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RETIREMENT SYSTEMS OF ALABAMA
PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN
BOARD OF CONTROL MEETING
201 South Union Street, Room 843
Montgomery, Alabama 36104
877.517.0020

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**VIDEOCONFERENCE PUBLIC EDUCATION
EMPLOYEES' HEALTH INSURANCE PLAN BOARD OF CONTROL
MEETING** reported by Jeana S. Boggs, Certified Court
Reporter and Notary Public, in the conference room
of the Retirement Systems of Alabama, 201 South
Union Street, Montgomery, Alabama, that was held on
Tuesday, April 20th, 2021, at approximately 3:00
p.m.

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APPEARANCES

BOARD MEMBERS:

MR. LUKE HALLMARK, CHAIRMAN
MR. JOHN R. WHALEY, VICE-CHAIRMAN
MR. KELLY BUTLER
MR. JOHN MCMILLAN
DR. ERIC MACKEY
DR. JOSEPH G. VAN MATRE
DR. SUSAN WILLIAMS BROWN
MS. CHARLENE MCCOY
MRS. SUSAN LOCKRIDGE
MS. PEGGY MOBLEY
MS. ANITA GIBSON

1 ALSO PRESENT:

2 DR. DAVID BRONNER, RSA CEO

3 MR. DON YANCEY, RSA DEPUTY DIRECTOR

4 MS. DIANE SCOTT, RSA CFO

5 MR. DAVE WALES, DIRECTOR PEEHIP

6 MS. ERICA THOMAS, ASST DIRECTOR PEEHIP

7 MS. EMILY EATON, RSA ASSISTANT

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AGENDA

I. CALL TO ORDER/ROLL CALL
Emily Eaton.....5

II. APPROVAL OF AGENDA
Luke Hallmark.....6

III. OPENING COMMENTS
Don Yancey.....7

IV. PHARMACY PROCUREMENT STRATEGY
Diane Scott.....12
Dave Wales.....21

V. SCHEDULING OF JUNE PEEHIP BOARD MEETING
Don Yancey.....

VI. ADJOURN
Luke Hallmark.....

1 CHAIRMAN HALLMARK: Okay. I
2 would like to welcome everybody to our
3 called meeting today dealing with our
4 PEEHIP Program.

5 At this time, I would like to
6 have a roll call, please.

7 **ROLL CALL**

8 MS. EATON: Luke Hallmark?

9 CHAIRMAN HALLMARK: Here.

10 MS. EATON: Ricky Whaley?

11 MR. WHALEY: Here.

12 MS. EATON: Kelly Butler?

13 MR. BUTLER: Here.

14 MS. EATON: John McMillan?

15 MR. MCMILLAN: Here.

16 MS. EATON: Eric Mackey?

17 DR. MACKEY: Here.

18 MS. EATON: Joseph Van Matre?

19 MR. VAN MATRE: Here.

20 MS. EATON: Kelli Shomaker?

21 (No response).

22 MS. EATON: Susan Brown?

23 DR. BROWN: Present.

1 MS. EATON: Amy Crew?

2 (No response).

3 MS. EATON: Charlene McCoy?

4 MS. McCOY: Here.

5 MS. EATON: Susan Lockridge?

6 MRS. LOCKRIDGE: Here.

7 MS. EATON: Russell Twilley?

8 (No response).

9 MS. EATON: Peggy Mobley?

10 MS. MOBLEY: Here.

11 MS. EATON: Anita Gibson?

12 MS. GIBSON: Here.

13 MS. EATON: Jeff Cole?

14 (No response).

15 CHAIRMAN HALLMARK: Okay. We do
16 have a quorum.

17 **APPROVAL OF AGENDA**

18 CHAIRMAN HALLMARK: So, at this
19 time, if you can look at our agenda, there
20 is not any changes to be made, I will need
21 a motion to approve the agenda.

22 DR. MACKEY: I move to approve
23 the agenda.

1 CHAIRMAN HALLMARK: Dr. Mackey.

2 And second, Mr. McMillan.

3 Any questions? Comments?

4 (No response).

5 CHAIRMAN HALLMARK: All in favor

6 say "aye."

7 (Committee members saying

8 "aye").

9 CHAIRMAN HALLMARK: All opposed,
10 like sign?

11 (No response).

12 CHAIRMAN HALLMARK: Ayes carry.

13 The next is our opening
14 comments. And let me mention it before
15 we get started.

16 I realize that when the people
17 that are out Zooming have something to
18 say, there is a delayed response. So, if
19 we have a question or something to say,
20 let's wait. I just made that mistake.
21 Wait a second or two and to give them an
22 opportunity to say something.

23 Okay. At this time, Mr. Yancey,

1 I am going to turn the opening comments
2 over to you.

3 **OPENING COMMENTS**

4 MR. YANCEY: Thank you, sir.

5 At the last PEEHIP meeting,
6 Diane went over her three-year
7 projections -- budget projections; and in
8 that, there was a projected shortfall of
9 \$93 million for the 2022 fiscal year; not
10 this coming year, but the following year,
11 that we, you know, are trying to figure
12 out how to deal with.

13 We proposed a solution which was
14 that drug coupon program that Dave went
15 over which he will go over again briefly.
16 We thought we could do that under the
17 existing contract that we had with
18 MedImpact, and, you know, that has not --
19 we have not been able to work that out.

20 And so, the only way to
21 implement that program is to move to a
22 new contract and accelerate the bid
23 process by doing an RFP now instead of

1 waiting another year to do that and get
2 that in place.

3 During the period between the
4 last meeting and now, when Diane makes
5 her presentation, you will notice that
6 that \$93 million has grown to \$113
7 million based on additional projections
8 and, again, primarily due to increased
9 cost on the pharmaceutical side.

10 So, that really is the issue
11 that we need to deal with. And, again,
12 the coupon program that would allow us to
13 do that on the commercial side rather
14 than just a special drugs, which we are
15 already doing, we believe it would allow
16 us the opportunity to save significant
17 amount of money on the program.

18 Members will not have any
19 adverse impacts based on this change.
20 They will not have greater co-pays or
21 anything other than the normal changes
22 that happen in the pharmacy side which
23 is, you know, they are continually

1 changing, you know, Tiers of
2 pharmaceuticals. They are, you know,
3 changing quantity limits.

4 So, there are normal changes
5 that may take place, but the new RFP
6 should not, you know, trigger those any
7 greater than under normal circumstances.

8 So, the request we will make
9 during this meeting is that we will be
10 able to issue an RFP immediately. We've
11 been working on it, you know, for the
12 last week and have it almost finalized.
13 I mean, it will be ready to go probably
14 tomorrow, you know, if we get your
15 approval today.

16 The sooner we can do it, the
17 sooner we can start getting into the
18 program, the sooner we can start saving
19 money trying to eliminate or certainly
20 reduce that, you know, deficit that we
21 are looking at for next year.

22 In addition to that coupon
23 program, while talking to the consultants

1 that we have, we believe that we can also
2 negotiate a much better rebate program on
3 the pharmaceutical side, again, saving
4 significant amounts of money.

5 So, it really is, you know,
6 critical at this point, you know, that,
7 you know, we move into that new program
8 by issuing the RFP and, you know,
9 recommending a new contract for PBM.

10 That's not to say that it won't be
11 MedImpact. They still will be able to
12 bid on it. You know, we've been
13 discussing this with them, and we expect
14 them to, you know, certainly make a bid,
15 you know, on this program.

16 We will have to have another
17 meeting later to -- all this meeting --
18 all that we are requesting at this
19 meeting is to authorize us to issue the
20 RFP and move forward and identifying the
21 best program for our members in the plan
22 going forward. The Board would have to
23 meet again to ratified any contract, you

1 know, that we enter into.

2 So, this is not entering into a
3 contract or a final deal. It's simply
4 granting us permission to move forward
5 with the RFP. Thank you.

6 CHAIRMAN HALLMARK: All right.
7 Questions at this time?

8 (No response).

9 CHAIRMAN HALLMARK: The next item
10 on our agenda, Ms. Scott, Diane, would you
11 come forward and talk to us a little bit
12 about the pharmacy procurement strategy.

13 **PHARMACY PROCUREMENT STRATEGY**

14 MS. DIANE SCOTT: Right. Okay.
15 Good afternoon, Mr. Chairman, and members
16 of the Board.

17 Before I talk about specifically
18 the pharmacy, I wanted you to be aware of
19 several other items. So, I want you to
20 put on two hats right now. Okay? I want
21 you to put on your TRS Board member hat
22 and your PEEHIP Board member hat because
23 I think it's very, very important that

1 you understand the financial pressures
2 that we are going to be under, under both
3 of those, between now and September.

4 Okay?

5 So, the first thing, there are
6 five pressures. The first thing is that
7 our actuary is going to begin work on the
8 2016-2020 five-year experience study for
9 TRS within the next couple of weeks. The
10 capital market assumptions that are going
11 to go into that study are most likely
12 going to result in a recommendation for
13 the actuary to reduce the discount rate
14 or the assumed rate of return. What that
15 does is it raises the liability. What
16 that does is it raises the employer
17 contribution amount. Okay.

18 As a result of that experience
19 study, the actuary is most likely going
20 to recommend that we change to a
21 generational mortality table which will
22 most likely increase the pension
23 liability and thereby increase the

1 employer rate. There is always pressure
2 for a 13th retiree check which increases
3 the employer rate.

4 Then, think about the Tier 2
5 modifications whether those are done in
6 one year or whether those are done over
7 the course of a couple of years will
8 increase the employer contribution rate.

9 And then you have the PEEHIP
10 shortfalls which will increase in general
11 the ask from the Legislature. At this
12 point, there is nothing you can do about
13 the first four. Okay?

14 But you have the opportunity
15 today to pull a very big lever to start
16 the process of closing the PEEHIP
17 shortfall for fiscal 2023. Okay?

18 So, let's move to the handout
19 that you have before you. If you are
20 listening to this virtually, Board
21 members, then you received an email with
22 the PowerPoint presentations that Dave
23 and I, both, will make, and I think you

1 can access them through Directorpoint.

2 So, if we will go to that hot
3 off the presses, we have the PEEHIP
4 funding projection for FY-21 to 2023.
5 And what you will see there is that this
6 projection for fiscal 2023 has grown to a
7 hundred -- a shortfall of \$113.5 million.
8 If every bit of that had to come for an
9 increased ask from the Legislature, that
10 would bump the \$800 per member per month
11 from \$800 to \$896.

12 The next page shows you the
13 assumptions and threats that went into
14 this. This still includes a \$46 million
15 transfer from the Retiree Trust for
16 fiscal 2023.

17 We have currently, through March
18 the 31st, spent \$31.4 million on
19 unreimbursed COVID expenses. And that
20 doesn't include any pharmacy expenses for
21 the administration of the vaccine because
22 those are -- those are ramping up at this
23 point.

1 The trends that we still have
2 projected are 4% for medical and 9% to
3 10% for the pharmacy. Our enrollment
4 projections did not change either, and we
5 continue every day to look for cost
6 containment strategies, yet with all of
7 this and the projections that the actuary
8 has just given to me yesterday, and I
9 rolled through my model our projections
10 increased.

11 And the last page looks like
12 this. And the last page shows you how I
13 started with \$93.1 million shortfall the
14 last time I was here with you and how we
15 grew to \$113.5 million, because pharmacy
16 charges, costs increased by \$15 million.
17 Medical costs were projected to increase
18 by \$2 million. I was able to tweak my
19 revenue to improve it by about \$1.9
20 million.

21 But during the course of
22 fiscal -- the remainder of 2021 and the
23 remainder of 2022, we did eat into our

1 reserves by about \$5.2 million. So,
2 that's why -- how we moved from \$93.1
3 million shortfall to \$113.5 million
4 shortfall.

5 So, how much are we talking
6 about here with this RFP? We won't know,
7 but we need to let the RFP process take
8 place. We will need to let the market
9 out there work its magic.

10 But as Don said, we would come
11 back to you at the end of June with the
12 procurement results with a recommended
13 contract and savings for fiscal 2023 as a
14 result of this RFP if you approve us to
15 move forward with that.

16 So, with that, I would ask if
17 you have any questions.

18 CHAIRMAN HALLMARK: Okay. You
19 have heard Diane's presentation. At this
20 time, I would like to ask if there are any
21 questions or comments.

22 Dr. Mackey has one.

23 DR. MACKEY: Thank you. So, do

1 the RFP and the savings, though --
2 potential savings would not be found until
3 2023?

4 MS. DIANE SCOTT: No.

5 DR. MACKEY: Not 2023. Okay.

6 MS. DIANE SCOTT: That's the
7 beauty of this. That's the beauty of
8 moving right now, because this contract, as
9 Dave will show you, will propose to start
10 10/1/21.

11 DR. MACKEY: Right.

12 MS. DIANE SCOTT: So, I would get
13 savings for fiscal 2022 and fiscal 2023
14 that would work to work that down.

15 DR. MACKEY: Okay. That's good.

16 CHAIRMAN HALLMARK: Mr. Whaley?

17 MR. WHALEY: The Retiree Trust
18 Fund, how much is the balance in that?

19 MS. DIANE SCOTT: \$1.6 billion.

20 MR. WHALEY: \$1.6 billion.

21 CHAIRMAN HALLMARK: Or more.

22 MR. WHALEY: Okay.

23 CHAIRMAN HALLMARK: Any questions

1 from those Zooming?

2 (No response) .

3 MR. MCMILLAN: Let me -- I

4 have --

5 CHAIRMAN HALLMARK: Mr. McMillan?

6 MR. MCMILLAN: Is there any way

7 or do we know at this point whether the

8 last COVID funds would cover any of this

9 directly related to --

10 MS. DIANE SCOTT: So, what we

11 have done at this point, we have estimated

12 what I think I might need between now and

13 the end of this year since December 15th,

14 and I know we have given those projections

15 to the Finance Department. And also we

16 have given them to at least one of the

17 budget chairs, that if the Legislature so

18 moved to provide us with some protection

19 there, I've provided the estimates.

20 CHAIRMAN HALLMARK: Mr. Butler?

21 MR. BUTLER: You know, we are

22 still waiting on guidance from the Treasury

23 on what the uses of the new rescue plan

1 monies are. I wish I had a better update.
2 But our best guess right now is we might
3 get that guidance by the middle of May, end
4 of May. We will know a little more then so
5 that we can perhaps act on the request.

6 CHAIRMAN HALLMARK: Is that
7 nationwide, the waiting about how to use
8 the ESSER funds, the Cares Act funds? Is
9 that pretty much all states are waiting to
10 hear directions on how to spend the money?

11 MR. BUTLER: Yes, sir, Mr.
12 Chairman. All states are definitely
13 waiting, and most local governments are
14 still waiting. There's been some guidance
15 already -- Dr. Mackey knows about the ESSER
16 funds and some of the other pieces. But
17 those fiscal recovery funds for state
18 governments, they are still -- you know,
19 haven't sent out a lot of guidance on it.

20 CHAIRMAN HALLMARK: Okay. Any
21 other comments or questions?

22 (No response).

23 CHAIRMAN HALLMARK: At this time,

1 in Item IV with the Pharmacy Procurement
2 Strategy, we do need a motion.

3 MR. YANCEY: You've got -- Mr.
4 Chair?

5 CHAIRMAN HALLMARK: Oh, excuse
6 me. I apologize, Dave. I apologize.

7 Dave Wales is wanting to speak,
8 as well.

9 MR. WALES: Okay. Thank you and
10 good afternoon, Mr. Chairman, and members
11 of the Board.

12 I am going to wrap up with a few
13 comments. I will keep my comments brief
14 and then bring this all together for your
15 vote.

16 So, what you have heard thus far
17 from Don and Diane is that we have a
18 significant funding gap, and that we see
19 this RFP opportunity as our best way to
20 address that funding gap. We have been
21 working diligently with our consultants
22 to gain insight into the market
23 currently. And we have been working

1 extensively, as Don said, with our
2 current PBM MedImpact to stand up a
3 coupon program that would leverage those
4 coupons and offer savings to the plan and
5 to the member.

6 It has become clear, to be fair
7 to MedImpact, that the best way they or
8 any PBM could get a program like this up
9 and running is through an RFP process.

10 So, that, in conjunction with
11 what we believe we could improve our
12 financial position in additional rebate
13 revenue through a new pharmacy contract,
14 brings us to the timely need to release
15 this RFP and seek that new contract as
16 quickly as possible. However, before we
17 get to that more specifically and the
18 timeline of the Board vote, I do want to
19 bring this back to the point of view of
20 the member because everything we are
21 talking about doing here today is
22 preserving the quality of the benefit for
23 our membership. And I believe that we

1 have one of the best healthcare plans in
2 the land. I am very proud to work for
3 this organization for that reason. And
4 even in recent Board members, this Board
5 has voted to improved that plan over and
6 above what it already was in an area such
7 as occupational therapy, mental health,
8 Telehealth, and so on.

9 So, we have a great plan. We
10 want to keep it a great plan. There are,
11 quite frankly, ways to save money by
12 simply reducing benefits, and that is not
13 what we are talking about doing today.
14 That is not what we are contemplating.
15 That's not what our consultants are
16 contemplating but quite the opposite. We
17 are talking about keeping this plan
18 reach, keeping it a great benefit,
19 keeping it something that our members
20 truly value.

21 So, I want to state clearly that
22 this is not an exercise to make this plan
23 more lean or actually to the contrary

1 seeking proposals and have designed this
2 RFP in such a way that requires bidders
3 to bid based upon minimizing member
4 disruption.

5 So, to bring all that together
6 for your Board vote, the staff
7 recommendation is for the staff to grant
8 PEEHIP staff the ability to adjust the
9 timeline of our upcoming procurement
10 process so that our pharmaceutical
11 benefit manager or PBM Request For
12 Proposal, RFP, will be released at first
13 availability for the purpose of obtaining
14 a new PBM contract as quickly as possible
15 to achieve needed savings that will help
16 preserve the quality of pharmacy benefits
17 for PEEHIP members.

18 Before you vote more
19 specifically about what the timeline
20 would look like, we would release this
21 RFP potentially as early as tomorrow. We
22 are very near having it ready to go. We
23 would come back to you towards the end of

1 June with another special-called Board
2 meeting for you to vote on our
3 recommended bidder -- recommended winner
4 of that RFP. We would begin implementing
5 immediately following that Board meeting
6 and go live with a new contract this
7 October for a three-year term.

8 That's what I have for you for a
9 Board vote today.

10 MR. WHALEY: So, what are we
11 adding to the RFP? The coupon deal where
12 they have to be willing to do or
13 participate in that?

14 MR. WALES: So, respectfully, I
15 cannot speak very in much detail about
16 what's in the RFP since it's not released
17 yet.

18 MR. WHALEY: Yeah. Okay.

19 MR. WALES: I can tell you, yes,
20 we are seeking a coupon program.

21 MR. WHALEY: Okay.

22 MR. WALES: And also we believe
23 that the current market out there will

1 allow us to capture additional rebate
2 revenue that generally comes through RFP
3 proposals. They are a by-product of the
4 contracts that PBMs have with
5 pharmaceutical manufacturers.

6 CHAIRMAN HALLMARK: Does that
7 answer it, Ricky?

8 MR. WHALEY: Yes, sir.

9 CHAIRMAN HALLMARK: All right.
10 You can certainly tell Diane and Dave have
11 done a lot of work and research into this,
12 and they've brought a recommendation to us.
13 Are there any comments or questions from
14 our Zoom Board members?

15 (No response).

16 CHAIRMAN HALLMARK: Okay. At
17 this time, I will need a motion to approve.

18 MR. WHALEY: Motion.

19 CHAIRMAN HALLMARK: Mr. Whaley.
20 Second, Mr. Butler. Any comments?
21 Questions?

22 (No response).

23 CHAIRMAN HALLMARK: All in favor

1 say "aye."

2 (Board members saying "aye").

3 CHAIRMAN HALLMARK: All opposed,
4 like sign?

5 (No response).

6 CHAIRMAN HALLMARK: Ayes carry.

7 MR. WALES: Thank you, Mr.
8 Chairman.

9 CHAIRMAN HALLMARK: Thank you,
10 Dave. Thank you, Diane.

11 I will say I appreciate Diane
12 and Dave's work because I think they
13 recognize the waters may get a little
14 rocky down the road. And, you know, we
15 just need to try to always stay a little
16 bit ahead of them. And any time
17 something can be presented to us that we
18 feel like we can cut it off, we all
19 appreciate it. We really do.

20 Item V, Mr. Yancey, do you want
21 to talk to us a little bit about
22 scheduling our June PEEHIP Board meeting?

23

1 **SCHEDULING OF JUNE PEEHIP BOARD MEETING**

2 MR. YANCEY: Well, yes, sir. As
3 Dave mentioned, there will be another
4 special meeting required to approve the
5 contract or the winner of the bidding
6 process through the RFP. Earliest we
7 believe we can have that done is late June.
8 We don't know an exact date. The sooner we
9 can do it the better we are. The more time
10 it gives us to get an implementation done,
11 but somewhere near the end of June.

12 And, you know, I think
13 originally, you know, we had talked about
14 either the 22nd or the 29th of June.
15 Diane does not believe the 22nd is a
16 doable date. Possibly the end of that
17 week, maybe the 25th or, you know, a
18 later date.

19 Again, I am simply -- There is a
20 regular meeting on June the 1st for TRS
21 and PEEHIP. You know, my recommendation
22 would be to leave that meeting there.
23 And the alternative would be to delay the

1 regular meeting. But I think proceed
2 with the regular meetings and then just
3 deal with this issue in a special
4 meeting.

5 And I think what we will do is
6 leave that date open but understand that
7 somewhere towards the end of June, early
8 July, first few days in July, we are
9 going to have to have another special
10 meeting to go over that -- that bid
11 process and who we have recommended that
12 that contract be awarded to. So...

13 CHAIRMAN HALLMARK: Okay. Why
14 don't -- June 1st is our next TRS/PEEHIP
15 Board meeting, correct?

16 MR. YANCEY: Yes, sir.

17 CHAIRMAN HALLMARK: What about if
18 we just go ahead and let's say June 25th.
19 And if we need to make an adjustment from
20 there, we can make an adjustment from
21 there.

22 DR. MACKEY: Okay.

23 CHAIRMAN HALLMARK: All right. I

1 think June 25th is a Friday. I know a lot
2 of educators -- some don't work on Fridays
3 or some have half days on Fridays. But I
4 would say let's go ahead and -- I like
5 having a date. Now, if we need to change
6 it, we can certainly change it. But I
7 think let's go ahead and put June 25th so
8 we have something on our calendar. And
9 then, you know, if there is a conflict, and
10 we may can look and see changing it to
11 another date. Okay?

12 Dr. Bronner, have you got any
13 closing comments?

14 DR. BRONNER: No. That's fine.
15 I mean, what you are trying to do is your
16 staff has figured out that we've got -- I
17 go back to my poolhall heritage. You have
18 an 8-ball coming down on us. And then
19 worked hard with the guy, MedImpact, and
20 they are not getting anywhere.

21 So, we think MedImpact will come
22 back in and bid again. We don't know
23 where they will come in on that process.

1 But we have got to have some help;
2 otherwise, we are losing control.

3 So, I think the staff has done
4 an excellent job for the Board.

5 CHAIRMAN HALLMARK: All right.
6 Any other closing comments? Questions?

7 (No response).

8 CHAIRMAN HALLMARK: All right.
9 At this time, I entertain a motion to
10 adjourn. Dr. Mackey.

11 MR. MCMILLAN: Second.

12 CHAIRMAN HALLMARK: Second,
13 Mr. McMillan. All in favor say "aye."

14 (Board members saying "aye").

15 CHAIRMAN HALLMARK: All opposed,
16 like sign?

17 (No response).

18 CHAIRMAN HALLMARK: Thank y'all.

19
20 (Conclusion of PEEHIP Board
21 of Control meeting at 3:26
22 p.m.)
23

1 REPORTER'S CERTIFICATE

2
3 STATE OF ALABAMA

4 COUNTY OF ELMORE

5
6 I, Jeana S. Boggs, Certified Professional
7 Reporter and Notary Public in and for the State of
8 Alabama at Large, do hereby certify on Tuesday,
9 April 20th, 2021, that I reported the meeting of
10 the PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE
11 PLAN BOARD OF CONTROL; that the foregoing
12 colloquies, statements, questions and answers
13 thereto were reduced to 31 typewritten pages under
14 my direction and supervision; that the above is a
15 true and accurate transcription of said meeting set
16 out herein.

17 I further certify that I am neither of
18 relative, employee, attorney or counsel of any of
19 the parties, nor am I a relative or employee of
20 such attorney or counsel, nor am I financially
21 interested in the results thereof. All rates
22 charged are usual and customary.

23

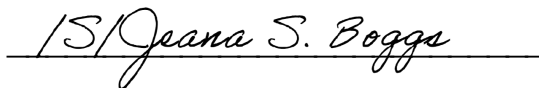
1 I further certify that I am duly licensed
2 by the Alabama Board of Court Reporting as a
3 Certified Court Reporter as evidenced by the ACCR
4 number following my name found below.

5 This 20th day of April, in the year of
6 our Lord, 2020.

7

8

9



10

Jeana S. Boggs, CCR
ABCR NO. 7, 9/30/2021
Certified Court Reporter and
Notary Public
Commission expires: 8/9/2022

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