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9	PUBLIC MEETING
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11	October 25, 2013
12	10:00 a.m 1:35 p.m.
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14	Knott Building, Room 412
15	The Capitol Complex
16	404 South Monroe Street
17	Tallahassee, Florida
18	Reported by:
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1	PRESENT
2	BELINDA MILLER, ESQUIRE
3	TOMA WILKERSON
4	JAN DAVIS
5	WENCESLAO TRONCOSCO
6	ALYSSA LATHROP, ESQUIRE
7	BRUCE CULPEPPER, ESQUIRE
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PROCEEDINGS

MS. MILLER: Thank you all for coming today.

My name is Belinda Miller and I will be refereeing today.

I do appreciate everyone coming, and also for your submissions, for everything that you've given to us. If they're not already on our website, they will be. We will post everything that is submitted so that those who didn't have a chance to review it prior to this hearing will have a chance to go to the website and access the materials. So welcome to the hearing.

Good morning. My name is Belinda Miller.

I'm the general counsel for the Office of

Insurance Regulation. I will be presiding at the public hearing today. I'd like to take this opportunity to welcome you to this informational hearing on the secondary life insurance market in the state of Florida.

For the record, today's date is October the 25th, 2013. We are conducting this hearing in the Knott Building, Room 412, the Capitol Complex, Tallahassee, Florida. Notice was published in the Florida Administrative Register. The hearing is being broadcast thanks to the Florida Channel and

will be available for viewers on our website at www.floir.com.

Interested parties, and anyone, may offer materials and comments by sending an e-mail to the Office at secondarylife@floir.com no later than October the 30th. Material received on this matter will be available to the public and posted on the Office's website.

I'd like to take a moment and introduce my colleagues. To my left is Wenceslao Troncosco, who is the deputy commissioner for life and health insurance. To his left, Alyssa Lathrop, who is our lead attorney on this case; Bruce Culpepper, also our senior attorney.

Toma Wilkerson is on my right. She is the director of Life and Health Financial Oversight responsible for the solvency of life and health insurers; and Jan Davis in Market Investigations, who is our resident expert on secondary life and viaticals and life settlements. And that's not in the script so -- I'll find my way.

We would like to allow time for everyone to have the opportunity to address the issues raised in this public hearing. Therefore, we ask that everyone be respectful of the time and allow

everybody else to be heard.

That being said, this hearing starts at 10:00, and we did not put an end time on the agenda, so we will have ample time for those who want to speak to put everything they want to into the record.

The Office is recording this proceeding.

Therefore, to help clarify the record, please state your name prior to making comments and speak one at a time.

The agenda is fairly simple. We are going to have representatives of Fortress speak first, and then representatives of the life insurers and the life settlement companies, and anyone else who wishes to speak.

If you haven't already filled out a speaker card and you would like to make comments, please see Eddie in the back of the room. He's got speaker cards and will be glad to help you.

Before we begin, I'd like to go over the issues involved. The Office was given a specific task by the Florida Legislature to review Florida law and regulations to determine whether there are adequate protections for purchasers of life insurance policies in the secondary life insurance

market and to ensure that this market continues to exist for Florida seniors.

Our purpose today is to solicit different viewpoints -- and we know that there are a variety of viewpoints that have some conflict in them so it won't be boring -- and look into legal arrangements and implications of the secondary life insurance market.

The Office will also inquire how consumers benefit or are harmed by these arrangements. We would welcome any thoughts on the role that the Office should play with regard to any new products that might be coming into the marketplace.

I know that some of the participants will have specific legislative recommendations and not sure whether the Office will or not at this point. We'll wait and see what happens. So if anyone wishes to speak, again, see Eddie in the back of the room for a speaker card.

With that, I will recognize our first speaker, Jerry Kroll -- well, I will recognize Fortress and you can introduce yourselves. I think Mr. Welsh will be our first speaker.

MR. WELSH: Thank you, Ms. Miller.

My name is Tom Welsh -- there we go. Is that FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

good?

Good morning and thank you very much. My name is Tom Welsh.

(Brief interruption.)

MR. WELSH: Thank you. My name is Tom Welsh from Orrick, Herrington & Sutcliffe. We're an international law firm that -- I'll try to make myself shorter so you can hear me.

MS. MILLER: Yeah, I don't know that that's going to work.

MR. WELSH: We are an international law firm specializing in complex finance, complex litigation and regulatory, specifically insurance regulatory, matters. And I'm here to speak on behalf of Fortress Investment Group, which is a large investor in the secondary market in the life insurance space.

We -- first, I want to let you know how much we appreciate the time and energy and resources that OIR and the Commissioner have put into this issue. It's really an important issue. It can be a very emotionally-charged issue, and we really appreciate the fact that the Commissioner and his senior staff is taking it very seriously.

Briefly, let me -- let me give you a quick

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overview on my comments, which I'll try to keep as brief as possible. But being a lawyer, you know,

I can only do so much. We're problematic when it

MS. MILLER: Well, if we're going to go past lunch, we will take a break for lunch, so take your time.

MR. WELSH: I promise not to take up the whole morning. What I want to do first is provide a brief overview of the life and -- the life settlements market, primarily just identify who the major stakeholders are, because I think that's important as we look at what your charge is and the primary focus being on the role of the secondary market investors and keeping that market alive, well functioning and available for seniors.

And next, I'll move on and I'll talk about that secondary market investors' perspective on the market. After that, I'll talk about some very serious problems that have emerged in the market that have had a negative impact on actually many different stakeholders within the market, most notably consumers, who are the ultimate concern for OIR and a lot of the players in the marketplace.

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comes to --

Finally, what we've done in our submission on behalf of Fortress is identify potentially five legislative and/or regulatory corrections that can be made to address some of these serious problems that we've seen in the marketplace. And by all means, while I'm talking, feel free to interrupt me with any questions that you have.

As you mentioned, you've referred to yourself as a referee today. I've been involved in the life settlements market advising clients at different levels for a long, long time, for many, many years; and there's no question that probably everyone in this room has really seen the fur fly when we talk about these issues, because it is — it's an emotional and can be a challenging space to talk about.

And I think OIR's role as a referee of this discussion will really assist everyone in allowing you to focus on the real public policy drivers of how this -- how this market can be and should be regulated in a way that really keeps it safe and sane.

So first, about Fortress, some of you are familiar with Fortress, but let me briefly describe them. Fortress is an asset management

firm that makes and manages investments for public and private pension funds, unions, university endowments, nonprofits.

Their investor client base, the people they manage money for, are people like fire fighters, police officers, teachers, nursers and other public employees, as well as corporate pensioners from all walks of life.

Fundamentally, they are an investment manager. Their job is to find good investments that are well-priced, manage them carefully, if necessary, manage them aggressively so that their underlying clients receive the returns that they deserve.

Fortress has about 11,000 employees here in the state of California (sic) through its portfolio businesses and the industries that it's involved in, and it regularly invests hundreds of millions of dollars on behalf of its pensioners and universities and foundations right here in Florida. They're a significant player here in your community and in your state.

We believe this is actually a relatively typical profile for the type of investors who are involved in the secondary market for life

insurance.

Another good example out where I'm from -
I'm from California -- and the California Public

Employees Retirement System is also a significant

large investor that has seen many of the same

problems that Fortress has seen in its

marketplace. So this -- you know, the type of

people who are looking for this particular asset

class is relatively similar, and Fortress is just

one example of many.

One of the -- as I mentioned and I think you're all aware, one of the major investments that Fortress made for its clients in the midst of the recession was the purchase of nearly 1500 permanent life insurance policies that previously had been owned by major financial institutions, national and international banks that had provided financing of one sort or another, and found themselves owning these very large portfolios but being unable to maintain them and service them, because when you own these things, you have to continue to pay premium on the policies and keep them in force.

Obviously, the recession created a very, very significant dislocation in the credit markets, and

these major financial institutions simply couldn't afford to keep and maintain a portfolio of this size all the way through to maturity.

Fortress saw the opportunity to buy up the policies and did. And from that time, it spent the ensuing years very aggressively and assertively managing the rights that existed under the policies and working -- attempting to work cooperatively with the life insurers that had issued those policies, talking to them about how the policies were performing and establishing the long-term relationships that you would expect and want to see between a large policy owner and the life insurance company underwriters that were involved.

As a result of that, they really, I think, became experts in the management of this particular asset class. They have a very deep staff, and I think they're particularly well situated to assist OIR as it carries out its charge of looking at the secondary market, seeing what problems exist there, what potential protections may be needed there to make sure that the entire market stays alive and is available for Florida seniors.

Let me -- let me give you a real brief overview of the market and really only for the purpose, since I know the staff is very well acquainted with the life settlements market, particularly here in Florida, but I want to sort of identify who the real key stakeholders are, and why they're important, and why each one of them requires notice and consideration.

The first and foremost, obviously, is the consumers, the Florida seniors who have acquired life insurance, and at some point down the road, may decide, for whatever reason, that they need to access the life settlements market and convert those life insurance properties into cash.

And, you know, ultimately, the reasons why a senior might choose to access the life settlements market is about as varied as life itself.

Everybody has different reasons for looking to that market.

The key is that, regardless of the reason, it's longstanding law throughout the United States that that's a piece of property that they own and have the right to sell if, for whatever reason, they decide that that's a move that they want or need to make.

So it's an important market from their perspective, and as we work through today,

Fortress obviously keeps its eye on its role in the marketplace and ultimately how that drives towards benefiting seniors by keeping the market available.

The next biggest stakeholder and constituency obviously is the life insurance industry, those people who have underwritten the policies and undertaken contractual commitments to, first, the original policy owner, and then subsequently, to investors who may have to step in, or do step in, to the ownership of those -- of those policies. So those contractual obligations that the life industry undertakes are flowing to whomever ends up owning the policy.

The next constituent that we don't speak on behalf of are those originators who are out in the marketplace, the Coventries and others; the agents and brokers who are on the front lines with the consumers explaining the risks and benefits of accessing the life settlement market; and next, and from our -- from Fortress's perspective, importantly, is the set of investors who ultimately provide the liquidity to the market.

Obviously, the originators, for the most part, are not there to buy and to hold to maturity. They frequently are looking to transact and move those policies into a secondary market. That's the way our financial system in the United States works.

And they need that access to good, solvent, well-managed secondary market players who can allow them to continue to outreach to consumers who want to access the market and have the capital necessary to acquire the policies.

Now, during the -- I'll pause for a second and say that, you know, during the course of the hearing and through submissions, I imagine that there will be a certain amount of -- "invective" may be the wrong word, but we have seen in these kinds of public hearings and legislative hearings that there's often an attempt to vilify the investors as vultures and as people who are simply there to make a buck without regard to anything else.

And I will acknowledge that Fortress's job, and the other -- and the job of CalPERS and the others, is actually to take investments, invest in an asset class and try to make a healthy positive

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return for the underlying investment clients that they work for. There is -- there is actually no shame in that, and Fortress is very, very good at it.

But I think the focus -- you know, your job today as referee is to try to cut through some of that hyperbole and invective and an attempt to divert your attention away from the key issues. You're going to hear it, no doubt, because we hear it all the time, but the secondary market space is much bigger than just Fortress, and it needs to be, in our view, protected so that the entire market holds together.

There's not a market if you don't have the investors who feel comfortable putting their clients' money into the asset class with some degree of predictability and knowledge of how that asset class and how that space is going to work, from a regulatory standpoint in particular.

So the last big stakeholder is you all. The regulatory community in the United States is vitally important to the functioning of this market. We have here in the U.S., as you know, a 50-state -- well, 50-plus-state insurance regulatory system where the regulators are able to

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focus on the business of insurance that happens within their borders, and they coordinate with other states.

But you will see that some life insurers, one in particular that we'll talk about, has really tried to take advantage of and game that a little bit at the expense of all the players, in our view, in the market. That's one of the problems that we'll identify.

But your regulatory role here is incredibly important and plays a big part in what we see as appropriate remedies to help deal with the problems that we're seeing in the marketplace right now. So those are the major stakeholders in the market.

The -- let me -- let me turn to the investors' perspective and essentially ask the question why investors, like CalPERS, Fortress's clients, find this asset class of life settlements attractive, and it really is relatively simple.

In theory, in a well regulated market, this asset class is not correlated to or vulnerable to the wild fluctuations that can happen in the stock market and in other equities indices. The asset class shouldn't have to worry about a eurozone

crisis. It shouldn't have to worry about the shutdown of the United States Government and the volatility that happens from those things.

In a well regulated system, the investors are essentially looking at mortality curves, and the risk that they're taking is essentially a mortality risk. They're going to pay fair value at the outset for policies, and pay the premiums through the maturity date.

And the return, in a large enough portfolio, ultimately should be driven by mortality trends. It should stay predictable and insulated from the fluctuations that happen in other markets. So it's that non-correlated market feature that has largely made this asset class, especially during the recession, attractive to secondary market investors.

It's just a way to balance a portfolio and identify assets that have a particular risk that you can look at, like what mortality experience is going to do and develop over time. That's something that you can get your arms around. You can predict, you can price, provided that the market is well regulated and is not subject to unpredictable behavior on the part of, frankly,

any of the stakeholders who are involved in the marketplace.

So what do secondary market investors really want and need to feel comfortable continuing to fund the market? They really want predictability and certainty. And not certainty as to investment return: How much money am I going to make, guaranteeing that I'll make a profit? That's not the kind of certainty we're talking about.

We're really just talking about predictability as to the behaviors of the key players, and most importantly, the behaviors of the life insurance companies who have underwritten the policies. That's probably the single most important element of it; but also, you know, the predictability of the originator behaviors and the consumer behaviors.

Because there's no question that if problems occur and aren't well regulated at that level, if we allow any consumer to commit fraud, if we allow originators to not originate life settlements in a way that's consistent with consumer interests and consistent with the law, that creates an unpredictable environment for investments in the secondary market. And that's ultimately what

secondary market investors are looking for is a well regulated market that is predictable and isn't exposed to, let's say, irrational or inappropriate behavior.

So that's a good segue into what some of the current problems are in the market. There really, right now, is a real threat to the life settlements market, we believe, that will ultimately reduce, for Florida seniors, their ability to access the market and achieve the values that they should get in a well regulated market.

And the specific problem that we -- that

Fortress has seen is an effort by a small handful

of insurers to refuse in one way or another to

honor those policies after they've collected

premiums for years and years, sometimes a decade

or more on the policies.

I want to stress at the outset that by no means is this an indictment of the entire life insurance industry. This actually may be a good example of that, you know, 90/10 rule, maybe even 98/2 rule, where, you know, regulators and regulation often don't need to be there for the 90-plus percent of companies and market

participants who are behaving well.

Really, you have to be there to have the tools to address that minority of companies who don't behave well, who, for whatever reason, have decided to try to game the system and avoid paying their obligations when and as they come due.

And so Fortress doesn't want its comments and its submissions to be seen as a broadside across the life insurance industry, because in many respects, the life insurance industry is the partner of the secondary market investors. You don't have this asset class, candidly, if you don't have solvent, reputable life insurers in the marketplace.

So let me focus on the problems of the minority. What the biggest issue the secondary investors are seeing is that after collecting premium, and frequently long after the two-year contestability period in California, a couple of carriers are making aggressive moves to try to invalidate the policies that are now held and owned by secondary market investors.

And they're asking the courts to invalidate the policies from inception by asserting, again, long after the running of the contestability

period, that the policy was void from inception because it lacked an insurable interest. In short, they're trying to end around the contestability period and go back and invalidate a policy based on an argument that essentially it was STOLI at its inception.

And the argument that they're making is that, in legal jargon, it's -- the contract is void ab initio -- lawyers can never get through any kind of remark without throwing in a Latin phrase; right -- so void from the very inception.

This is ultimately just a rescission remedy, the kind of rescission remedy that you frequently see in the life insurance industry in the first two years. If a policy matures and an insured dies within the first two years, the life insurance company legally can and should investigate the claim, investigate the application, see if there was fraud.

And if there was, if there was material misrepresentations in the application, they have the right to rescind that policy. It happens on a fairly regular basis, and it's not necessarily an unusual remedy within the contestability period.

What makes this particular problem so serious FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

are two facts: One is that these kinds of challenges are being made well outside the two-year contestability period; and two, the insurers have doubled down and said, "Not only do we want to rescind, but we want to be able to keep all of the premium that's been paid to us as damages, because we were damaged by the fraud."

And they actually have now been successful in picking out cases with particularly bad facts. And as -- you know, our other favorite saying as lawyers is bad facts can make for bad law. And we're actually seeing that here in Florida where the really bad facts of a particularly egregious STOLI case where a consumer and an unscrupulous agent of the life insurance company commits fraud, they lie to the company in the application about their net worth and their sources of income that they have to get bigger policies, and those cases have a tendency to cause judges to look for remedies.

They don't want to reward an original insured or anyone else who just happens, through the secondary market to have ended up owning that policy, to reward that bad behavior.

So we've seen clear examples, and we've
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provided them in our submissions, of judges essentially being misled by bad facts and allowing a situation where an insurance company, long after the contestable period, which is that window for them to really complete underwriting and make sure that they've got a policy that was applied for appropriately, being able to rescind and create a windfall for the life insurance company. And I'll talk about that in a little bit more.

But just to give you a sense of how big this problem is -- again, it depends on the insurer, but this process of resisting claims, especially with one particular insurer -- the members of the Phoenix Group of companies which are headquartered in -- their business headquarters are in Connecticut. The parent company, Phoenix Life, is domiciled in New York. The largest underwriting company is PHL Variable. It's domiciled in Connecticut.

We have statistics that are in our submission, and these are from Phoenix's own sworn statutory financial statements filed with OIR and all the regulators in all the states where they're licensed to write business, but you saw this trend start prior to 2008. They were resisting or

denying less than 1 percent of their aggregate death claims.

In 2009, that grew to 12.37 percent. By

2010, it had grown to 16.2 percent. And by 2011,

Phoenix was resisting or denying 20.87, almost

21 percent, of its incurred death benefit claims.

So the math tells us that over that three-year

period, that's a 1900 percent increase in the

amount of claim resistances and denials.

Now, Phoenix quibbles with these numbers, and they point out accurately that the number is based on the aggregate death claims, not the claim count that comes in. And that is an important distinction.

But the statement and the data is -- it can't be refuted that during this period of time, there has been a demonstrable, empirically identifiable trend at Phoenix and a few other companies to increase the extent to which they're denying claims.

Now, the national industry average for resisting and denying claims is about one half of 1 percent. So you look at a 21 percent ratio for a particular company that has a big place in this particular market for reasons I'll explain in a

minute having that level of resistance rate is striking. It's something that we believe regulators should note, because it's a serious problem for secondary investors if it continues and is allowed to go unchecked.

So, you know, when we look -- again, since your charge is to look at the interests of the secondary market and how that impacts Florida consumers, there really -- the tie-in is pretty obvious.

The simple fact is investors are simply not going to buy policies in a state where that kind of law exists and they have to worry about the possibility that they can buy a policy long after the contestable period, pay premium for 10, 15, 20 years until maturity, and then find that they have an insurer who has rights under, what we think is, anomalous Florida law that allow the insurance company to not pay anything.

MS. MILLER: Let me interrupt you for just a minute. Would it be that bad -- I mean, I know this is a loaded question -- but would it be that bad if, as a result of this case law, investors said, "Well, you know what, I'm not going to buy a Phoenix policy anymore"?

How does that harm the average consumer or the average person who might be considering selling their policy or maybe not? I mean, is that going to hurt the people in the state of Florida?

MR. WELSH: I think it does for a couple of reasons: One, there's consumers and then there's actually Fortress consumers -- or Phoenix consumers. So if you stop and, you know, if you're looking at it broadly, there are significant negative impacts.

But stop and think about what Phoenix has accomplished. And you're absolutely right. As we pointed out in our -- in our submission, there already is, in the secondary market, a "no Phoenix paper" standard.

When investors identify for the originators the types of policies and the profiles that they're looking at purchasing and investing in -- they want an issue age of X and a death benefit of a million-plus -- whatever those criteria, just general criteria, are, they'll list them for the originators so the originators know that there's going to be a market for them.

And now, many investors are simply putting a FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

bullet in there that says "no Phoenix paper."

They just -- they don't want it. Now, if you happen to be, say, a -- an 80-year-old Phoenix policyholder in Florida, what Phoenix's behavior has now done is taken the market value of your policy and destroyed it or dramatically diminished it.

And now you really have those classic just two choices: You can either let that policy lapse if you find yourself unable to afford it at 80, or you don't need it anymore, you can let it lapse; or you can see if you can surrender it for some relatively modest cash surrender value, which, of course, you know, was originally your money paid in.

MS. MILLER: Well, was it? Because my understanding was that these policies were what we refer to as STOLI policies. So for people watching at home, that is a stranger-originated life policy where I, my understanding -- you can correct me if I'm wrong -- is someone goes to a consumer and says, you know, "You're not using your asset, which is the capacity to buy more life insurance. I've got a good deal for you.

"All you have to do is fill out an

application form, and you don't have to pay money.

I'll pay the premium for the first two years. And
then at the end of that period of time, you can
decide, do you want to keep the policy and repay
my loan, or do you want to sell me the policy?"

So if the policy is in the first two years, have the consumers actually paid anything? Or is this a -- an issue among investors and the life insurers?

MR. WELSH: Well, first, we have no information that suggests that the only business that Phoenix was writing was STOLI, and you'll hear a presentation shortly that will demonstrate to you that Phoenix was actually out in the marketplace looking for premium-financed life insurance with high dollar values.

That was a market niche that they had identified and really aggressively went after, knowing at the outset that there was a high likelihood that that policy, over time, would end up in the hands of investors and would be less likely to lapse. So, you know, that's one issue.

But, you know, right now, Phoenix has created a situation where there may be people who went ahead and acquired their insurance in that way,

borrowed some money to pay the premium for the first couple of years, and then maybe because of an adverse health event or an estate planning reason decided to pay off that loan and keep the policy for their beneficiaries.

I don't know exactly. I don't have Phoenix's customer list here in Florida. Phoenix would be the one who would have to tell you if they have any policies that are still in the hands of the original insurers. I have to believe that that's the case but --

MS. MILLER: Would they know?

MR. WELSH: I would think that they should.

MS. MILLER: I don't want to jump ahead, but, you know, in preparation for this hearing, one of the things we did was we sent a questionnaire to the life insurance companies.

We already get an annual report from all of the life settlement companies about how many policies have been, for lack of a better word, viaticated; and the life insurers reported to us their estimate of how much they think their book is subject to a contract of viatication, and the numbers are dramatically different.

I mean, the viatical settlement companies

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have identified a tremendous number of viaticated policies that I think the life insurers may be unaware of. They may not know that's been viaticated.

They may not -- it could be that they just don't track it. It could be the ownership hasn't actually changed yet. You know, I'm not sure.

They should have gotten notice. You know, if it's in that two-year period, they may not have notice yet.

MR. WELSH: That is -- that is true. And actually, you know, if we take a step back, really, what the secondary market investors are looking for is a regulated market that is agnostic as to who owns the policy.

And the reason we were talking about this was identifying, you know, what's the adverse consequence if Phoenix continues on this path and other insurers start to replicate that because now you're generating case law that lets other insurers know that they could potentially avoid the two-year contestable period if they missed something by claiming that there was a lack of insurable interest at the outset?

So there is this contagion risk that exists FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

when bad facts make bad law, and suddenly it's not just Phoenix. It could be other companies that feel as though they've been wronged, perhaps correctly, but they missed the contestability period, their window under your law to figure that out.

And they will start to take advantage of that. That's the overarching concern and problem that will exist in the marketplace. And it's not just a problem for life and set -- life settlements investors. It's a problem for original insureds.

Somebody who, you know, smokes 12 cigars a year or 10 cigars a year or whatever insurance companies will typically allow -- I don't smoke that many but you can -- you can do that and still be a nonsmoker and apply for a nonsmoker-rated policy.

And if suddenly you unfortunately pass away for totally unrelated reasons, three years later and the insurance company comes back and says, "Hey, we want to invalidate that policy," there's now jurisprudence, there's case law that will support invalidating that policy even afterwards.

Now, my example wasn't a good one because I

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haven't settled the policy. But if a policy gets settled and you have that kind of a circumstance, that case law is going to be there for any life insurance company to take advantage of it.

And that's the contagion risk that Fortress sees coming out of bad behavior by that 2 percent of companies that are looking for ways, right or wrong, to avoid their policy obligation. Does that answer your question?

MS. MILLER: Yes. Thank you. I know your colleague has more to say about all of that.

MR. WELSH: And again, you know, we -investors, I think, would like to see a market
that doesn't make distinctions between life
settlement companies or investors as owners of the
policies and the original purchasers.

So let me -- let me turn, having identified some of those problems, what are -- what are some of the potential fixes? In Fortress's submission, we identified five potential legislative fixes that could help clarify the marketplace.

The first one I'll go over briefly is a possible reform that would try to clarify and create certainty and end a lot of this needless litigation by establishing that the subjective

intent of the original insured who may, you know, by the time of the challenge, have died, isn't relevant to determining whether there was an insurable interest at the inception of the policy on day one.

Insurable interest, just for the record and for the audience, just refers to the interest, either personal or financial, that the beneficiary has in the life of the person who is being insured.

I think as everyone is aware, the insurable interest requirement is there to avoid that moral hazard of having a stranger take out a life insurance company (sic) on you and then, you know, running you over with a car, which actually is a real example from Los Angeles.

And, you know, that insurable interest requirement is essential. It has to be preserved. The issue is that under Florida law and under most state laws, the insurable interest requirement applies to the initiation of the policy. At the time the policy is issued, there has to be an insurable interest.

After that point, consistent with the notion that a policy is a piece of property that can be

sold if the owner wants to, it has to be freely transferable, even to someone who doesn't have an insurable interest in the life that's being insured. I mean, that's the fundamental principle in the life settlements market.

And what we're seeing, unfortunately, is that some of the companies have begun to challenge the policies claiming that they're void for lack of an insurable interest by focusing on what the consumer, the applicant's, original intent was when they took out the policy.

And that is absolutely chilling the market, and, you know, they're keeping a lot of lawyers busy. But the real problem is if you use that kind of an intent standard to determine -- let me -- let me back up for a second.

The argument they make is that if, at the time of application, they intended to sell the policy, that, by definition, there was no insurable interest. The policy can be voided, right.

There's a lot of devil in the details of establishing or applying an intent standard. You know, we ask the rhetorical question in our submission, is it enough that they thought maybe

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there is a 50/50 chance that they might settle the policy and sell the policy in the future, is that enough to establish that they had an intent to settle, and therefore, the policy was void?

What if they just entertained the prospect of doing it? What if they were simply aware of the fact that policies are property, and down the road, I can sell them if I want to? Is that enough to demonstrate an intent to settle the policy such that years, maybe decades later, the insurance company can go back and void that policy and try to hold onto the premiums as a form of damage?

And ultimately, you know, should it matter whether a policy is actually sold? Even if you have someone who has the intent to settle the policy, takes it out but then, you know, in all likelihood, I'm going to -- I'm going to settle this policy and get rid of it, but then they don't.

I mean, that's a real case from here in Florida involving Mr. Cotton and -- where the case wasn't settled -- or the policy wasn't settled, and the insurance company nonetheless was able to find intent that he wanted to settle the policy

when he applied for it, and they argued that there was no insurable interest and the policy was void and they didn't want to pay the death benefit.

What's -- the judge in that case, I think, did a very good job of identifying what really the underlying problem is with an intent standard.

The quote from the case is, the judge said, "In this case, discovering the intent of Mr. Cotton at the time he procured the policy is complicated by the fact that he is dead."

You know, our view is that an appropriate fix would be a legislative change that establishes that intent of the policyholder is not relevant to an analysis of whether there is an insurable interest that exists at the time of the policy inception.

Without that, you get into this contagion risk that insurance companies, as this kind of jurisprudence continues to arise, will start to think that the contestable period is discretionary and optional. And that's not good for seniors, whether they settle or not.

The second potential legislative option is clarifying that these types of insurable interest challenges can't be made after the

contestable period. You know, it has been long settled that life insurance companies are afforded this window of time, two years, to complete the underwriting and identify red flags and follow up on those red flags to see if they've issued a policy that was issued based on misrepresentations.

And we think, you know, candidly, it makes a lot more sense to conduct that inquiry about insurable interests while the original insured, the applicant, is still among the living and can tell the insurer and a court what he or she was thinking at the time they bought the policy.

So if you are going to -- if the law is going to evolve in a way that allows intent to remain relevant that, at a minimum, those kinds of challenges need to be put back where they belong under the contestable period so that the market understands that, after that window, the investors have the certainty they need to dump money into the market and provide higher values for those seniors who actually want to sell a policy.

I can -- in our submission, I'll point out that we've provided some case law to illustrate some of these. Actually, a Florida federal judge

agrees with the investor community that the better rule is that those kind of challenges need to happen within the contestable period, but there has been case law to the contrary that opens up this uncertainty that is so problematic.

The third option is notices of validity, is just ensuring that when an investor decides they want to buy a policy, allow them to be able to contact and obligate the insurance company to respond with an affirmative indication that the policy is valid, it was validly issued. And as long as the premium remains -- is paid, the policy will remain in force and the death benefit will be paid.

The fourth option is a legislative change that establishes that these kinds of challenges will remain subject to the traditional rule of rescission, which is that you have to give back the premium.

So if you're an insurance company, and within the contestable period, your insured dies and you realize there's been fraud in the application and you rescind, the law of rescission says that the parties have to be put back into their original position. The policy is ripped up. You don't get

the death benefit, but we're going to give you back all of the premium that you paid into the policy.

The litigation that I mentioned has had a number of insurers asserting claims that they should be able to rescind but not put the policy owner back into the position of getting all their premium back. They want to retain that as a form of damages.

Their theories vary but, you know, the biggest driver of this is that life insurance is a very high commission business, and the life insurance company gets the premium and they turn around and pay very, very large commissions to their life insurance agents. That's their business model. That's the way they've chosen to do business.

And the insurance companies don't want to spend the time and effort to go after bad agents who put a bad policy into their book, one, because it's easier for them to just ask the judge to let them keep the premium and they can -- they can recover that damage, if it is damage, rather than having to go --

MR. TRONCOSCO: Can I interrupt you for a FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

second? You bring up a good point. So this goes back to Option A. And I mean, really, what you're getting to is, you know, fraud, because you kind of opened the door a little bit to fraud when you -- you know, what about the public policy implications when you're talking about, you know, closing off the door to the intent of the consumer when they purchased the policy?

You know, when you're talking about doing that, you obviously could open the door to fraudulent situations. And have you thought through what impact it could have on the marketplace?

And then also, you know, have you thought -is this legislative fix that you're seeing, are
you thinking to direct this specifically towards
the life insurance industry, or are you thinking
in a more general sense? Because, you know,
insurable interest obviously has rather large
impact across several markets.

MR. WELSH: It does. First, our thought was focusing just on the life insurance, because this is -- this is, by definition, a life settlements context that we're talking about. But -- and most of the moral hazard actually exists with respect

to life insurance.

It does -- lack of insurable interest does raise moral hazards in property and casualty as well. If you buy a homeowner's policy on your neighbor and then burn their house down and collect the premiums -- the damages, that's the same type of moral hazard.

But really, the focus of moving away from intent is to say to the life insurance industry, "You have to underwrite. You have to police your own agents. These are your agents. You file an appointment saying that this person is authorized to act on your behalf to work with consumers, to solicit applications for life insurance. Police those people."

And if they do their underwriting, if they do their selection of agents and training of agents properly and invest in that the way they should, the way you as regulators would want them to, that's where fraud abatement — that's where the fraud prevention is most easily addressed at that front end agent selection and underwriting process, and not allow insurance companies to essentially just turn a blind eye to that fraud, because they know that if they can prove it ten

years down the road, they can claim that there was no insurable interest, get out from underneath the policy and keep all the premiums.

MR. TRONCOSCO: So you bring up a good point. So the other thing that's going through my head when I heard your options is, what effort on your part do you do to underwrite the policies that you're investing in?

Because obviously, you know, if you're concerned about that situation happening, so what effort do you take on your own underwriting to prevent that for yourself and your own investors?

MR. WELSH: As much as they can, given the access to information that they -- that investors in the secondary market have.

So the investors in the secondary market can do things like, you know, find the address of the underlying insured on the policy and figure out if they actually live in a trailer park, or, you know, do they live in a country club gated property that actually suggests that they should have a 2 to \$3-million-dollar policy on their life? If they live in a trailer park, it's a problem.

So there are certain types of information FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

that investors can have access to and do look at as they do their own diligence. But frankly, it's a more limited data set. They can't always go directly to the consumer and sit down and interview them about what their original intent was. That wouldn't be a functional finance-driven market.

But they do, by all means, as much diligence as they can and try to avoid situations where they buy a portfolio that has some fraudulently-procured STOLI policies in it.

Sometimes that's unavoidable when you buy large portfolios and you're a secondary investor, but, you know, you can do as much as you can.

But that's the wrong time, in our view, to be looking at fraud abatement. The right time to be looking at fraud abatement is long before an investor ever comes on the scene. This gets back to the need for predictability and certainty that investors want. They want a marketplace that's free of STOLI and free of fraud.

Because the last thing they -- they didn't buy portfolios to become involved in the business of litigation with life insurance companies. That was never anyone's expectation. Sometimes it

happens and you have to just face up to the fact that you're going to have to litigate with some insurance carriers who clearly don't want to honor their contracts.

But the right place to police fraud is the life insurance underwriting, agent select period. That's what Fortress believes is the best marketplace where the secondary market's investors can provide the liquidity to the market, not having to worry that bad behavior has happened, at that end.

And, you know, frankly, some companies are really, really good at taking care of their policies, doing the underwriting at the front end, selecting really good agents. Just by way of example, you never see a -- or you rarely see a Northwestern Mutual life insurance policy in the secondary market, because they take care of their customers. It's a mutual company.

And that's an example of the -- maybe the majority of life insurance companies that are doing the right thing, that are doing really good underwriting at the front end. And the more of that that happens, the more stable the life settlements market can be, the higher value

consumers can get because the secondary market investors are willing to invest at higher levels in that market, because they don't have to price for the kinds of risks that you're identifying that emanate ultimately from fraud or the appearance of fraud.

So the intent standard is really designed to drive fraud abatement back to where it belongs, which is at the insurance company level.

 $\ensuremath{\mathsf{MR}}\xspace$. TRONCOSCO: Thank you for clarifying that.

MR. WELSH: So we talked about premium return, not essentially giving the insurance industry a potential windfall and easy recovery. What -- what's particularly problematic about allowing them to recover or retain premium based on a claim that they're damaged because they had to pay a bunch of commissions to their own agent and that agent may have been fired or may be long gone, they don't want to go through the effort, the secondary investor who now -- secondary market investor who owned that policy, payed the premium for years and years and now has been denied recovery of the death benefit based on this kind of litigation challenge has no privity of

contract, no direct right to go back after the agent and recover some of the premium that lines the pocket of that agent.

The only one who is in a position really to do that is the company that has a selling agreement with them, who appointed them as their agent. And that's where, you know, if the agent -- I'm sorry, if the company has, in fact, been defrauded, their remedy is not to undercut the law of rescission, which says that both parties are put back in their original position -- rip up the contract, give you back your premium -- but rather, you know, let them execute on remedies that they have against the people who were actually complicit in the fraud. And frankly, sometimes that's people within the insurance company as we'll hear a little bit later.

The final option -- there's one other tactic that Phoenix has deployed in this marketplace that has destabilized the life settlements market, particularly for Phoenix policies; and that is, after the recession, they lost a lot of money in their investment portfolio.

One way they have tried to recover from that is look at policies that they believe were

investor-owned because of the way they're behaving. And generally, when an investor buys a permanent product, they don't put a bunch of extra premium into the product to accumulate value. They put in enough premium to keep the policy in force through maturity and they retain the rest.

And so what Phoenix was doing was identifying those policies within their book that appeared to be owned by investors, and those policies were targeted for a discriminatory cost of insurance rate increase.

The appearance was that the desire was to try to gut the economics of the policy and force the investors who owned those policies to make the hard decision of allowing the policy to lapse because the rates were going up and could go up to such an extent that they would end up paying more premium through maturity than they would get back in death benefits. And that's a losing investment and that's something that all secondary market investors are trying to avoid.

MS. MILLER: So are you suggesting that the Florida Legislature should require life insurance companies to have their rates regulated, to go through the Office? And I've just got to watch

the reaction.

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MR. WELSH: I actually -- I actually think that an appropriate fix might be not necessarily rate regulation at the front end. The open rating market actually works. It's a very competitive marketplace.

And most of the companies are very good at setting fair rates for consumers, and there's enough competition that the environment -- that environment seems to work. But when you get into in-force business and cost of insurance adjustments, that's actually a very rare thing in the life insurance industry.

There's a lot of reputational risk that happens when an insurance company kind of mid-term decides, uh-oh, "We have to confess to all of our policyholders that we goofed up on the pricing and now we have to increase your rates, excuse me, beyond what we originally illustrated to you at the inception of the policy."

That's not something that happens lightly within the insurance industry. So you could actually impose a prior approval rate regulation regime over those kind of post-issuance cost of insurance adjustments. And 90, 95, maybe even 98

percent of the life insurance companies wouldn't
mind, because they'd only be working -- well, I'll
let them --

MS. MILLER: That will be hilarious. We'll wait for them to respond to that. But -- so you're suggesting the legislature -- that the rate regulation doesn't need to occur at the outset; that there's enough competition in the market; that if you're writing new life insurance policy, you don't need to have that prereg -- preapproved.

But if you've had a policy in force for ten years and a life insurance company is going to increase your rate, at that point, that would have to be preapproved?

MR. WELSH: I think that is a good suggestion. I'm glad you made it.

MS. MILLER: Okay. Well, these are -- these are definitely not our suggestions, but I just want to make sure that we're clear on what the recommendation is. So that's the five recommendations to the legislature that --

MR. WELSH: Correct.

MS. MILLER: Are these alternatives, or do you want all of these things at the same time?

MR. WELSH: Any one and -- or a combination

of them would, I think, achieve the objective of helping create the kind of certainty that investors want to see in the life settlements market so that they will continue to invest and pour money into the marketplace ultimately for the benefit of those seniors who decide they need or want to tap into that market.

And let me -- I will go back and -- with respect to prior approval of COI increases post issuance, if you actually do have a company that is needing to do that, all prior approval requires is that they come and talk to you about it and explain what is happening within the back office of their company that is driving them to need to make these kind of mid-term rate adjustments.

And from a regulatory standpoint, that's probably the time you want to be spending more time with those companies. If they've got a big book of business out there that they've priced incorrectly, this gives you as regulators an opportunity to get a little bit closer to that and really have an opportunity to understand that.

So those are -- those are Fortress's comments. We are happy to continue the process of helping analyze these issues, and we'll answer any

1 questions or do whatever you need us to do to help 2 you complete the report. 3 MS. MILLER: Thank you very much. 4 MR. WELSH: And at the risk of appearing to 5 try to control or dictate the order of things --6 MS. MILLER: No. Mr. Kroll is next. 7 fine. 8 MR. WELSH: Okay. I didn't want to be 9 presumptuous. But Jerry Kroll, an attorney, has a 10 presentation that he would like to show 11 that provides a little more color on some of the 12 issues that I've touched on briefly. 13 MS. MILLER: Thank you. 14 MR. WELSH: Is there -- is there someone who 15 can help boot that up for those of us who are 16 technology challenged? 17 MS. MILLER: We don't have a remote control 18 so we're going to come around. 19 (A pause in the proceeding.) 20 MR. KROLL: Good morning. My name is Jerry 21 Kroll. I'm an attorney from a small fishing 22 village in California. 23 MS. MILLER: Small fishing village? 24 MR. KROLL: Yes. It's called Santa Barbara. 25 And I handled a case on the opposite side from PHL FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

Variable Insurance Company and Phoenix Life
Insurance Company on behalf of two life settlement
funds, one of which was called XLI, and the other,
Olive Tree.

And they purchased a number of beneficial interests in trusts that owned 32 policies, and collectively, I'll call them Phoenix policies, totaling approximately \$300 million in face. Each policy was held by life insurance trust, and at some point, each of these funds purchased that beneficial interest.

Since the policies were freely transferable after approximately one-and-a-half years, XLI wrote to Phoenix asking to change ownership of the policies from the trust to the fund, and thereby, be able to dispense with the trust and the expense of that.

About four months later, Phoenix responded by letter. What did they say? "We'd like some documents from you," and there were requests for over 20 categories of documents, everything from lists of your financial advisors to documents substantiating net worth, annual income, life expectancy evaluations and so on.

And the threat, if the information wasn't FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

provided in 14 days, Phoenix would consider all of its legal options, including potential rescission. This is when I was involved. I was hired and we sued Phoenix.

It seemed like a rather simple case at first:

Request to transfer ownership, failure to change
the ownership. Well, what transpired was

something that was beyond what I knew at the

outset, but it was a great education. I have come
here today to share some of this education with

you, because I think it may be helpful to some of
the issues that you're addressing here today.

Phoenix cross complained, and in essence, it became a battle about some of the things that have already been mentioned here this morning. Phoenix wanted to void the policies and keep the money, and that's the battle.

In this case, we took approximately 200 depositions all across the United States. For a time, I felt like I was living in New York, Pennsylvania, got to know the great state of Florida very well. Many of the insureds lived in South Florida, and that's why obviously this is very important, what we're doing here today.

And as you'll see in a moment, the

deposition -- I brought some clips here for you to see. These are excerpts from Phoenix personnel who testified in this case. For me, this was a great education. The case, we'll talk about it in a moment, but this is -- this reminds me -- so many times, it was like Forest Gump. You never know what you're going to get.

MS. MILLER: Okay.

(Whereupon, a video was played.)

MR. KROLL: That is the education that I got during the course of the case and --

MS. MILLER: Can you get closer to the mic?

MR. KROLL: Sorry? Oh, I'm so sorry. I was

trying to say that that is the education I

received during the course of the case, the Fenton

vs. Phoenix case, and that has now gone on to

become evidence that has been used in a variety of

cases around the United States that are pending as

we speak.

And I will tell you that just generally, what's out there -- you probably know -- that there was so many policies put on the books during these years, that was coming. Maybe one day,

1 there is going to be a tsunami of death claims that are going to have to be dealt with, and these 2 3 issues will be dealt with. 4 5 6 hope for you as well. 7 MS. MILLER: Thank you. 8 MR. KROLL: Thank you. 9 10 11 12 MR. WELSH: Yes, it does. 13 14 15 will -- we will hear from them. 16 17 18 proceeding.) 19 20 the record. 21 22 23 represent. 24 25

But I thank you for letting me share this with you, because it was an education for me and I MS. MILLER: At this time, I think what we need to do is take a ten-minute break, and if that concludes Fortress's presentation -- does it? ${\tt MS.\ MILLER:}$ Okay. Then when we come back, I believe the ACLI has one or more witnesses, and we So thank you. We'll be back in ten minutes. (Whereupon, a recess was had in the MS. MILLER: Okay. We're ready to go back on At this point, I will allow you to make your introductions and tell us who you are and who you MR. MCDOWELL: Thank you, Ms. Miller. My name is David McDowell. I'm a lawyer from FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

Edison, McDowell & Hetherington in Houston, Texas, and I'm pleased to be here today on behalf of the American Council of Life Insurers. As I'm sure you know, the American Council of Life Insurers is an organization dedicated to protect the interests of life insurance companies and their policyholders.

What we're really talking about here today is the tale of two markets. On the one hand, you have the legitimate life settlement marketplace, a marketplace that has existed for a very long time that is designed to allow Florida citizens and other policyholders around the country to sell their policies if they no longer need or want the insurance coverage they had.

When they bought the insurance coverage, they were buying it to address legitimate insurance need. Their needs changed over time, and they now wish to sell it onto the secondary market. As evidenced by the information that's been provided by others to this panel, that market is doing just fine.

There has been information provided to the Office indicating that that market is still viable. It's still available. It still allows

insureds to sell unwanted or unneeded policies into the marketplace as long as that insurance was originally purchased to address legitimate insurance needs.

I highly doubt that this office has been flooded with calls from Florida seniors saying they can't sell their policies on the secondary market. What we're talking about today isn't really addressing that market.

What we're talking about today is addressing a very different market, a market of stranger-originated life insurance. The Office knows what stranger-originated life insurance is. Stranger-originated life insurance is not life insurance at all.

Life insurance is purchased to address the financial consequences of the insured's death. Those buying stranger-originated life insurance suffer no financial consequences when the insureds die. Instead, they want the insureds to die as fast as possible. The quicker the insured dies, the greater the profit margin that they're able to lock in over time.

Obviously, this creates a very dramatic difference than what typically goes on in the

traditional life insurance marketplace. A life insurance company is not going to issue a life insurance policy if it believes that the person purchasing that policy is doing so for reasons other than legitimate life insurance purposes.

For that reason, people had to disguise these policies, disguise these applications when they originally sought to buy them so that they would look like legitimate life insurance transactions. That's how they induced the life insurance companies to issue these policies.

This whole notion that the life insurance companies wanted to turn a blind eye to the obvious risks that were presented on paper are belied by the fact that so often in these transactions, the individual seeking to buy the policies had to lie in order to get them.

If the life insurance companies didn't care, why lie? Why do you have to -- why do you have to tell a lie on an application? Why do you have to lie about a person's financial means, about their net worth, about the reason they're purchasing the insurance if the life insurance industry didn't care about them?

When regulators and life insurance companies FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

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became aware of the STOLI threat in 2006 and 2007, they both immediately reacted. State legislatures around the country passed anti-STOLI legislation. They firmed up their insurable interest laws to rededicate the notion behind the public policy behind insurable interest.

Life insurance companies went into court to seek rescission of these policies that were procured by fraud, and they were largely successful. Because of the combination of these legal and regulatory forces, the value of these toxic assets on the secondary market was absolutely crushed.

They were unable to sell on the legitimate life insurance -- on the legitimate secondary market, because the legitimate secondary market didn't want to have anything to do with these assets. And so the hedge funds, they smelled a bargain.

And as Mr. Welsh indicated, I'm not here to vilify Fortress for smelling a bargain, but I am here to set the record straight that the reason why Fortress and other companies got involved and bought these blocks of policies was because they were able to do so for pennies on the premium

dollars already paid.

And in doing so, in seeking investors, in seeking funds to buy these -- buy these toxic assets, they issued notices to the investing public. And in these notices to the investing public, they told the investing public that they were looking to buy assets that might lack an insurable interest, that might have been procured by fraud, that were subject to litigation and regulatory risk and that might be outright illegal.

And they told the investing public that if any of those factors came to pass, if any of those things were actually true, it would have a significant and profound effect on the value and the liquidity of the policies in the portfolio they were looking to purchase.

So with these dire warnings and with the characteristics of these policies, is it any wonder that they've had difficulty selling those policies in the legitimate secondary life insurance marketplace?

I would offer to the Office that the legitimate secondary life insurance marketplace's hesitancy, unwillingness to purchase these

policies is actually a very healthy vital sign of a thriving marketplace and not an indication of a weakness that needs to be addressed through legislation.

What life insurance companies did when they learned about the stranger-originated life insurance threat is the only thing they could do, which was to resort to court. And when they resorted to court, they seek to affirm the three certainties that have long existed with respect to life insurance:

Number one, it is a legal certainty that if you lie on a life insurance application, the life insurance company can rescind that policy within two years of policy issuance; number two, it is a legal certainty that if the life insurance policy is issued without an adequate insurable interest, that the policy is void ab initio. It is terminated. It is an illegal contract because it violates the public policy of insurable interest; and number three, it is a legal certainty that if a life insurance company knew or should have known of problems on the application or problems associated with insurable interest, that the life insurance company has to bear the consequence of

that knowledge.

And nothing that has happened in the courts over the last five or six years has changed those legal certainties. Those are the legal certainties that have governed the insurance marketplace for decades. Those are the legal certainties that exist today, and those legal certainty certainties don't need additional legislation to firm them up at all.

When life insurance companies went into courts, they found judges who were willing to listen, who were willing to balance the equities. These are complicated cases. And whether or not a particular policy can be rescinded, whether or not premiums should be given back in a certain situation, whether or not an insurable interest exists will come down to the facts of each individual case.

So for example, if a life insurance company issues a policy to a person claiming to be worth \$40 million and they are really a taxi cab driver or a blackjack dealer or an indigent person, well, what did the life insurance company do during underwriting?

If the life insurance company requested tax

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returns and received falsified tax returns, is the life insurance company at fault? If the life insurance company asks to speak to a CPA and was presented with an impostor, a fake CPA, is the life insurance company at fault?

If the life insurance company asked for appraisals of significant assets making up a person's net worth and false fake appraisals were provided, is that the life insurance companies fault?

When these matters are brought before the courts, the courts have an opportunity to look at the individualized facts and make a decision whether, under that particular circumstance, the life insurance policy in that situation should be rescinded, and if it is rescinded, who should get the premiums on the -- on the policies?

And I would submit to the Office that it would be very, very difficult, despite the collective talent of the legislature and this Office, to craft legislation that would adequately address the potential equitable issues that could crop up in any individual case, and that's why no state has tried to do so.

This is not a new effort by the Fortresses of FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

the world, by the hedge founds that now own the policies that get legislation passed. We've been in South Dakota. We've been in Minnesota. We've been in Delaware.

No state has decided to go down that road, and I think in part, it's because it would be very difficult to legislate fairness, to provide legislation that would adequately address each individual situation.

The life insurance industry has been very successful in courts. Mr. Welsh said it was because they've been able to mislead judges based on bad facts. I have a greater faith in the judiciary than I guess Mr. Welsh does.

I don't think judges have been misled. I don't think the First Circuit Court of Appeals of the United States, the Sixth Circuit, the Eighth Circuit, federal district courts and state courts across the country, I don't think they've been misled by the facts when they've addressed the situations. I think they've been guided by the equitable principles and the three legal certainties that I spoke about at the outset in arriving at their decision.

We just heard a lot about Phoenix Life
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Insurance Company, and I would suggest to the Office that it look at Phoenix's filings. And I should say that I appreciate Mr. Kroll beeping out all of my curse words during the course of those depositions.

I represented Phoenix in that lawsuit. I was in most of those depositions, and I can tell you that those depositions -- he's right. We took 200 depositions and you saw about ten minutes of clips in those depositions. And if those depositions presented an accurate reflection of what Phoenix was actually doing at the time, Phoenix would not have been successful as it has been in court.

Phoenix tried a case in front of a Los

Angeles, California, jury earlier this year

against a hedge fund and won. Phoenix tried a

case in Minnesota, in a Minnesota federal court

earlier this year and won. The First Circuit and

Eighth Circuit Court of Appeals have ruled in

favor of Phoenix on these type of issues.

Federal courts around the country have done the same thing. And they've done so because Phoenix, like a lot of other companies that were duped into issuing these policies, have credible issues they have brought before the court, and

courts were able to look at the equitable consideration and reach a reasoned decision.

I do want to note, and I do again ask the Office to look at Phoenix's regulatory findings.

Mr. Welsh indicated that Phoenix is denying about 20 percent of the claims submitted to it, and it's been on an upward spike since then.

When you look at the blue book that's filed by Phoenix with the Office, you're going to see that for the last four calendar years, Phoenix has paid 66,527 claims out of 66,535 claims submitted. They've contested eight claims in the last four calendar years.

That's a payment rate of 99.98 percent, hardly an indication of a company gone wild, of a rogue company that is simply flouting the regulations that Florida and other states have put in place to govern their conduct and their activity.

As it relates to litigation, the one last thing I want to mention is this idea of premium refunds. Mr. Welsh and Mr. Kroll, I believe, indicated the premium refund has been a bedrock principle of rescission, that you always get your premium back when you refund a policy, and that

simply isn't the case.

Rescission is an equitable remedy. And when a court -- when a court provides equitable remedies, it is allowed to weigh the equities, and it is allowed to determine in what situation it's going to allow return of premiums.

Some courts have said that the public policy behind insurance fraud is so strong that we are not going to force a life insurance company to give back to the entity that defrauded it the premiums that were paid, because then you're making life insurance fraud a very low-risk, high-reward proposition.

Other courts have said yes, in a situation of rescission, we're going to require the life insurance company to give the premiums back, but the life insurance company can seek to offset against those premiums the damages that it suffered separate and apart from the mere issuance of the policy, which only seems fair.

And finally, courts, including a court right here in Florida, has said, you know what, if a life insurance company knew or should have known that there was an insurable interest concern, they did have some obligation to initiate legal action,

and they couldn't sit back and simply collect the premiums and then claim later, well, we don't have to pay any back.

What that Florida court said is when there is evidence that the company knew or should have known, that those premiums that were received after that point in time are in play, and that a life insurance company has to be accountable for its conduct.

So when it comes to litigation, litigation -the courts across the country have simply applied
the three certainties of law that have existed for
decades to reach equitable resolutions in the
context of individual life insurance policies.

This notion that there is a lack of certainty simply isn't true. What is true is that the outcome of a particular policy, of a particular case, is going to depend on the facts, facts that shouldn't be neutralized simply by the passage of black-or-white legislation.

Mr. Welsh offers to the Office five possible legislative alternatives to address whatever the problem was that he suggests exists. The first one is that the subjective intent of the insured should not matter when it comes to determining

whether or not an insurable interest exists.

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I would submit to the panel that the subjective intent rarely does matter to a determination of whether insurable interest exists. The highest court in the land to speak of the issue, the Delaware Supreme Court, said it doesn't matter.

What the Delaware Supreme Court said and what other courts have followed suit in doing is looking at the factual circumstances of the policy issuance and deciding, based on that set of facts, whether there was an insurable interest.

What the courts are trying to do is to make sure that we're not elevating form over substance and allowing STOLI promoters and hedge funds to simply paper around the important public policy of insurable interest.

The second thing that he suggested is that there cannot be any insurable interest challenge after the contestability period. Most states in the country have rejected that principle. Most states in the country have said that the public policy behind insurable interest is too important to simply subject it to a two-year bar.

If you subject it to the contestability

period, what you're essentially doing is saying that an illegal contract is not illegal because of a provision contained in the illegal contract.

And let me tell you -- let me -- let me talk to you about an unintended consequence of that kind of legislation.

I had a case many years ago right here in Florida involved an insured down in the Miami area who woke up one day and found out that somebody, unbeknownst to her, had taken out nine different life insurance policies totaling about \$3 million of death benefit on her life.

Those applications had obviously been forged. But if insurable interest was subject to the contestability period and she found out two years after the policy issuance, there would be nothing she could do about it. There would be nothing that she or anybody else could do to address that situation. That doesn't seem to be sound legislation.

Mr. Welsh suggested that there be verification of coverage legislation, that if a life insurance company is asked by a policyholder whether or not a policy has an insurable interest, a life insurance company should be forced to take

a position, yes or no.

What that legislation is essentially trying to do and why no state in the country has passed that kind of legislation is to privatize the public policy of insurable interest, to take out of the hands of the courts and of judges whether or not insurable interest exists in that kind -- in life insurance policies.

If the onus is on the life insurance company, subject to penalty and potential judicial sanction, to make a statement as to whether or not a policy has or doesn't have insurable interest, what incentive does the life insurance company really have to go ahead and fight the fight?

The life insurance company doesn't have access to subpoen powers. It doesn't have access to information from third parties. It doesn't even really have access to the insured anymore to gather the information.

It has to make the insurable interest determination based on the information that it already had in its possession when it underwrote the policy. There would be no reason to do that and it would privatize the issue of insurable interest.

And at this point, I do want to make one comment on something Mr. Welsh said, and it was in response to, Mr. Troncosco, your question on what burden is on the hedge funds when they buy these policies to assess whether or not these are toxic assets or whether they were legitimately-issued policies.

And he said, "Well, we have limited access to information." I think if the Office does research into this area, it will find, generally speaking, that hedge funds that buy large blocks of policies have unfettered access to the insureds; that often, the insureds have an ongoing contractual obligation to provide information to these hedge funds; that these hedge funds are very, very particular about how they value their assets, and they frequently are in touch with the insureds to assess their health.

So this notion that we're going to blindly buy a block of policies for hundreds of millions of dollars without actually knowing the risk that we're taking on I don't believe withstands common sense and general knowledge of the life settlement marketplace.

The fourth item that he suggested is return FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

of premium legislation; basically what we've already talked about, that if a policy is rescinded or declared void, that a life insurance company has to return the premium.

For all of the equitable reasons we've already talked about, that legislation doesn't make sense. That legislation would take out of the hands of the court the right to do equity, the right to rescind policies and then decide whether or not, under the circumstances, the insurance company gets to keep some of the premium, has to give all of the premium back, gets to keep all the premium.

There is no reason to have legislation that deals with that direct issue. And again, let me tell you one unintended consequence, or perhaps an intended consequence, of that kind of litigation -- legislation.

If you have legislation that says if a policy is declared void ab initio for lack of insurable interest, these hedge funds that own blocks, hundreds and hundreds of policies, they know what the mortality horizon is on their particular insureds. They know which policies are going to require premium payments far into the future, far

longer than they want to pay.

They're going to gather those policies.

They're going to sell them to an entity, if

Florida is the one that passes the legislation,

domiciled here in Florida, and then they're going

to declare the lack of insurable interest

themselves.

They're going to declare that the policies lack an insurable interest and demand that the insurance company return all of the premiums paid for those policies, even the premiums that were paid long before the hedge fund ever took ownership of the policy.

And finally, Fortress suggested a change to how Florida deals with COI, cost of insurance, increases. Cost of insurance increases are heavily regulated by any state. The language that is included in life insurance policies with respect to COI increases are usually specifically approved by state departments of insurance.

Life insurance companies are required and obligated to follow that language. And in the very rare circumstance where they don't, there is remedy either to complain to departments of insurance or to court. The notion that, again, we

have to address legislation to deal with these issues is simply unfounded.

Finally, about an hour of the presentation by Fortress and by others, by Mr. Kroll, focused on Phoenix. I would submit to the Office that if this is really a one-company issue, there's no reason for legislation. There may be reason for review, regulation, et cetera, but there's no reason for legislation to deal with the supposed sins of simply one company.

At the end of the day, life insurance litigation has been around for a long time, and the certainty that has been derived over time is no more tenuous today than it was five to ten years ago before STOLI litigation came to pass.

If what the Office is interested in protecting is the legitimate life settlement marketplace, I think a review of the materials provided to the Office will show that that marketplace is just fine.

If the Office wants to open up that marketplace to these toxic assets, that's a -- that's an entirely different situation and one that, based on everything we just talked about, simply is not justified by the passage of

legislation.

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I'm happy to take any questions the Office might have.

MS. MILLER: Thank you. I have a question and my colleagues may have some, too. First of all, some of us have purchased life insurance before. I've never tried to buy a 2 or 3 or 4 or \$5 million-dollar policy.

But if I did, I would expect the life insurance company to ask me a few questions, and I might not get past the first one. But the notion that people can buy a policy for those types of amounts and the life insurance company then does not even know if the policy is sold or not, it just blows my mind.

Can you discuss that and tell me why an insurance company would not be aware -- because under Florida law, as you said, the traditional life settlement market notifies, they are required to notify, the company that the policy has been purchased.

So how does this get so far down the road without the insurance company having a very good idea of why the policy was purchased, and who owns it, and how it was transferred?

MR. MCDOWELL: Sure. And thank you for the question. During the application process, the application will specifically ask questions about a person's net income, about their net worth, about the reasons why they're purchasing the policy, about other policies that might be in force.

Most companies have gone to some form of what's called a statement of client intent where they seek to find out from this particular insured, why are you buying this? Is it for legitimate life insurance purposes, estate planning, et cetera; or is it really with an eye towards selling it?

Are you paying for it yourself? Are you premium financing? Is somebody else giving you a cash inducement or a promise of payment down the road if take out these policies? The insurance company is trying to get out in front of this issue, because they don't want these policies.

The reason we have all this litigation is because the industry doesn't want these policies so they ask those questions. Once the policy is issued, these policies, again, as I said at the outset, are disguised to look like normal life

insurance transactions so --

MS. MILLER: Let me stop you for just a minute. Okay. When I buy a life insurance policy, they're going to get a check from me, and it has my name on the check and my address. Is that what they get, or are they getting a check from somebody else?

MR. MCDOWELL: So when a policy is purchased by an elderly person for estate tax planning purposes, it is almost always purchased by an irrevocable life insurance trust. The irrevocable life insurance trust is, legally speaking, a separate third party. It has a separate trustee, and that trust has a beneficiary.

The way they disguise the transaction is they allow the trust to purchase the policy, and then the trustee, which on paper, looks like somebody that has an insurable interest of the insured, say it's a spouse or a husband -- a spouse or a son or a daughter, that person will then sell their beneficial interest in the trust, often hours after policy issuance, to the third party financier, to the STOLI promoter.

So there's been an effective change of ownership, but the person -- the entity in charge,

the entity that owns the policy and from whom the company is going to receive the checks, hasn't changed. The company never knows about the transfer of the beneficial interest.

MR. TRONCOSCO: I think you brought up a good point. And just for -- we're using a whole lot of acronyms today, and for people that are watching us and trying to understand through the acronyms, and also, the legalese and insurance-ese and everything like that, and a comment that was made during the break to point out -- and you briefly touched on it, I think -- it would be helpful for everyone to understand this issue a little bit more the difference between the traditional secondary market and the secondary secondary market, that is -- that is what Fortress was talking about. If you could explain upon that a little bit further so people could understand, I think it would be beneficial.

MR. MCDOWELL: The history lesson, as all of you know, is that the secondary market essentially rose out of the AIDS epidemic. Individuals that had AIDS back in the '80s essentially had death sentence.

They had these life insurance policies that FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

were guaranteed to pay off because, at the time, they were going to die, but they had no use for those policies. What they really had the use for was the expensive medicine that was needed to treat their symptoms.

And so the secondary market arose out of that crisis, and these individuals were able to sell their policies on the secondary market for much needed cash, and it expanded from there. People with terminable diseases were able to sell it later on.

And then traditional -- simply insureds, people that had life insurance, they may have bought a large policy when they were 45 or 50 years old. It's 15, 20 years later, their kids are all successful. They don't have to pay for college any more. They have no need for the life insurance policy.

They essentially had under -- without the secondary market, the option of either letting it lapse or simply taking the cash surrender value that was in the policy.

What the secondary market did was give them a third option. It allowed them to shop their current mortality, which could have been worse

than the mortality that existed at the time the policy was issued, they could shop their current mortality and the value of that policy to secondary investors who would purchase the policies as part of a transaction.

The fundamental distinction between that, the legitimate life insurance and life settlement transaction, and STOLI is that everybody was still on the same page at the time the policy was issued. Everybody wanted the insured to live as long as possible.

The insured wanted to live as long as possible. The life insurance company certainly wanted the insured to live as long as possible. And if the concept of insurable interest means anything, the beneficiary wanted the insured to live as long as possible.

That's not the case with STOLI. STOLI, there is no financial consequence to the person procuring the policy. They want to the insured to die as soon as possible, and that really creates a moral hazard and a risk that we as a society have largely said we don't want to deal with.

MS. MILLER: Well, now, if a policy is viaticated, if it's sold to investors the first

time, in other words, not in the hedge fund scenario, but say I have a policy that I've had for ten years and I go to a life settlement company and I say, "I'd really just like to spend the money and go to Europe," you know, and so they pay me a percentage of the face value of my policy and they take ownership of my policy.

Not to imply that they would ever do anything wrong with that, but they do have a financial interest in my early demise. They're better off if they don't have to pay premiums for a long period of time after that transaction, so that interest exists the first time the policy is sold.

The second time it's sold, when that life settlement company bundles their policies and sells to an institutional investor, that's still in place. There's still an investor out there with an interest in my early demise, which I would find a rather uncomfortable situation. But in either event, you have that, and people still do it because, as you said, that's the only way they get the liquidity out of their policy in the first place.

The life insurance companies offer accelerated benefits if I'm dying, if the

situation is I have AIDS and I need the money for medicine. But why doesn't the life insurance company, to get ahead of this, offer people the opportunity to buy back their policy directly instead of allowing middle men to get involved who really do have — they have, by nature, they have an interest in the insured dieing sooner rather than later?

MR. MCDOWELL: Sure. The life insurance industry is selling death benefit coverage.

They're selling peace of mind that the financial consequences of the insured dead are going to be covered should it come to pass. It's insurance.

They're not selling a car. They're not selling a house or a building. So the way the product is designed, especially permanent products, whole life and universal products, is that those products can have a cash value.

Depending on the premiums paid over time by the insured, the election made by the insured to pay premium, that cash value could grow to be quite sizable. And at that point in time, a person who doesn't want to sell it to the secondary market can simply take the cash value of the policy.

There's nothing wrong with doing that, and they're not necessarily selling themselves short by simply taking what the policy offers, the cash value of the policy.

If they don't have the concerns that you just raised about having a disinterested third party own the policy -- that's sort of the tension with life insurance is that on the one hand, it's an insurance product. The issue of insurable interest is important.

On the other hand, it is generally considered an asset that can be, after issuance, sold freely on the market. If a person wants to, they have the option of then selling it on the market, but they do have the option.

They're not -- it's not a situation where the only way they could possibly get value out of this policy is to take the cash value or to let it lapse and lose all of the premiums paid. If they want the cash value, they can take it. If they want to shop it on the secondary market, they can do so.

MS. MILLER: Can you, for people that are watching this, give an example or just, I mean, not a -- not a technically-calculated average,

just a ballpark, how much -- if I had a \$100,000-dollar policy and I took the cash value, how much would that likely be? And how much would it be if I viaticated, and how much would it be the secondary investor would pay? Just, you know, the --

MR. MCDOWELL: Yeah. I wish I could.

The problem with doing that is you have to know certain assumptions. You have to know how much premium has been paid in the past. Have you paid along the premium schedule? Have you sometimes paid a little more? Have you sometimes paid a little less on the policy? Have you taken any loans against the policy? What's your health?

When you go shop your policy on the secondary market, in the legitimate secondary market -marketplace, they can assess your mortality risk
at the time you're selling it. So the unhealthier
you are -- the more unhealthy you are, the greater
value your policy is.

So just to say a hypothetical example, somebody has a policy, \$100,000, what could they get versus the cash value? It would be impossible to, at least with my limited knowledge, to give you an answer to that question.

MS. MILLER: Well, but comparatively, you know, if I have a -- if I'm 65 or 70 years old and I've had the policy for a number of years, I might get, what, 20 percent or something in cash value, maybe not even that?

MR. MCDOWELL: Yeah. Again, I wish I could answer your question. I'm afraid if I did so, it would be pure speculation.

MS. MILLER: I'll ask the life settlement folks because they would know those numbers.

MR. MCDOWELL: There you go.

MS. MILLER: Okay. Does anybody else on the panel have questions? Jan?

Okay. I have a couple of questions. Do life insurance companies police their agents adequately, or is there some criticism, legitimate criticism, of that that might have led to some of these issues?

MR. MCDOWELL: I think the life insurance companies do police their agents and their producers adequately. There are bad apples in every group, and those bad apples can lead to bad consequences.

I think that if a, quote, life insurance agent is actually conspiring with a third party to FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

defraud a life insurance company and induce it to issue a life insurance policy it wouldn't do so had it known the truth, that person is no longer an agent, legally, agent principal, agent of the life insurance company. It's working with a -- with a third party.

The life insurance industry polices its agents. It wants to make sure that it doesn't have any bad apples out there, and I think that it does do so adequately.

MS. MILLER: The implication of some of those videos was that the company encouraged that behavior, that they were looking for the premium and it was increasing their premiums dramatically, and it was increasing their agents' incomes, agent commissions dramatically to write as many STOLI policies as possible. What's the incentive of a company to do that?

MR. MCDOWELL: To do -- I'm sorry, to do what?

MS. MILLER: To try to encourage their agents to sell STOLI policies. Or is there any?

MR. MCDOWELL: Well, I think that you would talk to companies that have been involved in litigation, and they would tell you that they

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haven't been making money hand over fist by paying the lawyers.

To purchase policies or to allow the issuance of policies that shouldn't be issued to only then seek their rescission doesn't make good economic sense. Where Phoenix, for example -- using Phoenix as the example because that's what was in the videos -- Phoenix, for example, most of the litigation that Phoenix has filed has not been with respect to death claims.

Again, given the numbers I gave you, they have only contested eight death claims over the last four full calendar years. Their contest has been on policies that are still in force where the insured is still alive.

So if the notion was, well, the insurance companies are just going to sit back and collect all the premium on all these bad policies until the insured dies, that really hasn't been borne out by market conduct, not only by Phoenix but by other life insurance companies.

Life insurance companies don't want the stuff because it's fraught with fraud. Because it's fraught with fraud, they don't understand or necessarily appreciate, on a particular policy

basis, the risk they're actually undertaking.

I'll give you an example. We had a case a while ago in which a person claimed on an application to be worth \$23 million. This was an elderly woman about 72 years old. During a review of the policy as part of litigation, we found a subsequent medical record, and the medical record indicated that the insured came into an emergency room with a cut on her head that she received walking along the railroad tracks home from work at midnight.

Now, is it possible that somebody worth \$23 million at the age of 72 is required to work at a job that has her walking along the railroad tracks at midnight home? I guess it's possible. Is it likely? No.

So life insurance companies, they don't have any interest in issuing these policies because they really don't understand the risk that they're being asked to assume. And, again, I think the best evidence of that idea, that notion, is that life insurance companies have generally been filing what we call live rescissions, rescissions while the insured is alive. They haven't been sitting back and just collecting premium.

MS. MILLER: I can't imagine that they couldn't have found that out the day the policy was issued.

MR. MCDOWELL: Well, so as, again, you look at --

MS. MILLER: Or before.

MR. MCDOWELL: Sure. So as I indicated, you look at the underwriting process. And look, I'm not going to stand here and tell you that the insurance company is 100 percent perfect in every situation. You know, even Sinatra cleared his throat every now and then.

But what life insurance companies do

typically as it relates to a policy is they'll ask

for information. And if they continually ask for

information time and again, and they get

fraudulent information in return, at some point,

it's no longer the fault of the life insurance

company.

They're being conned by crooks and we have to place the responsibility on the crooks and on the con men and not on the life insurance company if the life insurance company asks the right questions.

And that's why I said one of the legal FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

certainties that has long governed life insurance litigation is if the company knew or should have known about the issue, they have to bear the consequence of that.

What the STOLI promoters have been unable to do time and again in this litigation is to show that the life insurance company knew or should have known. Because, again, when the life insurance company would ask the questions, they would get fraudulent information in return.

MS. MILLER: Should the legislature consider a law that says that life insurance is not freely tradeable, that after -- maybe you've had the policy for five or ten years -- you can sell it one time but you can't trade it on the secondary market?

MR. MCDOWELL: I don't think so. I think that, again, the legitimate secondary life insurance marketplace provides a third option to insureds who originally procured their policy to address legitimate insurance needs.

And that marketplace, I think, is important to regulators, because it does give a third option to citizens. So I don't think legislation is needed that was recommended by Mr. Welsh. I

1 frankly don't think that that legislation would be 2 necessary either. 3 MS. MILLER: Thank you. 4 Anything else? 5 Thank you very much. 6 MR. MCDOWELL: Thank you. Thank you for your 7 time. 8 MS. MILLER: Mr. Freedman, you want to -- you 9 can go next. It's very dark in that part of the 10 11 there but --12 13 you. 14 15 16 17 18 either way. 19 MR. BAYSTON: 20 21 2.2 23 24 this hearing. 25

I thought -- I thought you were sitting UNIDENTIFIED SPEAKER: It's very light for MS. MILLER: Yeah, I know it is. UNIDENTIFIED SPEAKER: Does it make a difference if we sit and testify or do we --MS. MILLER: Take your choice. We can do it My name is Darwin Bayston and I am the president and CEO of the Life Insurance Settlement Association, and I would like to thank you for the opportunity to be here today to provide some comments and some recommendations for We are submitting -- we have submitted formal FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

comments, so I'll let those stand, and I'm just going to make brief comments relative to a couple of the issues in there.

For the past 20 years, the life settlement market has evolved from largely an unregulated marketplace where viatical policies were sold to today's well regulated market in 42 states and covers about 90 percent of the population that would qualify for a life settlement transaction.

This market has provided billions of dollars to tens of thousands of policyholders who otherwise would not have been able to access the financial value and resources of their life insurance policy.

Today's market is one that's including a lot more lower-to-middle income policyholders who are in bad need of financial resources for retirement, even to the extent that several states are considering the use of life insurance policies for long-term care, and even in cases of people qualifying for Medicaid.

So basically, the life settlement market exists to allow seniors, as was stated earlier, to sell the policy that is personal property in the marketplace if they no longer need it, want it or

perhaps can afford it.

Even so, the market evolves. There have been challenges to the ability of seniors to make that life settlement transaction, and I'm going to talk about those -- some of those in a second. But as a preface, I think it's already been distinguished by some of the speakers earlier the difference between the secondary market, which is the larger, broader market; the life settlement market, which is the transaction, the sale of the policy; and STOLI, stranger-originated life insurance.

And I think the definitions of STOLI have been made clear. It is -- it becomes a STOLI policy at the time of issue. I am talking about life settlements, which are not STOLI. STOLI is not a life settlement. Life settlement is the sale and transfer of that policy.

So -- but I would like to focus some comments on some conduct matters that relate to the difficulty in the sale or transfer of life insurance policies by these seniors that may impact transaction happening or may impact the value that the seniors get when they sell those policies.

And the first, of course, is the nonpayment FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

of interest. I think there's an awareness among the market participants that when interest is not paid and it's generally corrected, and in most all cases, once it's brought to the attention of the companies that the interest is not paid, it is then paid.

But I think that there is a broader issue here on the broader audience of individual seniors who may not be aware of whether or not interest is paid or whether or not they have rights to interest. And so that's why it becomes an important issue for you all to address to make sure that all seniors are getting all of the benefits they're supposed to get from the sale of that policy including any unpaid interests.

There have been interest -- instances in the past that we have discussed about unauthorized changes in ownership data by the insureds, whether it's addresses, whether it's telephone numbers or other information, that really is important to the ownership of that policy.

These may be inadvertent, and certainly,
don't believe that they're done deliberately. It
may result from simply from, you know,
administrative matters, or Lord knows we know the

last few days of difficulties in computer programs and what they cause. So these may not be done on purpose at all, but they could, they could, cause a loss of coverage if the policies lapse as a result of nonpayment of the death benefit.

There is a third issue in the obstruction in obtaining verification of coverage.

Those instances seem to be more prevalent, and clearly, the difficulty in providing verification

of coverage simply is an action that's taken that significantly slows down the process of whether or not that policy can be transferred.

And in some cases, it becomes so complicated and so -- takes so long, that the transaction simply doesn't get completed or, you know, people throw their hands up and say, "Look, we're going

to go away from this."

So to that extent, any policies that are prevented or delayed from being sold, it also affects the value of the people who paid for those policies. Therefore, that is an area where seniors could be harmed through that action, and we feel and recommend that that is addressed.

Another one that seem -- that has a broader significance, I believe, is when insurers either

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threaten or gaggle producers from advising or being involved in life settlement transactions. In other words, they tell their -- they tell their agents they can't be involved in it. They can't talk about it. They can't discuss it.

And when that happens, there's two things that happen: Seniors are -- seniors consider their agents a very important part of someone who gives them financial advice and counsel. We get a lot of calls from seniors that want help, need help. Where should we go? Who should we talk to?

And the agents -- the agents, of course, and producers are very, very much an important part of the financial advice that these people get, that they should get, and is impacted by. And when carriers don't allow them to participate in the life settlement market, they are really creating a negative environment and a negative attitude by a lot of the seniors of there must be something wrong with this transaction, because my producer is not able to talk about it. Those are serious things, I think, that need to be addressed.

I'm going to let Michael give some comments, but I would like to make one general comment from the testimony and the conversations that have gone

on before. I spent 35 years in the investment management profession, and I spent a lot of those years with the (inaudible) institute as a charter financial analyst.

And it bothers me when conversations go on about an investor buying insurance policies and then hoping that the person dies as quickly as possible so I can make as much money as I can.

Now, look, most of these are bought by institutional investors.

An institutional investor buys various types of assets and puts them together in a portfolio to accomplish some sort of a goal. And when you look at, as an investor, buying 100 policies or 200 or 300 or however many, you're looking at that total group of policies, and you're anticipating and expecting a cash flow.

And you're trying to -- you try to evaluate the return you're going to get based upon the cash flows that you're going to get over time. And to say that I'm sitting there every day as a portfolio manager thinking, well, I sure hope this person with a \$2 million-dollar policy dies because I can make more money is ridiculous.

The other side of that that we don't ever

hear is life companies who sell annuities. And if I give them \$500,000 in a lump sum and they're going to pay me X amount of money each year until I die, I don't believe they sit there and say, "Well, I hope Darwin dies in a hurry so that we can keep the money, therefore, we make more."

I don't hear the state pension fund saying,
"Gee, we have all these unfunded liabilities, and
you know one way that would take care of this is
if people die early. We wouldn't have to make the
minimum retirement payment." We don't hear that.

So I think we need to look at this in the context of -- we could even go up to the next level and talk about social security, you know, if you want. But we need to say these policies are bought by professional investors who are combining those with other assets and they're trying to get certain cash flows.

And it's really the predictability of that cash flow that determines what they get as a return or not. It's not individual ones. You know, I don't buy 100 stocks and then look at one stock and say, this is going to make me or break me. That's ridiculous.

And I would like to see us not talk about it FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

in that manner. Talk about it in a larger context of these are investments that they make in hopes of earning an expected return, and that return is determined by the cash flows and when they come.

MS. MILLER: Okay. So to be fair, the life insurers are not sending me vitamins and memberships to a gym and asking me to really take care of myself, because they want me to live a long time either. So I understand your point.

Do you think that -- do you think that it's important for the State of Florida to maintain the ability to buy a life insurance policy the second time? In other words, I understand the consumer need. If I have a policy, I've had it for ten years, and I come to you and I say, "I need to get the money out for whatever," and for me to sell it to a life settlement company and be able to liquidate that policy, that's important for me.

But is it important for the State of Florida to then allow those companies to bundle their portfolios and sell them again to hedge funds or to whomever? Can you comment on that.

MR. BAYSTON: Any market needs liquidity, and I think to not have that happen would deny liquidity or the ability for these policies to be

sold somewhere else.

You're basically telling the investor that buys it the first time, "You're buying it. It's got to be locked up and you're not going to be able to sell this. "And when you -- when you don't have any liquidity like that in the marketplace, you basically have investors who are not interested in locking their money up that long.

I don't know of an institutional investor who is willing to say that I buy something today and it's locked up for 10 years or 15 years and with no ability to be able to get it. So a secondary market -- I mean, a tertiary market is very important to this marketplace, just that it's done correctly is the important part.

MS. MILLER: Right. Is that the source of a lot of the funding that is used today for life settlements? In other words, I think when viaticals first came out, there was a lot more solicitation by viatical settlement companies of individual investors.

For example, you know, put \$10,000 in and buy a fraction of a life insurance policy. You don't see that as much today. It's -- I don't think.

Maybe you can correct me if that's wrong. I think

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more of the money is coming from institutional investors. Is that correct?

MR. BAYSTON: That is correct. And that -- and that certainly is what we hope continues to happen. And there is a greater recognition by a broader group of institutional investors to put money into this -- into this space.

For example, we introduced at our conference -- at our conference last week a Harvard Business School case study that's been written on the industry, which is -- which is, for certain, going to bring more recognition and consideration by a high level of good institutional investors who are looking to put money into this as a legitimate asset class to go along with all the other assets that they have, types of investments they have, for the diversification and for the noncorrelation benefits and other benefits this particular asset has.

MS. MILLER: Okay. Thank you.

MR. FREEDMAN: My name is Michael Freedman, not Frank Sinatra clearing my throat. I am senior vice president of Government Affairs for Coventry, and I'm here representing LISA today as a member

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of LISA and as a member of the External Affairs Committee.

I want to reiterate just one thing that

Darwin was saying at the outset in his preface,

that there is a very clear and important

distinction between the broader secondary market

and between this thing called stranger-originated

life insurance.

And I think the only thing I could add is if you look at the litigation that is being brought by insurance companies, hundreds of cases, they are not being brought against life settlement companies. The issues that are being litigated do not have to do with the assignment of a policy through a life settlement transaction, a regulated life settlement transaction.

There are some cases that involve policies that were settled, of course, but that's the -- that's one of the issues at hand, which is if the carriers are duped in the issuance of the policy. There's been instances where life settlement companies have not been aware, and in some instances, deceived as to the true nature of the origination of the policy.

The perpetrators of those schemes don't want

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anyone to know what their true origins are. So yeah, there have been some. But, again, the litigation -- none of the litigation, none of the litigation is aimed at life settlements and the life settlement market and life settlement participants.

And I think that's important, and very much what Darwin was talking about, the issues about the life settlement market and how that market is important for seniors in Florida, and how there are areas of concern that could be addressed through stronger enforcement and stronger legislation.

I'm just going to pick up on there and make a few other additional brief comments that are covered in our submission, and one deals with a, more or less, regulatory issue that, going back several years, the legislature adopted a requirement that life expectancy providers be registered under Florida law.

And that registration is different than a licensing. It was simply basically telling the state you're going to be in this business. The qualifications were very few, if any really, and there was no judgment, no standard by which the

department could say you are or not eligible to be a life expectancy provider.

Earlier this year, the Office of Insurance Regulation proposed legislation that would delete the requirement of registration of life expectancy providers. That legislation, which was included in House Bill 635, was one that life insurance settlement associations supported.

The life expectancy provider registration requirements, at this point in time under that -- that law was passed only just about a decade ago -- were ineffective. There was no demonstrable consumer or investor protection.

They were anomalous in that no other state provided such a registration requirement for life expectancy providers, noting that Texas has a requirement that LE providers register as brokers. But, again, no distinction such as this.

And as the OIR has pointed out, it gives the appearance of an endorsement or an imprimatur that the life expectancy provider has some sort of blessing from the state. But even today, it impairs the market because the market has shifted, as you've just recognized, Ms. Miller, and as we know, that there's more institutional investors in

the market.

Investors are buying, using their own underwriting, underwriting that is, because they are themselves either an insurance company or reinsurance company which represents some of the investors in the market, or that differs, if you will, from those registered LE providers. And so -- and as part of that, providers buy for themselves as investors and would use their own underwriting.

But the way the law is written today, with that in the law, we're not allowed. Those investors are not allowed to utilize their own underwriters or underwriters of their choice, because they're restricted to using only registered life expectancy providers.

So we would support, again, an effort to repeal that provision in its entirety that would include any remnant of the life expectancy provider registration or any restriction on who an investor can utilize for a life expectancy provider.

I want to make one comment, though, now also, switching gears a little bit, again, focusing still on life settlements. The issue of return of

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premiums does have an impact on our market even though it's not, as I pointed out, subject in the litigation and subject of a lot of this debate, because investors are buying these life insurance policies and we're going to really focus on just, again, the life settlement policies.

When a life settlement occurs, the life settlement provider is required to go back to the insurance company and ask for the verification of coverage. It asks the insurance -- it effectively notifies the insurance company there's about to be a potential sale of that policy.

And the questions are some very basic information about the policy, but it signals to the carrier. In states, many states, it requires them to look back for fraud, misrepresentation in the issuance of the policy.

So the insurance company is given another notification. Hey, there is an opportunity here for you to say this policy was issued properly or improperly at its origination. If there are any other questions about the validity of the policy or things, that's an opportunity for the insurance company.

Under Florida law and every law in the FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

country that I'm aware of -- I think I'm aware of them all -- there's also a requirement that the life settlement company, the provider, as part of its antifraud plan, due its diligence to look for elements of fraudulent settlement acts that include the original underwriting of the policy, where the premiums are coming from, insurable interest, as well as any potential fraud or misrepresentation in the sale of the policy.

So we're doing our due diligence at that point in time. So the life insurance companies had the opportunity to do due diligence at the inception of the policy. They have an opportunity at the time the verification of coverage is submitted. We have that obligation, too. But yet still, sometimes policies will get through and sold that should have never probably been issued, that would have been void ab initio.

So we believe that among the things that the legislature should look at is strengthen the law that doesn't impair the ability for an insurance company to rescind a policy for lack of insurable interest, or -- but that does provide the opportunity or make clear that if the policy has gone through a regulated life settlement

transaction, that if they find they're going to rescind that policy for lack of insurable interest and if that's granted, that the premiums be returned to the investor of the life settlement contract.

Because, again, we've gone through elements of diligence that haven't -- that may not have happened in other transactions, in other secondary market transactions. But in a life settlement transaction, there is that level of scrutiny.

But, again, still mistakes can happen.

Things can still get through, but we are clearly not part of any transaction that's originating the policy improperly, and those premiums should be returned to the investors of life settlements.

And so we have provided you with it in our testimony. We've provided you with some suggested language that clarifies the return of premium that -- just what I just said, that it be clarified. Because, again, that gives confidence to the investor, as well as to the life settlement market so that the seniors can access the market.

MS. MILLER: What about the argument that we heard earlier that you don't need new legislation to accomplish that; that courts can already weigh

the equities of the situation? And in your example, you have a legitimate licensed life settlement company that has not engaged in any fraud, has bought the policy. Why wouldn't you already win that case?

MR. FREEDMAN: Again, we're talking about this market, which is not the subject of that -- MS. MILLER: Right.

MR. FREEDMAN: -- that mess. What we are talking about is there needs to be clarity and there should be some level of certainty in this market that provides tremendous value to consumers.

And the idea, again -- I guess we -- there is fallout from all this that is going to affect the life settlement market. Investors become potentially more wary about, well, you know, even if there is a life settlement transaction, even if you've done all this diligence -- as you know, it's a very regulated transaction -- we can still lose all of our investment in the premiums that we've paid since we purchased it.

There should be some certainty. And, again, as I pointed out with the level of scrutiny that's involved with the carrier having to go back for

verification of coverage, the opportunity to look back on that policy, as well as the life settlement company, everyone has done their best efforts, and yet still, there may be cases.

And if a carrier then says, "Well, now we've discovered it," remember they had an opportunity at inception. They had an opportunity throughout. They had an opportunity prior to the sale. I think at that point, there needs to be some certainty and some comfort, clarity for this market, for life settlements, the certainty that the premiums that the investor, from the time they bought the policy from a regulated life settlement transaction, be comforted that they — they be restored to their original position, because they were not part of it and they did their best efforts as well through the provider.

MS. MILLER: Okay. I think I'm a little lost. It may be just me. The law is already very settled that after two years, the life company can't contest the policy based on fraud, that they can't -- the two-year contestability policy has been in the law for years.

The only issue, I think, that's new, and it may have come out of these cases, is the idea that

yeah, but you can still look at the insurable interest at the time the policy was taken out. I don't even see how they would affect you.

Because the life settlement is typically a contract that is already in force before you see it. I mean, you're not having people go out and apply for insurance and then generate a new contract, are you?

So is that really something that's hindering investment in the products that you're involved in, or is it just this STOLI issue that Phoenix and Fortress are arguing about?

MR. FREEDMAN: I'm sorry if I haven't been clear.

MS. MILLER: It's me.

MR. FREEDMAN: And I said it at one point in what I have spoken here, but we've also made it clear in our submission. We are focused only on insurable interest issues, the issue of insurable interest which carries beyond the contestable period in most states.

In Florida, there is at least some question now because of a recent court ruling as to whether that's applicable. But we're talking about that issue of insurable interest only, which can carry

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beyond the two-year contestable period. And so yes, it does have an impact on our market.

And more court-made law is establishing not only is there the ability -- you know, good faith standard or somewhat of a subjective intent If courts, as they are in Florida, allowing carriers to retain premiums for policies that are void for lack of insurable interest, we're saying with respect to life settled policies where there is this extra scrutiny, this extra diligence that has to go on, they should be protected so the investors in the secondary market -- excuse me, in the life settlement market -- I want to make that distinction -- are certain that they're not -- their investments are not at risk because there's been a failure through all of that level of diligence to do that, to ensure the policies didn't have a lack of insurable interest.

MS. MILLER: Anybody else on the panel have any questions?

MS. DAVIS: I'm just not sure I understand.

If you've done your due diligence, there shouldn't
be a problem with the policy.

MR. FREEDMAN: That's correct.

MS. DAVIS: So why do you need legislation?

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MR. FREEDMAN: But does it happen that policies are issued for lack of insurable interest and get through the carrier? Yes. Can they get through the life settlement market? Yes.

MS. DAVIS: And the courts can take care of the issue.

MR. FREEDMAN: Well, again, we're asking and suggesting that the legislature be clear because of the level of scrutiny that's involved in the life settlement transactions that, again -- remember, the carrier gets another bite at the apple, if you will, through the verification of coverage to say, "Hey, this policy is subject to potential life settlement." The carrier gets to ask -- gets the opportunity to say, "Well, we should make sure this policy is valid, whether it should have been issued as well."

We base -- we, as a life settlement company, under our antifraud plans, have to go back and look, where did we get our information from on whether or not the policy was issued accurately -- properly? From the insurance company. So, again, there may be instances where cases are going to get through.

MS. DAVIS: And so for those rare instances, FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

you want us to do legislation?

MR. FREEDMAN: Well, this is rare, but, you know, again, we're representing our market. And, you know, again, the courts are making the -- making court-made law today saying that carriers can retain premium. We ought to be more clear.

They can retain premium where there was a policy that was void ab initio if that's going to be law. However, they can't do that with respect to policies that have been through a regulated life settlement transaction. I think, you know, they have to return the premium to the owner, the investor owner of the life settlement.

MS. MILLER: What do you think the insurance company should do when they get a request of verification of coverage to make sure that that policy was issued properly?

MR. FREEDMAN: It's what they should do at the inception of a policy, is do their best efforts and do their diligence to make sure the policy is issued properly. What are they going to do if it's not a settled transaction?

MS. MILLER: I guess that's my question.

Maybe it's more appropriate to ask the life
insurers, and I'll ask them when they get back up.

But the -- I mean, having bought life insurance before, they come and they, you know, they test your blood. They meet you. They see where you live. They see -- or at least they see where you work if they're coming into the office.

Some life insurers actually do due diligence and underwrite the policies. So if a year or two later, they get a request for verification of coverage, should they go back and do the underwriting again?

Would you do that if you've got some indication that -- I mean, it's too late after you buy the policy. It's too -- it's not too late for them until the two years, though, is what you're saying.

MR. FREEDMAN: Again, our point is there's an extra level -- there's several extra levels of scrutiny that are going to take place when the policy is being sold. The carrier is notified it's going to be sold, and they have to do verification of coverage. They have to look to see whether there are issues related to the policy.

It may not specifically involve insurable interest inquiry but it can. And certainly, if

it's past the two-year contestable period on fraud and misrepresentation, it may not be worth doing but they -- but they have to -- they're being made aware the policy is subject to settlement. And is it valid? Is it a -- is it a valid policy.

The life settlement market has to also do it.

The life settlement company also has to do the same thing through our antifraud plans. We look back, take a look, see where premiums come from.

We have to look back at the origination of the policy. We have to look back for specifically insurable interest violations. We do our best efforts.

These are regulated transactions. Again, I made the point earlier, much of the STOLI litigation involves policies that are not going through a regulated transactions. Should there be a benefit of having a regulated transaction, one in which we've done our best efforts by law? And the answer is yes.

There should be some comfort that if the carrier then later finds out there was a scheme to deceive the true insurable interest, the ownership of that policy from inception -- we tried our best. They tried their best. Now they found out

about it. That -- those premiums should not be retained by an insurance company at that point for the life settlement policy.

MS. MILLER: Okay. Thank you.

MS. DAVIS: You're saying most of the STOLI policies have not gone through a regulated viatical transaction. Are you saying that that's because they're premium-financed policies that are then sold off? Or what are -- what are you saying that those policies are?

MR. FREEDMAN: Well, I think Mr. McDowell pointed out as well that these -- it's the beneficial interest in the -- in the trust that's being sold, that the -- in the case of premium-financed schemes, there was a relinquishment or abandonment of the policy.

You know, they didn't even involve a life settlement transaction, I can tell you that, whatever those were. That's why there's a difference between life settlements and stranger-originated life insurance.

MS. MILLER: So we have 17 licensed -- 17 or 18 -- 17 --

MS. DAVIS: 17 in Florida.

MS. MILLER: -- licensed life settlement

providers, companies. And those entities are not the entities that were involved in STOLI transactions. Is that correct?

MR. FREEDMAN: That would be my assertion. And I think, you know, I would ask you the same question.

MS. MILLER: And so I think what we've been presented with from time to time is the question of, "If I do this transaction and I'm making a loan, at the time I make the loan, I'm telling people that in two years, you have a choice. You can keep the policy and repay my loan, or you can sell me the policy."

The people who are proposing to do that come to us and say, "Do we have to be licensed as a -- as a viatical settlement company or a life settlement company?"

And we say "Oh, yes, you do," because the law requiring a life settlement provider license is specific enough to cover that situation.

And they say "Okay. Never mind. Forget we ever asked." They go off. They don't come through us again and get licensed. They just go to these trusts and buy a beneficial interest in the trust, and they don't actually buy the policy.

Is that what they're doing?

MR. FREEDMAN: From the STOLI schemes that we've seen --

MS. MILLER: That's what it is?

MR. FREEDMAN: -- that's what it is.

MS. MILLER: So when you say it's two separate markets, it's separate players. It's not even --

MR. FREEDMAN: You made the case for me. I mean, when -- you know, if they thought that they were going to get away with something and you said it doesn't look like it's a life settlement to us -- or it would be a life settlement, they don't want to be regulated.

Again, when the scrutiny, when the lights are on and the -- and the regulation requires the level of scrutiny and diligence that we have to provide, that's good for investors. But it's good for the consumer and makes sure that there is a healthy market.

MS. DAVIS: I have another question about your verification of coverages. How many verification of coverages are requested as compared to how many policies are actually bought?

You're suggesting that the insurer should

reevaluate every policy they get a verification of coverage on, but not every policy that they would get a verification of coverage on would be a policy that would be sold.

MR. FREEDMAN: Right. I'm sure that -- I don't know the statistic. I don't know a number that tells -- that answers your question as to how many verification of coverages are received versus how many are purchased.

But, again, the point is that the carrier is notified of a potential sale of the policy. They also are notified at the time of the assignment of the policy, the transfer to the new owner. So there's, again -- they do know at that time which policies are actually sold.

MS. DAVIS: Does is specifically say this policy is being viaticated or this policy is being sold?

MR. FREEDMAN: Every carrier knows which ones are being sold. It's not just a simple -- I mean, this is part of what Darwin's testimony was, that carriers are treating changes of ownership differently for life settlements they change -- than they do for change of ownership for placing it into a trust, a family trust, or from a

business, you know, to business. So carriers track life settlements. They know which policies are sold. They treat them differently at every stage of the -- every stage.

Again, you know, we're just saying where we know there is that additional level of attention, additional level of scrutiny -- these are regulated transactions. There's no one trying to hide who owns it; and, again, the requirement of the law that we have to notify the insured who owns it if it changes ownership -- is that that's a secure transaction for both the consumer and the investor.

MR. BAYSTON: I would just make one comment that I look at this as the simple part of this transaction is that on one end of the spectrum, we have seniors who have insurance policies they no longer need, want or can afford. And they have the right to sell them, and they're looking to sell those in the marketplace.

And on the other end, you have an investor who is making a decision on buying those policies and providing that capital for those seniors. And I think I -- one view that one could take is that investors are pretty good at measuring the amount

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of risk they have involved in the investment.

So anything that would be perceived as increasing the risk that those investors have is going to result in them paying, you know, a lesser price to the consumer, to the senior who is trying to sell that.

So actions that could be taken that will reduce perception or the reality of risks that those investors have, then the benefit of that flows back to the seniors who are selling policies.

MS. MILLER: Thank you for making that connection. Is there anything else that you wanted to add? No? Anybody else have questions?

Okay. We have -- thank you very much for your testimony.

We have three more -- I think we have three more speaker cards. So if everybody is on board, hopefully, let's just push through instead of breaking for lunch. It's 1:00 o'clock, and hopefully, we can finish up pretty soon.

Thomas Weinberger is the next speaker card on behalf of the Institutional Longevity Markets
Association.

MR. WEINBERGER: Good afternoon. My name is
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Tom Weinberger. I'm a partner at Stroock, Stroock & Lavan. We are a full-service law firm with offices in Miami, New York, D.C. and Los Angeles, and we serve as general counsel for the Institutional Longevity Markets Association. I am appearing today on their behalf.

ILMA was formed by institutional investors, leading investment banks that were focused on longevity and mortality markets and in life settlements. Today, the members comprise Wells Fargo, Wilmington Trust, Credit Suisse, Fortress, Neo Partners and other investor groups, some of whom are investors on behalf of pension funds, and they are all institutional investors.

I appreciated and enjoyed Mr. McDowell's remarks. I thought they were very passionate and dramatic. I would submit that, as far as accuracy goes, perhaps not as much. I don't think we're talking today about STOLI. What we're talking about is whether a true secondary market will exist in the state of Florida.

The institutional investors that make up ILMA participate in primarily what is called the tertiary market. When you look at the life settlement industry, you have the primary market,

which is the initial issuance of the policy by the insurance company to the original policy owner; the secondary market is when that policy first gets settled to a life settlement company; and the tertiary market is all the subsequent trading that goes on in that policy.

This tertiary market is crucial for the life settle -- the secondary market. Without the tertiary market, the secondary market does not exist because there needs to be liquidity. It's the pension plans who can buy large blocks of policies that provide the capital that ultimately feeds this market.

And while Mr. McDowell was very passionate, I also want to express a certain passion, because I truly believe in the life settlement industry. It is a product that provides a great service to seniors. It's a product that provides a reasonable return to institutional investors. And if the insurance companies were honest about it, I think it provides a lot of opportunities for them as well in terms of product design and how they work with their customers.

And I know Mr. McDowell went on and constantly referred to the institutional investors

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as hedge funds. I assume it was meant in a pejorative way. The reality is we're really talking about long-term investors with long-time horizons for whom this type of product makes sense because it matches their cash flow needs.

For pension plans that know that they have to make payouts in the next 10, 20, 30 years, these are perfect products, because they can invest today in products that will provide cash flow downstream. It's not people looking for outsized returns.

And if you ask investors, I think they'll tell you that the returns -- some of them have lost money, some have made money, but I think overall, the returns are respectable. It's not someone trying to grab and make a ridiculous return. That's not what the market is about. But if all the participants act in the market together, you can have a true and active secondary market.

Now, the question is, why do the institutional investors seek the protections that they're asking for today? And the reason is when we're buying blocks of policies, we actually have limited access to information. We're provided

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with some sale documentation that was provided at the time of the life settlement. Typically, the due diligence is limited to a review of the policy at the application, the life settlement contract and some supporting documents.

We, at Strook, are actively involved in helping the companies do diligence on these policies, and I can tell you we do not have access to the insureds. It's true that when you buy a policy, you get updated medical information, but that's not the same thing as being able to sit done and talk to the insured and ask them, why did you take out this policy? Why did you sell it? That doesn't happen.

You certainly can't do it when you buy a block of 100 policies or so, which is really what happens in the tertiary market. And it's not the practice and there are, in fact, due to privacy laws, significant limitations on who can actually contact the insured and when. So to say that there's access to the insured is not entirely accurate.

Also, the concept that the law is well settled and there are legal certainties is also not true, and I think that's what's driving the

interest in seeking the reforms and the legislation that the institutional investors want.

The concept of a -- being able to challenge a policy after the end of the contestability is something that's actually very much in flux. In Florida itself, you have two courts that came out with different decisions on the issue. So it's not -- it's far from a legal certainty. It's unknown.

There have been only a few courts that have actually addressed the issue. And the concept that if there were no ability to challenge for lack of insurable interest after the end of the contestability period, that you are now going to open the door to fraud, I don't think that's going to prove to be the case.

And I think it's not going to be the case for several reasons: One, in New York, there was a case many years ago, the *Caruso* decision by the New York Court of Appeals, where they said that you can not challenge a policy on any basis after the end of the contestability period. That has not led to a rampant increase in fraud in the state of New York.

I think investors do a very good job of
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identifying policies that were fraudulently originated, and they don't -- and they don't buy them when they can identify them. But the reality is there's just the lack of information.

And when you couple the lack of information and the limits on the diligence that can be done at the time you're originating policies with the legal uncertainties in this area, it makes it much less attractive for investors to come in. And without the investors in the market, you're not going to have the liquidity that you need for a secondary market.

And, you know, if you look at what's going on in the United States today, the current economic environment, you have many Baby Boomers who are entering their retirement years. Following the Great Recession, there has been significant reduction in asset values.

A lot of them have needs for long-term care that are far more expensive than anyone ever imagined be the case, and there's a real need today for people to be able to settle their policies to either fund a comfortable retirement or perhaps pay for long-term care needs.

And what we're talking about today is, will THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

there be a secondary market to provide that service to them, to provide that option? And I do think that if you look at the policy origination, it's really the carriers who are in the best position, at the time a policy is originated, to do the proper diligence.

Yes, it's true that they ask questions and you have to fill out a form. But should the obligation of the carrier stop there? It's simple enough in the two-year contestability period for them to figure out what's going on with the policy.

And we're not talking about doing this with every policy. The issues are going to arise with a certain block of policies. It's going to be large face policies with older age issuances. All they need to do is, six months down the road, call up the insured and say, "Thank you for taking out the policy. How is -- you know, is everything okay? Do you need more information?"

You quickly find out if the insured sold the policy. It's happened time and time again, but the carriers didn't take that step and weren't interested, quite frankly, weren't interested in taking that step.

It's not something institutional investors can do four or five years down the road. It's certainly something that the companies can do during the contestability period without too much difficulty.

So I think just to quickly summarize -
MS. MILLER: Let me interrupt you. Do you
think that the reason they don't, or to the extent
that they don't, is just because that would be an
expensive thing to do?

MR. WEINBERGER: I don't think it's an expensive thing to do. I think there have been cases where it's been done. Again, we're talking probably about a relatively small group of policies. We're not talking about doing it with someone who's 25 years old and took out a term policy.

We're talking about sales of universal life policies to people who are over the age of 65 and face amounts over a million dollars. It's not -- it's not a big group. It's something that they certainly can do during the contestability period. I don't think there's a lot of cost or a lot of effort involved in doing so.

MR. TRONCOSCO: You lose me on the fraud

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issue, and that's just because, you know, their testimony was quick to point out that 98 percent of, you know, the companies are not having this issue, and it seems like most of their problems came with one company.

And so, you know, if you make that issue -- I understand it alleviates your client's issues, but doesn't that perpetuate a fraud problem to just push the fraud to another sector of the market? I mean --

MR. WEINBERGER: No. I appreciate that. I think that's a very good observation. I think the answer is it will likely not, and here it comes out to a question of balancing what's most important here.

I think it would likely not lead to an increase in fraud for several reasons: One, the carriers that don't have the problems today already take the steps and identify, at the time of origination, the policies that are likely fraudulent because there are steps you can take.

I do diligence on these policies, and even with the limited information I have, I can find fraudulently-originated policies from time to time. There are certain red flags and the

carriers know what they are.

So I think it's possible to do it at the time of origination; need to ask a few more questions, need to add questions to the application. All of this is being done, and it's easy to follow up and easy to see inconsistencies in these policy applications if you care to look for it.

I think what's going on is they would get in information, which sometimes was fraudulent, but they'd merely check the box and say, okay, we got this, we got this, we got this. No one would bother to look.

And, in fact, there's been quite a bit of testimony that companies even realize after the fact that there were red flags, and there are memos to this, that they ignored the issues or they didn't act on the red flags.

All we're saying is that the companies should take a look and should act on it. And, again, we're talking probably about a segment of the market that is highly profitable for everyone involved that probably deserves a little more attention. And because other companies have been able to handle the issue, I think the insurance companies can handle the issue.

And the institutional investors don't want to buy these policies either. I get paid to help them find the fraudulent policies. But, again, because of where we are in the chain, it's not always possible to do so.

MR. TRONCOSCO: What concerns me, I guess, is, you know, how many lawyers -- not the fact of how many lawyers we have in the room, but I know we have a lot of lawyers in the room. And what concerns me is what we're talking about is handcuffing the law of equity.

And, you know, for everyone that went to law school, we understand that's the judge's power to make sure that things are fair and balanced, to put it in layman's terms. So that's the only thing that concerns me. You know, every time you do that, you do open the door to fraud, so that's just my point.

MR. WEINBERGER: Again, fair point. But I do think there is a significant value to making sure that the institutional investors can act in this space, and that you have to look at what the legal uncertainty does to the ability of the investors to be in this space, and whether you want the investors in the space and you want a secondary

market. So there is some balancing of equities that has to go on on a more global scale than just on the individual policy issuances.

MS. MILLER: Do you know how big the secondary and the tertiary markets are? We haven't been able to figure that one out, to be quite honest.

MR. WEINBERGER: There have been some reports. I think there's some studies, and I believe that in the submission that you received from Fortress, they had some studies in there that provided figures. Those are probably the most accurate figures that you'll find. I don't have independent information.

MS. MILLER: So is it in the billions, the tertiary market?

MR. WEINBERGER: Probably, yeah. And it's something that could grow. I mean, one thing that a number of states, including Florida, has been considering is whether, in order to fund Medicaid long-term care costs, whether the states themselves want to get into the business of life settlements.

So it's a market that's poised to grow. It's meeting a significant need. But in order to grow,

there does need to be a greater amount of legal certainty around some of these issues.

MS. MILLER: I'm going to tell you it's been a really long road, from my perspective. But we don't have to digress into it, but we've had quite a number of fraud cases and officers of licensed viatical companies that we've had to go through the process of, A, proving what was going on, and then B, working with prosecutors to take those cases and stop those people from masquerading as legitimate viatical or life settlement companies. And I'm not sure that we got them all.

I mean, the -- what I'm hearing is that there are a whole other group of people out here who, to stay off the radar now, are buying -- or were buying policies by buying the -- or by trading a beneficiary interest.

I don't know what the next iteration is going to be, but this group of issues is so convoluted,

I'm not sure that it isn't ripe for the courts

whether rather than trying to get involved in

these transactions, you know, with hard-and-fast

rules from the legislature.

MR. WEINBERGER: Well, I think actually,
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there was a lot of time spent discussing beneficial interest. Most states that have adopted updated life settlement laws actually expressly prohibit the sale of beneficial interest in a trust during the contestability period.

That practice, as a result, has largely disappeared from the market, if not entirely. I'm not aware of any institutional investors that are active in doing anything like that today.

MS. MILLER: So the STOLI issue is pretty much an issue of the past, 2007/2008, other than the fact that there's still policies out there that were procured that way?

MR. WEINBERGER: I think a lot of the most egregious practices probably are from that period. And both the insurance companies have become much better at identifying them and preventing them; the institution investors are better at identifying people that participate in those types of activities and not purchase those policies.

But that doesn't obviate the need for more legal certainty in the space, because there are a lot of issues that are floating around, especially in the courts in Florida. And I know for a fact that -- I have a number of clients that, when we

review policies for them, they also ask us -- you know, we look at policy design issues and other factors and help them evaluate the policies.

Right now, they are actually handicapping any policy that's issued in Florida because of the legal uncertainty, which means that the prices they're -- that they're willing to pay for Florida policies are much lower than the rest of the country.

MS. MILLER: Okay. Thank you.

MR. WEINBERGER: Thank you.

MS. MILLER: James Tollerton, Professional Benefits, Inc. Thank you for sticking around and not being first.

MR. TOLLERTON: Thank you for letting me get up and circulate my blood. And for the record, I am Jim Tollerton of CLU and CHFC, Professional Benefits in Sarasota, Florida.

I was invited by representatives at the National Association of Insurance and Financial Advisors, Florida Chapter, to come and speak as a typical Florida insurance agent today about my experiences in this area.

It's actually been very instructive and I appreciate the information that's been provided.

I'm intrigued by the questions you've asked. I do not have a great deal of experience personally in the settlement industry, except peripherally.

I do, in the interest of disclosure, want to tell you that I did settle a policy, actually with a friend and a client, about 15 years ago who had developed cancer and was offered a settlement. He accepted it and it was my only experience with it.

I became very uncomfortable with the process.

I would get calls every three to six months,

"How's he doing? What's going on," and so forth.

And as I sit here and listen to the colloquy we've been going through, I -- it occurs to me that this is that slippery slope.

The farther we get away from the essential underpinnings of the insurance -- life insurance industry of insurable interest, I think the slippier the slope is going to be. When you have somebody else owning a life insurance policy on you, you don't know who it is, you don't know where it is, you don't know what's going to happen, that is very uncomfortable.

This came to light to me -- an attorney -- a couple attorneys have asked me to review these sorts of policies because they didn't understand

what in the world is going on here. And I remember one instance last year, a gentleman in his, I believe, early 70s had a \$2 million-dollar policy by a legitimate company, a name you'd all know, not one we'd characterize ill in the industry.

And he said, "Geez," to his attorney, "I'm afraid I don't know who owns my policy anymore.

This agent came to me and offered me a loan so I said sure. It wouldn't cost me anything really.

They bought me a nice dinner at a fancy steak restaurant and so forth."

And now, at the end of two years, they say, "Well, you don't really have to pay that loan back."

And I -- of course, I interject

parenthetically, most of these seniors that deal

with this have no idea of the tax implications of

a loan forgiveness or boot or anything like that,

have no idea where this policy is going and what's

happening. All that's dangled out there is that

nice attractive dollar amount, and gee whiz and

it's painless and so forth.

And all of a sudden it dawned on this guy,

he's got \$2 million on his head. He has no idea

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who owns it. That's not been disclosed at all.

It's long gone in tertiary four, five, six times.

Who knows where it's been sold to.

So I think the bottom line from an insurance agent's perspective is that we're in the business of, where there is insurable interest, insuring lives for families, for businesses, for charities in some instances.

And 99.9 percent of our agents in NAIFA and the agents, legitimate agents in Florida, have no interest in this market because of the ongoing problems that just naturally happen if you can sell it.

I think the analogy of the mortgage industry where the mortgages were packaged together and sold in the secondary, tertiary and down-the-road market, and look at the trouble we got into. And that's dealing with homes and objects. It's not dealing with human lives, which is what we all are, fortunately, by the grace of God, living today.

So I summarize my remarks that way. I would be glad to answer questions as a practical matter from an insurance agent's point of view from a small town in the back waters of Florida.

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MS. MILLER: Well, I suppose one thing that we had identified from the assignment from the legislature is that it assumed that we want to ensure that the tertiary market continues to exist for Florida consumers and for Florida seniors. And from what I'm hearing, it may be that that market needs to exist for investors but not necessarily for seniors. Is that your perspective on it?

MR. TOLLERTON: Speaking only for myself, I'm uncomfortable with the industry generally, to be honest with you.

MS. MILLER: Thank you very much.

MR. TOLLERTON: Thank you.

MS. MILLER: Oh, my goodness, I can't believe I gave Paul Sanford the last word unless there's somebody else here that I don't have a speaker card for.

MR. TRONCOSCO: Do you waive your time?

MS. MILLER: No. Mr. Sanford is not going to waive his time in support.

MR. SANFORD: Thank you. Paul Sanford representing the Florida Insurance Council. just want to comment on a couple of things that were said without taking too long, because

everybody is ready to go.

The issue of these verification of coverages has come up two or three times. Basically, when an insurer gets a verification of coverage, it's a question of, is the policy in force, and are premiums paid?

It's very unlikely that any substantial re-underwriting of the contract is going to take place at that time. And to try to use that as a vehicle to cut off any questions about insurable interest just seems to be way far afield from our perspective.

I think the other issue that was brought up, again, about the return of premiums, insurable interest and that sort of thing, and I think if there's one thing that you can really count on today is every case, the facts are different.

If you're going to find equity in these cases, which is what the courts are trying to do, you must look at each case individually in order to arrive at the right conclusion and see that the parties who participated in the wrongdoing are punished to some extent, and those who did not are not punished.

And the only way that can happen is to go
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through the courts. Anything that we may do to guarantee that a return of premiums in every one of these circumstances may well be guaranteeing a large return on a risky investment that was bought with knowledge of what they were buying. So from our perspective, we don't really think any legislation is necessary.

But if you wanted to consider some

legislation, it might be to look at the NAIC model

act on these STOLI transactions, especially the

five-year provision on nonrecourse premium

financing and the limitations on transferring

those policies, and combine that with the trust

provisions from the NCOIL Act that would get to

these issues where they're able to deceive the

insurers on what the contract really is.

Those two things might well forever remove STOLI from the -- from this planet, and that appears to be the only real hazard that this secondary market is having.

MS. MILLER: I disagree that it's the only hazard.

MR. SANFORD: Well, true. Perhaps a larger one we discussed today.

MS. MILLER: That might be the hazard du jour FOR THE RECORD REPORTING TALLAHASSEE, FLORIDA 850.222.5491

or maybe the hazard of 2007/2008; and there will be a new hazard du jour in 2014.

And I would ask just a couple things. One is, what have the life insurance companies done to strengthen their underwriting and their ability to identify policies that have been sold? And can they, in fact, tell if there is a policy that is owned by a trust that the beneficial ownership of it has changed?

MR. SANFORD: Quite frankly, I think the underwriting policies are about as strong as they can get. I think we've seen situations where we get an application. It's attached -- it's -- the application may or may not be fraudulent, which some of those things you can find.

We've received financial statements from CPAs that didn't exist. The policy is purchased by a trust that appears to be for the benefit of a person who does have an insurable interest in the applicant.

And other than having to go back and look every day after that to see what happened, we can't keep up with what that trust does. And unless we want to expend huge sums of money and large amounts of time, which will increase the

cost of insurance for everyone to try to ferret 1 2 this out, I don't really know what else they can 3 do. 4 MS. MILLER: Well, they can pick up the phone 5 and call the insured. 6 MR. SANFORD: Call who? 7 MS. MILLER: The insured. 8 MR. SANFORD: Yes. 9 MS. MILLER: They can call them and they can 10 say, you know, "Mr. Smith, I see that Joey Smith 11 is your beneficiary. Is Joey your son?" 12 "Yes." 13 "How old is Joey? Where did he grow up? Where does he live now?" And those things, they 14 15 could verify on the internet. So I'm not sure that there aren't things that 16 17 life insurance companies could do to kind of check 18 some of this out, and I think that they do do some 19 of that and maybe more now than they have done in 20 the past. 21 MR. SANFORD: And I think the larger the 22 policy, the more checking that goes on. 23 MS. MILLER: Probably so. 24 Anybody else have any questions? 25 MR. SANFORD: Thank you.

MS. MILLER:

Thank you.

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25 p.m.)

Okay. Does anybody else wish to testify? Well, see, we got through this without any bloodshed. Today, we have heard testimony from interested parties on the secondary, or as it may now be known, the tertiary life insurance market in the state of Florida.

The Office will carefully review and consider the testimony offered here today, as well as all materials submitted to the Office before making our report to the legislature. If anyone in the audience wants to provide additional comments or materials, please e-mail them to secondarylife@floir.com no later than October 30th, 2013.

Materials received on this matter will be available to the public and posted on the Office's website. Therefore, if any interested parties believe they have comments or information that has not already been expressed today, feel free to add those.

Thank you for your participation. If there's nothing further, this hearing is adjourned.

(Whereupon, the proceedings concluded at 1:35

1	CERTIFICATE OF REPORTER
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4	
5	I, LISA A. BABCOCK, do hereby certify that I
6	was authorized to and did report the foregoing
7	proceedings, and that the transcript, pages 3 through
8	148, is a true and correct record of my stenographic
9	notes.
10	
11	Dated this 12th day of November, 2013 at
12	Tallahassee, Leon County, Florida.
13	Lina Babcock
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15	LISA A. BABCOCK
16	Court Reporter
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