PEI

Applicant Company Name :		NAIC No FEIN:	
1	BIOGRAPHICAL AFI	FIDAVIT	
To the extent permitted by law, this affidavit	will be kept confidential b	by the state insurance reg	ulatory authority.
	(Print or Type)		
Full name, address and telephone number of required (Do Not Use Group Names)			iographical statement is being
Kaiser Foundation Health Plan, Inc			
One Kaiser Plaza, Oakland, CA 94612 (510) 271-5910			Week and the state of the state
In connection with the above-named entithereinafter set forth. (Attach addendum or ANSWER IS "NO" OR "NONE," SO STAT	separate sheet if space he		
1. Affiant's Full Name (Initials Not A	cceptable): First: <u>Edwar</u>	d Middle: Ying V	Vah Last: Pei
2. a. Are you a citizen of the Un	nited States?		
Yes x No			
b. Are you a citizen of any of	her country?		
Yes No x			
If yes, what country?			
3. Affiant's occupation or profession:	Executive Director		
4. Affiant's business address: Ha	waii Bankers Association	1000 Bishop Street, S	uite 301B, Honolulu, Hawaii,
Business telephone: <u>808-524-5161</u>	Business Email: n/a		
5. Education and training:			
College/University City	//State	Dates Attended (MM/)	(Y) Degree Obtained
Oregon State University Co	orvallis, OR	09/67-06/71	B.S Mathematics
Graduate Studies College/University	ty City/State	Dates Attended (MM/)	(Y) Degree Obtained
University of Hawaii	Honolulu, HI	09/74 - 08/78	MBA
Other Training: Name City/State	Dates Attended	(MM/YY)	Degree/Certification Obtained
Pacific Coast Banking School Seattle, V	/A 08/90-08	<u>3/92</u>	
Note: If affiant attended a foreign school applicable, provide the foreign stu- Supplemental Information.			

Applicant Company Name :			NAIC No. FEIN:		
6.	List of m	nemberships in pro	ofessional societies and associated	ciations:	
		me of Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
7.	Present	or proposed positi	on with the Applicant Comp	any: Director	
8.	List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.				
Dates Addre Coun	ess: <u>1000 B</u> try: <u>USA</u>	: 06/12 - Pre Bishop Street Postal C	City: <u>Honolulu</u> ode: <u>96813</u> Phone: <u>(808)</u>	Hawaii Bankers Association State/Proving 524-5161 Offices/Positions F Chairman, President and CEO	ce: <u>Hawaii</u> Held <u>Executive Director/EVP</u>
Dates Addr Coun	ess: <u>PO Bo</u> try: <u>USA</u>	ox 3200 Postal Code: 968			tive Vice President
Hosp Healt Addr Cour	oitals; Kaise th Plan of the ess: One ntry: USA I): 04/06 - P r Foundation Heal ne Mid-Atlantic St Kaiser Plaza	th Plan of Colorado; Kaiser ates (since 2009) City: Oakland 2 Phone: 510-271-2603 O	Kaiser Foundation Health Pl Foundation Health Plan of Nor State/Province: <u>CA</u> ffices/Positions Held; <u>Director</u> Contact: <u>Bernard Tyson</u> , Chair	thwest, and Kaiser Foundation
9.	a .	Yes X	een in a position which requ	·	ployees are bonded; no claims.
	b.	Have you ever			ond, or had a bond canceled or
		Amazana a a a a a a a a a a a a a a a a a	No X		
		ii yes, give deta	HS.		The state of the s

Applic	ant Cor	Company Name :	NAIC NoFEIN:
10.	or go in the the li numb are re repre	governmental licensing agency or regulatory authorithe past. For any non-insurance regulatory issuer, idealicensing authority or regulatory body having jurisomber is your Social Security Number (SSN) or ember reasonably identifiable as your SSN, then write SS	nses (including licenses to sell securities) issued by any public ity or licensing authority that you presently hold or have held entify and provide the name, address and telephone number of diction over the license (s) issued. If your professional license eds your SSN or any sequence of more than five numbers that SN for that portion of the professional license number that is -SSN-345" or "1234-SSN" (last 6 digits)). Attach additional
Organi	zation/	n/Issuer of License:	Address:
City:		State/Province:	Address: Country: Date Issued (MM/YY):
Licens	е Туре:	oe: License #:	Date Issued (MM/YY):
Date E	xpired	ed (MM/YY): Reason for Termin	nation:
Non-In	suranc	nce Regulatory Phone Number (if known):	
11.		e record was sealed or expunged, an affiant may resp	sealed or expunged, and the affiant has personally verified that ond "no" to the question. Have you ever: or vocational license or permit by any regulatory authority, or
		any public administrative, or governmental lice Yes No X	
	b.		ional license or permit you hold or have held, been subject to ciplinary action?
		Yes No X	
	C.	Been placed on probation or had a fine levied license or permit in any judicial, administrative	against you or your occupational, professional, or vocational ve, regulatory, or disciplinary action?
		Yes No X	
	d.	Been charged with, or indicted for, any crimin	nal offense(s) other than civil traffic offenses?
		Yes No X	
	e.	Pled guilty, or nolo contendere, or been c offenses?	onvicted of, any criminal offense(s) other than civil traffic
		Yes No X	
	f.		tence imposed or suspended, had pronouncement of a sentence on probation, for any criminal offense(s) other than civi
		Yes No X	
	_	administrative, regulatory, or disciplinary action,	or enjoined, either temporarily or permanently, in any judicial from violating any federal, state law or law of another country or banking, or from carrying out any particular practice of e, securities or banking?
		Yes No X	

Applicant (ant Company Name: NAIC N FEIN:	О.
h.	h. Been, within the last ten (10) years, a party to any civil action involving financial dispute?	ng dishonesty, breach of trust, or a
	Yes No X	
i.	 Had a finding made by the Comptroller of any state or the Federal Gov provisions of small loan laws, banking or trust company laws, or credit u any rule or regulation lawfully made by the Comptroller of any state or the 	nion laws, or that you have violated
	Yes No X	
j.	j. Had a lien or foreclosure action filed against you or any entity while you w	ere associated with that entity?
	Yes No X	
	If the response to any question above is yes, please provide details include Attach a copy of the complaint and filed adjudication or settlement as approximately approxim	ling dates, locations, disposition, etc. opriate.
te p p o o h	List any entity subject to regulation by an insurance regulatory authority that y term "control" (including the terms "controlling," "controlled by" and "under possession, direct or indirect, of the power to direct or cause the direction of person, whether through the ownership of voting securities, by contract other or non-management services, or otherwise, unless the power is the result of office held by the person. Control shall be presumed to exist if any person, holds with the power to vote, or holds proxies representing, ten percent (10%) of other person. None	or common control with") means the of the management and policies of a than a commercial contract for goods an official position with or corporate directly or indirectly, owns, controls,
 I	If any of the stock is pledged or hypothecated in any way, give details	
c r c	Do [Will] you or members of your immediate family individually or cumulation of record, 10% or more of the outstanding shares of stock of any entity regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" v directly, or indirectly through one or more intermediaries, controls, or is controls, the person specified.	subject to regulation by an insurance vith, a specific person, is a person that
,	Yes No X	
	If yes, please identify the company or companies in which the cumulative sto the outstanding voting securities.	ck holdings represent 10% or more of
-	If any of the shares of stock are pledged or hypothecated in any way, give deta	ils.
-		

Applica	ınt Compa	nny Name :	NAIC NoFEIN:
14.	Have vo	ou ever been adjudged a bankrupt?	
	Yes	No X	
	<u> </u>	rovide details:	
15.	committ		or entity for which you were an officer or director, trustee, investment apployee or controlling stockholder, had any of the following events occur
	a.	Been refused a permit, license, licensing agency?	or certificate of authority by any regulatory authority, or governmental-
		Yes No X	
	b.	to any judicial, administrative,	ficate of authority suspended, revoked, canceled, non-renewed, or subjected, regulatory, or disciplinary action (including rehabilitation, liquidation, federal bankruptcy proceeding, state insolvency, supervision or any other
		Yes No X	
	c.		and a fine levied against it or against its permit, license, or certificate of administrative, regulatory, or disciplinary action?
		Yes X No	
	affiant s	should also include any events wi	please indicate and give details. When responding to questions (b) and (c), thin twelve (12) months after his or her departure from the entity. Levied against Kaiser Foundation health Plan, Inc. and its subsidiaries.
	rait	(c). Regulatory thies have been	review against Kaiser Foundation health Flan, The. and its subsidiaries.
	Note:	If an affiant has any doubt abou and an explanation provided.	at the accuracy of an answer, the question should be answered in the positive
Dated a that I a belief.	am acting	d this 2010 day of December 2 on my own behalf and that the following (Signature of Affiant)	2015 at San Francisco, California. I hereby certify under penalty of perjury foregoing statements are true and correct to the best of my knowledge and
The fo	of: Californ regoing in	strument was acknowledged before	ore me this 2 day of December, 2015 by, and:
		onally known to me, or	
[X] wl	ho produc	ed the following identification:	HI Driver License. huntents
	[SEAL]	LUZ CC Commission Notary Public Alameda My Comm. Expir	# 2126099 C - California I County Printed Notary Name CCTOBEC 4, 3 CO

Applica	nt Company Name : NAIC No. FEIN:
	BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information
	(Print or Type)
To the e	extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
	ne, address, and telephone number of the present or proposed entity under which this biographical statement is being (Do Not Use Group Names).
One Ka	Foundation Health Plan, Inc iser Plaza, Oakland, CA 94612 71-5910
general ,	Affiant's Full Name (Initials Not Acceptable): First: <u>Edward</u> Middle: <u>Ying Wah</u> Last: <u>Pei</u> IF ANSWER IS "NONE," SO STATE.
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
	Yes No X
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.
	ning/Ending Name(s) Reason (If none, indicate such) 1) Used (MM/YY) Specify: First, Middle or Last Name
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.
3.	Affiant's Social Security Number:
4.	Government Identification Number if not a U.S. Citizen: N/A
5.	Foreign Student ID# (if applicable) N/A
б.	Date of Birth: (MM/DD/YY): Place of Birth, City: Hong Kong State/Province: Country:
7.	Name of Affiant's Spouse (if applicable):

Appli	cant Company N	fame :			MC No	
8.	List your resi	dences for the last ter	n (10) years starting	with your current ad	dress, giving:	
	ning/Ending (MM/YY)	Address	<u>City</u>	State/ Province	Country	Postal Code
11/8	5 - Present					
STREET,						
- SCORCURE AND						
Note:	understand th	nat there could be an	overlap of dates whe	en transitioning from	or current address. Parti	r.
Dated that I belief	am acting on m	day of Deceny own behalf and the	mber 2015 at San Frat the foregoing state	rancísco, California. tements are true and	I hereby certify undel correct to the best of	er penalty of perjury my knowledge and
	of: California	County of: San Fran		NVO day of Decembe	er, 2015 by	
E	dward	Yingwah	Pei -	, a	nd:	
	who is personally	known to me, or				
友,	who produced th	e following identifica	ntion: HI DC	ver Licens	e fubl	oto
	[SEAL]	Commi Notary Ala	LUZ CORTEZ Ission # 2126099 Public - California ameda County I. Expires Oct 4, 2019	-	Printed Notary Printed Nota My Commissi	NAME 17 Name

Applicant Company Name :	NAIC No.
	FEIN:
	ORIZATION CONCERNING BACKGROUND REPORTS fornia, Minnesota and Oklahoma)
This Disclosure and Authorization is provided to y	ou in connection with pending or future application(s) of Kaise
Foundation Health Plan, Inc. ("Company") for lice	nsure or a permit to organize ("Application") with a department o
insurance in one or more states within the United State	s. Company desires to procure a consumer or investigative consume

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Kaiser Foundation Health Plan, Inc.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Victoria Zatkin, Vice President, Board and Corporate Governance, One Kaiser Plaza, 19th Floor, Oakland, CA 94612, (510) 271-2603.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Edward Ying Wah Pei, (Printed Full Name and Residence A	ddress)
(Signature)	Dec. 2, 2015 (Date)
State of: California County of: San Francisco The foregoing instrument was acknowledged before me this 2 day of Dec	` ,
The foregoing instrument was acknowledged before me this day of Dec	cember, 2015 by, and:
who is personally known to me, or	
who produced the following identification: \(\frac{\frac{1}{1}}{1}\) Driver Licens	- trustants
[SEAL] LUZ CORTEZ Commission # 2126099 Notary Public - California Alameda County My Comm Expires Oct 4, 2019	Notary Public ORTET Printed Notary Name OTOBER 4, 2019 My Commission Expires



2413 W Algonquin Rd
Suite 508
Algonquin, IL 60102
Phone 800-231-3920
Fax 888-777-5682
E: Bio@AAAVerify.com W: AAAVerify.com
Screening Division of Detectives.com

ORDER ID: 35579 DATE: Tuesday, February 9th 2016

Company Name: Kaiser Foundation Health Plan, Inc.

Company Address: One Kaiser Plaza, Oakland, CA 94612

DOI Name: Washington Office of the Insurance Commissioner

DOI Address: P.O. Box 40255, Olympia, WA 98504

Date of Request: 01/19/2016

Date of Biographical Affidavit: 12/02/2015

Date of Preparation: 02/09/2016

SUB	JECT'S BASIC INFORMATION		
		Subject's Data:	Verified Data:
•	Full Name:	Edward Ying Wah Pei	Edward Ying Pei
	Alternate Name:	Not provided	None found
*	Date of Birth:		
•	Social Security Number:		
•	Name of Spouse:		
•	Discrepancies/Comments:	None found	

ADDRESS						
The address verification for th	The address verification for the past 10 years provided the following results:					
	Subject's Data:	Verified Data:				
Name on Record:	Edward Ying Wah Pei	Edward Ying Pei				
Address:						
• City:						
• State/Province:						
• Zip/Postal Code:						
Country:	USA	USA				
Start Date of Residence	2: 11/1985	01/1987				

DISCLAIMER

This report is confidential and is solely for the information and use of the client to whom it is addressed. AAAVerify.com does not guarantee the accuracy or completeness of records obtained from public record databases, or other outside sources. Any background information contained in this report is subject to the limitations imposed by the respective custodians of record, and the accuracy of their files at the time of inquiry. The Client and/or their representatives have agreed that the information enclosed in this report will be utilized in a lawful manner, and agrees to hold AAAVerify.com and their representatives harmless from misuse of any or all of this information.



•	End Date of Residence:		01/19/2016
•	Discrepancies/Comments:	None found	

EMPLOYMENT			
The employment verifications for the past 10 years provided the following results:			
	Subject's Data:	Verified Data:	
Name on Record:	Edward Ying Wah	Edward Ying Wah	
- Warne on Necora.	Pei Pei	Pei	
Company Name:	Hawaii Bankers	Hawaii Bankers	
	Association	Association	
Company Address:	1000 Bishop St.,	1000 Bishop St.,	
	Honolulu, HI 96813	Honolulu, HI 96813	
Beginning date of employment:	06/2012	06/2012	
Ending date of employment:		app No. — top the ac-	
Most recent job title:	Executive Director - EVP	Executive Director - EVP	
Type of business:	Banking	Banking	
 Verifier's name & title: 	Peter S. Ho,	Mr. Pei confirmed	
	Chairman, President	this information	
	& CEO	personally.	
Discrepancies/Comments:	None found		

		Subject's Data:	Verified Data:
•	Name on Record:	Edward Ying Wah Pei	Edward Ying Wah Pei
•	Company Name:	First Hawaiian Bank	First Hawaiian Bank
•	Company Address:	P.O. Box 3200, Honolulu, HI 96847	P.O. Box 3200, Honolulu, HI 96847
•	Beginning date of employment:	06/1971	06/28/1971
•	Ending date of employment:	12/31/2009	12/31/2009
•	Most recent job title:	EVP	EVP & Group Manager
•	Type of business:	Banking	Banking
•	Verifier's name & title:	Donald G. Horner, President & CEO	Lauren P., Senior Corporate Recruiter
•	Discrepancies/Comments:	None found	



EDUCATION			
		Subject's Data:	Verified Data:
•	Name on Record:	Edward Ying Wah Pei	Edward Ying Wah Pei
•	Organization's Name:	Oregon State University	Oregon State University
•	Organization's Address: (city/state)	Corvallis, OR	Corvallis, OR
•	Beginning date of attendance:	09/1967	09/01/1967
•	Ending date of attendance:	06/1971	06/01/1971
•	All degrees earned:	BS in Mathematics	BS in Mathematics
•	Date each degree was awarded:	Not provided	06/06/1971
•	Accreditation of each college/university:	Not provided	NWCCU
•	Verifier's name and title:	Not provided	National Student Clearinghouse
•	Discrepancies/Comments:	None found	

		Subject's Data:	Verified Data:
•	Name on Record:	Edward Ying Wah Pei	Edward Y W Pei
•	Organization's Name:	University of Hawaii	University of Hawaii at Manoa
•	Organization's Address: (city/state)	Honolulu, HI	Honolulu, HI
•	Beginning date of attendance:	09/1974	01/22/1973
•	Ending date of attendance:	08/1978	08/20/1978
•	All degrees earned:	MBA	MBA
•	Date each degree was awarded:	Not provided	08/20/1978
•	Accreditation of each college/university:	Not provided	WASC
•	Verifier's name and title:	Not provided	National Student Clearinghouse
•	Discrepancies/Comments:	None found	

		Subject's Data:	Verified Data:
)	Name on Record:	Edward Ying Wah	Edward Ying Wah
	Organization's Name:	Pacific Coast	Pacific Coast
		Banking School	Banking School
,	Organization's Address: (city/state)	Seattle, WA	Seattle, WA

AAAVerify .com

•	Beginning date of attendance:	08/1990	08/1990
•	Ending date of attendance:	08/1992	08/19092
•	All degrees earned:	Not provided	Graduate Certificate in Banking
•	Date each degree was awarded:	Not provided	08/1992
•	Accreditation of each college/university:	Not provided	N/A
•	Verifier's name and title:	Not provided	Katherine, Advisor in Marketing
•	Discrepancies/Comments:	None found	

PRO	PROFESSIONAL LICENSE		
		Subject's Data:	Verified Data:
•	Name on Record:		
•	Organization's Name:		
•	Organization's Address: (city/state)		
	Type of license held:		
6	Issue date:		
•	Expiration date:		
•	License/certificate number:		
•	Complaints/disciplinary action:		
•	Verifier's name and title:		
•	Discrepancies/Comments:	No professional lic	ense provided.

PROFESSIONAL ASSOCIATION			
		Subject's Data:	Verified Data:
•	Name on Record:		
•	Organization's Name:		
•	Organization's Address: (city/state)		
•	Type of membership held:		
•	Beginning date of membership:		
•	Ending date of membership:		
•	Verifier's name and title:		
•	Discrepancies/Comments:	No professional as	sociation provided.



BAI	BANKRUPTCY		
The	bankruptcy record searches for the	e past 10 years provided negative results.	
•	Name(s) Searched:	Edward Ying Wah Pei, Edward Pei, Edward Ying Pei, Edward Y Pei	
•	List Court/Jurisdiction:	All federal districts were searched through Pacer.	
•	Case Type:		
•	Case Number:		
•	Date:		
•	Debtor:		
•	Nature of Disposition:		
•	Date of Deposition:		
•	Discrepancies/Comments:	None found	

CRIMINAL			
The criminal record searche	The criminal record searches for the past 10 years provided negative results.		
• Name(s) Searched:		Edward Ying Wah Pei, Edward Pei, Edward Ying Pei, Edward Y Pei	
• List Court/Jurisdictio	n:	Honolulu County HI, Alameda County CA	
Case Type:			
• Case Number:			
Date:			
Plaintiff:			
Defendant:			
Nature of Disposition	1:		
• Date of Deposition:			
Discrepancies/Comm	nents:	A Federal Criminal Search through Pacer that covers 89 districts in the 50 states with a total of 94 districts including territories was conducted. And a nationwide county criminal search through RapidCourt that covers counties in all 50 states and DC. A manual search including the above counties was performed and no records were found.	



CIVIL		
The civil record searches for the past 10 years provided negative results.		
Name(s) Searched:	Edward Ying Wah Pei, Edward Pei, Edward	
	Ying Pei, Edward Y Pei	
 List Court/Jurisdiction: 	Honolulu County HI, Alameda County CA	
Case Type:		
Case Number:		
Date:		
Plaintiff:		
Defendant:		
Nature of Disposition:		
Date of Deposition:		
Discrepancies/Comments:	A search through TLO.com was performed	
	and also a manual search of the above	
	counties and no records were found.	

UCC	-	
The	UCC record searches for the past 10	years provided negative results.
•	Name(s):	Edward Ying Wah Pei, Edward Pei, Edward
		Ying Pei, Edward Y Pei
•	List Court/Jurisdiction:	
•	Filing Number:	
•	Date:	
•	Secured Parties:	
•	Debtor:	
•	Status:	
•	Status Date:	
•	Discrepancies / Comments:	A search through TLO.com was performed.
		No records were found.

LIEN	AND JUDGMENT	
The	lien and judgment record searche	es for the past 10 years provided negative results.
•	Name(s) Searched:	Edward Ying Wah Pei, Edward Pei, Edward
		Ying Pei, Edward Y Pei
•	List Court/Jurisdiction:	Honolulu County HI, Alameda County CA
•	Filing Type:	
•	Filing Number:	

AAAVerify

•	Date:	
•	Creditor/Lien Holder:	
•	Debtor:	
•	Amount:	
•	Status:	
•	Status Date:	
•	Discrepancies/Comments:	A search through TLO.com was performed. No records were found.

END OF REPORT

PORFIDO

Applicant Company Name :		NAIC No FEIN:			
	BIOGRAPHICAL AFF	FIDAVIT			
To the extent permitted by law, this affida			ory authority.		
• •	(Print or Type)				
Full name, address and telephone number required (Do Not Use Group Names)			aphical statement is being		
Kaiser Foundation Health Plan, Inc One Kaiser Plaza, Oakland, CA 94612 (510) 271-5910					
In connection with the above-named e hereinafter set forth. (Attach addendum ANSWER IS "NO" OR "NONE," SO ST	or separate sheet if space he				
1. Affiant's Full Name (Initials No	t Acceptable): First: <u>Marga</u>	ret Middle: Effie	Last: Porfido		
2. a. Are you a citizen of the	United States?				
Yes x No					
b. Are you a citizen of any	other country?				
Yes No x					
If yes, what country?					
3. Affiant's occupation or profession	on: Retired/Attorney				
4. Affiant's business address: (H	ome) 175 Cordova Ct., Bould	ler, CO 80303			
Business telephone: (Home) 303	3-499-0503 Business Em	ail: n/a			
5. Education and training:	M-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A				
-	City/State	Dates Attended (MM/YY)	Degree Obtained		
University of Delaware	Newark, DE	09/75 thru 06/79	B.A. Political Science		
Graduate Studies College/University	ersity City/State	Dates Attended (MM/YY)	Degree Obtained		
George Washington University Law Sch	nool Washington, D.C	09/83 thru 05/87	JD		
Other Training: Name City/State	Dates Attended	(MM/YY) Degr	ee/Certification Obtained		
Rutgers University New Brur applied to University of Delaware for BA	nswick, NJ 09-06/1978 A	Junior	year abroad-credits		
Note: If affiant attended a foreign sci applicable, provide the foreign					

Applicant Company Name :			NAIC NoFEIN:				
6.	List of memberships in pro	List of memberships in professional societies and associations:					
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association			
	None						
7.	Present or proposed positi	on with the Applicant Comp	pany: <u>Director</u>				
8.	including present jobs, po officerships). Please list the	esitions, partnerships, owner the most recent first. Attach	of an entity, administrator, ma	nsated or otherwise (up to and mager, operator, directorates or ovided is insufficient. It is only (10) years.			
Dates Addr Coun	ess: 3333 Walnut try: <u>USA</u> Postal Code: 803	City: <u>Boulder</u> 301 Phone: 303-565-2800	Director position): Rally So State/Proving Offices/Positions Held: Board Supervisor/Contact: David	ce:CO Member			
Occu Addr Cour	pational Education ess: 9101 E. Lowry Blvd. atry: USA Postal Code: 80230	City: <u>Denver</u> St D Phone: 303-620-4000 Offi					
Date: Addr Cour	ess: PO Box 548 City: Bo	bulder State/Province: CO 06 Phone: 303-415-9935	(Director position): <u>Global Ec</u> Offices/Positions Held: <u>Board</u> Supervisor/Contact: <u>Kathy</u>	Member/Chair			
Date Addi Cour		y: <u>Broomfield</u> State/Pro 021 Phone: 770-888-1000					
Date Addi Cou		y: <u>Broomfield</u> State/Pro 021 Phone: 770-888-1000					
Date Add Cour		y: <u>Broomfield</u> State/Pro 021 Phone: <u>770-888-1000</u>	rel 3 Communications, Inc pvince: <u>CO</u> O Offices/Positions Held: VP, F provider Supervisor/Contac				

Applicant Company Name :			Provinces and includes about 5 and 6 kt 5 and 6 kt 6 and 6 kt 6 k	NAIC NoFEIN:		
9.	a.	Have you ever been in a position	which required a fidelity	bond?		
		Yes No X				
		If any claims were made on the b	ond, give details:			
	b.	Have you ever been denied an irevoked?	ndividual or position sc	chedule fidelity bond, or had a bond canceled or		
		Yes No X				
		If yes, give details:				
10.	or gove in the p the lice number are reas represen	rnmental licensing agency or regulate. For any non-insurance regulaters in authority or regulatory body is your Social Security Number (Sonably identifiable as your SSN, atted by your SSN. (For example, of the space provided is insufficient.	latory authority or licens ory issuer, identify and pro- having jurisdiction over SSN) or embeds your SSI then write SSN for that "SSN", "12-SSN-345"	sing licenses to sell securities) issued by any public sing authority that you presently hold or have held provide the name, address and telephone number of the license (s) issued. If your professional license is N or any sequence of more than five numbers that portion of the professional license number that is or "1234-SSN" (last 6 digits)). Attach additional		
1810 City:_I License Date Ex	Denver S Type: pired (M	Attorney License #: Reason R	USA Postal Code: 80 ate Issued (MM/YY): 1 on for Termination:	s: Attorney Registration, 1560 Broadway, Suite 0203 1988		
Organiz	zation/Iss	uer of License:	Address:			
City:		State/Province:	Country:	Postal Code:		
License	Туре:	License #:	Da Da	ate Issued (MM/YY):		
Date Ex	cpired (M	IM/YY):Reas	on for Termination:			
Non-In	surance I	Regulatory Phone Number (if know	vn):			
Above .		onding to the following, if the record was sealed or expunged, an aff		punged, and the affiant has personally verified that the question. Have you ever:		
	a.	Been refused an occupational, p any public administrative, or government		al license or permit by any regulatory authority, oncy?		
		Yes No X				

Applicant Co	ompany Name : NAIC No FEIN:
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

pplican	t Company Name : NAIC No FEIN;
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None
	If any of the stock is pledged or hypothecated in any way, give details
	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No X
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
	If any of the shares of stock are pledged or hypothecated in any way, give details.
4.	Have you ever been adjudged a bankrupt?
	Yes No X If yes, provide details:
5.	To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
	a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?
	Yes No X
	b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
	Yes No X

Applicant Company Name :			NAIC NoFEIN:		
c.		on or had a fine levied against it ominal, administrative, regulatory, or	or against its permit, license, or certificate of disciplinary action?		
	Yes No X				
			ails. When responding to questions (b) and (c), his or her departure from the entity.		
Not	e: If an affiant has any dou and an explanation provi		the question should be answered in the positive		
Dated and si that I am act belief.	gned this 2nd day of Deceing on my own behalf and the	at the foregoing statements are true	ornia. I hereby certify under penalty of perjury e and correct to the best of my knowledge and		
	ifornia County of: San Fra				
The foregoir	ng instrument was acknowled	ged before me this <u>PNO</u> day of Dec	ember, 2015 by		
		0	, and:		
_	personally known to me, or	,			
who pro	duced the following identific	ation: <u>CO Driven Licens</u>	- fruskots		
[SE	EAL]	LUZ CORTEZ Commission # 2126099 Notary Public - California Alameda County ly Comm. Expires Oct 4, 2019	Notary Public LUZ COLLEZ Printed Notary Name L(TOBER 4, 2019 My Commission Expires		

Applicant Company Name :			NAIC No. FEIN:			
			GRAPHICAL A mental Personal			
			(Print or Typ	<u>oe)</u>		
To the e	extent permitted by law, th	is affidavit will b	oe kept confidentia	al by the state insurance regulatory authority.		
	me, address, and telephone d (Do Not Use Group Nam		present or propose	d entity under which this biographical statement is being		
	Foundation Health Plan, In					
One Ka (510) 2'	m					
1.	Affiant's Full Name (Initial IF ANSWER IS "No			garet Middle: Effie Last: Porfido		
2.	Have you ever used any	other name, incli	uding first, middle	or last name, nickname, maiden name or aliases?		
	Yes X No					
	If yes, give the reason if	any, if none indi	cate such, and pro	vide the full name(s) and date(s) used.		
	ning/Ending s) Used (MM/YY)		ame(s) Middle or Last Name	Reason (If none, indicate such)		
************************	Present	Meg	g Porfido	None None		

Note:	Dates provided in responsibe an overlap of dates w			imate. Parties using this form understand that there could o another.		
3.	Affiant's Social Security	/ Number:	mounten sur 4 sero anis in britanguista a			
4.	Government Identificati	on Number if no	t a U.S. Citizen;	N/A		
5.	Foreign Student ID# (if	applicable)	N/A			
6.	Date of Birth: (MM/DD State/Province: NJ C		Place of Birth, Ci	ity: Passaic		
7.	Name of Affiant's Spou	se (if applicable)):			

Applicant Company Name :			NAIC No. FEIN:			
8. List your res	sidences for the last to	en (10) years starting v	with your current ad	dress, giving:		
Beginning/Ending Dates (MM/YY)	<u>Address</u>	<u>City</u>	State/ Province	Country	Postal Code	
07/90						
					kane endous Canada di de se Sidoua de motiona de motion a mel motion a mel motion de motion de motion de motion	
		OPP-107-277-207-201-201-201-201-201-201-201-201-201-201				
understand	that there could be and is 2 ⁿ day of Dec my own behalf and t	overlap of dates when ember 2015 at San Fr hat the foregoing state	n transitioning from ancisco, California.	or current address. Partion one address to another I hereby certify under correct to the best of	r penalty of perjury	
	County of: San Fra	ancisco ged before me this <u></u>	ND CO	2015		
	THE P		news are a function of the contract of the con			
,	ly known to me, or		, a	nd:		
who produced t	he following identific	cation: <u>(O DAN</u> C	r License	KunCu	J	
[SEAL]	No.	LUZ CORTEZ ommission # 2126099 otary Public - California Alameda County omm. Expires Oct 4, 2019		Nothing P Nothing P OR Printed Nota CLOBER 4 My Commissi	ry Name	

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Kaiser Foundation Health Plan, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Victoria Zatkin, Vice President, Board and Corporate Governance, One Kaiser Plaza, 19th Floor, Oakland, CA 94612, (510) 271-2603.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Margaret	Effie	Porfido,		
May	LULL (Signatu	Etako	d Full Name and Reside	(Date)
State of: Californ	nia County	of: San Francisco	o	
The foregoing in	strument was	s acknowledged be	efore me this Z ^{NO} day	of December, 2015 by
who is perso	nally known	to me, or		
who produce	ed the follow	ing identification:	Co priver lie	ease Kuz Contz
[SEAL]	NINAI	Commis Notary P Alar	UZ CORTEZ sion # 2126099 Public - California meda County Expires Oct 4, 2019	Printed Notary Name CCCBERCY, 2009 My Commission Expires



ORDER ID: 35579

BIOGRAPHICAL VERIFICATIONS

2413 W Algonquin Rd
Suite 508
Algonquin, IL 60102
Phone 800-231-3920
Fax 888-777-5682
E: Bio@AAAVerify.com W: AAAVerify.com
Screening Division of Detectives.com

DATE: Tuesday, February 9th 2016

Company Name: Kaiser Foundation Health Plan, Inc.

Company Address: One Kaiser Plaza, Oakland, CA 94612

DOI Name: Washington Office of the Insurance Commissioner

DOI Address: P.O. Box 40255, Olympia, WA 98504

Date of Request: 01/19/2016

Date of Biographical Affidavit: 12/02/2015

• Date of Preparation: 02/09/2016

SUB	JECT'S BASIC INFORMATION		
		Subject's Data:	Verified Data:
•	Full Name:	Margaret Effie Porfido	Margaret Effie Porfido
96	Alternate Name:	Not provided	None found
•	Date of Birth:		
	Social Security Number:		
6	Name of Spouse:		
•	Discrepancies/Comments:	None found	

ADDRESS				
The address verification for the past 10	The address verification for the past 10 years provided the following results:			
	Subject's Data:	Verified Data:		
Name on Record:	Margaret Effie	Margaret Effie		
	Porfido	Porfido		
Address:				
City:				
State/Province:				
 Zip/Postal Code: 				
Country:	USA	USA		
Start Date of Residence:	07/1990	11/1990		
End Date of Residence:		01/19/2016		

DISCLAIMER

This report is confidential and is solely for the information and use of the client to whom it is addressed. AAAVerify.com does not guarantee the accuracy or completeness of records obtained from public record databases, or other outside sources. Any background information contained in this report is subject to the limitations imposed by the respective custodians of record, and the accuracy of their files at the time of inquiry. The Client and/or their representatives have agreed that the information enclosed in this report will be utilized in a lawful manner, and agrees to hold AAAVerify.com and their representatives harmless from misuse of any or all of this information.



_ · · · · · · · ·			
 Discrepancies/Comments: 	None found		
• DISCIENANCIES/LOMINEMIS	i None Iouna		
- Discrepancies, comments.	1		

EMP	EMPLOYMENT		
The	The employment verifications for the past 10 years provided the following results:		
		Subject's Data:	Verified Data:
•	Name on Record:	Margaret Effie Porfido	Margaret Effie Porfido
•	Company Name:	Level 3 Communication, Inc.	Level 3 Communication, Inc.
•	Company Address:	1025 Eldorado Blvd., Broomfield, CO 80021	1025 Eldorado Blvd., Broomfield, CO 80021
•	Beginning date of employment:	09/1998	09/28/1998
•	Ending date of employment:	12/2008	12/31/2008
•	Most recent job title:	Chief of Human Resources	Chief Human Resources Officer
6	Type of business:	Telecommunications and Internet Services Provider	Telecommunications and Internet Services Provider
•	Verifier's name & title:	Thomas Stortz	The Work Number
•	Discrepancies/Comments:	None found	

EDUC	EDUCATION		
		Subject's Data:	Verified Data:
•	Name on Record:	Margaret Effie Porfido	Margaret Effie Porfido Jr.
•	Organization's Name:	University of Delaware	University of Delaware
•	Organization's Address: (city/state)	Newark, DE	Newark, DE
•	Beginning date of attendance:	09/1975	09/01/1975
•	Ending date of attendance:	06/1979	05/27/1979
•	All degrees earned:	BA Political Science	BA in Political Science
•	Date each degree was awarded:	Not provided	06/02/1979
•	Accreditation of each college/university:	Not provided	MSCHE
•	Verifier's name and title:	Not provided	National Student



			Clearinghouse
•	Discrepancies/Comments:	None found	
		Subject's Data:	Verified Data:
•	Name on Record:	Margaret Effie	Margaret Effie
		Porfido	Porfido
•	Organization's Name:	George Washington	George Washington
		Law School	University Law
	·		School
•	Organization's Address: (city/state)	Washington, DC	Washington, DC
•	Beginning date of attendance:	09/1983	08/01/1983
•	Ending date of attendance:	05/1987	05/01/1987
•	All degrees earned:	JD	Juris Doctor
•	Date each degree was awarded:	Not provided	05/17/1987
•	Accreditation of each	Not provided	MSCHE
	college/university:		
•	Verifier's name and title:	Not provided	National Student
			Clearinghouse
	Discrepancies/Comments:	None found	

		Subject's Data:	Verified Data:
•	Name on Record:	Margaret Effie Porfido	Margaret Effie Porfido
•	Organization's Name:	Rutgers University	Rutgers University
•	Organization's Address: (city/state)	New Brunswick, NJ	New Brunswick, NJ
•	Beginning date of attendance:	Not provided	09/06/1977
•	Ending date of attendance:	06/1978	05/16/1978
•	All degrees earned:	No degree/Enrollment Only	No degree/Enrollment Only
•	Date each degree was awarded:	Not provided	
•	Accreditation of each college/university:	Not provided	MSCHE
•	Verifier's name and title:	Not provided	National Student Clearinghouse
•	Discrepancies/Comments:	None found	

PROFESSIONAL LICENSE		
_	Subject's Data:	Verified Data:



•	Name on Record:	Margaret Effie	Margaret Effie Porfido
		Porfido	
•	Organization's Name:	Supreme Court of	Supreme Court of
		Colorado	Colorado
•	Organization's Address: (city/state)	Denver, CO	Denver, CO
•	Type of license held:	Attorney	Attorney
•	Issue date:	1998	06/08/1988
•	Expiration date:		Inactive
•	License/certificate number:		
•	Complaints/disciplinary action:	Not provided	None found
•	Verifier's name and title:	Not provided	www.coloradosupreme
			court.com
•	Discrepancies/Comments:	None found	

PRO	PROFESSIONAL ASSOCIATION		
		Subject's Data:	Verified Data:
	Name on Record:		
			
	Organization's Name:		
•	Organization's Address: (city/state)		
69	Type of membership held:		
•	Beginning date of membership:		
•	Ending date of membership:		
•	Verifier's name and title:		
•	Discrepancies/Comments:	No professional association provided.	

BAN	IKRUPTCY	
The	bankruptcy record searches for t	he past 10 years provided negative results.
•	Name(s) Searched:	Margaret Effie Porfido, Margaret Porfido,
		Margaret E Porfido, Meg Porfido, Margaret
		Feuer, M Porfido Feuer
•	List Court/Jurisdiction:	All federal districts were searched through
		Pacer.
•	Case Type:	
•	Case Number:	
•	Date:	
•	Debtor:	
•	Nature of Disposition:	



•	Date of Deposition:	
•	Discrepancies/Comments:	None found

CRI	MINAL				
The criminal record searches for the past 10 years provided negative results.					
•	Name(s) Searched:	Margaret Effie Porfido, Margaret Porfido, Margaret E Porfido, Meg Porfido, Margaret			
		Feuer, M Porfido Feuer			
•	List Court/Jurisdiction:	Boulder County CO, Broomfield County CO			
•	Case Type:				
•	Case Number:				
•	Date:				
•	Plaintiff:				
•	Defendant:				
•	Nature of Disposition:				
•	Date of Deposition:				
	Discrepancies/Comments:	A Federal Criminal Search through Pacer that covers 89 districts in the 50 states with a total of 94 districts including territories was conducted. And a nationwide county criminal search through RapidCourt that covers counties in all 50 states and DC. A manual search including the above counties was performed and no records were found.			

CIVIL					
The c	The civil record searches for the past 10 years provided negative results.				
•	Name(s) Searched:	Margaret Effie Porfido, Margaret Porfido,			
		Margaret E Porfido, Meg Porfido, Margaret			
		Feuer, M Porfido Feuer			
•	List Court/Jurisdiction:	Boulder County CO, Broomfield County CO			
•	Case Type:				
•	Case Number:				
•	Date:				
•	Plaintiff:				
•	Defendant:				
•	Nature of Disposition:				



•	Date of Deposition:	
•	Discrepancies/Comments:	A search through TLO.com was performed and also a manual search of the above
1		counties and no records were found.

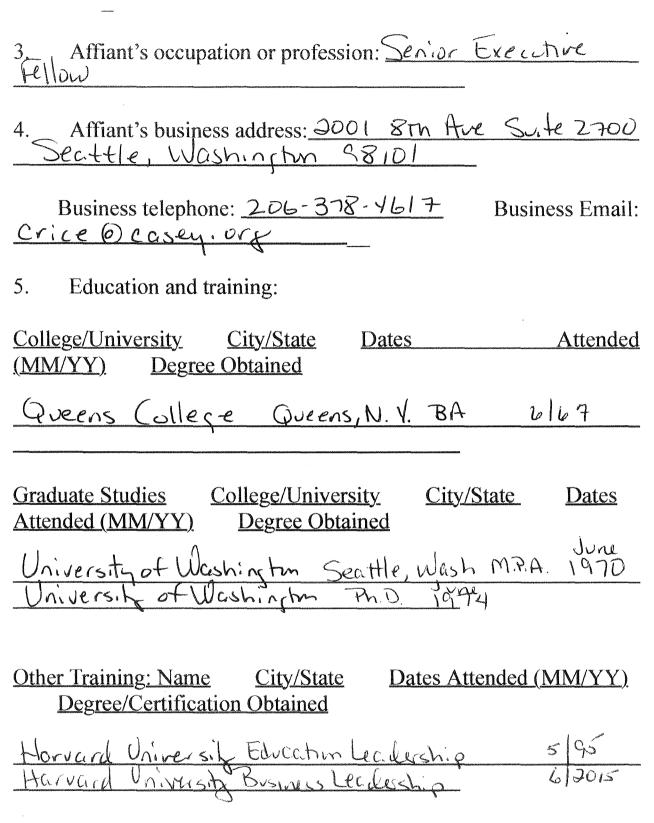
UC		
The	UCC record searches for the past 10	years provided negative results.
•	Name(s):	Margaret Effie Porfido, Margaret Porfido,
		Margaret E Porfido, Meg Porfido, Margaret
1		Feuer, M Porfido Feuer
•	List Court/Jurisdiction:	
•	Filing Number:	
•	Date:	
•	Secured Parties:	
•	Debtor:	
•	Status:	
*	Status Date:	
•	Discrepancies / Comments:	A search through TLO.com was performed.
		No records were found.

LIEN AND JUDGMENT			
The lien and judgment record searches for the past 10 years provided negative results.			
Name(s) Searched:	Margaret Effie Porfido, Margaret Porfido,		
	Margaret E Porfido, Meg Porfido, Margaret		
	Feuer, M Porfido Feuer		
• List Court/Jurisdiction:	Boulder County CO, Broomfield County CO		
Filing Type:			
Filing Number:			
Date:			
Creditor/Lien Holder:			
• Debtor:			
Amount:			
Status:			
Status Date:			
 Discrepancies/Comments: 	A search through TLO.com was performed.		
	No records were found.		

END OF REPORT

RICE

Applicant Company Name :
NAIC No. FEIN:
BIOGRAPHICAL AFFIDAVIT
To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.
(Print or Type)
Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).
Group Health Cooperative 320 Westlake Ave. N #100 Seattle, WA 98109 (206) 448-6152
In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.
1. Affiant's Full Name (Initials Not Acceptable): First Constance Middle: William's Last: Rice
2. a. Are you a citizen of the United States?
Yes No
b. Are you a citizen of any other country?
Yes Mo
If yes, what country?



Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Revised 8/18/14 Ó2016 National Association of Insurance Commissioners 11 FORM 11 104,3406 v1
Applicant Company Name :NAIC No. FEIN: .
6. List of memberships in professional societies and associations:
Name of Address of Society/Association Contact Name Society/Association of Society/Association
NA
7. Present or proposed position with the Applicant Company:
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.
Beginning/Ending Dates (MM/YY): 7/15 - Present Employer's Name: Cosen Family Programs

Address: 2001 8m Ave #2700 City: Seattle
State/Province: Washington
Country: Kinx / VSA Postal Code: 98101 Phone: 206-378~4617
Offices/Positions Held: Senior Executive Fellow
Type of Business: Direct Operating Foundation
Supervisor/Contact: Dr. William C. Bell CEO+
206-282-7300
Beginning/Ending
Dates (MM/YY): 6 04 - 6/15 Employer's Name:
Casey Family Programs
Address: 2001 8th Are #2700 City: Secttle
State/Province: Washington
Country: USA Postal Code: 98101 Phone: 206-378-4617 Offices/Positions Held: Managing Director Knowledge Management
Offices/Positions Held: Managing Director Knowledge Managing
Type of Business: Direct uperating Foundation
Supervisor/Contact: D. David Sanders, Ever Vice Dresident
206-282-7300
Desiration / Ending
Beginning/Ending Dates (MM/YY): 601 - 3/03 Employer's Name:
Address: 1245 10 Ave. E. City: Seitte
State/Province: Mash a cha
State/Province: Washington Country USA Postal Code: 18102 Phone: 323-0300
Offices/Positions Held: Treative Director
Type of Business: non-profit
Supervisor/Contact: Robert Taylor 201323-0300
-
Beginning/Ending ,
Dates (MM/YY): 198 - 1/2015 Employer's Name:
self
Address: NA City: NA
State/Province: NA
Country: Postal Code: NA Phone: NA
Offices/Positions Held: Frynder Strateric Educ, Centers

Туре	of	Business: non protet Educational Supervisor/Contact: Self
9.	a.	Have you ever been in a position which required a fidelity bond?
Yes N	lo	
		If any claims were made on the bond, give details:
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
Yes	<u>a</u>	
		If yes, give details:

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

######################################			- AND THE PROPERTY OF THE PROPERTY OF
		LELINGUES OF THE GOOD STATE OF THE STATE OF	- Менамеранског
Organization/Issuer of Licens Address:			
City:	State/Province:	никовутива учетова на историја пред пред пред пред пред пред пред пред	
Country:			
License Type:	License #:		MANUTANA (CONTROL OF A TROCK
Date Issued (MM/Y)	Y):	ангарынчици н	
Date Expired (MM/YY): Termination:		Reason	for
Non-Insurance Regulatory Ph	none Number (if known): N	A	2000-00-00-00-00-00-00-00-00-00-00-00-00
Organization/Issuer of Licens Address:			
City:	State/Province:		
Country:			
License Type: Date Issued (MM/Y)	License #: Y):	has have englisher under general planter plant	yyeununikadoittikalinentoipyy
Date Expired (MM/YY): Termination:		Reason	for
-			
Non-Insurance Regulatory Pl	none Number (if known):	MA	indirection de servicio de desistado

- 11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes Mo

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes Xo

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended,

or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes Mo

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes Mo

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes Mo

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as

13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.
Yes	
	If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
	If any of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
Yes	
	If yes, provide details:

- 15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
 - a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.
Dated and signed this day of <u>July 2016</u> at I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.
(Signature of Affiant) Instance W. Rice
State of: Washington County of: King
The foregoing instrument was acknowledged before me this 5 Hday of July 2016 by Constance W. Rive, and: who is personally known to me, or who produced the following identification:
[SEAL] Notary Public [SEAL] Notary Public STATE OF WASHINGTON COMMISSION EXPINES JANUARY 29, 2020 Printed Notary Name Kayra (-yevara

J

My Commission Expires

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Group Health Cooperative 320 Westlake Ave. N #100 Seattle, WA 98109 (206) 448-6152

1. Affiant's Full Na	me (Initial	s Not	Acceptable):
1. Affiant's Full Na First: <u>Constance</u>	_Middle:_	\mathcal{W}_{-}	Last:Rice

IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending	Name(s)	Reason (I	f none	<u>, indica</u>	te suc	<u>:h)</u>
Date(s) Used	(MM/YY)	Specify:	First,	Middle	or	Last

and the second second second		
		apper described as conflicts described as a subsequent and a subsequent described as the subsequent as a subse
Water Committee Manager Calenda		

-popularismusakoningkas		
econstatis destining construits destinated construits destining construit destining construits destining construits destining construit destining construits destining construits destining construits destining construits destining construits destining construit destining construits destining construits destining construits destining construits destining construit destining construit destining construit destining construit destining construit desiration destining construit destining construit destining constru		
Not	te: Dates provided in response to this question approximate. Parties using this form underst be an overlap of dates when transitioning from another.	and that there could
Not 3.	approximate. Parties using this form underst be an overlap of dates when transitioning fro	and that there could
,	approximate. Parties using this form underst be an overlap of dates when transitioning from another.	and that there could om one name to
3.	approximate. Parties using this form underst be an overlap of dates when transitioning fro another. Affiant's Social Security Number:	and that there could om one name to U.S. Citizen: NA

7. Name	of Affiant's !	Spouse (i	f applicable) :		
	our residence address, givir		e last ten (10)) years startii	ng with
Beginning/Endates	nding Sta	nte/			
(MM/YY) al Code	Address	<u>City</u>	<u>Province</u>	<u>Country</u>	Post
2/15- Pres					
1/75 -2					
					
NAME OF THE PROPERTY OF THE PR					-
Augustus and the second and the seco					
				Made discount of the American	
		ALEXANDO EN ENCLUSION DE LA COMPANSION D			
				Arama's hillaning on the anadeses	

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when

transitioning from one address to another.

Dated and signed this <u>5</u> day of <u>Ju</u> I hereby certify under pena	•
my own behalf and that the foregoing to the best of my knowledge and bel	ng statements are true and correct
to the best of my knowledge and ber	161.
(Signature of Affiant) Linst	ance W. Lice
State of: Washington	County of: King
	V
The foregoing instrument was acknown of July 2016 by Constance W who is personally known to m who produced the following ic	e, or
To plany the principal distribution in the Control of the Control	
	KAYRA GUEVARA
[SEAL] Notary Public	STATE OF WASHINGTON COMMISSION EXPINES JANUARY 29, 2020
Printed Notary Name Kayra	a Guevara
My Commission Expires //2	2 (nevara) 29/2020

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of <u>Group Health Cooperative</u> ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports")

regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Hong-Sze Yu, Vice President, Board and Corporate Governance, One Kaiser Plaza, 19th Fl., Oakland, CA 94612, (510) 271-5625.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes

of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Constance W. Rice
(Printed Full Name and Residence Address)
Instance V. Rice 7/5/16
(Signature) (Date)
State of: Washington County of: King
The foregoing instrument was acknowledged before me this 5 day of July 2016 by Constance W. Rice, and:
who is personally known to me, or who produced the following identification:
[SEAL] Notary Public STATE OF WASHINGTON COMMISSION EXPIRES
Printed Notary Name Kayra Guwara
My Commission Expires //20/2020

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Group Health Cooperative ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to <u>Hong-Sze Yu, Vice President, Board and Corporate Governance, One Kaiser Plaza, 19th Floor, Oakland, CA 94612, (510) 271-5625</u>.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

□By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

 \triangle

Constance W. Kill
(Printed Full Name and Residence Address)
(Signature) (Date)
State of: Washington County of: King
The foregoing instrument was acknowledged before me this 5 day of July 2016 by Constance W. Rice, and:
✓ who is personally known to me, or

[SEAL] Notary Public

KAYRA GUEVARA NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JANUARY 29, 2020

Printed Notary Name

Kayra Cruevara

My Commission Expires 1/29/2020

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

This Disclosure and Authorization is provided to you in connection a pending application of Group Health Cooperative ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through T.B.D. ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to <u>Hong-Sze</u>

Plaza, 19th Floor, Oakland, CA 94612, (510) 271-5625.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.
Constance W. Rice
(Printed Full Name and Residence Address)
Constance N. Rice 7/5/16
(Signature) (Date) State of: Washington County of: King
State of: Washington County of: King
The foregoing instrument was acknowledged before me this 5 day of July 2016 by Constance W. Rice, and: who is personally known to me, or who produced the following identification:
[SEAL] Notary Public STATE OF WASHINGTON COMMISSION EXPIRES
Printed Notary Name Kayra Guevara
My Commission Expires 1/29/2020 Revised 8/18/14
Ó2016 National Association of Insurance Commissioners 11 FORM 11
NOTATION VI



2413 W Algonquin Rd Suite 508 Algonquin, IL 60102 Phone 800-231-3920 Fax 888-777-5682 E: <u>Bio@AAAVerify.com</u> W: <u>AAAVerify.com</u> Screening Division of Detectives.com

ORDER ID: 36016 DATE: Wednesday, August 17th 2016

Company Name: Group Health Cooperative

Company Address: 320 Westlake Ave. N #100, Seattle, WA 98109

DOI Name: Washington Office of the Insurance Commissioner

DOI Address: 500 Building, P.O. Box 40255, Olympia, WA 98504

Date of Request: 07/23/2016

Date of Biographical Affidavit: 07/05/2016

• Date of Preparation: 08/17/2016

SUB	JECT'S BASIC INFORMATION		
		Subject's Data:	Verified Data:
•	Full Name:	Constance Williams Rice	Constance Williams Rice
•	Alternate Name:	Not provided	Not provided
•	Date of Birth:		5.2.3.4
•	Social Security Number:		
•	Name of Spouse:		
•	Discrepancies/Comments:	None found	

ADD	ADDRESS				
The a	The address verification for the past 10 years provided the following results:				
	Subject's Data: Verified Data:				
		,			
•	Name on Record:	Constance Williams	Constance Williams		
		Rice	Rice		
•	Address:				
•	City:				
•	State/Province:				
•	Zip/Postal Code:	Not provided	98101		
•	Country:	USA	USA		

DISCLAIMER

This report is confidential and is solely for the information and use of the client to whom it is addressed. AAAVerify.com does not guarantee the accuracy or completeness of records obtained from public record databases, or other outside sources. Any background information contained in this report is subject to the limitations imposed by the respective custodians of record, and the accuracy of their files at the time of inquiry. The Client and/or their representatives have agreed that the information enclosed in this report will be utilized in a lawful manner, and agrees to hold AAAVerify.com and their representatives harmless from misuse of any or all of this information.



•	Start Date of Residence:	02/2015	07/31/2014
•	End Date of Residence:		07/23/2016
•	Discrepancies/Comments:	None found	

	Subject's Data:	Verified Data:
Name on Record:	Constance Williams	Constance Williams
Address:	Rice	Rice
• City:		
State/Province:		
• Zip/Postal Code:	Not provided	
Country:	USA	USA
Start Date of Residence:	02/1975	04/1983
End Date of Residence:	02/2015	10/06/2014
Discrepancies/Comments:	None found	

EM	EMPLOYMENT The employment verifications for the past 10 years provided the following results:				
The					
		Subject's Data:	Verified Data:		
•	Name on Record:	Constance Williams Rice	Constance Williams Rice		
•	Company Name:	Casey Family Programs	Casey Family Programs		
•	Company Address:	2001 8 th Ave., #2700, Seattle, WA 98101	2001 8 th Ave., #2700, Seattle, WA 98101		
•	Beginning date of employment:	06/2004	05/10/2004		
•	Ending date of employment:				
•	Most recent job title:	Senior Executive Fellow	Senior Executive Fellow		
•	Type of business:	Direct Opening Foundation	Direct Opening Foundation		
•	Verifier's name & title:	Dr. William Bell	Jennifer Little, HR Coordinator		
•	Discrepancies/Comments:	None found			

AAAVerify

	Subject's Data:	Verified Data:
Name on Record:	Constance Williams Rice	Constance Williams Rice
Company Name:	Constance Williams Rice	Constance Williams Rice
Company Address:	Not provided	1711 Lake Washington Blvd. S, Seattle, WA 98144
Beginning date of employment:	01/1998	01/1998
 Ending date of employment: 	01/2015	01/2015
Most recent job title:	Founder	Founder/Chair of the Board
Type of business:	Strategic Education Center	Strategic Education Center
Verifier's name & title:	Not provided	Mrs. Rice confirmed this information personally.
 Discrepancies/Comments: 	None found	

EDU	EDUCATION			
		Subject's Data:	Verified Data:	
•	Name on Record:	Constance Williams Rice	Constance Williams Achonolu	
•	Organization's Name:	Queens College	Queens College	
•	Organization's Address: (city/state)	Queens, NY	Queens, NY	
•	Beginning date of attendance:	Not provided	06/01/1964	
•	Ending date of attendance:	06/1967	08/01/1966	
•	All degrees earned:	BA	BA in Anthropology	
•	Date each degree was awarded:	Not provided	09/01/1966	
•	Accreditation of each college/university:	Not provided	MSCHE	
•	Verifier's name and title:	Not provided	National Student Clearinghouse	
•	Discrepancies/Comments:	None found		

	Subject's Data:	Verified Data:
Name on Record:	Constance Williams	Constance Williams
	Rice	Achonolu



•	Organization's Name:	University of	University of
	<u> </u>	Washington	Washington
•	Organization's Address: (city/state)	Seattle, WA	Seattle, WA
•	Beginning date of attendance:	Not provided	03/27/1967
•	Ending date of attendance:	06/1970	12/14/1974
•	All degrees earned:	MPA	MPA
•	Date each degree was awarded:	Not provided	03/20/1970
•	Accreditation of each college/university:	Not provided	NWCCU
•	Verifier's name and title:	Not provided	National Student Clearinghouse
•	Discrepancies/Comments:	None found	·

		Subject's Data:	Verified Data:
•	Name on Record:	Constance Williams	Constance Williams
		Rice	Achonolu
•	Organization's Name:	University of	University of
		Washington	Washington
*	Organization's Address: (city/state)	Seattle, WA	Seattle, WA
8	Beginning date of attendance:	Not provided	03/27/1970
8	Ending date of attendance:	06/1974	12/14/1974
ď	All degrees earned:	PhD	Doctor of
			Philosophy in
			Education
•	Date each degree was awarded:	Not provided	03/21/1975
•	Accreditation of each	Not provided	NWCCU
	college/university:		
•	Verifier's name and title:	Not provided	National Student
			Clearinghouse
•	Discrepancies/Comments:	None found	

		Subject's Data:	Verified Data:
•	Name on Record:	Constance Williams	Constance Williams
	·	Rice	Rice
•	Organization's Name:	Harvard University	University of
			Washington
•	Organization's Address: (city/state)	Not provided	Cambridge, MA
•	Beginning date of attendance:	Not provided	06/30/2014
•	Ending date of attendance:	Not provided	07/04/2014
•	All degrees earned:	Business	LRIE Program

AAAVerify

		Leadership	
•	Date each degree was awarded:	Not provided	07/04/2014
 Accreditation of each college/university: 		Not provided NEASC	
•	Verifier's name and title:	Not provided	Judy Theriault, Senior Client Service Specialist
•	Discrepancies/Comments:	This was the only record Harvard University has on Mrs. Rice. The certification from 1995 is no longer available.	

PRO	FESSIONAL LICENSE		
		Subject's Data:	Verified Data:
	No		
•	Name on Record:		
	Organization's Name:		
6	Organization's Address: (city/state)		
*	Type of license held:		
	Issue date:		
ð	Expiration date:		
•	License/certificate number:		
6	Complaints/disciplinary action:		
•	Verifier's name and title:		
•	Discrepancies/Comments:	No professional lic	cense provided.

PRC	PROFESSIONAL ASSOCIATION		
		Subject's Data:	Verified Data:
•	Name on Record:		·
•	Organization's Name:		
•	Organization's Address: (city/state)		
•	Type of membership held:		
•	Beginning date of membership:		
•	Ending date of membership:		
•	Verifier's name and title:		
•	Discrepancies/Comments:	No professional as	sociation provided.

BANKRUPTCY



The	bankruptcy record searches for the	past 10 years provided negative results.
•	Name(s) Searched:	Constance Williams Rice, Constance W
		Rice, Constance Rice
•	List Court/Jurisdiction:	All federal districts were searched through
		Pacer.
•	Case Type:	
•	Case Number:	
•	Date:	
•	Debtor:	
•	Nature of Disposition:	
•	Date of Deposition:	
•	Discrepancies/Comments:	None found

CRIN	ΛΙΝΑL	
The	criminal record searches for the pa	st 10 years provided negative results.
•	Name(s) Searched:	Constance Williams Rice, Constance W
		Rice, Constance Rice
*	List Court/Jurisdiction:	King County, WA
•	Case Type:	
ø	Case Number:	
•	Date:	
•	Plaintiff:	
•	Defendant:	
•	Nature of Disposition:	
•	Date of Deposition:	
•	Discrepancies/Comments:	A Federal Criminal Search through Pacer that covers 89 districts in the 50 states with a total of 94 districts including territories was conducted. And a nationwide county criminal search through RapidCourt that covers counties in all 50 states and DC. A manual search including the above counties was performed and no records were found.

CIVIL	
The civil record searches for the past 10 years provided negative results.	
The civil record searches for the past 10 years provided negative results.	



•	Name(s) Searched:	Constance Williams Rice, Constance W
		Rice, Constance Rice
•	List Court/Jurisdiction:	King County, WA
•	Case Type:	
•	Case Number:	
•	Date:	
•	Plaintiff:	
•	Defendant:	
•	Nature of Disposition:	
•	Date of Deposition:	
•	Discrepancies/Comments:	A search through TLO.com was performed
		and also a manual search of the above
		counties and no records were found.

UCC					
The	The UCC record searches for the past 10 years provided negative results.				
•	Name(s):	Constance Williams Rice, Constance W			
		Rice, Constance Rice			
•	List Court/Jurisdiction:				
•	Filing Number:				
6	Date:				
•	Secured Parties:				
•	Debtor:				
•	Status:				
•	Status Date:	<u>.</u>			
•	Discrepancies / Comments:	A search through TLO.com was performed.			
		No records were found.			

LIEN	N AND JUDGMENT	
The	lien and judgment record searche	es for the past 10 years provided negative results.
•	Name(s) Searched:	Constance Williams Rice, Constance W Rice, Constance Rice
•	List Court/Jurisdiction:	King County, WA
•	Filing Type:	
•	Filing Number:	
•	Date:	
•	Creditor/Lien Holder:	
•	Debtor:	

AAAVerify

•	Amount:	
•	Status:	
•	Status Date:	
•	Discrepancies/Comments:	A search through TLO.com was performed. No records found.

END OF REPORT

RODGERS

Applicant Company Name :		was also drop and the state of	NAIC NoFEIN:			
		ві	OGRAPHICAL	, AFFIDAVIT		
To the	e extent permitted b	y law, this affidavit wi	III be kept confider	ntial by the state insuranc	e regulatory	authority.
	•		(Print or T	Гуре)		
			ne present or propo	osed entity under which t		ical statement is being
<u>Kaiser</u> TBD					7-3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
herein	after set forth. (At		parate sheet if spa	representations and sup ce hereon is insufficient		
1.	Affiant's Full N	ame (Initials Not Acce	ptable): First <u>Jo</u> l	nn Middle: <u>Toby</u>	Last:	Rodgers
2.	a. Are you	u a citizen of the Unite	d States?			
	Yes	No [
	b. Are you	u a citizen of any other	country?			
	Yes [No No				
	If yes,	what country?		and the same and t		
3.	Affiant's occupa	ntion or profession:		Management		
4.	Affiant's busines	ss address: 99 S.	Oakland 5 th floor,	Pasadena CA 91101		
	Business telepho	one: <u>626-344-4704</u>	Business	Email: john.t.rodgers@	@kp.org	
5.	Education and tr	aining:				
Colleg	e/University	City/St	<u>ate</u>	Dates Attended (M	M/YY)	Degree Obtained
Mei	rced College	Merce	d, California	01/78 - 06/80	***************************************	Associate
<u>Uni</u>	iversity of Californ	ia Santa (Cruz, California	09/80 - 06/82	OS Maral Marian Paris Program (1997)	
<u>Uni</u>	iversity of Californ	ia <u>Irvine,</u>	California	09/82 - 06/83	W	Bachelors
Gradua	ate Studies	College/University	City/State NOME	Dates Attended (M	M/YY)	Degree Obtained
Other [<u> Fraining: Name</u>	<u>City/State</u>	Dates Atlend	ded (MM/YY)	Degree/C	Certification Obtained
Note:		ide the foreign studen		address and telephone manner in the space provi		

Applica	int Company Name :		NAIC No FEIN:	
6.	List of memberships in profes	sional societies and associ	iations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Projec	et Management Institute	14 Campus Boulevard,	Newtown Square, PA 19073-3299	1 855 746 4849
***************************************	,			
7.	Present or proposed position	on with the Applicant	Company: Vice President	and Information Officer
8.	including present jobs, position officerships). Please list the m	ons, partnerships, owner coost recent first. Attach ad	(20) years, whether compensate of an entity, administrator, managed ditional pages if the space providy information for the past ten (10)	er, operator, directorates or ed is insufficient. It is only
Beginn Dates (ing/Ending (MM/YY): <u>08/08</u> - presen	t Employer's Name:	Kaiser Permanente	
Addres	s: 99 S. Oakland	City: Pasade	na State/Province:_	California
	y: <u>USA</u> Postal Code: 91 or, Senior Manager	101 Phone: 800-996-75	566 x10374 Offices/Positions Hel-	d: Executive Director.
Туре о	f Business: <u>Health Plan, Healt</u>	h Care Provider Super	visor/Contact: <u>Lisa Caplan</u>	rokadan unu an Million (sirin kalin 1772) (1775) (1775) (1775) (1775) (1775) (1775) (1775) (1775) (1775) (1775)
	ing/Ending (MM/YY): <u>11/06</u> - <u>08/08</u>	Employer's Name: _P	Perot Systems	NOTONO MICE SERVICE SE
Addres	s: Orangewood Avenue	City: Anaho	eim State/Province:_	California
Country Manage		2806 Phone: <u>Unknowr</u>	n, Company has been sold twice O	ffices/Positions Held:
Туре о	f Business: <u>IT Outsourcer</u>	Supervisor/Cor	ntact: Jeff Jordan	and the second s
	ing/Ending (MM/YY): <u>04/06</u> - <u>09/06</u>	Employer's Name:	Compushare	
Addres	s: 3 Hutton Centre Drive #7	<u> 700 _ City:Santa Ana</u>	State/Province:	California
Country	y: <u>USA</u> Postal Code: <u>927</u>	07 Phone:	Offices/Positions Held: Direc	tor
Туре о	f Business: <u>IT Outsourcer</u>	Supervisor/C	Contact:	
	ing/Ending (MM/YY): <u>12/04</u> - <u>03/06</u>	Employer's Name:	consulting	
Addres	s: 2960 Champion Way, #1	005 City: <u>Tustin</u>	State/Province:	California
Country	y:_ <u>USA</u> Postal Code:_ <u>927</u>	82 Phone:	Offices/Positions Held: <u>Projec</u>	ot Manager
Туре а	f Business: IT consulting	Supervisor/C	ontact:	

Applicant Company Name :	NAIC No. FEIN:
Beginning/Ending Dates (MM/YY): 01/04 - 07/04 Employer's Name: CardioN	et
Address: 1000 Cedar Hollow Road, Suite 102 City: Malvern	State/Province: Pennsylvania
Country: USA Postal Code: 19355 Phone: Offices/Position	ons Held: <u>Director</u>
Type of Business: Medical Device manufacturer Supervisor/Contact:	
Beginning/Ending Dates (MM/YY): 12/00 - 05/02 Employer's Name: Santen	
Address: 2100 Powell Street City: Emeryville State/Provin	ice: California
Country: USA Postal Code: 94608 Phone: Offices/Position	ons Held: <u>Director</u>
Type of Business: Ophthalmic Pharmaceuticals Supervisor/Contact:	
Beginning/Ending Dates (MM/YY): 08/90 - 11/00 Employer's Name: Pacific E	Bell/SBC
Address: 3401 Crow Canyon Road City: San Ramon State	e/Province: <u>California</u>
Country: USA Postal Code: 94583 Phone: Offices/Position	ons Held: <u>Director</u>
Type of Business: <u>Telecommunications</u> Supervisor/Contact:	
9. a. Have you ever been in a position which required a fidelity be	ond?
Yes No No	
If any claims were made on the bond, give details:	
b. Have you ever been denied an individual or position scherevoked?	dule fidelity bond, or had a bond canceled or
Yes No No	
If yes, give details:	
10. List any professional, occupational and vocational licenses (including or governmental licensing agency or regulatory authority or licensing in the past. For any non-insurance regulatory issuer, identify and prove the licensing authority or regulatory body having jurisdiction over the number is your Social Security Number (SSN) or embeds your SSN of are reasonably identifiable as your SSN, then write SSN for that por represented by your SSN. (For example, "SSN", "12-SSN-345" or pages if the space provided is insufficient. NONE	authority that you presently hold or have held ide the name, address and telephone number of elicense (s) issued. If your professional license or any sequence of more than five numbers that tion of the professional license number that is
Organization/Issuer of License: Address:	
City: Country: Country:	Postal Code:
License Type: License #: Date I	ssued (MM/YY):
Date Expired (MM/YY): Reason for Termination:	

Applicant Company Name :		ompany Name : NAIC No FEIN:
Non-Ins	uran	ce Regulatory Phone Number (if known):
11.		esponding to the following, if the record has been sealed or expunged, and the affiant has personally verified that record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No Common No
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No No
	c,	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No No
	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No No
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No No No
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No No
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No No
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No No
	i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
		Yes No No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Applicant Company Name:		NAIC No. FEIN:
	Yes No	I Lilly,
	If the response to any question a	bove is yes, please provide details including dates, locations, disposition, etc. ad filed adjudication or settlement as appropriate.
12.	term "control" (including the terms possession, direct or indirect, of the person, whether through the ownersh or non-management services, or other office held by the person. Control sholds with the power to vote, or holds	by an insurance regulatory authority that you control directly or indirectly. The "controlling," "controlled by" and "under common control with") means the power to direct or cause the direction of the management and policies of a policy of voting securities, by contract other than a commercial contract for goods trained in the power is the result of an official position with or corporate all be presumed to exist if any person, directly or indirectly, owns, controls, proxies representing, ten percent (10%) or more of the voting securities of any
		NONE
		hecated in any way, give details.
13.	or of record, 10% or more of the our regulatory authority, or its affiliates? directly, or indirectly through one or with, the person specified. Yes No	nmediate family individually or cumulatively subscribe to or own, beneficially itstanding shares of stock of any entity subject to regulation by an insurance An "affiliate" of, or person "affiliated" with, a specific person, is a person that more intermediaries, controls, or is controlled by, or is under common control or companies in which the cumulative stock holdings represent 10% or more of
		ed or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankre Yes No No If yes, provide details:	upt?
15.		ny or entity for which you were an officer or director, trustee, investment employee or controlling stockholder, had any of the following events occur
	a. Been refused a permit, licenticensing agency? Yes No	ise, or certificate of authority by any regulatory authority, or governmental-
	b. Had its permit, license, or cer to any judicial, administrati	rtificate of authority suspended, revoked, canceled, non-renewed, or subjected ve, regulatory, or disciplinary action (including rehabilitation, liquidation, federal bankruptcy proceeding, state insolvency, supervision or any other

Applicant Company Name :		NAIC No. FEIN:			
	Yes No				
c.					
	Yes No No				
	If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.				
Note:	If an affiant has any doubt about the accuracy and an explanation provided.	y of an answer, the question should be answered in the positive			
Dated and signe under penalty o of my knowleds	ed this 25 day of 500000000000000000000000000000000000	oll at Foothice Research, A. I hereby certify and that the foregoing statements are true and correct to the best			
-	County of:				
The foregoing in and:	nstrument was acknowledged before me this	day of, 20by,			
who is pers	onally known to me, or				
who produc	ed the following identification:				
[SEAL	see attached	Notary Public			
	certificate.	Printed Notary Name			
		My Commission Expires			

CALIFORNIA COMPLIANT CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.					
State of California					
County of Orange					
On September 25, 2016, before me, Janet K. Berger, Notary Public, personally appeared John Toby Rodgers					
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies); and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.					
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.					
WITNESS my hand and official seal.	Jamet K. Berger				
JANET K. BERGER COMM. #2153317 Notary Public - California Corange County My Comm. Expires June 12, 2020	Janet K. Berger My Commission Expires: June 12, 2020 Notary Public in and for State of California County of Orange				
Optional Info	ormation.				
Description of attached document: Title of Document: Biggraphical Affidavit					
Date of document:					
Number of pages (excluding this page and attachments): (One-sided) Two-sided)					
Loan / Escrow / File number:					
Additional signers not named above:					

Applicant Company Name :		NAIC No. FEIN:
	BIOGRAPHICAL AFFI Supplemental Personal Inf	
	(Print or Type)	
To the extent permitted by law,	this affidavit will be kept confidential by	the state insurance regulatory authority.
Full name, address, and telephorequired (Do Not Use Group N		tity under which this biographical statement is being
Kaiser Foundation Health Plan TBD	-	
1. Affiant's Full Name (I IF ANSWER IS	Initials Not Acceptable): First: John	Middle: Toby Last: Rodgers
Yes No	ny other name, including first, middle or la	ast name, nickname, maiden name or aliases? the full name(s) and date(s) used.
Beginning/Ending Date(s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
	onse to this question may be approximate when transitioning from one name to another.	. Parties using this form understand that there could ther.
2 Affiant's Social Sague	in Newstran	

Government Identification Number if not a U.S. Citizen:_

Foreign Student ID# (if applicable) ___

Name of Affiant's Spouse (if applicable) :____

Date of Birth: (MM/DD/YY):

State/Province: Indiana

4.

5.

6.

7.

Place of Birth, City:___

_____Country:_____

 \sim /A

Kokomo

Applicant Company N	Name:	The second section of the second section section of the second section	20.01.91.9	NAIC No. EIN:	
Beginning/Ending Dates (MM/YY)	Address	<u>City</u>	State/ Province	Country	Postal Code
03/08 - present	all fall but all they are purple, and a community				
03/04 - 03/08					
ALL CONTRACTOR OF THE STATE OF			Married Married Angles William (17, 18, 1872 p.		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
www.distance.com,com,com/socialistance.com	danka daktamasaka (Mariem - Irang mang mang mang mang mang mang mang m				
Access Acts acts and address as the second access a					
West-1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1980 - 1					Water State of the Control of the Co
understand the Dated and signed this	nat there could be an	overlap of dates who Emacz 20/6 at/E	en transitioning from	or current address. Partic n one address to another. I hereby certi- ne and correct to the bes	fy under penalty of
	Signature of Affiant)				
State of:	Coun	ty of:	management Medical State		
and: who is personally	The second secon	ation:	day of	by	
[SEAL]	certifica	it e.	Vas	Notary Pul	olic
		•	_	Printed Notary	Name
			*distance	My Commission	Expires

A notary public or other officer completing this certificate v document to which this certificate is attached, and not the	
State of California	
County of Orange	
On September 25, 2016, be personally appeared John Toby Rodger	efore me, Janet K. Berger, Notary Public,
who proved to me on the basis of satisfactory of is/are—subscribed to the within instrument a executed the same in his/her/their authorize signature(s) on the instrument the person(s) person(s) acted, executed the instrument.	and acknowledged to me that he/ she/they ed capacity (ies) , and that by his/ her/their
I certify under PENALTY OF PERJURY under to foregoing paragraph is true and correct.	he laws of the State of California that the
WITNESS my hand and official seal.	Jane TK Seign
JANET K. BERGER COMM. #2153317 Notary Public - California Orange County My Comm. Expires June 12, 2020	Janet K. Berger My Commission Expires: June 12, 2020 Notary Public in and for State of California County of Orange
Optional Info	ormation.
Description of attached document: Title of Document:	î. l.
Date of document:	
Number of pages (excluding this page and attachme	
Loan / Escrow / File number:	
Additional signers not named above:	
	· ·

Applicant Company Name :	NAIC No. FEIN:
	Access to a second seco
DISCLOSURE AND AUTHORIZATION CONC	
	rnia, Minnesota and Oklahoma)
Foundation Health Plan of Washington ("Company department of insurance in one or more states within investigative consumer report (or both) ("Background Reinsurance in any state where Company pursues an Applicas, an officer, member of the board of directors or oth business entities affiliated with Company ("Term of Affil of insurance reviewing any Application. Background Reinformation bearing on your character, general reputation purpose of such Background Reports will be to evaluate	in connection with pending or future application(s) of <u>Kaiser</u> ") for licensure or a permit to organize ("Application") with a the United States. Company desires to procure a consumer or ports") regarding your background for review by a department of ation during the term of your functioning as, or seeking to function or management representative ("Affiant") of Company or of any fation") for which a Background Report is required by a department ports requested pursuant to your authorization below may contain a, personal characteristics, mode of living and credit standing. The the Application and your background as it pertains thereto. To the ed under this Disclosure and Authorization will be maintained as
them. You may also request more information about the Company. To obtain contact information regarding CRA	at you from the consumer reporting agency ("CRA") that produces nature and scope of such reports by submitting a written request to or to submit a written request for more information, contact Hongce, One Kaiser Plaza, 21st Floor, Oakland, CA 94612, (510) 271-
Attached for your information is a "Summary of Your Rig	hts Under the Fair Credit Reporting Act."
Disclosure and by my signature below, I consent to the r state where Company files or intends to file an Applicatio such Application and my status as an Affiant. I authorize	ompany as defined above. I have read and understand the above release of Background Reports to a department of insurance in any in, and to the Company, for purposes of investigating and reviewing all third parties who are asked to provide information concerning ation to CRA retained by Company for purposes of the foregoing for expunged in accordance with law.
Company will, in that event, forward such revocation pro Reports under this Disclosure and Authorization. This Au	my time by delivering a written revocation to Company and that imptly to any CRA that either prepared or is preparing Background athorization shall remain in full force and effect until the earlier of evocation as described above, or (iii) twelve (12) months following
A true copy of this Disclosure and Authorization shall be	valid and have the same force and effect as the signed original,
Sour Tooy Rodge as	
(Printed Full Nan	ne and Residence Address)
(Signature)	(Date)
State of: County of:	
The foregoing instrument was acknowledged before me th and: who is personally known to me, or who produced the following identification:	isday of, 20 by,
[SEAL] See attached certificate.	Notary Public Printed Notary Name

My Commission Expires

A notary public or other officer completing this certificate v document to which this certificate is attached, and not the	, ,		
State of California			
County of <u>Grange</u>			
On September 25, 2016, before me, Janet K. Berger, Notary Public, personally appeared John Toby Rodgers			
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.			
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
WITNESS my hand and official seal.	Dene D. Beign		
JANET K. BERGER COMM. #2153317 Notary Public - Californa Orange County My Comm. Expires June 12, 2020	Janet K. Berger My Commission Expires: June 12, 2020 Notary Public in and for State of California County of Orange		
Optional Info	ormation.		
Description of attached document:			
Title of Document: <u>Disclosure And Authori</u> Reports (MI states except California Minis	zation Concerning background nesoth and Oklahoma		
Date of document:			
Number of pages (excluding this page and attachments): _ (One-sided)			
Loan / Escrow / File number:			
Additional signers not named above: <u>૧૦૧૧</u>			

Applicant Company Name :	NAIC No. FEIN:
DISCLOSURE AND AUTHORIZATION CO	
This Disclosure and Authorization is provided to you in conformation Health Plan of Washington ("Company") for department of insurance in one or more states within the Univestigative consumer report (or both)("Background Reports" insurance in any state where Company pursues an Application as, an officer, member of the board of directors or other man business entities affiliated with Company ("Term of Affiliation" of insurance reviewing any Application. Background Reports information bearing on your character, general reputation, perspurpose of such Background Reports will be to evaluate the Appetent required by law, the Background Reports procured unconfidential.	licensure or a permit to organize ("Application") with a United States. Company desires to procure a consumer of pregarding your background for review by a department of during the term of your functioning as, or seeking to function nagement representative ("Affiant") of Company or of any of for which a Background Report is required by a department requested pursuant to your authorization below may contain onal characteristics, mode of fiving and credit standing. The pplication and your background as it pertains thereto. To the
You may request more information about the nature and scope agency ("CRA") by submitting a written request to Comparinformation, to <u>Hong-Sze Yu</u> , <u>Vice President</u> , <u>Board and Corpo 94612</u> , (510) 271-5625.	ny. You should submit any such written request for more
Attached for your information is a "Summary of Your Rights with a copy of any Background Report procured by Company if	
By checking this box, I request a copy of any Background Rep AUTHORIZATION: I am currently an Affiant of Company Disclosure and by my signature below, I consent to the release state where Company files or intends to file an Application, and such Application and my status as an Affiant. I authorize all them to cooperate fully by providing the requested information Background Reports, except records that have been erased or expectations.	y as defined above. I have read and understand the above of Background Reports to a department of insurance in any to the Company, for purposes of investigating and reviewing aird parties who are asked to provide information concerning to CRA retained by Company for purposes of the foregoing
I understand that I may revoke this Authorization at any tim Company will, in that event, forward such revocation promptly Reports under this Disclosure and Authorization. This Authoriz (i) the expiration of the Term of Affiliation, (ii) written revocate the date of my signature below.	to any CRA that either prepared or is preparing Background ration shall remain in full force and effect until the earlier or
A true copy of this Disclosure and Authorization shall be valid a	nd have the same force and effect as the signed original.
(Printed Full Name and	Residence Address)
(Signature) State of: County of:	(Date)
The foregoing instrument was acknowledged before me this	
and: Who is personally known to me, or	
who produced the following identification:	
[SEAL]	Notary Public

Printed Notary Name

My Commission Expires

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.			
State of California			
County of Orange			
On September 25, 2016, before me, Janet K. Berger, Notary Public, personally appeared John Toby Rodgers			
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.			
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
WITNESS my hand and official seal. JANET K. BERGER COMM. #2153317 ZOMM. #2153317			
Optional Information.			
Description of attached document:			
Title of Document: Disclosure And Authorization Concerning Bockground Reports (Minnesota and Oklahoma)			
Date of document;			
Number of pages (excluding this page and attachments): (One-sided)			
Loan / Escrow / File number: NA			
Additional signers not named above: None			

Applicant Company Name :	NAIC NoFEIN:
	CONCERNING BACKGROUND REPORTS
This Disclosure and Authorization is provided to you in cor Plan of Washington ("Company") for licensure or a permone or more states within the United States. Company deboth) ("Background Reports") regarding your background Company is currently pursuing an Application, because you member of the board of directors or other management reaffiliated with Company ("Term of Affiliation") for which reviewing any Application. Background Reports will be opursuant to your authorization below may contain inform characteristics, mode of living and credit standing. The Application and your background as it pertains thereto. Tunder this Disclosure and Authorization will be maintained You may request more information about the nature and scagency ("CRA") by submitting a written request to Company of the Plan of th	rope of Background Reports produced by any consumer reporting mpany. You should submit any such written request for more
<u>94612, (510) 271-5625</u> .	orporate Governance, One Kaiser Plaza, 21st Floor, Oakland, CA this Under the Fair Credit Reporting Act." You will be provided by if you check the box below.
Under section 1786.22 of the California Civil Code, you may also obtain a copy of this file, upon submitting propappearing at the CRA in person or hy mail; you may also rehave personnel available to explain your file to you and the	d Report from any CRA retained by Company, at no extra charge, as view the file maintained on you by the CRA listed above. You are identification and paying the costs of duplication services, by receive a summary of the file by telephone. The CRA is required to see CRA must explain to you any coded information appearing in ied by one other person of your choosing, provided that person
AUTHORIZATION: I am currently an Affiant of Co Disclosure and by my signature below, I consent to the rel state where Company files or intends to file an Application, such Application and my status as an Affiant. I authorize a me to cooperate fully by providing the requested informat Background Reports, except records that have been erased of I understand that I may revoke this Authorization at any Company will, in that event, forward such revocation prom	empany as defined above. I have read and understand the above ease of Background Reports to a department of insurance in any and to the Company, for purposes of investigating and reviewing all third parties who are asked to provide information concerning ion to CRA retained by Company for purposes of the foregoing or expunged in accordance with law. Time by delivering a written revocation to Company and that ptly to any CRA that either prepared or is preparing Background at, however, will this authorization remain in effect beyond twelve
A true copy of this Disclosure and Authorization shall be va	lid and have the same force and effect as the signed original.
SOUR 103Y KeixE25 (Printed Full Name	and Residence Address)
(Time run run)	and residence (reduces)
(Signature) State of: County of:	(Date)
The foregoing instrument was acknowledged before me this and:	day of, 20 by,
who is personally known to me, or	
who produced the following identification:	
[SEAL]	Notary Public

Printed Notary Name

My Commission Expires

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.			
State of California			
County of Orange			
On <u>September 25 2016</u> , before me, Janet K. Berger, Notary Public, personally appeared <u>John Toby Rodgers</u>			
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.			
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.			
WITNESS my hand and official seal. JANET K. BERGER COMMM. #2153317 Orange County My Comm. Expires June 12, 2020 My Comm. Expires June 12, 2020 My Commission Expires: June 12, 2020 Notary Public in and for State of California County of Orange			
Optional Information.			
Description of attached document:			
Title of Document: Visclosure And Authorization Concerning Background Report (California)			
Date of document:			
Number of pages (excluding this page and attachments): \bot (One-sided X Two-sided \bot)			
Loan / Escrow / File number:			
Additional signers not named above:			



ORDER ID: 36254

2413 W Algonquin Rd
Suite 508
Algonquin, IL 60102
Phone 800-231-3920
Fax 888-777-5682
E: Bio@AAAVerify.com W: AAAVerify.com
Screening Division of Detectives.com

DATE: Tuesday, November 22nd 2016

Company Name: Kaiser Foundation Health Plan of Washington

Company Address: 500 NE Multnomah St., Suite 100, Portland, OR 97232

• DOI Name: Washington Office of the Insurance Commissioner

DOI Address: P.O. Box 40255, Olympia, WA 98504

Date of Request: 11/08/2016

Date of Biographical Affidavit: 09/25/2016

• Date of Preparation: 11/22/2016

SUB	JECT'S BASIC INFORMATION		
		Subject's Data:	Verified Data:
•	Full Name:	John Toby Rodgers	John Toby Rodgers
•	Alternate Name:	Not provided	None found
•	Date of Birth:		
•	Social Security Number:		
•	Name of Spouse:		
•	Discrepancies/Comments:	None found	

ADDRESS		
The address verification for the past 1	0 years provided the followi	ng results:
	Subject's Data:	Verified Data:
Name on Record:	John Toby Rodgers	John Toby Rodgers
Address:		
City:		
State/Province:		
Zip/Postal Code:		
Country:	USA	USA
Start Date of Residence:	03/2008	09/2004
End Date of Residence:		11/08/2016

DISCLAIMER

This report is confidential and is solely for the information and use of the client to whom it is addressed. AAAVerify.com does not guarantee the accuracy or completeness of records obtained from public record databases, or other outside sources. Any background information contained in this report is subject to the limitations imposed by the respective custodians of record, and the accuracy of their files at the time of inquiry. The Client and/or their representatives have agreed that the information enclosed in this report will be utilized in a lawful manner, and agrees to hold AAAVerify.com and their representatives harmless from misuse of any or all of this information.



Discrepancies/Comments:	None found		
		T	
	Subject's Data:	Verified Data:	
Name on Record:	John Toby Rodgers	John Toby Rodgers	
Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:	USA	USA	
Start Date of Residence:	03/2004	05/2004	
End Date of Residence:	03/2008	12/2007	
Discrepancies/Comments:	None found		
	Name on Record: Address: City: State/Province: Zip/Postal Code: Country: Start Date of Residence: End Date of Residence:	Subject's Data: Name on Record: Address: City: State/Province: Zip/Postal Code: Country: USA Start Date of Residence: End Date of Residence: 03/2008	

EMF	EMPLOYMENT		
The	employment verifications for the pas	t 10 years provided the fo	ollowing results:
		Subject's Data:	Verified Data:
•	Name on Record:	John Toby Rodgers	John T Rodgers
•	Company Name:	Kaiser Permanente	Kaiser Permanente
•	Company Address:	99 S Oakland,	99 S Oakland,
		Pasadena, CA 91101	Pasadena, CA 91101
•	Beginning date of employment:	08/2008	08/25/2008
•	Ending date of employment:	pin dia dia lai 190 ani	
•	Most recent job title:	Executive Director, Director, Senior Manager	Director, Pharmacy Analytic Services
•	Type of business:	Health Care Provider, Health Plan	Health Care Provider, Health Plan
•	Verifier's name & title:	Lisa Caplan	The Work Number
•	Discrepancies/Comments:	None found	

	- 1,000	Subject's Data:	Verified Data:
•	Name on Record:	John Toby Rodgers	
•	Company Name:	Perot Systems	
•	Company Address:	Orangewood	
		Avenue, Anaheim,	



		CA 92806	
•	Beginning date of employment:	11/2006	
•	Ending date of employment:	08/2008	
•	Most recent job title:	Manager	
ě	Type of business:	IT Outsourcer	
•	Verifier's name & title:	Jeff Jordan	The Work Number
•	Discrepancies/Comments:	We were unable to co	onfirm this
		information. Perot Sy	stems was originally
		sold to Dell, Inc. in 20	09, and in 2016 NTT
		DATA acquired that d	ivision of Dell, Inc., so
		no employment reco	rds are available.

EDU	CATION		
-		Subject's Data:	Verified Data:
•	Name on Record:	John Toby Rodgers	John Toby Rodgers
•	Organization's Name:	Merced College	Wichita State University
•	Organization's Address: (city/state)	Merced, CA	Wichita, KS
•	Beginning date of attendance:	01/1978	01/01/1977
•	Ending date of attendance:	06/1980	05/01/1980
•	All degrees earned:	Associate	Associate in Science in Computer Science
•	Date each degree was awarded:	Not provided	06/06/1980
•	Accreditation of each college/university:	Not provided	WASC
•	Verifier's name and title:	Not provided	National Student Clearinghouse
•	Discrepancies/Comments:	None found	

		Subject's Data:	Verified Data:
•	Name on Record:	John Toby Rodgers	John Toby Rodgers
•	Organization's Name:	University of	University of
		California	California
•	Organization's Address: (city/state)	Irvine, CA	Irvine, CA
•	Beginning date of attendance:	09/1982	01/03/1983
•	Ending date of attendance:	06/1983	06/11/1983
•	All degrees earned:	Bachelors	BA in Economics
•	Date each degree was awarded:	Not provided	06/11/1983



•	Accreditation of each college/university:	Not provided	WSCUC
•	Verifier's name and title:	Not provided	National Student Clearinghouse
•	Discrepancies/Comments:	· '	evious enrollment at fornia – Santa Cruz from

PRO	PROFESSIONAL LICENSE		
		Subject's Data:	Verified Data:
	Name of Branch		
•	Name on Record:		
•	Organization's Name:		
•	Organization's Address: (city/state)		
•	Type of license held:		
•	Issue date:		
•	Expiration date:		
•	License/certificate number:		
	Complaints/disciplinary action:		
•	Verifier's name and title:		
٠	Discrepancies/Comments:	No professional lie	cense provided.

PROFESSIONAL ASSOCIATION			
		Subject's Data:	Verified Data:
•	Name on Record:	John Toby Rodgers	John Toby Rodgers
•	Organization's Name:	Project	Project
		Management	Management
		Institute	Institute
•	Organization's Address: (city/state)	Newton Square, PA	Newton Square, PA
•	Type of membership held:	Not provided	Active PMP
•	Beginning date of membership:	Not provided	06/02/2005
•	Ending date of membership:	Not provided	TO TO SON AND AND
•	Verifier's name and title:	Not provided	Elena, CSR
•	Discrepancies/Comments:	None found	

BANKRUPTCY	
The bankruptcy record searches for the past 10 years provided negative results.	



•	Name(s) Searched:	John Toby Rodgers, John T Rodgers, John
		Rodgers
•	List Court/Jurisdiction:	All federal districts were searched through
		Pacer.
•	Case Type:	
•	Case Number:	
•	Date:	
•	Debtor:	
•	Nature of Disposition:	
•	Date of Deposition:	
•	Discrepancies/Comments:	None found

CRI	MINAL	
The	criminal record searches for the pa	st 10 years provided negative results.
•	Name(s) Searched:	John Toby Rodgers, John T Rodgers, John Rodgers
0	List Court/Jurisdiction:	Orange County LA, Los Angeles County LA
*	Case Type:	
€	Case Number:	
•	Date:	
•	Plaintiff:	
•	Defendant:	
•	Nature of Disposition:	
•	Date of Deposition:	
•	Discrepancies/Comments:	A Federal Criminal Search through Pacer that covers 89 districts in the 50 states with a total of 94 districts including territories was conducted. And a nationwide county criminal search through RapidCourt that covers counties in all 50 states and DC. A manual search including the above counties was performed and no records were found.

CIVIL	
The civil record searches for the pas	st 10 years provided negative results.
Name(s) Searched:	John Toby Rodgers, John T Rodgers, John
	Rodgers

AAAVerify

•	List Court/Jurisdiction:	Orange County LA, Los Angeles County LA
•	Case Type:	
•	Case Number:	
•	Date:	
•	Plaintiff:	
•	Defendant:	
•	Nature of Disposition:	
•	Date of Deposition:	
•	Discrepancies/Comments:	A search through TLO.com was performed and also a manual search of the above counties and no records were found.

UC				
The UCC record searches for the past 10 years provided negative results.				
•	Name(s):	John Toby Rodgers, John T Rodgers, John Rodgers		
•	List Court/Jurisdiction:			
9	Filing Number:			
ě.	Date:			
e	Secured Parties:			
•	Debtor:			
•	Status:			
•	Status Date:			
•	Discrepancies / Comments:	A search through TLO.com was performed. No records were found.		

LIEN AND JUDGMENT The lien and judgment record searches for the past 10 years provided the following results.				
• List Court/Jurisdiction:	Orange County LA, Los Angeles County LA			
Filing Type:				
Filing Number:	·			
Date:				
 Creditor/Lien Holder: 				
Debtor:				
Amount:				



•	Status:	
•	Status Date:	
•	Discrepancies/Comments:	A search through TLO.com was performed.
		No records found.

END OF REPORT