

**PEI**

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). \_\_\_\_\_

Kaiser Foundation Health Plan, Inc  
One Kaiser Plaza, Oakland, CA 94612  
(510) 271-5910

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: Edward Middle: Ying Wah Last: Pei

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Executive Director

4. Affiant's business address: Hawaii Bankers Association; 1000 Bishop Street, Suite 301B, Honolulu, Hawaii, 96813

Business telephone: 808-524-5161 Business Email: n/a

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Oregon State University</u>	<u>Corvallis, OR</u>	<u>09/67-06/71</u>	<u>B.S. - Mathematics</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Hawaii</u>	<u>Honolulu, HI</u>	<u>09/74 - 08/78</u>		<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Pacific Coast Banking School</u>	<u>Seattle, WA</u>	<u>08/90-08/92</u>	

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.

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: 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.

Beginning/Ending

Dates (MM/YY): 06/12 - Present Employer's Name: Hawaii Bankers Association  
Address: 1000 Bishop Street City: Honolulu State/Province: Hawaii  
Country: USA Postal Code: 96813 Phone: (808) 524-5161 Offices/Positions Held: Executive Director/EVP  
Type of Business: Banking Supervisor/Contact: Peter S. Ho, Chairman, President and CEO

Beginning/Ending

Dates (MM/YY): 06/71 - 12/31/09 Employer's Name: First Hawaiian Bank  
Address: PO Box 3200 City: Honolulu State/Province: HI  
Country: USA Postal Code: 96847 Phone: 808-844-3188 Offices/Positions Held: Executive Vice President  
Type of Business: Banking Supervisor/Contact: Donald G. Horner, President and CEO

Beginning/Ending

Dates (MM/YY): 04/06 - Present Employer's Name: Kaiser Foundation Health Plan Inc.; Kaiser Foundation Hospitals; Kaiser Foundation Health Plan of Colorado; Kaiser Foundation Health Plan of Northwest, and Kaiser Foundation Health Plan of the Mid-Atlantic States (since 2009)  
Address: One Kaiser Plaza City: Oakland State/Province: CA  
Country: USA Postal Code: 94612 Phone: 510-271-2603 Offices/Positions Held: Director  
Type of Business: Health Care Supervisor/Contact: Bernard Tyson, Chairman of the Board

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: All bank employees are bonded; no claims.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: \_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

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.

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_  
Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_  
Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

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  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

- 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  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

- 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

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

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  No

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

Yes  No

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.

\_\_\_\_\_  
\_\_\_\_\_

12. 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. \_\_\_\_\_

\_\_\_\_\_

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  No

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.

\_\_\_\_\_  
\_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

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?

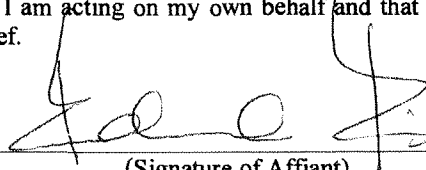
Yes  No

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.

Part (c): Regulatory fines have been levied against Kaiser Foundation health Plan, Inc. and its subsidiaries.

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 2nd day of December 2015 at San Francisco, California. 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)

State of: California County of: San Francisco

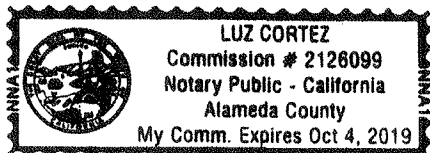
The foregoing instrument was acknowledged before me this 2nd day of December, 2015 by


Edward Ying Wah Pei, and:

~~who is personally known to me, or~~

who produced the following identification: HI Driver License

[SEAL]



  
\_\_\_\_\_  
Notary Public

LUZ CORTEZ

Printed Notary Name

OCTOBER 4, 2019

My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**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).

Kaiser Foundation Health Plan, Inc  
One Kaiser Plaza, Oakland, CA 94612  
(510) 271-5910

1. Affiant's Full Name (Initials Not Acceptable): First: Edward Middle: Ying Wah Last: Pei  
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

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
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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

6. Date of Birth: (MM/DD/YY) :              Place of Birth, City: Hong Kong  
State/Province:    Country:   

7. Name of Affiant's Spouse (if applicable) :

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
11/85 - Present	[REDACTED]				

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 2<sup>nd</sup> day of December 2015 at San Francisco, California. 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]  
(Signature of Affiant)

State of: California County of: San Francisco

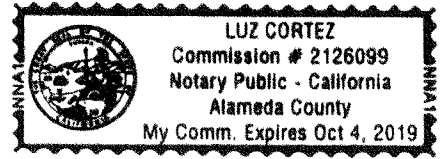
The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of December, 2015 by

Edward Yingwah Pei, and:

~~who is personally known to me, or~~

who produced the following identification: HI Driver License

[SEAL]



[Signature]  
Notary Public  
LUZ CORTEZ  
Printed Notary Name  
OCTOBER 4, 2019  
My Commission Expires



Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**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 Zarkin, 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 Address)

*[Handwritten Signature]*

(Signature)

*Dec. 2, 2015*

(Date)

State of: California County of: San Francisco

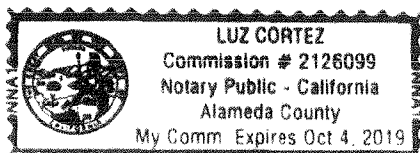
The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of December, 2015 by

Edward Ying Wah Pei, and:

~~who is personally known to me, or~~

who produced the following identification: HI Driver License

[SEAL]



*[Handwritten Signature]*

Notary Public

LUZ CORTEZ

Printed Notary Name

OCTOBER 4, 2019

My Commission Expires



BIOGRAPHICAL VERIFICATIONS

2413 W Algonquin Rd  
Suite 508  
Algonquin, IL 60102  
Phone 800-231-3920  
Fax 888-777-5682



E: [Bio@AAAVerify.com](mailto:Bio@AAAVerify.com) W: [AAAVerify.com](http://AAAVerify.com)  
Screening Division of Detectives.com

ORDER ID: 35579

DATE: Tuesday, February 9<sup>th</sup> 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

SUBJECT'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:	[REDACTED]	[REDACTED]
• Social Security Number:	[REDACTED]	[REDACTED]
• Name of Spouse:	[REDACTED]	[REDACTED]
• Discrepancies/Comments:	None found	

ADDRESS		
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:	[REDACTED]	[REDACTED]
• City:	[REDACTED]	[REDACTED]
• State/Province:	[REDACTED]	[REDACTED]
• Zip/Postal Code:	[REDACTED]	[REDACTED]
• Country:	USA	USA
• Start Date of Residence:	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	

<b>EMPLOYMENT</b>		
The employment verifications for the past 10 years provided the following results:		
	Subject's Data:	Verified Data:
• Name on Record:	Edward Ying Wah Pei	Edward Ying Wah Pei
• Company Name:	Hawaii Bankers Association	Hawaii Bankers Association
• Company Address:	1000 Bishop St., Honolulu, HI 96813	1000 Bishop St., Honolulu, HI 96813
• Beginning date of employment:	06/2012	06/2012
• Ending date of employment:	-----	-----
• Most recent job title:	Executive Director - EVP	Executive Director - EVP
• Type of business:	Banking	Banking
• Verifier's name & title:	Peter S. Ho, Chairman, President & CEO	Mr. Pei confirmed this information 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 Pei	Edward Ying Wah Pei
• Organization's Name:	Pacific Coast Banking School	Pacific Coast Banking School
• Organization's Address: (city/state)	Seattle, WA	Seattle, WA

• 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	

<b>PROFESSIONAL LICENSE</b>		
	Subject's Data:	Verified Data:
• 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:		
• Discrepancies/Comments:	No professional license provided.	

<b>PROFESSIONAL ASSOCIATION</b>		
	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 association provided.	

<b>BANKRUPTCY</b>	
The bankruptcy 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:	All federal districts were searched through Pacer.
• Case Type:	
• Case Number:	
• Date:	
• Debtor:	
• Nature of Disposition:	
• Date of Deposition:	
• Discrepancies/Comments:	None found

<b>CRIMINAL</b>	
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/Jurisdiction:	Honolulu County HI, Alameda County CA
• 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.

<b>CIVIL</b>	
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.

<b>UCC</b>	
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.

<b>LIEN AND JUDGMENT</b>	
The lien and judgment 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
• 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**



# **PORFIDO**

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). \_\_\_\_\_

Kaiser Foundation Health Plan, Inc  
One Kaiser Plaza, Oakland, CA 94612  
(510) 271-5910

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: Margaret Middle: Effie Last: Porfido

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Retired/Attorney

4. Affiant's business address: (Home) 175 Cordova Ct., Boulder, CO 80303

Business telephone: (Home) 303-499-0503 Business Email: n/a

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Delaware</u>	<u>Newark, DE</u>	<u>09/75 thru 06/79</u>	<u>B.A. Political Science</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>George Washington University Law School</u>	<u>Washington, D.C</u>	<u>09/83 thru 05/87</u>	<u>JD</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Rutgers University</u>	<u>New Brunswick, NJ</u>	<u>09-06/1978</u>	<u>Junior year abroad-credits applied to University of Delaware for BA</u>

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.

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: 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.

Beginning/Ending

Dates (MM/YY): 02/15 - 07/15 Employer's Name (Director position): Rally Software  
Address: 3333 Walnut City: Boulder State/Province: CO  
Country: USA Postal Code: 80301 Phone: 303-565-2800 Offices/Positions Held: Board Member  
Type of Business: Software and services solutions Supervisor/Contact: David Huberman

Beginning/Ending

Dates (MM/YY): 05/09 - 05/13 Employer's Name (Director position): State Board of Community Colleges and Occupational Education  
Address: 9101 E. Walory Blvd. City: Denver State/Province: CO  
Country: USA Postal Code: 80230 Phone: 303-620-4000 Offices/Positions Held: Board Member  
Type of Business: Education Supervisor/Contact: Nancy McCallin (President, Community College System)

Beginning/Ending

Dates (MM/YY): 09/09 - Present Employer's Name (Director position): Global Education Fund  
Address: PO Box 548 City: Boulder State/Province: CO  
Country: USA Postal Code: 80306 Phone: 303-415-9935 Offices/Positions Held: Board Member/Chair  
Type of Business: Non-profit Supervisor/Contact: Kathy Bartlett

Beginning/Ending

Dates (MM/YY): 01/06- 12/08 Employer's Name: Level 3 Communications, Inc  
Address: 1025 Eldorado Blvd. City: Broomfield State/Province: CO  
Country: USA Postal Code: 80021 Phone: 770-888-1000 Offices/Positions Held: Chief Human Resources  
Type of Business: Telecommunications and Internet service provider Supervisor/Contact: Thomas Stortz

Beginning/Ending

Dates (MM/YY): 01/00- 01/06 Employer's Name: Level 3 Communications, Inc  
Address: 1025 Eldorado Blvd. City: Broomfield State/Province: CO  
Country: USA Postal Code: 80021 Phone: 770-888-1000 Offices/Positions Held: Sr. VP, Exec. Operations  
Type of Business: Telecommunications and Internet service provider Supervisor/Contact: Kevin O'Hara

Beginning/Ending

Dates (MM/YY): 09/98-12/99 Employer's Name: Level 3 Communications, Inc  
Address: 1025 Eldorado Blvd. City: Broomfield State/Province: CO  
Country: USA Postal Code: 80021 Phone: 770-888-1000 Offices/Positions Held: VP, Business Development  
Type of Business: Telecommunications and Internet service provider Supervisor/Contact: Kevin O'Hara

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

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  No

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.

Organization/Issuer of License: Supreme Court State of Colorado Address: Attorney Registration, 1560 Broadway, Suite 1810

City: Denver State/Province: CO Country: USA Postal Code: 80203

License Type: Attorney License #: ██████████ Date Issued (MM/YY): 1988

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

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

Applicant Company 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

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  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

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  No

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

Yes  No

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.

\_\_\_\_\_  
\_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

12. 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. \_\_\_\_\_

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  No

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  No

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

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

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 2<sup>nd</sup> day of December 2015 at San Francisco, California. 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.

Margaret E. Porfido  
(Signature of Affiant)

State of: California County of: San Francisco

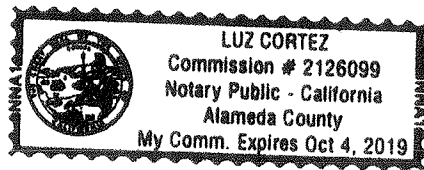
The foregoing instrument was acknowledged before me this 2<sup>nd</sup> day of December, 2015 by

Margaret E. Porfido, and:

~~who is personally known to me, or~~

who produced the following identification: CO Driver License.

[SEAL]



Luz Cortez  
Notary Public  
LUZ CORTEZ  
Printed Notary Name  
OCTOBER 4, 2019  
My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**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).

Kaiser Foundation Health Plan, Inc  
One Kaiser Plaza, Oakland, CA 94612  
(510) 271-5910

1. Affiant's Full Name (Initials Not Acceptable): First: Margaret Middle: Effie Last: Porfido  
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

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>Present</u>	<u>Meg Porfido</u>	<u>None</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

6. Date of Birth: (MM/DD/YY) : ██████████ Place of Birth, City: Passaic  
State/Province: NJ Country: USA

7. Name of Affiant's Spouse (if applicable) : ██████████



Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
07/90	[REDACTED]				

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 2nd day of December 2015 at San Francisco, California. 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.

Margaret E. Porfido  
(Signature of Affiant)

State of: California County of: San Francisco

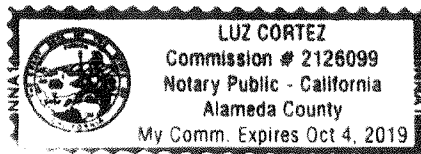
The foregoing instrument was acknowledged before me this 2nd day of December, 2015 by

Margaret E. Porfido \_\_\_\_\_, and:

\_\_\_\_\_ who is personally known to me; or

who produced the following identification: CO Driver License

[SEAL]



Luz Cortez  
Notary Public  
LUZ CORTEZ  
Printed Notary Name  
OCTOBER 4, 2019  
My Commission Expires

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**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 Zarkin, 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, \_\_\_\_\_

(Printed Full Name and Residence Address)

Margaret E Porfido  
(Signature)

12/2/15  
(Date)

State of: California County of: San Francisco

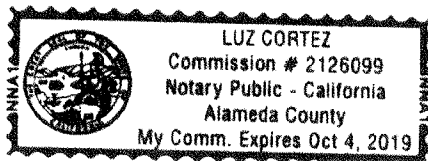
The foregoing instrument was acknowledged before me this 2nd day of December, 2015 by

Margaret E. Porfido, and:

~~who is personally known to me, or~~

who produced the following identification: CO Driver License.

[SEAL]



Luz Cortez  
Notary Public  
Luz Cortez  
Printed Notary Name  
OCTOBER 4, 2019  
My Commission Expires



**BIOGRAPHICAL VERIFICATIONS**

2413 W Algonquin Rd  
Suite 508  
Algonquin, IL 60102  
Phone 800-231-3920  
Fax 888-777-5682



E: [Bio@AAAVerify.com](mailto:Bio@AAAVerify.com) W: [AAAVerify.com](http://AAAVerify.com)  
Screening Division of Detectives.com

**ORDER ID: 35579**

**DATE: Tuesday, February 9<sup>th</sup> 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

<b>SUBJECT'S BASIC INFORMATION</b>		
	Subject's Data:	Verified Data:
• Full Name:	Margaret Effie Porfido	Margaret Effie Porfido
• Alternate Name:	Not provided	None found
• Date of Birth:	[REDACTED]	[REDACTED]
• Social Security Number:	[REDACTED]	[REDACTED]
• Name of Spouse:	[REDACTED]	[REDACTED]
• Discrepancies/Comments:	None found	

<b>ADDRESS</b>		
The address verification for the past 10 years provided the following results:		
	Subject's Data:	Verified Data:
• Name on Record:	Margaret Effie Porfido	Margaret Effie Porfido
• Address:	[REDACTED]	[REDACTED]
• City:	[REDACTED]	[REDACTED]
• State/Province:	[REDACTED]	[REDACTED]
• Zip/Postal Code:	[REDACTED]	[REDACTED]
• 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
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<b>EMPLOYMENT</b>		
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
• 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	

<b>EDUCATION</b>		
	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 Porfido	Margaret Effie Porfido
• Organization's Name:	George Washington Law School	George Washington 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 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 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	

<b>PROFESSIONAL LICENSE</b>		
	Subject's Data:	Verified Data:

• Name on Record:	Margaret Effie Porfido	Margaret Effie Porfido
• Organization's Name:	Supreme Court of Colorado	Supreme Court of 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.coloradosupremecourt.com
• Discrepancies/Comments:	None found	

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 association provided.	

BANKRUPTCY	
The bankruptcy 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:	All federal districts were searched through Pacer.
• Case Type:	
• Case Number:	
• Date:	
• Debtor:	
• Nature of Disposition:	

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

<b>CRIMINAL</b>	
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.

<b>CIVIL</b>	
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 counties and no records were found.

<b>UCC</b>	
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 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.

<b>LIEN AND JUDGMENT</b>	
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: Williams Last: Rice

2. a. Are you a citizen of the United States?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	-----------------------------

b. Are you a citizen of any other country?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Senior Executive  
Fellow

4. Affiant's business address: 2001 8th Ave Suite 2700  
Seattle, Washington 98101

Business telephone: 206-378-4617 Business Email:  
crice@casey.org

5. Education and training:

<u>College/University</u> <u>(MM/YY)</u>	<u>City/State</u> <u>Degree Obtained</u>	<u>Dates</u>	<u>Attended</u>
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<u>Queens College</u>	<u>Queens, N.Y.</u>	<u>BA</u>	<u>6/67</u>
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<u>Graduate Studies</u> <u>Attended (MM/YY)</u>	<u>College/University</u> <u>Degree Obtained</u>	<u>City/State</u>	<u>Dates</u>
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<u>University of Washington</u>	<u>Seattle, Wash</u>	<u>M.P.A.</u>	<u>June 1970</u>
<u>University of Washington</u>	<u>Ph.D.</u>		<u>1974</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
<u>Degree/Certification Obtained</u>		

<u>Harvard University</u>	<u>Education Leadership</u>	<u>5/95</u>
<u>Harvard University</u>	<u>Business Leadership</u>	<u>6/2015</u>

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.

Applicant Company Name : \_\_\_\_\_  
NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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NA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Present or proposed position with the Applicant Company: 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.

Beginning/Ending Dates (MM/YY): 7/15 - present Employer's Name: Casey Family Programs

Address: 2001 8th Ave #2700 City: Seattle  
State/Province: Washington  
Country: King/USA 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 Ave #2700 City: Seattle  
State/Province: Washington  
Country: USA Postal Code: 98101 Phone: 206-378-4617  
Offices/Positions Held: Managing Director Knowledge Management  
Type of Business: Direct operating Foundation  
Supervisor/Contact: Dr. David Sanders, Exec Vice President  
206-282-7300

Beginning/Ending  
Dates (MM/YY): 6/01 - 3/03 Employer's Name:  
Desmond Tutu Peace Foundation (St. Marks Church)  
Address: 1245 10 Ave. E City: Seattle  
State/Province: Washington  
Country: USA Postal Code: 98102 Phone: 323-0300  
Offices/Positions Held: Executive Director  
Type of Business: non-profit  
Supervisor/Contact: Robert Taylor 206323-0300

Beginning/Ending  
Dates (MM/YY): 1/98 - 1/2015 Employer's Name:  
self  
Address: NA City: NA  
State/Province: NA  
Country: NA Postal Code: NA Phone: NA  
Offices/Positions Held: Founder Strategic Educ. Centers

Type of Business: non profit Educational  
Supervisor/Contact: Self

9. a. Have you ever been in a position which required a fidelity bond?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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If any claims were made on the bond, give details: \_\_\_\_\_

NO  
\_\_\_\_\_  
\_\_\_\_\_

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
------------------------------	--

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization/Issuer of License: NA

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

-

Non-Insurance Regulatory Phone Number (if known): NA

\_\_\_\_\_

Organization/Issuer of License: NA

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_

\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

-

Non-Insurance Regulatory Phone Number (if known): NA

\_\_\_\_\_

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  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

- 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  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

- 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  No

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

Yes  No

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.

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12. 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. NA

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If any of the stock is pledged or hypothecated in any way, give details. NA

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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	<input checked="" type="checkbox"/>
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If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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If any of the shares of stock are pledged or hypothecated in any way, give details.

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14. Have you ever been adjudged a bankrupt?

Yes	<input checked="" type="checkbox"/>
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If yes, provide details: \_\_\_\_\_

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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	<input checked="" type="checkbox"/>
-----	-------------------------------------

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	<input checked="" type="checkbox"/>
-----	-------------------------------------

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	<input checked="" type="checkbox"/>
-----	-------------------------------------

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.

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\_\_\_\_\_  
\_\_\_\_\_  
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 5 day of July 2016 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.

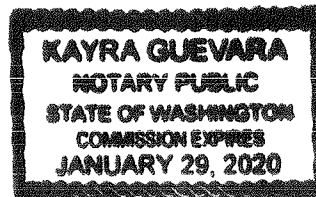
(Signature of Affiant) Constance W. Rice

State of: Washington County of: King

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of July 2016 by Constance W. Rice, and:

- who is personally known to me, or  
 who produced the following identification: \_\_\_\_\_

\_\_\_\_\_  
[SEAL] Notary Public



Printed Notary Name Kayra Guevara

# 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 Name (Initials Not Acceptable):

First: Constance Middle: 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?

Yes  No

Constance W. Acholonu - Poor marriage  
1/67 - 1/73

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 (If none, indicate such)

Date(s)      Used      (MM/YY)      Specify:      First      Middle      or      Last

Name







transitioning from one address to another.

Dated and signed this 5 day of July 2016 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.

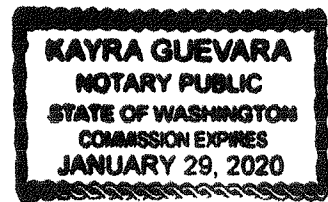
(Signature of Affiant) Constance W. Rice

State of: Washington County of: King

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day  
of July 2016 by Constance W. Rice, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL] Notary Public



Printed Notary Name Kayra Guevara

My Commission Expires 1/29/2020

**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 **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 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

[Redacted Address]

(Printed Full Name and Residence Address)

Constance W. Rice 7/5/16

(Signature) (Date)

State of: Washington County of: King

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of July 2016 by Constance W. Rice, and:

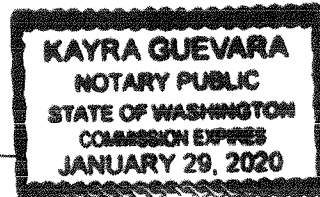
- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL] Notary Public

Printed Notary Name

Kayra Guevara

My Commission Expires 1/29/2020



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 Hong-Sze Yu, Vice President, Board and Corporate Governance, One Kaiser 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.

**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)

Constance W. Rice 7/5/16

(Signature) (Date)

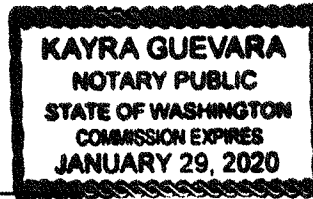
State of: Washington County of: King

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of July 2016 by Constance W. Rice, and:

who is personally known to me, or

□ who produced the following identification: \_\_\_\_\_

\_\_\_\_\_  
[SEAL] Notary Public



Printed Notary Name

*Kayra Guevara*

My Commission Expires *1/29/2020*

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

*(California)*

This Disclosure and Authorization is provided to you in connection with 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 or 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 **Hong-Sze**

Yu, Vice President, Board and Corporate Governance, One Kaiser

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 W. Rice 7/5/16

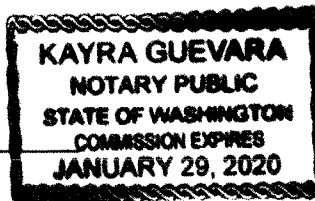
(Signature) (Date)

State of: Washington County of: King

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of July 2016 by Constance W. Rice, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL] Notary Public



Printed Notary Name

Kayra Guevara

My Commission Expires

1/29/2020

Revised 8/18/14





BIOGRAPHICAL VERIFICATIONS

2413 W Algonquin Rd  
Suite 508  
Algonquin, IL 60102  
Phone 800-231-3920  
Fax 888-777-5682



E: [Bio@AAAVerify.com](mailto:Bio@AAAVerify.com) W: [AAAVerify.com](http://AAAVerify.com)  
Screening Division of Detectives.com

ORDER ID: 36016

DATE: Wednesday, August 17<sup>th</sup> 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

SUBJECT'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:	[REDACTED]	[REDACTED]
• Social Security Number:	[REDACTED]	[REDACTED]
• Name of Spouse:	[REDACTED]	[REDACTED]
• Discrepancies/Comments:	None found	

ADDRESS		
The address verification for the past 10 years provided the following results:		
	Subject's Data:	Verified Data:
• Name on Record:	Constance Williams Rice	Constance Williams Rice
• Address:	[REDACTED]	[REDACTED]
• City:	[REDACTED]	[REDACTED]
• State/Province:	[REDACTED]	[REDACTED]
• 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 Rice	Constance Williams Rice
• Address:	[REDACTED]	[REDACTED]
• City:	[REDACTED]	[REDACTED]
• State/Province:	[REDACTED]	[REDACTED]
• Zip/Postal Code:	Not provided	[REDACTED]
• Country:	USA	USA
• Start Date of Residence:	02/1975	04/1983
• End Date of Residence:	02/2015	10/06/2014
• 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:	Constance Williams Rice	Constance Williams Rice
• Company Name:	Casey Family Programs	Casey Family Programs
• Company Address:	2001 8 <sup>th</sup> Ave., #2700, Seattle, WA 98101	2001 8 <sup>th</sup> 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	

	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	

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 Rice	Constance Williams Achonolu

• Organization's Name:	University of Washington	University of 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 Rice	Constance Williams Achonolu
• Organization's Name:	University of Washington	University of Washington
• Organization's Address: (city/state)	Seattle, WA	Seattle, WA
• Beginning date of attendance:	Not provided	03/27/1970
• Ending date of attendance:	06/1974	12/14/1974
• All degrees earned:	PhD	Doctor of Philosophy in Education
• Date each degree was awarded:	Not provided	03/21/1975
• 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 Rice	Constance Williams 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

	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 certificate verification from 1995 is no longer available.	

PROFESSIONAL LICENSE		
	Subject's Data:	Verified Data:
• 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:		
• Discrepancies/Comments:	No professional license 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 association provided.	

<b>BANKRUPTCY</b>
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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

<b>CRIMINAL</b>	
The criminal 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 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.

<b>CIVIL</b>	
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 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:	
• 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:	Constance Williams Rice, Constance W Rice, Constance Rice
• List Court/Jurisdiction:	King County, WA
• 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**



**RODGERS**

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). \_\_\_\_\_

Kaiser Foundation Health Plan of Washington

TBD

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 John Middle: Toby Last: Rodgers

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: Management

4. Affiant's business address: 99 S. Oakland 5<sup>th</sup> floor, Pasadena CA 91101

Business telephone: 626-344-4704 Business Email: john.t.rodgers@kp.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Merced College</u>	<u>Merced, California</u>	<u>01/78 - 06/80</u>	<u>Associate</u>
<u>University of California</u>	<u>Santa Cruz, California</u>	<u>09/80 - 06/82</u>	
<u>University of California</u>	<u>Irvine, California</u>	<u>09/82 - 06/83</u>	<u>Bachelors</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>NONE</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>NONE</u>			

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.

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Project Management Institute</u>	<u>14 Campus Boulevard, Newtown Square, PA 19073-3299</u>	<u>1 855 746 4849</u>	

7. Present or proposed position with the Applicant Company: Vice President and Information Officer

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): 08/08 - present Employer's Name: Kaiser Permanente

Address: 99 S. Oakland City: Pasadena State/Province: California

Country: USA Postal Code: 91101 Phone: 800-996-7566 x10374 Offices/Positions Held: Executive Director, Director, Senior Manager

Type of Business: Health Plan, Health Care Provider Supervisor/Contact: Lisa Caplan

Beginning/Ending Dates (MM/YY): 11/06 - 08/08 Employer's Name: Perot Systems

Address: Orangewood Avenue City: Anaheim State/Province: California

Country: USA Postal Code: 92806 Phone: Unknown, Company has been sold twice Offices/Positions Held: Manager

Type of Business: IT Outsourcer Supervisor/Contact: Jeff Jordan

Beginning/Ending Dates (MM/YY): 04/06 - 09/06 Employer's Name: Compushare

Address: 3 Hutton Centre Drive #700 City: Santa Ana State/Province: California

Country: USA Postal Code: 92707 Phone: \_\_\_\_\_ Offices/Positions Held: Director

Type of Business: IT Outsourcer Supervisor/Contact: \_\_\_\_\_

Beginning/Ending Dates (MM/YY): 12/04 - 03/06 Employer's Name: consulting

Address: 2960 Champion Way, #1005 City: Tustin State/Province: California

Country: USA Postal Code: 92782 Phone: \_\_\_\_\_ Offices/Positions Held: Project Manager

Type of Business: IT consulting Supervisor/Contact: \_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): 01/04 - 07/04 Employer's Name: CardioNet

Address: 1000 Cedar Hollow Road, Suite 102 City: Malvern State/Province: Pennsylvania

Country: USA Postal Code: 19355 Phone: \_\_\_\_\_ Offices/Positions Held: Director

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/Province: California

Country: USA Postal Code: 94608 Phone: \_\_\_\_\_ Offices/Positions Held: Director

Type of Business: Ophthalmic Pharmaceuticals Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): 08/90 - 11/00 Employer's Name: Pacific Bell/SBC

Address: 3401 Crow Canyon Road City: San Ramon State/Province: California

Country: USA Postal Code: 94583 Phone: \_\_\_\_\_ Offices/Positions Held: Director

Type of Business: Telecommunications Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

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  No

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.

NONE

Organization/Issuer of License: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

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  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

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  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

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  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

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.

12. 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. \_\_\_\_\_

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  No

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  No

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)?

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

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 25 day of SEPTEMBER 2016 at FOOTHILL RANCH, CA. 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)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: 

[SEAL]

*see attached certificate.*

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
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.



*Janet K. Berger*

Janet K. Berger

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: Biographical Affidavit

Date of document: none

Number of pages (excluding this page and attachments): 6 (One-sided  Two-sided )

Loan / Escrow / File number: NA

Additional signers not named above: none



Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**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).

Kaiser Foundation Health Plan of Washington  
TBD

1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Toby Last: Rodgers  
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

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

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: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable) N/A

6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: Kokomo  
State/Province: Indiana Country: USA

7. Name of Affiant's Spouse (if applicable) : [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
03/08 - present	[REDACTED]				
03/04 - 03/08	[REDACTED]				

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 25 day of September 2016 at Escondido, CA. 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)


State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

*See attached certificate.*

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
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.



*Janet K. Berger*

Janet K. Berger  
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: Biographical Affidavit

Date of document: \_\_\_\_\_

Number of pages (excluding this page and attachments): 2 (One-sided  Two-sided )

Loan / Escrow / File number: NA

Additional signers not named above: none

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_  
FEIN: \_\_\_\_\_

**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 of Washington** ("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, 21st Floor, 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.

SOUTH TOBY RODGERS \_\_\_\_\_  
(Printed Full Name and Residence Address)

  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL] *See attached certificate.*

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
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

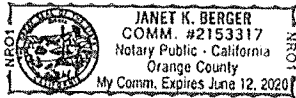
County of Orange

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.



*Janet K. Berger*

Janet K. Berger

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: Disclosure And Authorization Concerning Background Reports (All states except California, Minnesota and Oklahoma)

Date of document: \_\_\_\_\_

Number of pages (excluding this page and attachments): 1 (One-sided  Two-sided )

Loan / Escrow / File number: NA

Additional signers not named above: none

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**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 **Kaiser Foundation Health Plan of Washington** ("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 Hong-Sze Yu, Vice President, Board and Corporate Governance, One Kaiser Plaza, 21st 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.

**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.


SOUTHBY ROBERTS \_\_\_\_\_  
(Printed Full Name and Residence Address)

  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_, 20\_\_ by \_\_\_\_\_, and:

- who is personally known to me, or
- who produced the following identification: 

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
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.



*Janet K. Berger*

Janet K. Berger  
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: Disclosure And Authorization Concerning Background Reports (Minnesota and Oklahoma)

Date of document: \_\_\_\_\_

Number of pages (excluding this page and attachments): 1 (One-sided  Two-sided )

Loan / Escrow / File number: NA

Additional signers not named above: none

Applicant Company Name : \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of **Kaiser Foundation Health Plan of Washington** ("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 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 **Hong-Sze Yu, Vice President, Board and Corporate Governance, One Kaiser Plaza, 21st 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.

JOHN LOBY REIDERS \_\_\_\_\_  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

\_\_\_\_\_  
(Date)

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ and:

- who is personally known to me; or
- who produced the following identification: [Signature]

[SEAL]

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_  
Printed Notary Name  
\_\_\_\_\_  
My Commission Expires



# CALIFORNIA COMPLIANT CERTIFICATE OF ACKNOWLEDGMENT

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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*

Janet K. Berger

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: Disclosure And Authorization Concerning Background Report (California)

Date of document: \_\_\_\_\_

Number of pages (excluding this page and attachments): 1 (One-sided  Two-sided )

Loan / Escrow / File number: \_\_\_\_\_

Additional signers not named above: none



BIOGRAPHICAL VERIFICATIONS

2413 W Algonquin Rd  
Suite 508  
Algonquin, IL 60102  
Phone 800-231-3920  
Fax 888-777-5682



E: [Bio@AAAVerify.com](mailto:Bio@AAAVerify.com) W: [AAAVerify.com](http://AAAVerify.com)  
Screening Division of Detectives.com

ORDER ID: 36254

DATE: Tuesday, November 22<sup>nd</sup> 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

SUBJECT'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:	[REDACTED]	[REDACTED]
• Social Security Number:	[REDACTED]	[REDACTED]
• Name of Spouse:	[REDACTED]	[REDACTED]
• Discrepancies/Comments:	None found	

ADDRESS		
The address verification for the past 10 years provided the following results:		
	Subject's Data:	Verified Data:
• Name on Record:	John Toby Rodgers	John Toby Rodgers
• Address:	[REDACTED]	[REDACTED]
• City:	[REDACTED]	[REDACTED]
• State/Province:	[REDACTED]	[REDACTED]
• Zip/Postal Code:	[REDACTED]	[REDACTED]
• 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
---------------------------	------------

	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	

<b>EMPLOYMENT</b>		
The employment verifications for the past 10 years provided the following 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, Pasadena, CA 91101	99 S Oakland, Pasadena, CA 91101
• Beginning date of employment:	08/2008	08/25/2008
• Ending date of employment:	-----	-----
• 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	

	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	-----
• Type of business:	IT Outsourcer	-----
• Verifier's name & title:	Jeff Jordan	The Work Number
• Discrepancies/Comments:	We were unable to confirm this information. Perot Systems was originally sold to Dell, Inc. in 2009, and in 2016 NTT DATA acquired that division of Dell, Inc., so no employment records are available.	

EDUCATION		
	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 California	University of 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:	Records show previous enrollment at University of California – Santa Cruz from 09/1980.	

<b>PROFESSIONAL LICENSE</b>		
	Subject's Data:	Verified Data:
• 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:		
• Discrepancies/Comments:	No professional license provided.	

<b>PROFESSIONAL ASSOCIATION</b>		
	Subject's Data:	Verified Data:
• Name on Record:	John Toby Rodgers	John Toby Rodgers
• Organization's Name:	Project Management Institute	Project Management 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	-----
• Verifier's name and title:	Not provided	Elena, CSR
• Discrepancies/Comments:	None found	

<b>BANKRUPTCY</b>
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

## CRIMINAL

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

• Name(s) Searched:	John Toby Rodgers, John T Rodgers, John Rodgers
• 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 past 10 years provided negative results.

• Name(s) Searched:	John Toby Rodgers, John T Rodgers, John Rodgers
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• 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.

<b>UCC</b>	
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:	
• Filing Number:	
• Date:	
• Secured Parties:	
• Debtor:	
• Status:	
• Status Date:	
• Discrepancies / Comments:	A search through TLO.com was performed. No records were found.

<b>LIEN AND JUDGMENT</b>	
The lien and judgment record searches for the past 10 years provided the following results.	
• Name(s) Searched:	John Toby Rodgers, John T Rodgers, John Rodgers
• 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**