44:14 77:17 80:18			
8			
8,498 4:8 80s 9:1 23:8 85 42:10,10 55:20 85/58 84:5 89 42:4,9 43:1			
9			
90 43:1 55:21 67:6 900,000 46:19 95.8 13:19 96 60:14 97 55:7 98.5 27:7 9th 92:12			
a			
ability 20:6 22:13 26:8 32:10 33:3 53:20 88:19 able 5:7 57:13 65:11,18 82:5 83:5,17 89:16 91:14,16 95:3,4			

amount 28:17 29:17 33:7 35:4 50:18 53:14 54:3 61:11,12 67:9,10 69:14 81:5 93:19 amounts 50:11,14 51:2,11 57:9 61:14,18 68:8,13 80:19 analysis 32:15 50:21 51:12 55:19 57:10 analyze 52:14 analyzing 52:3 anniversaries 60:5 64:8,16 annual 13:3 14:2 14:11 51:3 90:5 92:19 annuities 39:15 annuity 15:2 answer 6:4 34:8 38:9 54:17 66:2 67:19 75:1,14,15 101:1 103:20 answers 18:3 31:21 45:2 58:3 anticipate 33:12 anticipated 21:20 49:2 100:4 anybody 58:1 88:3 97:8 101:17 anymore 8:9 apologize 11:20 19:4 73:10 84:15 95:11 appear 5:20 appeared 105:5 appearing 45:17 applaud 35:20	applicable 65:3 application 86:15 applications 86:20 applied 38:19 51:4 applies 30:21 51:9 57:7 applying 48:12 appreciate 23:8 35:20 45:5 54:20 58:18 89:2 97:5,8 97:18 102:13 appreciates 34:7 appreciative 7:18 approach 99:20 99:21 approaches 96:14 approval 12:21 13:4,20,21 22:17 30:1,4 58:10 85:2 93:8 approvals 12:8 13:8 14:3 approve 57:14 95:15 approved 8:16 9:4 9:11,14 10:10 12:15 13:12,13,16 14:9 80:18 84:21 85:10,17 92:20 96:11 approving 96:3 approximately 12:17 13:9,13,17 14:4,8,13 20:13,14 22:3,4 27:3 29:2 46:20 47:1,8,12 april 26:15 33:17 60:1 64:8 69:1 area 69:15 argue 86:17	articulate 18:19 19:1 37:4 39:1 95:8 articulated 92:10 asked 5:19 8:19 10:9 28:14 40:4 42:3 70:15 82:18 84:21 96:9 asking 44:4 82:13 88:15 assessment 21:14 assets 78:19 assigns 33:10 assist 21:5 23:12 31:10 assistant 46:5 assisted 15:16 16:20 23:14 98:18 assoc 1:11 associate 5:2 assume 68:3 assumed 87:11 assuming 55:4 82:14,15 assumption 83:20 86:9 assumptions 21:12 25:18 36:9 40:12 41:7 48:13,19 52:17 84:1 85:14 85:16 86:10 87:20 assurance 91:11 attack 11:13 68:3 attained 22:20 attend 10:19 attended 17:13 attendee 75:9 88:4 97:8 101:18 attendeess 72:11 73:8,16	attending 3:4 audience 71:15,20 august 33:6 34:17 65:10 available 24:15 31:10,21 48:12 59:16 62:1,8 74:19 94:11 average 8:16 12:16,19,21 13:19 13:20 22:19 23:7 37:9 39:21 63:4,7 63:10 67:16 98:20 101:7 avoid 22:18 aware 13:2 33:15 36:14 69:7 89:4 96:20
			b
			b 2:13 back 11:5 16:17 32:15 37:3 43:12 43:18,19 56:7,11 57:4 71:6 77:6,6 81:4,5 84:12 85:8 85:12,15 86:16 91:20 103:19 backlog 85:17 bad 98:3 bake 55:15,16 balance 10:13 18:15 29:6 79:21 97:2 balancing 99:13 99:14 102:16 103:5 baltimore 105:2 base 10:1 based 25:18 26:9 32:8 40:12 56:9 73:6 74:11 85:13

86:2 87:20 95:9 bases 18:19 basically 78:16 81:16,18 basis 21:16 38:3 50:4 53:9 87:17 bear 18:14 began 60:3 behalf 12:5 45:17 believe 24:17,21 44:12 52:16 54:5 54:7 60:20 65:19 91:7 95:17 believed 24:10 beneficial 40:13 65:21 benefit 3:17 4:5,12 10:2 22:11 25:6 26:18 29:5 41:12 50:16,17,18 53:14 53:15 55:18 59:14 60:7,15,19 61:3,7 61:7,8,10,11,12,13 61:14,16,17,19,21 62:3,6,7,12,15,19 63:20 65:6,9 68:3 68:7,8,12,13 69:13 69:14 86:16 benefits 9:12,12 9:13 15:3 17:11 17:15 27:7,8 30:7 32:5,19 47:17,19 47:21 48:1 60:12 60:14 92:14,15 93:16 98:16 benjamin 71:18 71:19,20 best 21:13 28:8 39:16 48:12 68:16 96:13,14,21 97:1	better 11:9,11 38:12 43:6 59:15 66:11 79:4 84:13 beyond 77:19 78:13 bigger 82:8 bill 72:6,11 92:19 billion 10:18,19 22:4 32:4 binary 93:13 100:21 birrane 1:7 2:3 3:3 3:5 11:16 18:9 19:7,15 34:6,10,21 35:3,10,14 36:12 38:8 39:3 44:20 45:9,15 46:1 54:19 55:12 56:1 57:21 58:7,18,20 66:4 69:19 70:2 71:17,21 72:2,10 72:14,19 73:4,10 74:15 75:11 76:1 76:10,14,16,19 81:21 83:5,9,13,16 84:8 85:20 86:12 88:1,7,10,13,16,20 89:13 90:13 95:3 95:7 97:7,11,15 99:3 101:17 102:1 102:15 bit 46:13 66:12 90:19 block 10:4 37:18 38:5 46:6,7,12 47:5,9 49:12 50:9 52:7 55:4 60:3,9 blocks 21:15 22:5 22:10 38:1 59:18 63:17	bottom 96:10,19 102:19 box 90:18 breakeven 27:11 36:21 37:12 42:11 43:6,9 55:21 82:14 brief 6:7 briefly 15:6 bring 18:14 broader 82:8 93:8 brought 9:17 bulletins 79:8 burden 9:5 27:21 37:14 95:21 business 19:14 22:7,10 24:1 25:11,19 31:19 32:20 33:19 46:7 46:7,9,12 48:10 49:14 51:16 59:18 60:10 63:17 100:14 businesses 24:2	care 1:1,3 3:9,12 6:15,16,18 12:10 12:12,15 13:3,16 14:10,15,18,19 15:1,3,9,11,20 16:6,13,19 17:5,5 17:8,11,15,21 19:13,19 20:2,11 20:17 23:2,20 24:14,21 25:5,6 29:20 32:5 36:5 39:13,14,20,21 40:6 41:5,11 46:9 46:11,15,16,19 47:2,14,21 48:1 49:1,12 51:16 52:7,12 53:4,19 56:16 59:12,17 77:2 78:13 79:3 91:9,9 98:15,19 99:6,6 careful 24:4 carefully 100:1 103:9 carrier 3:8 10:4,17 96:9 carriers 4:16 7:10 8:19 14:6 16:1,13 32:13 93:15 95:17 case 70:4 cash 31:5 caswell 58:8,15,17 58:19,21 59:1 66:4,9,14 68:5 69:21 70:1 catch 78:5 83:3 caught 17:14 caused 17:10 ceasing 29:12 ceiling 9:19
		c 2:15 calculated 78:4 calculation 55:13 call 5:15 6:1 7:12 11:21 18:7 46:10 96:9 called 7:3 calls 10:20 28:5 39:12 cap 13:3 14:2 51:10 90:3 101:6 101:6 capital 10:17 33:1 39:8 101:14,15 caps 51:4	

ceo 39:12 certain 31:2 43:17 59:17 93:18 certainly 35:13 43:18 certainty 30:17 certify 105:4,7,10 challenge 53:5 challenged 23:13 challenging 102:12 change 26:5 33:20 41:2 60:17 93:1 changed 25:17 40:11 86:5 changes 24:3 37:14 64:3 86:9 changing 41:16 53:16 67:8 charged 51:16 charles 58:8 59:1 chat 5:7,18 70:11 70:21 71:4 72:5 73:5 76:7,11 92:3 95:10 101:21 chief 1:9 2:5 5:2 46:11 choice 26:15 27:9 30:2,21 31:2,11 61:6 choices 21:5 choose 28:17 29:2 31:7,8 54:1 60:21 68:17 chosen 67:11 circumstances 71:11 100:7 citing 81:13 citizens 59:8 claim 18:4 21:17 29:16 41:9 49:4,5	52:11 54:16 56:19 57:2 84:1 86:16 86:16 91:14 93:20 93:21 98:21 claimant 23:7 52:10 56:18,18 claimed 77:17 claims 8:20 9:17 15:15,17 16:11,12 16:17,18 18:1 21:19 22:13 24:8 24:10,20 25:7 26:3,8 27:19 29:18 32:1,5,7 33:2 41:10 43:14 49:3,7 50:6 52:13 55:11 87:19 91:14 91:16 94:10,11 98:1 99:17 clarification 77:21 79:14 clarify 34:14 clarity 38:20 class 30:20 81:9 clear 18:3 43:5 49:15 60:16 79:1 87:21 96:17 clearly 7:4 clicking 6:17 clients 91:6,18 98:4,9 103:4 close 101:15 102:7 104:1 closed 46:6,7,12 closer 27:11 36:21 40:1 closing 10:12 54:10 cognizant 96:13 coin 103:2	colleague 11:14 collected 33:1 35:18 combination 49:11 combined 4:7 come 24:13 80:7 81:4,5 83:14 85:7 85:12,15 86:16 95:15 comfortable 71:7 71:8 74:3,6 91:15 commencement 3:1 comment 73:4 84:18 90:18,21 92:8,11 94:19 96:11 103:12 comments 2:4,9 4:14 5:15 6:5,8,12 7:15,17,18 13:7 18:8 31:17 46:14 59:9 70:3,15,17,18 70:20 74:17,18 82:3 84:17 89:3 89:12 90:3,17 95:9,13 97:5,17 100:5 101:8 102:2 103:14,16 commission 69:21 105:21 commissioner 1:7 1:11 2:3 3:3,6 5:3 11:16 18:7,9 19:7 19:15 34:6,10,21 35:3,10,11,14 36:12 38:8 39:3 44:20 45:9,15 46:1 54:19 55:12 56:1 57:21 58:7 58:18,20 59:5	66:4 69:19 70:2 71:17,21 72:2,10 72:14,19 73:4,10 74:15 75:11 76:1 76:10,14,16,19 80:2 81:21 83:5,9 83:13,16 84:8 85:20 86:12 88:1 88:6,7,10,13,16,20 89:13 90:13 95:3 95:7 97:7,11,15,17 99:3,5 101:17 102:1,15 commissioner's 41:20 43:4 commitment 20:9 30:11 47:13 commits 10:7 committed 21:1 32:6 33:21 communicate 8:11 10:15 communicated 64:18 communications 1:18 5:5 77:5 communities 23:6 23:13,19 community 23:12 companies 12:5 14:9,15 15:19,21 18:18 22:9 33:6 33:14 36:14 48:5 85:12,15 95:15 97:21 99:6,7,9,15 100:9,11 101:1 102:20 103:11 company 2:10,12 2:14,16 3:15,19 4:4 10:7 18:8 19:8 22:14 29:20 33:3
--	---	---	--

33:4,11,13 36:1 37:11,13 45:11,18 47:7 58:9 59:3 78:17,18 85:6 87:4 96:1 98:10 99:1 100:1,13 company's 37:8 compared 13:12 compares 86:8 complete 21:14 completely 31:15 40:16 100:20 compliance 84:3 complicated 41:6 component 26:11 32:10 compound 61:8,13 62:6,7,9,12,16,19 63:7,8,10,11,16 comprehensive 23:11 comprised 46:8 concentration 32:14 concept 35:4 concepts 82:21 concern 78:12 79:6 80:9 101:10 concerned 77:7 78:9 80:4 concerning 89:7 concerns 5:10 25:1 34:5 conclusion 33:21 confident 69:5 91:17 confirm 20:9 confirmation 91:11 confusion 90:7	conjunction 53:18 connect 89:15 connected 93:9 connection 83:9 consecutive 39:13 consider 9:8 18:12 18:16 38:17 consideration 99:12,18 considerations 16:14 18:14 23:1 considering 23:7 61:1 consistent 56:15 constantly 99:14 consumer's 10:15 consumers 4:15 4:17 7:17 10:13 11:1 79:5 80:9 contact 71:5 73:13 73:20 74:7,10 75:20 92:3 contacts 89:19 contemplated 100:19 context 47:4 82:4 contextualize 18:11 continually 14:17 continue 6:10 16:18 18:4 21:19 22:6 24:5 25:19 27:13 28:15 49:7 51:10,14 52:19 54:12 58:4 70:4 91:16 continued 100:14 continues 36:5 continuity 24:1 continuum 37:19	contracting 23:9 contributed 33:4 contributions 23:18 convenience 7:6 converge 16:17 conversation 70:4 71:10 conversations 45:4 conversion 79:7 79:11 convey 10:16 conveyed 11:6 cooney 1:11 5:2 coordination 29:20 coronavirus 23:10 correct 34:21 35:2 35:6 42:20 73:1,2 74:14 76:13 86:1 92:21 100:21 corresponding 65:14 cost 21:19 22:2 27:18 39:21 40:1 40:2 62:5,14,21 63:5,8,11 79:12 86:15 91:3,9 93:21 costs 8:5 9:10 17:4 79:2,17 86:18,19 counsel 46:6 105:11 counterpressures 40:7 country 98:18 county 105:2 couple 7:20 34:13 39:16	course 5:8 9:20 28:8 78:12 86:2 94:6 court 7:1,5 81:10 81:13 coverage 3:16 20:2,13 28:13 31:4,9 49:2 53:6,8 53:16 54:3,6 64:20 93:17 covered 47:1 48:21 covering 55:11 covid 12:11 15:5,8 16:8,14 17:9,18,19 17:20 18:1 23:1,5 23:12 24:4,20 25:2,9,14,18 40:12 40:20 41:3 52:3 56:13 79:16,18 craft 93:15 craig 1:18 5:4,9 71:5 73:5,21 74:10 76:2,3,12 89:2,15 90:15 craig's 75:20 craig.ey 1:19 76:3 created 23:15,21 credible 49:15 critical 24:6 critically 35:15 crux 98:2 cumulative 27:6 38:3 cumulatively 22:5 current 20:17 28:18 42:7,20,21 62:3,4,12,19,20 64:20 86:14 87:20 93:2 98:5,7
---	--	---	---

currently 15:6 18:17 20:13 21:7 30:20 60:1 62:2,9 63:1 64:15 67:4,6 custom 29:5 customer 28:3,6 31:10 47:16 customers 28:1 32:7 47:18 53:5 54:12 cut 11:5 78:17	definitely 90:10 definition 43:5 delayed 15:15 17:8,15 delays 10:9 demand 16:21 17:2 demonstrated 31:18 depend 25:11 depending 3:16 50:15 53:12 60:3 depends 85:6 describe 61:4 designed 30:6 designing 30:11 despite 24:3 detail 35:15 84:11 detailed 34:13 deteriorated 85:13 86:9 deteriorating 27:19 determine 28:8 determined 48:11 devastating 23:4 40:21 develop 16:9 21:11 36:6 48:14 developments 48:20 develops 18:1,5 51:18 52:13,20 diagnosis 17:14 dialogue 58:4 dialogues 11:10 difference 13:13 82:11 84:20 different 41:7 48:18 58:10 67:11 69:12 101:4	difficult 20:20 25:10 54:10 78:7 99:8 difficulties 12:1 88:3 94:21 diligence 11:13 diligently 22:16 directly 22:13 director 1:18 5:5 19:13 disallowed 80:19 81:5,6 85:8,11 86:14,18,20 87:13 disclose 44:10 disclosed 73:14 discrepancy 77:12 discuss 12:6 19:18 21:3 41:20 61:3 92:4 discussed 33:17 80:14 discussion 78:2 81:8 82:17 discussions 36:13 99:2 displace 68:15 dive 82:20 dividend 22:9 33:6 34:15 35:12 dividends 33:5,13 34:18 35:19,21 36:1,2,11 78:17 division 78:20 divisions 78:19 doctor 17:13 doctors 17:7 document 7:2 doing 55:13 96:18 dollar 8:18 37:10 dollars 22:4	doubled 21:18 downgrade 79:12 dropped 72:12 dropping 53:16 due 13:8 14:1 15:15 24:11 32:17 65:5 80:1 duration 50:16,17 dynamics 14:17
d			e
daily 61:11,12,14 61:17 62:3,12,15 62:19 68:8,13 damages 31:5 dampen 9:9 data 15:12 48:12 date 32:3 65:2 91:7 94:10 dates 68:21 david 1:11 5:2 david.cooney 1:13 day 28:2 105:16 days 65:2 debate 91:20 decades 8:2 16:7 48:16 52:14 78:21 december 57:13 63:14 decide 94:8 decision 35:20 36:10 decline 10:19 decrease 24:10,19 40:3 93:18,21 decreases 68:16 dedicated 28:3 47:15 deeper 82:20			e 45:16,16 76:3,12 76:12,14,15 103:10 eager 65:17 earlier 14:12 39:18 40:12 early 9:1 23:8 25:20 65:10 68:20 69:4 earnestness 11:13 earnings 10:20 39:12,14 49:6 economic 25:13 78:13 effect 58:13 effective 65:2 68:21 effectively 54:12 effects 17:19 23:10 efforts 21:13 eight 13:15,18 39:12 64:9 either 15:14 53:9 70:15 73:7 74:12 75:6 93:2 elderly 23:20 elect 61:6 elected 12:3 62:17 electing 62:11,18 election 3:18 31:3 31:12,13

elections 32:18 elective 32:18 elements 6:8 93:18 elevation 52:9 eligible 17:11 29:16,17 32:1,5,7 64:13 93:21 elimination 53:17 else's 72:3 email 2:18 71:8 74:1 89:2 103:18 103:19 employee 105:11 employers 47:3 employs 21:13 encouraging 91:17 endorsements 60:9 65:14 engagement 45:6 enrollment 9:14 ensure 7:7 26:7 31:19 48:4 50:4 entered 48:10 entering 15:15 enterprise 49:17 enters 81:2 entity 39:8 environment 49:10 equal 54:3 equals 29:14 equates 9:4 equation 38:16 equitable 66:12 67:13 equivalent 26:10 32:9 67:3 especially 77:7 essential 52:14 estimate 68:16	estimated 14:13 etcetera 9:11 86:11 98:8 evaluate 21:15 51:15 52:2 event 30:16 45:1 events 26:4 eventually 64:10 everybody 5:8 11:17 74:19 76:4 102:17 103:21 everybody's 12:2 evidence 68:20 exacerbated 17:9 exact 44:13,17 exactly 38:9 42:19 43:17 examination 77:21 example 37:9 52:1 57:13 60:13 83:20 84:5 85:2,9 87:6 100:14 exceed 90:5 excellent 7:7 18:11 72:19 exception 6:3 excess 98:16 exchange 66:20 excuse 12:14 exempt 9:11,13 existing 60:18,19 61:3 exited 46:14,16 expect 27:14 38:4 41:17 44:5 expectations 25:20 41:3 expected 49:5 expenses 8:20 9:18 29:17 38:17 50:7 55:16,17 78:3	87:10,19 98:17 expensive 63:6,9 63:12 experience 15:11 16:2,9,11,12 18:1 18:5 22:6 25:6,18 27:19 28:20 36:5 37:15 48:14,16 51:1,15,18 52:2,13 52:20 56:14 85:13 86:2,5 87:18 experienced 49:21 expires 105:21 explain 4:10,12 8:17 89:17 explains 21:2 explanation 77:12 explanations 70:3 expounding 66:12 express 59:9 extemporaneously 66:15 extent 5:21 74:7 79:21 89:18 92:6 extra 87:12 extraordinary 8:8 extremely 48:7 ey 1:18 5:4 70:12 71:5,15,19 72:1,8 72:13,16,18 73:2 76:3,7 88:5,9,12 88:15,17 97:10,13 101:20 ey's 103:17 eye 10:20 101:16	facing 30:12 fact 35:16 72:6 factored 43:15 factors 49:12 fair 91:8 fairly 79:2 fall 92:19 familiar 69:3 100:6,7 families 45:20 far 13:15 40:15 69:3 73:7 74:11 77:16 99:9 fare 78:19 favorable 56:15 fear 15:15 features 53:8 feel 24:12 75:16 94:4 felt 91:15 figure 8:10,13,13 file 27:14 93:20 filed 3:15 4:5 12:19 13:18 49:15 59:21 60:18 63:2 69:10 filing 10:3 20:18 50:15 57:19 58:16 60:8 63:17 filings 7:11 8:15 11:2 12:15,17,20 13:16,19 18:12 19:2 57:15 59:10 59:12,13 60:6,19 63:13,20 64:3,5 75:1 fillings 8:12 finally 15:5 17:17 72:14 92:21 financial 15:19 26:1 33:9 39:7
---	---	--	--

40:14 48:4 49:14 49:16 69:2 financially 8:14 find 29:6 65:20 71:20 81:11 96:6 97:1 findings 57:12 fine 74:9 first 3:7 5:1,14,15 7:11 12:6 17:6 18:7 39:5,7 45:21 49:15 52:4 57:2 70:6 71:13 74:16 77:8 83:19 90:20 95:14 101:13 five 27:1 68:9,10 81:19 95:5 fixed 39:15 flare 90:16 focus 3:10 focused 47:5 focusing 63:21 folks 46:3 74:2 82:5 102:4 follow 5:13 35:13 35:13 43:4 82:19 89:2,5 90:2 97:4 97:18 force 4:6 33:18 35:18 69:9 forfeit 93:3,14 forfeiture 94:12 forgone 17:8 form 21:10 26:16 31:16 38:2 60:8 94:18 forms 50:10 57:16 57:19 forth 77:6 91:20 forum 6:4 59:7	forward 18:16 38:4 41:1,18 50:4 53:8 54:2 55:9 62:13 66:19 81:1 87:17 94:15 found 6:16 foundation 23:17 four 77:19 frame 70:11 framework 92:6 frankly 103:7 frequency 21:20 84:1 frequently 28:14 fritz 72:15,16,17 72:21 73:3 74:9 75:4,19 76:9,12,15 76:17,21 77:1 81:21 82:8,18,19 83:1,17 84:9,15 86:14 87:21 97:4 fritz's 95:13 front 11:2 full 13:11 28:17 30:1 35:15 55:6 94:4 fully 57:13 function 5:8 functions 24:6 fund 98:13,14 100:12 funds 91:21 101:3 further 35:21 41:21 105:7,10 future 15:8 16:9 17:21 21:13 24:18 26:6 27:14 29:10 30:17 33:13 38:6 40:16 44:6 48:13 51:11,20 57:9,16 62:4,20 67:17,18	81:3 86:17,17 94:11 98:1,6 g game 102:16 gebhart 71:21 72:1 general 1:20 16:10 25:15 75:8 generally 9:2 15:10 30:21 43:9 53:11 95:18 generate 11:10 49:20 gentlemen 45:12 58:2 genworth 2:12 3:19 4:10 19:8,17 20:1,6,11,20 21:7 21:13,18 22:1,3 23:2,11,17,21 24:9 26:14,21 29:16 30:20 31:18 32:3 32:6,12 33:7,9,11 33:12,15,21 34:6 34:16 77:2,8 78:16,18 81:4,10 89:6 92:2,13,18 101:13 genworth's 19:13 26:7 27:10 79:8 getting 56:11 103:5 gigantic 8:8 gist 81:15 give 6:7 18:18 38:11 43:5 70:12 82:19 102:4 given 23:3 26:4 49:9 91:3,8 giving 36:1 67:3,5 67:8,16	glic 32:21 glitches 83:7 global 23:21 gnw 91:1,11,12,14 91:15 go 5:11 11:8 22:12 50:4 53:8 58:13 75:14 83:11 87:17 91:20 96:5 100:12 101:13 102:21,21 goal 4:8 26:7 49:18 goes 36:7 37:3 38:15 81:3 85:20 86:1 going 5:12 7:14 34:11 38:4 41:1,9 41:18 54:2 55:9 57:4,15 62:13 66:19 70:5,6,6,16 70:19 71:2 75:15 81:1,16 83:11 84:9,15 89:4 90:13 91:12 94:9 good 7:16 19:11 39:9 40:18 58:21 89:11 98:3 101:12 grant 42:3 granted 12:21 13:5 14:3 55:5,7 great 45:14,15 58:21 97:11 greater 16:21 17:1 grew 39:9 groundwork 46:14 group 45:19 46:16 47:1 grow 69:5 guarantee 30:9,18 98:13,14 100:12
--	---	--	--

101:2 guaranteed 91:21 guess 35:16 55:2 61:15 guys 82:13	20:4 34:8 46:3 47:4 59:7 70:13 71:3 94:21 104:4 105:7 held 16:6 hello 90:21 97:14 help 11:10 25:19 28:7 38:6 46:13 68:8 75:2 89:17 92:6 helped 79:19 hi 89:1 97:16 high 6:7 10:17 23:9 34:11 77:16 82:10,17 84:6 93:13 higher 21:19 22:20 25:6 29:3,4 41:12 56:18 highlight 14:16 22:21 35:16 historical 25:8 historically 49:9 history 46:13 hit 73:5 82:9 hmm 88:9 hold 22:10 49:7 102:8 103:12 holding 19:16 46:3 49:1 holdings 33:8 holds 98:6 home 6:19 15:16 15:17 16:19,19 17:1,2,3,5 24:13 24:21 25:5,6 39:21 40:6 41:11 homes 15:13 23:14 hope 11:7,9 31:17 64:10 65:13 97:6	hopefully 18:2 65:6 89:17 horizon 48:6 52:15,18 horrendous 91:2 hourly 17:3 howard 71:18,19 71:20 huge 98:11 human 52:4 hundred 80:13 90:9 hybrid 14:19,21	implicit 9:6 importance 20:8 important 20:2 26:11 32:10 35:15 48:7 59:6 75:16 99:1,4 101:9 importantly 24:7 54:16 improved 15:14 15:19 16:2,10 inaudible 78:2 incidence 24:17 25:5 41:10 incident 16:17 include 3:12 16:15 26:18 31:5 48:20 51:1 53:13 61:20 included 55:17,18 includes 50:18 60:9 including 24:6 32:18 38:1 43:14 46:9,20 47:18 54:15 59:8 64:6 65:6 99:6 income 9:2,3,5,16 55:15,18 83:21 incorporate 79:9 increase 3:11 4:4 4:17 9:19 10:7 12:21 13:1,12,20 13:21 15:21 17:4 20:18 22:17 25:1 26:14 27:1,2,3 28:16,18 30:1,15 31:14,15 32:16 38:6 42:1 44:4,5 47:5,11 49:16 50:1,14 51:3,4,21 52:21 53:10 54:7 55:4,6 56:4 58:10
h	half 9:14 60:13 hand 6:19 88:5 90:15 97:10 105:15 hands 101:21 happen 87:16 103:1 happened 9:5 happening 41:5,11 80:4 happens 85:7 happy 19:10 34:8 54:17 66:2 74:20 89:19 97:3 hard 43:17 68:5 102:11 haul 91:17 hauler 17:20 haulers 17:18 health 1:12 5:3 17:1,2,3,9 25:15 hear 19:10 45:15 58:8,15,19 70:7 72:16,17 73:1 74:21 75:18 83:6 83:15,17 88:9,10 89:9 92:9 95:4 97:14 102:13 heard 6:21 39:11 40:10 44:3 70:10 80:11 90:18 92:16 95:10 97:9 101:18 hearing 1:1,3 2:19 3:1,4,8,10 4:9 6:4 7:2,8 12:4 19:17	idea 37:7 43:7 ideas 9:18 11:10 imbedded 71:1 immediately 100:11 impact 12:11 15:5 15:7 16:15 17:19 21:21 25:9,11,21 27:3 30:15 52:3,4 68:8 75:3 94:4 impacted 12:17 13:11 23:1 27:5 47:11 53:20 59:20 65:12 impacting 13:16 impacts 23:4 25:14 40:14 41:13 52:6 implement 26:21 34:2 implementation 10:11 64:1 implemented 10:6 23:11 28:21 60:2 64:15 implementing 30:20 60:4	i

58:13 59:14 60:7 60:15 61:2,4,7,8,8 61:10,13,16,19,21 62:6,7,13 63:20 64:1,21 65:1,3,9 67:1 68:9 77:9,11 79:11 85:9,17 86:5,6 87:5,14 89:8 90:5 91:18 92:13,15,17,20 93:6,8,14,19 94:5 100:19 101:15 103:8 increased 15:12 17:3 increases 3:8,15 3:20 4:11 8:2,8 9:9 10:5,6 13:10 14:5 16:4 18:17 18:19 20:21 21:2 21:8 22:1,2,18 26:10,17 27:6,12 27:15,20 28:5,12 28:21 30:12 32:9 33:19 34:3 42:6,8 44:11 49:19 50:8 50:19,20 51:7,11 53:4,19 54:11 57:8,15 59:21 60:4 61:11,13,17 62:4,14,21 64:15 66:19 67:5,7,17,18 78:9 80:13 86:21 89:7 91:2,6,7 93:3 94:1 98:7,10 increasing 53:17 66:21 indefinite 80:6 independently 78:10	indicated 34:15 36:20 102:3 indicates 24:15 51:12 57:10 indicating 40:7 indiscernible 81:12 individual 3:12 14:10 21:8 28:9 29:7 46:15,21 47:6 49:19 50:10 71:4 individually 74:21 94:16 individuals 48:21 49:4 induced 25:1 industry 23:2,3 24:16 48:15 infection 25:2 infinitum 78:10 infirmities 8:1 inflation 3:16 4:2 9:12 26:19 50:18 53:16 59:15 60:10 66:19 67:9 69:9 77:3 79:17 information 21:1 21:17 24:15 28:10 28:12 35:12 36:7 71:6 73:13,20,20 74:7 92:3 101:12 informed 21:5 33:9 initially 12:19 13:18 64:12 initiated 23:13 innovative 30:11 insist 9:16 insolvent 99:7 100:10 101:2	instance 41:8 instituted 10:1 insurance 1:2 2:12 2:14,15 3:6,7,9,14 3:19 4:3,21 8:9 11:19 14:10,18,19 15:1,2,20 16:6,13 19:8,13,16,19 20:2 20:12,19 21:6 30:5 33:11,13 34:1 39:15 45:11 45:18 46:2 47:7 48:4 51:4,6,9 58:9 59:2 69:20 76:6 97:21 99:5 102:5 insured 61:6 insureds 10:14 46:20 47:1,12 48:2 54:9 58:11 intend 33:1 intent 22:15 intention 9:2 22:8 intentions 80:3 interactive 18:20 interest 19:20 49:9 60:21 75:9 79:20 87:10,20 interested 2:17 4:15 6:5,9 7:13 42:12 105:13 interests 34:4 introduce 4:20 19:9 45:12 introduced 9:1 investment 9:16 49:6 55:15,18 83:21 investors 33:10 invite 45:10 invited 7:13	isolation 23:16 issue 26:18 61:17 62:15 63:3 91:10 98:2,11 99:8 issued 3:21 14:14 21:8 26:14 34:16 35:5,9 46:17 47:2 48:17 50:13 56:6 61:6 90:4 issues 5:7 84:16 102:12 item 70:21 items 12:6,11 iteration 42:13 j j 19:12 jake 45:10,16 46:10 jaso 19:5,5,6,6,7,8 19:11,12 34:20 35:1,7 36:3 37:20 39:2 40:17 42:15 43:8 44:7,12,17 45:8 78:15 80:3,8 jeff 1:14 5:4 38:11 43:3 57:6 68:1 82:9 83:17 jeff.ji 1:15 ji 1:14 5:4 43:3,3 44:3,10,16,19 57:6 57:20 66:7 68:1 69:18 83:18 jive 80:21 job 18:11 john 45:10,16 55:7 71:13 judgment 21:11 july 64:10 june 64:9 65:15 105:16
---	--	--	---

justifications 77:16 81:2 justified 34:2 50:11 53:3 56:5,6 77:9,11,14 79:9 80:12,15 82:12,14 83:19 justify 79:10 85:14 85:16 86:10 98:5 98:6	84:16 85:1,2,3,7 85:10,16 86:3,7 87:5,7,11,18 89:14 90:9,15,15,18 91:19 92:2 93:14 93:19 95:8 98:6 99:4 100:1,5,8,13 102:15,17 103:3 knowing 91:15 knowledge 98:14 known 9:7	62:4,20 65:4 82:10,17 84:7,11 93:13 levels 16:18 24:18 25:8 54:9 57:5 60:18 liabilities 32:15 life 1:11 2:12,13 2:15 3:14,19 4:3 5:3 8:4,7,18 15:2 19:8 26:11 32:11 33:11,12 39:15 45:11,18 47:7 54:15 58:9 59:2 lifetime 12:16 27:7 30:3,8,13,18 42:4 42:18 44:14 50:16 55:3 60:13 92:14 95:17 light 24:4 limited 16:15 27:8 44:15 50:17 51:3 92:15 98:15 limits 51:7 line 7:2 99:12 lines 22:7 37:16 38:13 links 6:19 liquidation 100:12 102:21 listen 4:14,16 listening 37:5 46:4 literally 73:14 little 67:12 69:1,4 69:6 75:13 90:19 95:21 live 78:10 93:2 living 15:16 16:20 23:14 49:1 94:1 98:18	local 23:14 located 6:18 lockdowns 17:7 locked 62:3,20 locks 10:4 long 1:1,3 3:9,12 6:14,16,17 11:8 12:9,12,15 13:3,15 14:10,15,18,19 15:1,3,6,7,9,11,20 16:6,7,13,14 17:4 17:11,15,17,18,19 17:20,21 18:2 19:13,19 20:1,11 20:17 21:12 23:2 25:14,17 26:2 32:5 36:5 39:13 39:14 40:11 41:3 41:5,16 42:6 46:9 46:11,15,16,19 47:2,14,21 48:1,6 48:21 49:12 51:15 52:7,12,18 53:4,19 56:16 59:12,17 77:2 78:13 79:3 80:4 86:4 91:16 92:1 98:15 99:6,6 longer 25:21 29:9 46:8 49:1,2,5 52:15 54:1 look 10:2,3 52:6 84:14 87:17 90:10 94:15 99:21 looked 8:15 9:21 12:14 21:12 87:1 looking 13:11 38:5 38:16 41:15 55:13 55:20 103:11 looks 72:12 80:6 103:9
k	l		
kathleen 1:7 2:3 3:5 83:2 kathleen.birrane 1:8 keep 6:10 8:3 10:20 31:8 94:3 101:15 keeping 8:13 32:6 34:4 79:12 key 6:8 kind 36:4,6,13 55:7 69:12,12 80:7 84:4,10 96:2 kinds 92:1 know 11:8,11 13:10 17:12 18:13 28:1 35:18,21 36:14 38:14,18 40:20 41:1,2,4,6,8 41:17 42:7,15,17 42:19,21 43:8,9,10 43:13,14,16 45:4 55:8,14 56:17 67:2 68:5,14,18,21 69:8 70:7,11 72:3 72:4,6 73:17,18 78:18 79:4 80:8 80:19 81:7,12 82:11,13,14 83:6 83:21 84:4,10,12	l 45:16 105:3,20 lack 73:11 lagging 12:1 landing 3:17 66:11 66:18 67:10 large 98:10 largely 27:12 larger 67:14 lastly 10:9 late 48:11 launching 64:7 leading 49:2 leads 96:6 learning 36:6,7 leave 38:20 led 8:10 left 6:19 87:18 legacy 22:5 38:1 legal 39:8 46:6 lemoine 45:10,14 45:16 58:5 102:9 102:10 length 25:12 letter 31:3 65:1 77:8,10 89:6,18 90:8 92:12 94:16 letters 65:9 80:12 level 6:7 28:18 34:11 52:11 53:9		

lose 87:9,9 93:16 93:17 losing 78:20 loss 8:16,17 11:6 12:16 42:4,19 43:1,11,13 44:17 55:3,19 56:10,14 78:17 87:8 95:17 losses 16:12 22:5,7 38:1,5,7 41:18 44:1 49:13,21 87:2 100:3 lost 38:2 lot 97:3 98:20 lots 41:6,13 loud 76:2 low 9:13 49:9 79:18 91:3 94:4 101:5 lower 25:4 49:8 56:19 62:5,14,21 63:5,8,11 87:4,10 ltc 21:6 22:5 25:2 25:11 26:2 30:16 32:13,15,20 33:18 46:17,21 47:15 48:8,10,17 49:14 49:16,18 54:2,5,11 78:16 91:1 lucas 45:10,16 46:10 55:6,17 56:9,17 57:1,4,18	maintaining 53:6 major 10:17 majority 46:17 making 37:1 44:1 44:2 manage 48:3 53:10 54:14 managed 22:11 management 33:12 manages 31:18 managing 33:18 manner 22:16 34:4 march 59:12 60:8 92:12,12 105:21 market 3:12 8:14 14:7,15,17 46:15 46:16 marketplace 12:10 14:19,20 markets 46:9 marshall 72:15 77:1 89:3 maryland 1:2 3:6 3:7 4:8 7:17 11:19 12:10,17 13:2,14 13:17 14:11,14 19:16 20:12,14,18 26:20 27:3 30:4 34:1 39:20 40:2 46:2,21 47:2,6,10 48:1 51:4,6,20 59:8,19 63:14,15 64:6,13 65:10 69:20 76:6 84:4 89:10 90:4,5 91:1 98:12,17 99:20 102:5,17 105:1,4 maryland's 14:1	maryland.gov 1:8 1:10,13,15,17,19 maryland.gov. 76:4 marylanders 96:16,21 match 84:6 material 32:13 79:15 materially 26:5 math 89:11 matt 19:12 matter 37:5 maximum 51:8 61:12,14,17 mean 56:7 79:11 100:9,11 meaning 8:7 43:6 meaningful 30:7 30:15 means 8:17 55:14 94:17 102:20 measure 57:12 medical 79:17,17 meet 47:17 meeting 6:6,13 meetings 11:7,10 member 44:21 45:19 members 1:20 5:15 34:9 46:1 103:17 mention 94:14 98:12 mentioned 37:21 40:20 44:8 52:19 55:8 56:3 66:10 73:4 78:16,21 80:12,17 96:4 merger 33:16	message 5:9 71:5 methods 96:14 metric 10:21 metrics 25:6 mi 43:3 mia 3:11 4:15 5:5 6:3,10 14:4 16:1 18:4,21 37:9 44:21 57:7,13 59:13 87:13 mia's 6:14,17 middle 40:8 63:21 million 13:9,14 14:4 20:15 33:7 39:9 47:20 48:1 87:12,15 101:14 mind 7:21 34:4 50:8 66:12 mindful 102:19 mine 73:9 88:14 minus 29:18 94:10 minutes 11:5 75:6 75:13 81:20 95:6 mispronounce 19:4 mitigate 30:14 49:16 68:8 mm 88:9 model 40:5 modeled 42:2 modeling 9:17 moment 4:20 5:11 41:15,17 78:8 money 27:17 37:1 38:2 87:9 98:3,20 99:16 monitor 18:4 51:15 52:19 101:11 monitoring 14:17 41:4,14 52:2
m			
m 45:16,19 maddie 90:20,21 97:16 103:3 mailing 65:8 maintain 28:18 29:12 64:19 maintained 24:1			

56:13 month 77:9 monthly 53:14 months 17:6 morbidity 15:14 25:15 83:21 mortality 15:12 52:10 56:18 move 18:16 78:19 moving 14:7 24:12 50:2 multi 9:9 27:10 42:16 64:1,14 multiple 9:10 13:6 14:1 16:12 33:10 69:8 85:3 mute 7:9 myrap 42:16	needing 91:8 needs 21:6 32:2 77:21 79:13 negative 9:4 negligible 79:20 negotiable 8:6 neighbors 96:15 net 9:2,3,4 23:18 nets 92:1 nevertheless 54:2 new 4:5,12 14:13 15:15,16 24:10,20 30:3,10 36:7 59:14 60:7,10 61:4,19,21 62:6,7 62:16 63:2,20 64:11 65:4,7,9,12 65:13,18,20 68:3,6 69:7 75:21 77:14 85:13,16,18 86:3 newer 25:7 41:10 nic 78:21 nonforfeiture 29:13 53:21 94:7 normal 16:17 57:4 normalize 52:17 notarial 105:15 notary 105:3,20 note 51:14 60:11 62:14 73:5 noted 32:21 notice 42:13 noticed 39:6 42:5 notification 65:1 november 63:19 number 8:21 26:7 26:16 38:11 47:10 71:8 82:4 numbers 42:12 44:13 68:11 80:11 80:21	nursing 15:13,16 16:19 23:14 98:19 o o 19:12 45:16 objective 27:9 objectives 37:7 obligated 52:8 obligations 47:18 observed 24:9 40:14 obtain 22:16 obvious 11:12 79:4 obviously 34:18 38:15 45:3 82:18 89:3 occasioned 100:8 occasions 33:10 occur 21:19 oceanwide 33:16 october 26:15 60:5 64:16 offer 21:4 28:15 29:13 54:8 60:14 61:5,20 64:11,12 65:12,18 offered 16:3 30:2 68:6 69:8 offering 15:20 42:21 54:13 59:14 office 2:5 offices 23:19 offline 38:11 58:4 82:21 84:10 offset 16:11 40:16 offsetting 41:13 oh 77:10 85:8 87:11 88:13 102:9 okay 5:18 7:10 19:7 44:3,16,20 54:19 56:1,12	57:20 58:7 66:4 66:14 69:18,19 71:17 72:21 73:3 73:10 74:9 75:4 75:21 76:9,9,15,17 77:1,14 81:14,18 81:21 83:13,16 84:13 86:12 88:2 88:16,17 89:21 95:6,7 102:7 old 8:1 older 4:1 23:6 40:21 67:15,19 once 49:4 74:10 one's 8:6 ones 86:18 ongoing 21:16 25:9 online 70:10 onset 17:15 open 6:11 103:13 opening 2:4,6,9 operating 48:5 operation 24:5 operations 24:4 46:6 opinion 84:7 opportunity 18:18 19:18 20:3 31:5 34:7 45:8 59:4,6 66:1 70:12 82:20 97:9 102:4,13 opposed 16:19 73:15 opt 93:1 option 3:17 26:19 29:11,13,15 30:3,6 30:10,14 53:7,21 58:11,11 60:15 61:7,8,9,10,13,16 62:1,3,7,8,10,12
n	n 45:16,19 name 3:5 5:19 7:3 7:5 11:18 19:4,12 45:13,16 59:1 70:11 72:3 76:2 77:1 90:21 named 105:5 names 73:15 nationwide 20:15 28:20 40:3 46:20 47:21 50:9 84:5 near 52:9,10,16 necessarily 67:3 necessary 51:12 57:10 need 20:10 31:20 32:1 33:19 47:19 51:19 84:6,9 93:2 99:14,16 needed 17:16 21:2 28:12		

62:16,16,19 63:4,5 63:7,8,10,11,15,16 66:11 68:4 options 4:5,13 8:5 21:4 28:8,12,16 29:1 31:3,4,8,12 31:14 54:8,13 59:14,16 60:7,10 60:19,21 61:4,4,19 63:2,18,20 64:7,11 64:13 65:6,7,9,12 65:13,19,20 68:17 69:9,17 73:9 93:15 order 7:12 65:11 94:3 99:16 organization 23:21 organizations 23:18 original 21:15 43:12 48:19 56:7 61:12 82:15 originally 3:15 13:10 14:5 21:20 49:3,8 57:14 61:6 64:4 69:10 originated 15:17 outcome 8:12 105:13 outcomes 25:10 outreach 23:12,14 outside 24:13 outstanding 51:2 overall 24:9 25:15 26:6 28:20 43:9 49:13 overview 6:7 owners 59:17	p p.m. 3:1 104:4 page 2:3,5,8,12,13 2:15,17 6:15,16,20 paid 29:14,17,18 32:3 33:6 34:16 34:19 35:19 47:20 54:4 78:14 92:19 94:10 99:17,17 103:6 pandemic 10:10 24:18 25:12 52:3 52:5,7 panelists 1:6 73:7 73:8,13 parent 33:5,14 34:16 36:2 part 31:14 37:13 60:19 66:21 67:11 93:12 98:2 100:2 100:3 participate 20:3 34:7 59:6 participating 46:4 participation 19:21 104:1 particular 23:8 38:2 44:9 94:17 94:18 particularly 5:10 parties 2:17 4:15 6:5,9 11:9 105:11 105:12,13 partner 96:14 partnering 100:3 partnership 37:13 95:20 pat 71:21 72:1 path 67:11 pay 8:19 28:17 29:3,10,12 32:1	33:13 35:21 49:7 50:6 54:1 91:14 91:16,18 93:14 94:9,11 97:21 98:9 paying 22:13 26:8 29:4 32:7 33:2 36:10 37:11 78:11 payment 24:7 31:6 94:13 pending 20:18 31:15 47:5 64:5 penn 100:6 people 3:21 4:20 16:8,16 41:9 68:9 68:11,12,17 70:9 70:14,19 73:14 74:2 peoples 73:19 percent 68:2,9,10 80:14 90:9 95:19 percentage 43:18 performance 15:19 25:19 period 3:17 20:5 26:3 34:19 35:17 53:15,17 60:2 69:13 77:19 100:15 103:12 periods 68:7,12 permanently 86:20 permits 5:21 person 17:19 70:7 89:16 personalized 75:10 personally 75:3 105:5 persons 105:5	perspective 52:8 55:20 81:3 phased 13:5 14:1 85:4 phenomenon 24:16 phone 71:8 91:5 96:9 picture 92:2 piece 7:21 37:8 94:6,7,13 piecemeal 10:3 piggyback 12:7 place 50:12 80:7 105:6 places 93:18 98:18 plan 10:1 23:12 27:10,11 42:6,17 planned 42:17 planning 24:4 plans 24:1 play 102:17 please 7:3,5,8 8:17 45:13 60:11 66:13 70:10 71:9 72:4 92:15 96:11 103:15 plus 50:5 85:16 101:14 pm 1:5,5 pockets 80:19 point 8:9 16:5 27:11 36:21 37:1 37:12 41:20 43:6 43:21 50:3 53:1 55:21 70:5 78:14 84:13 88:18 95:12 101:9,14 103:5 pointed 12:13 points 34:14 82:8 82:17
--	---	--	--

policies 3:21 4:1,6 9:1,13 10:2 14:14 19:19 22:10 26:12 26:15,17 27:6,7,17 31:1 32:11 35:5,8 35:17 46:17 47:2 47:6,9 48:17 49:1 49:20 50:2,3,5,12 51:13 56:6 59:17 59:20 60:11,12,13 60:14 69:9 91:1,3 policy 7:21 8:3,19 9:20 24:6 26:10 26:16 29:12,14 31:4,16 32:9 38:2 50:10,16 53:12 54:4,15 58:14 60:4,18 61:5 63:3 64:16 69:10 79:6 79:12 90:4 93:1,2 93:3,6,11,14,16,17 94:1,12,17,18 policy's 50:18 policyholder 13:11 15:4 24:7 29:15,19 32:18 34:4 54:1,4,6 64:19 66:20 67:19 77:2 99:19 policyholders 3:20 4:8 12:18 13:14 13:17 15:13 17:10 19:18,20 20:7,10 20:14,15,21 21:4 22:1,12 24:12 26:9 27:4,5,21 28:2,7,11,15 29:2 29:5,9 30:2,12,13 31:2,7,11,20 32:4 46:21 47:10,14 48:8,9 53:7,20	54:11 59:9 60:20 62:2,9,11,18 63:14 63:16 64:13 65:4 65:10,12,19,20 67:13,15,16 68:2 91:12 98:16 poor 16:12 population 23:9 25:16 52:10 portion 94:21 position 19:10 32:12 45:13 positioned 23:4 positive 9:3 39:13 possible 54:13 posted 6:14 82:2 potentially 17:4 17:14 24:11 40:7 pre 24:18 preamble 39:6 predict 25:10 predictions 48:13 premium 8:2,18 9:19 11:3 13:9 14:5 20:17,21 22:18 26:9,17 27:20 29:17 30:3 30:8,14 32:8 33:1 33:19 35:18 37:10 47:11 53:9 58:12 58:12 59:21 60:4 60:17 61:1 62:5 62:14,21 63:1 64:1,4,19,21 65:1 65:4,13 67:14 78:11 94:3,9,9,13 96:5 100:19 103:7 103:8 premiums 26:3 29:3,4,10,12 38:18 43:14 50:5 54:1,3	63:2 65:5 66:21 78:4 prepared 37:21 75:5 present 1:20 53:4 presentation 19:2 19:10 45:2 54:21 58:3 preserve 74:6 president 46:5 59:2 pretty 102:18 previous 3:17 61:14 86:4,6,8 previously 29:18 32:21 60:17 64:18 66:10 price 89:7 91:8 priced 21:10 43:10 prices 48:11,19 98:5 pricing 21:15 43:12,19 46:11 52:17 prior 2:19 11:21 12:4 34:19 51:2,8 priority 47:17 48:3 privacy 74:7 private 71:4,5 73:5 privately 71:9 probability 91:8 98:8 probable 78:13 probably 36:13 55:20 81:19 problematic 98:3 problems 11:11 17:9 83:3	procedures 5:12 proceeding 100:17 105:14 proceedings 105:9 process 45:6 85:21 processed 18:13 product 15:1,3 21:8 26:2 27:9,15 30:10 52:12 products 14:11 36:17 37:1 43:10 46:8 48:4 professional 21:11 21:14 professionals 47:15 profitability 56:8 profitable 56:11 profits 40:19 44:2 49:20 profound 52:5 programs 23:15 project 26:3 projected 32:15 40:15 49:4,8 50:6 51:1 87:19,19,19 projections 16:3 26:6 36:15 41:16 51:19 promises 32:6 pronounced 40:2 proposed 22:17 56:4 proposes 11:3 proposing 3:20 4:4 65:7 96:4 protect 20:7 protection 28:19 29:7 30:16 77:3 provide 2:10,17 18:8 23:20 30:15
---	---	---	---

31:21 53:19 60:11 69:17 73:12,17 74:16 82:5,16 103:15 provided 29:1 92:2 provident 2:13 3:14 4:9 45:11,18 47:6 provides 2:4,6,8 20:13 28:11 29:21 30:8 50:16 61:16 73:12 providing 19:17 21:1 30:17 36:2 47:16,19 54:14 59:5,7 65:5 provisions 53:12 public 1:20 3:7 5:14,16 6:8 7:17 73:19 74:8 103:12 105:4,20 publicize 73:17 publicized 25:2 publicly 24:15 33:9,17 published 81:11 purchased 7:20 15:2 purpose 59:14 pursued 27:13 put 70:11 81:15,15 97:12	question 6:4 38:9 39:5,5 40:10,13,18 43:4,5 55:2 56:3 57:6,11 58:3 67:20 68:1 75:14 79:13 82:12 83:18 85:4 92:8 93:5 questions 4:16 5:6 10:15 19:1 28:14 31:11 34:9,12,13 38:12 39:2 44:21 45:2 54:18 55:1 58:1 66:2,6,7 69:20 70:15,16 71:1,12 73:6 74:11,13,21 75:1,7 75:8,15,21 82:4,10 84:19 89:5,18 92:5 103:16,19,20 quick 6:18 quickly 81:19 quite 55:10 78:5 80:21 quotes 7:19	28:5,16,17,21 30:1 30:8,12,15 31:14 31:15 32:8 33:19 34:3 35:7 38:6 42:1,16 44:4,5 45:3 47:5 49:10 49:16,18 50:1,8,14 50:20 51:2,3,7,8 51:20 52:21 53:4 53:10,19 54:7,11 55:4,6 56:3 57:8 58:10 59:12,21 60:4,6 61:1 64:1 64:14,21 65:1 66:21 77:14 78:6 79:9 83:19 85:9 85:17 86:5,6,10,21 87:5,14 90:3,5 91:2,6,7,18 93:5,7 94:5 98:7,10 rates 4:4 15:9,12 15:14 16:17 25:2 30:17 60:17 64:4 65:13 79:7,19,20 80:4 87:10,20 ratio 8:16,17 12:16 42:4,19 43:1,11,13 55:3,19 56:10 87:8 ratios 11:6 44:18 95:18 rbc 102:20 reach 18:15 71:10 82:6 89:15 92:4 103:19 reaching 74:3 read 70:19 79:7 90:17,19 92:10 95:10 97:17 102:2 ready 28:6	real 55:2 101:10 reality 49:14 really 41:1,15,17 43:11 44:1 69:16 74:5 77:11 82:10 82:12 93:10 99:10 reason 41:2 66:17 77:19 85:18 reasonable 34:3 54:8,13 84:2 reasonably 69:5 reasons 4:10 39:17 receive 31:2 received 6:5 37:10 79:15 89:6 94:16 receivership 100:10 102:21 receiving 90:8 recognize 53:3 71:13 recognizing 72:4 reconcile 89:11 92:16 record 6:10 7:4 70:18 74:12 77:5 81:17 90:14,19 105:9 recorded 105:8 recording 6:13 73:18 recoup 49:20 87:1 87:2 recouping 87:14 recovery 25:13 reduce 31:3 38:6 43:21 53:9 58:12 68:13 reduced 30:7 66:19 68:12 reducing 53:14,15 67:17 68:7
q	raise 11:3 72:4 90:15 raised 9:18 84:20 101:21 ran 11:21 range 42:18 44:15 63:6,9,12 rate 3:8,11 4:10,17 8:12 9:9 10:4,5 12:8,15,20 13:1,3 13:12,16,19,20 14:2 15:21 16:3 18:17 20:17 21:2 21:7,21 22:2,12,17 22:18 26:9,13,17 27:1,2,6,10,12,15		

reduction 4:5,13 40:2 63:1 65:6 67:14 68:3 reductions 32:19 69:14,15 referenced 82:9 referring 15:7 refers 92:13 refine 25:20 reflect 16:2 50:20 regard 19:1 58:16 75:2 84:19 regarding 4:17 7:11 12:8 31:11 registered 5:16 regularly 17:13 regulation 26:20 84:4 regulations 13:4 regulator 99:11 regulators 22:16 99:4 regulatory 51:17 rehabilitation 100:17,20 rehearsed 75:6 reimburse 29:16 related 12:11 23:1 25:10 28:5 68:2 96:8 105:12 relates 26:13 44:18 relative 25:7 32:12 relatively 67:14 relay 56:13 relayed 11:5 relaying 13:6 released 32:17 reluctance 24:11 rely 101:2	remain 11:12 52:18 remained 27:12 79:18 remaining 51:2 remains 15:9 16:8 25:20 33:21 remarks 2:7 37:21 remember 45:13 remind 70:9 reminder 6:21 reminding 65:4 remote 1:3 rendered 17:5 reported 1:21 reporter 7:1 reporter's 7:6 reports 78:21 represent 50:10 representative 4:11 representatives 2:10 4:9 28:4 represented 99:5 reps 28:6 request 12:19 13:19 26:14 27:16 31:16 35:7 41:21 45:3 51:10 52:21 55:4 85:1,19 requested 4:11 9:15 13:12 14:5 27:1 30:2 47:11 49:19 50:9,15,20 56:5 57:8,14 80:16 85:10 87:6 requests 3:11,13 4:7,18 8:8 44:5 50:1 51:3,9,21 80:14 81:4 86:10 92:17 95:15	100:18 require 15:4 16:21 required 22:19 64:19 requirements 50:12 56:10 requiring 16:1 17:20 reserves 32:14,17 49:7 50:5 78:3 79:20 respect 37:18 70:21 80:2 98:7 respectively 77:18 respite 10:5 respond 23:15 61:1 93:4 response 53:10 78:1 responsibility 28:4 responsible 34:3 rest 8:3 resubmitted 77:5 result 13:9 17:2,8 49:11 54:7 103:8 resulted 11:6 15:18 resulting 14:3 results 14:4 26:1 50:21 retain 54:2 retained 62:17 return 24:17 51:19 returning 52:21 review 45:4 52:1 86:2 reviewed 6:6 8:12 12:14 64:2 86:7	richer 60:12 right 6:18 8:1 29:6 35:10 40:18 68:16 76:5 89:16 95:2 rigorous 85:21 risk 23:9 49:17 98:7 riversource 2:15 4:3,12 58:8,9 59:2 roach 71:14,14,15 role 49:18 roll 38:18 39:14 room 72:5 92:3 roughly 42:17 43:10 44:13,14 68:9 round 44:8,12 68:11 route 42:16 rpr 1:21 105:3 rsvp 5:17 rsvp'd 70:8,19 running 69:3 75:6 runoff 100:15
s			
s 19:12 sad 52:5 sadly 39:17 safe 104:2 safety 23:18 92:1 sake 12:2 sale 91:4 saw 66:10 72:10 72:11 saying 7:3 77:10 79:10 89:14 90:8 scenarios 42:2 screen 73:15 76:3 76:5 seal 105:15			

second 6:3 12:9 52:6 64:14 65:2 70:21 secondly 74:20 seconds 7:1 section 6:19 secured 8:3 security 7:21 see 5:20 16:18 39:9 42:4,10 57:1 66:7 67:14 72:6 73:15 74:19 76:2 76:21 78:1,15 79:6,16 80:1 81:9 81:14 86:8 89:7 94:19 101:12 102:16 103:1 seeing 25:4 41:9 72:1,8 93:6 101:20 seek 10:12 22:17 51:11 57:15 seeking 15:21 21:7 26:16 53:2 55:8 58:9 60:17 61:5 86:11 87:14 90:8 seen 16:13 21:18 29:2 39:11,17,19 40:14 52:9 56:19 select 53:21 self 50:3 55:8,14 sell 14:9 selling 20:11 send 64:21 74:10 90:16 103:18 senior 1:14 5:4 seniors 23:16 sense 93:8 99:18 sensitive 21:21 sensitivity 40:5	sent 81:17 separate 31:15 59:18 60:8 separately 5:9 serious 23:10 seriously 20:8 47:14 serve 3:5 54:12 96:20 service 20:7 28:4,6 31:10 47:16 54:14 services 17:5,21 23:20 24:21 25:5 29:20 serving 96:16 session 75:14 set 30:7 42:7 46:13 48:19 94:2 105:6 setting 17:5 18:2 settlement 30:21 31:1,8,13 81:10 seven 7:16 severity 25:12 share 9:8 27:18 37:17 sharing 9:5 22:2 37:14 95:21 96:1 100:2 sharp 90:20,21 92:4 97:10,14,16 97:16 shearer 1:21 105:3 105:20 shift 16:18 24:20 39:20 40:5,8 shifts 25:5 ship 100:7,13 short 15:10,18 48:6 shortening 68:7	shortly 65:16 show 25:6 shown 15:12 shows 88:14 side 6:19 10:13 11:1 41:12 103:2 sign 2:18 signature 105:19 signed 70:8,8 significant 22:7,18 25:13 27:18 36:9 38:1,4 41:18 49:13 53:5 significantly 12:2 30:14 48:18 49:8 similar 89:5 similarly 13:15 simple 61:7,10,21 62:2 63:4,5,15 simply 68:18 single 85:3 sir 76:16 situation 28:9 29:8 79:17,18 100:21 six 33:5 34:18 89:9 92:14 skill 73:11 slightly 15:14 slower 69:1 small 94:21 smart 103:3 social 23:16 sold 47:7 59:18 60:12 69:11 91:1 sole 28:4 solely 22:11 50:2 solutions 30:11 solvency 91:21 97:20 99:1 solvent 98:11 100:15	somebody 24:13 67:3 72:3 90:10 sorry 14:8 17:18 22:4 77:10 83:8 sort 37:6 60:15 69:15 82:16 84:10 91:20,21 92:5 sought 13:10 sound 7:7 79:8 84:2,13 98:19 sounds 80:13 south 43:20 speak 5:16,17,19 6:2 7:3,11,13 20:16 41:19 66:1 70:10,13 71:14 88:4,18 90:14 95:4,12,18 102:3,9 102:13 speaking 7:9 15:10 66:14 91:6 special 31:3,12,13 specially 28:3 31:9 specific 3:8 4:17 21:6 26:13 27:16 35:12 71:11 specifically 20:16 36:8 37:17 56:16 specifics 93:10 speed 25:12 spell 7:5 45:13 spelled 19:12 spend 89:19 spoken 66:9 spot 3:18 67:10 100:5 spots 66:11,18 spread 9:9 64:20 ss 105:2 stability 30:8 48:5
--	--	---	--

stabilization 78:6 80:7 stabilizing 78:7 stable 8:14 30:3,14 83:10 staff 6:3 44:21 46:2 59:5 74:13 75:20 79:2 80:3 81:17 stakeholders 7:13 standalone 12:9 14:10,15,18 standards 51:17 start 7:3 19:3 65:8 76:21 97:6 started 4:19 49:14 starting 35:6 39:10 60:5 64:8,9 64:16 69:1 state 10:1,1 11:12 14:7 20:12 64:11 75:16,17 89:10 101:4,4,6 105:1,4 stated 22:8 statements 14:11 39:7 states 9:21 63:21 63:21 64:2,5,8,9 64:10 96:10,14 98:12 101:5,5 statistics 77:13 status 56:11 103:11 stay 7:8 104:2 staying 49:5 stenographically 105:8 stood 7:20 stop 36:10 strategy 33:18	strengthen 39:10 strong 36:15 subject 28:16 59:20 submissions 52:11 56:19 submits 57:2 submitted 7:17 14:12 30:4 59:12 60:7 63:19 64:4 subsequently 17:10 subset 42:8 substantial 30:12 substantially 63:3 succinct 75:13 suffered 22:3 49:12 suffering 23:10 sufficient 50:6 suggested 80:8 supervision 100:16 support 16:3 20:6 22:13 28:2 32:20 60:10 96:18 supporting 33:2 sure 19:11 31:21 34:12 35:14 36:12 36:19 37:20 38:19 41:4 45:9 56:21 70:17 71:10 74:2 95:11 99:15,16 103:4 surgical 99:21 102:18 surplus 10:18 39:8 99:15 101:14 102:20 103:10 surprising 91:3	surrender 54:6 susceptible 17:20 sustainability 48:7 50:3 55:9,14 sustainable 83:20 sustained 49:9 switzer 1:9 2:6 5:1 6:6 7:15,16 39:4 41:19 43:2 56:2 56:12,21 57:3 66:6,8 67:21 83:2 83:8,11,14 95:2,5 95:11 101:11 systems 65:11	technology 5:21 tell 25:21 40:13 81:12 98:4 temporary 24:10 24:19 ten 75:5 tenable 96:6 tend 66:18 tenfold 11:4 teresa 88:5,11,21 89:1,21 90:12 92:9 term 1:1,3 3:9,12 6:14,16,17 12:10 12:12,15 13:3,16 14:10,15,18,19 15:1,3,7,7,9,11,11 15:18,20 16:6,7,13 16:15 17:4,11,15 17:17,19,21 18:2 19:13,19 20:1,11 20:17 23:2 25:14 25:17,21 26:2 32:5 36:5 39:13 39:14 40:11 41:3 41:5,16 42:6 46:9 46:11,15,16,19 47:2,14,21 48:1,6 48:6,21 49:12 51:16 52:7,9,11,12 52:15,16,18 53:4 53:19 56:16 59:12 59:17 77:2 78:7 78:13 79:3 80:5 92:1 98:15 99:6,6 terminated 33:16 terminations 32:19 terms 31:1 36:16 36:19 37:13 44:18 69:16 82:3 95:18
		t	
		tab 6:18 tackled 69:16 take 4:19 5:11 20:8 24:14 28:5 38:10 47:13 59:4 68:18 70:16 taken 100:10 takes 99:21 talk 15:6 28:1 37:6 59:11 74:20 81:16 talked 12:7 39:18 78:4 79:16 talking 27:16 35:8 40:9 94:15 talks 89:8 target 87:8 tasked 96:16 team 8:11 19:16 28:3 31:10 34:9 38:21 45:5 47:15 55:1 69:21 89:16 93:4,10 97:4 102:6 103:9,17 technical 5:7,10 11:21 73:11 83:7 84:16 88:2 94:20	

100:2 test 99:13 testify 70:8 testimonies 77:4 testimony 2:11,18 6:12 12:4 45:6 73:6 74:11 75:5 81:16 82:1 103:14 testing 84:6 thank 3:4 11:16 18:9 19:15,20 34:10 39:2,5 44:19 45:1,7,14,21 46:3 54:17,19 56:1,12 57:3,20 58:2,5,17 59:5,7 66:1,5,8 67:21 69:18,21 70:1 72:20 76:17 82:1 83:1 86:12 87:21 89:1,21 90:12 97:7 101:8 102:10 102:14 103:21 thanks 11:17 41:19 43:2 44:16 45:8 102:11 104:2 theoretically 42:3 thing 10:21 14:16 16:5 18:3 36:18 41:20 69:13 70:6 73:21 84:5 90:2 93:13 things 9:8 11:8,11 38:14 43:15 55:15 68:7 70:6 74:15 96:7 101:16 think 10:14 18:10 38:8,19 42:9,17 43:8 44:13 54:21 68:14 69:2,13 74:13 75:8 79:3	81:14 82:3 84:8 92:9 93:7 94:19 98:1,11,21 102:1 102:16 103:3 third 65:3 thirdly 39:19 thirteen 64:2 thorough 21:14 54:20 thought 36:16 40:6 42:5,7 72:10 72:11 95:14,16,20 96:8 thoughtful 73:19 97:5 thoughts 58:16 three 12:6 59:11 59:17 60:2,6 63:13,17 64:5,9 86:3 87:13 89:9 92:14 98:21 throw 98:2 thursday 6:11 103:13 time 5:14,21 8:6 21:15 26:14 30:19 34:19 35:17 36:7 37:2 41:2,18 47:19 48:12 49:6 51:16 52:20 54:16 56:10 58:6 61:5 62:15,16 64:14 69:10 71:16 75:12 89:19 91:4,13 93:7 100:15 105:6 timely 22:15 99:17 times 91:5 93:20 timing 93:5 title 61:16 today 5:13 7:2,11 12:5 17:11 20:16	27:16 31:17 35:8 41:9 45:7,17 46:4 46:10,14 53:1 58:6 59:11 60:12 66:2 70:3,16 71:2 71:14 74:17 80:11 91:19 97:9 101:19 102:14 104:1 today's 3:4,10 4:8 6:13 19:17 20:4 34:8 47:4 81:7 todd 1:9 2:6 5:1 6:6 7:14 11:16 12:7,13 13:6 18:10 37:4,6 40:17 44:8 45:5 56:2 82:7 84:12 86:13 88:1 94:20 97:7 todd's 103:9 todd.switzer 1:10 toggle 94:3 told 92:18 top 47:17 99:12 total 32:14 47:9 54:3 track 25:19 tracks 103:10 traditional 66:18 67:9 traditionally 18:13 tragic 26:4 trained 28:3 31:9 transaction 33:20 transcript 5:20 6:12 105:9 translate 96:2 transparent 96:17 treaty 100:6	tremendous 27:21 trends 25:21 52:15 52:16 77:20 tried 69:14 93:15 triggers 94:2 true 36:4 76:4 105:9 truly 85:6 try 10:16,20 31:19 42:14 67:12 75:12 75:19 96:16 101:15 103:20 trying 10:12 11:12 18:11,15 43:11,18 43:19,21 69:16 95:12 96:20 turn 7:14 11:14 12:3 18:6 66:6 turned 48:17 tutorial 84:9 twelve 42:6 two 8:2 9:12 10:8 16:10 57:15,16,19 60:2 64:7 70:6,14 74:15 86:3 100:16 type 69:9 94:1 101:12 typically 51:7 98:21
u			
u 45:19,19 ultimately 11:3 43:20 85:7 94:8 96:5 ultra 99:1 unaware 14:21 uncertain 15:9 16:9 uncertainty 25:14 unchanged 27:12 31:9			

understand 23:4 27:20 28:7 36:19 38:15 41:5 51:6 78:6 80:15,20 89:13 90:7 92:21 103:4 understands 20:1 20:6,20 understood 59:15 undiscernible 57:8 unexpected 37:14 unfortunately 48:15 67:7 99:7 unique 32:12 uniquely 23:3 unit 46:7,7,12 103:10 unlimited 42:18 unmute 6:1 70:12 88:11,15,17,21 90:16 unmuted 88:12,14 unprecedented 20:5 unum 45:19 46:8 46:14,19 47:13 48:10 53:3 54:5 unum's 46:6,7,11 49:14 53:7,18 updated 65:11 updates 36:9 upfront 95:12 uptick 57:1 use 5:18,19 33:1 usually 16:6 utilization 25:7 40:8 41:12 utilized 21:10	v vaccinated 16:8 16:16 valid 52:18 value 28:13 33:11 68:15 78:13 valued 59:8 variables 94:2 varies 63:2 variety 28:16 29:1 various 21:3 42:2 53:8 54:9 vary 50:15 vast 46:17 verbally 74:17 75:17 versus 38:17 80:18 82:14 vet 96:17 viable 8:14 vice 46:5 59:1 video 11:20 12:1 72:21 views 59:9 virtual 19:17 visits 17:7 volatility 52:11 voluntarily 29:13 vulnerable 23:5	65:8 67:12 70:17 73:3,19 74:1,6,8 74:17 75:17 82:3 82:9 86:13 88:7 88:11 90:14,17 94:13 95:8,9 96:13 97:12,18 102:3,9 103:14 wanted 9:7 12:5 14:16 36:18,20 81:19 84:17 88:2 88:4 101:18 wants 103:1 wanz 72:7,9,12 warning 66:16 washington 9:21 way 10:14 11:8 39:1 74:3 75:6 84:3 96:21 105:13 ways 21:4 we've 8:19 9:4,11 9:14,18,21 10:9,10 11:6 33:17 37:21 39:6,17,19 40:4,4 56:19 67:11 69:13 69:14 78:4 79:16 83:6 90:18 website 6:14,17 28:10 74:19 week 91:5 welcome 3:3 20:3 39:3 74:16 76:20 103:18 went 7:19 whack 99:10 wide 24:16 willing 26:21 28:7 window 5:18 wish 58:12 70:10 witness 35:11 105:15	words 79:15 81:5 work 22:16 42:14 65:17 102:12 working 34:1 works 76:5 worried 77:15 worse 103:7 wrapped 96:7 write 75:20 writing 74:18 written 6:12 47:6 79:14 103:14
			x
			x 85:14,14,16 x'd 81:6
			y
			y 76:3,12,12,14,15 yeah 37:20 39:4 40:17 42:15 55:17 57:5 68:5 76:17 88:12,15 95:5 year 9:9,12 10:5,8 11:4 14:12 22:6 26:3,4 27:2,10 39:21 42:16 51:8 57:19 61:12,15 62:13 64:1,14,14 64:20 65:3 67:9 77:19 78:11 81:6 85:8 86:3,8 year's 61:14 years 9:10,15 13:6 14:1 15:8 16:10 21:12 27:1 33:5 34:18 39:17 48:16 52:13 60:3 67:5,7 67:18 80:5 85:3 86:3 87:13 89:9 91:13 92:14 98:21 100:16

yesterday 81:18 younger 66:18 67:13,15
z
z 7:12 zimmerman 1:16 2:8 5:3 11:15,17 11:18 84:18 86:1 86:21 90:1,1 zoom 1:3 73:11