(1:36 p.m.)

MR. SAUNDERS, PRESIDING CHAIRMAN: You 2 3 fellows have spent a lot of time trying to show the relationship between the weather and the accident rates, but I think you got it wrong. The relationship is 5 between the FA hearings and the weather. Are there 6 any preliminary matters before we proceed? No? The 7 8 purpose of this session today of course, having received your well-prepared arguments, I've been 9 through them in some detail, and I think the 10 Commissioners have as well, the purpose of this 11 session is to give you all a chance to rebut, I guess, or 12 question the arguments of the others and to offer any 13 clarification of the points that you may have raised 14 yourself or any expansion of those points. It's not 15 intended that you would go through the written 16 argument that you have submitted. We're quite familiar 17 with those at this stage and in the interest of time as 18 well I would hope that this session would only deal 19 with your rebuttal or questions or expansion of your 20 own arguments. The way in which we plan to proceed 21 is the Applicant first, followed by the Consumer 22 Advocate, followed by Board Counsel, and after each 23 of you, if there are any questions that the panel 24 members have, we will insert them at that time rather 25 than wait till the very end. If we don't finish this 26 afternoon, I think Board Counsel has already discussed 27 with each of you the possibilities for tomorrow, and it's 28 29 not a problem with the panel, so if we have to we'll sit tomorrow morning, but if there's any hope of finishing 30 this afternoon, barring any schedule problems that you 31 fellows may have, we'll try and finish, if we have to sit 32 late, well then, so be it, and I think you're okay with 33 34 that, are you?

UNIDENTIFIED SPEAKER: Yes.

MR. SAUNDERS, PRESIDING CHAIRMAN: Yes. So unless there's something else, we'll start with Mr. Whalen, Mr. Stamp.

39 MR. WHALEN, Q.C.: Mr. Stamp is going to ...

40 MR. STAMP, Q.C.: Thank you, Mr. Chairman, 41 Commissioners. As you've indicated, and it's our intention in any event, that we will not be taking you 42 through our pre-filed argument, and so I will limit myself 43 to, I guess, responding to some of the issues that I 44 think are raised in some of the other arguments. I don't 45 46 intend to respond to every point in those arguments about which we're in dispute because I think to a large 47

extent our filed argument covers many of those topics in any event, but there are some that I do want to comment on and that's what I will try and limit myself to today. I don't think it'll take me an exceedingly long time to do that but I'll be as quick as I can to go through it. So with that brief commentary, Mr. Chairman, I can begin if you wish.

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I think I would like to start, first of all, with the point that is raised, I guess, at page 18 of the argument of the Consumer Advocate, and the theory, I guess, that there's a provincial law that entitles purchasers of insurance products that are purchased through the mechanism of Facility Association to buy those products essentially at a break even price, in other words, that as a matter of law they are entitled to that, and I think that they come to the conclusion that they have based on Section 97 of the *Insurance Companies Act*, which is set out in page six of that same argument, and it simply says that, "The unincorporated non-profit association of insurers known as Facility Association, known as the Facility Association, is continued under the name Facility Association."

Now, our ... I guess we'd make a number or comments in response to that general proposition. Certainly I think it's safe to say, based on what, the position we've taken in this hearing and to a brief extent in our written argument, but certainly in the past hearing, Mr. Chairman and Commissioners, we vigorously disagree with this interpretation, but regardless of the interpretation, let me say, there are a number of things that can be said in any event, and the first, I guess, and foremost item that we can say is that that's exactly, precisely, how this application was filed by the Applicant on a break even basis, so you have that evidence, compelling evidence from Mr. Pelley that that is exactly what the instructions were and exactly how he proceeded to prepare and file the application.

Then there is a theory that somehow we have accumulated over time some kind of profit. Our view on that is that there is no profit or essentially no profit. It's been essentially a break even mechanism over the 17 years or so that it's been in operation under the current context in this jurisdiction. I think the numbers worked out to be about 2 1/2 percent over 17 years, and that's about one-seventh of one percent per year. If this was RRSP returns, we'd be looking at Freedom 95, I guess. The point we say, Mr. Chairman, is that, you know, it's impossible to be as precise, that every year it will be an

exact dollar fit, it just won't work, but this is very nearly that result.

Another point on this general topic is that the legislation of course, and it's again set out in the same argument, the Consumer Advocate's argument, and it's at page seven, sets out Section 98 of the *Insurance Companies Act*, and 98(2) in particular, "The Association shall, in its Articles of Association or Bylaws, and in terms not inconsistent with this act, establish a plan to be known as the Plan of Operation."

(1:45 p.m.)

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So here you have a legislative directive that Facility Association must have a plan of operation, and of course we know from the legislation it's got to be approved by the Superintendent of Insurance, and amendments to the plan must be approved by the Superintendent of Insurance, and we know of course that it has been approved. The Consumer Advocate's own witness at the hearing, Mr. Morris, Superintendent of Insurance, acknowledged that this is the plan that has been approved and that the amendments, such as they are, of recent periods, have been approved by his office as well. So you have basically a statutory plan of operation or a statutory prescribed plan of operation. It's created, approved by the Superintendent of Insurance. He is the other regulator in this, I guess in this setting, and he has the statutory obligation, he or his predecessors, statutory obligation to approve the plan of operation and amendments.

And if you would ... I'll just take you for a moment to the Plan of Operation. It's in the materials that were, I guess, filed by the Board as preliminary materials. I'm not sure how it's laid out, where it can be located in the Board's materials. I just know where my copy is. If you need a moment to get that, by all means, but I can tell you that I'm reading from Article 5 of the Articles of Association and that heading on that article is Participation Ratios. I'm going to the bottom part, I guess, of Clause 1, and I'll just read this for you for the record. "At the end of each fiscal year, profit or loss for each class of business shall be determined separately for each accident year in each jurisdiction in accordance with accounting procedures approved by the Board." That board means the Facility Association Board. "Calculations for an accident year shall include all policies earned during such calendar year. Profits shall be credited or distributed to each member and loss shall be charged against each member in accordance with the

member's appropriate participation ratio determined in the manner hereinafter set forth in this Article 5."

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So that's the Plan of Operation and the particular part of Article 5 of the Plan of Operation that the Superintendent of Insurance, or one of the current superintendent's predecessors, has approved as the regulator responsible for that approval, so the point we're making of course, Mr. Chairman, is that the whole interpretation of Section 97 must also be read in light of Section 98, and our view, of course quite clearly, is that taking the whole picture and taking what the Superintendent has approved, obviously there is some disagreement about what that interpretation should be.

In any event, we also say in this broad, I guess, comment to that initial point that's been made on their part, that even if there was a profit, and there wasn't, but if there was a profit, rates should still be set respectively. We've heard Ms. Elliott say that, we've heard Mr. Pelley say that, we know Mr. Suchar said it. We've had some of the documentation that he has produced here as well, and it's referred to in the decision of the Board that they filed following that last hearing, which I think is in March 2001, that they filed the decision, and of course there's a reference, I think, at page 18 of that decision. I'll just make brief mention of it. I think it's filed in the same package of materials. I'm referring to page 16 of the document that is the Board's earlier decision, Mr. Chairman, and the bottom of page 18, last fully paragraph. "While there may be profits generated by Facility Association on behalf of its members and regardless to whom these profits belong, the Board agrees with the expert actuarial evidence of Mr. Suchar and Mr. Pelley, these profits should not be used in setting rates for the future." So that's a decision that the Board has already examined and a conclusion and a ruling they have already come to.

So these are reasons why, I guess, the statutory theory of break even in our view is not important, because we have filed that way, there are no profits. The Plan of Operation is being followed precisely as it directs it to be followed. It's approved by the Superintendent, and of course it's a prospective exercise exactly, as Mr. Pelley, Mr. Suchar and Ms. Elliott have all testified or as all have indicated to the Board on various occasions, and the Board itself has ruled that way.

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Now, I think, you know, there are, there is a prospect or possibility that at some point in the future, none of us can speak to this until it occurs, but we do accept the point that this issue may become important, and, for example, the Consumer Advocate is right, and if the population of Facility Association that's insured through that mechanism is to continue to grow, for example, this issue may have to be revisited. I don't know. There may be a change in the views at the Board of Directors of Facility Association. They may direct their actuarial experts to produce a filing that has a different objective. That could happen, I don't know. And if it happens, then I guess the Board will have to deal with it at that time, and that may be an issue at that point, and I would suggest, if I may, that some of the initial comments that we made in our own argument as to the historical setting for this mechanism may become important in that kind of discussion, as I say, should that actually occur.

So basically I think we can leave that discussion for another day. We have not filed, other than a break even application. All these other features suggest that the concern or the theory advanced by the Consumer Advocate is not important in this hearing, and if it becomes important in another one we'll deal with it at that time.

Just coming back though to the point that has been made and I've referenced already, that the Consumer Advocate suggests that the number of persons who are insured through this mechanism will likely increase, that retention, I think he said, is occurring and will continue to occur. Now, our submission is that the likelihood of Facility Association's numbers rising, I mean, that any suggestion that that will occur is speculation. There is no evidence to suggest it. Our position is basically this, if rate adequacy is achieved through this hearing, then it's certainly not intuitively sound, a sound conclusion that this is what will occur, and as to retention occurring and apparently will occur, is the conclusion that he's made, the evidence is, I think, completely to the contrary on the part of Mr. Pelley, on the part of Mr. Hickey and on the part of Mr. Anthony.

Another aspect of this same, I guess, suggestion on his part is that should that occur, the profile of the population in Facility somehow gets better, gets to be an improved population risk. Our submission is that there is absolutely no evidentiary foundation for that type of assertion. I guess all we

could say about it is that the people who are not currently in Facility Association, who might under some circumstance find themselves there, may be the people, for example, with accidents and convictions who are still insured in a regular market. I'm sure there are some. Maybe if insurance companies restrict their underwriting or tighten their underwriting processes, they may remove some of the people that are insured who fall into those categories who have been kept on for whatever reasons might have been appropriate at the time. Mr. Anthony discussed some of those kinds of issues and so did Mr. Hickey. But if that happens, you know, there may well be, there could well be, I suppose, under some circumstances, a further population shift into Facility, but it doesn't necessarily follow that the risk pool, the profile will improve.

I guess one of the suggestions that has been made through the evidence, Mr. Hickey, and Mr. Anthony primarily focused on this, is that if you have a non-standard market, what has been referred to as a grey market in some of the discussion, that is active, then there is a greater opportunity that those people who might be otherwise moved into Facility for some reason will find insurance in that market, and of course for that market to work, this market has to work, and so that's, there is a marketing aspect although our request to this panel and to the Board generally is to approve based upon actuarial evidence, based upon actual costs that have been disclosed.

So as for the suggestion that somehow the risk profile improves, we just, I don't know, I think that, I just don't see any logic or evidentiary basis for it. I don't see any intuitive explanation for it, so I submit that there is nothing on which the Board could draw that conclusion.

There was evidence that an actuary could have led to, you know, to develop that type of view. I guess it was open to the Consumer Advocate to bring the Consumer Advocate's actuarial expert to do it and he has obviously chosen not to. And, Mr. Chairman on that point generally again, my recollection of all of the evidence, been over it any number of times, I guess, I don't recall anybody testifying that even with rate adequacy, the population of Facility Association is expected to grow. In fact, as I say, my general sense of the evidence was that it's quite to the contrary.

Now, I want to turn to some of the specific, I guess, line items in the actual document. There is a

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criticism, I guess, I interpret it as, of Mr. Simpson. It's suggested he didn't have in-depth knowledge of the uninsured automobile premium, \$19, which was proposed. Our view on that is he didn't need to have that in-depth knowledge. We know from the evidence that Facility Association has a Rates, Rules and Rates Committee. It has a rate setting process that it follows when the actuary is engaged, and of course all that contact and communication is with the actuary. The actuary, Mr. Pelley, was here, and he gave detailed and particularized evidence on all of what took place there. So Mr. Pelley was fully familiar with this issue and, as he explained, very simply Newfoundland did not have the database, the credibility to the data that was required to properly get an indicated rate, an actuarial, I guess, indicated rate, and so they do what so often appears actuaries do, they go to some other database to use it as a surrogate for the same information, and that's what happened here. They used, as we know, the New Brunswick situation or the setting there, the arrangements there. It did have that background. They were satisfied that that was similar enough to this jurisdiction that it would apply, and that was the explanation for it.

There is a comment at page 18, and it appears again at page 21, and there are other comments of like, I guess, type, and that is this suggestion, it's in the last sentence of the middle paragraph, that "The requirement balances a creation of compulsory market for auto insurance's legislative mechanism designed to guarantee," and this is the part I'm interested in, "a fair and affordable supply of a product."

Now, our point on this, Mr. Chairman, is that it's important for all of the stakeholders that the rate be set fairly, and that's only one of the criteria that the Consumer Advocate advocates. He's also concerned about affordable rates and he talks about impact and people on fixed incomes and so on in different locations in this document, but we suggest that it's a fundamental principle of insurance, any insurance, that the premium charged must be commensurate with the risk that's undertaken, and it may not be what some people perceive as affordable, but it must be commensurate with the risk.

(2:00 p.m.)

In other words, it must be properly valued to compensate for the risk, so there is obviously a possibility in any number of settings where fair and affordable will not be the same result. They may well bump into each other as propositions, and our point, and we've made this in our written argument, is that the Board has a responsibility to all the stakeholders to fairly price this product. If for some reason there are people who can't afford the product, that's a concern that we say belongs to another venue, not this one.

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Just if I might mention that Ms. Newman in her brief did comment that there is no statutory framework that invites the Board to, I guess, engage in sort of social legislation of the sort that maybe the Consumer Advocate would like to see.

Now, there is a comment at page 22 dealing with the suggestion that Mr. Pelley or Eckler's have been historically inaccurate in their effort for the Facility Association in, I guess in their filings with the Board. The suggestion, he's been too high, in some years he's been too low. I think though that again Ms. Newman's memorandum correctly summed up really what we're dealing with here, actuarial judgement. It's a forward looking exercise as she says and I think as both the actuaries indicated themselves, and so, you know, they are highly trained experts, they can give reasoned expert opinion, but of course they're not clairvoyant. They cannot guarantee at the end of the vear that the dollars will match exactly, so they certainly use their best expert judgement. They offer realistic expectation of what the future will bring and that's what we have had presented in this case.

I make, I guess, the observation as well, Mr. Chairman and Commissioners, that in every rate filing, as I understand it, Facility Association files a rate and the Board directs its actuarial experts to review it. So in the process there is always a second opinion and suggestion that these opinions are so grossly in error is, I think really isn't recognized, the whole nature of what actuaries do.

I recall in speaking, Mr. Suchar's evidence, in that previous hearing, I asked, you know, Mr. Suchar asked was he concerned with the fact that the outcome in that particular case, I guess, we were looking at surpluses over time on some particular occasions or periods of time, asked whether he was concerned that he as an actuary advising the Board had not been able to sort of say, well, you know, this won't happen or that was the Board in some way, you know, not exercising good judgement in his view because it has occurred. His view on it very clearly was, based on the

information that we had available when we did these things, we acted in a good expert fashion, and the Board did the right thing, so that's what we're faced with here, is competing expert opinions and there is no clairvoyant here. The Board has a job again to do what they think is best to achieve a fair result, and, as I say, that may not necessarily be in every case affordable.

And specifically I guess I would say that some time was spent with Mr. Pelley on his last, previous filing, the point being he was too low and, you know, we're back now looking for a rate, recognizing that we were much too low the last time. Well, of course, by that observation Ms. Elliott was lower again. The rate was approved, I think, at the rate that Ms. Elliott proposed in fact, except for the modification for the delay in implementation, so by that measure, you know, Ms. Elliott was more incorrect than Mr. Pelley. I think that again that doesn't recognize the nature of actuarial, the actuarial, I guess, expertise.

Again though this does touch on the, I guess, comments made that question Mr. Pelley's objectivity and I find it a little peculiar that when the criticism that he's high and he's low, that that suggests a lack of objectivity. I mean, you would think he would be high all the time if there was that bias or lack of objectivity on his part. It's the same thing with the exclusion of data points, which is part of the same discussion, I guess, criticism at this point that he's excluded certain low data points, and in the case of bodily injury, third party liability, private passenger, he hadn't excluded any high ones.

Well, you know, I think I might summarize Mr. Pelley's view on this this way, he doesn't create the data, he just works with it and analyzes it and decides what is, in his opinion, actuarially appropriate in terms of deciding what really is a reflection of where we're going in the future.

Just by way of brief mention, the Consumer Advocate took Mr. Pelley to the last filing. There were ... he deleted high points in that filing. The fact that he deleted high points in this filing is not a criticism, it's simply that the data didn't require deletion, and that's the point that you have to analyze in this whole process, but again I will make this further observation on that point. Ms. Elliott and Mr. Pelley were both here, they put their opinions into reports, they got over there on the stand and they gave their evidence and they were questioned and cross-examined, and the

expert that was engaged for the Consumer Advocate is not here, I presume it's because the Consumer Advocate deliberately chose not to bring that person, in other words, don't have the benefit of those, of that other view.

At page 24 there is a, there is attributed, I guess, to Mr. Pelley or Mr. Simpson perhaps, I'm not sure, the suggestion that the population of Facility Association will automatically decrease with rate increases, and, in other words, the cause and effect, immediate cause and effect. Mr. Pelley was questioned on this very point and I think Mr. Simpson was as well. I think it's unfair to characterize the evidence the way that's suggested at page 24 of the Consumer Advocate's argument, and really I think that all they could say was, is that there is an expectation that over time that will have an influence, so adequate rates won't guarantee that people will wind up in Facility Association. I guess though inadequate rates very much help ensure that that will occur.

There is a discussion at page 31 about the weighted average or the preference of the weighted average on the part of Ms. Elliott and I guess the theory that it is, it makes better sense or it's a better practice. Mr. Pelley explained that in this particular package of data, I guess, that he was looking at in this case, there was a lot of randomness and so weighted average may not always, doesn't always, give you the most responsive measure, and of course the very idea of a rule, any kind of a rigid rule, speaks against the thing being successful. I mean, there may well be circumstances, there could be changes in legislation, for example, that would mitigate against paying much attention to the most recent data because it might be redundant by reason of legislation, so you can't have, we submit, a rigid rule that says we'll always use a weighted average. You must look at the data, you must be an expert, you must understand what it is you're engaged to do, and then looking at the data with your expert training, decide what is appropriate in the circumstances.

I guess if anything does tend to distinguish Mr. Pelley and Ms. Elliott's approaches is that Mr. Pelley does, I guess, tend to be more open in the view that he will take as he looks at data. Ms. Elliott does seem to be more inclined to have a set of rules that she says, well, I'll use five years here, I'll use a weighted average here, I'll always do these things, I won't exclude any data as outliers in the loss development factor

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selection. These appear to be rather hard rules that she feels comfortable with. The question for the panel of course will be whether that's the best approach in all of the circumstances, and you've certainly had the benefit of hearing them both extensively on this topic.

I want to bring up one point though that deals with this issue of weighted average particularly and I invite you to look at the transcript. You don't have to look at it now but I'll just mention it for you. It's a transcript for December the 19th at page 18, if you want to note that if you'd like, and ...

MR. SAUNDERS, PRESIDING CHAIRMAN: What was that again, Mr. Stamp?

MR. STAMP, Q.C.: December the 19th, Mr. Chairman, at page 18, and I'm looking at the line 51, and I guess down to the bottom of that right-hand column. I'll just read bits of it. I'm speaking first, "Thank you. He also indicated, and you hopefully can speak to this, that he understood that the bulk of, the great bulk of the 12 percentage points which are attributable to the difference in loss development views is made up by the, in your case, the non-exclusion, I guess, of the data points, and not by the weighted average which is also a feature of your report in that area." Ms. Elliott says, "Correct." So the point being of course that she agrees that the weighting issue is not a large feature in this discussion. It is the, in her case, the non-exclusion of data that is the feature. So while she has a preference for weighted averages, she acknowledges that the great bulk of the difference of 12 percentage points, which rests on this area, is linked to the exclusion of data points rather than the selection of a weighted average over a simple average.

And at the bottom of the same page, I ask her specifically about this point. I say, "Although not disagreeing with the five year average, you actually prefer a five year weighted average." She says, "That's correct." I say, "But it's not a disagreement as to methodology. It's just your preference." She says, "That's correct." So again it's not a case where she's in any way critical of the use of a simple average by Mr. Pelley. She is quite content that it's appropriate and proper methodology. She just happens to prefer herself a weighted one and she acknowledges that in this particular context not much turns on it anyway.

There's a discussion at the middle paragraph of page 32 about there being no rationale provided by

Eckler in their rate filing for the exclusions. I guess my comment on this point is that the way this works, of course, is that there is a lot of opportunity before we get to this point in time, before the filing actually is even made for the Board and the Board's actuary to engage in discussion, and that is what happens, and for the Board staff, I guess, to engage as well, and to question, I guess, the theory and the approach that is being taken, and of course obviously, quite obviously in the evidence given at this hearing. Mr. Pelley gave very specific and detailed discussion and explanation of his rationale in every one of these areas where there were loss development factors excluded. So the fact that it's not in the filing, I don't know why that would be of any consequence. It's certainly been well explained in the process.

(2:15 p.m.)

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On the point of the exclusion of certain loss development data, I guess if I understand the position taken by the Consumer Advocate, they suggest that there is a, there's not a consistency in how its done. You know, there's not a rule. Different reasons apply to different circumstances, and of course, as I said already, and I think as Mr. Pelley would acknowledge, that is the very nature, he would say, of actuarial judgement. You don't have a rigid rule. You look at each case individually and you use your best actuarial judgement to come to a conclusion. I think our view would be that if you do adopt a rigid rule, eventually that rule, rigid rule, will lead you into trouble. You have to have the ability to exercise wide judgement as the circumstances demand.

On the discussion at page 36, in the middle paragraph, about the use of half year data and I guess annual data, reference there to, the reference to the approach followed by Mercer as being the approach used by the actuary for IBC, I'll invite the Consumer Advocate to tell me where that was in the evidence, I couldn't find it, that the IBC does anything in the way of trending analysis following the same approach that Ms. Elliott did. I certainly know that if he's talking about the publication of data, it's published half yearly, but if there is actually an analysis that was explained about in the evidence, I didn't get it and I'd be happy if he would explain that to the panel.

I will say though, we'll just take you for a moment to evidence of Mr. Pelley on this particular point. This came up in the trending issue and, or the

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trending discussion, and this is at the transcript of December 12th at page 45 and at line 55, Mr. Chairman and Commissioners. At this point the Consumer Advocate is questioning Mr. Pelley about, I guess, the methodology and so on in, and particularly about the half yearly data. Mr. Pelley says, and this is because in the earlier filing they had used some aspects, half year data because they were coming forward at a point in time where the half year data was available. He felt that the Board would want to have the most current data available and he used that half year data in certain applications, I guess.

The point that I'm referring to is at line 55. Mr. Pelley says, "We pooled it in, not specifically for trend but for loss development, and the estimate of the provincial rate level change, yes." Mr. O'Flaherty, "And did the methodology, and I'll call it that for now, did that allow you to adjust for seasonality?" Mr. Pelley, "The only ... it didn't allow us" ... Mr. O'Flaherty, "And let me rephrase the question. As a result of using that approach, did you adjust for seasonality?" Mr. Pelley, "In the places where we needed to, we did." Mr. O'Flaherty, "Okay. So then I take it in your opinion then the use of the half yearly data and adjusting for seasonality was a reasonable approach in 2001." Mr. Pelley says, "Well, in 2001 the place where we needed to make that adjustment was not in trend but rather in the analysis of the provincial rate level requirement, so if you're inferring some relationship back to my previous comments about the use of half year data, it wasn't in the same place." So I make that point as well.

- MR. SAUNDERS, PRESIDING CHAIRMAN: What was the reference again on that, Mr. Stamp, please?
- MR. STAMP, Q.C.: Yes, Mr. Chairman, December the 12th, page 45, and line 55 through 76.
- 36 MR. SAUNDERS, PRESIDING CHAIRMAN: Thank you.

MR. STAMP, Q.C.: And I'm at the bottom of page 39 of the Consumer Advocate's argument. In this area there's a discussion about the negative 6.8 percent frequency trend for comprehensive, and no evidence to suggest that the selection makes sense intuitively. Well, I guess the point that Mr. Pelley was making in his evidence was that it made in his mind very good sense intuitively and there was graphic, I guess, clear graphic indications to support that. In fact I'll invite you to look at that particular graph, Mr. Chairman. That's located,

what's being discussed there is the, in the actual filing, Appendix A, Tab 5, and specifically the chart at 5.32, That chart is the frequency trend for comprehensive coverage, private passenger, and the way the chart is depicted, Mr. Pelley went back to, I guess, 1990, and we show the downward slope of the data in the graph and we show the regression line through it, regression line continues to go lower after the last data point. Mr. Pelley decided that it didn't, he wasn't satisfied that that was correct. His expert opinion was that he should look and recognize that the most recent data points, I think there was one, two, three, four, yeah, some six of them, that he saw which was fairly flat, and he wasn't prepared, he said, to accept that this trend would continue to decline with all that flat recent history.

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The criticism that is made, I guess, of that theory by Ms. Elliott, and it's a horse that the Consumer Advocate likes to ride, is that once you have a regression that shows in this case minus 6.8 percent, you're bound to follow it. You should follow it regardless. The thing that's intriguing about this particular coverage in this particular example is the fact that the period of flatness is six years, and if you look then at the report, if you look at Mercer's report, you know, in respect to this filing, and I'm referring to page 14 particularly, and at page 14 this is a, it's dealing with the private passenger filing, I guess, and it's dealing specifically with loss trend rates and there's a list of issues that Ms. Elliott raises that she has concerns with. One of those issues is the number of years of historical data included in the regression.

And if you turn to page 14 then, this is where I'm taking you on this point, in the bottom paragraph she's discussing her preference for time periods. "We believe that a more appropriate balance between stability and responsiveness of trend factors would be achieved by giving less consideration to the experience of older years, particularly for the coverages involving vehicle damage. For bodily injury we recommend using a ten year accident year period spanning 1992 to 2001. We would also find it appropriate to use a ten year accident period for accident benefits, however, due to the changes in the coverage implemented in 1994, we recommend an eight year accident period spanning '94 to 2001 be used," and this is the part that I really am interested in, Mr. Chairman and Commissioners, "for the property damage tort, collision and comprehensive coverages, we recommend using a ten year accident period spanning 1992 through 2001 in estimating the

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severity trend and," I emphasize this bit, "and a five year accident period spanning 1997 through 2001 in estimating the frequency trend."

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So really, you know, very peculiar point that is evident here is that you have six or so data points, six years of data, as Mr. Pelley says essentially flat. If you do a regression through that, we don't have such a regression because he uses back in this case to 1990, but if you were to do a regression only in a flat period, I think even the non-actuaries among us, certainly me included, would say, well, that's going to look a bit more flat, I think. So on the one hand there's a criticism that he's used too many years, and then when the recent years, in fact more years than even is recommended by Ms. Elliott, shows a flat trend, they still nevertheless want to insist that the regression and the, I guess, negative result minus the 6.8 percent or whatever it was, that's established by that long term regression, must be used for this rate filing. I mean, it really is having it both ways, critical of the length of time but insisting on the regression and the result achieved using that long term regression, wanting to use a shorter period but not appearing to recognize that the shorter period is, in fact, flat. That to me struck me as one of the more disingenuous types of arguments that had been advanced that is a criticism of Mr. Pelley's approach.

Go to page 42, if I may, and that's dealing with the issue of the CLEAR. I want to make the point here simply this, Mr. Pelley mentioned this in his evidence, it was a board in this case, not this panel obviously but the Board in a general sense, that requested or directed that the rate that the CLEAR filing, the CLEAR, implementation of CLEAR, be done in the context of a rate application, so it's really simply complying with a request from the Board itself. And again this is ... at the bottom of that page I might just mention to you that that's again a reference where this suggestion is that retention is occurring and will continue to occur. I just don't know where the evidence is that supports that suggestion or assertion. In fact, as I say, I thought it was amply demonstrated to the contrary that retention is a major issue in Facility Association mechanism insurance. Mr. Hickey and Mr. Anthony both, you know, explained just how significant the turnover was. I think, I'm just going from memory now, but I thought Mr. Hickey said, you know, a year later half the people will be gone.

I want to just make ... in the discussion on surcharges and the discount, surcharges are dismissed by the Consumer actuary (sic) as being without actuarial foundation, and so not to be, the theory is that they should not be approved. Of course we agree they don't have an actuarial foundation but they have an intuitive, I guess, explanation, and that is that people who are, maybe in this case it's the 45 percent or whatever that number will be, who have the accidents and convictions, but it's a question of surcharging those people who are most likely, I guess, or at least in that context, affecting the rate cost, and I make the observation that there is no actuarial evidence or data to support the clean driver discount either. That however is recommended. But again it's the same intuitive argument, that the other side of it, that 60 percent or whatever it was that the Consumer Advocate has focused on will have the benefit of a clean driver discount. Of course as Mr. Pelley explained, this is an integrated package and if you change one aspect of that integrated package, you change the off balance calculations that have been done and rate has to be found some place else if it doesn't get achieved through the mechanism of this integrated package to the extent that this is already built into the application.

Mr. Chairman, I want to just take a few moments on the issue of, I guess, timing, and this comes up in the unallocated loss adjustment expense provision, and in a general sense, I guess, as well, because the question was should we go back and get another study for CLEAR, should we do some further review of some other aspect of the data to try and bring it up to date. As Mr. Pelley explained, Facility Association follows a lengthy process to request rate adjustments and in a sense, I submit to you, they're sort of chasing the changes as this goes along. They clearly require rate adjustment and but because of the way this works there is a real risk, we suggest, that they never quite catch the peaks. There's always a reluctance, I guess, to see the rates climb and that reluctance may well result in, as I say, in Facility never reaching the peaks, but there is, I guess, a great relief when rates should happen to fall because there's no objection to it, I guess happy to push it along. So, you know, we probably may reach the bottoms a lot easier than we reach the tops in terms of Facility experience, and the concern that Mr. Pelley has mentioned about this is, I guess, in terms of rate adequacy, is the, and some of the other witnesses as well, the disruption that occurs in the marketplace when you don't have proper rate adequacy for one element, an important element,

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and this of course, as they discussed, is perhaps a real problem in that non-standard market, the grey market that has been discussed so much as well.

I guess we would say is that, and if you look at 1985 when this Facility first was sort of statutorily created and look at today's rates, and forget all the ups and downs that occurred in the way, you know, the rate today is certainly higher than the rate in 1985, I would submit, and I suspect that the rate in 2013 would be higher than the rate in 2003. It's generally upward. So in that context we submit that Facility is always chasing these changes.

(2:30 p.m.)

Now, an immediate concern, we clearly know, we submit, Mr. Chairman and Commissioners, that Facility rates are presently substantially inadequate, and if we just go back as far as only November when Ms. Elliott did her report, she recognized at that time that they were substantially inadequate, so they're inadequate today, (inaudible) tomorrow, inadequate next week. Every policy that's sold in Facility while this process is ongoing is sold at an inadequate rate, and we know that the Board is going to hear this final aspect of this hearing and then ultimately rule, and I'm sure they'll do that at their earliest convenience, but there will take time obviously to do that and we know that there's something like 105 days of time even from the date that the Board is able to give a decision, so we're looking at, you know, sort of optimistically sometime in June would be the earliest that we could possibly expect, even if you were to give a decision next week, I think June would probably be the earliest time, so that's a real feature to recognize, and, as I say, Mr. Chairman, Commissioners, it's not just this four percent that this board has to concern themselves with. You have all of these stakeholders to be concerned about.

You've heard this discussion about crosssubsidization and we submit it's a very real concern, and the evidence of the people who are in the business and who operate insurance companies have confirmed that, so the longer it takes to have rate adequacy, the greater the concern, and, as I say, in this case it perhaps underlines again this issue of chasing the change that I'm suggesting occurs.

I want to just have a quick moment or two on the chart on page 50, Mr. Chairman. To the extent that

the winter of 2000/2001 is a feature here, I think we've discussed that in, you know, considerable detail in our written argument and I don't want to go into all of that. You know, you've already had the benefit of reading that. I'm sure you're comfortable with what we think, at least understanding what we're suggesting. But I do want to look just at these numbers for a moment, just to make these observations for you.

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In February 2001, we have 484 accidents according to, I guess, I didn't compare these numbers with the actual exhibits, but I'm sure they're right, 484 accidents according to, I guess, Sergeant Hill. It's the worst accident month in the period December to April, and yet it's far from the worst snowfall. That month had 122.6 centimeters of snow, so a good bit lower than the month of January and very significantly lower than the month of December, yet it's got the highest accidents. Now, if the worst winter is going to work the way the logic suggests it's going to work, you would expect that would, 173 centimeters, that's where you'd have the most accidents. We don't see it.

If you look at March 2001, the actual snowfall is 45.8 centimeters. It's actually, Mr. Chairman and Commissioners, lower than the average of 54, and yet the accidents for that month are higher than the average. December, as I've mentioned already, has the highest snowfall of the three months, the highest snowfall over the whole month, all those months. It's got the lowest accident rate for all of the, I guess, worst months, December, January and February. It's got the lowest accident rate. So I guess my point is, where's the consistency and therefore where's the logic, where's the explanation that this all fits? I submit to you that Mr. Pelley's concerns, and I won't go through all those because they're all laid out in our argument, really are, you know, further underscored by these kinds of inconsistencies.

I'm almost done, Mr. Chairman. I just might point out that I've filed, and I don't intend to take the panel through the cases, filed four cases dealing with the issue of adverse inference, and we've made the point in our written argument that an actuary was engaged. Now, the Intervenor's submission, I don't know where you have that, I just have my own copy and it's sort of put together my own way, but paragraph seven of that Intervenor's submission says, "The Intervenor will rely upon the opinion of an expert in actuarial science to support the position of the Intervenor, in particular on November 14th, 2002, the

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firm and specific individuals described in Schedule B to this submission were retained to advise the Intervenor and to prepare an expert report in respect of this matter."

The point we make, and which was made in our written argument, is that this board is entitled to draw an adverse inference from the fact that that expert report was not provided to you, and these cases that I've provided for you, as I say, I don't intend to, I'll just maybe make some mentions, and this will probably be in the transcript, I guess, of this process so that you needn't make detailed notes of it, but *Lavest and Comeau* (phonetic), there's a discussion at page 427 and 432 about the very issue I'm talking about, the entitlement of the court, or tribunal in this case, to draw an adverse inference when evidence was available and for some reason, unexplained, the party with whom the evidence resided didn't provide it.

In *Edison and Freake*, Newfoundland decision, I would reference paragraph 22 at page 8, and paragraph 23 as well perhaps. In the *Butler Estate* decision I would reference pages 4 and 6. At page 4, paragraph 13 I'm referring to, and at page 6 it's paragraph 20. And the *Scotia Fuels* decision, page 13 and 14 and 15, I think, are the areas where you'll see the most discussion on this topic, particularly the conclusion at page 15 and 16. I think it's at paragraph 24. "It's well recognized that where a party witness fails to present evidence which is in the power of the party witness to give, then such failure justifies a court drawing the inference that the evidence would have been unfavourable to the party to whom the failure was attributed." So I make those points.

Now, the next point and final point, Mr. Chairman, I want to make is again tied to the Intervenor's written submission of 15 November, and the reason I raise this, Mr. Chairman, is that the amendment, there was an amendment to the Automobile Insurance Act to add Section 61, and the amendment, I think, received royal assent, is passed and received royal assent. Assent was effective December the 16th, 2002. I'm just going to read for you Section 61, Sub 1. "Lieutenant Governor in Council may appoint, upon the terms and conditions Lieutenant Governor in Council may determine, a consumer advocate for the purpose of a matter before the Board under this act." And then I'll read (2) as well. It's only a short section. "The cost relating to the Consumer Advocate shall be borne by the Board."

That's the new section, received royal assent on the 16th, I think I said, of December 2002, but there has been no order-in-council appointing the Consumer Advocate pursuant to Section 61, or at least we can't find it, and we've contacted the office of the legislative council to inquire of this issue and we're told that an advocate had not yet been appointed. That call was made yesterday, or day before yesterday. So I don't know if Mr., if the Consumer Advocate can offer something on that point, but I do want to address and comment on paragraph one of the submission, and that says, "The Intervenor is a consumer advocate appointed on an interim basis by the Department of Government Services and Lands on November 13th, 2002, to represent the province's consumers at public hearings in this matter which are scheduled to commence on December 11th, 2002. The Intervenor's interim appointment is expected to be confirmed in the immediate future upon enactment of Bill 9, an act to amend the Automobile Insurance Act, a copy of which is attached to Schedule A to this submission. I've just referred you to the section, Mr. Chairman.

So perhaps the Consumer Advocate can enlighten us on this appointment but we were told yesterday that it had not occurred, and so if it has not occurred, then all I can suggest to you is this, whatever status the Consumer Advocate has here, it is not the status of a consumer advocate under Section 61 of the *Automobile Insurance Act*.

79 (2:45 p.m.)

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Thank you, Mr. Chairman. That's all I have to say and obviously the extent that I will speak again will depend on rebuttal issues that may arise.

MR. SAUNDERS, PRESIDING CHAIRMAN: Yes.

84 MR. STAMP, Q.C.: Thank you.

MR. SAUNDERS, PRESIDING CHAIRMAN: It's quarter to three. Commissioner Powell, do you have any questions that you wish to put to Mr. Stamp?

COMMISSIONER POWELL: No. I thought he did a very good job. I got a lot of food for thought but no real questions, thank you.

91 MR. SAUNDERS, PRESIDING CHAIRMAN: Okay. 92 Commissioner Martin? No? I have just one, I think it 93 was, and I had marked that earlier before you started,

- and that is in relation to your comment at page four of
- 2 your written argument. I think I know what you
- 3 intended or what you mean, but I just wanted to hear
- $\,\,$ 4 $\,\,$ you confirm, I guess, what my thought was on it, and
- that is in paragraph 2 you use the phrase, "The entire
- 6 cost of those member companies," and then in the third
- 7 last line on that sheet you use the phrase, "The cost of
- 8 capital," and I'm wondering if there's a relationship that
- 9 you're tying between the two here in terms of the entire
- 10 cost of the member companies including the cost of
- 11 capital.
- MR. STAMP, Q.C.: Well, Mr. Chairman, I actually,
- perhaps I should have used more to separate those two
- discussions, because the entire cost that I'm referring to
- in the earlier point is really those costs which have
- been well, I guess, discussed. I'm referring specifically
- to the premium taxes, health levies, some of these
- association dues that have been referenced, and I think
- basically there's been a discussion at 5.5 percent or
- 20 whatever that number ...
- 21 MR. SAUNDERS, PRESIDING CHAIRMAN: Right.
- 22 MR. STAMP, Q.C.: ... would be, so the discussion on
- 23 the cost of capital or the return on equity and so on,
- 24 that's simply a point that I wanted to make that that's a
- cost, I say it's a cost, but it's not one of the ones that is
- 26 recognized when Facility directs its actuaries to
- develop a rate, so it's not here as part of that cost,
- although I think, you know, if I were some of the 96
- 29 percent, and I am in fact, it disappoints me that this is
- 30 the way it is in some ways.
- 31 MR. SAUNDERS, PRESIDING CHAIRMAN: Yes, okay.
- 32 Go back then to your opening comments today and
- that's in respect of the zero profit discussion ...
- 34 MR. STAMP, Q.C.: Yes, sir.
- 35 MR. SAUNDERS, PRESIDING CHAIRMAN: ... that
- we've had over the past three years, I guess.
- 37 MR. STAMP, Q.C.: Yes.
- 38 MR. SAUNDERS, PRESIDING CHAIRMAN: Two
- 39 different occasions. And I'm particularly interested in
- one of the remarks you made but you didn't go far
- enough to my mind, and that is I think you were saying
- 42 that whether or not a profit provision is included in
- future rates is entirely up to the Board of Directors. Is
- that what I understood you to say?

- MR. STAMP, Q.C.: In the view that we submit, Mr.
- 46 Chairman, is this, the Consumer Advocate has
- suggested that there is a legislative prohibition or an
- 48 enactment ...
- 49 MR. SAUNDERS, PRESIDING CHAIRMAN: I'm going
- to ask him about that.
- 51 MR. STAMP, Q.C.: ... that says these people who are
- 52 insured in this mechanism, they must as a right have
- 53 this on a break even basis, and we say, no, absolutely
- 54 not.
- MR. SAUNDERS, PRESIDING CHAIRMAN: Okay.
- 56 MR. STAMP, Q.C.: And we say that although the
- 57 Board, the Facility Board, has determined to proceed
- this way, and over a long time, there's no guarantee that
- 59 that will, I guess, continue indefinitely, and these
- $\,$ 60 $\,$ things will be determined, I guess, by the circumstances
- $\,$ that present themselves as things unfold, but for now
- that's exactly how it's been filed, but not by reason of legislation, Mr. Chairman, if I may say that.
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- 64 MR. SAUNDERS, PRESIDING CHAIRMAN: Okay,
- alright. That clarifies it. It's ten to three and I think I'd need a break or I need a break at this stage if no one
- else does. I drank too much water again before I came
- 68 in. So if we can break now until, say, 3:05, we'll then
- 69 continue with your final argument. Are there any
- 70 questions that you had of Mr. Stamp, by the way, or
- anything for clarification before you commence, or was
- 72 there anything that you wanted to ask him ... no, I
- 73 guess not.
- 74 MR. O'FLAHERTY: Nothing springs to mind.
- 75 MR. SAUNDERS, PRESIDING CHAIRMAN: Nothing
- 76 springs to mind, okay. How about you, Ms. Newman?
- 77 MS. NEWMAN: No.
- 78 MR. SAUNDERS, PRESIDING CHAIRMAN: No.
- 79 Alright then. I guess we're clear sailing then in terms of
- your oral argument when we return at 3:05. Thank you.
- 31 (break)
- 82 (3:10 p.m.)
- 83 MR. SAUNDERS, PRESIDING CHAIRMAN: Okay, Mr.
- 84 O'Flaherty, when you're ready.

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MR. O'FLAHERTY: Thank you, Mr. Chairman. Mr. Chairman, and Commissioners Powell and Martin, I'd like to say at the outset that on behalf of myself and my partner, we'd like to thank the members of the Board for their attention to the evidence and our arguments during the hearing, and also to express our appreciation to the Board staff for their assistance and professionalism. This has been our first opportunity to practice before the Board, and it's, despite the timeframe in which we were thrust into this matter, it has certainly been an enjoyable experience and a privilege.

There's an accepted notion, I would say, in litigation, that as the day draws to the end there's less attention that can be, and capacity in a tribunal to listen to arguments, and I'm certainly cognizant of that. I would say, unfortunately, I do have to go to a certain depth into the evidence. In my submission, that's in the best of my client, and I hope that you'll bear with me if from time to time it may seem to drag a little bit.

I will try to be, and I will attempt to be as efficient as possible today in making these submissions. I want to make some initial comments about the role of the Consumer Advocate at this hearing. I want to then address the relevant statutory scheme, bearing in mind the submission of Mr. Stamp that it may or may not be an issue that the Board wishes to consider in its final decision in this matter, but I will be making some submissions on this oft debated issue of whether or not this scheme contemplates a specific provision for profit, and whether or not that is, by means of administrative (inaudible) or direction, as Mr. Stamp suggests, or whether it's as a result of the law in this province, as I suggest.

I will then review briefly the evidence of the lay witnesses, the people who have come before the Board and given submissions. I think it's only fair to review what they have said. And in terms of the actuarial evidence, I will restrict myself to really two main issues which I've identified as the issues for us from the outset, and those are the issue of the loss development factors, and what has been identified as a consistent system of selecting loss development factors that tend to be the lowest, well they're always the lowest, and that tend to drive up the indicated rates, and therefore the rate, the premiums for the people that I represent.

The second issue is going to be the issue of the winter of 2000 and 2001, upon which we called a considerable amount of evidence. I would then conclude with just briefly touching on some rating issues, and I'll make some comments on the issues raised by Mr. Stamp in the oral submissions.

In terms of the role of the Consumer Advocate. it is to represent the ratepayers that are directly affected by this application. I have actually been asked a question about this by Mr. Simpson on the stand ... who do you represent? Do you represent the four percent in this case? That is who I represent here. I would point out, following up on the last point made by Mr. Stamp, that I do so in accordance with an Order in Council, and I do so in accordance with a legislative provision on Section 61 of the Act. I don't have a copy of the Order in Council with me, but there is an Order in Council, and I'll address that in costs, on the issue of costs. I have asked my friend, Board Counsel, for a copy of it, however, I'll leave it to her to determine whether or not that will be made available to myself and to Mr. Stamp in this process.

Now, at times in the hearing process, and including when I read the argument for the Applicant, the suggestion seems to be made that the proper role of the Consumer Advocate is to represent all of the consumers in the province, because somehow the suggestion is that all consumers will be affected by this application, and that by myself and my partner striving to ensure that the rates for the four percent are fully justified, we are somehow doing a disservice to the 96 percent. I think I should address that, take that issue on head-on.

It does need to be addressed, and I will make it perfectly clear, lest there is any confusion in this regard, that the role of the Consumer Advocate in this hearing is to represent the four percent of consumers in this province who presently utilize the Facility Association mechanism, or will be required to utilize the Facility Association mechanism in the policy period that will commence on the effective date that's set by the Board.

(3:15 p.m.)

Now, that may be five percent, that may be six percent, that may be three percent, but those are the persons who are the ratepayers, and those are the persons that we represent at this particular hearing.

Now, who are these people? Well, they're simply the ratepayers, they're the men and the women ... and young men and women, who put their hands in their pockets to pay the premiums that go to service this particular mechanism.

I believe that it's important to address this at the outset because there are two main issues that flow from this. The first is this issue or spectre of cross-subsidization that's been raised on a number of occasions. Now, the suggestion has been made that if something less than the full rate is ordered ... sorry, as requested is ordered by this Board that the good drivers, or which has later been modified as a result of the evidence, to the best drivers ... will somehow be forced to pick up the slack for the people that I represent.

The system, however, under the law of this province, is that it is the members of Facility Association by law who are required to fund the shortfall. It is not the general population of Newfoundland and Labrador or the other consumers that make up that population who fund the shortfall, it is the insurance companies who make up the Facility Association. So make no mistake about that, that is what the law says.

I would ask the Clerk just to pass up a case here that we'll be filing, which is a decision of the Ontario Court of Appeal, which is ... Facility Association is not a body that's been, as far as we can determine, in court ... they have a copy of it, they have a copy ... that has been before the courts on very many occasions, but this is one occasion on which they have.

And the Ontario Court of Appeal, in this particular decision, which is the Toronto Transport Commission Insurance Company decision, and it's not in the context of a rate filing, it's in the context of collecting from one of their members. At paragraph four of this decision, the Ontario Court of Appeal states as follows: "The Act requires TTT Insurance, like every licensed automobile insurer, to be a member of the Facility Association and to help pay for it. The Facility Association arranges for high risk drivers who cannot otherwise do so, to obtain automobile insurance with certain designated automobile carriers. It also funds the costs of that insurance to the extent that these costs exceed the premiums charged to the high risk drivers". And as we know under the law in this

particular province, those costs are passed on, if there is an excess, back to the members of the Facility Association.

The second issue ... sorry, I guess to clarify my point on this, Mr. Chairman and Commissioners, there is no requirement for the 96 percent to fund any shortfall. I would characterize this as essentially a divide and conquer argument. Whatever ... whether or not those members, if they did find a particular ... if there was a shortfall in the rates, would be attempting to directly recover those funds from the 96 percent is a separate issue, and I would submit that is the issue which is of pure speculation.

Mr. Simpson was unable to tell us if this has ever happened in the past when I asked him about this. Ms. Power and Mr. Anthony testified as to how this might work indirectly, and I will address that later when I get to their evidence. But I think it's important to remember that if there has been any cross-subsidization at all in this jurisdiction, it has flowed from the four percent to the 96 percent, if that even happens, because there's no evidence before the Board that can really tell us how that might happen.

Now, according to Mr. Morris, this is illegal, it's not permitted to happen. The insurance companies are not entitled to do that. That's not my issue here today. My issue today is the four percent of the people that fund this particular process that pay for, at the end of the day, myself, Mr. Goodland, Mr. Stamp, Mr. Whalen, Mr. Pelley, everybody involved here, those are the four percent that I am here to represent.

And that leads me to the second persistent theme in this particular application that I want to address head-on, and I refer the Board to the opening motion, and that is the protestations of counsel that information is not available to the Applicant, or that it would be expensive to obtain. I will also remind the Board of the evidence of Mr. Simpson, that somehow the process in this jurisdiction is more onerous than it should be, or inappropriate, and that in other jurisdictions they're able to blow in and out in a day and have rates approved.

I also note the submission regarding CLEAR and how a further dislocation study might be somehow expensive or onerous. And I also note the argument, or the point that's made in the argument in criticism of our

efforts here regarding the adverse inference, that expense was not an issue in this particular hearing.

Well, all of those matters, Mr. Chairman and Mr. Commissioners, seem to me to ignore a fundamental perspective, and that is that the people who are actually paying for this are the four percent. Those are the people who pay for this entire process from the outset when the rates are set, and thereafter when we're involved in this process, that is essentially ... according to the evidence of Mr. Simpson, each jurisdiction pays its own cost of the hearings, and that's what's happening here. So those are the people that have always paid in this jurisdiction to have a separate rate set, and I am the person who is appointed to represent them, and properly so under the legislation.

Now, I would therefore submit on behalf of the ratepayers that this is the mindset that needs to be scotched (phonetic) once and for all, and it refers back to the point, Mr. Chairman, that you raised. The perspective, of course, of the Applicant is that it has the right to a particular rate under the legislation, and it has a right to recover particular costs. Well, I would ask you to consider whether or not ... look at it a little bit differently. Actually the right is for these particular persons who are paying for a separate rate to be set for them, on the basis of expensive actuarial judgement, whether or not it is those persons who are entitled to a rate that is set on a zero profit basis. That's the perspective that I hope to bring to the Board in all of the submissions that I bring here today.

Now, I therefore, in that light, I therefore applaud the Board in requiring further evidence to be called, and information be provided upon the reasonable request of the ratepayers, because at the end of the day, this hearing is no different than any other ratepayer hearing that the Board does. It's about rates that will be charged to consumers, and whereas here the Board orders a public hearing into those rates, it is fully appropriate for the Applicant to respond to those requests.

The Applicant must provide that information, and it should, and this follows up on your point throughout this process, Commissioner Powell, it should provide complete and understandable financial statements which explain what it is it is doing with the money that belongs or that comes from these particular people. I don't think that's an unreasonable request at all, and I think it's something from a procedural

perspective that the Board should address. People should know how much does this process cost? What are we paying to do this? Because at the end of the day, they are footing the bill for it.

Again, and this harkens back to my submissions regarding Mr. Simpson. I believe it is also incumbent upon the Applicant to provide witnesses, be they underwriters, be they rating professionals, be they claims persons, who can explain the particular proposals that they bring before the Board that say at the end of the day we want more money from those people. I don't think that's an unreasonable request at all. So from my perspective, I don't think this is a circumstance in which unreasonable requests are being made, or that anybody is being put to added expense. I believe the expense is borne by my clients and at the end of the day, if it takes a 14 day hearing to get the right answer, to get the correct number, well then they're well served by that. They're better served than having a one day, blow in and out, a conversation, cup of coffee, and Mr. Simpson arriving back in Toronto and getting an email from the Alberta Board. I think this is the appropriate process, and I think if my clients were asked, and the feedback seems to be positive, they would say they want to know what the answers are to these important questions.

So I would urge the Board then to continue along this line, to ignore this spectre of cross-subsidization, and to bear in mind the perspective that I'm attempting to bring to the Board's deliberations which is a different one, I concede, from that of Mr. Stamp and Mr. Whalen, but I believe at the end of the day it is the correct perspective that the Board should bear in mind.

Now, what's our theory of the case? Well, our theory of the case is straightforward. We have suggested from the outset that the rates that are being proposed here will end up in excess, sorry, excess beyond the rate level needs of the Facility Association. We have submitted from the outset that the evidence would demonstrate that there is a consistent pattern of making selections and assumptions that lead to higher rates. That focus is primarily is on the loss development factor section. It also touches though, as well, on this issue of just selecting a zero percent frequency rate for the comprehensive coverage.

I don't intend to delve into all of the areas. I'm going to focus right in on the loss development factors

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on those particular, in that particular aspect of our case. In terms of the second part of the case that's important, from our perspective, and our theory of the case has been that the winter of 2000 and 2001 was an abberation, and caused accidents far beyond what are normally experienced in this jurisdiction, and should not be taken into account for the purposes of projecting further rates.

Now, it is my submission that the evidence has demonstrated that both of these points are well founded on the evidence, and that the results would therefore be, if you approve the rates as presently proposed, that in 2003 my clients will pay more premiums than they are required to. They will pay excess premiums to the Facility Association, and I intend to review some of that evidence in detail.

Now, the evidence has also established that certain of the rating changes proposed by the Applicant had either no evidentiary basis in terms of actuarial evidence, or they have a limited evidentiary basis, and this harkens back to what I've referred to before. I would submit it is incumbent upon the Applicant to bring witnesses forward who can describe and explain what these particular proposals mean ... not somebody who comes as a professional witness and as a consultant to present the particular proposal. That person doesn't have expertise in these particular areas. That person comes to read from a prepared script. He's a very good witness, I'll concede that about Mr. Pelley, and I'm not even questioning his sincerity, but at the end of the day he's not with the Applicant, and the Applicant is the one that wants the money.

What is it that my clients want? Well, it's simple. What they want is that they would like to be charged a premium that is commensurate with the losses and the expenses that are incurred by the Facility Association, not by its members, by the Facility Association, no more and no less. If it ... and as I've said, if it has required a long hearing to get to that point, then I believe they will be well served.

I'll deal now with the legislative basis briefly for the rate making. There are three Acts that are involved, and my friend with the Board has outlined what those are ... the *Insurance Companies Act*, the *Automobile Insurance Act*, and the *Public Utilities Act*. My submission is that the Board should set the rates in strict accordance with that existing legislative scheme, and it should set the rates by reference to normal rate

setting principles that it uses in other hearings, one of which that I would particularly emphasize before the Board, is that the rates be simple and understandable, so that the persons who are paying the rates can, it can be explained to them and they can understand the basis upon which these decisions are being made.

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Transparency is something that the Board should always strive, wherever possible, to provide for the ratepayers of this province. That is one of the fundamental philosophical problems that the Consumer Advocate has with this process of Mr. Pelley picking numbers from a column and deciding that this one is no good, that one is no good, and that one is no good, because at the end of the day, that's completely subjective. That is not something that's simple and understandable. It's not something that can be tracked from one filing to the next filing to the next filing. It is not consistent, and it is not, in my respectful submission, the appropriate manner in which rates should be set for this particular case, particularly where, as here, it has been shown to be an unbalanced approach.

Now, I think it's also well established by the case law that the Board, as a rate setting body, should always bear in mind that based on the complexity of the material that's involved here, they will have to rely at the end of the day on objective expert evidence in order to critically analyze the application. And I concede, as Mr. Stamp has pointed out, that the reliability and objectivity of the expert evidence in this case has become a key issue, and in fact, it's been suggested that somehow the Consumer Advocate was, should have brought forward another witness with respect to that.

I should turn to that now, the point ... I will point out that the first time this has been raised is, of course, in the Applicant's argument, that there was even an issue about this. When we filed our Intervenor's submission, we, of course, identified the person who we had retained, we identified the company they were with, and we indicated that it was our intention to take advice from that individual and to get an expert report from them.

o1 (3:30 p.m.)

Now, of course, that follows the pro forma basic intervenor's submission that you find in the PUB's particular rules and regulations, but in any event, that was on November the 14th. On or about December

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the 3rd, we filed a list of witnesses with this Board indicating who we actually would call as a witness. That person's name was not on the witness list. It has been known from that point forward that we would not call another witness, sorry, another actuary at this particular hearing, and we made that decision ourselves that we would not do so.

We have received no information request about what that person's advice was. There is a discovery procedure available under this particular process, and this is the first time we hear of it, after the evidentiary portion of the hearing is concluded. Now, I would remind the Board that there are similarities in this particular scenario to the rule in Brown & Dunn, the normal common law rule, that you can't impeach witnesses after they've left the stand on the basis of what they, you know, putting other evidence to other witnesses about what that witness might or might not have said. In this particular context, what's happening is the Applicant is suggesting now, after the case is closed, that there's some difficulty with this evidence, or you should draw an adverse inference from it, when they have not even asked us what the evidence was. Was there any evidence? Was there a report? They made no efforts whatsoever to contact us about that. In my view, that's completely inappropriate.

The explanation is quite simple. At the end of the day we didn't call the witness on the basis of our own judgement about the timing that we had in this particular case, and about the relative expenses involved with this particular case, so that's the decision, and that's the explanation that I'll put on the record here today. And as I said, I don't believe that there's any basis upon which the Board can draw an adverse inference, and if it was an issue, it should have been raised in the last eight week period before Thursday past, or whenever it was that I received this particular document.

Now, I want to return now to the rate making model, and this is one of the issues whether or not there's a specific provision for profit. And this is one of the ... and I agree with Mr. Stamp on this particular point, that as the rate filing has been prepared on a zero profit provision, to a certain extent this is an issue strictly speaking that does not have to be decided by this Board. That is the issue of whether this is done by virtue of administrative decision or as a matter of law.

I would, however, submit that it is a decision, or it is a point that has, I won't say plagued the Board, but has certainly been put before the Board for the last three years, and in that context it may be something that the Board should address and should indicate whether this particular legislative scheme that's presently in place actually by law requires it to be zero profit provision rate setting, or not.

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So I will make some submissions about that, and I think the point that I was focusing on in Mr. Stamp's argument was the assertion that you brought him to, and Mr. Chairman, at page four, that it is the right of FA and the right of its members to have automobile insurance rates approved which reflect the entire costs of the, of the member companies in providing insurance.

Now, Mr. Stamp's comment is that, well that didn't include the cost of capital down below. I had assumed that that's what he meant, that it did include the cost of capital, so I filed, you know, I've made some submissions about the cost of capital and whether or not you would need to have a specific reference in the legislation or some specific rate making tool directed in the legislation to determine what is the cost of capital. Because, of course, as everybody knows, there are any number of different ways upon which a return on investment, or a return on capital can be calculated. It can be done as it is, I believe, in the Electrical Power ... EPCA, it's done in terms of maintaining the sound financial position of Newfoundland and Labrador Hydro. That's one method upon which you get a rate of return.

Another method might be a market rate of return. Another method would be a fair rate of return. You see these different phrases in the legislation, and that, I would submit, provides guidance to the Board when they are sitting as a rate making body.

Now, in this particular case, you are asked to set rates for the Applicant. The Applicant is the Facility Association. There is nothing in this legislation that tells you that the Facility Association is entitled to make a return on investment.

In fact, they are specifically described as an unincorporated, non-profit association of insurance companies. Now, if we looked at those words alone, in my submission, the natural meaning of those words is that when you set rates for that particular body, you

must do so on the basis of no profit. There has to be a zero profit provision.

Does unincorporated add anything to this? Well, unincorporated, in my submission, goes to the point made by the Ontario Court of Appeal, and that is that it is the members who stand good for the debts for any losses. They are the persons that are responsible at the end of the day. If there are, if there is a shortfall ... now there hasn't been a shortfall in Newfoundland and Labrador, we know that from the evidence, but if there was. So the situation is, the FA provides the means by which my clients can get insurance. The members stand good for any losses and are required to make up that shortfall. That's the legislative scheme which is set out.

Now, in whatever context the Board sets rates, it has to do a couple of things. First of all, it has to determine what is the rate of return, or what is the investment upon which you could set a rate of return. There is such a duty, I would concede that, in a legislative context which does provide specifically for a rate on return. You have to determine what the investment is.

In this particular case, there is no such investment that's provided by Facility Association, and there is no such rate of return, duty to investigate the rate of return placed upon this Board. The situation is quite, you know, quite straightforward. The legislative scheme does not provide for a return on capital, and there are no parameters set out upon which such a determination can be made, so it's difficult for me to see how you could even enter into an inquiry into what the particular investment is that you're trying to give a rate of return on. There's been no evidence placed before the Board about that, about what the capital requirements are, etcetera, for particular member companies, and, in fact, my suspicion is that if any of the companies were to be asked about that, that would be viewed as proprietorial information. But in any event, we don't have the, we don't have that material before the Board.

I did ask Mr. Morris, when he testified, whether or not he had any indication that there was a concern about this issue of capital adequacy among the insurance companies. Bear in mind, he only regulates four insurance companies, because they're the only four local writers, and he indicated that he had never received such an inquiry before, concerning capital

adequacy, that is. That doesn't really direct to the point of whether the Board has authority to do so, but it may explain why there's no evidence placed before the Board about this issue.

At the end of the day then, it is my submission that the FA is simply the means by which consumers are entitled to have insurance provided to them, and the members are simply the persons who are the, they stand in the role of a guarantor. They make good any losses. They have no right to make a profit under this particular scheme.

In fact, if you look at Sections 97, 98, and 102 of the *Insurance Companies Act*, the legislation doesn't grant rights to FA or the members at all. Instead it imposes obligations upon them. They are obliged to provide this service, and my clients are obliged to pay for it, in order for the greater good, so that there is access to insurance throughout the province for all drivers, all users of the highways in this province. That's considered a legislative goal, and this is the means by which they do it. So I would submit that the situation is legally clear. This Board is required to set the rates on a zero profit basis, because that's the legislative mechanism that's provided, and it's not because of an administrative decision of, you know, of the Facility Association.

Now, in the Applicant's argument, reference is made to the historical basis upon which the assigned risk plan worked. I would agree that the assigned risk plan was not provided for on a non-profit basis, but it wasn't necessary for it to be done so at that time in order to keep rates fair and affordable.

Under the assigned risk plan, there was no special rate set for persons who are considered poor risks. This is just a ... everybody's poor risk receded into one pool, and they shared those risks, and the evidence has been that there was no special rate set for those individuals.

This is a completely different system. Here, this particular segment of the consumers pay for a separate rate to be established. Now, Mr. Stamp has agreed that that rate, setting that rate by themselves does have a measure of fairness involved with it, and of course, I would agree with that as well. That is a fair provision. Whatever their particular rate is is what they should pay.

Now, why is it, and I submit that there is an element of affordability in this. Why is it meant to be affordable? Well, I would submit that it's meant to be affordable because the insurance companies are not permitted to uplift that rate again on top of what the actual rate is, that's been provided for the four percent or five percent, or whatever it is. They're simply not permitted to do that under the legislation.

I think we should bear in mind as well that nobody, the way this is designed, nobody is intended to lose out on this. The brokers get their commissions, the servicing carriers get their fees, and whether or not they are particularly satisfied with the level of those fees, or with the level of those commissions, that's really an issue, an internal issue for the Facility Association, and I think the evidence was clear at the end of the day that whether or not it could be said that this is a profitable business in one way or the other, it certainly wasn't, at least conceded by Mr. Anthony, it wasn't business that has cost his company any money in the last 17 years of operation in this province.

In any event, the insurance industry did not wish to continue with the risk sharing pool, and the Facility Association was the result under the legislation.

Now, I want to just briefly look at ... I want to turn from that point on to the ... just what did the witnesses say, the lay witnesses, I'll call them, at this particular hearing. Mr. Hickey, I would characterize Mr. Hickey as a very frank and forthright witness, and he provided evidence as to the manner in which consumers are ultimately insured through the Facility Association mechanism.

Mr. Chairman and Mr. Commissioners, let there be no mistake. Mr. Hickey determined that they are put into Facility Association as a result of the underwriting rules, guidelines, and procedures of the member companies, so it is the member companies that determine the make-up of the Facility Association.

He also indicated that given the general state of the industry, that it is logical that this population of Facility would increase, he said that was a logical conclusion, given the tightening market. Now, Mr. Stamp has indicated there is no evidence that this would be the case. Well, I would point to Mr. Hickey's evidence on that point.

I would also remind the Board that in DJS-2, the figure shown for premium was \$18 million for 11 months of last year, and Mr. Simpson agreed that that goes to \$20 million, that's a fair estimate, and that's in the evidence.

Now, how is it that we cannot accept on the evidence that the population of Facility is growing from 2001 when the numbers were about \$12 million in premium, to \$20 million last year, and then you have Mr. Hickey saying that the market is tightening again, and that the population will, it is logical to conclude it will grow again. That's the evidence upon which the Consumer Advocate submits that this group, this four percent is growing all the time.

I would refer to the points raised by Commissioner Powell about the exhibit DJS-3, illustration five, which is the breakdown of the population of Facility Association by means of clean driving record, and no, and accidents and convictions. You will recall that the figure of 60 percent of persons in Facility in 2001 had no clean driver ... sorry, had a clean driving record. I believe it was suggested by Commissioner Powell that this means that essentially it's about 1.5 percent of the pool is actually the bad drivers. They're the ones with the accidents, and then there's another whole portion of Facility Association that are not in Facility Association as a result of their particular risk profile, at least as it relates to accidents and convictions.

So again, I would bring that to the Board's attention and ask you to consider that when you are looking at Mr. Stamp's submission today, that there is no indication that there will be more people in Facility Association in the years to come, and that their risk profile will be somehow better. My submission is, based on this evidence, that is exactly what is going to happen as a result of the tightening market.

Mr. Hickey also testified that the increases that are being sought here are devastatingly large increases. Now, he's the person on the ground who is dealing with the consumer, and that's his perspective, and I think that's a very important perspective to have shared with the Board.

Mr. Anthony was initially called by the Board as a servicing carrier representative, however, I think he provided another important perspective to the public hearing process, and that is that of a senior executive

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with a member company of Facility Association. I think it will be difficult to characterize Mr. Anthony as an objective witness because he is the President and CEO of one of the member companies. And of course, the member companies' interest is in having the highest possible rates charged to Facility Association drivers, my clients, so that there is the least possible risk to them that they will have to support any shortfall.

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I still think though that he was an important witness about the issues of the realities of acting as a servicing carrier, and also these larger industry contexts, that I believe are significantly important to the rate making model.

Mr. Anthony testified as to the fact that compensation for servicing carriers was just adequate in direct examination, but he agreed, as I have indicated on cross-examination, there was no indication that participating in Facility Association has cost his company any money.

(3:45 p.m.)

In terms of the issue of the impact of being in FA in the year 2001, well his message was black and white. It's the same as Jennifer Power's message, that if not, if it were not for FA we would have shown a profit. His testimony was if you were to look at their statements, that is CGU's, if Facility Association did not exist, they would have shown an income before taxes of \$499,000. Now, that's on perspective on it, but as was brought out in cross-examination, there is another perspective on it. If the underwriting results of the 96 percent were better, or if the investment income was better, then, of course, the company could have shown a profit, so again, this is an example of the divide and conquer approach. Everything is the fault of the four percent, and everything should be focused upon them. It is my submission that this circumstance is much more complex than that. It is not just the situation of what are the losses in the four percent, and you can take a set of numbers, as I'm sure Commissioner Powell knows from his years as an accountant, and you can make them show a number of different outcomes. That is the message that has been brought by the member companies, I agree, but I would ask the Board to consider at the end of the day, the wider industry context in what's happening.

And this, I think, goes again to Mr. Anthony's evidence that's relied upon by the Applicant, that in the

general market there's a 30 to 40 percent increase in rates. Well, I think there's two points that need to be made about that. First of all, as I've indicated from the outset, the rates that are set in Facility Association for my clients are completely irrelevant to the rates that are set in the general market. These are two separate processes based on two independent sets of data, so my clients pay to have their rates set on one particular actuarial analysis ... that's their accidents that are committed by persons in that particular group. The benchmark is set on the basis of the other 96 percent excluding Facility data. Therefore, whatever matters that happen in the general market, whatever results that occur there, I cannot fathom how that could have any relevance to a rate increase in the Facility Association market when the rates are set on a separate actuarial basis.

Secondly, there's another explanation as to why it is that the rates are going up in the general market, and I think this is relevant too. In the general or wider industry context, we know from exhibit JP-1, and we know generally from the evidence of Hickey and Mr. Anthony, that the, that the market is tightening. Why is the market tightening? Well, I have submitted, and the evidence I believe supports, the reason the market is tightening is because the strategy of the voluntary market was to capture market share.

They were out capturing premium and they got away from rate adequacy, and if you look at Mr. Hickey's evidence, he concedes this, that the rates were not adequate in the general market. They wanted to capture the premium, I'm submitting, because they wanted to invest it in the investment market, and to make money on that side, and the 1990s were a great time to make money in the investment market, but as of 2001, and this is brought into clear focus by exhibit JP-1, this is the message from Egal Mayer (phonetic), I hope I have that name correct in any event, as he states, "When investment returns are high, insurers lose their focus on disciplined underwriting and premium This coupled with rising claims costs adequacy. triggers the cycle and brings us to where we are today. We, like all other players in the industry, have responded by increasing our rates by double digits in the last half of 2001, and expect this to continue throughout 2002 in order to obtain adequacy in premium levels." So what the voluntary market was doing was they were, they took their eye off the ball, they didn't concentrate on rate adequacy because they knew they could make up the money on the investment

side. Now they've had to respond, so what we're seeing in the voluntary market is a market that's responding to not having adequate rates and raising those.

With all due respect, in the FA market, nobody is competing for the business there, it's always set, as the evidence has been, on the same rate. So whether a person walks in through the door of Anthony Insurance or they walk in through the door of Coop Insurance, or they walk in through the door of Mr. Hickey's brokerage firm, they have to get the same rate. It's just a rating manual, the rate gets applied, and that's one of the fairness aspects. If you buy a Facility policy here or if you buy one in St. Anthony, or if you buy one in Labrador City, the price is the same, so there's no issue here of competing for market share, which is one of the dynamics in the voluntary market.

This is a long-winded way of saying there is no comparison that can be drawn between a rate increase in the voluntary market, and what is acceptable, what is an acceptable rate increase in the Facility Association market.

I think as, Mr. Chairman, you brought out at one particular point on this issue of grey market, the issue of whether or not there is a grey market, or whether there is that middle range, is merely a question of how the rates are calculated between these two particular sets of the population. If there is, based on the accident experience, a gap created, well then there's a middle market. If there's not, that's simply what the numbers say, so ... I'm almost finished with Mr. Simpson then, sorry, with Mr. Anthony.

One of the other issues I wanted to touch upon with Mr. Anthony was this issue of whether or not there could be losses carried forward from one year to the next into the voluntary market, and this is the issue of cross-subsidization as well. I would ask that you look carefully at that evidence, and the evidence of Jennifer Power regarding that particular submission.

Her evidence ultimately on cross-examination on this point, because you recall her exhibit said if the full market rates are not approved in this particular rate filing, CGU will go to the, will file a rate filing to recover these monies from the regular market, okay?

Now, her evidence ultimately on cross-examination on that point was that while a loss in the

FA book of business does form a component of the ultimate rates for next year, it would not be the determining factor, or a determining factor of the rates in the voluntary market. It would be included in the target ROE calculation, but would not be the only factor in either scenario, whether in 2001 when rates are low ... sorry, when losses are being incurred ... or in 1997 when they would have dragged money out of the Facility Association residual market.

So therefore, while Ms. Power's exhibit specifically indicated that if the full rate was not granted, this would be the result, I think the picture again is much more complex than that.

Now, just dealing briefly with Ms. Power, I want to refer you to her evidence, which is at page 4, I believe it's the volume of evidence on January the 15th or 14th. In any event, she stated, "If the full rate is not allowed, then companies would have to deal with an underwriting loss in the FA". She went on to say, lines 31 to 37 on page 2, "Should the FA rate filing not be approved, CGU will seek to file an increase for the regular market automobile and recoup the underwriting loss of the FA. Our middle market product, Elite Advantage Plus, which writes over 5 million written premium in Newfoundland and Labrador, would not be able to operate at inadequate premium levels". So this brings sharply into focus the message from the member companies. The same member companies that sit on the board of directors of FA, and the same ones that deal with Mr. Pelley. If the full rate is not ordered these are the consequences, it's black and white.

Well, I'll simply point out from my client's perspective, that this argument assumes from the outset that the full rate is justified, and I would submit that if the full rate as requested is not justified and is ordered by the Board on the basis of these types of submissions, what will happen is a surplus will result, and that surplus will, in the words of the FA brochure, be distributed to the insurance companies to help them to control costs in the regular market.

Now, I'm representing the people into whose pockets, or out of whose pockets these monies come. Now, it is my submission that the Board should look very closely at whether or not these rates are fully justified, and to give appropriate weight to whether or not this particular, and I won't call it a threat, it's not a threat from the voluntary market, but it's a suggestion that there will be dire consequences if the full rate is

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not, is not ordered, that those submissions be given the weight that they deserve.

As I've argued from the outset, rates cannot be set on the basis that this would allow the Applicant to take more money from my clients than they need to meet the rate levels that are required next year.

I want to just touch briefly on the evidence that was provided by Ms. Harnum and Mr. Kehoe. They were the public presenters as well with Ms. Power. I believe that each of those brought compelling evidence with respect to the impact on individual consumers when they are placed in FA, and the types of techniques that are available to challenge that decision.

Mr. Kehoe brought a further perspective about the operation of a taxi industry that was both insightful and objective, in my submission. Now, this isn't evidence, but as of today I received a message from Mr. Kehoe that, in fact, he was able to obtain insurance for Nan from CGU. I can't verify that fact, I just pass it on, but just to show that it appears that there's a happy ending to the story for Mr. Kehoe.

I would comment briefly on the evidence of Mr. Morris. He testified that he had been involved in a previous hearing before this Board, and in that case in the capacity of a party, and that he is the senior civil servant responsible for supervision of this particular mechanism in the province. Now, he outlined what his particular view is of the legislation, and he gave uncontradicted evidence as to what the statutory scheme is. He also provided, in my submission, the only uncontradicted audited annual statements of the performance of Facility Association in this particular province, from its inception to December 2001. The exhibit he provided was the audited information that's at the end of the year been cleared by their auditors as to what their operations are, so that's the information, the best information that you have to rely upon about what the operations of Facility Association have been in this province since its inception, and they show a significant excess of surplus over deficits.

Mr. Whiffen testified as to the climatological conditions that were observed at weather stations in the St. John's area in the winter of 2000 and 2001. That evidence, well I'll refer to that when I'm reviewing the evidence of the winter. He testified though, and I want to make this (inaudible), that these conditions were

reasonably representative of conditions on the remainder of the Avalon, and that the likelihood of those conditions occurring again, that combination of conditions occurring again, was in the neighbourhood of one to two percent.

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Sgt. Hill is a senior member of the RNC, I believe he's on the Force 20 to 21 years, and he provided a breakdown of accident statistics from 1996 to the end of 2002 that are compiled by him within the Accident Investigation Division of the RNC. He was not asked, and I want to address this suggestion in the argument, that he was somehow, he didn't bring all the information or all the relevant information to the Board. Well, he was not asked by us not to bring any specific information. He developed his own data bank, and that's what he testified to. If there was another data bank available that could have provided similar information, again, this is all a matter of December 3rd, filed as an intervenor's pre-filed evidence, that should have been something that was addressed by the Applicant at that particular time.

Sgt. Hill testified that the accident statistics were representative, and this was in questioning from Commissioner Powell, representative of an area in which 250,000 people reside, and in his opinion it represented approximately half the accidents in the province in that given year.

The accident data that was testified to by Sgt. Hill showed a very significant increase in accidents in each of December 2000, January 2001, February 2001, and April 2001, over the corresponding months in the other years. There was also an increase in March.

He testified, and this is the important part of his evidence, that in his opinion, the winter conditions contributed to the increase in accidents, and that the major factor as reported to him by his eight accident investigators during that period of time was the winter conditions. So we have the benefit of, albeit by means of hearsay, of both his opinion on this, and the other accident investigators within his division.

Finally, he testified that based on his experience as a police officer, which is obviously considerable, that private passenger vehicles are off the road in advance of commercial vehicles in adverse weather conditions.

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Now, Sgt. Hill's evidence is criticized, not his evidence, but the weight to be given his evidence is criticized by the Applicant on two bases. First, that he is unable to provide any information with respect to the breakdown of these commercial and private passenger vehicles when it comes to the accidents that occurred during that year. And second, that, as I said, there's somehow evidence available through ICAN that he didn't provide. I have addressed that second point. With respect to the first point, that evidence does not exist as to whether or not there were commercial or private passenger vehicles involved in those accidents. It's simply not available, and the absence of that evidence does not in any way weaken his evidence as to whether or not private passenger vehicles are off the road first as opposed to commercial vehicles. Sgt. Hill is an extremely experienced accident investigator, and I would submit he testified in a forthright and honest manner.

(4:00 p.m.)

In terms of Mr. Cluney and Mr. Beckett, those witnesses were called to provide the Board with a geographic perspective of the province, that is the inventory of the public roads here, and in fact all of the roads in the Province of Newfoundland and Labrador, and the number of vehicles that operate on our highway system.

The evidence was called and, I would submit, shows that in this province private passenger automobiles are the primary source of transportation, and that there is very little, if anything, in the way of public transportation available.

Finally, Mrs. Marshall provided statistics as to the population of senior citizens in the province, and the portion of senior citizens that receive a guaranteed income supplement. Now, as to the remainder of Mrs. Marshall's evidence with respect to the impact of an increase, it would be my submission that it would be unreasonable for me to ask the Board to rely on any other aspects of her pre-filed evidence relating to impacts in light of the obvious confusion that was displayed regarding the role of Facility Association.

I think in total then, in terms of the lay witnesses, the perspectives that are brought by each of these is important and it forms the background of this particular rate filing.

I want to turn now to the two issues which are the actuarial issues. I don't know if the Board wants to take a five minute break or anything like that, because I am going to, I'm going to be delving into the loss development factors in greater detail than perhaps the Board had anticipated.

MR. SAUNDERS, PRESIDING CHAIRMAN: How about you, Commissioner Powell, do you need a ...

COMMISSIONER POWELL: No.

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MR. SAUNDERS, PRESIDING CHAIRMAN: Is there
 anybody else in the room that needs a break? No?
 Carry on, we'll carry on until we hear someone has got
 ...

MR. O'FLAHERTY: Okay, in terms of the issue of loss development, the Applicant correctly has pointed out that the Board's actuary found the use of the five year average to be reasonable. The argument also states, however, that Mercer Risk took exception with the judgemental exclusion of certain data points from within the five year history.

Now, Mr. Chairman, it's not my, it's not my intention to get bogged down in semantics, but I think it's important to be specific about what it is that the Board's actuary has and has not objected to in the Eckler approach in order to arrive at a proper decision on which approach is the appropriate one.

In my view, Mercer Risk did not take exception in either the report or in the testimony of Ms. Elliott, with the approach adopted by Pelley, of the general practice, that is, of making judgemental exclusions. In fact, that is the approach that was taken by Mr. Pelley in 2001, and in that particular circumstance, the Board's actuary did not take objection with it because it was balanced, because there were high points excluded as well as low points being excluded.

The exception that's taken in this particular case to the approach adopted by Mr. Pelley is the practice of excluding only the lowest point or points without excluding any high points whatsoever, and the result of this is that this increases the average loss development factors in each case in which a judgemental exclusion is made.

Furthermore then, the Board's actuary took exception, and this is in evidence, with the failure to

provide for any rationale, any consistent rationale for these particular judgemental exclusions. The Board's actuary also pointed out in her report, and I believe this is at page 12, that when the same approach was used, or proposed to be used in 1997, the result would have been, and was, significantly higher loss cost estimates over the present estimates for the current year.

So in other words, when you cast your mind back to 1997, this was the approach that was being proposed by Mr. Pelley in 1997. If you then look forward to 2002 and see what would have happened if you had accepted that approach, the same approach that's being proposed this year back in 1997, her evidence was, well what would have happened is, it would have resulted in significantly higher loss estimates than what Facility Association itself is now saying would have happened back in those years.

Now, this is not a situation where we're looking back in the past and somehow being arbitrary or unfair with Mr. Pelley. This is a circumstance in which one actuary says, okay, you're proposing to use a particular system. We don't agree with that system. We think that you should use a more balanced system of doing it. We think if you use the system you're proposing, it will result in higher estimated loss costs, and therefore higher rates than you actually need. And in support of that, we looked back at what you did in 2001 and in 1997, and we find that in 1997 when you did adopt that approach, that's exactly what happened. That's very important evidence.

Now, it was only when Mr. Pelley actually testified at the hearing that we could then glean what the specific reason was for each of the rationales, and I want to review that evidence with you, and I'll read some excerpts from his evidence, and I will provide the actual places in which the evidence is found and then you can refer to it either in reviewing my submission, or at this point if you wish.

On direct examination, Mr. Pelley explained that his basic objective in selecting loss development factors for exclusion was, "Our objective in going through this process", I'm quoting now, "is to choose to put to the red dot where we think the history, the recent history is telling us is a reasonable expectation for the future". That's at December 12th, at page 4, lines 56 to 59.

Now, on the same page at line 63, he then addresses the first point, and this is when he was going through BGP-3, which you will recall is the coloured chart which shows the yellow dots, black dots, and the red line which is the red dots. Concerning this point, and this is the interval actually, if you're going to be looking at the exhibits, the interval is at 4.4 of the appropriate schedule, which is Schedule A of the filing.

He's talking about the first point excluded and he says, "The first black dot, moving from left to right on this exhibit, appears in development interval two, that's the 24 to 36 month interval. It's the lowest value in the column, it's substantially below any of the other blue dots which represents the latest history, and we did not consider the data point to be representative of our expectation for the future. It did have in the more distance past, it did have some history, some historical values that were in that vicinity, but that was not the recent historical pattern, and our objective here is to use the history of the past to build an expectation of the future."

He goes on then to say, "It is, is it in the neighbourhood of the recent history", this is the issue, "and is that an appropriate guide to making a selection for the future development interval". That's at page 5, lines 1 to 10. So it would be my submission then that the initial or the primary rule that we're going to be faced with when we're dealing with Mr. Pelley's exclusions is one needs to look at the recent history first, and then one looks at the more long-term history in those columns, in the loss development triangles.

Mr. Pelley went on then to claim that we would then see a very similar pattern as we go through these intervals, and that reference is at page 5, lines 71 to 72. Now, there is another interval, you will recall, in which the last two of the five points were excluded, and this is in private passenger, bodily injury. He then discusses the exclusion of two of the five data points in the third interval shown on BGP-3, and he explains how it's the latest, "the three latest values that were selected, they are tightly clustered, and they represent the latest three values, and it's a verifiable fact that the general claims environment in Newfoundland and Labrador, as well as other Atlantic jurisdictions, has become harsher". That's page 6, lines 3, and 6 to 10. So the emphasis now is on the most recent information, which is fair enough, because that's what he said from the outset, the basic objective is to look at the most recent history.

Now, in his direct evidence he makes no mention of the exclusion of the value in the fourth interval which appears to be supportable by two points in the older historical data, and this is brought out by Board Counsel. This is exclusion is not the oldest data point in the five year value, so in this case a later value is included than one which is excluded, which must have been presumably less relevant to this harsher claims environment. But on cross-examination, Mr. Pelley was questioned about the rationale for not excluding the first blue data point. If you will recall the exhibit, I pointed out to him that there was a blue data point which appeared to jump right off the top of the page. This is in the first interval of that particular chart.

Now, it was pointed out that if one were to use an objective test, and I was using the numbers from the five year average, which was his selected default approach, if one were to use an objective test to determine an outlier for this entire chart, this point on the chart would seem to be the outlier, because it was 22 points off the average line, and none of the other exclusions were that far off the average line.

Now, Mr. Pelley had a rationale for the inclusion of that point. He referred back to the points in the recent history that supported the inclusion, and he also then brought up yet another consideration, and this was the consideration that in your first interval you're going to see more variability because this was the interval in which things tend to be more volatile.

So in this case the rationale for including the point is, which is the furthest point objectively from this red line, and cannot be rationalized on the basis of the recent history, because it doesn't show up in the recent history. This is now turning to the older history, and it's the first development interval. Well, fair enough, fair enough. Then I brought him to the issue of what about in 2001 when you had this high point in the same interval, which is just as volatile, why did you exclude it in that particular case?

Mr. Pelley did exclude that high point, which was 26 points off the five year line back in 2001. Now, let's turn to the issue of the selection of data points in the commercial loss development. The same pattern exists that the Board's actuary has brought to your attention, which is it's always the lowest point. Every single time it's the lowest point or points.

When you go to the commercial vehicle property damage loss development factors, the first interval is at 4.34, Appendix B. In this case the explanation provided is as follows. "The two excluded data points do fall within the range of the long-term historical view, but they are not in our view sufficiently responsive to the latest experience". Now, in this case, the points excluded are 1997 and 1998.

Just one sec, sorry, Mr. Chairman. In this particular case the points excluded are in 1997 and in 1998, but the 1996 value is being included. Now, here Mr. Pelley has chosen to include the oldest of the five year historical values, and excluded two more recent points, points that enjoy clear support in each of these years, '91, '92, '93, '94, and '95, so the exclusion of 1.024 does not follow the rule of similarity to recent history, as it is almost identical to 1996's. The exclusion of .9609, while not a point similar to the most recent history, was very supportable on these other five years, which I've just outlined.

Now, Mr. Pelley was asked about the exclusion of a data point in the second interval of the loss triangle on page 4.38. In that case you will recall, or perhaps you will recall, the exclusion was the most recent year of any of the particular data points, and was also almost identical to the three points immediately before the five year period, '92, '93, and '94. In this case both the primary rule and the secondary rule are being ignored. In this case the evidence of Mr. Pelley was that he conceded it was harder to exclude that point, and that this particular coverage was troublesome for sure.

Well, when, and when Ms. Newman pressed him for specifics about this, there was a new rule that appears. Mr. Pelley testifies at page 17 on December 17th as follows. "One of the other considerations is the pattern of changes that go from one interval to another interval, and we made the selection in that case to try to establish a position that we felt was a reasonable position going forward". So now you've got a situation where the first rule is it's got to be in the recent history. The second rule is it's got to be in the older history. Then, because this particular point doesn't meet either one of those particular rules, there is another reason.

(4:15 p.m.)

Now, I'm not saying that Mr. Pelley is not being sincere about these exclusions. That's not my point, Mr. Chairman and Mr. Commissioners. What I'm

saying is that if you take it from the perspective of persons who have to pay these rates, who want rates to be simple and understandable, this is a situation where somebody is taking numbers out of a list, a column of numbers and saying that one's no good, that one's no good, and when they're being asked what the reason is for it, there's no understandable pattern here whatsoever. The only pattern that emerges is it's always the lowest number. It's not a balanced approach.

Now, finally, on the commercial loss development factors, Mr. Pelley was brought to page 4.32, under column 48/36. Now, I actually brought these two sheets with me because I would ask that the Clerk show these sheets to the Board. I'm going to show you the difference between these two.

Now, Mr. Chairman, Mr. Commissioners, you have before you two exhibits which are from the filing. This was, Mr. Pelley was brought to these pages, well he was brought to 4.32, which is the third party liability, bodily injury tort, 31 December 2001 document, and the document that I have provided you with is the third party liability, bodily injury tort, 31 December 2001, for the private passenger vehicles. It's just taken from the previous schedule, that is Schedule A.

Now, Mr. Pelley was brought to column 48/36, where the value of 1.2809 is found in the 1995 accident year, and I'd just ask you to look at that point. Just above that point is .7632. Now, that's the lowest point in this five year period and that was excluded. If you go up to the other exhibit, you will see that in 1995, in the column 48/36, .9561 was excluded, as was the next one, which is .9753, because the selection they're making in the top one is the last three years, okay, they exclude both these years.

Now, I want to point out to you the evidence, how, how ... what the stark contrast is in the two approaches that are being used for the exact same coverage, for the exact same year, for the exact same development interval. Now, as pointed out by Board Counsel, in this case on page 4.32, the number which is 0.7632 in 1994 was excluded, and the number 1.2809 was included. Now if you look at the ... and well this is conceded by Mr. Pelley in any event in his evidence ... there is no support in either the recent or in the longer term for that value, but that was not relied upon here to exclude that point, even where the interval shows a last three years average of .9823, and an all years average of

1.0130. Instead, all that happened was that Mr. Pelley selected the .7632 for exclusion, and he left in the 1.2809.

Now, on the equivalent private passenger chart at page 4.4, again, this is loss development, third party liability, bodily injury tort for the same year, for the same development interval, and the same coverage, a low number is excluded.

`Now, let's look at the two pieces of evidence. For the exclusion on page 4.4, the explanation was as follows. "While in the context of rate making and given this history, I found it difficult to embrace the", and I'll get the exact one, "the .9753 and .9561 as being reasonable expectations for the future rating period. I mean the balance of the history is just not supporting values that are that low". So that was his explanation, in the balance of the history.

The equivalent explanation for the same coverage for commercial vehicles is as follows. "A large part of it is the expectation for movement as you go from one development interval to the next. There is a lot of judgement involved when you're dealing with small volumes, and we have that problem with spades (*phonetic*) in this particular instance. So it was a judgement call. I agree that the 1.2809 is a high value, but I don't think the 1.0570 as a selection factor is unreasonable".

So that's the two, that's the contrast. So on the one case you have Mr. Pelley saying, well, we're going to exclude that number, that's the .9561, which is in 1995, because the balance of the history is just not supporting that value. When he's asked why doesn't he exclude the 1.2809, he concedes that the balance of the history doesn't support that value, but that in this case it's the expectation for movement as you go from one development interval to another.

Now, the point, Mr. Chairman, in a long-winded way, and Mr. Commissioners, is that when Mr. Pelley is given this opportunity to explain his rationale for exclusions, there is simply no consistency to the rationales, even to the point that different rationales are provided for the same coverage, the same development interval, in the same year.

Now, I would submit that the difference between this rate filing and 2001 is clear, and the reason why Ms. Elliott was prepared to give approval to the

2001 rate filing as opposed to the 2002 is also clear because in her opinion, the earlier approach shown in 2001 was a balanced approach, and it was considered by her to be acceptable. She has, however, provided testimony in response to cross-examination from Mr. Stamp, that this latter approach is biased and recommends its rejection.

Now, on behalf of the ratepayers, that is the people who, in similar circumstances would have had to put their hands in their pockets for more excess premiums in 1997 if this approach had been adopted, I'm simply urging the Board not to adopt this approach in this particular year. The Board should never ignore the recommendation of its independent actuary lightly, and particularly should not do so in this case where there is clear and compelling evidence to support why she is making the recommendation she is making. You have the history in 1997 and you have these clear inconsistencies that are shown in what the particular rationale is.

Furthermore, it does not lead to a simple and understandable and transparent rate making approach. In fact, it's completely ad hoc. It's completely judgemental, and I believe that ratepayers are entitled to have a rationale explanation for why decisions are being made that affect them financially.

Now, in this particular case, and I'll refer to this at the end, we have an actuarial consultant who has close connections with the FA. There's no doubt about that. Mr. Pelley conceded that. He's been involved with them since the beginning of FA. Mr. Pelley, we're asked to accept here that Mr. Pelley does not feel any pressure whatsoever to ensure that there is a comfort zone in these particular rates, okay? Well, if he doesn't feel any pressure from the insurance industry, then he's the only one in my submission.

We've heard evidence here from Mr. Anthony and from Ms. Power, and seen these letters filed in evidence that are indicating that essentially if this rate filing doesn't go on the hundred percent the basis the way that it's set, that the sky will fall in this particular province, that insurers will leave, that money will have to be paid by the voluntary market. Well, in my respectful submission, Mr. Pelley does feel that particular pressure, and the Board should be very careful in this circumstance, and should stick with the evidence of its independent actuary who feels no such pressure, is not representing anybody with a financial

interest in the outcome here, and should stick with a clear and understandable, straightforward and consistent approach. This is not anything unreasonable to request. This is, as Commissioner Powell has pointed out, this is the post-ENRON era we're in now today. There is nothing wrong with asking questions, there's nothing wrong with suggesting to people, well this should be clear and understandable, and you should give us all the information.

Now, if this approach could have shown to be balanced throughout the cross-examination, then Ms. Elliott would have probably conceded, or at least in her report, it would be indicated that she would concede that the approach is okay. It's not what she would have done, but the approach is acceptable, but that's not, that's not the evidence before the Board. The evidence before the Board is that the Board's actuary's approach should be adopted and accepted in this case, and the use of loss development exclusions by Mr. Pelley should be removed from this equation and should not influence the rates that are set here.

Now, I just want to turn to loss trend. I think the main issue for, under loss trend is really the issue of the winter of 2000/2001. Now, again, Mr. Stamp has made the point that at the end of the day, this is not a big financial issue for the Board. I don't believe that is the case. I believe it's always an issue for the Board when it's money that comes out of the ratepayer's pocket. If it's not meant to be charged to them, then there should be no provision for charging the rates to consumers on that basis.

I do want to talk about one thing though before I get to the winter of 2000/2001, and that's the issue of seasonality. I'm troubled by the suggestion of the Applicant's argument at page 27 that suggests that Ms. Elliott excludes the two additional years of data to lower the commercial trend rate. I think if the Board actually looks at the evidence, and this is this notion that if you went back an extra two years, the rate would be higher ... her testimony about the statistical significance of seasonality over a twelve year period is found at pages 25 and 26 of the transcript for December 18th. The entire testimony relates to the private passenger trend, and her reference is to a difference in trend of 7.5 and 7.1 percent. This is one of the difficulties I had sometimes with the Applicant's argument not being footnoted, in that it doesn't provide sometimes a ready access to what the information is.

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But in this particular case, page 27 of the argument, what's being stated is that Ms. Pelley (sic), or sorry, Ms. Elliott somehow went back over the data ... and I'll bring you right to it ... I'm referring to page 27, and this is the third paragraph. As Mr. Pelley demonstrated, we're talking about seasonality in BGP-3 at page 31, the MMC commercial bodily injury regression failed the seasonality statistical T test, again raising the very real question as to whether inclusion of the seasonality regression variable is meaningful in the fit of MMC regression curve. Well that's correct. BGP-3, page 31, is the commercial bodily injury regression analysis that's done by Mr. Pelley. And then it goes on to say, Ms. Elliott offered an interesting solution for this problem. She explained that she could get the MMC regression for this particular coverage to pass the T test if she went back and included an additional two years of data history in the regression curve. If she did this, she was pleased to report that the regression then achieved a satisfactory T test score.

And it goes on to say, in fact, she said the inclusion of the additional two years resulted in a commercial trend rate higher than adopted by Eckler. Well, at the next page, even more, even more difficult to accept is to say her solution is to exclude the two additional years, thereby achieving her lower trend rate, and argue that her regression can achieve seasonality T test success by using the extra period of history for that one purpose. She apparently sees nothing strange or peculiar about this logic.

Well, that evidence that she was giving about the extra two years, that had nothing to do with the commercial trend. It was a ... what she was doing was indicating that seasonality passes all these T tests, if you do extend for an extra two years, but that was in the context of the private passenger trend. So I think the Board should be very careful in reviewing this particular part of the submission.

At the end of the day, I would submit that these issues that have been raised by the Applicant are really a smoke screen. The real issue before the Board is whether or not, by analyzing this data on a half yearly basis, you can ... it does permit the type of indepth and precise analysis that the Board's actuary recommends as opposed to a yearly, the use of annual data which is recommended by Mr. Pelley.

This is crucial for the purposes of the analysis of the trend for commercial vehicle bodily injury trend

for 2000/2001. Now, in the development of loss trend for commercial vehicle coverage, both the actuaries exclude certain data as representing outliers. The exclusion of outliers for the purpose of developing loss trends is clearly an accepted approach. Both of them are doing it.

I would submit that the difference is, of course, in this particular case, the Mercer analysis is excluding both high points and low points, and that's why it can be considered a balanced approach. The question is whether we are to exclude the data from the worst winter in recorded history in this jurisdiction because of its unreliable, or sorry, its inherent unreliability.

(4:30 p.m.)

Well, the empirical evidence doesn't lie. At Appendix B, page 5.4, we can see, and this in the rate filing, we can see what the particular loss costs are for 2000 and 2001. Those particular loss costs are shown as \$9,102,216 and \$9,767,022. Now, if you track this back over the previous years back to 1989, and this is on page 5.3, there are no numbers that look anything like this on an annual basis. The next number before that in (inaudible) is \$5,921,000. The next one is \$4,728,000, then \$4,424,000, then \$3,974,000. It's all twos and threes and fours, so even on an annual basis, 2000 and 2001 are way off the chart.

Now, it doesn't surprise me that Mr. Pelley's line, he could fit a line to those numbers and conclude they are not outliers. The situation though is when you look at the half yearly data, which is the data that's relied upon by the Board's actuary, does that bring this more sharply into focus? Can we really see what's going on within those two accident years?

Well, we know that in those particular two accident years, and this is uncontested evidence before the Board, that the half yearly data showed that incurred losses were close to 70 percent higher in 2000-2 than in the comparable period in 99-2, and 40 percent higher in 2000-1 than the comparable period in 2000. Now, that evidence is found at the transcript, December 17th, page 22, lines 44 to 69.

As I've said, analyzed on an annual basis, the 2000 and 2001 losses were the highest values shown in this rate filing exhibit, and the 2000 losses were 50 percent higher than those in '99.

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Now, let's look at the evidence about why this is related to the winter. Well, we know that there was the most snow ever fell. Now that's not the end of the world, just because there was a lot of snow. But we also know that in that particular winter there was a lower than average rainfall, we've experienced plenty of rain here this winter, and there was record snow depth, and there was a high frequency of moderate snowfall events, rather than a series of heavy snowfall events. It's that combination of events, that combination of different factors coming together that was considered to be unusual by the expert. It's not the fact that there was just a high value of snow, and this is brought out in the point that Mr. Stamp made in his argument. Well, why don't we see in February the snowfall wasn't, you know, as considerable as it was in ... or there wasn't as big a gap between snowfalls in February, why isn't there a larger accident experience shown ... or sorry, why is there larger accident experience shown. Well, the answer, of course, is because of the lower than average rainfall and the record snow depth, because by that stage in the winter, the snow banks around town, and this was testified to by Sgt. Hill, was one of the contributing factors. The depth of snow on the ground here contributes to the accidents. That's the circumstance.

The evidence also demonstrates that both the frequency of accidents and the volume of the incurred losses increased significantly over the previous periods. Again, as I pointed out in my written submission, the industry evidence of frequency of accidents in the benchmark confirms this as well. And finally we have the opinions of Hill that both the major reason reported to him for the accidents was the snowfall and the adverse weather conditions, and secondly, his opinion that commercial vehicles are on the road longer.

Now, based on the foregoing, I would submit that you have significant evidence before you upon which you can decide to accept the approach that's recommended by Mercer Risk and exclude these two data points in question from the trend in losses. You would be accepting the commercial vehicle bodily injury trend of 8.4 percent as opposed to what's proposed by Eckler which is 11.4 percent, which would amount to about 31 percent over the future projected period.

The evidence fully supports the conclusion that the worst winter in this jurisdiction's history

inflated the loss experience for these particular two half yearly periods. The evidence specifically links the weather to the increased accidents, and supports the explanation provided for the difference in the loss experience between commercial vehicle and private passenger coverages.

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Now briefly I just want to look at ULAE. I'm not sure, when I read the submission of the Applicant, I wasn't sure if they were suggesting that the Board should accept the more updated expense factor which has been generated by IBC. I would suggest that it's incumbent upon the Board to do so. This updated expense factor relates to the data being used by the Applicant, and to use an older expense factor for the 2001 data, using a 2000 AIX expense factor for the 2001 data just doesn't seem to make any sense whatsoever.

Furthermore, this is the number which is provided by IBC, and Mr. Pelley agreed that there was logic in using the more updated figure, and using more updated evidence generally.

In terms of the credibility standard, again, when I read the argument of the Applicant, it's difficult to really pinpoint whether or not they're saying we should accept the Board's actuary's recommendation on this. Well, what I can say from the evidence is that Mr. Pelley did not dispute that the approach has merit and said that they would be prepared to study it. Well, you know, Mr. Commissioner, Mr. Chairman, with all due respect, this same recommendation was made in 2001, and they agreed to study it then, but it wasn't acted upon. I would submit that the preponderance of the evidence supports rejecting this approach and requiring the use of this approach as recommended by the Board's actuary in this particular case.

I want to turn briefly to the rating issues. The private passenger program proposes the implementation of CLEAR. The primary difficulty with implementing CLEAR is the fact that the policy in force file that's used is more than two years old. This carries with it a risk that there will be dislocation for the persons that I represent.

Furthermore, which is evidence which I was not aware of, it turns out that CLEAR is not implemented in the voluntary market on the widespread basis that I had understood it to be, and I don't fault anybody else for that. That's just the understanding that I had.

In fact, it was indicated by Mr. Anthony that it has been implemented by a fair number of national insurers and is slowly getting adopted. The Insurance Corporation of Newfoundland does not use CLEAR in the voluntary market. This seems to me to be inconsistent with the premise that was put forward by the Applicant that it merely follows the market, it doesn't lead.

For all these reasons, basically that there is no widespread implementation of CLEAR as suggested, or as I understood originally, but secondly that there is a risk with the use of the old policy in force file, it is my submission that the Board should decline the implementation of CLEAR at this point, and direct that a further and more up to date policy in force file be completed, and then an application proceed on that basis.

The accident and conviction surcharge schedule issue is ...

- MR. SAUNDERS, PRESIDING CHAIRMAN: Before you go any further, Mr. O'Flaherty ...
- 22 MR. O'FLAHERTY: Yes.
- MR. SAUNDERS, PRESIDING CHAIRMAN: Looking at the weather outside as well as I'm looking at the clock, and how much time are you going to be requiring to finish?
- 27 MR. O'FLAHERTY: Two minutes.
- MR. SAUNDERS, PRESIDING CHAIRMAN: Oh, then carry on.
 - MR. O'FLAHERTY: Okay. The accident and conviction surcharge schedule, as I've already indicated, we believe should not be, should not be accepted by the Board. These changes should not be accepted as proposed by the Board because they are simply not based on any actuarial evidence whatsoever.

Furthermore, because of the profile that's being shown of the, of Facility, that is in BGP number ... sorry, DJS-2, illustration five, we now know that most of the people in Facility Association actually have no accidents or convictions. Therefore this notion of behaviour modification seems to me to be something that doesn't have any substance behind it.

We do ask for a five percent, as set out in the written argument, and I won't get into it in great detail, we do ask for a five percent clean driver discount. That was done by the Board, an additional five percent was ordered by the Board in New Brunswick, without any change to the off balance factor, and it was done on the basis, I would submit, of their assessment of this particular figure, that there was such a high figure.

So the last point I want to go to is the reliability. I don't want to ... I want to submit this one case on the issue of the role of an expert witness. I won't get into it in great detail except to say that this case makes it clear, and the law in Canada is clear, that experts must not be permitted to become advocates. That is not the role of an expert witness before the Board, and if a Board, a witness does assume that particular role, then his or her evidence must be given correspondingly less weight.

Now, in this particular case you have really two different, two completely different roles being played by the actuaries. One the one hand ... and this was averted to by yourself, Mr. Chairman, as you pointed out in cross-examination at one point, you said that Ms. Elliott is an actuary, she is not an actuary ... and I'm paraphrasing now ... she is not an actuary and consultant retained by the Board to advise on other insurance matters. When she was ... she wouldn't provide an opinion on matters that were outside her expertise, and that was the explanation that you provided to Mr. Stamp for that particular, for that particular approach.

That is the appropriate approach in our submission, and that is the reason, or one of the reasons why the advice of the actuary should be accepted in this particular case.

I know I'm rushing a bit now, but I want to conclude as quickly as possible. The last issue is the issue of costs. As I've said, my friend has a copy of the, of this particular Order in Council, and I don't know if she's going to pull a rabbit out of the hat here today and show it to us. In any event, I'm paraphrasing ... what it provides for is that the cost of the Consumer Advocate ... the Consumer Advocate is appointed effective November 16th, something like that, November 13th ...

MR. SAUNDERS, PRESIDING CHAIRMAN: Well, why don't we get the ...

- MS. NEWMAN: Yeah, for the record, I'm not prepared 1
- to provide copies of the Order in Council during the 2
- hearing. I can give the substance of what's contained 3
- in this Order in Council. It does indicate that pursuant 4
- to the authority under Section 61 of the Automobile
- Insurance Act, Peter O'Flaherty is appointed as 6
- Consumer Advocate effective November 13th.
- 8 MR. O'FLAHERTY: Okay, the 13th.
- MS. NEWMAN: To represent consumers at a Public 9
- Utilities Board rate hearing with respect to FA. 10
- MR. STAMP, Q.C.: The date of the order, please, Mr. 11
- Chairman? 12
- MR. SAUNDERS, PRESIDING CHAIRMAN: The date 13
- 14 of the order?
- MS. NEWMAN: January 6th. 15
- MR. O'FLAHERTY: So we would simply ask for our 16
- costs on that point. And one last point which was a 17
- comment of Mr. Stamp regarding the questions that I 18
- had of Mr. Pelley regarding the 2001 rate filing, and this 19
- is whether or not they had actually, Eckler's had 20
- actually used half year data in, and adjusted for 21 seasonality for trend. I would simply refer you to the 22
- evidence on December the 20th when I was cross-23
- 24 examining Mrs. Elliott regarding that issue. I brought
- her directly to the 2001 filing on page six, under the 25
- section "loss trend", which says in Section 8.2 we have 26
- updated the third party liability projection factors to 27
- reflect bodily injury and property damage experience as 28 of 30 June 2000. In doing so we have applied the
- selected models from the 1999 AIX analysis with an 30
- adjustment to the resulting 2000-1 projection factor to 31
- account for seasonality, and the exhibits that I referred 32
- her to were in, I believe, 8.2 of the Act, sorry of the 33
- filing. I think those are all the issues that I have. I 34
- thank you ... and I realize I spoke quite fast, but I would 35 have thought that you would have been reviewing
- 36
- these, you know, particular submissions once they 37
- come out on Ms. Ebsary's transcript, and you know, 38
- hopefully that it wasn't too confusing. Unless you 39
- 40 have any questions, or I hope you do have some
- questions, those are my submissions on behalf of the 41
- Consumer Advocate. 42
- MR. SAUNDERS, PRESIDING CHAIRMAN: Okay, 43
- 44 thank you, Mr. O'Flaherty. Okay, Commissioner
- Powell? 45

- (4:45 p.m.)
- COMMISSIONER POWELL: A lot of food for thought,
- I don't know if I have any questions or not. I'd almost
- have to read the transcript, but I have a number of
- things noted that I want to ... I still have ... one thing, I 50
- guess reading the transcript, I still have the struggle 51
- trying to put my mind around all these legislative
- requirements and the rationale for what actually are the
- costs of FA. It seems to me it doesn't flow as easily as
- it, as you might think it should, and while you're fairly 55
- emphatic in your written submission and your follow-
- up, you don't have any real words in terms of A, B, C,
- D, E, in tying that all together any more than what
- you've done?
- MR. O'FLAHERTY: This is in terms of the issue of the
- 61
- COMMISSIONER POWELL: ... the profit and cost,
- profitability, the whole, you know ...
- MR. O'FLAHERTY: Right.
- COMMISSIONER POWELL: You know, just what
- distinguishes ... based upon, I think, what legal counsel
- for the Board said on page two, historically the Board
- has established rates based upon the actuarially
- justified loss costs.
- MR. O'FLAHERTY: Uh hum.
- COMMISSIONER POWELL: And if we go through,
- and I think I asked the question of Mrs. Pelley (sic), not
- Mr. Pelley, Mrs. Elliott, about the, whether the rates
- being set in FA, if they're based on a formula, 74
- historically what you do ... if I was talking about general
- rates, not including some costs, would that not make these rates invalid, I mean so ... yes, I recall that 77
- discussion, and I think her evidence, or at least as I 78
- understood it, was that there is, there is a component
- within the rate for profit but it's zero within the
- particular rate calculation for this particular applicant.
- COMMISSIONER POWELL: But what about the other
- aspects of the return on capital and ...
- MR. O'FLAHERTY: Well, yes, and that's a point that
- myself and Mr. Stamp clearly disagree upon. His
- position is that, as I understand it, that this is, it is done
- this way, and it is done in this case, certainly following
- that rationale, and they are not looking to recover cost

- of capital, but he takes the position it's done as, on the basis of an administrative decision, or a direction from the Board, and I take the position that that's the legislative requirement, so I think that's where the
- debate is, and I also concede Mr. Stamp's point that it
 strictly speaking doesn't have to be determined by the
- Board, but I see some value in outlining, you know,
- 8 what the rules are. I'm sorry that I was unable to
- 9 provide any further help for you as to why I believe it
- is the legislative provision, but I would rely primarily upon Sections 97 to 102 of the *Insurance Companies Act*,
- and also upon the general role, if you were sitting as a
- Board member on, for example, the, you know, a general
- 14 rate application for Newfoundland Power, or
- Newfoundland Telephone, or Newfoundland Hydro.
- 16 There are specific provisions in all of that legislation
- which talk about what the rate of return is, or what's the
- return on investment that a utility can get. In this case,
- there is none, and it is my submission that there isn't
- one because there is none allowed.
- 21 COMMISSIONER POWELL: Okay, if you don't say it
- you don't get it, but how do you rationalize that with
- the established rates based upon the actuarial (phonetic)
- justified loss cost? That's my ... my interpretation of
- 25 that, that's a very broad ... it covers all ...
- MR. O'FLAHERTY: Well, I think the rates do, in this case, they do actually get established after an actuarial
- analysis of the actuarially justified loss costs, but those
- loss costs don't include what you'd find in, for example,
- $\,$ the benchmark, which is a return on equity calculation.
- I don't think there is any, there is any difference. I don't think the loss costs include the return on equity in the
- benchmark. I think those are an expense, that's a valid
- expense. I think the difference here in the application
- before the Board is that under this particular legislative scheme there is no valid expense for return on equity
- scheme there is no valid expense for return on equity for the Applicant, but I don't think the loss costs are
- not actuarially justified. I mean, you know, in this
- particular document, the rate filing, the loss costs are
- addressed fully in terms of the actuarial evidence. Does
- that provide any assistance?
- 42 COMMISSIONER POWELL: Yeah, I can see where
- 43 you're coming from, it's something we've got to bang
- our heads around. You would agree that the legislation
- sort of doesn't point you ...
- MR. O'FLAHERTY: I do agree, it's not clear ... it's ...
- 47 you know ...

- 48 COMMISSIONER POWELL: It's something that
- 49 probably should be addressed.
- 50 MR. O'FLAHERTY: It's capable of, it's capable of
- 51 argument, and that's what Mr. Stamp and myself are
- 52 doing.
- 53 COMMISSIONER POWELL: That's right.
- 54 MR. O'FLAHERTY: It's not spelled out.
- 55 COMMISSIONER POWELL: So there should be a little
- 56 bit more clarity there.
- 57 MR. O'FLAHERTY: I agree that if it was clearer, then
- 58 there wouldn't be as much uncertainty as to what the
- 59 legislation does provide for, but I don't think that takes
- 60 away from the argument that I'm making. I think the
- position that I'm submitting is the stronger of the two
- arguments because of the factors that I've outlined.
- COMMISSIONER POWELL: I'm just going through my
- 64 notes here now. No, I think that's all I have, Mr.
- 65 Chairman.
- 66 MR. SAUNDERS, PRESIDING CHAIRMAN: Okay,
- 67 thank you, Commissioner Powell, Commissioner
- Martin?
- 69 COMMISSIONER MARTIN, Q.C.: Nothing.
- 70 MR. SAUNDERS, PRESIDING CHAIRMAN: I just
- 71 have one, I think, Mr. O'Flaherty, and I know that you
- 72 made quite a point early in your remarks this afternoon
- 73 to state that you were representing the four percent,
- and I just want to make sure that I heard you correctly
- 75 in that ... and you didn't refer to the Order in Council,
- because I think the Order in Council appoints you as a
- 77 Consumer Advocate to represent the consumers of
- Newfoundland, if I'm not mistaken, and when you made
- 79 your submission, your intervenor submission, which
- 80 I'm reading from here in paragraph one, you restated
- 81 that, because you said here that you're appointed to
- represent the province's consumers. Now, at that stage,
- and until we got into the hearing, it wasn't clear if you
- 84 were representing the four plus the 96, or if you were
- 85 representing all of the consumers ... or I'm sorry, or only
- 86 the four percent. You seem to have made it clear that
- 87 you're representing the four percent today, and is that
- what you intended to do, to make that clear?

- MR. O'FLAHERTY: Oh, I think if you review the 1
- transcript, in these ... 2
- MR. SAUNDERS. PRESIDING CHAIRMAN: Yes, I 3
- reviewed the transcript, and there were several
- instances where you said that you were representing 5
- the four percent. 6
- 7 MR. O'FLAHERTY: Correct.
- MR. SAUNDERS, PRESIDING CHAIRMAN: But I'm 8
- wanting to make sure that you understand that that's in 9
- conflict, in the words in any case, with what's in your 10
- Order in Council, and what's in your final, or in your 11
- intervenor's submission. 12
- MR. O'FLAHERTY: Well, I mean I don't, I'm not ... I'm 13
- not involved with what's in the Order in Council. 14
- obviously I have no involvement with that. 15
- understand, I think I have the correct understanding of 16
- what my role is. I'm here to represent the ratepayers. 17
- MR. SAUNDERS, PRESIDING CHAIRMAN: Right. 18
- 19 MR. O'FLAHERTY: And the ratepayers are the four
- percent. 20
- MR. SAUNDERS, PRESIDING CHAIRMAN: The four 21
- percent. 22
- MR. O'FLAHERTY: And they are not the 100 percent 23
- of the people in the province, so in respect of the 24
- intervenor's submission, I think it's a little harsh, and I 25
- don't mean to say that you're (inaudible) off on me, but 26
- 27 we were ...
- 28 MR. SAUNDERS, PRESIDING CHAIRMAN: I just
- want to be sure what you're representing. 29
- MR. O'FLAHERTY: Yeah, we were appointed on 30
- November the 14th, and ... 31
- MR. SAUNDERS, PRESIDING CHAIRMAN: Yes, I 32
- understand that. 33
- 34 MR. O'FLAHERTY: And I also understand as well that,
- you know, from the comments of the Applicant's 35
- argument, that as time has passed, it seems that the 36
- great focus on getting this done and how much of a 37
- hurry we were in, and how important it was, seems to 38
- 39 have somewhat faded into the past, but at that
- particular point in time, that was the situation.

- Everything had to be done yesterday, and that's the
- document that I put in, but there's no, there's been no
- confusion in my mind ... whenever I've been asked
- about this in the hearing, I've said I represent the four
- percent. That's the basis of my retainer, and I can't
- comment on whether that puts me in conflict somehow
- with the Order in Council, but I still would ask for my
- costs in accordance with that order.
- MR. SAUNDERS, PRESIDING CHAIRMAN: No. I
- wasn't raising it for the purpose of getting into a
- discussion on the costs, that's another matter.
- MR. O'FLAHERTY: Okay.
- MR. SAUNDERS, PRESIDING CHAIRMAN: But I
- wanted to give you the proper description when we do
- write our order as to whom you're representing, so it's
- safe to say you're representing the four percent.
- MR. O'FLAHERTY: I'd prefer if you would state that I'm
- representing the ratepayers who are affected by this
- legislation, by this particular application. Now, I mean
- we've been calling it the four percent, and that harkens
- from Mr. Whalen's opening comments. I mean that was 61 his opening statement. I don't think it is four percent.
- Next year it will be 10 percent or four percent or three
- percent, or whatever.
- MR. SAUNDERS, PRESIDING CHAIRMAN: You're
- representing those ratepayers that are in FA.
- MR. O'FLAHERTY: That are directly affected by this
- particular application, yes, the ratepayers.
- MR. SAUNDERS, PRESIDING CHAIRMAN: Yes.
- MR. O'FLAHERTY: And you're right, I have adopted
- the phrase four percent, but that's only because that's 71
- basically the way it was described in the legislation,
- sorry, throughout the hearing.
- MR. SAUNDERS, PRESIDING CHAIRMAN: Okay,
- alright, how about you, Ms. Newman, do you have
- some final remarks?
- MS. NEWMAN: Yes, I do have a few items I wanted to
- go through, mainly referencing the written submissions
- of the parties, to clarify points that I think should be
- clarified on the record. I expect it might take another 15
- minutes or so.

- MR. SAUNDERS, PRESIDING CHAIRMAN: Okay, so
- that brings me to you, Mr. Stamp, your final words, 2
- what time would you expect? 3
- MR. STAMP, Q.C.: I probably wouldn't have been too
- long, I guess I would be shorter if I had some time to 5
- prepare for it. That's the difficulty in these things, 6
- preparation allows for brevity and lack of it doesn't.
- MR. SAUNDERS, PRESIDING CHAIRMAN: Yeah. 8
- MR. STAMP, Q.C.: If we're talking about 15 minutes 9
- from the Board's solicitor, and I mean assuming I had 10
- some time to do that, I should think that at the most, 11
- you know, combined, combined presentation, we'd be 12
- no more than an extra hour. That being the case, given 13
- what I see and the staff often have a little less 14
- enthusiasm for this than perhaps some of us do, maybe 15
- it's better to do that tomorrow morning.
- MR. SAUNDERS, PRESIDING CHAIRMAN: I think 17
- what we should do is adjourn now and resume in the 18
- morning at a time convenient to everybody. 19
- MR. WHALEN, Q.C.: We can't see the building next 20
- door so that's ... 21
- MR. SAUNDERS. PRESIDING CHAIRMAN: That's 22
- right, it's a good idea to get out of here or we'll spend 23
- 24 the night together, God forbid. Is 9:00 comfortable, or
- 9:30? 25
- MR. STAMP, O.C.: 9:30 would be a little bit more ... in 26
- case we have to ... 27
- MR. WHALEN, Q.C.: If we have to shovel out. 28
- MR. SAUNDERS, PRESIDING CHAIRMAN: Yes, sure, 29
- well let's say 9:30, and if there's a problem then we'll 30
- deal with that in the morning. 31
- MR. STAMP, Q.C.: And we will be brief, Mr. Chairman, 32
- I can assure you. 33
- MR. SAUNDERS, PRESIDING CHAIRMAN: So the 34
- time you're going to take overnight is going to take a 35
- half an hour off the hour. 36
- MR. STAMP, Q.C.: If I can get home, or some place, 37
- that will be the case. If I sleep in the car I won't be 38
- 39 much help.

- MR. SAUNDERS, PRESIDING CHAIRMAN: Okay,
- thank you, we'll see you in the morning.
- 42 (hearing adjourned)