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SEP 16 2024

INSURANCE REGULATION
Docketed by: ke

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

Index: 2024-113

IN THE MATTER OF:

CASE NO.: 326356-24-CO

KNIGHTS OF COLUMBUS
_____ /

CONSENT ORDER

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

1. The OIR has jurisdiction over the subject matter of and the parties to this proceeding.
2. KNIGHTS is a foreign fraternal benefit society domiciled in Connecticut, authorized to transact fraternal life and health insurance business in Florida, and subject to regulation by the OIR pursuant to the Florida Insurance Code and Florida Administrative Code.
3. KNIGHTS has submitted a filing for a rate increase on certain long-term care policy forms underwritten by the company.
4. Based upon the OIR’s review of KNIGHTS’ proposed long-term care rate schedules as filed in Florida file log number FLR 23-029301, the OIR 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 OIR has determined that some rate increase is necessary in order for KNIGHTS 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 KNIGHTS long-term care policyholders, the OIR, subject to the limitations and restrictions stated below, approves rate increases as outlined in paragraphs 6 through 13, below.

6. KNIGHTS agrees to be subject to the following terms and conditions with respect to the LTC01-FL 6-99 and LTC01-FL 1-03 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 23-029301 for a period of 5 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: LTC01-FL 6-99, LTC01-FL 1-03, NHC01-FL 6-99, NHC01-FL 1-03											
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	11.1%	52	11.1%	18	11.1%	52	11.1%	18	11.0%	52	11.0%
19	11.1%	53	11.1%	19	11.1%	53	11.1%	19	11.0%	53	11.0%
20	11.1%	54	11.1%	20	11.1%	54	11.1%	20	11.0%	54	11.0%
21	11.1%	55	11.1%	21	11.1%	55	11.1%	21	11.0%	55	11.0%
22	11.1%	56	11.1%	22	11.1%	56	11.1%	22	11.0%	56	11.0%
23	11.1%	57	11.1%	23	11.1%	57	11.1%	23	11.0%	57	11.0%
24	11.1%	58	11.1%	24	11.1%	58	11.1%	24	11.0%	58	11.0%
25	11.1%	59	11.1%	25	11.1%	59	11.1%	25	11.0%	59	11.0%
26	11.1%	60	11.1%	26	11.1%	60	11.1%	26	11.0%	60	11.0%
27	11.1%	61	11.1%	27	11.1%	61	11.1%	27	11.0%	61	11.0%
28	11.1%	62	11.1%	28	11.1%	62	11.1%	28	11.0%	62	11.0%
29	11.1%	63	11.1%	29	11.1%	63	11.1%	29	11.0%	63	11.0%
30	11.1%	64	11.1%	30	11.1%	64	11.1%	30	11.0%	64	11.0%
31	11.1%	65	11.1%	31	11.1%	65	11.1%	31	11.0%	65	11.0%
32	11.1%	66	11.1%	32	11.1%	66	11.1%	32	11.0%	66	11.0%
33	11.1%	67	11.1%	33	11.1%	67	11.1%	33	11.0%	67	11.0%
34	11.1%	68	11.1%	34	11.1%	68	11.1%	34	11.0%	68	11.0%
35	11.1%	69	11.1%	35	11.1%	69	11.1%	35	11.0%	69	11.0%
36	11.1%	70	11.1%	36	11.1%	70	11.1%	36	11.0%	70	11.0%
37	11.1%	71	10.0%	37	11.1%	71	10.0%	37	11.0%	71	10.0%
38	11.1%	72	9.1%	38	11.1%	72	9.1%	38	11.0%	72	9.1%
39	11.1%	73	8.0%	39	11.1%	73	8.0%	39	11.0%	73	8.0%
40	11.1%	74	6.9%	40	11.1%	74	6.9%	40	11.0%	74	6.9%
41	11.1%	75	6.0%	41	11.1%	75	6.0%	41	11.0%	75	6.0%
42	11.1%	76	4.8%	42	11.1%	76	4.8%	42	11.0%	76	4.8%
43	11.1%	77	3.5%	43	11.1%	77	3.5%	43	11.0%	77	3.5%
44	11.1%	78	2.3%	44	11.1%	78	2.3%	44	11.0%	78	2.3%
45	11.1%	79	1.3%	45	11.1%	79	1.3%	45	11.0%	79	1.3%
46	11.1%	80	0.0%	46	11.1%	80	0.0%	46	11.0%	80	0.0%
47	11.1%	81	0.0%	47	11.1%	81	0.0%	47	11.0%	81	0.0%
48	11.1%	82	0.0%	48	11.1%	82	0.0%	48	11.0%	82	0.0%
49	11.1%	83	0.0%	49	11.1%	83	0.0%	49	11.0%	83	0.0%
50	11.1%	84	0.0%	50	11.1%	84	0.0%	50	11.0%	84	0.0%
51	11.1%	85	0.0%	51	11.1%	85	0.0%	51	11.0%	85	0.0%

7. KNIGHTS further agrees to provide the following options to policyholders on the LTC01-FL 6-99 and LTC01-FL 1-03 Inflation forms on its Comprehensive Block who would like to lower premium costs:

- a. Accepting a reduction in the benefit period provided by the policy;
- b. Accepting a reduction in the daily benefit amount provided by the policy;
- c. Accepting an increased elimination period under the policy. This option would increase the policyholder's initial out of pocket cost before the policy begins to provide benefits;

d. Accepting a reduction or a removal of the inflation factor (compound) 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;

e. Accepting a paid-up policy with maximum benefits equal to the premium 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. KNIGHTS agrees to be subject to the following terms and conditions with respect to the LTC01-FL 6-99 and LTC01-FL 1-03 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 23-029301 for a period of 5 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: LTC01-FL 6-99, LTC01-FL 1-03, NHC01-FL 6-99, NHC01-FL 1-03											
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	11.1%	52	11.1%	18	11.1%	52	11.1%	18	11.0%	52	11.0%
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20	11.1%	54	11.1%	20	11.1%	54	11.1%	20	11.0%	54	11.0%
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22	11.1%	56	11.1%	22	11.1%	56	11.1%	22	11.0%	56	11.0%
23	11.1%	57	11.1%	23	11.1%	57	11.1%	23	11.0%	57	11.0%
24	11.1%	58	11.1%	24	11.1%	58	11.1%	24	11.0%	58	11.0%
25	11.1%	59	11.1%	25	11.1%	59	11.1%	25	11.0%	59	11.0%
26	11.1%	60	11.1%	26	11.1%	60	11.1%	26	11.0%	60	11.0%
27	11.1%	61	11.1%	27	11.1%	61	11.1%	27	11.0%	61	11.0%
28	11.1%	62	11.1%	28	11.1%	62	11.1%	28	11.0%	62	11.0%
29	11.1%	63	11.1%	29	11.1%	63	11.1%	29	11.0%	63	11.0%
30	11.1%	64	11.1%	30	11.1%	64	11.1%	30	11.0%	64	11.0%
31	11.1%	65	11.1%	31	11.1%	65	11.1%	31	11.0%	65	11.0%
32	11.1%	66	11.1%	32	11.1%	66	11.1%	32	11.0%	66	11.0%
33	11.1%	67	11.1%	33	11.1%	67	11.1%	33	11.0%	67	11.0%
34	11.1%	68	11.1%	34	11.1%	68	11.1%	34	11.0%	68	11.0%
35	11.1%	69	11.1%	35	11.1%	69	11.1%	35	11.0%	69	11.0%
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38	11.1%	72	9.1%	38	11.1%	72	9.1%	38	11.0%	72	9.1%
39	11.1%	73	8.0%	39	11.1%	73	8.0%	39	11.0%	73	8.0%
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44	11.1%	78	2.3%	44	11.1%	78	2.3%	44	11.0%	78	2.3%
45	11.1%	79	1.3%	45	11.1%	79	1.3%	45	11.0%	79	1.3%
46	11.1%	80	0.0%	46	11.1%	80	0.0%	46	11.0%	80	0.0%
47	11.1%	81	0.0%	47	11.1%	81	0.0%	47	11.0%	81	0.0%
48	11.1%	82	0.0%	48	11.1%	82	0.0%	48	11.0%	82	0.0%
49	11.1%	83	0.0%	49	11.1%	83	0.0%	49	11.0%	83	0.0%
50	11.1%	84	0.0%	50	11.1%	84	0.0%	50	11.0%	84	0.0%
51	11.1%	85	0.0%	51	11.1%	85	0.0%	51	11.0%	85	0.0%

9. KNIGHTS further agrees to provide the following options to policyholders on the LTC01-FL 6-99 and LTC01-FL 1-03 Non-Inflation forms on its Comprehensive Block who would like to lower premium costs:

- a. Accepting a reduction in the benefit period provided by the policy;
- b. Accepting a reduction in the daily benefit amount provided by the policy;
- c. Accepting an increased elimination period under the policy. This option would increase the policyholder's initial out of pocket cost before the policy begins to provide benefits;

d. Accepting a paid-up policy with maximum benefits equal to the premium 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. KNIGHTS agrees to be subject to the following terms and conditions with respect to the NHC01-FL 6-99 and NHC01-FL 1-03 Inflation forms on its Facility Care 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 23-029301 for a period of 5 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 tables:

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Inflation Forms: LTC01-FL 6-99, LTC01-FL 1-03, NHC01-FL 6-99, NHC01-FL 1-03											
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20	11.1%	54	11.1%	20	11.1%	54	11.1%	20	11.0%	54	11.0%
21	11.1%	55	11.1%	21	11.1%	55	11.1%	21	11.0%	55	11.0%
22	11.1%	56	11.1%	22	11.1%	56	11.1%	22	11.0%	56	11.0%
23	11.1%	57	11.1%	23	11.1%	57	11.1%	23	11.0%	57	11.0%
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25	11.1%	59	11.1%	25	11.1%	59	11.1%	25	11.0%	59	11.0%
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27	11.1%	61	11.1%	27	11.1%	61	11.1%	27	11.0%	61	11.0%
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29	11.1%	63	11.1%	29	11.1%	63	11.1%	29	11.0%	63	11.0%
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31	11.1%	65	11.1%	31	11.1%	65	11.1%	31	11.0%	65	11.0%
32	11.1%	66	11.1%	32	11.1%	66	11.1%	32	11.0%	66	11.0%
33	11.1%	67	11.1%	33	11.1%	67	11.1%	33	11.0%	67	11.0%
34	11.1%	68	11.1%	34	11.1%	68	11.1%	34	11.0%	68	11.0%
35	11.1%	69	11.1%	35	11.1%	69	11.1%	35	11.0%	69	11.0%
36	11.1%	70	11.1%	36	11.1%	70	11.1%	36	11.0%	70	11.0%
37	11.1%	71	10.0%	37	11.1%	71	10.0%	37	11.0%	71	10.0%
38	11.1%	72	9.1%	38	11.1%	72	9.1%	38	11.0%	72	9.1%
39	11.1%	73	8.0%	39	11.1%	73	8.0%	39	11.0%	73	8.0%
40	11.1%	74	6.9%	40	11.1%	74	6.9%	40	11.0%	74	6.9%
41	11.1%	75	6.0%	41	11.1%	75	6.0%	41	11.0%	75	6.0%
42	11.1%	76	4.8%	42	11.1%	76	4.8%	42	11.0%	76	4.8%
43	11.1%	77	3.5%	43	11.1%	77	3.5%	43	11.0%	77	3.5%
44	11.1%	78	2.3%	44	11.1%	78	2.3%	44	11.0%	78	2.3%
45	11.1%	79	1.3%	45	11.1%	79	1.3%	45	11.0%	79	1.3%
46	11.1%	80	0.0%	46	11.1%	80	0.0%	46	11.0%	80	0.0%
47	11.1%	81	0.0%	47	11.1%	81	0.0%	47	11.0%	81	0.0%
48	11.1%	82	0.0%	48	11.1%	82	0.0%	48	11.0%	82	0.0%
49	11.1%	83	0.0%	49	11.1%	83	0.0%	49	11.0%	83	0.0%
50	11.1%	84	0.0%	50	11.1%	84	0.0%	50	11.0%	84	0.0%
51	11.1%	85	0.0%	51	11.1%	85	0.0%	51	11.0%	85	0.0%

11. KNIGHTS further agrees to provide the following options to policyholders on the NHC01-FL 6-99 and NHC01-FL 1-03 Inflation forms on its Facility Care Block who would like to lower premium costs:

- a. Accepting a reduction in the benefit period provided by the policy;
- b. Accepting a reduction in the daily benefit amount provided by the policy;
- c. Accepting an increased elimination period under the policy. This option would increase the policyholder's initial out of pocket cost before the policy begins to provide benefits;

d. Accepting a reduction or a removal of the inflation factor (compound) 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;

e. Accepting a paid-up policy with maximum benefits equal to the premium 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.

12. KNIGHTS agrees to be subject to the following terms and conditions with respect to the NHC01-FL 6-99 and NHC01-FL 1-03 Non-Inflation forms on its Facility Care 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 23-029301 for a period of 5 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: LTC01-FL 6-99, LTC01-FL 1-03, NHC01-FL 6-99, NHC01-FL 1-03											
Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase	Issue Age	Rate Increase
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19	11.1%	53	11.1%	19	11.1%	53	11.1%	19	11.0%	53	11.0%
20	11.1%	54	11.1%	20	11.1%	54	11.1%	20	11.0%	54	11.0%
21	11.1%	55	11.1%	21	11.1%	55	11.1%	21	11.0%	55	11.0%
22	11.1%	56	11.1%	22	11.1%	56	11.1%	22	11.0%	56	11.0%
23	11.1%	57	11.1%	23	11.1%	57	11.1%	23	11.0%	57	11.0%
24	11.1%	58	11.1%	24	11.1%	58	11.1%	24	11.0%	58	11.0%
25	11.1%	59	11.1%	25	11.1%	59	11.1%	25	11.0%	59	11.0%
26	11.1%	60	11.1%	26	11.1%	60	11.1%	26	11.0%	60	11.0%
27	11.1%	61	11.1%	27	11.1%	61	11.1%	27	11.0%	61	11.0%
28	11.1%	62	11.1%	28	11.1%	62	11.1%	28	11.0%	62	11.0%
29	11.1%	63	11.1%	29	11.1%	63	11.1%	29	11.0%	63	11.0%
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31	11.1%	65	11.1%	31	11.1%	65	11.1%	31	11.0%	65	11.0%
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33	11.1%	67	11.1%	33	11.1%	67	11.1%	33	11.0%	67	11.0%
34	11.1%	68	11.1%	34	11.1%	68	11.1%	34	11.0%	68	11.0%
35	11.1%	69	11.1%	35	11.1%	69	11.1%	35	11.0%	69	11.0%
36	11.1%	70	11.1%	36	11.1%	70	11.1%	36	11.0%	70	11.0%
37	11.1%	71	10.0%	37	11.1%	71	10.0%	37	11.0%	71	10.0%
38	11.1%	72	9.1%	38	11.1%	72	9.1%	38	11.0%	72	9.1%
39	11.1%	73	8.0%	39	11.1%	73	8.0%	39	11.0%	73	8.0%
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49	11.1%	83	0.0%	49	11.1%	83	0.0%	49	11.0%	83	0.0%
50	11.1%	84	0.0%	50	11.1%	84	0.0%	50	11.0%	84	0.0%
51	11.1%	85	0.0%	51	11.1%	85	0.0%	51	11.0%	85	0.0%

13. KNIGHTS further agrees to provide the following options to policyholders on the NHC01-FL 6-99 and NHC01-FL 1-03 Non-Inflation forms on its Facility Care Block who would like to lower premium costs:

- a. Accepting a reduction in the benefit period provided by the policy;
- b. Accepting a reduction in the daily benefit amount provided by the policy;
- c. Accepting an increased elimination period under the policy. This option would increase the policyholder's initial out of pocket cost before the policy begins to provide benefits;

d. Accepting a paid-up policy with maximum benefits equal to the premium 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.

14. KNIGHTS 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 OIR and may subject KNIGHTS to one or more of the administrative remedies available under the Florida Insurance Code or other applicable law.

15. KNIGHTS expressly waives a hearing in this matter, the making of findings of fact and conclusions of law by the OIR, and all further and other proceedings herein to which it may be entitled by law or rules of the OIR. KNIGHTS 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.

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

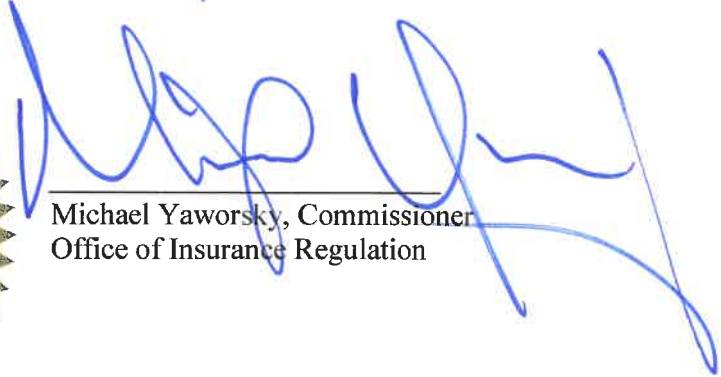
17. Each party to this action shall bear its own costs and fees.

18. The parties agree that this Consent Order shall be deemed to be executed when the OIR has signed a copy of this Consent Order bearing the signature of the authorized representative of KNIGHTS, notwithstanding the fact that the copy may have been transmitted to the OIR electronically. KNIGHTS 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 KNIGHTS OF COLUMBUS and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED.

All terms and conditions contained herein are hereby ORDERED.

DONE and ORDERED this 16th day of September, 2024.

A handwritten signature in blue ink, appearing to read "Michael Yaworsky". The signature is written in a cursive, flowing style and is positioned above a horizontal line that serves as a signature line.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, KNIGHTS OF COLUMBUS 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 KNIGHTS OF COLUMBUS to the terms and conditions of this Consent Order.

KNIGHTS OF COLUMBUS

(Corporate Seal)

By: [Signature]

Print Name: Ronald D. Franzluebbers

Title: Senior Vice President & Chief Actuary

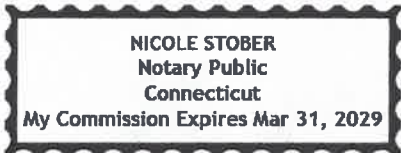
Date: August 26, 2024

STATE OF Connecticut

COUNTY OF New Haven

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

or online notarization, this 28th day of August 2024, by Ronald D. Franzluebbers
as Sr. VP & Chief Actuary for Knights of Columbus
(type of authority; e.g., officer, trustee, attorney in fact) (name of person) (company name)



[Signature]
(Signature of the Notary)

Nicole Stober
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known OR Produced Identification _____

Type of Identification Produced _____

My Commission Expires: 3/31/29

COPIES FURNISHED TO:

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