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ENDORSED Superior Court of California County of San Francisco

APR 2 1 2011

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> Attorneys for Applicant Dave Jones, Insurance Commissioner of the State of California in his Capacity as Conservator of Majestic Insurance Company

EXEMPT from filing fees per Govt. Code § 6103

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## SUPERIOR COURT OF THE STATE OF CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO

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DAVE JONES, INSURANCE COMMISSIONER OF THE STATE OF CALIFORNIA,

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Applicant,

MAJESTIC INSURANCE COMPANY, and

Respondents.

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v.

DOES 1-50, inclusive,

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Case No. CPF-11-511261

DECLARATION OF RONALD A. DAHLQUIST IN SUPPORT OF INSURANCE COMMISSIONER DAVE JONES' MOTION FOR ORDER APPROVING REHABILITATION PLAN FOR MAJESTIC INSURANCE COMPANY

Date:

June 2, 2011 9:30 a.m.

Time: Dept:

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Judge:

Hon. Peter J. Busch

I, RONALD A. DAHLQUIST, hereby declare and state as follows:

- 1. I am the Chief Actuary of the California Department of Insurance ("CDI"). The following facts are known by me to be true and correct of my own personal knowledge. If called upon to testify I would and could competently testify as set forth herein.
- 2. I have held the position of Chief Actuary of the CDI since September 1, 2010. Prior to being named Chief Actuary, I was a Senior Casualty Actuary at the CDI, a position I had held since September of 2000. I was the Chief Actuary for the California State Automobile Association from August of 1996 until September of 2000. Prior to that I was employed by the CDI from February of 1994 through August of 1996. Between 1974 and 1994 I was employed as an actuary in the insurance industry.
- 3. I received my Bachelor of Science degree with a major in Mathematics from UCLA in 1974. Since 1980 I have been a Fellow of the Casualty Actuary Society and a member of the American Academy of Actuaries. I am expert in actuarial matters pertaining to property and casualty insurance companies, including appropriate loss reserving methodologies by insurers and related insurance risk and solvency analysis respecting property and casualty companies.
- 4. In connection with the CDI's responsibility to monitor the solvency of admitted insurers writing insurance within California, the Chief Actuary of the CDI directs and oversees the analysis of the adequacy of loss reserves of admitted carriers during the CDI's periodic financial examinations. The Chief Actuary also participates in and supervises the preparation of the actuarial loss reserve studies or loss reserve reviews, and approves all actuarial conclusions included in the CDI's reports of such examinations before they are finalized.
- 5. Based on my position at the CDI and my participation in the actuarial aspects of the CDI's recent financial examination of Majestic Insurance Company ("Majestic"), a workers' compensation insurer domiciled in California, I am aware of the CDI's determinations regarding the current financial condition of Majestic. I was responsible for conducting the actuarial analysis of Majestic for the CDI's financial examination for the period ended December 31, 2010.
- 6. Based on the best estimate produced by our analysis, Majestic had a loss and loss adjustment reserve deficiency as of December 31, 2010 of approximately \$40.9 million and it had

a required premium deficiency reserve of approximately \$5.5 million, for a total deficiency of approximately \$46.4 million. This deficiency was determined by me and CDI staff working under my direct supervision and constitutes my professional opinion based on my education, training and years of actuarial experience.

- The Majestic Insurance Company as of December 31, 2010 ("Examination Report"), and concur with its overall finding. The CDI has concluded based on the information in its Examination Report that Majestic is operating in a hazardous condition under section 1011(d) of the California Insurance Code. The principal examination adjustment that leads to this conclusion is the adjustment for the \$46.4 million deficiency in the loss and loss adjustment reserves and the premium deficiency reserve that was determined under my supervision. After all examination adjustments are made to Majestic's financial statements, Majestic's policyholders' surplus falls below the Mandatory Control Level Risk-Based Capital (RBC) threshold under Insurance Code section 739.6(b)(2), and the Commissioner has determined that this is an additional ground for the imposition of regulatory control under Insurance Code section 1011(d).
- 8. In addition to the examination findings related to the reserve deficiencies, the CDI's conclusion that Majestic is operating in a hazardous condition is based in part upon the following findings:
- a. Majestic inforce premium has dropped from \$150 million in December 2009 to approximately \$84 million at December 2010.
- b. As a result of this premium decline, the current expense ratio for Majestic is in excess of 50%, and Majestic's surplus is declining at a rate of \$1.5 million per month.
- c. The New York State Workers' Compensation Board (NY WCB) sued Majestic and its holding company, including individual officers, for damages in excess of \$400 million. Any proposed settlement of NY WCB could negatively affect the financial condition of Majestic.
- d. There are three pending lawsuits in California against Majestic and its holding company, including individual officers, for damages in excess of \$34 million.

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- e. Majestic and its management have demonstrated an inability to establish, monitor or hold their employees accountable to a sustainable business plan.
- 9. To immediately address the foregoing hazardous condition of Majestic and to stem further financial deterioration, it is my understanding that the California Insurance Commissioner has sought an order of conservation for Majestic and has structured, with the management of Majestic, a plan for the rehabilitation of Majestic ("Rehabilitation Plan"). It is my understanding that the reinsurance provisions of the Rehabilitation Plan will be set out in the form of a Loss Portfolio Transfer and Quota Share Reinsurance Agreement (the "LPT Agreement"). It is my understanding that under the proposed Rehabilitation Plan, AmTrust North America, Inc. ("AmTrust"), through an affiliate authorized to write workers' compensation insurance in California, intends to provide full indemnity reinsurance for 100% of all unpaid losses covered under Majestic's workers' compensation policies, whether or not currently in force, without an aggregate limitation on AmTrust's liability, in exchange for a reinsurance premium payment to AmTrust equal to the amount of Majestic's net portfolio reserves and net premium reserves, plus \$26 million, based on my understanding of the intent expressed by both AmTrust and Majestic representatives. I have not reviewed any final written agreement, and I am not aware that any such final written agreement exists as of yet.
- 10. I have concluded that the consideration to be transferred to AmTrust by the Commissioner, as Conservator of Majestic, is fair and reasonable in exchange for the liabilities and obligations AmTrust will assume under the LPT Agreement. I have arrived at this conclusion for the following reasons.
- 11. First, the CDI has projected the total reserve deficiency of Majestic to be \$46.4 million as of December 31, 2010. This deficiency was determined by me and CDI staff working under my direct supervision and constitutes my professional opinion based on my education, training and years of actuarial experience. We have also determined that the present value of future investment income to be earned on the assets backing the total indicated required loss and loss adjustment expense reserves is approximately \$22.9 million. Under the LPT Agreement, it is my understanding that the Conservator will transfer to AmTrust the net portfolio reserves and net

unearned premium reserves of Majestic totaling approximately \$170.3 million plus a payment of \$26 million. The consideration being transferred to AmTrust is a fair and reasonable amount for the liabilities that AmTrust has agreed to assume under the LPT Agreement because it is reasonably close to the amount of the loss and loss adjustment expense reserve deficiencies identified in my analysis, after the offset for anticipated investment income, considering the inherent uncertainty in both estimates. In addition, from an actuarial standpoint, it is not possible to rule out the possibility of unexpected adverse development which could increase the ultimate costs of paying all losses covered under the Majestic policies. To address this, AmTrust has agreed to accept all liabilities arising under the Majestic policies without an aggregate limit of liability, and thus AmTrust has assumed the risk of such adverse development. The assumption of such a risk by AmTrust provides the policyholders of Majestic with a level of certainty of coverage that they simply would not be available from the current assets of Majestic. For these reasons, based on my actuarial training and experience, the consideration to be transferred by the Conservator to AmTrust is fair and reasonable in exchange for the obligations it will be assume under the Rehabilitation Plan and I understand it.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 19th day of April, 2011.

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