In the Matter Of:

EVERGREEN HEARING

HEARING June 07, 2017

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1	MARYLAND INSURANCE ADMINISTRATION
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3	RE: EVERGREEN HEARING
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б	BEFORE THE HEARING COMMISSIONER AL REDMER, JR.
7	Baltimore, Maryland
8	Wednesday, June 7, 2017
9	8:58 a.m.
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20	Job No.: WDC-129180
21	Reported by: Sheri D. Hayhurst-Smith, RPR
22	Pages: 1 - 44

EVERGREEN HEARING held at the Offices of: MARYLAND INSURANCE ADMINISTRATION 200 St. Paul Place Suite 2700 Baltimore, Maryland 21202 Pursuant to Notice, before Sheri D. Hayhurst-Smith, Registered Professional Reporter and Notary Public in and for the State of Maryland.

1 APPEARANCES 2 3 HEARING OFFICER: AL REDMER, JR., COMMISSIONER 4 5 MARYLAND INSURANCE ADMINISTRATION 200 St. Paul Place 6 7 Suite 2700 8 Baltimore, Maryland 21202 9 (410) 468-2090 10 ALSO PRESENT: Vincent P. O'Grady, CPA 11 J. Van Lear Dorsey, Principal Counsel 12 Ren L. Tundermann, Esquire 13 George J. Nemphos, Esquire 14 Maulik S. Joshi, DrPH 15 Calvin E. Swartley, ASA, CFA Donna C. Novak, President NovaRest 16 17 David Krajewski, LifeBridge Health Susan Stitcher, JARS Health Investments 18 19 Aaron Moore, Orange Element 20 Barb Van Buskirk, Vice President of Marketing 21 Dr. Peter Beilenson, Vice President of 2.2 Evergreen

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13	(None Offered).	
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1	MR. REDMER: It's 10:00 o'clock [sic]. My
2	name is Al Redmer. I am the commissioner for
3	the State of Maryland. I'm sorry. It's 9:00
4	o'clock. I've already screwed up the record.
5	With me at the table, to my right is Vinnie
6	O'Grady, who is the Associate Commissioner of
7	Examination & Auditing.
8	And to my left is Van Dorsey, who is the
9	principal counsel from the Office Of The Attorney
10	General.
11	The administration has before it the
12	application of Evergreen Health, Inc., a nonprofit
13	HMO to convert to a for profit status and be
14	acquired by certain investors.
15	The parties wishing to acquire Evergreen are
16	JARS, J-A-R-S, Health Investments, LLC, Anne Arundel
17	Health System, Inc. and LBH Evergreen Holdings, LLC.
18	The application was received by the
19	Administration on May 1st, 2017. The Administration
20	published notice of the application and of this
21	hearing, which is required by Section 6.5-203 of the
22	State Government Article of the Annotated Code of

1 Maryland.

2	I, as commissioner, may not approve the
3	conversion and acquisition unless I determine that
4	it is in the public interests.
5	In that regard, the criteria on which the
6	review is based is spelled out in the law.
7	We have asked Evergreen to provide testimony
8	today to address the criteria and to explain why
9	this proposed transaction is indeed in the public
10	interest.
11	Following the testimony, on behalf of
12	Evergreen, others present who have signed up to
13	testify may do so. Time limits may be imposed for
14	the other interested parties, if necessary. My
15	staff and I, from time to time, may pose questions.
16	For those individuals who are unable to attend
17	in person, we have established a conference call
18	line. It sounds like there's a few folks on the
19	line. I would ask that if you're not speaking, to
20	mute your phone, but please do not place it on hold.
21	As we get started, if you are on the phone,
22	would you mind identifying who you are.

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1	MR. MOORE: Hi. Aaron from Orange Element
2	is here. We're representing Evergreen Health,
3	as an agency for marketing.
4	MS. BUSKIRK: Barb Van Buskirk, vice
5	president of marketing.
6	MR. REDMER: Is anybody else on the phone?
7	Okay. With that, we will move along.
8	At this time, I would like to ask Evergreen to
9	present its first witness, who I believe is
10	Dr. Peter Beilenson, the president and CEO of the
11	company.
12	Peter, welcome, and thanks for participating.
13	MR. BEILENSON: Thanks for having me,
14	Mr. Redmer, Mr. Dorsey, Mr. O'Grady. Thank you
15	for the opportunity to present this.
16	I'm pleased to bring this transaction to you
17	and the community to demonstrate that the proposed
18	conversion and acquisition of Evergreen is in the
19	interest of its policyholders and the insurance
20	market and citizens of this state.
21	Ironically, having been initiated as a part of
22	the co-op program of the Affordable Care Act, if it

1	weren't for two arcane aspects of the ACA, being
2	outrageous payments required of us from the fatally
3	flawed risk adjustment process and the federal
4	government not paying Evergreen what we were owed
5	under the risk quota program, we would not be here
6	today.
7	In fact, prior to the imposition of the risk
8	adjustment payment, we were actually profiters, if
9	you remember.
10	In late June of 2016, after we were assessed a
11	\$24,000,000 risk adjustment payment, over 28 percent
12	of our entire revenue for the year, all of which we
13	had to pay to our chief competitor in the Maryland
14	marketplace, we found ourselves in a financially
15	untenable situation. Simply put, without
16	significant capital to refill our completed
17	reserves, we could not continue to operate.
18	With that said, July of 2016, we began pursuing
19	potential investors, seeking a transaction that
20	would save Evergreen and be good for our customers
21	in the community, in part, by continuing to provide
22	for a mutual competitor in the marketplace.

1	After talking with more than 75 potential
2	investors from all over the country, we eventually
3	selected three local investors with great
4	reputations in the state, JARS, Anne Arundel Health
5	System and LifeBridge Health.
6	After negotiations with both state and federal
7	regulators, as you are very cognizant of, we emerged
8	from the co-op program on January 19th, 2017. At
9	that time, I can't remember exactly.
10	And with our three partners, filed an
11	application as the commissioner mentioned, to
12	convert to a for profit entity on May 1st, 2017.
13	Since that time, we have responded to written
14	questions from the MIA and submitted written
15	testimony for this hearing. All of this taken
16	together shows that this transaction is in the
17	public interest.
18	In support of this conclusion, you will hear
19	from Evergreen's valuation and community impact
20	experts. These three purchasers will speak later
21	this morning as well.
22	I would like to thank the purchasers,

1	especially Mark Quente for working so hard to save
2	Evergreen. Mark and JARS became involved last
3	October and has stood by in the roller coaster ride
4	that has been this experience for the past several
5	months, and we are very grateful to them.
6	I'd like to thank our regulatory counsel, Ren
7	Tundermann, for her tremendous efforts in speeding
8	this process along in the midst of chaos at times.
9	I'd like to thank our brokers, many of whom
10	have worked hard to continue to sell our plans even
11	in the face of an uncertain future.
12	But most of all, I would like to thank all of
13	Evergreen's employees. This has been an incredibly
14	stressful year, not knowing whether we would survive
15	and often it felt like, with the caseload, and
16	endless limbo.
17	Our employees have worked very hard to keep the
18	company alive and moving forward, and I am very
19	proud of the entire team.
20	Finally, we are very excited about the
21	opportunities ahead for Evergreen Health. Having
22	two health systems and a cadre of experienced

1	insurance and health care executives on our team
2	opens the door to many new possibilities.
3	We look forward to Evergreen emerging stronger
4	than ever before.
5	I look forward to answering your questions and
6	look forward to having our experts and the
7	purchasers come forward after me.
8	MR. REDMER: Any questions?
9	MR. DORSEY: Two questions, I think. As
10	for as you know, it's the investors' intentions
11	to retaining you as CEO immediately following
12	the acquisition, correct?
13	MR. BEILENSON: Yes.
14	MR. DORSEY: And there are no retention
15	bonuses or anything of that nature?
16	MR. BEILENSON: That is correct.
17	MR. REDMER: Ren, did you want to say
18	anything, or are you just here to control him?
19	MS. TUNDERMANN: I'm wrangling the truth.
20	I'm fine.
21	MR. REDMER: Thank you, Van.
22	MR. DORSEY: Is the next witness

1	Ms. Novak?
2	MS. TUNDERMANN: No. The next witness
3	will be Mr. Swartley from Moss-Adams
4	MR. DORSEY: Sure. Very good.
5	MS. TUNDERMANN: our valuation expert.
6	MR. SWARTLEY: Where would you like me?
7	MS. TUNDERMANN: Here. You guys can
8	switch.
9	Calvin will summarize his valuation analysis,
10	including his updated analysis, and then he will be
11	glad to answer any questions.
12	MR. REDMER: If you don't mind, give your
13	name and company for the record.
14	MR. SWARTLEY: Yes. Absolutely. My name
15	is Calvin Swartley, and I'm with Moss-Adams,
16	LLP.
17	We're a regional accounting form based on the
18	west coast. Within that firm it's a traditional
19	tax and accounting firm I'm part of the firm's
20	valuation and services group. And I was asked to
21	perform a valuation of Evergreen.
22	We were retained last August, August of 2016,

and performed a valuation, with an effective date of
 September 15th, which we provided to management in a
 draft form.

After that time, we were asked to later update our valuation and prepare it as of the date of January 31st, 2017.

7 Within the valuation, we considered approaches 8 that would be applicable for Evergreen, including 9 income approaches, market approaches, asset-based approaches. We also considered some of the 10 11 assumptions that are included in your state 12 statutes, which considered 100 percent of the 13 company being sold or the equity of it being sold, 14 the earnings capacity, the market, the net asset 15 value, whether or not a controlled premium would be 16 applicable, and to make sure that we considered it 17 on an ongoing concern basis, which basically assumes that it will continue into the future. Not that it 18 19 would be liquidated.

20 Within our analysis, we looked at various 21 measures within each of the approaches. We 22 collected a great deal of data from the company,

1	including past financial performance, future
2	expectations. We looked at things that are going on
3	out in the market place, local economy demographics,
4	things of that nature to assess how the company is
5	doing and how it will perform going forward.
6	Within our analysis, we prepared an income
7	approach to look at future cash flows of the
8	company, both on a going forward basis, but we also
9	did consider a wind-down scenario, assuming that
10	this conversion, if it did not happen, what would
11	the company be like.
12	We looked out to the marketplace for comparable
	We tooked out to the marketprace for comparable
13	transactions of other insurance companies that have
13	transactions of other insurance companies that have
13 14	transactions of other insurance companies that have been bought and sold, as well as public companies
13 14 15	transactions of other insurance companies that have been bought and sold, as well as public companies and how they trade in the marketplace.
13 14 15 16	transactions of other insurance companies that have been bought and sold, as well as public companies and how they trade in the marketplace. And, finally, we looked at the company's
13 14 15 16 17	<pre>transactions of other insurance companies that have been bought and sold, as well as public companies and how they trade in the marketplace. And, finally, we looked at the company's balance sheet and its assets versus its liabilities.</pre>
13 14 15 16 17 18	<pre>transactions of other insurance companies that have been bought and sold, as well as public companies and how they trade in the marketplace. And, finally, we looked at the company's balance sheet and its assets versus its liabilities. Based on our assessment of all of those facts,</pre>
13 14 15 16 17 18 19	<pre>transactions of other insurance companies that have been bought and sold, as well as public companies and how they trade in the marketplace. And, finally, we looked at the company's balance sheet and its assets versus its liabilities. Based on our assessment of all of those facts, characteristics, at the time of January 31st, most</pre>

and made it essentially either a zero or a negative
 number.

As we have moved forward from that point, we have been asked to look at the performance of the company and consider what that performance would do in light of the valuation and where we were coming out.

And since that time, it's my understanding, from the information I've been provided, one, there were some adjustments to the year-end financials, which actually made it look worse than the information we have been provided, and, two, that it continues to operate with losses and has had to take on more surplus notes to just fund its operations.

15 So, at this point in time, unless there is 16 there something that we weren't provided, it would 17 be difficult for us to say that the value has 18 increased from the values that we have provided in 19 January.

20 MR. REDMER: Two questions: This is 21 probably pretty basic. But could you describe 22 what a controlled premium is?

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1	MR. SWARTLEY: Oh, sure. That's a very
2	good question. And within our report, one of
3	the things that we show is some of the data
4	that might support that.
5	So, oftentimes, when a company is looking to
6	acquire another company, especially when you start
7	to look at public companies, you'll see that at the
8	point that there's an announcement, the buyers are
9	willing to pay a price higher than the price that
10	the shares are trading in the open market at that
11	point in time.
12	MR. REDMER: Right.
13	MR. SWARTLEY: And I think it's important
14	to note that we see that often, that the buyer
15	feels that they may have some synergies or cost
16	efficiencies or other things that make them
17	think that we can pay a premium above what the
18	market says, you know, what a tradeable amount
19	would be.
20	So, we did consider that within our analysis.
21	MR. REDMER: Got it. Let's take Evergreen
22	out of it for a second, because I think we'll

1	probably get into these questions when we speak
2	to the investors. But you do this in other
3	industries for other companies. So, let's take
4	Evergreen out of it.
5	One of the general questions is going to be if
6	a company does not have a value, then why is another
7	company going to be interested in purchasing that
8	for whatever amount of money.
9	So, could you walk through just the laundry
10	list of some of the reasons that one company would
11	pay money to buy another company that technically
12	may not have any value.
13	A Sure. And that's a very good question.
14	Obviously, having not talked to the investors, I
15	don't know their motivations.
16	MR. REDMER: Right. We'll ask them.
17	MR. SWARTLEY: But in general yeah.
18	But in general, you raise a good question,
19	because there are motivations for companies to
20	buy other companies, depending on situations
21	and facts and circumstances. Sometimes that
22	can be that the buyer feels that they can do a

1	better job running the company. So, they can
2	come in, and I'll say fix some of the things
3	that maybe weren't working correctly, or they
4	may see that there's an opportunity to enhance
5	their own business line. So, vertical
6	integration is a term we often use.
7	So, taking that company, putting it with some
8	of the services that they already provide and trying
9	to provide a more complete package and control both
10	revenue and costs of everything that's going on.
11	Sometimes there are predatory reasons for doing
12	that, taking a competitor out of the marketplace,
13	and, also, at times, there are situations where the
14	other company that is struggling, and someone is
15	willing to come in, buy it and try to liquidate it
16	and see if they can walk away with anything at the
17	end of the day.
18	MR. REDMER: Right.
19	MR. SWARTLEY: So, those would be many of
20	the reasons that someone may be willing to pay
21	for a company, any type of company.
22	MR. REDMER: Right. Thank you. Van?

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 2 your testimony from your report, that in thi 3 case, because of the liabilities exceed the 4 assets, that in your view, there are no publ 5 assets in this case? 6 MR. SWARTLEY: Correct. Yes.
4 assets, that in your view, there are no publ 5 assets in this case?
5 assets in this case?
6 MR. SWARTLEY: Correct. Yes.
7 MR. REDMER: Great. Thank you.
8 MR. SWARTLEY: Thank you.
9 MS. TUNDERMANN: Next, we will hear fro
10 Donna Novac. She did the community impact
11 analysis for Evergreen.
12 MS. NOVAK: Good morning. I am Donna
13 Novac with NovaRest Consulting. NovaRest
14 Consulting is an actuarial consulting firm
15 that works with state and federal insurance
16 underwriters.
17 We were asked to look at the community impac
18 of this proposed acquisition. And our final repo
19 was published on or about April 27th, and it's
20 available. And, so, what I am going to be
21 summarizing is actually the April 27th report fro
22 this year.

1	One of the things that we found from our
2	analysis is that this acquisition would be
3	beneficial to the community served by Evergreen,
4	that it would not be detrimental to the availability
5	or access to health services.
6	As we've already heard, Evergreen has a very
7	hazardous financial situation right now, and this
8	acquisition would provide the funds to bring the
9	risk-based capital or solvency up to an acceptable
10	level.
11	Evergreen, right now, offers products in the
12	small group and large group markets. Because of its
13	financial condition, it's been suppressed from
14	offering products in the individual market in 2017.
15	But once its financial condition is satisfactory,
16	and that suppression is raised, it intends to enter
17	into the individual market also.
18	There are approximately five carriers in the
19	individual market right now. Some of those
20	affiliated, and approximately 11 in the small group
21	market. Some of those are affiliated. And what
22	Evergreen brings is further competition in those

1 markets.

2 It's been showing over and over again that the 3 more competitors in the health insurance market, the 4 premiums tend to be lower. Also, Evergreen provides 5 additional choice in those markets as far as 6 products.

7 If Evergreen cannot continue, if this 8 acquisition is not in place, its members will have 9 to find another carrier, Evergreen being their carrier of choice. They will have to find another 10 11 They will possibly have to pay higher carrier. premiums for similar benefits when they change 12 13 carriers, and they may have to change provider 14 networks and wouldn't have the choice of providers. 15 The acquirers have said that at the beginning, 16 right after the acquisition, they do not intend to 17 change the products or the operations of Evergreen; 18 although they are intending to look at best 19 practices in the marketplace, and potentially make 20 some changes going forward. Premiums will probably increase, because 21

22 Evergreen, right now, is not subject to premium tax,

1	and they will be subject to premium tax once it's
2	for profit. And, also, premiums will have to cover
3	any return on investment with the prior example.
4	But in support of having affordable health
5	care, being acquirers are committed to bringing the
6	risk-based capital up to 71 percent at the time of
7	acquisition, and they are going to make efforts to
8	bring the risk-based capital up to 200 percent by
9	the end of 2018.
10	As far as equitability to the current members,
11	ACA does not allow underwriting and does not allow
12	pricing on morbidity. The acquirers are not
13	intending to change the underwriting standards in
14	the large group market, but, again, if the
15	acquisition does not take place, the members will
16	have to find insurance with another carrier and
17	potentially have a higher price and potentially have
18	to change networks. Are there any questions?
19	MR. REDMER: We're good. Thank you very
20	much.
21	MS. TUNDERMANN: One of the other required
22	elements in a conversion application is an

1	analysis of the anti-trust issues.
2	Evergreen submitted a legal opinion in that
3	regard, and the principal counsel asked for some
4	additional analysis, which was provided.
5	And with that, we felt we didn't need the
6	lawyer to appear and speak to his opinion, that the
7	opinions speaks for itself.
8	MR. DORSEY: And both documents are in
9	front of you.
10	MS. TUNDERMANN: Yes. So, now, we would
11	like to introduce you to our investors, and let
12	you hear from them and talk with them about
13	their plans for Evergreen. We've arranged to
14	have one representative of each of the
15	investors, so that you may ask questions of
16	each of them. But we'll begin with the opening
17	statement.
18	MR. JOSHI: Thank you. Good morning,
19	everyone. My name is Maulik Joshi, and I'm the
20	executive vice president and chief operating
21	officer for the Anne Arundel Health System.
22	Thank you, Mr. Commissioner, Mr. Associate

1	Commissioner, Mr. Dorsey. We appreciate the
2	opportunity.
3	On behalf of the investors, JARS Health
4	Investments, LLC, LifeBridge Health and Anne Arundel
5	Health System, we appreciate the opportunity to
6	appear before you today in support of Evergreen
7	Health application to convert to a nonprofit to a
8	for profit company and our application to acquire
9	Evergreen Health.
10	As I think, as you've heard earlier, we know
11	Evergreen's path to this day has been long and
12	challenging, but we want to share with you how
13	excited we are for the commissioner and the
14	community, in terms of the path for should these
15	applications be approved.
16	So, first, speaking for Anne Arundel Health
17	System, it has been a core tenet of our strategic
18	plan to create a provider sponsored health plan. We
19	developed a strategic plan in 2009 called Vision
20	20/20, and again, the core strategic and issue is
21	developing a provider sponsored health plan.
22	Our investment in Evergreen is a strategic

investment. We want to further population health
 and further integrate the delivery of care and the
 financing.

4 Our Anne Arundel Health System mission is to 5 enhance the health of the people we serve, and 6 providing affordable health care coverage to 7 Maryland citizens is essential to health. We know 8 that health insurance is related to better access. 9 Better access relates to better care, and better 10 care relates to better health. That's the triple A, 11 and we are aligned with Evergreen on the Triple A --12 best care, best service, lowest costs possible.

13 My colleagues and I have had many conversations 14 with the leadership of LifeBridge and with JARS, and 15 we certainly know that we share a common vision in 16 terms of where we're going. While the creation of a 17 provider sponsored health plan is not part of 18 LifeBridge's core strategic plan, they, like us, 19 view the acquisition of Evergreen as an exceptional 20 opportunity to improve the health of the citizens of 21 Maryland.

I know, also, that LifeBridge Health has

2.2

1	developed a geographically disseminated network of
2	providers across the health care, continuing from
3	urgent care to nursing homes, hospice care, and
4	bringing these providers into the Evergreen provider
5	network will give its members more choices and
6	easier access to services.
7	Also, Anne Arundel Health and LifeBridge Health
8	serve different areas of the state. So, our
9	interests and ours are complimentary, not
10	entitlement.
11	The motivation of JARS is a little different
12	than as its partners. JARS is an investment vehicle
13	founded by a group of individuals and entities with
14	over 100 years of experience working within the
15	continuing care of the Maryland health care
16	industry, including over 20 years of experience in
17	health insurance. JARS was created with the dual
18	goals of a long-term financial forum of its
19	investment, coupled with providing capital to
20	preserve competition in the Maryland marketplace
21	while insuring that the citizens of Maryland receive
22	the highest quality of care.

This type of investment, we probably refer to 1 2 as socially responsible investing or socially 3 conscious investing. 4 So, simply put, this transaction is in the 5 public interest, because it preserves a lower cost, 6 high quality competitor in the Maryland health 7 insurance markets. 8 Evergreen has a great history, going from zero 9 to over 35,000 members in three years of operations. Evergreen was founded on the promise of providing 10 11 affordable, high quality health insurance to members 12 of our community. However, the company needs to be 13 financially viable. 14 With the competence and experience and 15 financial wear with all of JARS, LifeBridge Health, 16 and Anne Arundel Health System, standing behind 17 Evergreen, Evergreen will achieve financial 18 stability and independence. The collective 19 knowledge, experiences and resources that the partners can bring will benefit the citizens of the 20 state of Maryland and only improve health care 21 2.2 delivery to the policyholders.

1	Should the MIA approve the conversion of
2	Evergreen, a not for profit to a for profit health
3	insurer, and the partners' subsequent controlling
4	investments, the partners will control of Evergreen
5	with cash, there will be no debt to be financed by
6	Evergreen.
7	To date, the partners have collectively made
8	surplus loans of \$12,000,000.
9	Upon closing, the purchasers will provide
10	additional investments, which are sufficient for
11	Evergreen to satisfy the requirements for its
12	certificate of authority, including the minimum
13	surplus and RBC requirements of Maryland Law.
14	The partners are fully aware for the potential
15	need for additional capital, and as Evergreen grows
16	in the future, and we are prepared to provide those
17	funds, as necessary.
18	The strong financial condition of the partners
19	will bring financial stability to Evergreen. This
20	transaction will not substantially lessen
21	competition in the Maryland insurance market or tend
22	to create a monopoly, because none of the purchasers

own an interest in any carrier that competes with 1 2 Evergreen in any market in which it participates in. 3 Our Form A application provides some information regarding our plans for Evergreen's post 4 5 closing. We said that we have no plans to declare 6 any extraordinary dividend, to liquidate or sell any 7 of Evergreen's assets, or to merge Evergreen with 8 any other entity. 9 We said we have no plans to make any material 10 change in the business operations or corporate 11 structure of Evergreen. 12 Now, let me just provide a couple of colored commentary around this. First of all, we know that 13 14 Evergreen's existing policyholders may be concerned about this transaction and what it means for them in 15 the immediate future. 16 17 We will impose no mid-term changes to the 18 existing forms or rates of any current Evergreen 19 policyholder. Everyreen currently writes in a small 20 and large group markets, and we are aware that it 21 has filed forms and rates both for the small and 2.2 individual markets for 2018.

1	We understand that these filings are under
2	review at the Insurance Administration, and expect
3	that Evergreen will keep us apprized of developments
4	prior to closing.
5	We know that Evergreen is advised by Milliman
6	with regard to its rate filings, and we do not
7	expect to change that relationship after closing.
8	Evergreen has an extensive provider network,
9	both directly contracted in Maryland and through a
10	national leased network. We expect to encourage and
11	support Evergreen's expansion of its directly
12	contracted Maryland network post closing, including,
13	of course, the providers associated with as the
14	investors.
15	We stated in the forma that there are no
16	employment consultation, advisory or management
17	contracts concerning Evergreen. We intend that
18	Evergreen be managed by its leadership team, and its
19	board, and have no plans to outsource management to
20	any of them.
21	We have spoken with Dr. Beilenson, and Dan
22	Ragan and Dustin Plantholt, encouraging them to stay

1 with the company post closing. 2 After closing, the board will further assess 3 the strengths and weaknesses of the leadership team 4 and group at Evergreen. 5 The purchasers expect the new board will wish 6 to have one or more management level employees as a result of that assessment. We also intend to engage 7 a consultant post closing to assist in assessing 8 9 potential changes in management and improvements to operations. There is no employee incentive or bonus 10 11 plan in place at Evergreen in 2017. 12 After closing, we expect a new board will 13 establish an incentive or bonus plan to align with 14 the employees' performance and with the company's 15 goals and objectives, which is the Triple A. 16 We appreciate the support and patience of the 17 administration, as well as Evergreen's 18 policyholders, brokers and employees, as we 19 undertook detailed due diligence with the company 20 and crafted a deal structure that best serves the 21 company's policyholders and the company. 2.2 We believe this transaction is in the public

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interests and should be approved. 1 2 Now, let me introduce my two colleagues, Dave 3 and Susan. 4 MS. STITCHER: Good morning. My name is 5 Susan Stitcher. I am a member of the JARS health care investment group. I have over 25 6 7 years of health care experience, predominantly 8 in the Maryland market. I was employed by 9 consulting companies, as well as a Maryland 10 hospital. And I currently am a small business 11 owner with an organization that focuses on 12 medical record and the accuracy. 13 I appreciate the opportunity to be part of the 14 team. 15 MR. KRAJEWSKI: Good morning. I'm very 16 excited to be here. My name is David 17 Krajewski. I have been with LifeBridge for 26 18 Prior to that, I was with Arthur years now. 19 Andersen, as a health care consultant on the 20 division side. 21 I have 31 years of experience in health care. 2.2 I served as the executive vice president at

1 LifeBridge and the CFO, and I'm the president of LifeBridge partners, which is the entity that we 2 3 invested in in Evergreen. 4 MR. REDMER: So, now, thank you. Your 5 opening statement provided a laundry list of 6 questions, of which none of them have anything 7 to do with whether this is in the public 8 interests. 9 So, I look forward to asking you those questions at another time. Vinnie, any questions? 10 11 MR. O'GRADY: So, I appreciate your Sure. 12 introductory comments on generically why you 13 all would be interested in this acquisition, 14 but let me just ask the investors collectively. 15 The valuation analysis that Moss-Adams 16 prepared, concluded that the fair market value is 17 zero, and, you know, the financial statement show a 18 negative surplus. 19 So, could you just please explain, you know, 20 why you all believe that it is a good investment for 21 you all to invest the 12,000,000 to date, plus the 2.2 substantial amounts that remain and the additional

1 amounts --2 There's two parts to that MR. KRAJEWSKI: 3 One is it's a strategic investment for answer. at least two of us. We believe this is an 4 5 investment not only that has a financial return in the future, but an investment that will help 6 us to maintain the triple A to support the 7 8 waiver that Maryland has with Health Services Cost Review Commission. So, it's a very 9 10 strategic asset for us. In addition to it, we believe that an insurance 11 12 company that is well run, with proper 13 capitalization, and the right partnership -- so, we 14 believe that we bring those partnerships to the 15 table -- will, in the future, have value. There's 16 risks associated with that, certainly, and there is going to take some period of time to get it to that 17 point where it would be producing profit and surplus 18 and have future value. But we believe we can get it 19 20 there. 21 MR. O'GRADY: Do you have any further 2.2 specifics about how you think you will get

1

there?

2 We recognize that some of the federal charges 3 that Dr. Beilenson mentioned, certainly contributed to develop these financial problems and the risk 4 5 adjustment program still exists. 6 And, so, just anymore detailed thoughts on how you believe you will achieve profitability? 7 8 MR. KRAJEWSKI: Certainly, the scale is 9 one of them. So, the partnerships we believe will allow us to build the membership and run 10 the scale of the companies, such as the revenue 11 12 based at the top is larger. But, also, being providers, we also believe that we can reduce 13 14 the revenue loss ratios, manage the medical 15 expenses in a way that they will be around 85 16 percent or so and get the overhead down to less 17 than 15 percent. 18 So, we're looking at it from that standpoint. 19 That loss ratio, do we think we can get it to 20 85 percent? Probably. Can we get the overhead down 21 to 15 percent? We believe we can. In order to do 2.2 that, we also have to build the scale of the
1 company. 2 MR. O'GRADY: So, you mentioned the 3 commitments to bring the surplus to certain 4 levels. 5 So, let's assume for a moment that the MIA 6 approves transactions. And let's assume for a 7 moment, for the sake of discussion, the company 8 continues to incur losses. Let's just make that 9 assumption. 10 Have the investors determined any point at 11 which you would walk away from the monies invested 12 to date as opposed to continuing to invest any additional monies? 13 14 MR. JOSHI: We have invested in Evergreen 15 to make it successful. So, we understand the 16 capital requirements, and we understand that 17 there will be further capital requirements. 18 Again, we are not walking away easily. We are 19 here to make this -- and as David has said, "this is 20 a strategic investment." So, we're here to make it 21 worth it. 2.2 MR. DORSEY: You've done your due

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1	diligence.		
2	MR. JOSHI: We've done our due diligence.		
3	MR. DORSEY: To follow up that question,		
4	in the stock purchase agreement, there is a		
5	commitment to get the RBC levels to 200 percent		
6	RBC.		
7	I just want to hear who you acknowledged tat,		
8	if I could. And because that's a significant factor		
9	for us in determining whether the surplus levels are		
10	going to be at a sufficient level.		
11	MR. KRAJEWSKI: Right. We understand		
12	that, and when we did our due diligence, that		
13	was in our prior capital planning process, that		
14	we need to get the company to 200 percent RBC.		
15	So, all three of the investors have looked at		
16	that, and at this point in time, we believe that		
17	that is something we are willing to form again.		
18	MR. DORSEY: In the stock purchase		
19	agreement, it uses the phrase "commercially		
20	reasonable efforts to get it to that level."		
21	What does that mean to you?		
22	MS. TUNDERMANN: In some ways, that's a		

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1	lawyer question. So, if you ever
2	MR. REDMER: Aren't they all?
3	MS. TUNDERMANN: I mean, feel free to
4	answer. But if you would like to refer to
5	George Nemphos, I'm sure he will be glad to
6	answer.
7	MR. DORSEY: In this case, I'll just ask
8	if you agree with counsel.
9	MR. KRAJEWSKI: We will defer to George.
10	Understand that the investors are going to be
11	putting 25,000,000 to \$30,000,000 on the onset.
12	So, we're not taking that type of investment
13	lightly.
14	So, we would not walk away very easily. That
15	is a large investment, and we anticipate future
16	investments beyond that.
17	But I'll let George answer the lawyer part of
18	the question.
19	MR. NEMPHOS: Thanks. Good morning. The
20	term "commercially reasonable efforts," Van, as
21	you know, is a legal term.
22	Specifically, from a legal standpoint, it means

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such efforts that a person or a business in the same
position would reasonably take to ensure the outcome
necessary to be sought.

In this case, what we view that as is that as 4 it moves forward, Evergreen is clearly its own 5 6 entity, with the guidance, help and support of these three individual partners. It's the intention, as 7 8 you've heard this morning already, that it become a 9 financially viable and capable company in delivering the product and assisting in the health care that is 10 11 in the state of Maryland.

12 To do that, there is certain regulatory 13 requirements with regard to RBC level. And as 14 investors, they are willing to take the steps that 15 another person or entity would be in in a similar 16 situation would be in and reasonably would take, and 17 we're to ensure that.

Does that mean that these three partners, in the end, will continue to work and try to financially support and finance the needs? Yes. But as a living, breathing entity, in and of itself, they will have to examine the situation each time

1	for what's the best method, the best way, and the		
2	best process in which to get to 200 percent.		
3	And as in any business, those commercially		
4	reasonable efforts could include a variety of		
5	different things, including what you all have been		
6	alluding to, which is the financial agreement with		
7	these gentlemen and Susan and her team.		
8	MR. REDMER: Which brings a question for		
9	Susan. A lot of the conversation has been		
10	focused on the cash that's going to be going		
11	out of the investors' checkbook into Evergreen		
12	as part of the I'll refer to it as for		
13	profit investments.		
14	What do you think is the realistic timeline for		
15	there being any kind of return on that investment?		
16	MS. STITCHER: So, from JARS' perspective,		
17	we are looking at this being a long-term		
18	commitment and a long-term investment.		
19	We understand that the losses today really need		
20	to be scrutinized in understanding where we can		
21	start to make a turn.		
22	I would say in the short term, we do need to		

1	minimize that. That would be the goal. But long		
2	term, I would say within 18 months to 24 months. We		
3	would really hope that this will be something that		
4	can stand on its own, to be able support these three		
5	investors, to be able to give the existing		
6	management team to perform at a different level than		
7	before.		
8	MR. REDMER: Thank you. Van, do you have		
9	anymore?		
10	MR. DORSEY: No.		
11	MR. REDMER: We're good. Thank you.		
12	MS. TUNDERMANN: So, Commissioner, if I		
13	may just wrap up before I hand it back to you		
14	to see if there are any others who wish to		
15	speak.		
16	As you said at the opener, we have worked hard		
17	in the last year to draw up the transaction to bring		
18	to you for your approval that protects the company		
19	and its policyholders and the community. We		
20	developed these comprehensive applications, both		
21	conversion and acquisition applications. We have		
22	submitted written testimony. We have responded to		

1	your questions in writing, and are happy to continue
2	to do so, as you deliberate on these applications.
3	But we think we have built a record that meets
4	every element of the required statutes, and we are
5	certainly hoping that you will approve both the
6	conversion and the acquisition as being in the best
7	interests of the community.
8	MR. REDMER: Thank you.
9	MR. DORSEY: Thank you all for signing up
10	with regard to the hearing.
11	As I reviewed the hearing sheet, it does not
12	appear that there are any others who wish to step
13	forward and testify.
14	If I'm inaccurate in that, if there are any
15	folks up there, out there who wish to testify,
16	please come forward.
17	MR. REDMER: Should we pull one or two out
18	and make them say something?
19	MR. DORSEY: So, the transcript will be
20	made part of the record. We, the MI, will be
21	reviewing the transcript, as well as the
22	testimony that both are written and will be

1	heard today, as well as the other elements of			
2	the application, both confidential and what			
3	have been made to the public.			
4	So, we hope to have the answer soon. And if			
5	5 you all have any questions, let us know.			
6	MR. REDMER: Is there anybody on the phone			
7	that wishes to comment?			
8	MS. BUSKIRK: I think we're good.			
9	MR. REDMER: All right. Real good. That			
10	concludes this public hearing. Thank you for			
11	coming.			
12	(The Evergreen Hearing was concluded at			
13	9:39 a.m.)			
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7	by me stenographically and thereafter reduced to
8	typewriting under my direction and that I am neither
9	counsel for, related to, nor employed by any of the
10	parties to this case and have no interest, financial
11	or otherwise, in its outcome.
12	IN WITNESS WHEREOF, I have hereunto set my
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15	My commission expires November 4, 2020.
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