

FILED

MAY 07 2021

INSURANCE REGULATION

Docketed by:



OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 277599-21-CO

THE CINCINNATI LIFE INSURANCE COMPANY
_____ /

CONSENT ORDER

THIS CAUSE came on for consideration as a result of a rate filing submitted to the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE") by THE CINCINNATI LIFE INSURANCE COMPANY ("CINCINNATI LIFE" or "company"). Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the OFFICE hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter of and the parties to this proceeding.
2. CINCINNATI LIFE is a foreign insurer domiciled in Ohio, authorized to transact life and health insurance business in Florida, and subject to regulation by the OFFICE pursuant to the Florida Insurance Code and Florida Administrative Code.
3. CINCINNATI LIFE has submitted a filing for a rate increase on certain long-term care policy forms underwritten by the company.
4. Based upon the OFFICE's review of CINCINNATI LIFE's proposed long-term care rate schedules as filed in Florida file log number FLR 20-023092, the OFFICE has determined that the company's proposed premium rates have not been adequately demonstrated

to be reasonable in relation to the benefits provided as required by Section 627.410, Florida Statutes, and Rule Chapter 69O-149, Florida Administrative Code. However, the OFFICE has determined that some rate increase is necessary in order for CINCINNATI LIFE to have adequate rates and protect the interests of its policyholders.

5. In order to resolve this issue, and in the aim of bringing consumer clarity to all current CINCINNATI LIFE long-term care policyholders, the OFFICE, subject to the limitations and restrictions stated below, approves rate increases as outlined in paragraphs 6 through 9, below.

6. CINCINNATI LIFE agrees to be subject to the following terms and conditions with respect to the LTC-100 Inflation forms on its Comprehensive Block:

a. The company or representatives of the company shall not request or apply for any further rate increase on the policies at issue in file log number FLR 20-023092 for a period of 10 years;

b. The rate increase shall be implemented over a period of 3 years. The first increment shall be imposed beginning at least 45 days after the date of approval, with the following two increments imposed thereafter on or after the anniversary date of the prior year's increase, but in no event will any policyholder receive more than one rate increase within a twelve-month (consecutive) period;

c. The amount of the rate increase will also take into account the issue age of the policyholder and the type of policy form held by each policyholder. The increases will be implemented according to the following table:

First Year				Second Year				Third Year			
Inflation Forms: LTC-100											
Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase
18	23.9%	52	23.9%	18	23.9%	52	23.9%	18	23.9%	52	23.9%
19	23.9%	53	23.9%	19	23.9%	53	23.9%	19	23.9%	53	23.9%
20	23.9%	54	23.9%	20	23.9%	54	23.9%	20	23.9%	54	23.9%
21	23.9%	55	23.9%	21	23.9%	55	23.9%	21	23.9%	55	23.9%
22	23.9%	56	23.9%	22	23.9%	56	23.9%	22	23.9%	56	23.9%
23	23.9%	57	23.9%	23	23.9%	57	23.9%	23	23.9%	57	23.9%
24	23.9%	58	23.9%	24	23.9%	58	23.9%	24	23.9%	58	23.9%
25	23.9%	59	23.9%	25	23.9%	59	23.9%	25	23.9%	59	23.9%
26	23.9%	60	23.9%	26	23.9%	60	23.9%	26	23.9%	60	23.9%
27	23.9%	61	23.9%	27	23.9%	61	23.9%	27	23.9%	61	23.9%
28	23.9%	62	23.9%	28	23.9%	62	23.9%	28	23.9%	62	23.9%
29	23.9%	63	23.9%	29	23.9%	63	23.9%	29	23.9%	63	23.9%
30	23.9%	64	23.9%	30	23.9%	64	23.9%	30	23.9%	64	23.9%
31	23.9%	65	23.9%	31	23.9%	65	23.9%	31	23.9%	65	23.9%
32	23.9%	66	23.9%	32	23.9%	66	23.9%	32	23.9%	66	23.9%
33	23.9%	67	23.9%	33	23.9%	67	23.9%	33	23.9%	67	23.9%
34	23.9%	68	23.9%	34	23.9%	68	23.9%	34	23.9%	68	23.9%
35	23.9%	69	23.9%	35	23.9%	69	23.9%	35	23.9%	69	23.9%
36	23.9%	70	23.9%	36	23.9%	70	23.9%	36	23.9%	70	23.9%
37	23.9%	71	21.9%	37	23.9%	71	21.9%	37	23.9%	71	21.9%
38	23.9%	72	19.8%	38	23.9%	72	19.8%	38	23.9%	72	19.8%
39	23.9%	73	17.7%	39	23.9%	73	17.7%	39	23.9%	73	17.7%
40	23.9%	74	15.5%	40	23.9%	74	15.5%	40	23.9%	74	15.5%
41	23.9%	75	13.2%	41	23.9%	75	13.2%	41	23.9%	75	13.2%
42	23.9%	76	10.8%	42	23.9%	76	10.8%	42	23.9%	76	10.8%
43	23.9%	77	8.3%	43	23.9%	77	8.3%	43	23.9%	77	8.3%
44	23.9%	78	5.7%	44	23.9%	78	5.7%	44	23.9%	78	5.7%
45	23.9%	79	2.9%	45	23.9%	79	2.9%	45	23.9%	79	2.9%
46	23.9%	80	0.0%	46	23.9%	80	0.0%	46	23.9%	80	0.0%
47	23.9%	81	0.0%	47	23.9%	81	0.0%	47	23.9%	81	0.0%
48	23.9%	82	0.0%	48	23.9%	82	0.0%	48	23.9%	82	0.0%
49	23.9%	83	0.0%	49	23.9%	83	0.0%	49	23.9%	83	0.0%
50	23.9%	84	0.0%	50	23.9%	84	0.0%	50	23.9%	84	0.0%
51	23.9%	85	0.0%	51	23.9%	85	0.0%	51	23.9%	85	0.0%

7. CINCINNATI LIFE further agrees to provide the following options to policyholders on the LTC-100 Inflation forms on its Comprehensive Block who would like to lower premium costs:

- a. Accepting a reduction in the daily benefit provided by the policy;
- b. Accepting a reduction or removal of the inflation factor (compound or simple) provided under the policy. This option would freeze the policyholder's daily benefit amount at the currently inflated level and alter or remove future inflation protection;
- c. Accepting a paid-up policy with maximum benefits equal to the premium paid less any claims paid. This option would exempt the policyholder from making any future

premium payments, and all other policy provisions, other than the maximum benefit, would remain unchanged.

8. CINCINNATI LIFE agrees to be subject to the following terms and conditions with respect to the LTC-100 Non-Inflation forms on its Comprehensive Block:

a. The company or representatives of the company shall not request or apply for any further rate increase on the policies at issue in file log number FLR 20-023092 for a period of 10 years;

b. The rate increase shall be implemented over a period of 3 years. The first increment shall be imposed beginning at least 45 days after the date of approval, with the following two increments imposed thereafter on or after the anniversary date of the prior year's increase, but in no event will any policyholder receive more than one rate increase within a twelve-month (consecutive) period;

c. The amount of the rate increase will also take into account the issue age of the policyholder and the type of policy form held by each policyholder. The increases will be implemented according to the following table:

First Year				Second Year				Third Year			
Non-Inflation Forms: LTC-100											
Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase
18	23.9%	52	23.9%	18	23.9%	52	23.9%	18	23.9%	52	23.9%
19	23.9%	53	23.9%	19	23.9%	53	23.9%	19	23.9%	53	23.9%
20	23.9%	54	23.9%	20	23.9%	54	23.9%	20	23.9%	54	23.9%
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25	23.9%	59	23.9%	25	23.9%	59	23.9%	25	23.9%	59	23.9%
26	23.9%	60	23.9%	26	23.9%	60	23.9%	26	23.9%	60	23.9%
27	23.9%	61	23.9%	27	23.9%	61	23.9%	27	23.9%	61	23.9%
28	23.9%	62	23.9%	28	23.9%	62	23.9%	28	23.9%	62	23.9%
29	23.9%	63	23.9%	29	23.9%	63	23.9%	29	23.9%	63	23.9%
30	23.9%	64	23.9%	30	23.9%	64	23.9%	30	23.9%	64	23.9%
31	23.9%	65	23.9%	31	23.9%	65	23.9%	31	23.9%	65	23.9%
32	23.9%	66	23.9%	32	23.9%	66	23.9%	32	23.9%	66	23.9%
33	23.9%	67	23.9%	33	23.9%	67	23.9%	33	23.9%	67	23.9%
34	23.9%	68	23.9%	34	23.9%	68	23.9%	34	23.9%	68	23.9%
35	23.9%	69	23.9%	35	23.9%	69	23.9%	35	23.9%	69	23.9%
36	23.9%	70	23.9%	36	23.9%	70	23.9%	36	23.9%	70	23.9%
37	23.9%	71	21.9%	37	23.9%	71	21.9%	37	23.9%	71	21.9%
38	23.9%	72	19.8%	38	23.9%	72	19.8%	38	23.9%	72	19.8%
39	23.9%	73	17.7%	39	23.9%	73	17.7%	39	23.9%	73	17.7%
40	23.9%	74	15.5%	40	23.9%	74	15.5%	40	23.9%	74	15.5%
41	23.9%	75	13.2%	41	23.9%	75	13.2%	41	23.9%	75	13.2%
42	23.9%	76	10.8%	42	23.9%	76	10.8%	42	23.9%	76	10.8%
43	23.9%	77	8.3%	43	23.9%	77	8.3%	43	23.9%	77	8.3%
44	23.9%	78	5.7%	44	23.9%	78	5.7%	44	23.9%	78	5.7%
45	23.9%	79	2.9%	45	23.9%	79	2.9%	45	23.9%	79	2.9%
46	23.9%	80	0.0%	46	23.9%	80	0.0%	46	23.9%	80	0.0%
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49	23.9%	83	0.0%	49	23.9%	83	0.0%	49	23.9%	83	0.0%
50	23.9%	84	0.0%	50	23.9%	84	0.0%	50	23.9%	84	0.0%
51	23.9%	85	0.0%	51	23.9%	85	0.0%	51	23.9%	85	0.0%

9. CINCINNATI LIFE further agrees to provide the following options to policyholders on the LTC-100 Non-Inflation forms on its Comprehensive Block who would like to lower premium costs:

- a. Accepting a reduction in the daily benefit provided by the policy;
- b. Accepting a paid-up policy with maximum benefits equal to the premium paid less any claims paid. This option would exempt the policyholder from making any future premium payments, and all other policy provisions, other than the maximum benefit, would remain unchanged.

10. CINCINNATI LIFE acknowledges and agrees that all representations and requirements set forth herein are material to the issuance of this Consent Order. Violation of any provision of this Consent Order shall constitute a violation of a lawful order of the OFFICE and may subject CINCINNATI LIFE to one or more of the administrative remedies available under the Florida Insurance Code or other applicable law.

11. CINCINNATI LIFE expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which it may be entitled by law or rules of the OFFICE. CINCINNATI LIFE hereby knowingly and voluntarily waives all rights to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

12. CINCINNATI LIFE expressly agrees that this Consent Order shall be binding on the company and any successor in interest. CINCINNATI LIFE further agrees to notify any successors in interest that this Consent Order is in force.

13. Each party to this action shall bear its own costs and fees.

14. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has signed and docketed a copy of this Consent Order bearing the signature of the authorized representative of CINCINNATI LIFE, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. CINCINNATI LIFE agrees that the signature of its authorized representative as affixed to this Consent Order shall be under the seal of a Notary Public.

WHEREFORE, the agreement between THE CINCINNATI LIFE INSURANCE COMPANY and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 7 day of May, 2021.



David Altmaier

David Altmaier, Commissioner
Office of Insurance Regulation

By execution hereof, THE CINCINNATI LIFE INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions, and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind THE CINCINNATI LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.

THE CINCINNATI LIFE INSURANCE COMPANY

(Corporate Seal)

By: Michael Tieran

Print Name: Michael Tieran

Title: VP

Date: 5/4/21

STATE OF Ohio

COUNTY OF Butler

The foregoing instrument was acknowledged before me by means of physical presence

or online notarization, this 4 day of May 2021, by Mike Tieran

as officer for The Cincinnati Life Ins. Co.
(type of authority; e.g., officer, trustee, attorney in fact) (name of person) (company name)



JOHN K. COPELLA
Notary Public, State of Ohio
My Commission Expires 03-18-2023

John Copella
(Signature of the Notary)

John Copella
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification

Type of Identification Produced _____

My Commission Expires: 3/18/2023

COPIES FURNISHED TO:

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