# Applicant Company Name : The Dentists Insurance Company NAIC No. 40975 FEIN: <u>94-2698799</u>

**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).

# The Dentists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

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.

<u>1.</u>	Affiant's	Full	Name	(Initials	Not	Acceptable):
First:	JOHN	Middle:	Κŧ	VIN Last:	HAC	<u> </u>

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: DENTIST, RETIRED

 <u>4.</u>
 Affiant's business address: 547 Horrs DR.

 LODI, CA. 95240

 Business telephone: (201) 747-3677

 Business telephone: (201) 747-3677

 Business telephone: (201) 747-3677

# 5. Education and training:

College/University City/State Dates Attended (MM/YY) Degree Obtained MOUNT SAN ANTONIO COLLEGE, WALNUT, CA. 09/68 & 6-70 UNIVERSITY OF CAL/FORMIA, TRVINE, CA. 9-70 & 6-72, B.S. BIOLOGRAL SCIENCES.

Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained UNIVERSTITY OF THE PACIFIC, STOCKTON, CA. 1-73 to 5:26 MS. BUCOSICAL SCIENCES

UNIVERSITY OF THE PACIFIC, SCHOOL OF DENTRSTRY, 7-77 & 6-80 D.Q.S. DEGREE Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

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

Revised 8/18/14				
O2016 National Association of Insurance Commissioners	9	FORM 11		(
Applicant Company Name : <u>THE</u>	-	DENTISTS	INSURANCE COMPANY	X.
NAIC No. 40975				

# FEIN: 94-2698799

6. List of memberships in professional societies and associations:

Name of Society/Associatio	n Contact N	amelSocie	Address o ty/Associ	ationlot	Telephone Number Society/Association
SAN JONGON DENTAL SOCIETY	COLLEEN LEE f	7849 N EPSHING	AUE	(209)	951-1318
ASSOCIATION	DUDOIS	ALDANEN ALDANEN	7. (	80%	232-7645
american' DENTAL ASSN.	I G	LI E.A. HICAGO,	TL,	312) e	440-2550

7. Present or proposed position with the Applicant Company:

TRUSTEE

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<br/>Dates (MM/YY): - Employer's Name:<br/> $5-2007 \pm 12-2014$ Employer's Name:<br/>KAPLAN HIGHER EDUCATION FOUNDATE<br/>Address: City: State/Province:<br/><math>MARCH LANE, 5 TOCKTON, CALCountry: USA Postal Code: Phone: Offices/Positions<br/>Held:DENTAL ADVISORType of Business:DENTAL ASSISTING PROGRAM<br/>Supervisor/Contact:DENTAL ASSISTING PROGRAM<br/>BUSINESS

Beginning/Ending

Dates (MM/YY): - Employer's Name: 01/2014 to present CALIFORNIA DENTAL ASSN. Address: City: State/Province: 1201 K. STREET SMCRAMENTO, CA Country: (/SA Postal Code: Phone: Offices/Positions 800-232-7645 Held: TRUSTEE Type of Business: <u>DEMTRL</u> ASSOCIATION Supervisor/Contact: PETER DUBOLS **Beginning/Ending** Dates (MM/YY): -**Employer's Name:** 05/1982 to 10/2014 SELF Address: City: State/Province: 3133 W. MARCH LN, MOSO, STOCKTON, CA 95219 Country: USA Postal Code: Phone: Offices/Positions RETIRED. Held: SOLE PROPRIETOR Type of Business: <u>DENTAL PRACTICE</u> Supervisor/Contact: Secret Beginning/Ending Dates (MM/YY): - Employer's Name: State/Province: Address: City: Postal Code: Phone: Offices/Positions Country: Held: Type of Business: Supervisor/Contact:

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

Yes 🗙

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: Address: 2005 EVERGREEN ST, STE./SSO STATE OF CALIFORNIA, DEPT. OF CONSUMER AFFAIRS SACRAMENTO, CA. 958/S City: State/Province: Country: Postal Code: 958/S SACRAMENTO, CA. USA License Type: License #: Date Issued (MM/YY): DENTAL 27054 07/14/80 Date Expired (MM/YY): Reason for Termination: ACTIVE. Non-Insurance Regulatory Phone Number (if known): (916) 263-2300 (

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. <u>Been refused an occupational, professional, or vocational</u> license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? ()

# Yes X

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 Dic

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

### Yes Xo

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

### Yes 😿

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 🗙

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

### Yes Xo

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 K

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

Yes Xo

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.

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

# NONE

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 X

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

### Yes Xo

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

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

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.

al Code

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Dates provided in response to this question may be Note: 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 5 day of 7727, 20/6 at 2001, 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)  $\int_{at} \int \int \partial A O N S$ State of: CA County of: SAN  $\overline{J} \overline{\partial} A O N N$ 

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

A notary public or other officer completing this certificate verifies document to which this certificate is attached, and not the truthfu	
State of California County of <u>San Joaquin</u>	s.s.
Subscribed and sworn to (or affirmed) before me on	this day of
20 16, by John Hall Name of Sky	ner (1) and
Name of Signer (2)	, proved to me on the basis of
satisfactory evidence to be the person(s) who appea	ared before me.
Starsourie of Notary Public	MICOLO BRUSA COMM. # 2143143 NOTARY PUBLIC-CALIFORNIA II SAN JOAQUIN CQUNTY Commission Expires FEBRUARY 19, 2020 J
For other required information (Notary Name, Commission No. etc.) OPTIONAL INFORM	Seal
Although the information in this section is not required by law, it cou this jurat to an unauthorized cocurnent and may prove useful to per	ld prevent fraudulent removal and reattachment of
Description of Attached Document The certificate is attached to a document titled/for the purpose of	Additioned information
Purchase of Pusuance companies	Proved to me on the basis of sailsfactory evidence:
	Notarial event is detailed in notary journal on: Page # <u>9</u> Entry # <u>5</u> Notary contact: <u>//t20/o (209)/366-1111</u>
containing 1 pages, and dated <u>07/65/2016</u>	Other  Afflant(s) Thumbprint(s)  Describe:

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#### 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).

> The Dentists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: KEVIN Last: HALL 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 Ko

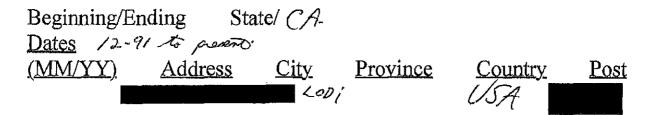
If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

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

<u>Name</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:  $\mathcal{N}/\mathcal{A}$
- 5. Foreign Student ID# (if applicable) :
- 6. Date of Birth: (MM/DD/YY) : Place of Birth, City: State/Province: Country: ERIE, PA=PENNSYLVANIA (JSA
- 7. Name of Affiant's Spouse (if applicable) :  $\mathcal{N}/\mathcal{R}$

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



If an affiant has any doubt about the accuracy of an Note: answer, the question should be answered in the positive and an explanation provided.

Dated and signed this  $\frac{5}{\text{day of } 5772}$   $\frac{16}{20}$  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)

State of A County of: San Jospin

The foregoing instrument was acknowledged before me this \_\_\_\_\_day 

who produced the following identification:  $\Box$ 

[SEAL] Notary Public

Printed Notary Name

My Commission Expires

A notary public or other officer completing this certificate verifies	
document to which this certificate is attached, and not the truthful	ulness, accuracy, or validity of that document.
State of California	
County of San Jeagwin	art 5.5.
	,θ
Subscribed and sworn to (or affirmed) before me or	this 5 <sup>th</sup> day of July
0 1/ , by John Hall	and
Name of Si	
	, proved to me on the basis of
Name of Signer (2)	
atisfactory evidence to be the person(s) who appe	ared before me.
NEL. B.	Andreas Andreas Andreas Andreas Andreas Andreas Andreas
Superture of Notary Public	COMM. # 2143143 ≤ NOTARY PUBLIC-CALIFORNIA IJ
2	SAN JOAQUIN COUNTY P y Commission Expires FEBRUARY 19, 2020
or other required information (Notary Name, Commission No. etc.)	Brachenthurchenthenthenthenthenthenthenthenthenthent
OPTIONAL INFORM	
Whough the information in this section is not required by law, it cou his jurat to an unauthorized document and may prove useful to pa	
escription of Attached Document	Additional Information Method of Affiant Identification
he certificate is attached to a document titled/for the purpose of	
	Proved to me on the basis of satisfactory evidence:
(we chose of this wance composites	
(inclusse Or Mis wronce. Composities	Notarial event is detailed in notary lournal on:
(UTCHOSE OF MIS WRONCE. Compositions	Notarial event is detailed in notary journal on:
(urchase Or Jus wronce Componies	Page # Entry # _ /
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### My Commission Expires

#### 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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# 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.

(Printed Full Name and Residence Address) JOHN KEVIN FLAC , LODI. CA.

	(Signature) (Date) 7-5.204	
State	e of: $\underline{A}$ . County of: $\underline{SAN} \overline{JoA} \overline{QUI}$	r
The day	foregoing instrument was acknowledged before me this, 20, and:	by
	who is personally known to me, or who produced the following identification:	
	[SEAL] Notary Public	
	Printed Notary Name	
	My Commission Expires	

Revised 8/18/14

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A notary public or other officer completing this certificate verifies	only the identity of the Individual who slaned the
document to which this certificate is attached, and not the truthfu	
State of California County of <u>Son Doocuin</u>	S.S.
Subscribed and sworn to (or affirmed) before me on	this $5^{\pm}$ day of $July_{Month}$
20 16 by John Hall	and
Name of Sig	
	, proved to me on the basis of
Nome of Signer (2)	
satisfactory evidence to be the person(s) who appea	ared before me
satisfactory evidence to be the person(s) who appea	
Malto Stanialure of Notary Public My C	NICOLO BRUSA COMM. # 2143143 NOTARY PUBLIC-CALIFORNIA III SAN JOAQUIN COUNTY Commission Expires FEBRUARY 19, 2020 7
For other required Information (Netary Name, Commission No. etc.)	Seal
OPTIONAL INFORM Although the information in this section is not required by law, it cou this jurat to an unauthorized document and may prove useful to per	ld prevent fraudulent removal and reattachment of
Description of Attached Document	Auditional information
The certificate is attached to a document titled/for the purpose of	Method of Afflant Identification
Purchase of Insurance Companies	Proved to me on the basis of satisfactory evidence: $(\textcircled{O} \text{ form}(s) \text{ of Identification } \bigcirc \text{ credible witness(es)}$
	Notarial event is detailed in notary journal on:
	Page # 9 Entry # 6
	Notary contact: <u>//icolo (209) 3/1-11/1</u>
containing pages, and dated 07/05/20/4	Olher
containing pages, and dated <u>07/05/20/6</u>	Olher  Affiant(s) Thumbprint(s) Describe:
containing pages, and dated <u>07/05/20/6</u>	

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<sup>1</sup> 

Applicant Company Name ; The Dentists Insurance Company

NATC No. 40975 FEIN: 94-2698799

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#### **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).

#### The Dentlists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

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.

<b>1</b> .	Affiant's Full Name (	Initials Not Accer	ptable); First:	nneth Middle:	THOMAS	Last: HARR 15 ON

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

Yes No

b. Are you a citizen of any other country?

Yes		No	$\mathbf{X}$
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- 3. Affiant's occupation or profession: Orthodontist
- 4. Affiant's business address: 26369 Francisco LN LOMA LINDA CA 923.54

Business telephone: 909 953 2196 Business Email: Kthddsws@gmail-com

5. Education and training:

1

College/University	City/State		Dates Attended (	MM/YY)	Degree Obtained
Lonna Lindon Un	worsity Rivers	ide CA	Sept	169-06/72	None
Graduate Studies Comp Lind Dia Unive	College/University xity-School of D	<u>City/State</u> Kentistry Len	Dates Attended ( MALINDA CA	MM/YY) 07/72-06/-	Degree Obtained 75 DDS

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 :			а <mark>на и се са се </mark>	NAIC No FEIN:		
б.	List of members	ships in professional soci	eties and associa	tions:		(
	<u>Name of</u> Society∕∆ssocia	tion <u>Contact</u>	Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association	
	ADA	Kathleeu	TO Lour	Thlin 211 East Chi	Cago Ave Chicago 11 3124402900	6061
	CDA Ve	Her Dubois	1201 KS1	Jacramento CA 95	814 916443050	5
	Tri-Country De	ata Society 16	in Fields	3993 Jurapa A	104 Riverside Ct 1 9517879780	192526
7.	Present or prope	sed position with the Ap	plicant Compan	r: Board of Thus	43.1-1874700 tees	-
8.	including prese officerships). Pl	nt jobs, positions, partner ease list the most recent	ships, owner of first. Attach add	an entity, administrator, ma	isated or otherwise (up to an nager, operator, directorates ovided is insufficient. It is on (10) years.	Or
Begin Dates	ning/Ending (MM/YY): (X6 )(	<u> 99 - Present</u> Emplo	yer's Name: S	mile Brands, IN	:	-
Addre	ess: 1285 Ala	bauna St City:	Redland	State/Provin	ce: <u>CA</u>	-
					Held: Orthodowhist	
Туре	of Business: der	MAL	Superviso	r/Contact: Sarah Ibarr	a/951 233 9186	- 63
				of KennethTHan	•	
Addre	ss: 12900 Perry	5 Blud Ste 20 City	Morena	Valley State/Provinc	ce: <u>CA</u>	224.4
Count	ry: USA	Postal Code: 9255	3 Phone: N	A Offices/Positions	Held: Owner/orthodo	mitist
Туре	of Business: Or 1	nodoutics	Superviso	r/Contact: Self	•	-
Begin Dates	ning/Ending (MM/YY):	Emplo	yer's Name:			<u>    .                                </u>
Addre	35;	City:		State/Provinc	ë:	_
Count	ry:	Postal Code:	Phone:	Offices/Positions	Held:	<del>.</del> .
Туре	of Business:	<u></u>	Superviso	r/Contact:		**
Begin: Dates	ning/Ending (MM/YY);	Emplo	yer's Name:	u		_
Addre		City:		State/Provinc	e:	<del></del> ;
Count	ly:	_ Postal Code:	Phone:	Offices/Positions	Held:	-
Туре с	of Business:	ang ng mga ng	Superviso	r/Contact:		
						(* 7
©2016	National Association	of Insurance Commissione	ers 2		Revised 8/18/1 FORM 1	

9.		npany Name : The Dentists Insurance Com		IAIC No. EIN:	94-2698799
	а.	Have you ever been in a position which			21-2050755
		Yes No			
		If any claims were made on the bond, g	ive details:		
	b.	Have you ever been denied an individ revoked?	lual or position schedul	e fidelity	bond, or had a bond canceled c
		Yes No			
		If yes, give details:	<u></u>		
	the li numb are r repre	e past. For any non-insurance regulatory iss censing authority or regulatory body havin per is your Social Security Number (SSN) of easonably identifiable as your SSN, then v sented by your SSN. (For example, "SSN s if the space provided is insufficient.	g jurisdiction over the li or embeds your SSN or a write SSN for that portic	cense (s) any seque on of the	issued. If your professional licens nee of more than five numbers the professional license number that
Organ	nization/	Issuer of License: Dental Board of	CA Address: 2005	Evara	reen St Ste 1550
Cityr	Sace	currento State/Province: CA	Country 125	A	Parial Code: 95815
		Dental License #: 25;			4
- 4	na Tuma	L VOINTELL License # 0-7.			
Date I	Expired	(MM/YY): 08/17 Reason for	Termination: MUST	rene	vevery two years
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Date I Non-I Organ City: Licen Date I Non-I 11.	Expired Insuranc nization/ use Type Expired Insuranc In re the r a. b.	(MM/YY):       OS/17       Reason for         e Regulatory Phone Number (if known):	Termination: <u>NULST</u> <u>877 729 778</u> <u>Address:</u> <u>Country:</u> <u>Date Tas</u> Termination: <u>Seen sealed or expunge</u> ay respond "no" to the quional, or vocational licesental licensing agency? Tryocational license or p	verves 29 ued (MM ed, and th juestion. ) nse or pe	<u>Nevery face years</u> Postal Code: /VY): e affiant has personally verified the Have you ever: rmit by any regulatory authority, of

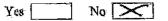
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Applicant Company Name : NAIC No FEIN:	
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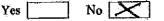
c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes	 No	$[\mathbf{X}]$

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



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



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

No 🔀 Yes

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	$\geq$
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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,

Applicant Company Name : The Dentists Insurance Company NAIC No. 40975 94-2698799 FEIN holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. 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 X If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in any way, give details. Have you ever been adjudged a bankrupt? 14. Yes No If ves, 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? Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-8. licensing agency? Yes No X Ь. 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?

No [] Yes

Applicant Company Name :	17145 MA. T.						
	FEIN:						
affiant should also include any events within twelve	the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), fiant 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 accuand an explanation provided.	uracy of an answer, the question should be answered in the positive						
Dated and signed this <u>18</u> <sup>th</sup> day of <u>the line</u> under penalty of perjury that I am acting on my own behal of my knowledge and belief. <u>(Signature of Affiant)</u>	20 16 at <u>Pedlands CA</u> . I hereby certify If and that the foregoing statements are true and correct to the best						
State of: County of: The foregoing instrument was acknowledged before me thi	- Martin Control of Co						
and:	s day of 20 by,						
who is personally known to me, or							
who produced the following identification:							
[SEAL]	Notary Public						
	Printed Notary Name						
	My Commission Expires						
	See attached						
	notarial certificate R.A. 6-18-16						

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Revised 8/18/14 FORM 11

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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 Bernardino on June 18th, 2016\_\_\_\_\_\_ before me, RakSana Awayam Votary Public (insert name and title of the officer) personally appeared Harrisom Kenneth Thomas 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(les), 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. RAKSANA AVVAZYAN Commission # 2121649 Notary Public - California San Bernerdino County Comm. Explore Auf 81, 2015 Signature (Seal)

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975 FEIN: 94-2698799

### 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).

The Dentists Insurance Company 1201 K Street, 17th Floor Sacramento, CA 95814 (800)733-0634

I. Affiant's Full Name (Initials Not Acceptable): First Kenneth Middle: Thomas Last: HAR 2150 N 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	$\mathbf{\lambda}$	No	
		110	المستعرب والمساوية

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

Beginning/Ending Date(s) Used (MM/YY)		<u>Name(s)</u> Specify: Pirst, Middle or Lust Name		Reason (If none,		
	20-present	<u>Speciny: Pirst, Middle</u> <u>Eirst- Ke</u>	or Lasse Name	NICKNOWE	for personal	friends
¥					<u></u>	-
						-
·						<b>.</b>
Note:	Dates provided in respo be an overlap of dates w	nse to this question may	y be approxima	ite. Parties using this form un tother.		-
3.	Affiant's Social Security	y Number:				-
4.	Government Identificati	on-Number if not a U.S	6. Citizen:			<b>.</b> .
5.	Foreign Student ID# (if	applicable) :		A 1		-
6.	Date of Birth: (MM/DD State/Province:		Place of Birt Country:	h, city: <u>Auburn</u>	a, m. v	•
7.	Name of Afliant's Spou	se (if applicable)				
8.	List your residences for	the last ten (10) years s	tarting with yo	ur current address, giving:		
@2016]	National Association of Insur	ance Commissioners	7		Revised 8/18/1 FORM 1	

Applicant Company N	ame :		N FI	AIC No 31N:	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
14/16-present			MALINDA CA		
12/84-03/16	<u> </u>	Red	llands CA	USA	
understand the Dated and signed this certify under penalty of the best of my knowled GUDDE	at there could be an Start day of <u>Ju</u> of perjury that I am ignature of Affiant)	overlap of dates	when transitioning from 0 (6) at Radlow In behalf and that the f	or current address. Parti n one address to another uds <u>CA</u> bregoing statements are	<b>r</b> .
The foregoing instrum and: who is personally who produced the	ent was acknowledg	ed before me this		, 20 by	
[SEAL]			-	Printed Nota My Commissi	ry Name
Se notar			e attached al certificate	R. A. 6-1	•

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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 Sam Bernarolino, UNC 18th 1 2016° before me, RAKSOMA HYVAXYAN NO7 (insert name and title of the officer) On N Kenneth, Thomas Harrison personally appeared who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/aresubscribed 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. RAKSANA AVVAZYAN Commission # 2121649 Notary Public - California San Bernardino County Comm. Expires Jul 31, 2019 Signature & (Seal)

#### NAIC No. 40975 94-2698799 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16th Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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.

Kenneth Thomas HARRISON	LOMALINDO CA
(Printed Full Name and Residence Address)	6-18-16
(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
See attached notarial certificate (8.) 6-18-16	My Commission Expires
©2016 National Association of Insurance Commissioners 9	Revised 8/18/14 FORM 11

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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 San Bernardino une 18th 2016 before me, Raksana Hyvaxyan Volary Public (insert name and title of the officed) personally appeared Harrison Kenneth, Thomas who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/aresubscribed 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. RAKSANA AYVAZYAN WITNESS my hand and official seal. Commission # 2121649 Notary Public - California San Bernardino County Comm. Exerves Jul 31, 201 Signature 6 (Seal)

NAIC No. 40975 94-2698799 FEIN

#### DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California) This Disclosure and Authorization is provided to you in connection with a pending application of The Dentists Insurance Company feompany name[("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 ("Afflant") 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 Owens Online, Inc., 3802 Ehrlich Road, Suite 307, Tampa Florida 33624 [name of CRA, address]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, Sacramento, CA 95814 (800)733-0634 [company's designated person, position, or department, address and phone].

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 0 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 Anthorization shall be valid and have the same force and effect as the signed original.

Keningeth Thomas I terrison (Really (Abra (Jenne) (Signature) State of Collifecture The foregoing instrument was acknowledged before me this 23 day of Joly 7 who is personally known in me, or	LOWA LINDA CA 7-23-16 (Date) Why Kennoth Thomas Hamison
who is personally known in me, or who produced the following identification: (I)	
(SEAL) (SEAL) MATTHEW DALE Commission # 2082878 Noisry Public - Dalifornia San Barnardino County	Hu Hu Nelary Public Printed Fiotary Name My Commission Expires
692016 National Association of Insurance Commissioners	Revised 8/18/14 FORM 11

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NAIC No. 40975 FEIN: 94-2698799

## **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).

## <u>The Dentists Insurance Company</u> <u>1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814</u> (800)733-0634

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: Irene Middle: Veronica Last: Hilton

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

Yes X No

b. Are you a citizen of any other country?

Yes No X

If yes, what country?

3. Affiant's occupation or profession: Public health dentist

4. Affiant's business address: 1525 Silver Avenue, San Francisco, CA. 94134

	Business	telephone:	415-657-	1708
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5. Education and training;

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College/University	City/State		Dates Attended (M	<u>M/YY)</u>	Degree Obtained
University of California, Berkeley, CA		1976-80			<u>N/A</u>
Graduate Studies	College/University	City/State	Dates Attended (M	<u>M/YY)</u>	Degree Obtained
University of California, San Francisco, CA			1980-198	4	DDS, BS
Other Training: Name	City/State	Dates Attended	I ( <u>MM/YY</u> )	Degree/Ce	rtification Obtained
University of California, University of California,		1992-1993 1999-2000		MI De	PH ntal Public Health

Business Email: irene.hilton@sfdph.org

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.

Appli	cant Company Name :	NAIC No FEIN:	۹ 
6.	List of memberships in professional societies and associations:		
	Name of	Address of	Telephone Number

	Society/Association	Contact Name	Society/Association	of Society/Association
	American College of		839 Quince Orchard Blvd	
	Dentists		Ste J, Gaithersburg, MD	
		Stephen A. Ralls	20878	(301) 977-3223
	California Dental		1201 K St, Sacramento, CA	
	Association	Peter DuBois	95814	(800) 232-7645
	American Association			
	of Public Health	Julie Frantsve-Hawley,	3085 Stevenson Drive, Suite	
	Dentistry	RDH, PhD	200   Springfield, IL 62703	(217) 529-6941
8.	including present jobs, pe officerships). Please list t	ositions, partnerships, owner on the most recent first. Attach a	(20) years, whether compens of an entity, administrator, man Iditional pages if the space pro- y information for the past ten (1)	ager, operator, directorates or vided is insufficient. It is only
	ing/Ending (MM/YY): <u>03/1989 - prese</u> i	<u>nt</u> Employer's Name: <u>San Fra</u>	ncisco Department of Public He	alth
Addres	s: 1525 Silver Avenue	City: San Francisco	5 State/Province	»: <u>CA</u>
Country	y: USA Postal	Code: <u>94134</u> Phone: <u>41</u>	5-657-1708 Offices/Positions I	leld: <u>Dentist</u>
Type of	f Business: <u>County Health 1</u>	Department	Supervisor/Contact: Steven	Ambrose, DDS

Beginning/Ending

Dates (MM/YY): 03/2011 - present \_\_\_\_\_ Employer's Name: National Network for Oral Health Access

Address: 181 E 56th Avenue, Suite 501 City: Denver State/Province: CO

Country: USA \_\_\_\_\_ Postal Code: 80216 \_\_\_\_ Phone: 303-957-0635 Offices/Positions Held: Dental Consultant

Type of Business: Non-profit Supervisor/Contact: Phillip Thompson

Beginning/Ending Dates (MM/YY): 02/1985 - 2010 Employer's Name: La Clínica de la Raza

Address: P.O. Box 22210	_City: <u>Oakland</u>	State/Province: CA

Country: USA \_\_\_\_\_ Postal Code: 94623 \_\_\_\_ Phone: 510-535-4000 Offices/Positions Held: Dentist

Type of Business: Community Health Center	Supervisor/Contact: Ariane Terlet. DDS
Beginning/Ending	
Dates (MM/YY): Employer's Na	me:

Address:	City:		State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held:	

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

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Yes       No       X         If any claims were made on the bond, give details:	Appl	icant Co	ompany Name : The Dentists In	surance Company	NAIC No. 40975 FEIN: 94-2698799
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         Ves       No         If yes, give details:	9.	a.	Have you ever been in a position w	hich required a fidelity b	ond?
b.       Have you ever been denied an individual or position schedule fidelity bond; or had a bond canceled or rovoked?         Yes       No X         If yes, give details:			Yes No X		
b,       Have you ever been denied an individual or position schedule fidelity bond; or had a bond canceled or revoked?         Yes       No         Yes       No         If yes, give details:					
If yes, give details:		b,	Have you ever been denied an in		dule fidelity bond; or had a bond canceled or
10.       List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory suthority or licensing authority that you presently hold on thave held in the pat. For any non-insurance regulatory issue, 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 '', ''12-SSN' 34S'' or ''1234-SSN'' (last 6 digits)). Attach additional pages if the space provided is insufficient.			Yes No X		
<ul> <li>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 prosently 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. (Por example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.</li> <li>Organization/Issuer of License: Dental Board of California</li></ul>					
City: Sacramento       State/Province: CA       Country: USA       Postal Code: 95815         License Type: Dentist       License #: 32720       Date Issued (MM/YY): 08/1984         Date Expired (MM/YY): 03/2017       Reason for Termination:         Non-Insurance Regulatory Phone Number (if known): (916) 263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:         Postal Code:       License Type:         License Type:       License #:       Date Issued (MM/YY):         Date Expired (MM/YY):	10.	or gov in the the lid numb are re repres	vernmental licensing agency or regula past. For any non-insurance regulator censing authority or regulatory body h er is your Social Security Number (Sl easonably identifiable as your SSN, th sented by your SSN. (For example, ' if the space provided is insufficient.	tory authority or licensin y issuer, identify and pro laving jurisdiction over th SN) or embeds your SSN ien write SSN for that po 'SSN", "12-SSN-345" or	g authority that you presently hold or have held vide the name, address and telephone number of he license (s) issued. If your professional license or any sequence of more than five numbers that ortion of the professional license number that is "1234-SSN" (last 6 digits)). Attach additional
License Type: Dentist       License #: 32720       Date Issued (MM/YY): 08/1984         Date Expired (MM/YY): 03/2017       Reason for Termination:         Non-Insurance Regulatory Phone Number (if known): (916) 263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:         Postal Code:	Orga	nization/I			
Date Expired (MM/YY): 03/2017       Reason for Termination:         Non-Insurance Regulatory Phone Number (if known): (916) 263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:         Postal Code:	City:	Sacrame	ntoState/Province: <u>CA</u>	Country: USA	Postal Code: 95815
Non-Insurance Regulatory Phone Number (if known): (916) 263-2300         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):       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         X       Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?	Licen	ise Туре:	Dentist License #: 3272	2 <u>0</u> Date	Issued (MM/YY): 08/1984
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):	Date	Expired (	(MM/YY): 03/2017 Reason	n for Termination:	
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):	Non-	Insurance	e Regulatory Phone Number (if know	n): <u>(916) 263-2300</u>	
License Type:       License #:       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:         Non-Insurance Regulatory Phone Number (if known):	Orga	nization/l	Issuer of License:	Address:	
License Type:       License #:       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:         Non-Insurance Regulatory Phone Number (if known):	City:	<u>.</u>	State/Province:	Country:	Postal Code:
<ul> <li>Non-Insurance Regulatory Phone Number (if known):</li> <li>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:</li> <li>a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?</li> <li>Yes No X</li> <li>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?</li> </ul>	Licer	ise Type:	License #:	Date	Issued (MM/YY):
<ul> <li>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:</li> <li>a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?</li> <li>Yes No</li> <li>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?</li> </ul>	Date	Expired	(MM/YY): Reaso	n for Termination:	
<ul> <li>the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:</li> <li>a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?</li> <li>Yes No</li> <li>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?</li> </ul>	Non-	Insurance	e Regulatory Phone Number (if know	ı):	
<ul> <li>any public administrative, or governmental licensing agency?</li> <li>Yes No</li> <li>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?</li> </ul>	11.	In res the re	sponding to the following, if the recor ecord was sealed or expunged, an affi	d has been sealed or expo int may respond "no" to t	inged, and the affiant has personally verified that he question. Have you ever:
<ul> <li>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?</li> <li>Revised 8/18/14</li> </ul>		a.			
any judicial, administrative, regulatory, or disciplinary action? Revised 8/18/14			Yes No X		
		b.			
	©201	16 Nationa	A Association of Insurance Commissioner	s 3	Revised 8/18/14 FORM 11

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

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## NAIC No. 40975 FEIN: 94-2698799

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.

N/A	
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	X	

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

<u>N/A\_\_\_\_\_</u>

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	X	
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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 governmentallicensing agency?

Yes No X

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	X	

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?

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Applicant Company Name :	NAIC No.
	FEIN:
	ate and give details. When responding to questions (b) and (c),
	<ul> <li>12) months after his or her departure from the entity.</li> <li>y of an answer, the question should be answered in the positive</li> </ul>
and an explanation provided.	0 16 at <u>Som Francis</u> I hereby certify id that the foregoing statements are true and correct to the best
(Signature of Affiant) State of: $\underline{CAMDATKA}$ County of: $\underline{SATKA}$ The foregoing instrument was acknowledged before me this $\underline{R}$ and:	Milson () Hay of Julie , 20 16 by Jene Comma Hillon
<ul> <li>who is personally known to me, or</li> <li>who produced the following identification:</li> </ul>	San to
[SEAL]	Notary Public Chr. 16 II Zuntent Printed Notary Name Mary 7, 201 ay
	My Commission Expires

NAIC No. 40975 FEIN: 94-2698799

## **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).

## The Dentists Insurance Company 1201 K Street, 17th Floor Sacramento, CA 95814 (800)733-0634

1. Affiant's Full Name (Initials Not Acceptable): First: Irene Middle: Veronica Last: Hilton 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?

Van	No	
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If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

	ning/Ending	Name		Reason (If none, indicate such)
Date(s	<u>;) Used (MM/YY)</u>	Specify: First, Mi	<u>ddle or Last Name</u>	
		,		
		, <b></b> _, <b></b> , <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> _, <b></b> _, <b></b> _, <b></b> _, <b></b> _, <b></b> , <b></b> _, <b></b> _, <b></b> _, <b></b> _, <b></b> , <b></b> _, <b></b> _, <b></b> _, <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> , <b></b> _, <b></b> , <b></b> , <b></b> , <b></b> , <b></b> , <b></b> _, <b></b> , <b></b>	<b> </b>	
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· · ·		A		
Note:	be an overlap of dates v	when transitioning fro	om one name to another	
3,	Affiant's Social Securit	y Number:	·····	
<b>1</b> .	Government Identificat	ion Number if not a	U.S. Citizen:	
5.	Foreign Student ID# (if	applicable) :		
5.	Date of Birth: (MM/DE	D/YY):	Place of Birth, Cit	y: San Francisco
7.	Name of Affiant's Spo	use (if applicable) : N	1/A	
		., , –	······	
				Revised 8/18/

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FORM 11

Applicant Compa	any Name :		N F	IAIC No EIN:	<i>C</i>	
8. List your re	sidences for the last t	en (10) years starting	with your current a	ddress, giving:		
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code	
10/1985		San Francisco	CA	USA		
	-					
	<b></b>	να			1997-ya	
				or current address. Part n one address to anothe		
the best of my know	is <u>24</u> <sup>H</sup> day of y of perjury that I am ledge and belief. (Signature of Affiant	_	$p_{at} = \frac{\int p_{v} r}{\int p_{v} r}$	Francisco foregoing statements ar	. I hereby e true and correct to	
State of: CALIF	DALALIA, Cour	nty of: <u>SCM</u> F				
The foregoing instru	iment was acknowled	ged before me this A	24 day of	<i>11, 20<u>76</u> b</i>	y trine tinner	Ale Co
and:			*******	and the second		
	ly known to me, or					
If who produced t	he following identific	ation:			etar	
[SEAL]				Motom D	ublic $\mathcal{L}_{d_1}$ $\mathcal{L}_{hi0}$ ry Name $\mathcal{T}_2 \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O} \mathcal{O}$ on Expires	
	El (A. ) A. Artigon Antonio (A. Artigon Antonio (A. Artigon) Antonio (A. Artigon) Antonio (A. Artigon) Antonio (A. Artigon)			My Comthissi	on Expires	

Revised 8/18/14 FORM 11 (

## NAIC No. 40975

FEIN: 94-2698799

## 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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

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**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.

HiHON , DDS (Printed Full Name and Residence Address) ( remulsion County of: 5-20 State of: The foregoing instrument was acknowledged before me this  $\frac{5.4}{5.4}$  day of  $\frac{710.110}{5.000}$ Irane beening + liter , and: []; who is personally known to me, or who produced the following identification: 11 Notary, Public [SEAL] Printed Notary Name - 1 My Commission Expires Revised 8/18/14 9 ©2016 National Association of Insurance Commissioners FORM 11

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NAIC No. 40975 FEIN: 94-2698799

## **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).

### The Dentists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

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: Kenneth Middle: Moody Last: Jones, Jr.

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

Yes	XX	No	
Yes		No	

b. Are you a citizen of any other country?

If yes, what country?

3. Affiant's occupation or profession; Hospital Administration

- 4. Affiant's business address: 500 Parnassus Avenue, Box 0296, San Francisco, CA 94143 Business telephone: 415-353-2741 Business Email: ken.jones@ucsf.edu
- 5. Education and training:

College/University	City/State		Dates Attended (MM/	YY) Degree Obtained
Dartsmouth College	Hanove	er, NH	<u>9/66 6/70</u>	BA
Graduate Studies	College/University	City/State	Dates Attended (MM/	YY) Degree Obtained
<u>Stanford University</u>		Palo Alto, CA	9/70 - 6/72	MBA
Other Training: Name	City/State	Dates Attended	<u>(MM/YY)</u>	Degree/Certification Obtained

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.

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### NAIC No. 40975 FEIN: 94-2698797

6. List of memberships in professional societies and associations: Address of Telephone Number Name of of Society/Association Society/Association Contact Name Society/Association None 7. Present or proposed position with the Applicant Company: Board Member 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): 01/01 – Present Employer's Name: University of California-San Francisco Address: 500 Parnassus Avenue, Box 0296 City: San Francisco State/Province: CA Country: United States Postal Code: 94143 Phone: 415-353-2741 Offices/Positions Held: CFO, COO, SVP Type of Business: Hospital Supervisor/Contact: Mark Laret Beginning/Ending Dates (MM/YY): 01/94 - 12/01 Employer's Name: Cain Brothers, LLC Address: 601 California Street, Suite 1505 State/Province: CA City: San Francisco Country: United States Postal Code: 94108 Phone: 415-982-6536 **Offices/Positions Held: Vice President** Type of Business: Investment Bank Supervisor/Contact: James Moloney Beginning/Ending Dates (MM/YY): 1986 - 1993 **Employer's Name:** Summit Hospital Address: 350 Hawthorne Avenue City: Oakland State/Province: CA Country: United States Postal Code: 94609 Phone: 510-655-4000 Offices/Positions Held: CFO, CEO Type of Business: Hospital Supervisor/Contact: Human Resources Beginning/Ending Dates (MM/YY): \_\_\_\_\_\_ Employer's Name; \_\_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_Offices/Positions Held: \_\_\_\_\_ Type of Business: \_\_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_ Revised 8/18/14

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FORM 11

9.	a,		Dentists Insurance Comp	FEI	IC No. 40975 IN: 94-2698799
		Yes	No XX	· · · · · · · · · · · · · · · · · · ·	
		If any claims v	5 <u></u>	ve details:	
	b.	Have you eve revoked?	r been denied an individu	ual or position schedule	fidelity bond, or had a bond canceled or
		Yes	No XX		
		If yes, give de	tails:		
10.	or go in the the lid numb are re repres pages CPA	vernmental licensi past. For any non censing authority er is your Social S asonably identifia sented by your SS	ing agency or regulatory a i-insurance regulatory issu or regulatory body having Security Number (SSN) of able as your SSN, then wi SN. (For example, "SSN" ided is insufficient.	nuthority or licensing auth ler, identify and provide th gurisdiction over the lice r embeds your SSN or any rite SSN for that portion	uses to sell securities) issued by any public ority that you presently hold or have held ne name, address and telephone number of nse (s) issued. If your professional license v sequence of more than five numbers that of the professional license number that is 4-SSN" (last 6 digits)). Attach additional
Organ	nization.	/Issuer of License	e: CA Board of Accounts	Address: 2135 But	ano Drive
- City:	Sacrame	nto	State/Province: CA	Country: Unite	ed States Postal Code: 95825
Licen	se Type	: CPA	License #: 245301	E Date Issu	ed (MM/YY): 04/77
		: CPA ( <b>MM/YY):</b> 05/8		E Date Issu ermination: Discontinue	
Date	Expired	(MM/YY): 05/8	8 Reason for T	ermination: Discontinue	
Date I Non-I	Expired nsurance	(MM/YY): 05/8 Regulatory Phon	8 Reason for T ne Number (if known):	ermination: Discontinue	d CPE
Date I Non-I Orgai	Expired nsurance nization	(MM/YY): 05/8 Regulatory Phon /Issuer of License	8 Reason for The Number (if known): e: NY Stock Exchange	ermination: Discontinue	d CPE
Date I Non-I Organ City:	Expired nsurance nization	(MM/YY): 05/8 e Regulatory Phon /Issuer of License State	8 Reason for The Number (if known): e: NY Stock Exchange	ermination: Discontinue Address: Country:	d CPEPostal Code:
Date I Non-I Orgai City: Licen	Expired nsurance nization se Type	(MM/YY): 05/8 e Regulatory Phon /Issuer of License State	8 Reason for Trans Reas	ermination: Discontinue Address: Country:	d CPE Postal Code: ed (MM/YY): 12/94
Date ] Non-I Orgai City: Licen Date ]	Expired nsurance nization se Type Expired	(MM/YY): 05/8 Regulatory Phon /Issuer of License State : HL7 Lie (MM/YY): 2000	8 Reason for Transformer Number (if known):	ermination: Discontinued Address: Country: Date Issue mination: Left Investme	d CPE Postal Code: ed (MM/YY): 12/94
Date ] Non-I Orgai City: Licen Date ]	Expired nsurance nization se Type Expired Insurance In res	(MM/YY): 05/8 e Regulatory Phon /Issuer of License State : HL7 Lie (MM/YY): 2000 e Regulatory Phor sponding to the fo	8 Reason for T ne Number (if known): e: NY Stock Exchange e/Province: cense #; Reason for Ter ne Number (if known):	ermination: Discontinue Address: Country: Date Issue mination: Left Investme been sealed or expunged,	d CPE Postal Code: ed (MM/YY): 12/94 nt Bank and the affiant has personally verified that
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NAIC No. 40975 FEIN: 94-2698797

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 XX

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

Yes No XX

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

Yes No XX
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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	XX	

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?

No XX Yes

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

No XX Yes

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?

No XX Yes

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

Yes No XX

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,

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NAIC No. 40975 FEIN: 94-2698799

holds with the power	er to vote, or holds	proxies representing,	ten percent (10%) o	or more of the v	oting securities of any
other person. NON			_		

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 XX

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?

No XX Yes

If yes, provide details:

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

Yes No XX

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 XX

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	XX	
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NAIC No. 40975 FEIN: 94-2698797

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.

If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive Note: and an explanation provided. Dated and signed this  $\underline{\left( \begin{array}{c} 1 \\ 1 \end{array}\right)}$  day of  $\underline{\left( \begin{array}{c} 1 \\ 1 \end{array}\right)}$   $\underline{\left( \begin{array}{c} 1 \end{array}\right)}$   $\underline{\left( \begin{array}{c} 1 \\ 1 \end{array}\right)}$   $\underline{\left( \begin{array}{c} 1 \end{array}\right)}$   $\underline{\left( \begin{array}{c} 1 \\ 1 \end{array}\right)}$   $\underline{\left( \begin{array}{c} 1 \end{array}\right)}$   $\underline{\left( \begin{array}$ of my knowledge and Belief, Notary's Acknowledgement is attached. (Signature of Affiant) County of: \_\_\_\_\_ State 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] Printed Notary My Commission Expire

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 San Francisc	)		
On July 11, 2016 befor	e me, <u>PRITI</u> INSERT <u>NAME, TITLE</u>	PARIKHL L	watary public
personally appeared, Kenn	neth M	oody, JR	

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/ave 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.

PRITI PARIKH

COMM. # 2113091 3 NOTARY PUBLIC - CALIFORNIA D SAN FRANCISCO COUNTY O OVM. EXCEPTS MAY 24, 2019 -

WITNESS my hand and official seal.

(SEAL)

NOTARY PUBLIC SIGNATURE

# OPTIONAL INFORMATION

DOCUMENT.	R	IN BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED
TITLE OR TY	PE OF DOCUMENT	
DATE OF DO	CUMENT 7/11/2016.	NUMBER OF PAGES 6 plus Acknowledgement
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NAIC No. 40975 FEIN: 94-2698799

# 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).

	d (bo not one of oup in	(mod).		
		1201 K Street, 17th Floo	urance Company r Sacramento, CA 95814 33-0634	
I.		nitials Not Acceptable): First: NONE," SO STATE.	Kenneth Middle: Mood	y Last: Jones, Jr.
2.	Have you ever used an	y other name, including first, m	hiddle or last name, nickna	me, maiden name or aliases?
	Yes No	xx		
	If yes, give the reason	if any, if none indicate such, an	d provide the full name(s)	and date(s) used.
	ning/Ending s) Used (MM/YY)	<u>Name(s)</u> Specify: First, Middle or Last		n (If none, indicate such)
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		و المراجع		
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Note:		onse to this question may be ap when transitioning from one na		his form understand that there could
3.	Affiant's Social Secu	rity Number:		
4.	Government Identifica	tion Number if not a U.S. Citiz	en:	
5.	Foreign Student ID# (i	f applicable) :		
6.	Date of Birth: (MM/I State/Province: Illino		Place of Birth, OUS	City: Chicago
7.	Name of Affiant's Sp	ouse (if applicable): Eileen Jo	nes	
8.	List your residences f	for the last ten (10) years star	ting with your current a	ldress, giving:
©2016	National Association of Ins	urance Commissioners	7	Revised 8/18/14 FORM 11

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NAIC No. 40975 FEIN: 94-2698797

understand that there could be an overlap of dates when transitioning from one address to another. Dated and signed this <u>life</u> day of <u>Tiple</u> , 20 <u>ib</u> at <u>Sev</u> <u>Francesco</u> certify under penalty of perjury that 1 am acting on my own behalf and that the foregoing statements are to the best of my knowledge and belief. (Signature of Affiant) Notary's Acknowledge address to another.	Postal Code
understand that there could be an overlap of dates when transitioning from one address to another. Dated and signed this <u>llfday of Tjhh</u> , 20 <u>lb</u> at <u>Sen Francus Co</u> certify under penalty of perjury that 1 am acting on my own behalf and that the foregoing statements are to the best of my knowledge and belief. (Signature of Affiant) Notary's Acknowledge address to another.	
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(Signature of Affiant) Notary's Acknowledge	s using this form
State of: County of:	fmon -
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:	
Pait	, Paeikh
[SEAL] Notary Pub	y Jaeith blic <u>AITI PARIKH</u> y Name 05/24/2019 p Expires

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

COUNTY OF San Actuation )	
On July 11, 2016 before me, PRITI PARIKH, DATE INSERT NAME, TITLE OF OFFICER-E.G.,	rotary public
personally appeared, Kenneth Moody, Jr.	·

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is axe subscribed to the within instrument and acknowledged to me that he ske/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.

NOTARY PUBLIC SIGNATURE

# OPTIONAL INFORMATION

(SEAL)

DOCUMENT.	E OF DOCUMENT BIOgray	by LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THI	al Personal Troformation
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PRITI PARIKI

COMM. # 2113091 NOTARY PUBLIC - CALIFORNIA AN FRANCISCO COUNTY DMM. EXTURES MAY 24, 2019 į

#### NAIC No. 40975 FEIN: 94-2698799

## 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 The Dentists Insurance Company lcompany name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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.

Kenneth Moody Jones, Jr. --Piedmont, CA (Printed Full Name and Residence Address) Signature) State of: CA County of: Alameda The foregoing instrument was acknowledged before me this day of bγ -and who is personally known to me, or who produced the following identification: Pls - see the attached notary's - transle dorement dated July 11, 2016 Printed Notar My Commission E: Revised 8/18/14

FORM 11

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGEMENT

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 San F	(ancisco)				
On July 11, 2010	before me, INSERT NA	PRITI	PARKH . FOFFICER-E.G., "J	Nolary ANE DOE, NOT	public ARY PUBLIC
personally appeared,	Kenneth	Mood	ly , Jr.	19-11-111-1-1-111-19-94-94-94-94-94-94-94-94-94-94-94-94-94	

who proved to me on the basis of satisfactory evidence to be the person(\$) whose name(\$) (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(\$) on the instrument the person(\$), or the entity upon behalf of which the person(\$) 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.

I PARIKH

RY PUBLIC - CALIFORNIA PRANCISCO COUNTY EXCURES MAY 24, 2019

COMM. # 211309 TARY PUBLIC - CALIFOI

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WITNESS my hand and official seal.

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NOTARY PUBLIC SIGNATURE

# **OPTIONAL INFORMATION**

(SEAL)

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NAIC No. 40975 FEIN: 94-2698799

### **BIOGRAPHIĆAL 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).

### <u>The Dentists Insurance Company</u> 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

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.

۱.	Affiant	's Full Name (Initials Not Acceptable): First: Terrence Middle: William Last: Jones
2.	a.	Are you a citizen of the United States?
		Yes No
	Ъ.	Are you a citizen of any other country?
		Yes No
		If yes, what country?
3.	Affiant	's occupation or profession: General Dentist
4.	Affiant	's business address: 2 Scrupps DV. Suite 102, Sacramento CA 95825
	Busine	s business address: 2 Scrupps DV. Suite 102, Sacramento CA 95835 ss telephone: 916-929-6631 Business Email: TWj. 5252 @ yahoo. com
5.		ion and training:
	/Univers	
Crei	ghtor	Mniversity Omaha NE 1973-1974 BS
Graduat	o te Studie	s College/University City/State Dates Attended (MM/YY) Degree Obtained
(rel	ghto	n University School of Dentistry Omaha NE 1974-1978 DDS
Other T	raining:	Name City/State Dates Attended (MM/YY) Degree/Certification Obtained

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.

6.	List of membe	rships in professi	onal societie	es and associat	tîons:			
	Name of Society/Associ		Contact Na		Addr	ess of ssociation		alephone Number lociety/Association
		Dental Assi			لفمر	V SL IN	Name	916 554491
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7.	Present or prop	oosed position wi	th the Appli	cant Company	: Trus	tee -	CDA	
8.	including pres- officerships).	ent jobs, position	s, partnershi st recent fin	ips, owner of st. Attach add	an entity, ad itional pages	ministrator, r	nanager, op provided is	otherwise (up to a erator, directorates insufficient, h is or s.
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•••		pany Name : The Dentists Insurance Compan	-	NAIC No FEIN:	94-2698799		
9.	a.	Idave you ever been in a position which rec	juired a tracitity bo	nd?			
		Yes No					
		If any claims were made on the bond, give	details:				
	b.	Have you ever been denied an individual revoked?	or position schee	dule fidelity	y bond, or had a bo	ond canceled	or
		Yes No					
		If yes, give details:					
							<b></b>
	are rea	er is your Social Security Number (SSN) or e asonably identifiable as your SSN, then write ented by your SSN. (For example, "SSN", ' if the space provided is insufficient.	e SSN for that poi	tion of the	professional license	e number tha	it is
		<u>۸</u>	ental Bonro	5			
	ization/Is	ssuer of License: State of CA	Address:	2005 E	Evergreen St.	Suite	1550
Organ						the second second	
Organ City:	Sacro	ssuer of License: <u>State of CA</u> Mento State/Province: CA	Country:	15 A	Postal Code:	95815	
Organ City: Licens	<u>Sacro</u> se Type:	Mento State/Province: CA Dentist License #: DOS 27	Country: 77 4 Date I	<u>15 A</u> ssued (MM	Postal Code: 1/YY):9/1978	95815 r	
Licens	se Type:	Dentist License #: DOS 27	774 Date I	ssued (MM	Postal Code: 1/YY): <u>9/1978</u>	<u> </u>	
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NAIC No. FEIN:

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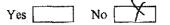
d. Been charged with, or indicted for, any oriminal offense(s) other than civil traffic offenses?

No Yes

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

/es	No [	$\Delta$
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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?



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

Yes 🚺	No X
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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, backing 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 of foreclosure action filed against you or any entity while you were associated with that entity?

Yes		No	
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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.

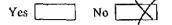
12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the 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,

### NAIC No. 40975 FEIN: 94-2698799

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

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.



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 governmentallicensing agency?

Ýes.	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 X

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 X

NAIC No. FEW:

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.

If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive Note: and an explanation provided. Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_. I hereby certify at 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. MINCO (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 U who produced the following identification: [SEAL] -Notary Public Printed Notary Name See Attached **Notarization Certificate** My Commission Expires

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certifica who sig attache	te verifi ned the d, and r	or other c es only th documer lot the tru locument.	e identity It to whic Ihfulness	/ of the in h this cer	dividual tificate							
State of C County of	aliforni	Sacram	ento		)							
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Signature	4	ma al	les che	,,,,	<b>_</b> _	(Seal)			Wy Соп	ım. Expire	s Mar 30, 2	018
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#### NAIC No. 40975 FEIN: 94-2698799

# 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.

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

		A STOMMAN	NI U OM	Jones
	Affiant's Full Name (Initials Not Acce IF ANSWER IS "NONE," SO ST	ptable): First: M	William liddle:	-
•	Have your ever used any other name, in	cluding first, middle or las	rname, nickname, m	aiden name or aliases?
	Yes No			
	If yes, give the reason if any, if none in	dicate such, and provide th	e full name(s) and da	le(s) used.
		<u>Name(s)</u> 1. Middle or Last Name	<u>Reason (If no</u>	ne, indicate such)
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		• •,••		
			<b></b>	يروند
		*******************************		
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	nyellen annan en	-	- Maa . "U . arv	n na mana Mana Mana ang Mana a
ole:	Dates provided in response to this ques be an overlap of dates when transitioning			n understand that there could
	Affiant's Social Security Number:			
	Government Identification Number if n	tot a U.S. Citizen:	•	
	Foreign Student ID# (if applicable) :	NA	uny	
	Date of Births (MM/DD/YY):	Place of Binth, C Country: 13	sity: <u>Sacrame</u>	140
	Name of Affiant's Spouse (if applicable	e): Marion W.	Jones	
	List your residences for the last ten (10	) years starting with your c	urrent address, giving	5:

v a v	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.
Sta Co	ate of California unty ofSacramento)
On	June 21, 2016 Jana Wesche, Notary Public (insert name and title of the officer)
wh sul his	sonally appeared
	ertify under PENALTY OF PERJURY under the laws of the State of California that the foregoir ragraph is true and correct.
W	TNESS my hand and official seal.

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#### NAIC No. 40975 FEIN: 94-2698799

# 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 The Dentists Insurance Company **[company name]**("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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.

Terrence Will Verrence Will (Signa	(Printed Full Name and Resider	nce Address)	Sociamento 21/2016 (Date)	<u> </u>
State of:	County of:			
The foregoing instrumen	t was acknowledged before me this	day of	, 20	by
who is personally know who produced the follow		~		
[SEAL]	See Attached	Nota	iry Public	
	Notarization Certificate	Printed	Notary Name	
		My Comr	nission Expires	*****
			Revised 8/1	8/14

FORM 11

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certificate verifies only who signed the docur attached, and not the validity of that docum		vidual icate is		
State of California County of Sacra	amento	<u>۱</u>		
		)		
OnJune 21, 2016	before me,	Jana Wes	che, Notary I	Public e of the officer)
		(insert	name and title	e of the officer)
personally appeared				
who proved to me on th	instrument and acknow capacity(ies), and that	vledged to m by his/her/th	ie that ne/she eir signature(	/they executed the same s) on the instrument the
who proved to me on th subscribed to the within his/her/their authorized person(s), or the entity	n instrument and acknow capacity(ies), and that upon behalf of which th Y OF PERJURY under	vledged to m by his/her/th e person(s)	e that ne/she eir signature( acted, execut	/they executed the same s) on the instrument the
who proved to me on th subscribed to the within his/her/their authorized person(s), or the entity I certify under PENALT	n instrument and acknow capacity(ies), and that upon behalf of which th Y OF PERJURY under correct.	vledged to m by his/her/th e person(s)	e that he/she eir signature( acted, execut he State of C	/they executed the same s) on the instrument the ed the instrument.

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Applicant Company Name : The Dentists Insurance Company

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NAIC No. 40975 FEIN: 94-2698799

## **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).

The Dentists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

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: KEUN Middle: HICHAEL Last: KEATING
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: Enclodent ist - Aprilal Specialist
4.	Affiant's business address: 1810 Antessional Ar, Such cA, Sacrawento, A 95 825
	Business telephone (916) 485-6900 Business Email: <u>seconde Chet mail</u> com
5.	Education and training:
	University City/State Dates Attended (MM/YY) Degree Obtained
Unio	of Southern California lus Augeles/ CA- 1971-1973
Gradua	e Studies College/University City/State Dates Attended (MM/YY) Degree Obtained
Loyol	Main Schall of Actiony Mayarid, II 1973-1977 DAS
Other 7	raining: Name City/State Dates Attended (MM/YY) Degree/Certification Obtained
Resid	ney Marguette U., M. luxacher, WI, 1979-81 Stratars of Science
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.

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1

Applicant Company Name :	785	NAIC No FEIN:	
6. List of memberships in profes	tional societies and ass	ociations:	
<u>Name of</u> Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
American Accocation of	Endodentists	ZUE Chicago Ave Ch	<u>Karo II (800)872-3636</u>
		Tuciago, Ave, Chucago, II	
•		Sacoramento CA	
n _		pany: <u>Secretary Tre</u>	-
Diretors of Tall	Trease	wer California Apeita	Association_
including present jobs, position officerships). Please list the m	ns, partnerships, owne ost recent first. Attach	nty (20) years, whether compensa- or of an entity, administrator, mana additional pages if the space prov errory information for the past ten (10	ger, operator, directorates or ided is insufficient. It is only
Beginning/Ending Dates (MM/YY):	Employer's Name	Endorbartin Associ	tes
Address: 1810 Astessional Dr	City: Sector	ucato State/Province:	CA ,
Country: <u>U S/A</u> Postal Code	:95825 Phone:	916) 985-6900 Offices/Positions H	eld: President hours er
Type of Business: Endedontics			'
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Address:	City:	State/Province:	
Country: Postal Code	Phone:	Offices/Positions He	əld:
Type of Business:	Super	visor/Contact:	
Beginning/Ending Dates (MM/YY):	Employer's Name		
Address:	City:	State/Province:	
Country: Postal Code	: Phone:	Offices/Positions He	əld:
Type of Business:	Super	visor/Contact:	
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Address:	City:	State/Province:	an a
Country: Postal Code	: Phone:	Offices/Positions He	eld:
Type of Business:	Super	visor/Contact:	

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Revised 8/18/14 FORM 11 n <sub>N</sub>

).		pany Name : The Dentists Insurance Company	NAIC No. 40975 FEIN: 94-2698799
	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: _//cr-	<u>e</u>
	b.	Have you ever been denied an individual or position sch revoked?	edule fidelity bond, or had a bond canceled or
		Yes No	
		If yes, give details:	
	are re repres	er is your Social Security Number (SSN) or embeds your SSN asonably identifiable as your SSN, then write SSN for that p sented by your SSN. (For example, "SSN", "12-SSN-345" o if the space provided is insufficient.	ortion of the professional license number that is
		ssuer of License: Dutal Bound of Glif. Address:	an a
		Zurent_State/Province: Country:	
licen	ise Type:	<u>Autol</u> License #: <u>27005</u> Dat	e Issued (MM/YY): <u>1977</u>
	Expired (	MM/YY): <u>///</u> Reason for Termination:	
Date		MM/YY): <u>///</u> Reason for Termination:	
Date	Insurance	·	
)ate Jon-J )rgai	Insurance nization/I	e Regulatory Phone Number (if known):	
lon-l organ	Insurance	e Regulatory Phone Number (if known):Address:	Postal Code:
)ate Ion-J )rgan Jity: Jicer	Insurance	e Regulatory Phone Number (if known):Address:Address:Address:State/Province:Country:Dat	Postal Code: e Issued (MM/YY):
Date Non-D Drgan City: Licen Date	Insurance nization/I use Type: Expired (	e Regulatory Phone Number (if known):Address:Address:Address:Address:	Postal Code: e Issued (MM/YY):
Date Non- Drga City: Licer Date	Insurance nization/I nse Type: Expired ( Insurance In res	e Regulatory Phone Number (if known):Address:Address:Address:	Postal Code: e Issued (MM/YY): punged, and the affiant has personally verified the
Date Non-Drgar Drgar Licer Date Non-	Insurance nization/I nse Type: Expired ( Insurance In res	e Regulatory Phone Number (if known):Address:Address:Address:	Postal Code: e Issued (MM/YY): punged, and the affiant has personally verified that the question. Have you ever: license or permit by any regulatory authority, o
Date Non-Drgar Drgar Licer Date Non-	Insurance nization/I use Type: Expired ( Insurance In res the re	e Regulatory Phone Number (if known):Address:Address:	Postal Code: e Issued (MM/YY): punged, and the affiant has personally verified that the question. Have you ever: license or permit by any regulatory authority, o
Date Non-Drgar Drgar Licer Date Non-	Insurance nization/I use Type: Expired ( Insurance In res the re	e Regulatory Phone Number (if known):Address:Address:Address:Address:	Postal Code: e Issued (MM/YY): punged, and the affiant has personally verified that the question. Have you ever: l license or permit by any regulatory authority, o ever:
Date Non-Drgar Drgar Licer Date Non-	Insurance nization/I use Type: Expired ( Insurance In res the re a.	e Regulatory Phone Number (if known):Address:Address:Address:Address:	Postal Code: e Issued (MM/YY): punged, and the affiant has personally verified that the question. Have you ever: l license or permit by any regulatory authority, o ever:
Date Jon- Drgan Lity: Jicen Date 11.	Insurance nization/I use Type: Expired ( Insurance In res the re a. b.	e Regulatory Phone Number (if known): Address:	Postal Code: e Issued (MM/YY): punged, and the affiant has personally verified the the question. Have you ever: l license or permit by any regulatory authority, o e or permit you hold or have held, been subject

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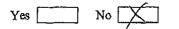
Applicant Com	pany Name : NAIC No FEIN:
с.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No
d.	Been charged with, or indicted for, any criminal offense(s) 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

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?

No 🖌 Yes

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



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?

No X Yes

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.

2. 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,

Applicant Company Name : The Dentists Insurance Company

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# NAIC No. 40975 FEIN: 94-2698799

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.\_\_\_\_\_\_

If any	of the stock is pledged or hypothecated in any way, give details.
or of regula direct	Vill] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
Yes	
If yes	, please identify the company or companies in which the cumulative stock holdings represent 10% or more of atstanding voting securities.
If any	of the shares of stock are pledged or hypothecated in any way, give details.
Have	you ever been adjudged a bankrupt?
Yes	
	No X
If yes To y comr	No No no not in the second sec
If yes To y	No N
If yes To y comr while	No N
If yes To y comr while	No       No         a, provide details:
If yes To y comr while a.	No       No         our knowledge has any company or entity for which you were an officer or director, trustee, investmen nittee member, key management employee or controlling stockholder, had any of the following events occurs you served in such capacity?         Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?         Yes       No         Had its permit, license, or certificate of authority suspended, revoked, canceled, non-reuewed, or subjecter to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other
If yes To y comr while a.	No       No         our knowledge has any company or entity for which you were an officer or director, trustee, investmen nittee member, key management employee or controlling stockholder, had any of the following events occur you served in such capacity?         Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency?         Yes       No         Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any othe similar proceeding)?

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Applicant Company Name :	NAIC No FEIN:
If the answer to any of the above is yes, please indicate and affiant should also include any events within twelve (12) mor	
Note: If an affiant has any doubt about the accuracy of an and an explanation provided.	answer, the question should be answered in the positive
Dated and signed this $15^{4}$ day of $16^{2}$ day of $20/6$ under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at $\underline{E/k}$ Guarce, $A$ . I hereby certify the foregoing statements are true and correct to the best
State of: <u>CA</u> County of: <u>SACPALLE</u> The foregoing instrument was acknowledged before me this <u>IS</u> day and: <u>KENIN</u> MCHAEL KEDT (NG. who is personally known to me, or	
who produced the following identification:	<u>، د.</u> . ۸
[SEAL] S. MUSETTI COMM. # 2106131 HOTARY PUBLIC - CALIFORNIA OF A COMM. EXPIRES MAY 6, 2019	Notary Public Notary Public Printed Notary Name S. G. 19 My Commission Expires

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Applicant Company Name : The Dentists Insurance Company

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NAIC No. 40975 FEIN: 94-2698799

# 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).

The Dentists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

1. Affiant's Full Name (Initials Not Acceptable): First: KEWN Middle: MICHAEL Last: KEATING 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	
	hade and had been a second sec	,	

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

	ning/Ending	Name(s)	Reason (If none, indicate such)
Date(s	s) Used (MM/YY)	Specify: First, Middle or Last Name	
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	ing ( dala a la fan an a		
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Note: 3.		when transitioning from one name to anoth	Parties using this form understand that there could er.
4.	Government Identificat	ion Number if not a U.S. Citizen:	
5.	Foreign Student ID# (if	applicable) :	· · · · · · · · · · · · · · · · · · ·
6.	Date of Birth: (MM/DL State/Province:////	Place of Birth, ( Country: L	City: <u>Sherr dan</u> , <del>M</del> 154 Can Keating
7.	Name of Affiant's Spor	use (if applicable) : <u>54534</u> J	ven Keeting
8.		the last ten (10) years starting with your	
			Revised 8/18/1
©2016	National Association of Insu	rance Commissioners 7	FORM 1

Applicant Company Nam	e :	00-900 C. A		NAIC No FEIN:	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
04/94		Fair (	zks A	USA.	
understand that	here could be an	overlap of dates where	ien transitioning fro	for current address. Partion one address to another	
	and belief.	$\frac{2}{4}$ acting on my own		foregoing statements are	true and correct to
The foregoing instrument				UN .20 Lb by	
		l Kent		, 20 <u>_00</u> , 0,	<sup>_</sup> <sup>_</sup>
who is personally kn					
who produced the fo	llowing identific	ation:	1. D.L.		
[SEAL]		S. MUSETTI COMM. # 210613 NOTARY PUBLIC-CALIFORNIA SACRAMENTO COUNTY COMM. EXPIRES MAY 6, 201	L K	Notary Printed Notar S. G. My Commission	v Name

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#### NAIC No. 40975 FEIN: 94-2698799

## 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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.

TEVIN M. KEATENG (Printed Pull Name and Residence Add	
(Signature)	<u>6/15/16</u> (Date)
State of: CAL County of: 3250200000	
The foregoing instrument was acknowledged before me this 15 ILENIU MUCHILEL LEBTIC, and:	day of <u>کی کی</u> , 20 <u>الہ</u> by
who-is-personally known-to me, or	
who produced the following identification:	- Ale
[SEAL] S. MUSETTI COMM. # 2106131 OCCOMM. # 2106131 OCCOMM. EXPIRES MAY 6, 2019 COMM. EXPIRES MAY 6, 2019	Notary Public <u> <u> <u> </u> <u> </u></u></u>

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Applicant Company Name : The Dentists Insurance Company

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NAIC No. 40975 FEIN: 94-2698799

## **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).

## <u>The Dentists Insurance Company</u> <u>1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814</u> (800)733-0634

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): Firs	: <u>Steven</u> M	iddle: 30-4	Last:_Ke	end	
2.	a.	Are you a citizen of the	United States?					
		Yes No						
	b.	Are you a citizen of any	other country?					
		Yes No	X					
		If yes, what country?						
3.	Affiant	s occupation or profession	n: Dentie	,t				
4.	Affiant	s business address:	3610 40	mity BI	ud, Suite	102,	iogramce, CA	90505
		s telephone: <u>310. 373</u>			il: <u>Stever</u>			
5.	Educati	on and training:						
College	/Univers	ity <u>C</u>	ity/State	Date	s Attended (MM/)	<u>(Y)</u>	Degree Obtained	
Univ	ensit	1 of the bacitic	Stouton, Cl	A. 9/110	5-61967	<u></u>	A.B.	
	te Studie:				s Attended (MM/		Degree Obtained	
5 chod	of Vi	tistry Universit	Culitor na	· Anyles, CA.	9/1967-6/1	971	0.0.S.	
<u>Other T</u>	raining;	Name <u>City/State</u>	Dates	Attended (MM/	<u> </u>	Degree/Certii	fication Obtained	

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.

Applica	nt Company Name	The Dustist I.	ssucconce to spin	NAIC No FEIN: _	40975 94-2693744	
6.	List of membershi	ips in professional societ	ies and associations:			(
	<u>Name of</u> <u>Society/Association</u> (a):{v(nin D			Address of iety/Association \201 K Stree Salangeith 958	<u>, Ca 916.554.4913</u>	Υ
ዓ	merican Vez	R Association	Nomus Elliott	211 E. Chico Chicago, I	460 AUP 312.440.2	658
7.	Present or propose	ed position with the Appl	lieant Company:	ember, Bor	and us pisectors.	
8. Beginni	including present officerships). Plea necessary to provi	jobs, positions, partners use list the most recent finder telephone numbers ar	hips, owner of an entir rst. Attach additional ad supervisory informa	ty, administrator, m pages if the space p ation for the past ten	nsated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only (10) years.	
	•					
Address	: 36(0 hom	ita blue. City:	lossano	State/Provir	nce: CA.	
Country	<u>VSA</u>	Postal Code: <u>40505</u> Uneral Ve	Phone: 40.373.	38 Offices/Position	s Held: <u>Reesident / Trees</u> v	162
Type of	Business: M.Va	a practice:	Supervisor/Conta	ct:		()
	ng/Ending MM/YY):	Employ	er's Name:			$\mathbf{X}_{\mathbf{r}}$
Address		City:	- 1 <sup>40 - 100</sup>	State/Provin	100:	
Country	) ( /	Postal Code:	Phone:	_ Offices/Positions	Held:	
Type of	Business:		Supervisor/Conta	ct:		
Beginni Dates (1	ng/Ending MM/YY):	Employ	er's Name:			
					ce:	
Country	·	Postal Code:	_ Phone:	Offices/Positions	Held:	
Type of	Business:		Supervisor/Conta	ot:		
Beginni Dates (	ng/Ending MM/YY):	Employ	er's Name:			
Address	S:	City: _		State/Provin	ce:	
Country	:	Postal Code:	Phone:	Offices/Positions	Held:	
Type of	Business:		_ Supervisor/Conta	ct:		
©2016 N	lational Association (	of Insurance Commissioners	s 2		Revised 8/18/14 FORM 11	

Applic	ant Com	pany Name : The Dentists Insurance Company	NAIC No. 40975 FEIN: 94-2698799
9.	а.	Have you ever been in a position which required a fidelity	
		Yes No	
		If any claims were made on the bond, give details:	
	b.	Have you ever been denied an individual or position scl revoked?	nedule fidelity bond, or had a bond canceled or
	`	Yes No X	άι
		If yes, give details:	
10.	or gov in the the lic numbe are rea repres	ny professional, occupational and vocational licenses (includin vernmental licensing agency or regulatory authority or licensi past. For any non-insurance regulatory issuer, identify and pr ensing authority or regulatory body having jurisdiction over the er is your Social Security Number (SSN) or embeds your SSN asonably identifiable as your SSN, then write SSN for that p ented by your SSN. (For example, "SSN", "12-SSN-345" of if the space provided is insufficient.	ng authority that you presently hold or have held ovide the name, address and telephone number of the license (s) issued. If your professional license I or any sequence of more than five numbers that portion of the professional license number that is
Organ	ization/Is	ssuer of License: Dentul Bourd & CA. Address: 2	005 Evergreen st., #1550
		mato State/Province: CA Country:	
Licens	se Type:_	Vential License #: 21906 Dat	e Issued (MM/YY): 8/1471
		MM/YY): (Luttent) Reason for Termination:	
Non-I	nsurance	Regulatory Phone Number (if known): 877.72	a. 7789
Organ	ization/fe	Stude of License: Buren of ten Betale Address: 1	651 Exposition Blud.
City:	Sacco	mento State/Province: CA Country: 1	<u>15A</u> Postal Code: <u>95815</u>
Licens	se Type:_	Broker License #: 00914640 Dat	e Issued (MM/YY): 03/14/1986
Date F	Expired (	MM/YY): 03 06 2012 Reason for Termination: 2×	gired - Did not use [ remew.
		Regulatory Phone Number (if known): 1.877.37	
11.	In res	ponding to the following, if the record has been sealed or exp cord was sealed or expunged, an affiant may respond "no" to	unged, and the affiant has personally verified that
	a.	Been refused an occupational, professional, or vocational any public administrative, or governmental licensing agen	
		Yes No	
	b.	Had any occupational, professional, or vocational license any judicial, administrative, regulatory, or disciplinary act	
		Yes No	

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Applicant Company Name: The Dentist Insucance Company NAIC No. 40475 FEIN: 44-2693799

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

Yes No X

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

Yes No X

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

l es		No	X	
------	--	----	---	--

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

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

Yes		No	X
-----	--	----	---

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

No Yes

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?

No Yes

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

Yes No X

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

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,

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Applicant Company Name : The Dentists Insurance Company	NAIC No. 40975 FEIN: 94-2698799		
	ng, ten percent (10%) or more of the voting securities of any		
	, give details.		
or of record, 10% or more of the outstanding shares of regulatory authority, or its affiliates? An "affiliate" of, o directly, or indirectly through one or more intermediarie with, the person specified.	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.		
the outstanding voting securities.	ich the cumulative stock holdings represent 10% or more of		
If any of the shares of stock are pledged or hypothecated	in any way, give details.		
4. Have you ever been adjudged a bankrupt?			

No Yes

If yes, provide details:

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



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

No X Yes

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

Yes 

	ANY NAIC NO. 40975 FEIN: 94-2643749
If the answer to any of the above is yes, please indicate and g affiant should also include any events within twelve (12) mon	give details. When responding to questions (b) and (c), this after his or her denarture from the entity.
	F
·····	
Note: If an affiant has any doubt about the accuracy of an a and an explanation provided.	answer, the question should be answered in the positive
Dated and signed this <u>1</u> day of <u>June</u> 20 <u>16</u> inder penalty of perjury that I am acting on my own behalf and that the f my knowledge and belief. <u>June</u> (Signature of Affiant)	at Rolling Hills Estates. I hereby certify the foregoing statements are true and correct to the best
tate of: County of:	
he foregoing instrument was acknowledged before me thisday of	
nd:	
who is personally known to me, or	
who produced the following identification:	•
[SEAL]	Notary Public
	Printed Notary Name
	My Commission Expires
	My Commission Expires
	My Commission Expires

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#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDOMENT**

#### CIVIL CODE § 1189

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 Les Angeles	)
On 6/11/16	before me, Jede Eggles Noting Pullice
Date	Here Insert Name and Title of the Officer
personally appeared	Steven Jung Kord
· · · · · ·	Name(s) of Signer(s)

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.

Signature of Notary Public

Place Notary Seal Above

. . .

. . . .

- OPTIONAL -

Signature \_\_\_

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Title or Type of Document:	
	Number of Pages:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Corporate Officer - Title(s):	Corporate Officer - Title(s):
Partner —      Limited      General	
Individual Attorney in Fact	🗆 Individual 🛛 🗆 Attorney in Fact
Trustee     Guardian or Conservator	Trustee 🛛 Guardian or Conservator
Other:	
Signer Is Representing:	Signer Is Representing:

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Applicant Company Name : The Dentists Insurance Company

#### NAIC No. 40975 FEIN: 94-2698799

# 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).

	The Dentists Insurance Company
<u>1201 K</u>	Street, 17th Floor Sacramento, CA 95814
	<u>(800)733-0634</u>

- 1. Affiant's Full Name (Initials Not Acceptable): First: <u>Steven</u> Middle: <u>Som</u> Last: <u>Kend</u> IF ANSWER IS "NONE," SO STATE.
- 2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes	No	X

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

	<u>ning/Ending</u> s) Used (MM/YY)	Name(s)	Reason (If none, indicate such)
Date	s) Osed (IMIVI/Y Y)	Specify: First, Middle or Last Name	
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		k	
Note:	be an overlap of dates w	hen transitioning from one name to	
3.	Affiant's Social Security	Number:	
4.	Government Identification	on Number if not a U.S. Citizen:	••••••••••••••••••••••••••••••••••••••
5.	Foreign Student ID# (if a	applicable) :	
6.	Date of Birth: (MM/DD/ State/Province: <u>New</u>	YY): Place of B	irth, City: New YUSU V.SA
7.	Name of Affiant's Spous	se (if applicable) : Luucie	Roven Kend
8.	List your residences for	the last ten (10) years starting with	your current address, giving:
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Applicant Company N	ame: The Dent:	sts Insurance lo	nony NAIO FEIN	No. 40975	8799
Beginning/Ending Dates (MM/YY)	Address		State/ Province . Estores,	Country CAUSA	Postal Code
understand th	at there could be an	question may be approx overlap of dates when tra	insitioning from o	ne address to another.	
(S State of:	dge and belief. - ) 7	<u>~</u> , 20 <u></u> <u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>			
and:	known to me, or	ition:			
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©2016 National Associa	tion of Insurance Con	unissioners 8			Revised 8/18/14 FORM 11-

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#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

#### CIVIL CODE § 1189

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	Angeles	)	
County of	Printer 2	)	
On 6/11/16	before me,	Jude Eagles , Noting Pullic	
Date		Here Insert Name and Title of the Officer	
personally appeared	Ster Juy	Knd	
	1	Name(s) of Signer(s)	

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(les), 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.

Signature of Notary Public

Place Notary Seal Above

---- OPTIONAL ·

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Signature

#### Description of Attached Document Title or Type of Document:

Document Date:	Number of Pages:			
Signer(s) Other Than Named Above:				
Capacity(les) Claimed by Signer(s)				
Signer's Name:	Signer's Name:			
Corporate Officer — Title(s):	Corporate Officer - Title(s):			
🗆 Partner – 🗆 Limited 🛛 General	🗆 Partner 🗆 Limited 🛛 General			
Individual     Attorney in Fact	Individual     Attorney in Fact			
□ Trustee □ Guardian or Conservator	Trustee Guardian or Conservator			
Other:	□ Other:			
Signer Is Representing:	Signer Is Representing:			

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#### NAIC No. 40975 FEIN: 94-2698799

## 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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.

Steven Jay Kend Att Sad (Signature)	Palos Verdes Estates, CA ce Address) June 11, 2016. (Date)
State of: County of:	
The foregoing instrument was acknowledged be	before me this day of, 20 by
who is personally known to me, or	
who produced the following identification:	
[SEAL]	See attached Notary Public
	Printed Notary Name
	My Commission Expires
©2016 National Association of Insurance Commissioners	9 FORM 11

#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

#### **CIVIL CODE § 1189**

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 <u>Cas</u> A	) meles )		
On 6/4/16	before me,	- Ida Eagles Noting Public	
Date		Here Insert Name and Title of the Officer	
personally appeared	Stearen J	Kard	
		Name(s) of Signer(s)	

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(les), 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.

Signature of Notary Public

Place Notary Seal Above

Comm. Expires Oct 4, 2019

JADE EAGLES

Commission # 2129092 Notary Public - California Los Angeles County

· OPTIONAL ·

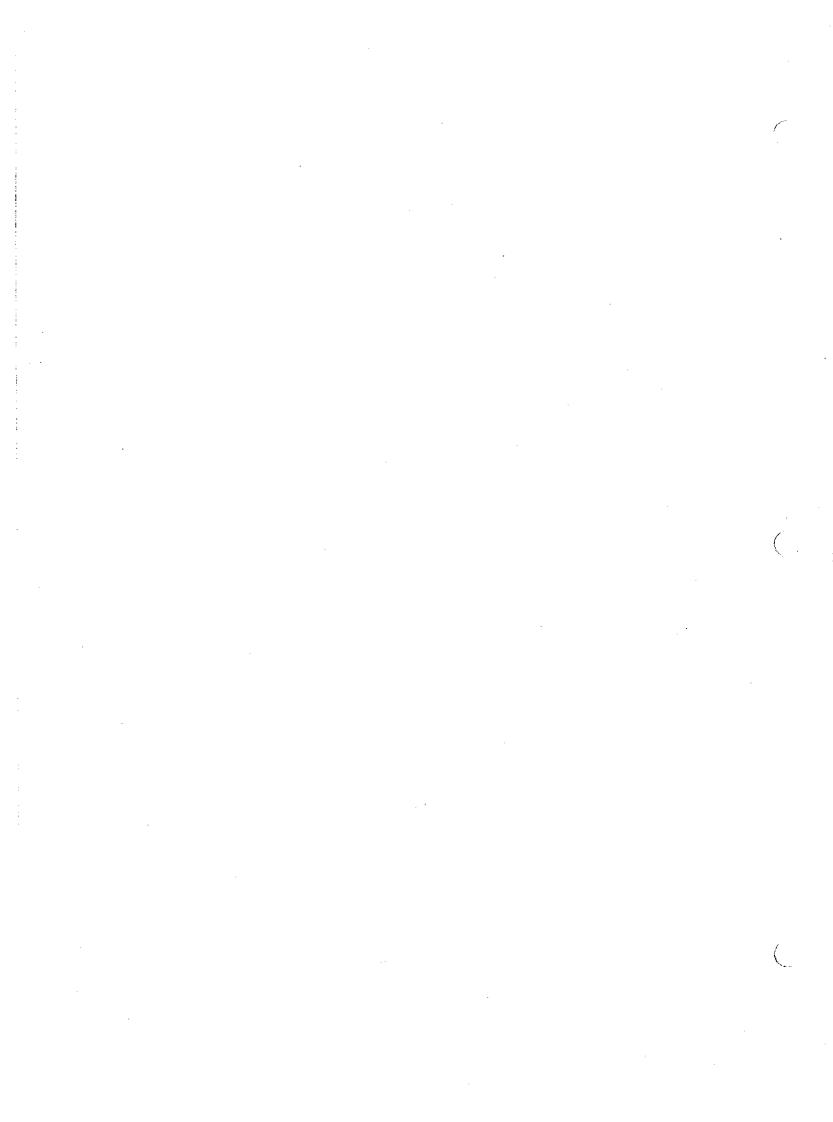
Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Signature\_

## **Description of Attached Document**

Number of Pages:			
Signer's Name:			
Corporate Officer — Title(s):			
Partner - Limited General			
Individual     Attorney in Fact			
□ Trustee □ Guardian or Conservator			
[] Other:			
Signer Is Representing:			

KANGGEBON AND TRANSFERRANCE CONTRACTOR CONTRACT ©2015 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5907



# REDWOOD CAPITAL BANK Fax: 707-444-2896

Applicant Company Name :

Aug 1 2016 11:12am

P002/016

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).

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1.	Affiant	's Full Name (Ir	ltials Not Acce	ptable): First:	<u>Manan y N</u>	liddic Dale	Last: K.	ennedy_
2.	a.		en of the United		,			
		Yes 🔀	No					
	Ъ.	Are you a citiz	en of any other	country?				
		Yes []	No 🔀					
		If yes, what co						
3.	Affiant	's occupation or	profession:	Den Tis T				
4.	Affiant	's business addr	oss: <u>177</u> 3	HARR.	son Ay	e Eur	eke, Ca	95501
	Busine	ss telephone: $\overline{\mathcal{I}_{\mathcal{L}}}$	74472.3	644 e	lusiness Ema	11: LORN TAP	yall on A	TTINET
5.	Educat	ion and training:						
	:/Univers		<u>City/St</u>			s Attended (MM		Degree Obtained
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Other ]	Training: Hoy	Name g	<u> Sity/State</u> Den Tis Try		cnded (MM/ C- & Cl	•	Dcgrcc/Cert	lification Obtained
Note:		Ŷ	,				nber of the c	olloge/university. If

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.

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REDWOOD CAPITAL BANK Fax: 707-444-2896 Aug 1 2016 11:12am P003/016 Applicant Company Name : NAIC No. FEIN: б. List of memberships in professional societies and associations: Address of Name of Telephone Number Society/Association Contact Name Society/Association of Society/Association CDA . 916-443-0505 Present or proposed position with the Applicant Company. True Tee CDA 7. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and 8. 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, 5/17 PRESINI 5/17 PRESINI Beginning/Ending Dates (MM/YY): \_\_\_\_\_City: \_\_\_\_\_State/Province: Address: Country: Postal Code: Phone: Offices/Positions Held: Type of Business: Dar Tis TAL Supervisor/Contact: Mr. Sum Kennes Beginning/Ending Dates (MM/YY): \_\_\_\_\_ Employer's Name: \_\_\_\_\_ . Address: City: State/Province: Country: Postal Code: Phone: Offices/Positions Held: Type of Business: \_\_\_\_\_\_ Supervisor/Contact:\_\_\_\_\_ Beginning/Ending Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_ Employer's Name: \_\_\_\_\_ Address:\_\_\_\_\_City: \_\_\_\_\_State/Province: \_\_\_\_\_ Country:\_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_\_ Type of Business: \_\_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_ Beginning/Ending Dates (MM/YY): \_\_\_\_\_ Employer's Name: \_\_\_\_\_ Address:\_\_\_\_\_ City: \_\_\_\_\_ State/Province: Country: Postal Code: Phone: Offices/Positions Held: Type of Business: \_\_\_\_\_\_ Supervisor/Contact:\_\_\_\_\_

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			REDWOOD CAPITA	l bank	Fax: 707-444-2	896	Aug 1 2016	11:13am	P004/016
Applic	ant Comj	pany Name :				N. FI			المان و میروند. میران و بوروند و بر میروند و این
9.	a,	Have you ever	been in a positi	on whic	sh required a fid	elity bond?			
		Yes 🔽	No						
		If any claims v Los T	vere made on th	e bond,	give details:	oren	20yr	<u>- AGO</u>	Details
	Ь.	Have you even revoked?	r been denied a	n indiv	idual or positic	n schedule	fidelity bond	, or had a l	ond canceled or
		Yes	No 🔀	•					
		lf yes, give det	ails:	، چىرىنىدە كەركانلىكى.					
10.	or gov in the 1 the lice numbe are rea represe	ernmental licensi past. For any non ensing authority of ar is your Social s sonably identifia	ng agency or re -insurance regu or regulatory bo Security Numbe ble as your SSI SN. (For examp	gulatory is latory is dy havi r (SSN) v, then le, "SSI	y authority or li- suer, identify ar ng jurisdiction of or embeds you write SSN for a N", "12-SSN-34	censing aut id provide to over the lice r SSN or au that portion \$5" or "123	hority that you he name, addu ense (s) issued ny sequence of of the profes	a presently I ress and tele I. If your pro- more than : sional licent 6 digits)).	ed by any public hold or have held phone number of ofessional license five numbers that se number that is Attach additional
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11.	In resp		lowing, if the m	ecord ha	is been scaled o	r expunged	, and the affia	nt has perso	nally verified that
	a.		an occupational ninistrative, or p				e or permit b	y any regula	itory authority, or
		Yes	No 🔀						
	Ъ.		pational, profes dministrative, re				mit you hold	or have hel	d, been subject to
@2016	National	Association of Inst	trance Commissio	oners	3				Rovised 8/18/14 FORM 11

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		REDWOOD CAP   TAL. BANK	Fax:707-444-2896	Aug 1	2016 11:13am	P005/016
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	Ycs	No 🔀			Lifed Silling of Advances of Assess Locatory and an and a second s	/ 
c		on probation or had a fin mit in any judicial, admi				al, or vocational
	Yes	No				
· đ	. Been charged	with, or indicted for, an	y criminal offense(s) o	other than oivi	I traffic offenses?	
	Yes	No				
e.	. Pled guilty, c offenses?	or nolo contendere, or	been convicted of, a	ny criminal o	offense(s) other (	han civil traffic
	Yes	No				
f.		ion of guilt withbeld, ha been pardoned, fined, \$?				
	Yes	No 🔀	· .			
<u>g</u> .	administrative, reg regulating the bus	cease and desist letter or gulatory, or disciplinary siness of insurance, see orse of the business of ir	action, from violating urities or banking, o	any federal, s r from carryi	state law or law of	f another country
	Yes	No 🔀				Ć
h	Been, within the financial dispute?	last ten (10) years, a p	arty to any civil acti	on involving	dishonesty, bread	sh of trust, or a
	Yes	No 🔀				
i.	provisions of smal	de by the Comptroller II loan laws, banking or ion lawfully made by the	trust company laws,	or credit unic	m laws, or that y	ou have violated
	Yes	No 🔀				
j,	Had a lien or force	losure action filed again	st you or any entity w	hile you were	associated with th	nat entity?
	Yes	No 🔀	· .			
	Attach a copy of th	any question above is y is complaint and filed ac	ljudication or settleme	nt as appropr	iate.	•••
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ug 02	16 09:26a	Kennedy,Sam	7074422751	p.2
, AiC	ant Company I	Name: Sam Kennedy	NAIC No FEIN:	
	holds with th other person	e power to vote, or holds proxies represent	ing, ten percent (10%) or more of the voting secu	rities of any
	مىدىدىن <sup>ر</sup> ىرىدىن بىرى بەر بىرىمىيە بەر بىرىكى بىر	· · · · · · · · · · · · · · · · · · ·		
		stock is pledged or hypothecated in any wa	ay, give details	
3.	or of record regulatory a directly, or i	ou or members of your inumediate family i , 10% or more of the outstanding shares uthority, or its affiliates? An "affiliate" of,	ndividually or cumulatively subscribe to or own, of stock of any entity subject to regulation by a or person "affiliated" with, a specific person, is ies, controls, or is controlled by, or is under com	beneficially an insurance a person that
	Yes	No X		
		ing voting securities.	hich the cumulative stock holdings represent 109	
	-	shares of stock are pledged or hypothecate	el in any way, give details.	
۹,	Have you ev Yes	ver been adjudged a bankrupt?		
15.	committee 1	nowledge has any company or entity for member, key management employee or co erved in such capacity?	which you were an officer or director, truster mtrolling stockholder, had any of the following	e, investment
		en refused a permit, license, or certificate ensing agency?	e of authority by any regulatory authority, or g	overnmental-
	Ye			
	to rec	any judicial, administrative, regulatory,	prity suspended, revoked, canceled, non-renewed, or disciplinary action (including rehabilitation aptcy proceeding, state insolvency, supervision	, liquidation,
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	c. Be au	en placed on probation or had a fine leve thority in any civil, criminal, administrative	ried against it or against its permit, license, or e, regulatory, or disciplinary action?	certificate of
	Ye	es No [ >]		
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@2016	National Assoc	riation of Insurance Commissioners		FORM 1

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Applicant Company Name : \_

Aug 1 2016 11:13am

NAIC No FEIN:

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  $\frac{1}{16}$  day of  $\frac{1}{16}$  and  $\frac{1}{16}$  at  $\frac$ 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 Callbornia Hachnem Notary Public [SEAL] **Printed Notary Name** My Commission Expires

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

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# CIVIL CODE § 1189

P007/016

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 <u>Hume</u>	seldt		)	,			011
on August 1st		before me,	Andr	w Southr	U.ny	Notary	Public,
personally appeared	San		Ken,	Here Insert Na	ame ano	l Title of the Ol	flicer
				Name(s) of Sig	<u>ner(s)</u>	w	

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 hls/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.

Such and the second	and a dealer that the second s
ALC: NO.	ANDREW SATHRUM
The second states	COMM. #2022249
- (P836)	NOTARY PUBLIC . CALIFORNIA
	SUSSION DT COUNTY
	My Comm. Explres April 27, 2017
	The action of the property of the second party of

of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official se

I certify under PENALTY OF PERJURY under the laws



Signature Signature of Notary Public

Place Notary Seal Above

Ś

**OPTIONAL** 

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

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Dock	ment Date:
n Named-Above: _	
and the second state	
Signer's Name:	
Corperate Of	fficer — Title(s);
🗋 Partner — 🗋	Himited 🗌 General
🗋 individual	Aftomey in Fact
🗂 Trustee	Guardian or Conservator
🗋 Other:	
Signer Is Repre	esenting:
,	
	☐ Partner — ☐ ☐ Indlvidual ☐ Trustee ☐ Other:

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Applicant Company Name :

Aug 1 2016 11:14am

P008/016

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).

•	Affiant's Full Name (In IF ANSWER IS '?	nitials Not Acceptable): First: <u>Sna ou</u> r I VONE," SO STATE.	Middle Dy /c_ Last: Kennery
•	Have you ever used any	y other name, including first, middle or lat	st name, niekname, maiden name or aliases?
	Yes 🔀 No	· · · · · · · · · · · · · · · · · · ·	
	If yes, give the reason i	f any, if none indicate such, and provide t	he full name(s) and date(s) used.
	ning/Ending () Used (MM/YY)	<u>Name(s)</u> Specify: First, Middle or Last Name	Reason (If none, indicate such)
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Applicant Company Name :

8.

6

and:

NAIC No. FEIN:

Aug 1 2016 11:14am

P009/016

List your residences for the last ten (10) years starting with your current address, giving: Beginning/Ending State/ Dates (MM/YY) Address . City Province Postal Code Country 2012 EUROFA 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 \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20/6\_ at \_\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_. I hereby certify under penalty of perjury that I am arting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief. (Signature of Affiant County of: State of: The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by who is personally known to me, or who produced the following identification: Sce Calfornoa Attachment Notary Public [SEAL] Printed Notary Name My Commission Expires

Aug 1 2016 11:14am

# P010/016

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

#### CIVIL CODE § 1189

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	ſ )	
County of Humbeld	·), //	
on August 1st 20/6	before me, Andrew Southrum	Notary Public
Date	Here Insert Name a	nd Title of the Officer
personally appeared	m D Kennedy	
	Name(s) of Signer(s)	

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.

ANDREW SATHRUM COMM. #2022249 NOTARY PLISLIC · CALIFORNIA HUMBOLDT COUNTY My Comm, Expires April 27, 2017

WITNESS my hand and official seal Signature

Signature of Notary Public

Piace Notary Seal Above

OPTIONAL -

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

# **Description of Attached Document**

Title or Type of Document:	Document Bate:
Number of Pages: Signer(s) Other Tha	in Named Above-
Capacity(ies) Claimed by Signer(s)	and the second
Signer's Name:	Śigner's Name:
L) Corporate Officer - Title(s);	Corporate Officer - Title(s);
🖸 Partner – 📙 Limited 🛛 🖾 General	🗆 Partner – 🗆 Limited 🖾 General
🗌 Individual 🛛 🗋 Attorney in Fact	Individual
Trustee LI Guardián or Conservator	THrustee
Li Other:	Other.
Signer Is Representing:	Signer Is Representing:
	☐ Other:Signer Is Representing:

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# REDWOOD CAPITAL BANK Fax:707-444-2896 Aug 1 2016 11:14am P011/016

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).

	<u>The Dentists Insurance Company</u>
	1201 K. Street, 17th Floor, Sacramento, CA 95814
	<u>(800)733-0634</u>
1.	Affiant's Full Name (Initials Not Acceptable): First: Simony Middle Pa/C
	Last: Konned_
	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

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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	

1

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:	
5.	Foreign Student ID# (if applicable) :	
6.	Date of Birth: (MM/DD/YY)	G.T.J.
©2016 N	National Association of Insurance Commissioners 9	Revised 8/18/14 FORM 11

	any Name : The Der vince: / MASA:		e Company		1 2016 11:15an No. 40975 94-2698799	
7. Name of	Affiant's Spouse (if	applicable) :	an where the state of the state		Quelo 28. 241-14	
8. List your	residences for the la	ast ten (10) yea	urs starting with	ı your cu	urrent address, g	giving:
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#### **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

#### **CIVIL CODE § 1189**

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 <u>Humberldt</u>		
County of John Octor	performent, Andrew Sathrum Notary Public	
on August 15, 20/6		،_
Date	Here Insert Name and Title of the Officer	
personally appeared	n P Fennedy	
	Name(s) of Signer(s)	

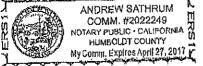
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Signature.

ANDREW SATHRUM COMM, #2022249 NOTARY PUBLIC . CALIFORNIA HUMBOLDT COUNTY My Comm, Expires April 27, 2017

is true and correct. WITNESS my hand and official sea

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph



Signature of Notary Public

Place Notary Seal Above

· OPTIONAL · Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document	and the second sec	
Title or Type of Document:	Document Date:	
Number of Pages: Signer(s) Other Than I	Named Above:	
Capacity(ies) Claimed by Signer(s)	and the second se	
Signer's Name:	_Signer's Name:	
LI Corporate Officer Title(s):	Corporate Officer — Title(s):	
Partner – LI Limited El General	🗆 Parther 💶 🗆 Limited 🛛 General	
🗌 Individual 👘 📋 Attorney in Fact	Individual	
Trustee LI Guardian or Conservator	Trustee Guardian or Conservator	r
() Other:	C Other:	
Signer Is Bepresenting:	Signer Is Representing:	

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P014/016

My Commission Expires

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11

Aug 1 2016 11:10am

P001/001

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975 FEIN: 94-2698799

# DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of The Dentists Insurance Company [company name]("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 Owens Online, Inc., 3802 Ehrlich Road, Suite 307, Tampa Florida 33624 [name of CRA, address]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, Sacramento, CA 95814 (800)733-0634 [company's designated person, position, or department, address and phone].

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. J 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

P015/016

and;

Fornia Attachiman

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.

day of

20 by

(a)

I Name and Residence Address) Printed (Signature) Date State of: County of

The foregoing instrument was acknowledged before me this, who is personally known to me, or who produced the following identification:

[SEAL]

Notary Public

Printed Notary Namo

My Commission Expires

#### @2016 National Association of Insurance Commissioners

13

# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

## CIVIL CODE § 1189

P016/016

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 <u>Humbold</u> On <u>August 1<sup>st</sup> 20/b</u> before me, <u>A</u>	drew Sathrum Notary Public
personally appeared <u>Sam D</u>	Here Insert Name and Title of the Officer
	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subsoribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(les), 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.

ANDREW SATHRUM COMM. #2022249 NOTARY PUBLIC • CALIFORNIA HUMBCLOT COUNTY My Comm. Explres April 27, 2017	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 Signature Signature of Notary Public
Though this section is optional, completing this	PTIONAL s Information can deter alteration of the document or is form to an unintended document,
Description of Attached Document	
	Document Date:
	an Named Above:
Capacity(ies) Claimed by Signer(s) Signer's Name:	Signer's Name:
Corporate Officer - Title(s):	Corporate Officer - Title(s):
Partner – LI Limited      General	Partner – 🗆 Limited 🖾 General
□ Individual □ Attorney in_Eact	Individual Attorney in Fact
□ Trustee □ Guardian or Conservator	LI Trustee — — LI Guardian or Conservator
U Other:	_ [] Other:
Signer is Representing:	_ Signer Is Representing:

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October 28, 2016

Kristofer Graap Holding Company Specialist Company Supervision Division Washington State Office of the Insurance Commissioner

Re: Form A Statement Regarding Acquisition of Control Of Northwest Dentists Insurance Company By The Dentists Insurance Company - Additional Biographical Information

## Dear Mr. Graap;

I currently serve as a trustee of the California Dental Association (CDA), the ultimate controlling person of The Dentists Insurance Company (TDIC). As you know, TDIC proposes to acquire control of The Northwest Dentists Insurance Company (NORDIC).

In connection with the proposed acquisition, I submitted a biographical affidavit, as executed on August 1, 2016, disclosing specific required information. I understand that there are two specific differences between the information reported on my affidavit and information reported to the Washington Office of the Insurance Commissioner (WA OIC) in a background investigation report by Owens OnLine.

Question 11.h of my biographical affidavit asked if I have been, within the last 10 years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute. Although my answer to this question was no, I was the defendant in a civil lawsuit involving medical malpractice claims that was filed by Wyatt Silva on 6/16/14 in the Superior Court of Humboldt County, CA (case # DR1400338) and was dismissed on 6/20/16.

Although I did not consider a civil action involving medical malpractice causes of actions to involve dishonesty, breath of trust, or a financial dispute, I now understand that these civil actions should be disclosed in biographical affidavits submitted to the WA OIC. Accordingly, in all future biographical affidavits submitted to the WA OIC, I will disclose any civil lawsuits of the type described in this correspondence.

In addition, questions 11.d. and 11.e of my biographical affidavit asked if I have been charged with, or indicted for any criminal offenses, other than civil traffic offenses, or I have pled guilty to any criminal offenses other than civil traffic offenses.

Although I answered no to both questions 11.d. and 11.c., I pled guilty to a misdemeanor reckless driving offense on 6/8/11 (case #CR1101880). Because of the nature of the offense (which involved operation of a vehicle and did not involve any other individuals), I did not consider the offense to be the type of offense to be disclosed in questions 11.d. and 11.e. I now understand that this offense should be disclosed in biographical affidavits submitted to the WA OIC in the future.

Nov 01 16 07:59a

Thank you very much for your consideration. Should you have any additional questions, please do not hesitate to let me know.

Sincerely,

Enn en am

Sammy D. Kennedy, DDS

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975 FEIN: 94-2698799

# 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).

### <u>The Dentists Insurance Company</u> 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

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. First:M	Affiant's ohamad	FullMiddle:_saleh	Name Last:_Khol	(Initials aki	Not	Acceptable):
2.		you a citizen of the United	States?			
	Yes	<u>x</u> No		N.		
	b. Are	you a citizen of any other c	ountry?			·
	Yes	X No				
	If y	es, what country?Syria				
3.	Afflant's occ	upation or profession: Dent	ist	· . ·		·····
4.	Affiant's bus	iness address:513 East Lim	e Ave. #204, Monr	ovia, CA. 91016	·	
444-141-141 (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(	Business tel	ephone: 626-301-4220			Business Email:	skholoki@yahoo.com
5.	Education an	d training:		·		
College	University	City/Stat	<u>e</u>	Dates Attended	<u>I (MM/YY)</u>	Degree Obtained
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Qradua	te Studies	College/University	City/State	Dates Attended	<u>l (MM/YY)</u>	Degree Obtained
<u>Prostho</u>	dontics	Damascus Univer Prosthodontics		09/15	2 <u>78-09/1980</u>	
Other I	<u>raining: Name</u>	<u>Clty/State</u>	Dates Attende	d (MM/YY)	Degree/C	ertification Obtained
	1	Los Angeles/ Ca.	12/1984		F	oreign Graduato
Note:	applicable, p	ended a foreign school, plea rovide the foreign student I Information.				

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Applic	ant Company Name :			and and a local state of the loc		. (
б.	List of membership	s in professional socie	ties and associ	ations:		
	<u>Name of</u> <u>Society/Association</u> SGVDS			<u>Address of</u> <u>Society/Association</u> 312 E. Las Tunas Dr.San Oabriel91776	Telephone Number of Society/Association	
	50705	Lee Adishian Donna Astrini		Gabriel91776	626-285-1174	
	CDA	Administrator, Board Activiti California Der Association	, House and es, ital	1201 K. St. Sacramento, Ca.95814	800.232.7645	
				·		
7,		position with the App	plicant Compan	y: Trustee- Foundation Aud	it Committee	
8.	List complete empl including present jo officerships). Please	oyment record for th bs, positions, partner list the most recent f	e past twenty ships, owner of irst. Attach add	(20) years, whether compe f an entity, administrator, m	nsated or otherwise (up to and anager, operator, directorates or ovided is insufficient. It is only	• , -
Beginni Dates (	ing/Ending [MM/YY]:12/23/1994	- Present Self E	mployed. Mohe	nmad Saleh Kholaki		
Address	s:513 East Lime Ave.	#204City:	Monrovia	State/Provin	ce; CA	(
					Heid: Owner	
					Kholakí	
			ուսուսեցին որ հայ	_ Supervisor Contact, DT		
Dates (	ing/Ending MM/YY):	- Employ	er's Name:			
Address					ce:	
Country	e Po	stal Code:	Phone:	Offices/Positions	Held:	
	ng/Ending MM/YY):	Employ	er's Name:			
Address	1 	City:	· · · · · · · · · · · · · · · · · · ·	State/Provinc	e:	
					Held:	
Type of	Business:	••••••	Superviso	r/Contact:		
Beginni	ng/Ending					
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Revised 8/18/14 FORM 11

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		pany Name : The Dentists Insurance Com		NAIC No. 40975 FEIN: 94-2698799
Туре	of Busine	ss:Supervisor/Contact:		1999 Torm & Hamilton
9,	a.	Have you ever been in a position which	required a fidelity b	ond?
		Yes No X		
		If any claims were made on the bond, g	ive details:	
	b.			dule fidelity bond, or had a bond canceled or
	•	Yes No x		
		If yes, give details:		
10.	or gov in the the lic numbe are rei repres pages Dental	remmental licensing agency or regulatory past. For any non-insurance regulatory iss ensing authority or regulatory body having er is your Social Security Number (SSN) of asonably identifiable as your SSN, then we ented by your SSN. (For example, "SSN if the space provided is insufficient.	authority or licensin ucr, identify and pro- g jurisdiction over the r embeds your SSN rite SSN for that po ", "12-SSN-345" or	glicenses to sell securities) issued by any public g authority that you presently hold or have held vide the name, address and telephone number of e license (s) issued. If your professional license or any sequence of more than five numbers that rtion of the professional license number that is "1234-SSN" (last 6 digits)). Attach additional
Organ	ization/ls	suer of License: Dental Board Of Californ	ia Address: 2005	Evergreen Street,#1550
City: S	Sacramen	to State/Province: Ca,	Country: USA	Postal Code:95815-7789
Licen	se Type: I	DENTIST	) Date	Issued (MM/YY): 01/31 2016
Date I	Expired ()	MM/YY); 01/31/2018 Reason for '	l'ermination: N/A	
Non-I	nsurance	Regulatory Phone Number (If known): N/	Λ	
Organ	ization/Is	suer of License:	Address:	۲
				Postal Code:
Licens	se Type: _	License #:	Date	Issued (MM/YY);
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			•	na projuna – na na projekto projekto projekto (1916 – Da (1910) anterna na projekto (
11.		conding to the following, if the record has		nged, and the affiant has personally verified that e question. Have you ever:
	ů,	Been refused an occupational, professi any public administrative, or governme	onal, or vocational I ntal licensing agency	cense or permit by any regulatory authority, or
		Yes No x		
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	Applic	cant C	Sompany Name :	<u> </u>
		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?	
		с.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?	
			Yes No x	
		d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?	
			Yes No x	
•		e.	Pled guilty, or noto contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?	
			Yes No X	
		f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?	
			Yes No x	
		g	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?	Ć
			Yes No x	
		h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?	
			Yes No X	
		i,	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?	
			Yes No X	÷.,
		j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?	
			Yes $NO[X]$	
			If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.	
	12.	[.¦æi	any ontity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The	/
	s are	tern	a "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a	(
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#### Applicant Company Name : The Dentists Insurance Company

#### NAIC No. 40975 FEIN: 94-2698799

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. (ALMO)

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 X

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

Nox Yes

If yes, provide details:

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

Yes NOX

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	X
-------	----	---

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?

5

Yes Nolx

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Applicant Company N	ame :		NAIC No
			ils. When responding to questions (b) and (c), his or her departure from the entity.
	affiant has any doubt about the n explanation provided.	accuracy of an answer, t	he question should be answered in the positive
'my knowledge and t	elief.	20 16 at 6	$\frac{a Crescenta}{correct}$ . I hereby certify bing statements are true and correct to the best
(Slgnat	ure of Affiant)		
Sal	County of:	farization	
ne foregoing instrume d:	nt was acknowledged before me	e thisday of	, 20 by,
who is personally l	nown to me, or		
who produced the	following identification:		·
[SEAL]			Notary Public
			Printed Notary Name
			My Commission Expires

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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 truthfuiness, accuracy, or validity of that document.

# STATE OF CALIFORNIA COUNTY OF LOS ANGELES

LIZABETH AGHVINIA COMM. # 1990109

OTARY PUBLIC - CALIFORNI LOS ANGELES COUNTY

On July 20 2016 before me Elizabeth Aghvinian, Votary Public

Personally appeared <u>Mohamad Saleh tholats</u> who proved to me on the basis of satisfactory

> 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.

evidence to be the person(s) whose name(s)

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

Galella the venue

SIGNATURE OF NOTARY PUBLIC

OPTIONAL.

Though the data below is not required by law, it may prove valuable to persons relying on the document and prevent fraudulent reattachment of this form. CAPACITY CLAIMED BY SIGNER DESCRIPTION OF ATTACHED DOCUMENT Affictavit Biographic . O INDIVIDUAL **D** CORPORATE TITLE OR TYPE OF DOCUMENT TITLES D PARTNERS LIMITED GIX O GENERAL NUMBER OF PAGES D ATTORNEY IN FACT n TRUSTEE(\$) GUARDIAN/CONSERVATOR O OTHER DOCUMENT DATE OF SIGNER IS REPRESENTING NAME OF PERSON(S) OR ENTITY None SIGNER(S) OTHER THAN NAMED ABOVE

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975 FEIN: 94-2698799

# **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).

# The Dentists Insurance Company 1201 K Street, 17th Floor Sacramento, CA 95814 (800)733-0634

Affiant's Full Name (Initials Not Acceptable): First: Mohamad \_\_\_\_\_\_ Middle: Saleh\_ Last: Kholaki. IF ANSWER IS "NONE," SO STATE.

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

Yes	yes	No	

1.

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

	ming/Ending s) Used (MM/YY)	<u>Name(s)</u> Specify: First, Middle or Last Name	Reason (If none, indicate such)
12/19	84	M. Saleh Kholaki	Abbreviation
12/ 19	84	Saleh Kholaki	Abbreviation
		**************************************	
	-		
			- · · · · · · · · · · · · · · · · · · ·
	-		
Note:	Dates provided in response		ate. Parties using this form understand that there could
3.	Affiant's Social Security	Number:	
4.	Government Identification		
5.	Foreign Student ID# (if a	oplicable) : N/A	
6.			h, City: Damascus
7			
©20161	National Association of Insura	ree Commissioners 7	Revised 8/18/14

FORM H

Applicant Company N	ame !		NA Fe	IC No IN:	······
8. List your resi	dences for the last ten	(10) years startin	g with your current ad	dress, giving:	
Beginning/Briding Dates (MM/YY)	Address	, <u>City</u>	State/ Province	Country	Postal Code
07/1997	Glendale.	Ca. USA.	total		······································
s statut			<b></b>	W <sup>1</sup>	
• ATT (		vA18981*******			
				courrent address. Parti one address to another	
Dated and signed this certify under penalty of the best of my knowled	$20$ day of $J_{\alpha}$	ly , 20 sting on my own	<u>16 at La Cres</u> behalf and that the for	scenta regoing statements are	. I hareb
, — ,	-			20 farizats on	,
State of:	County	of:	SA RECEILON N		
The foregoing instrum	ent was acknowledge	d before me this _	day of	, 20 by	, 
and:					
who is personally					
who produced the	tonowing identificati	on:		anna a stil Arigan	
				يعمروهم	
[SEAL]		• .		Notary Pu	ıblic
[SEAL]				Notary Pu Printed Notar	
[SEAL]		· · ·		· · · · · · · · · · · · · · · · · · ·	y Name
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<b>[SEAL]</b>				Printed Notar	y Name
[SEAL]			   	Printed Notar	y Name

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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 LOS ANGELES

July 20, 2014 before me Elizabeth Aghvinian, Notary Public

Personally appeared Mohamad Saleh tholaki

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

SIGNATURE OF NOTARY PUBLIC

# **OPTIONAL**

Though the data below is not required by law, it may prove valuable to persons relying on the document and prevent fraudulent resttachment of this form.

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DESCRIPTION OF ATTACHED DOCUMENT biographical Afficient

TITLE OR TYPE OF DOCUMENT

NUMBER PAGES

DATE OF DOCUMENT

NON-SIGNER(S) OTHER THAN NAMED ABOVE Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975 FEIN: 94-2698799

# DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

This Disclosure and Authorization is provided to you in connection with a pending application of The Dentists Insurance Company [company name]("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 produce 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 Owens Online, Inc., 3802 Ehrlich Road, Suite 307, Tampa Florida 33624 [name of CRA, address]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, Sacramento, CA 95814 (800)733-0634 [company's designated person, position, or department, address and phone].

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 produced 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 of 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.

	ndule,Ca	7-20-2016 (Date)
(Signature)		(Date)
State of County of	- Sec arran	an poterizets as
The foregoing instrument was acknowledged before who is personally known to me, or who produced the following identification:	me this day of 2t	) by, and:
[SEAL]		Notary Public
	· · · ·	Printed Notary Name My Commission Expires
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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 LOS ANGELES** 2016 before me Elizabethe Aghvinian Notary Public Mohamad Saleh tholaki Personally appeared 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 be-3 half of which the person(s) acted executed the instrument. A GEN/INDA M 1000108 I certify under PENALTY OF PERJURY under the TARY PUBLIC - CALIFORN laws of the State of California that the forego-LOB ANGELES COUNTY sa Kasilati Baril 20 ing paragraph is true and correct. WITNESS my hand and official seal alletter alle SIGNATURE OF NOTARY PUBLIC OPTIONAL Though the data below red by law, it may prove valuable to persons relying on the attachment of this form. · CAPACITY CLAIMED BY SIGNER DESCRIPTION OF ATTACHED DOCUMENT. Disclosure And Augursizanon . INDIVIDUAL Concerning Barksround Reports **D** CORPORATE TYPE OF DOCUMENT TITLE OR TITLES D PARTNERS O LIMITED o GENERAL PAGES ATTORNEY IN FACT NUMBER OF D TRUSTEE(S) GUARDIAN/CONSERVATOR O OTHER DATE OF DOCIDME SIGNER IS REPRESENTING NAME OF PERSON(S) OR ENTITY Vone SIGNER(S) OTHER THAN NAMED ABOVE

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Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975 FEIN: 94-2698799

# **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).

				entists Insurance ( 17 <sup>th</sup> Floor Sacran (800)733-0634	nento, CA 95814	·		
hereinafi ANSWE	ter set fo R IS "N	orth. (Attach : O" OR "NON	e-named entity, I her addendum or separate IE," SO STATE.	sheet if space h	ereon is insufficient t	o answer any	question fully.) IF	
۱.	Affiant'	s Full Name (	Initials Not Acceptable	e): First: <u>50</u> 1	Middle: Yow	Jin Last:	Kim	
2.	<b>a</b> .		tizen of the United Sta		V			
		Yes 🔀	No	· · ·				
	b.	Are you a ci	tizen of any other cour	try?				
		Yes	No 🔀					
		If yes, what	country?		₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩			
3.	Affiant'	s occupation	or profession: Dev	tist	······································			
4.	Affiant'	s business add	iress: 4220	W 3rds	Street #10	1, LA	(4 90020	
			243) 387-5571	) Busines	ss Email: BEVENY	dontal gru	up@amail.	com
5.	Educati	on and trainin	g:		/	10		
College/	Universi	ty	City/State		Dates Attended (MI	<u> //YY)</u>	Degree Obtained	
VC	LA		Los Angeles,	CA	9184 - 6 18	38	B.S.	
<u>Graduat</u> V0	e Studies PSo	1.1	Dentisty	<u>City/State</u> SF, C/ <del>I</del>	Dates Attended (MP 7 88 - 6	<u>41</u>	Degree Obtained	
Other Tr	raining: 1	Name	City/State	Dates Attended	<u>(MM/YY)</u>	Degree/Cert	ification Obtained	

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

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	Applicant Company Name : TOIL NAIC No FEIN:
	6. List of memberships in professional societies and associations:
	Name of Address of Telephone Number
	Society/Association Contact Name Society/Association of Society/Association
	Los Augriles Deutal Society Teresa Chien 3660 Wilshire Blul (213) 380-766
	CD/f Jana Ursche 1201 KSt Summonto, CA (916)559-49
·	
	7. Present or proposed position with the Applicant Company: <u>BUAY OF TWS TEE</u> .
	8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or
	officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.
	Dates (MM/YY): 997 - Priscont Employer's Name: Bowly Dantal Gmp.
	Beginning/Ending 997 - Present Employer's Name: Bowly Dontal Gmp. Address: 4220 W3nl St 4101 City: Los Angr-WS State/Province: C/1
	Country: USA Postal Code: <u>9000</u> Phone: (213)387-55) Offices/Positions Held: <u>Den Fis</u>
	Type of Business: Don tal Office. Supervisor/Contact: N/4
	Beginning/Ending
	Dates (MM/YY): Employer's Name:
	Address: City: State/Province:
	Country: Postal Code: Phone:Offices/Positions Held:
	Type of Business: Supervisor/Contact:
	Beginning/Ending Dates (MM/YY): Employer's Name:
	Address:          City:         State/Province:
	Country: Postal Code: Phone:Offices/Positions Held:
	Type of Business: Supervisor/Contact:
	Beginning/Ending Dates (MM/YY): Employer's Name:
	Address: City: State/Province:
	Country: Postal Code: Phone: Offices/Positions Held:
	Type of Business: Supervisor/Contact:

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2.       n.       Have you ever been in a position which required a fidelity bond?         Yes       No       No         If any chims were made on the bond, give details:	Applic	ant Com	pany Namo : The Dentists Insurance Company NAIC No. 40975 FEIN: 94-2698799
If any claims were made on the bond, give details:         b.       Harve you ever been denied an individual or position schedule fidelity bond, or hed a bond canceled or revoked?         Yes       No         Yes       No         If yee, give details:	9.	a,	Have you ever been in a position which required a fidelity bond?
<ul> <li>b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?</li> <li>Yes No Yes Inducting Honeses to soll scentrides) issued by any public or generative or regulatory authority or linearing authority due you presently hold or have held in the past. For any non-instruct regulatory inster, identify and provide the name, address and telephene number of the licenses (0) issued. If you professional licenses that are transmably identifiable as your SSN for any sequence of trave the license (0) issued. If you professional license innumber of strong social Scourity Number (SSN) or embed your SSN or my sequence of trave that are transmably identifiable as your SSN. If an write SSN for the your professional license number that are presented by your SSN. (for example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attech additional pages if the space provided is insufficient.</li> <li>Organization/Issuer of License: Denial Baave of Address: 2005 Every or Social Code: 178/15-3853</li> <li>License Type: Den Ajst License #: 34.668 Date Issued (MM/YY): 08 / 02 / 1199 J</li> <li>Date Ispired (MM/YY): 7/2.1/2.018 Reason for Termination: M/A</li> <li>Non-Insurance Regulatory Phone Number (if known): (91 b) 2.63 - 2.300</li> <li>Organization/Issuer of License: Address:</li></ul>			Yes No
revokid?         Yes       No         If yes, give details:         10.       List any professional, occupational and vocational licenses (including licenses to sell securitics) issue; does not provide the mane, address and telephone number of the licensing authority or regulatory number (is your professional license anumber is your Solid Security Number (SSN) or embeds your SSN for any sequence of trave that five numbers that are reasonably identifiable as your SSN. Iten write licenses (is secure. If your professional license anumber is your SSN. for enx portion of the professional license interpretention of the professional license is more than two numbers (is the space provided is insufficient.         Organization/issuer of License:       Density 1234-SSN? (least 6 digits)). Attech additional pages if the space provided is insufficient.         Organization/issuer of License:       CA         Organization/issuer of License:       CA         Date Type:       Density 1         Date Day of (MM/YY):       J & J & J & J & J & J & J & J & J & J &			If any claims were made on the bond, give details:
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 suthority or licensing authority ther you presently held or lave held in the pest. For any non-instrume regulatory issue, identify and provide the ame, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by your SSN, then write SSN for that portion of the professional license number that is represented by any state of License (Devented Country:		Ь.	
<ul> <li>10. List any professional, occupational and vocational licenses (including licenses to soll securities) issued by any public or governmental licensing agency or regulatory issue, identify and provide the name, address and telephone number of the licensing authority or regulatory issue, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisaliciton over the license (b) issued. If your professional license number is your Social Sociently Number (SSN or ented syour SSN for that portion of the professional license number that is represented by your SSN. (for example, "SSN", "12-SSN-345" or "1234-SSN" (lest 6 digits)). Adtech additional pages if the space provided is insufficient.</li> <li>Organization/Issuer of License: Dental Brand of (A) Address: 2005 Evv/gvator St 4 1550</li> <li>City: SAtvary (h) State/Province: CA Country: Postal Code: 958/5-383</li> <li>License Type: Dental State/Province: CA Country: Postal Code: 958/5-383</li> <li>License Type: Dental State/Province: Address: Dots // (1991)</li> <li>Date Expired (MM/YY): State/Province: Address:</li></ul>			Yes No X
<ul> <li>10. List any professional, occupational and vocational licenses (including licenses to sell securides) issued by my public or governmental licensing algency or regulatory authority or licensing authority that you prosently hold or have held in the past. For my non-insurmer regulatory lisues, identify and provide the name, address and lelephone number of the licensing authority or regulatory body tarving jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN them 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)). Attech additional pages if the space provided is insufficient.</li> <li>Organization/Issuer of License: Dental Based of (A Address: 2005 Exr/Avtt:n St + 1550 Gity: SA (1999 SN, (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attech additional pages if the space provided is insufficient.</li> <li>Organization/Issuer of License: Dental Based of (A Address: 2005 Exr/Avtt:n St + 1550 Gity: SA (1999 SN, (For example, "SSN or Termination: N/A Cost = 17815 - 383 License Type: Dent Hist License #: 34.668 Date Issued (MM/YY): OS_02_02_11991</li> <li>Date Expired (MM/YY): 7_3.1/2018 Reason for Termination: N/A Non-Insurance Regulatory Phone Number (if known): Out [916] 263 - 2300</li> <li>Organization/Issuer of License: Address:</li></ul>			
License Type:       Dem fish       License #:       34666       Date Issued (MM/YY):       08 02 1991         Date Expired (MM/YY):       7 31 2018       Reason for Termination:       N/4         Non-Insurance Regulatory Phone Number (if known):       (916) 263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:       Postal Code:         License Type:       License #:       Date Issued (MM/YY):       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:       Non-Insurance (MM/YY):         Date Expired (MM/YY):       Reason for Termination:       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 scaled or expunged, and the affiant has personally verified that the record was scaled 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       X         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	10.	or gov in the jied the lied numbed are read represe	ernmental licensing agency or regulatory authority or licensing authority that you presently hold or have held past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of ensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that issonably identifiable as your SSN, then write SSN for that portion of the professional license number that is ented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional
License Type:       Dem fish       License #:       34.668       Date Issued (MM/YY):       08.02.1991         Date Expired (MM/YY):       7.31/2.018       Reason for Termination:       N/4         Non-Insurance Regulatory Phone Number (if known):       (916)263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:       Postal Code:         License Type:       License #:       Date Issued (MM/YY):       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:       Postal Code:         License Type:       License #:       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:       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 lus been scaled 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 ageney?         Yes       No       X         b.       Had any occupat			$\lambda \downarrow \lambda \downarrow \lambda (\Lambda ) \lambda \lambda = (1 ) \lambda $
License Type:       Dem fish       License #:       34.668       Date Issued (MM/YY):       08.02.1991         Date Expired (MM/YY):       7.31/2.018       Reason for Termination:       N/A         Non-Insurance Regulatory Phone Number (if known):       (916)263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:       Postal Code:         License Type:       License #:       Date Issued (MM/YY):       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:       Non-Insurance (MM/YY):       Date Issued (MM/YY):         Date Expired (MM/YY):       Reason for Termination:       Non-Insurance (MM/YY):       Reason for Termination:         1.       In responding to the following, if the record lues been scaled 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       X         b.       Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?         Yes       No       X	Organi	zation/Is	suer of License: Dentral Board of CA Address: 2003 Every votin St # 1950
Date Expired (MM/YY):			
Non-Insurance Regulatory Phone Number (if known):       (916) 263-2300         Organization/Issuer of License:       Address:         City:       State/Province:       Country:         Postal Code:       Postal Code:         License Type:       License #:       Date Issued (MM/YY):         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:			
City:	Non-In	surance	Regulatory Phone Number (if known): (916) 263-2300
License Type;       License #;       Date Issued (MM/YY);         Date Expired (MM/YY);       Reason for Termination;         Non-Insurance Regulatory Phone Number (if known);	Organi	zation/Is	suer of License: Address:
Date Expired (MM/YY):       Reason for Termination:         Non-Insurance Regulatory Phone Number (if known):	City:	Av. Av	State/Province: Country: Postal Code:
<ul> <li>Non-Insurance Regulatory Phone Number (if known):</li></ul>	Licens	e Type;	License #: Date Issued (MM/YY):
<ul> <li>In responding to the following, if the record has been scaled or expunged, and the affiant has personally verified that the record was scaled or expunged, an affiant may respond "no" to the question. Have you ever:</li> <li>a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?</li> <li>Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</li></ul>	Date B	xpired (i	MM/YY): Reason for Termination:
<ul> <li>the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:</li> <li>a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?</li> <li>Yes No</li> <li>No</li> <li>Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?</li> <li>Yes No</li> <li>Yes No</li> <li>Yes No</li> </ul>	Non-In	isurance	Regulatory Phone Number (if known):
any public administrative, or governmental licensing agency? Yes No X b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action? Yes No X Revised 8/18/14	11.		
<ul> <li>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?</li> <li>Yes No</li> <li>Revised 8/18/14</li> </ul>		a.	
any judicial, administrative, regulatory, or disciplinary action? Yes No Revised 8/18/14			Yes No
Revised 8/18/14		Ь.	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
	©2016	National	

Applicant Company Name :

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

Been placed on probation or had a fine levied against you or your occupational, professional, or vocational c. license or permit in any judicial, administrative, regulatory, or disciplinary action? Yes No | Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? d. Yes No | Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic e. 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 L 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 Had a finding made by the Comptroller of any state or the Federal Government that you have violated any j, 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 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. 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

12.

4

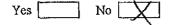
or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

#### NAIC No. 40975 FEIN: 94-2698799

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.\_\_\_\_\_\_

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.



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 governmentallicensing 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

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

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

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_ 20 \_\_\_\_ 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)

County of: State of:

The foregoing instrument was acknowledged before me this \_\_\_\_\_day of \_\_\_\_day of \_\_\_\_\_day of \_\_\_\_day of \_\_\_\_day of \_\_\_\_day of \_\_\_\_\_day of \_\_\_\_day of

understand who is personally known to me, or

who produced the following identification

See [SEAL]

Notary Public

Printed Notary Name

My Commission Expires

by

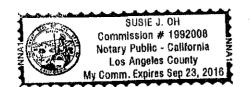
## **CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

#### CIVIL CODE § 1189

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 Los Ar	seles )
On 6/15/15	before me, <u>Ssiz</u> <u>J</u> - <u>OL</u> <u>Notra</u> <u>Rublic</u> Here Insert Name and Title of the Officer
personally appeared	Scalt Vone Jim Kim
<sup>م</sup> ۹۹م عالي وروان المراجع المراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع و	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(e) whose name(e) (s) 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(e), or the entity upon behalf of which the person(e) 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.

Signature Signature of Notary Public

Place Notary Seal Above

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

# Description of Attached Document

Title or Type of Document: Biographical	Alfidand Document Date:
Number of Pages: Signer(s) Other Than	Named Above:
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Corporate Officer - Title(s):	Corporate Officer - Title(s):
🗇 Partner — 🔄 Limited 👘 General	Partner – Li Limited Li General
🗋 Individual 👘 🗉 Attorney in Fact	🗄 Individual 🦳 Attorney in Fact
Trustee Guardian or Conservator	UTrustee Guardian or Conservator
□ Other:	i   Other:
Signer Is Representing:	Signer Is Representing:

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NAIC No. 40975 FEIN: 94-2698799

# 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).

<u>The Dentists Insurance Company</u> <u>1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814</u> (800)733-0634

Affiant's Full Name (Initials Not Acceptable): First: SLOH Middle: Yowy Jin Last: Kim 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

1.

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

Begin	ning/Ending	- Name(			Reason (If none, indi-	cate such)
Date(s	) Used (MM/YY)	Specify: First, Middl	e or Last Name			
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			5005.00 \$100.50 (1.000.000)	<b></b>		
<b>.</b>						
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		······································			······	
Note:	Dates provided in respon be an overlap of dates wh				using this form unders	stand that there could
3.	Affiant's Social Security	Number:				
4.	Government Identification	n Number if not a U	.S. Citizen:			······································
5.	Foreign Student ID# (if a	pplicable) :				······································
6.	Date of Birth: (MM/DD/ State/Province:		Place of Bir Country:	rth, City: Svv+V	Sevel Kover	
7.	Name of Affiant's Spous	e (if applicable) :	Susie	14.	Kim	
8.	List your residences for t	he last ten (10) years	s starting with y	our current a	ddress, giving:	
©2016 ]	National Association of Insure				· · ·	Revised 8/18/14 FORM 11

Applicant Company Name :	NAIC No FEIN:
Beginning/Ending State/ Dates (MM/YY) Address City Province 8/2003 to 8/2010 Lealenned 4/2010 to present Man heat	
Note:       Dates provided in response to this question may be approximate, understand that there could be an overlap of dates when transition         Dated and signed this day of, 20 at         certify under penalty of perjury that I am acting on my own behalf and the second seco	ning from one address to another.
the best of my knowledge and belief. (Signature of Affiant)	
State of: County of:	
The foregoing instrument was acknowledged before me this day of and:  Who is personally known to me, or	, 20 by,
who produced the following identification:	<u></u>
[SEAL]	Notary Public
ISEALT Sec Attraction	Printed Notary Name
1X1×1	My Commission Expires

8

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

#### CIVIL CODE § 1189

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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 Los Arrentees	)
On <u>61/514</u> before me Date	Here Insert Name and Title of the Officer
personally appeared	Variation King

who proved to me on the basis of satisfactory evidence to be the person(e) whose name(e) (15/are subscribed to the within instrument and acknowledged to me that he here the subscribed to the within instrument and acknowledged to me that here they executed the same in (his/her/their authorized capacity(ies), and that by(his/her/their signature(e) on the instrument the person(e), or the entity upon behalf of which the person(e) 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.

Signature

Signature of Ndtary Public

Place Notary Seal Above

**OPTIONAL** 

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

#### Description of Attached Document

Title or Type of Document: <u>Biographic</u> ACL Number of Pages: <u>9</u> Signer(s) Other Than N	
Capacity(ies) Claimed by Signer(s)	
Signer's Name:	Signer's Name:
Corporate Officer - Title(s):	Corporate Officer — Title(s);
🗇 Partner — 🕘 Limited 🛛 Li General	Partner – Li Limited General
Individual     Attorney in Fact	I Individual Attorney in Fact
Trustee     Guardian or Conservator	I Trustee I Guardian or Conservator
🗋 Other:	i I Other:
Signer Is Representing:	Signer Is Representing:

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#### NAIC No. 40975 FEIN: 94-2698799

# 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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.

Scott Your Jin Kim	
(Printed Full Name and Residence Addres (Signature)	$\frac{6/15/2016}{(Date)}$
State of: County of:	
The foregoing instrument was acknowledged before me this, and:	day of, 20 by
who is personally known to me, or	
who produced the following identification:	<u>-</u>
[SEAL] See _	Notary Public
- Bxmere -	Printed Notary Name
	My Commission Expires

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## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

## CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the

document to which this ce	tificate is attached, and not the truthfulness, accuracy, or validity of that document.
State of California	)
County of Los A	Sclas )
on 6/15/16	before me, Susie J. OL, Notan Rublic
Date	Here Insert Name and Title of the Officer
personally appeared	Scott Vong Jin Kim
	Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) (s) 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(he/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(e) acted, executed the instrument.

SUSIE J. OH Commission # 1992008 Notary Public - California Los Angeles County My Comm. Expires Sep 23, 2016

Place Notary Seal Above

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.

Signature	50-
	Signetuse of Moteon Bublic SUSIE J. OH Commission # 1992008 Notary Public - California Los Angeles County My Comm. Expires Sep 23, 2016

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document			
Title or Type of Document: Biegraphic Aft	Bounent Date:		
Number of Pages: Signer(s) Other Than	Named Above:		
Capacity(ies) Claimed by Signer(s)			
Signer's Name:	Signer's Name:		
Corporate Officer - Title(s):	Corporate Officer Title(s):		
Deartner – DLimited Deneral	Partner – !   Limited     General		
L Individual Attorney in Fact	I Individual Attorney in Fact		
[] Trustee Guardian or Conservator	Trustee     Guardian or Conservator		
[] Other:	I Other:		
Signer Is Representing:	Signer Is Representing:		

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#### NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

Business Email: todd.lewis@cda.org

## **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).

## <u>The Dentists Insurance Company</u> <u>1201 K Street, 17<sup>th</sup> Floor, Sacramento, CA 95814</u> (800)733-0634

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: Todd\_Middle: David\_Last: Lewis

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

Yes	X	No	

b. Are you a citizen of any other country?

Yes	Х	No	

If yes, what country? Canada

3. Affiant's occupation or profession: Accountant

4. Affiant's business address: 1201 K Street, 14<sup>th</sup> Floor, Sacramento, CA 95814

Business telephone: <u>916-554-7357</u>

5. Education and training:

<u>College/University</u> University of Ottawa <u>550 Rue Cumberland, O</u>	<u>Citv/State</u> Ottawa, ON ttawa, ON Canada 877-86	I, Canada	<u>Dates Attended (MM/YY)</u> 09/90 – 05/94 Ba	Degree Obtained accalaureate in Commerce
Graduate Studies	College/University	<u>City/State</u>	Dates Attended (MM/YY)	Degree Obtained

Other Training: Name City	/State Dates	Attended (MM/YY)	Degree/Certification Obtained
Chartered Professional Accountant	Toronto, ON, Canada	09/94 – 09/96 Cha	rtered Professional Accountant (CPA, CMA)

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.

#### NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

6. List of memberships in professional societies and associations;

<u>Name of</u> <u>Society/Association</u> Chartered Professional	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Accountants Ontario		69 Bloor Street East, Toronto, ON M4W 1B3	416-962-1841

7. Present or proposed position with the Applicant Company: V.P. Finance / Assistant Treasurer: Appointed 1/15/16. Replacing Kevin Christopher Roach.

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):12/15-Current Employer's Name: California Dental Association

Address: 1201 K Street, 14th Floor City: Sacramento State/Province: CA

Country: USA Postal Code: 800-232-7645 Phone: Offices/Positions Held; V.P. Finance / Assistant Treasurer

- - - - - - - - - -

Type of Business: Membership Association Supervisor/Contact: Kevin Roach

Beginning/Ending

Dates (MM/YY): 04/14 - 12/15 Employer's Name: Tricorp Construction, Inc. & Tricorp Group, Inc.

Address: 11281 Pyrites Way, Suite A City: Gold River State/Province: CA -

Country: USA Postal Code: 95670 Phone: 916-779-8010 Offices/Positions Held: C.F.O.

Type of Business: General Contractor Supervisor/Contact: Tony Moayed

Beginning/Ending

Dates (MM/YY): 11/04-03/14 Employer's Name: Luppen and Hawley, Inc.

Address: 7400 14th Avenue City; Sacramento State/Province; CA

Country: USA Postal Code: 95820 Phone: 916-456-7831 Offices/Positions Held: C.F.O

Type of Business: Mechanical Contractor Supervisor/Contact: John O'Connor

Beginning/Ending

Dates (MM/YY): 10/94-11/04 Employer's Name: Electronic Data Systems

Address: 10888 White Rock Dr. City: Rancho Cordova State/Province: CA

Country: USA Postal Code: 95670 Phone: N/A Offices/Positions Held: Finance Manager

2

Type of Business: Information Technology Supervisor/Contact: Lisa Anderson

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

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	Applic	ant Con	npany Name : The Dentists Insurance Company	NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>
i			Yes No X	
			If any claims were made on the bond, give details:	
		b,	Have you ever been denied an individual or position revoked?	schedule fidelity bond, or had a bond canceled or
	,		Yes No X	
			If yes, give details:	
	10.	or go in the the lic numb are re repres	iny professional, occupational and vocational licenses (inclusion vernmental licensing agency or regulatory authority or lice past. For any non-insurance regulatory issuer, identify an censing authority or regulatory body having jurisdiction over is your Social Security Number (SSN) or embeds your easonably identifiable as your SSN, then write SSN for the sented by your SSN. (For example, "SSN", "12-SSN-34 if the space provided is insufficient.	ensing authority that you presently hold or have held d provide the name, address and telephone number of ver the license (s) issued. If your professional license SSN or any sequence of more than five numbers that hat portion of the professional license number that is
	Organ	ization/I	ssuer of License: Society of Management Accounts of On	tario Address: 25 York Street, Suite 1100
,			State/Province: Ontario Country: CA Postal Code: M5J 2	
4	·		Chartered Professional Accountant License #:N/A Date Is	
	Date E	Expired (	(MM/YY): Current Reason for Termination: N/A	
	Non-It	nsurance	Regulatory Phone Number (if known): 1-800-387-2991	
	11,		sponding to the following, if the record has been sealed or ecord was sealed or expunged, an affiant may respond "no"	
		a.	Been refused an occupational, professional, or vocational any public administrative, or governmental licensing a	
			Yes No X	
		ь.	Had any occupational, professional, or vocational lice any judicial, administrative, regulatory, or disciplinary	
			Yes No X	
		<b>C.</b>	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regula	
			Yes No X	
		d.	Been charged with, or indicted for, any criminal offen	se(s) other than civil traffic offenses?
(			Yes No X	
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#### NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

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

No X Yes

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?

No X Yes

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

Yes	No	X	
y es	NO	A	

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

No X Yes

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?

No | X Yes

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

Yes No X

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

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

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#### NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No X

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

14. Have you ever been adjudged a bankrupt?

No X Yes

If yes, provide details:

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentallicensing agency?

Yes No X

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 X

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 X

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.

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NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

Dated and signed this \_ day of February 2016 at Sacramento, CA. 1 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) County of: \_ State of: The foregoing instrument was acknowledged before me this \_\_\_\_\_day of 20 and; who is personally known to me, or who produced the following identification:\_ [SEAL] Notary Public See Attached Printed Notary Name **Notarization Certificate** My Commission Expires

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A notary public or other officer completing the certificate verifies only the identity of the ind who signed the document to which this cert attached, and not the truthfulness, accuracy validity of that document.	dividual ( lificate is
ate of California ounty of Sacramento	)
February 29, 2016 before me	a. Jana Wesche, Notary Public
	e, Jana Wesche, Notary Public (insert name and title of the officer)
bscribed to the within instrument and acknowledge acknowledge acknowledge and the structure and the backnowledge action and the structure action and the structure action	v evidence to be the person(s) whose name(s) is/are owledged to me that he/she/they executed the same in t by his/her/their signature(s) on the instrument the the person(s) acted, executed the instrument.
ertify under PENALTY OF PERJURY unde ragraph is true and correct.	r the laws of the State of California that the foregoing
TNESS my hand and official seal.	JANA WESCHE Commission # 2062890 Notary Public - California Sacramento County My Comm. Expires Mar 30, 2018
gnature Jama Wesche	(Seal)

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## NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

# 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).

The Dentists Insurance Company
1201 K Street, 17th Floor, Sacramento, CA 95814
(800)733-0634

1. Affiant's Full Name (Initials Not Acceptable): First: Todd Middle: David Last: Lewis

IF ANSWER IS "NONE," SO STATE.

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

Yes No X
----------

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

	ning/Ending ) Used (MM/YY)		Reason (If none, indicate such)
<u> </u>			
16- <b>81</b> 71-10			
<u> </u>	······································		
Note:			Parties using this form understand that there could
3.	Affiant's Social Security	Number:	
4.	Government Identification	n Number if not a U.S. Citizen:	
5.	Foreign Student ID# (if a	pplicable) :	• • • • • • • • • • • • • • • • • • •
6.	Date of Birth: (MM/DD/ State/Province: Ontario		arborough
7.	Name of Affiant's Spous	e (if applicable) : Laura O'Connor Lewi	8
8.	List your residences for t	he last ten (10) years starting with your c	urrent address, giving:
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# NAIC No. <u>40975</u> FEIN: <u>94-2698799</u>

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	<u>Country</u>	Postal Code
06/02		Sacramento	СА	USA	
			(U)		
	- 				-
				or current address. Parti one address to another	
Dated and signed this acting on my own beha	Jan day of Fet alf and that the for	oruary, 2016 at Sacran egoing statements are	nento, CA. 1 hereby true and correct to th	certify under penalty one best of my knowledg	of perjury that I am e and belief.
57, X02		2			
	ignature of Affiant	t)			
State of:	Cou	nty of:			
White area in the				, 20 by	· 
and					
who is personally	known to me, or	No. Lack			
who produced the	following identified	cation:			
			Production with the stand of th		
[SEAL]			and a second	Notary Pu	ıblic
				Printed Nota	y Name
				My Commissio	m Expires

	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.
	State of California County ofSacramento)
	On February 29, 2016 Jana Wesche, Notary Public
1	(insert name and title of the officer)
	personally appeared Todd Lewis 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. WITNESS my hand and official seal. Sacramento County
	Signature AMU UMSCHE (Seal)

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#### NAIC No. <u>40975</u> FEIN: 94-2698799

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of <u>The Dentists</u> <u>Insurance Company</u> [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 10<sup>th</sup> Floor, Sacramento, CA 95814 (800)733-0634.

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.

Todd David Lewis,	Sacramento,	CA USA			<i>,</i>	
5	(Printed Fuil	Name and R	esidence Add	ress)	Salir	
<u></u>					2/2/1/16	
(Signat	ure)				(Date)	
State of:	County of:		-			
The foregoing instrument	was acknowledged I	before me	this	day of	, 20	_ by
who is personally known who produced the follow					•	
[SEAL]	See Attac				Notary Public	
	Notarization Co	ertificate		····	Printed Notary Name	
					My Commission Explres	<u> </u>

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	ACKNOWLED	GMENT		
who signed the docume attached, and not the tru validity of that documen	ne identity of the individua nt to which this certificate uthfulness, accuracy, or t.		· · · · · · · · · · · · · · · · · · ·	
tate of California ounty of Sacran	iento )		• · · · · · · · · · · · · · · · · · · ·	
n February 29, 2016 ersonally appeared To		a Wesche, Notary (insert name and tit	Public e of the officer)	
ho proved to me on the t ubscribed to the within in s/her/their authorized ca	pasis of satisfactory evider strument and acknowledge pacity(ies), and that by his on behalf of which the per-	ed to me that he/sh her/their signature	e/they executed the same s) on the instrument the	
certify under PENALTŸ C aragraph is true and corr	DF PERJURY under the la	ws of the State of C	alifornia that the foregolr	g
/ITNESS my hand and of	ficial seal.		JANA WESCHE Commission # 2062890 Notary Public - California Sacramento County	
ignature	Vesche	(Seal)	Ay Comm. Expires Mar 30, 2018	

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NAIC No. 40975 FEIN: 94-2698799

# **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).

## <u>The Dentists Insurance Company</u> <u>1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814</u> (800)733-0634

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: Carol Joan McCutcheon

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

Yes x No

b. Are you a citizen of any other country?

Yes No x

If yes, what country?

3. Affiant's occupation or profession: <u>Dentist</u>

4. Affiant's business address: 166 W. Campbell Avenue, Campbell, CA 95008

Business telephone: \_408.379.0851\_\_\_\_\_Business Email: \_drcarol@campbellsmile.com\_\_\_\_\_

5. Education and training:

College/University	City/State		Dates Attended (MM/YY)	Degree Obtained
UC Santa Barbara	Sunta B	arbara, CA	9/75-6/79	BA Biology
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Dentistry	University of Was	hington Seattle, W	/A 9/79-5/83	DDS

Other Training: Name	City/State	Dates Attended (	<u>MM/YY)</u>	Degree/Certification Obtained
MPA at University of San F	Francisco, SF, CA	6/94-1/96	MPA with an em	phasis in Health Care

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.

Appli	cant Company	Name :	

# 6. List of memberships in professional societies and associations:

<u>Name of</u> Society/Association	Contact Name	<u>Address of</u> <u>Society/Association</u> 1485 Park Avenue, San	Telephone Number of Society/Association
SCCDS	Candace Rooney	Jose, Ca 95125	408.289,1480
		1201 K Street, 14th Floor,	·····································
CDA	Peter Dubois	Sacramento, CA 95814	800.232.7645
		211 East Chicago Avenue	· · ·
ADA	Dr. Loughlin	Chicago, IL 60611-2678	312.440.2500

7. Present or proposed position with the Applicant Company: Board Member, Chair of Claims and Risk Management.

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):03	3/84-present Employ	er's Name: self-emp	loyed
Address: 166 W. Ca	mpbell Avenue	City: Campbell	State/Province: CA
Country: USA	Postal Code: 9	5008 Phone: 4	08.379.0851 Offices/Positions Held: Owner dentist
Type of Business:	Dental office		Supervisor/Contact: self
Beginning/Ending Dates (MM/YY):		Employer's Name:	
Address:		City:	State/Province:
Country:	Postal Code:	Phone:	Offices/Positions Held:
Type of Business:	an and the state of the state o	Superv	isor/Contact:
Beginning/Ending Dates (MM/YY):		Employer's Name:	·
Address:		City:	State/Province:
Country:	Postal Code:	Phone:	Offices/Positions Heid:
Type of Business:	and a state of the	Superv	isor/Contact:
Beginning/Ending Dates (MM/YY):		Employer's Name:	
Address:		City:	State/Province:
Country:	Postal Code:	Phone:	Offices/Positions Held:
Type of Business:		Superv	isor/Contact:

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		npany Name : The Dentists Insurance Compar	FE	IC NO. IN;	. 40975 94-2698799
9.	a.	Have you ever been in a position which re-	quired a fidelity bond?		
		Yes No x			
		If any claims were made on the bond, give	e details:		
	ь.	Have you ever been denied an individua revoked?	l or position schedule	fidelity	bond, or had a bond canceled or
		Yes No x			
		If yes, give details:			
10.	or go in the the li numb are re repre	iny professional, occupational and vocational vernmental licensing agency or regulatory au past. For any non-insurance regulatory issues censing authority or regulatory body having j ber is your Social Security Number (SSN) or e easonably identifiable as your SSN, then writ sented by your SSN. (For example, "SSN", s if the space provided is insufficient.	thority or licensing auth r, identify and provide t urisdiction over the lice embeds your SSN or an te SSN for that portion "12-SSN-345" or "123	nority the nam inse (s) y seque of the 4-SSN	hat you presently hold or have held e, address and telephone number of issued. If your professional license ence of more than five numbers that professional license number that is " (last 6 digits)). Attach additional
Orgai	nization/	Issuer of License: Dental Board of California	Address: 2005 Eve	green S	Street, Suite 1550
÷.					
	Sacrame	nto State/Province: CA	Country: USA		Postal Code: 95815
City:		nto State/Province: CA Dental License License #: 31952			
City: Licen	se Type:		Date Issue	d (MM	/YY): 08/01/1983
City: Licen Date	se Type: Expired	Dental License License #: 31952	Date Issue	d (MM	/YY): 08/01/1983
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Applic	ant Company	Name :	
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c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No X

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

Yes No xx

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

es/		No	х Х	
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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 Nox

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?



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

Yes No x

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

No X Yes

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

Yes No x

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

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,

		NAIC No. 40975 FEIN: 94-2698799 percent (10%) or more of the voting securities of any
lf any	of the stock is pledged or hypothecated in any way, give d	etails
or of r regula directl	(ill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock tory authority, or its affiliates? An "affiliate" of, or person y, or indirectly through one or more intermediaries, contr he person specified.	ly or cumulatively subscribe to or own, beneficially of any entity subject to regulation by an insurance 1 "affiliated" with, a specific person, is a person that
Yes [	No x	
	please identify the company or companies in which the ortstanding voting securities.	
If any	of the shares of stock are pledged or hypothecated in any	way, give details.
	you ever been adjudged a bankrupt?	
Yes	No x	
lf yes,	provide details:	
comm	our knowledge has any company or entity for which y ittee member, key management employee or controlling you served in such capacity?	
a.	Been refused a permit, license, or certificate of auth licensing agency?	ority by any regulatory authority, or governmental-
	Yes No x	
b.	Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro similar proceeding)?	plinary action (including rehabilitation, liquidation,
	Yes No x	
	Been placed on probation or had a fine levied again	
c.	authority in any civil, criminal, administrative, regulat	ory, or disciplinary action?

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	NAIC No FEIN:
If the answer to any of the above is yes, please indicate and give a affiant should also include any events within twelve (12) months a	
Note: If an affiant has any doubt about the accuracy of an answer and an explanation provided.	er, the question should be answered in the positive
Dated and signed this 1444 day of 1418 20 1/6 at inder penalty of perjury that I am acting on my own behalf and that the foof my knowledge and belief(Signature of Affiant)	
tate of: County of: The foregoing instrument was acknowledged before me thisday of	, 20by,
and:	
who is personally known to me, or	
X	
X	•
X	Notary Public
who produced the following identification:	
who produced the following identification:	Notary Public
who produced the following identification:	Notary Public Printed Notary Name

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Revised 8/18/14 FORM 11 )

#### 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 Strong (U.S. 18-18-

On THATE M, 741	6		, before me <u>, Cathy M.</u>	Wong, Notary Public
personally appeared	(AARD)	Torul	(insert nam micurcurent	ne and title of the officer)
portoniany appeared			- THOM DAU VA	1987 - 1997 - 19

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.	CATHY M. WONG COMM. #2067406 COMM. #2067406 Notary Public - California Santa Clara County My Comm. Expires June 4, 2018			
Signature	(Seal)			

Optional information. This certificate is attached to:

Title or type of document: BIOGRAPHICAL NFFINANT				
Number of pages:				
Date of document: THKE 14.2016				
Signer(s) other than named above: North				
Notary phone number:650-290-3550 or 408-355-3700				

NAIC No. 40975 FEIN: 94-2698799

# **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).

# The Dentists Insurance Company 1201 K Street, 17<sup>th</sup> Floor Sacramento, CA 95814 (800)733-0634

1. Affiant's Full Name (Initials Not Acceptable): Carol Joan McCutcheon 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?

No x Yes

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

	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle of	Last Name	Reason (If none, indicate such)
	<b></b>			
<u></u>				
			·	
<u></u>		<u></u>		
		<u>►</u>		
Note:	Dates provided in respon be an overlap of dates wi		be approximate. Part	ies using this form understand that there could
3.	Affiant's Social Security	Number:		
4.	Government Identificatio	on Number if not a U.S.	Citizen:	an a
5.	Foreign Student ID# (if a	applicable) :	الدين ورد <del>وروي العربين العربين و الرحمين (المرور العربين العربين العربين العربين العربين العربين العربين العربين ا</del>	
6.	Date of Birth: (MM/DD/ State/Province: Oregon	YY)	Place of Birth, City: Country: United Sta	Portland
7.	Name of Affiant's Spous	se (if applicable) : Luis A	\guilar	ан та са спорт и са спо По спорт и спорт и са спорт и с
8.	List your residences for t	the last ten (10) years sta	rting with your curre	ent address, giving:
©2016	National Association of Insura	ance Commissioners	7	Revised 8/18/14 FORM 11

Applicant Company Name :			NAIC No FEIN:			
Beginning/Ending Dates (MM/YY)	Address	Cit	ty	State/ Province	Country	Postal Code
09/18-present		Los Gatos	CA		USA	
understand th	ed in response nat there could 	to this question be an overlap o JUNE I am acting on	may be ap	proximate, except for en transitioning from	or current address. Part n one address to anothe M pregoing statements an	ties using this form
(S	Signature of At					
The foregoing instrum and:	nent was ackno	wledged before	me this	day of	, 20 b	у,
who is personally	known to me,	or )				
who produced the	e following ide	ntification:		<u></u>		
[SEAL]				-	Notary I	Public
		/		· · · · · · · · · · · · · · · · · · ·	Printed Not	ary Name
	<i>(</i> * _			· · · · · · · · · · · · · · · · · · ·	My Commiss	ion Expires
	1958	NOTHING	50 50			

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## 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 Santa (1924-

On JUNE MY	1116	, before me, Cathy M	M. Wong, Notary Public
	Ň	(insert n	ame and title of the officer)
personally appeared	CAPLIL JUKAN	MCCUTCHEON	
			a fan a fan 'n yn ffan wy fernan yn fernan yn fan fan yn

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/he)/their authorized capacity(ies), and that by his/he)/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

1 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.



Signature	lat	(Seal)
-		

Optional information. This certificate is attached to:

Title or type of document: BID (FRAPH)GAL 125 FUDENT - SUPPLEMENTED
PERSONAL INFORMATING
Number of pages: $2(19304, 78)$
Date of document: JUNG 14 2016
Signer(s) other than named above: WWK
Notary phone number:650-290-3550 or 408-355-3700

#### NAIC No. 40975 FEIN: 94-2698799

# 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 The Dentists Insurance Company [company name]("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 Human Resources, The Dentists Insurance Company, 1201 K Street, 16<sup>th</sup> Floor, Sacramento, CA 95819, (800)733-0634 [company's designated person, position, or department, address and phone].

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

AUTHORIZATION: 1 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.

Carol Joan McCutcheon	Los Gatos, CA (Printed Full Name and Residence Ad	dress)	(e /14/11/ (Date)	
State of:California	County of: Santa Clara			
The foregoing instrument was		day of	, 20	_ by
[SEAL]	i		Notary Public	<u> </u>
	Est analyma	\$-ma <sup>1</sup> /************	Printed Notary Name	
		N	Ay Commission Expires	

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#### 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 SANNA (WARA-

On JULAE 14, 2016	, before me, Cathy M. Wong, Notary Public
personally appeared CARAL JONS	(insert name and title of the officer)
personal appeared	

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)(s) 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.



.14 Signature (Seal)

Optional information. This certificate is attached to:

Title or type of document: 0 15 CURSME AND 15 1117 1412 171 14	two corners	MACK FUNDIND
Number of pages: ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
Date of document: <u>JULE 14,2016</u>		·····
Signer(s) other than named above: NULK		
Notary phone number:650-290-3550 or 408-355-3700		