

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).

The Dentists Insurance Company
1201 K Street, 17th 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: JOHN Middle: KEVIN Last: HALL

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

4. Affiant's business address: 547 YORKS DR.

LODI, CA 95240

Business telephone: (209) 747-3677

Business

Email: JOHN @ JOHNHALL.DDS.COM

5. Education and training:

College/University City/State Dates Attended

(MM/YY) Degree Obtained

MOUNT SAN ANTONIO COLLEGE, WALNUT, CA 09/68 to 6-70

UNIVERSITY OF CALIFORNIA, IRVINE, CA 9-70 to 6-72, B.S. BIOLOGICAL SCIENCES.

Graduate Studies College/University City/State Dates

Attended (MM/YY) Degree Obtained

UNIVERSITY OF THE PACIFIC, STOCKTON, CA 1-73 to 5-76

MS. BIOLOGICAL SCIENCES

UNIVERSITY OF THE PACIFIC, SCHOOL OF DENTISTRY, 7-77 to 6-80

D.D.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

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FORM 11

Applicant Company Name: THE DENTISTS INSURANCE COMPANY

NAIC No. 40975

FEIN: 94-2698799

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
SAN JOAQUIN DENTAL SOCIETY	COLLEEN LEE	7849 N. PERSHING AVE STOCKTON, CA 95207	(209) 951-1318
CALIF. DENTAL ASSOCIATION	PETER DUDOS	1201 K ST. SACRAMENTO, CA	(909) 232-7645
American DENTAL ASSN.		211 E. CHICAGO AV CHICAGO, IL	(312) 440-2500

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

Dates (MM/YY):

5-2007 to 12-2014

Employer's Name:

KAPLAN HIGHER EDUCATION FOUNDATION

Address: City: State/Province:

MARCH LANE, STOCKTON, CAL

Country: USA Postal Code: Phone: Offices/Positions

Held:

DENTAL ADVISOR

Type of Business: DENTAL ASSISTING PROGRAM

Supervisor/Contact: NO LONGER IN BUSINESS

Beginning/Ending

Dates (MM/YY): - Employer's Name:
01/2014 to present CALIFORNIA DENTAL ASSN.

Address: City: State/Province:
1201 K STREET SACRAMENTO, CA

Country: USA Postal Code: Phone: Offices/Positions
Held: TRUSTEE 800-232-7645

Type of Business: DENTAL 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, #1080, STOCKTON, CA 95219

Country: USA Postal Code: Phone: Offices/Positions
Held: SOLE PROPRIETOR RETIRED.

Type of Business: DENTAL PRACTICE
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: _____
Supervisor/Contact:

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

Yes No

If any claims were made on the bond, give details:

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

Yes No

If yes, give details:

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

Organization/Issuer of License: STATE OF CALIFORNIA, DEPT. OF CONSUMER AFFAIRS Address: 2005 EVERGREEN ST, STE. 1530 SACRAMENTO, CA 95815

City: SACRAMENTO, State/Province: CA Country: USA Postal Code: 95815

License Type: DENTAL License #: 29054 Date Issued (MM/YY): 07/14/80

Date Expired (MM/YY): ACTIVE 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 #: Date Issued (MM/YY):

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

Non-Insurance Regulatory Phone Number (if known):

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

lawfully made by the Comptroller of any state or the Federal Government?

Yes No

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

Yes No

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

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _

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 No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

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

al Code

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 5 day of JULY, 20 16 at 4001, 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)

[Handwritten Signature]

State of: CA County of: SAN JOAQUIN

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

California Jurat Certificate

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 Joaquin

s.s.

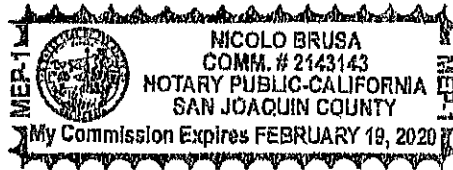
Subscribed and sworn to (or affirmed) before me on this 5th day of July

20 16, by John Hall and
Name of Signer (1)

_____, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Nico Brusa
Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

Purchase of Insurance companies

containing 1 pages, and dated 07/05/2016

Additional Information
Method of Affiant Identification
Proved to me on the basis of satisfactory evidence: <input checked="" type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on: Page # <u>9</u> Entry # <u>5</u> Notary contact: <u>Nico Brusa (209) 386-1111</u>
Other <input type="checkbox"/> Affiant(s) Thumbprint(s) <input type="checkbox"/> Describe: _____

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: 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 No

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

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

Name

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number:

[REDACTED]

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

N/A

5. Foreign Student ID# (if applicable):

N/A

6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City:

State/Province: Country: *ERIE,*

~~PA~~ PENNSYLVANIA USA

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

N/A

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

Beginning/Ending State/ *CA*

Dates *12-91 to present*

(MM/YY) Address City Province Country Post

[REDACTED] *Lodi*

USA [REDACTED]

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

Dated and signed this 5 day of JUL 20 16 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 Joaquin

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, and:

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

[SEAL] Notary Public

Printed Notary Name

My Commission Expires

California Jurat Certificate

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 Joaquin

S.S.

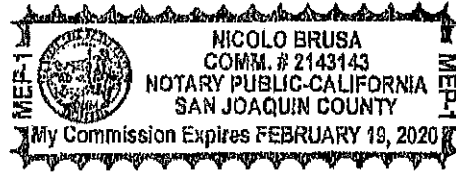
Subscribed and sworn to (or affirmed) before me on this 5th day of July,
Month

20 16, by John Hall and
Name of Signer (1)

_____, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Nicola Brusa
Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

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Description of Attached Document

The certificate is attached to a document titled/for the purpose of

Purchase of Insurance Companies

containing 1 pages, and dated 07/05/2016

Affirmation Information	
Method of Affiant Identification	
Proved to me on the basis of satisfactory evidence: <input checked="" type="radio"/> form(s) of identification <input type="radio"/> credible witness(es)	
Notarial event is detailed in notary journal on: Page # <u>9</u> Entry # <u>4</u>	
Notary contact: <u>Nicola (209) 366-1111</u>	
Other	
<input type="checkbox"/> Affiant(s) Thumbprint(s)	<input type="checkbox"/> Describe: _____

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, 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.

(Printed Full Name and Residence Address)

JOHN KEVIN HALL

██████████, Lodi, CA. ██████████

(Signature) J. Hall (Date) 8-5-2016

State of: CA. County of: SAN JOAQUIN

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL] Notary Public

Printed Notary Name

My Commission Expires

Revised 8/18/14

California Jurat Certificate

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 Joaquin

s.s.

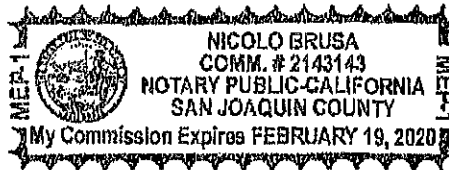
Subscribed and sworn to (or affirmed) before me on this 5th day of July Month

20 16, by John Hall and
Name of Signer (1)

_____, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Nicola Brusa
Signature of Notary Public



For other required information (Notary Name, Commission No. etc.)

Seal

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

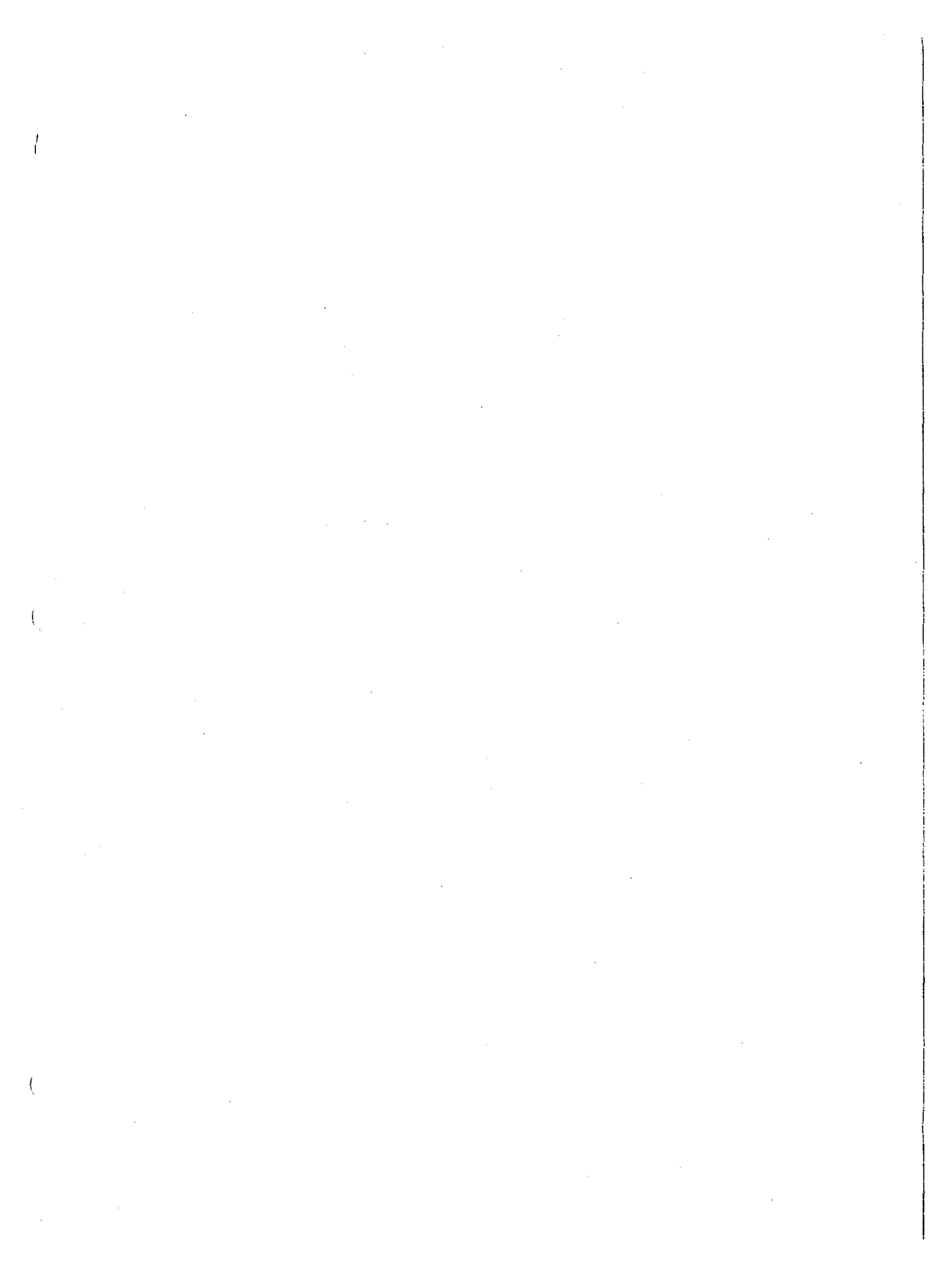
Description of Attached Document

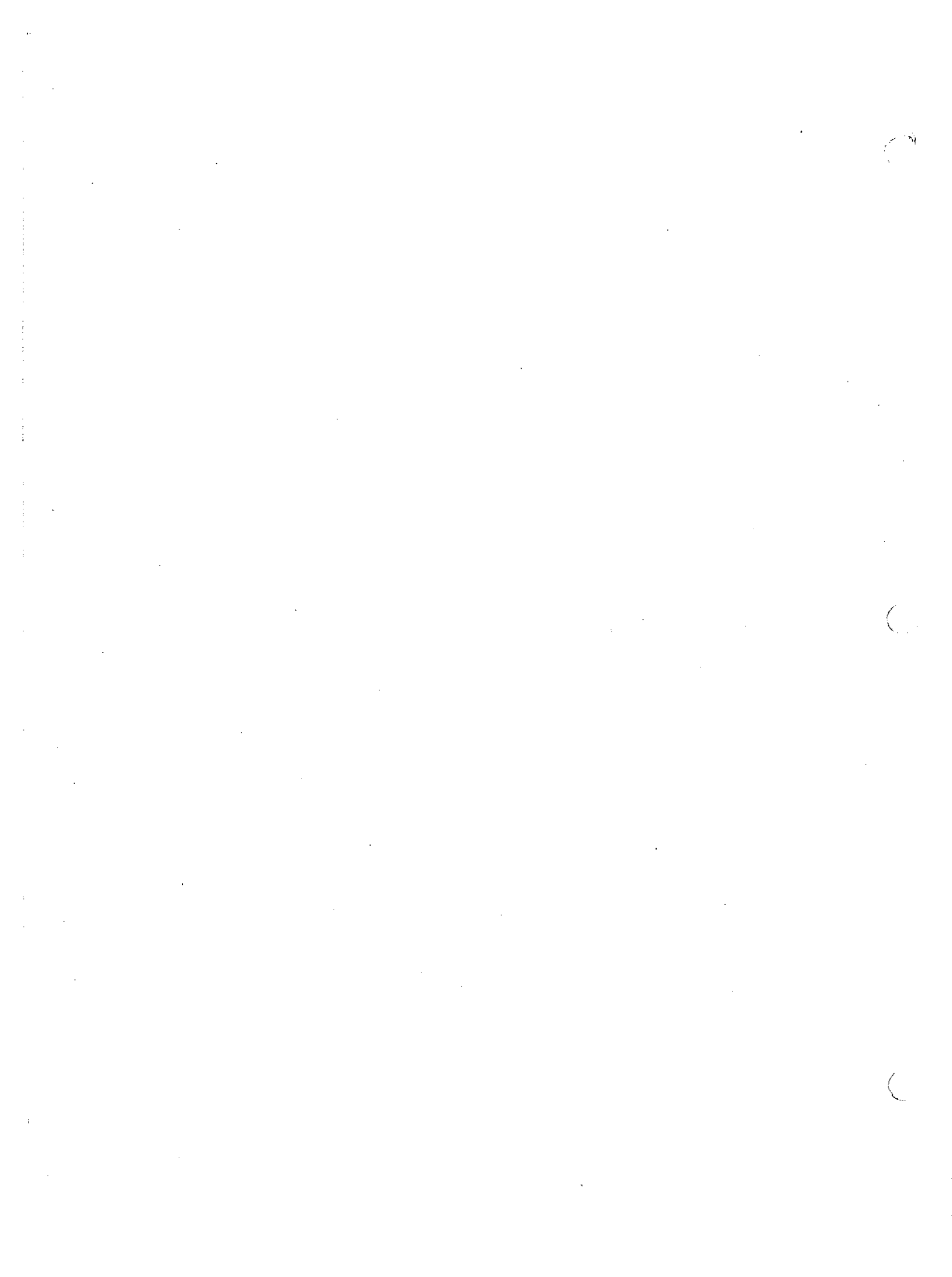
The certificate is attached to a document titled/for the purpose of

Purchase of Insurance Companies

containing 1 pages, and dated 07/05/2016

Additional Information
Method of Affiant Identification
Proved to me on the basis of satisfactory evidence: <input checked="" type="checkbox"/> form(s) of identification <input type="checkbox"/> credible witness(es)
Notarial event is detailed in notary journal on: Page # <u>9</u> Entry # <u>6</u>
Notary contact: <u>Nicola (209) 366-1111</u>
Other
<input type="checkbox"/> Affiant(s) Thumbprint(s) <input type="checkbox"/> Describe: _____





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, 17th 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: Thomas Last: HARRISON

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: Orthodontist

4. Affiant's business address: 26369 Francisco Ln Loma Linda CA 92354

Business telephone: 909 953 2196 Business Email: kthddsms@gmail.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Loma Linda University</u>	<u>Riverside CA</u>	<u>Sept/69-06/72</u>	<u>None</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Loma Linda University - School of Dentistry</u>	<u>Loma Linda</u>	<u>CA</u>	<u>07/72-06/75</u>	<u>DDS</u>

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>LLU-Graduate School</u>	<u>Loma Linda</u>	<u>CA</u>	<u>06/77-06/79 MS orthodontics</u>

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

Applicant Company Name: _____

NAIC No. _____

FEIN: _____

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
ADA	Kathleen T O'Loughlin	211 East Chicago Ave Chicago IL 60611	312 440 2900
CDA	Peter Dubois	1201 K St Sacramento CA 95814	916 443 0505
Tri-County Dental Society	John Fields	393 Jurupa Ave #104 Riverside CA 92506	951 757 9700

7. Present or proposed position with the Applicant Company: Board of Trustees

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 06/09 - present Employer's Name: Smile Brands, Inc
Address: 1285 Alabama St City: Redlands State/Province: CA
Country: USA Postal Code: 92374 Phone: 909 793 5777 Offices/Positions Held: Orthodontist
Type of Business: dental Supervisor/Contact: Sarah Ibarra / 951 233 9186

Beginning/Ending Dates (MM/YY): 06/79 - 07/14 Employer's Name: Self Kenneth T Harrison, DDS, MS
Address: 12900 Perris Blvd Ste 201 City: Moreno Valley State/Province: CA
Country: USA Postal Code: 92553 Phone: NA Offices/Positions Held: Owner/orthodontist
Type of Business: Orthodontics 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: _____ 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: _____

Applicant Company Name: The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Dental Board of CA Address: 2005 Evergreen St Ste 1550

City: Sacramento State/Province: CA Country: USA Postal Code: 95815

License Type: Dental License #: 25349 Date Issued (MM/YY): 09/75

Date Expired (MM/YY): 08/17 Reason for Termination: MUST renew every two years

Non-Insurance Regulatory Phone Number (if known): 877 729 7789

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

Applicant Company Name : _____

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
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

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

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

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.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

- 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

Applicant Company Name : _____

NAIC No. _____

FBIN: _____

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 18th day of June 2016 at Redlands 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]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

See attached notarial certificate R.A. 6-18-16

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

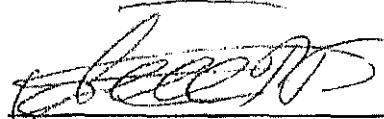
On June 18th, 2016 before me, Raksana Avvazyan Notary Public
(insert name and title of the officer)

personally appeared Harrison 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(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.

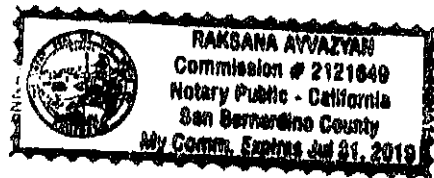
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



**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: Kenneth Middle: Thomas Last: HARRISON
IF ANSWER IS "NONE," SO STATE

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

Yes No

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (if none, indicate such)</u>
<u>02/70 - present</u>	<u>First - Ken</u>	<u>NICKNAME for personal friends</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable): _____

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

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

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

Applicant Company Name: _____

NAIC No. _____
FEIN: _____

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
04/16 - present	[REDACTED]	[REDACTED]	Loma Linda CA	USA	[REDACTED]
12/84 - 03/16	[REDACTED]	[REDACTED]	Redlands CA	USA	[REDACTED]

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

Dated and signed this 18th day of June, 2016 at Redlands 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]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

See attached notarial certificate R.A 6-18-16

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

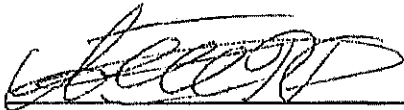
On June 18th, 2016 before me, Rakana Avazyan Notary Public
(insert name and title of the officer)

personally appeared Harrison 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(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.

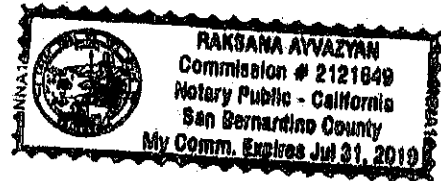
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



Applicant Company Name : The Dentists Insurance Company

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, 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 LOMA LINDA CA
(Printed Full Name and Residence Address)
[Signature] 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

My Commission Expires

See attached
notarial certificate R.A 6-18-16

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

On June 18th, 2016 before me, Raksana Ayvazyan Notary Public
(insert name and title of the officer)

personally appeared Harrison 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(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.

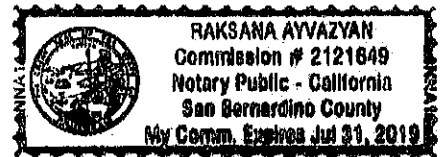
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature



(Seal)



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. 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.

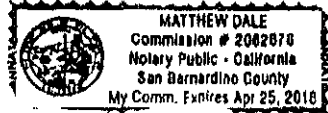
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Kenneth Thomas Harrison LOWA LINDA CA
(Printed Full Name) (Printed Full Name)
[Signature] 7-23-16
(Signature) (Date)

State of California County of San Bernardino by Kenneth Thomas Harrison and

The foregoing instrument was acknowledged before me this 23 day of July 2016 by Kenneth Thomas Harrison and [Signature] who is personally known to me, or who produced the following identification: CIDL

[SEAL]

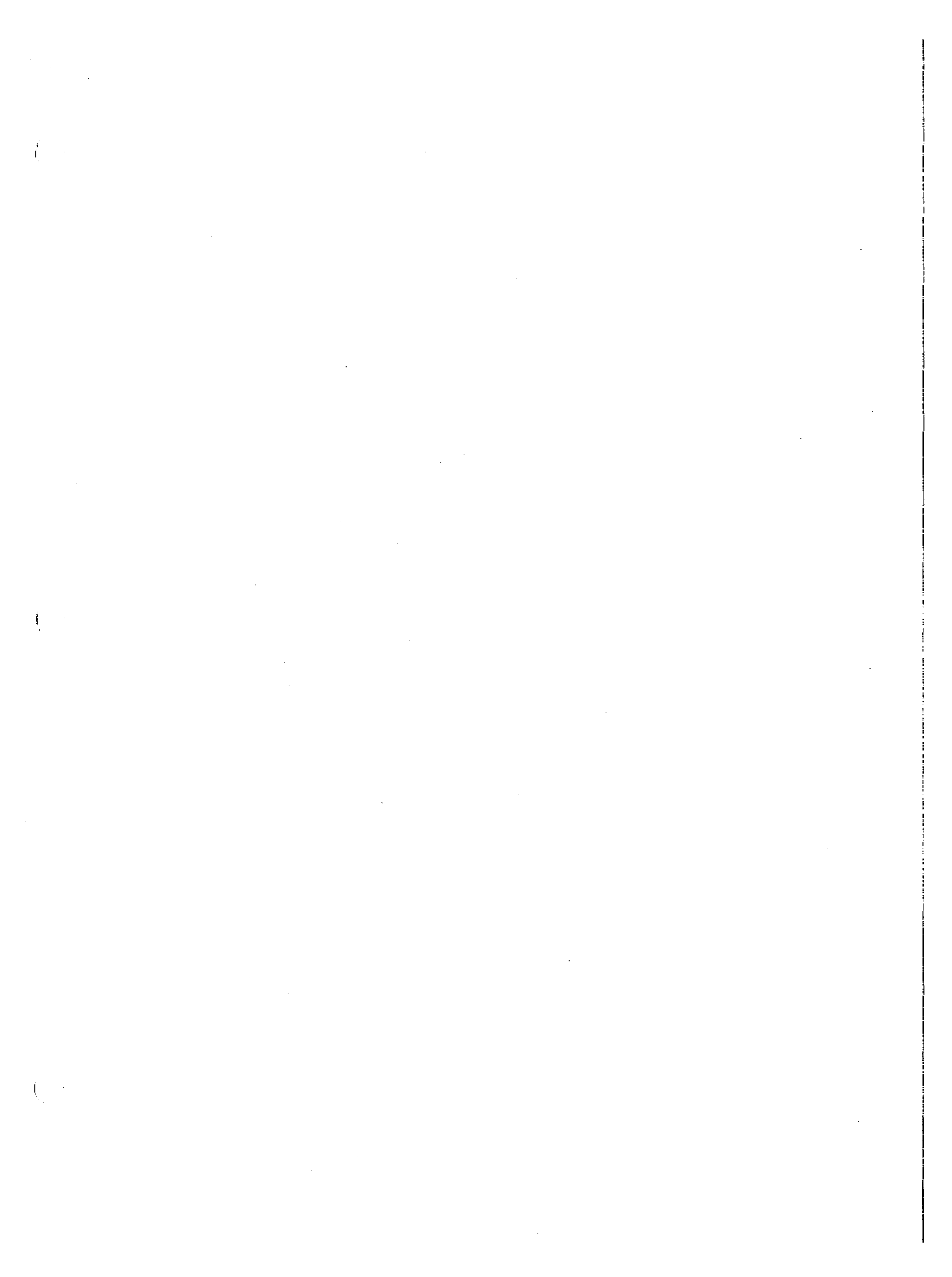


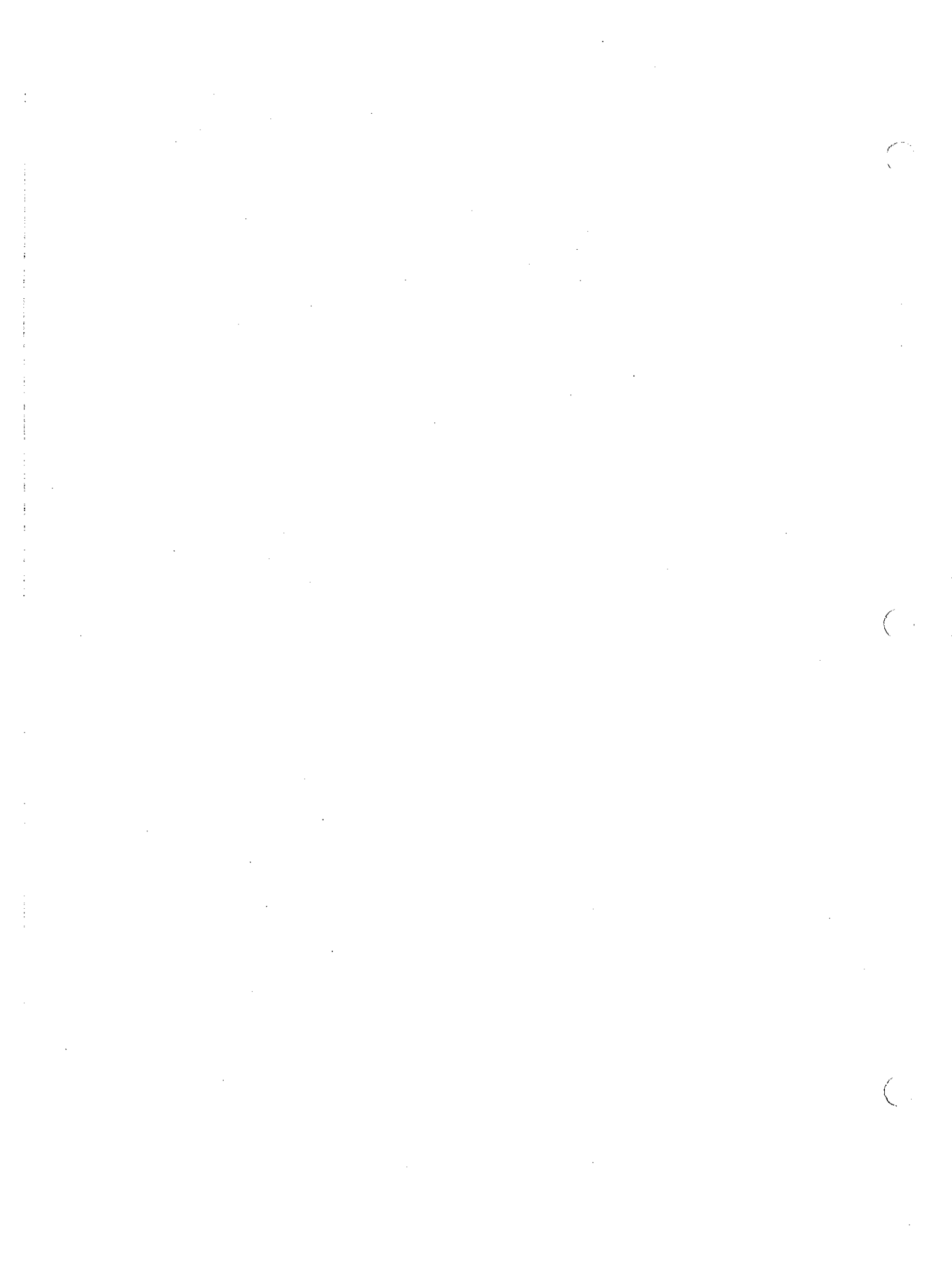
Matthew Dale
Notary Public
Printed Notary Name
My Commission Expires 4-25-18

(

(

(





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).

The Dentists Insurance Company
1201 K Street, 17th 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: Irene Middle: Veronica Last: Hilton

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: Public health dentist

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

Business telephone: 415-657-1708

Business Email: irene.hilton@sfdph.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>University of California, Berkeley, CA</u>		<u>1976-80</u>	<u>N/A</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of California, San Francisco, CA</u>		<u>1980-1984</u>		<u>DDS, BS</u>
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
<u>University of California, Berkeley, CA</u>		<u>1992-1993</u>	<u>MPH</u>	
<u>University of California, San Francisco, CA</u>		<u>1999-2000</u>	<u>Dental Public Health</u>	

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

Applicant Company Name : _____ NAIC No. _____
 FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American College of Dentists	Stephen A. Ralls	839 Quince Orchard Blvd Ste J, Gaithersburg, MD 20878	(301) 977-3223
California Dental Association	Peter DuBois	1201 K St, Sacramento, CA 95814	(800) 232-7645
American Association of Public Health Dentistry	Julie Frantsve-Hawley, RDH, PhD	3085 Stevenson Drive, Suite 200 Springfield, IL 62703	(217) 529-6941

7. Present or proposed position with the Applicant Company: Member, Board of Trustees

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): 03/1989 - present Employer's Name: San Francisco Department of Public Health

Address: 1525 Silver Avenue City: San Francisco State/Province: CA

Country: USA Postal Code: 94134 Phone: 415-657-1708 Offices/Positions Held: Dentist

Type of Business: County Health 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: Oakland 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 Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Dental Board of California Address: 2005 Evergreen Street, Suite 1550

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 #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Applicant Company Name : _____ NAIC No. _____
FEIN: _____

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : The Dentists Insurance Company

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

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

N/A

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

- 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?

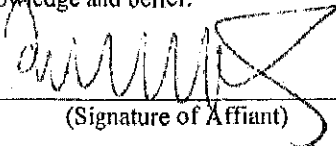
Applicant Company Name : _____ NAIC No. _____
FEIN: _____

Yes No

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

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


Dated and signed this 24th day of June 2016 at San Francisco I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



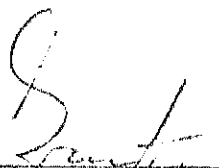
(Signature of Affiant)

State of: California County of: San Francisco

The foregoing instrument was acknowledged before me this 24 day of June, 2016 by Anna Carolina Helton and:

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

[SEAL]



Notary Public
Robert M. Fontaine
Printed Notary Name
May 7, 2019
My Commission Expires

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: Irene Middle: Veronica Last: Hilton
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

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

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

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.

- Affiant's Social Security Number:
- Government Identification Number if not a U.S. Citizen:
- Foreign Student ID# (if applicable) :
- Date of Birth: (MM/DD/YY) : Place of Birth, City: San Francisco
State/Province: CA Country: USA
- Name of Affiant's Spouse (if applicable) : N/A

Applicant Company Name : _____ NAIC No. _____
FEIN: _____

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
10/1985	[REDACTED]	San Francisco	CA	USA	[REDACTED]

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

Dated and signed this 24th day of JUNE, 2016 at SAN FRANCISCO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: CALIFORNIA County of: SAN FRANCISCO

The foregoing instrument was acknowledged before me this 24 day of JUNE, 2016 by Tommy [REDACTED] and:

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

[SEAL]

[Signature]
Notary Public
Printed Notary Name: Subito A. Kerstino
My Commission Expires: May 7, 2019

Applicant Company Name : The Dentists Insurance Company 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, 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.

Irene V. Hilton, DDS SF CA
(Printed Full Name and Residence Address)
[Signature] June 24th, 2016
(Signature) (Date)

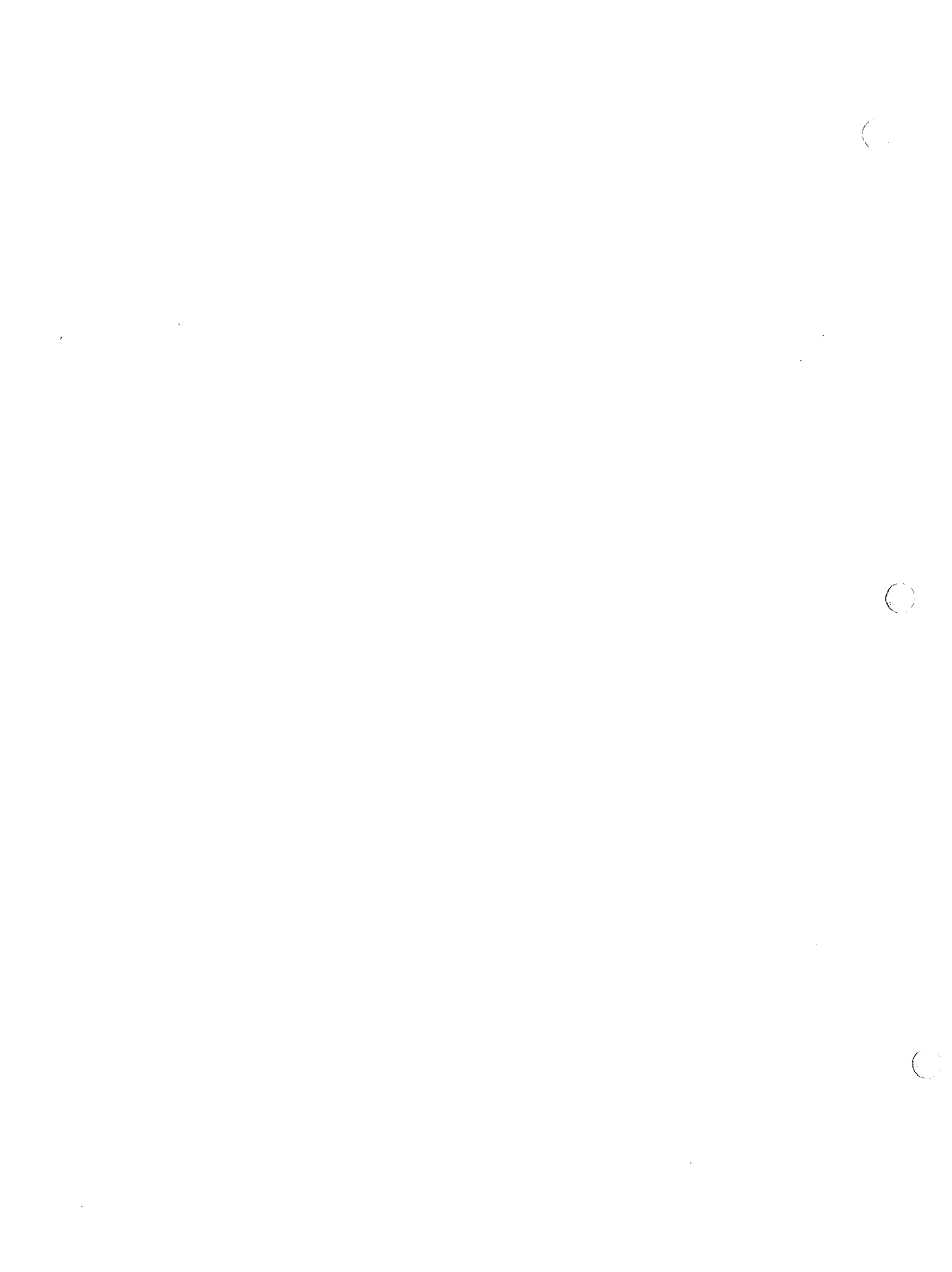
State of: California County of: San Francisco

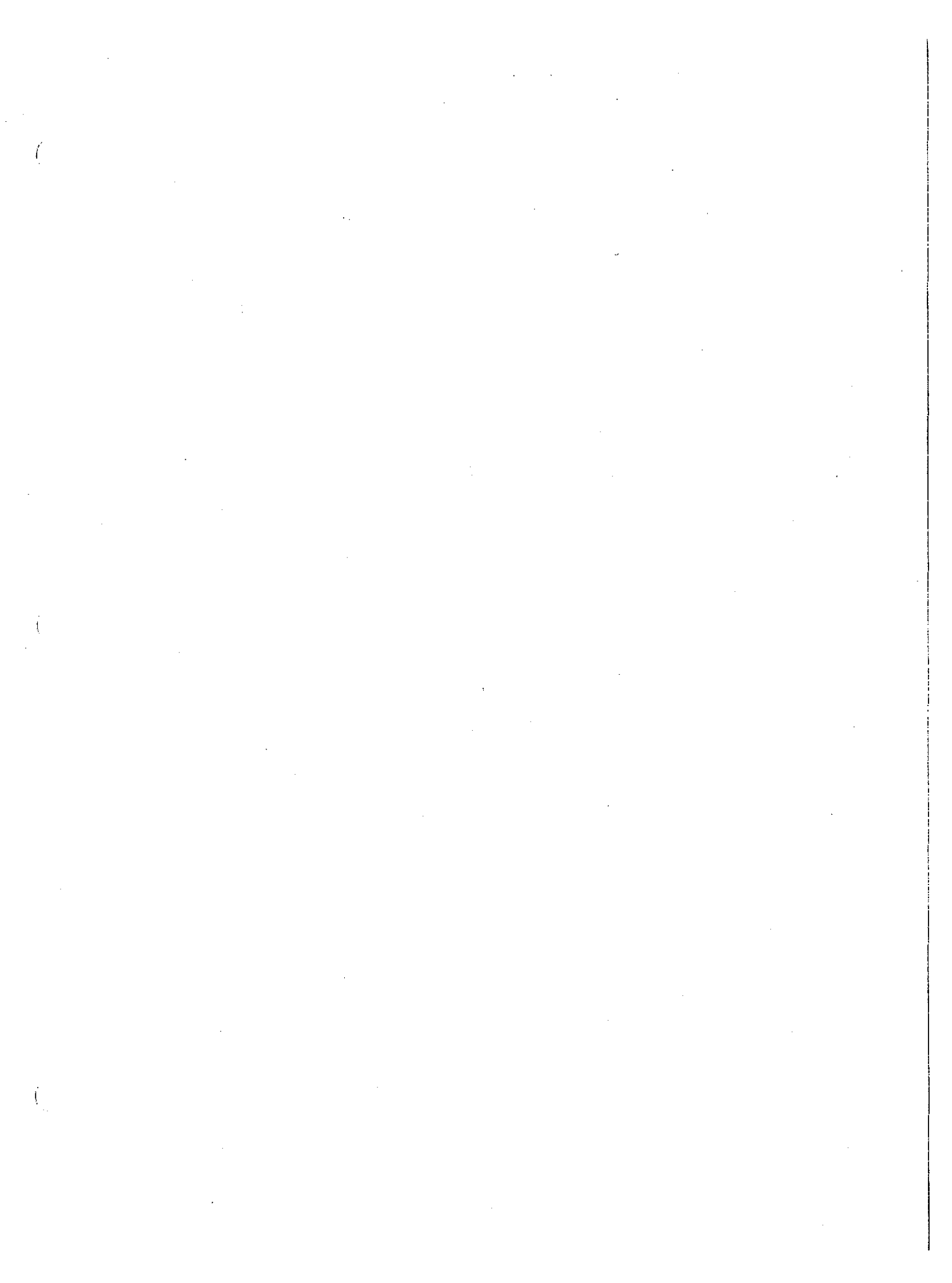
The foregoing instrument was acknowledged before me this 24 day of June, 2016 by Irene V. Hilton, DDS, and:

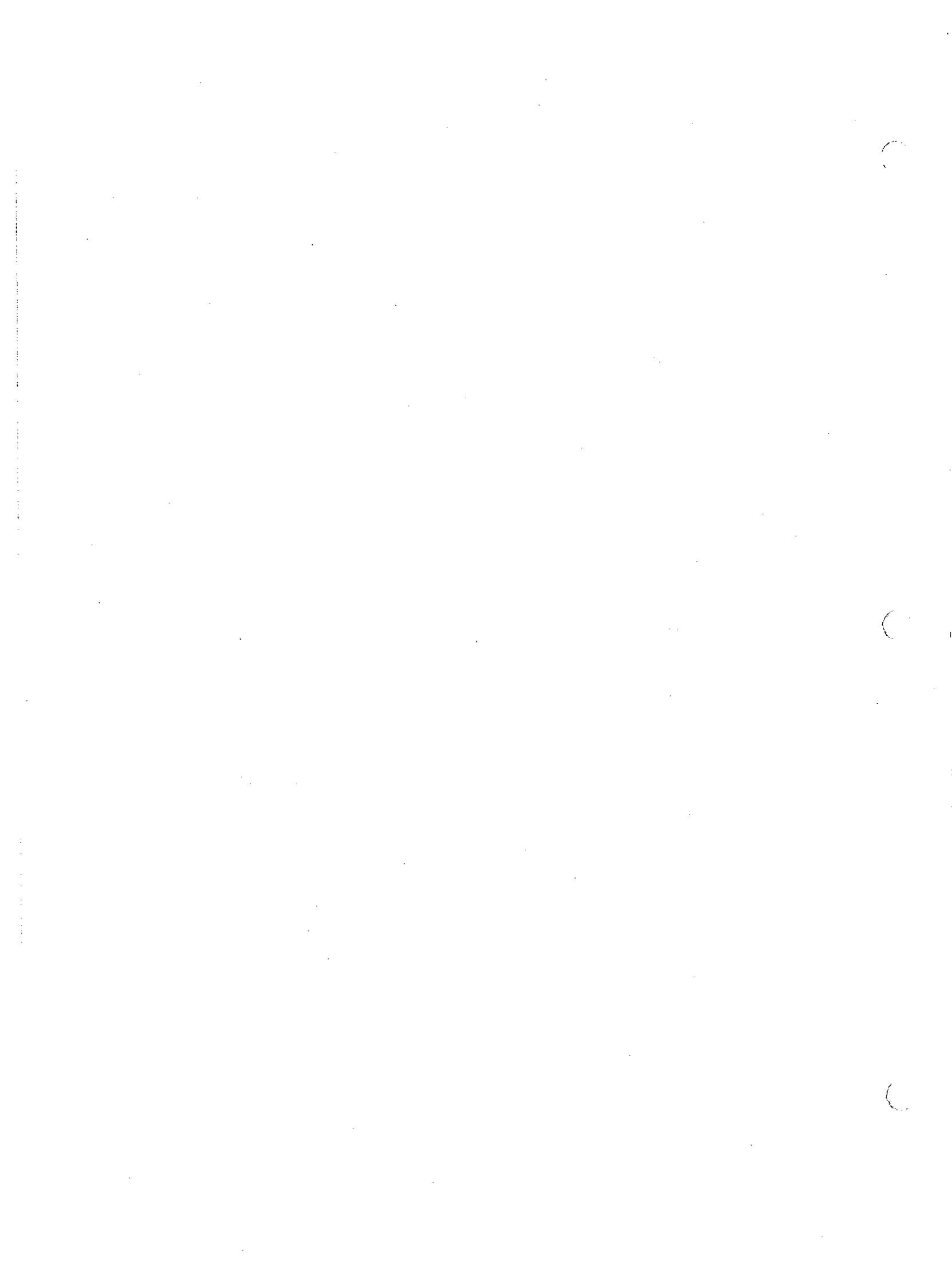
- who is personally known to me, or
- who produced the following identification: [Redacted]

[SEAL]

[Signature]
Notary Public
Printed Notary Name
May 7, 2019
My Commission Expires







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, 17th 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 No

b. Are you a citizen of any other country?

Yes No

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:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Dartmouth College</u>	<u>Hanover, NH</u>	<u>9/66 - 6/70</u>	<u>BA</u>

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Stanford University</u>	<u>Palo Alto, CA</u>	<u>9/70 - 6/72</u>	<u>MBA</u>

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

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

Applicant Company Name : The Dentist Insurance Co.

NAIC No. 40975
FEIN: 94-2698797

6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: 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 City: San Francisco State/Province: CA

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: _____

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

CPA

HL7 General Securities Representative

Organization/Issuer of License: CA Board of Accounts Address: 2135 Butano Drive
City: Sacramento State/Province: CA Country: United States Postal Code: 95825

License Type: CPA License #: 24530E Date Issued (MM/YY): 04/77

Date Expired (MM/YY): 05/88 Reason for Termination: Discontinued CPE

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

Organization/Issuer of License: NY Stock Exchange Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: HL7 License #: _____ Date Issued (MM/YY): 12/94

Date Expired (MM/YY): 2000 Reason for Termination: Left Investment Bank

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

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

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. NONE

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

- 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

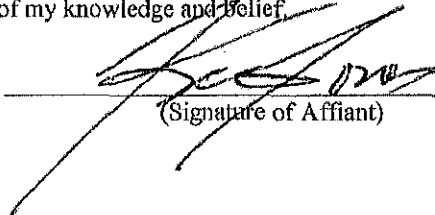
Applicant Company Name : The Dentist Insurance Co.

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. _____

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 11th day of July 20 16 at San Francisco. 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)

Notary's Acknowledgment
is attached.

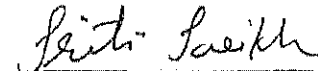
State of: _____ County of: _____

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
PRITI PARIKH
Printed Notary Name
05/24/2019
My Commission Expires

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 Francisco)

On July 11, 2016 before me, PRITI PARIKH notary public
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC

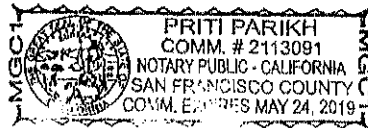
personally appeared, Kenneth Moody, Jr

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

Priti Parikh (SEAL)
NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Biographical Affidavit
DATE OF DOCUMENT 7/11/2016 NUMBER OF PAGES 6 plus Acknowledgment

SIGNERS(S) OTHER THAN NAMED ABOVE

SIGNER'S NAME SIGNER'S NAME

RIGHT THUMBPRINT box

RIGHT THUMBPRINT box

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: Kenneth Middle: Moody Last: Jones, Jr.
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

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

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

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.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: _____
- Foreign Student ID# (if applicable) : _____
- Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: Chicago
State/Province: Illinois Country: US
- Name of Affiant's Spouse (if applicable): Eileen Jones
- List your residences for the last ten (10) years starting with your current address, giving:

Applicant Company Name : The Dentist Insurance Co.

NAIC No. 40975
FEIN: 94-2698797

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
1991 – Present	[REDACTED]	Piedmont	CA	United States	[REDACTED]

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

Dated and signed this 11th day of July, 2016 at San Francisco. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

Notary's Acknowledgment is attached.

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]

[Signature]
Notary Public
PRITI PARIKH
Printed Notary Name
05/24/2019
My Commission Expires

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 Francisco)

On July 11, 2016 before me, PRITI PARIKH, notary public
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC

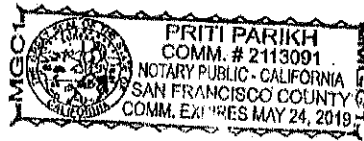
personally appeared, Kenneth Moody, Jr

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

Priti Parikh (SEAL)
NOTARY PUBLIC SIGNATURE



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Biographical Affidavit - Supplemental Personal Information

DATE OF DOCUMENT July 11, 2016 NUMBER OF PAGES 2 p/45 Acknowledgment

SIGNERS(S) OTHER THAN NAMED ABOVE

SIGNER'S NAME SIGNER'S NAME

RIGHT THUMBPRINT box

RIGHT THUMBPRINT box

Applicant Company Name : The Dentists Insurance Company

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, 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 Moody Jones, Jr. - [Redacted] Piedmont, CA [Redacted]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

7/11/16
(Date)

State of: CA County of: Alameda

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]

pls. see the attached notary's acknowledgement dated July 11, 2016

[Signature]
Notary Public
PRITI PARIKH
Printed Notary Name
05/24/2019
My Commission Expires

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 Francisco,

On July 11, 2016 before me, PRITI PARIKH, Notary public
DATE INSERT NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY 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/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.

Priti Parikh
NOTARY PUBLIC SIGNATURE

(SEAL)



OPTIONAL INFORMATION

THIS OPTIONAL INFORMATION SECTION IS NOT REQUIRED BY LAW BUT MAY BE BENEFICIAL TO PERSONS RELYING ON THIS NOTARIZED DOCUMENT.

TITLE OR TYPE OF DOCUMENT Disclosure & Authorization Concerning background Reports

DATE OF DOCUMENT July 11, 2016 NUMBER OF PAGES one plus Acknowledgment

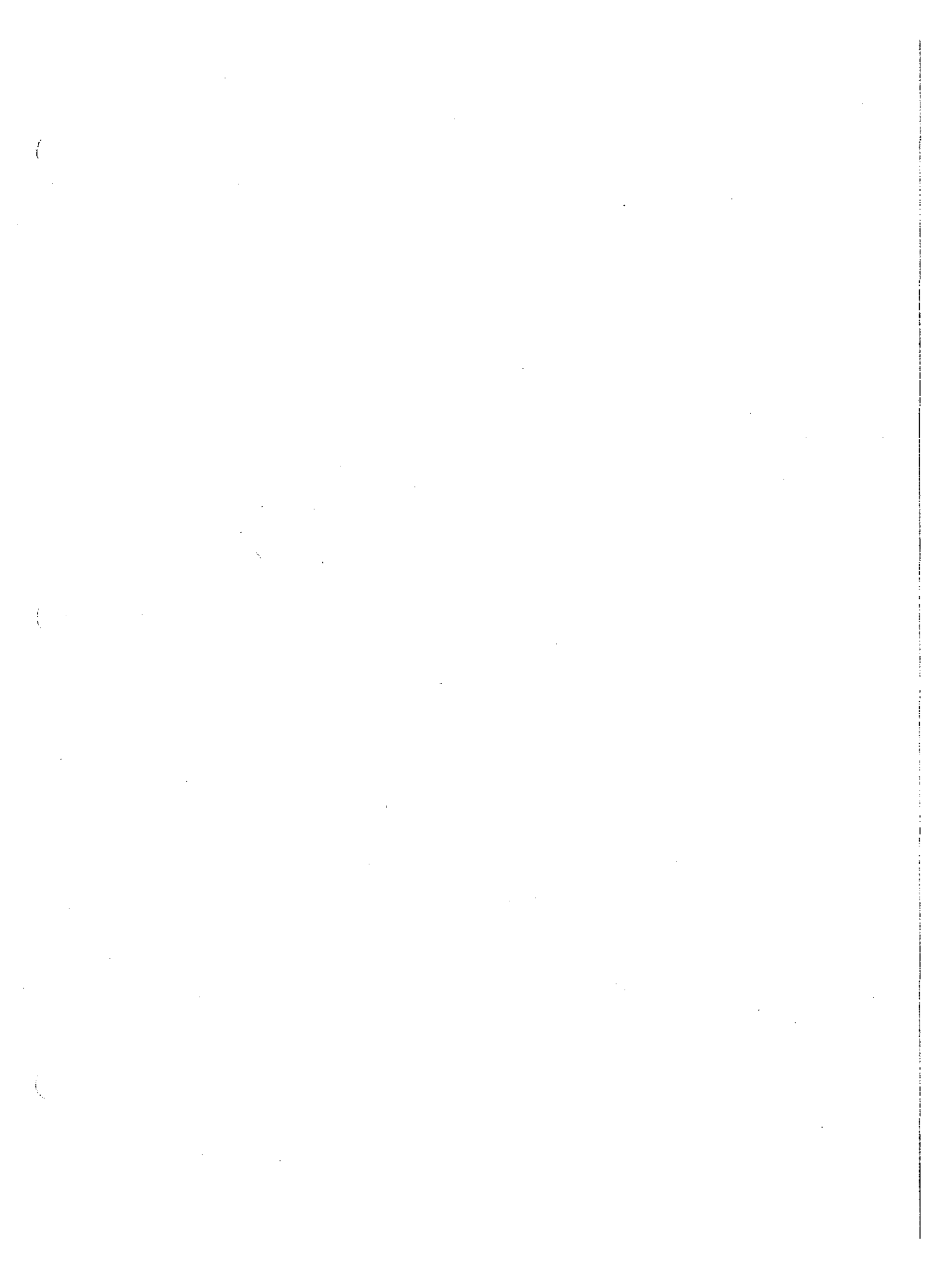
SIGNERS(S) OTHER THAN NAMED ABOVE _____

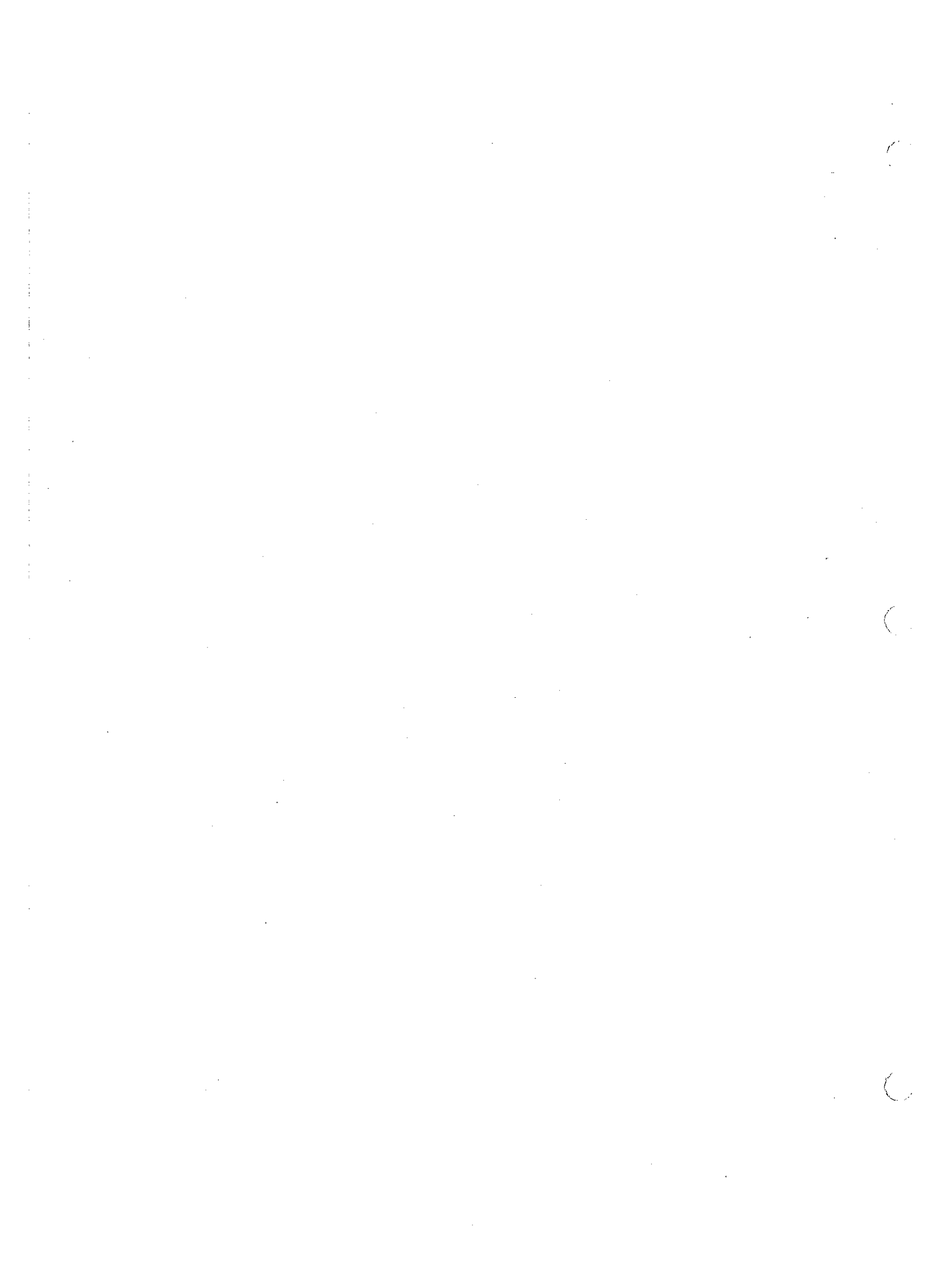
SIGNER'S NAME _____

SIGNER'S NAME _____

RIGHT THUMBPRINT

RIGHT THUMBPRINT





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, 17th 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: Terrence Middle: William Last: Jones

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: General Dentist

4. Affiant's business address: 2 Scrapps Dr. Suite 102, Sacramento CA 95825

Business telephone: 916-929-6631 Business Email: twj.5252@yahoo.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Creighton University</u>	<u>Omaha NE</u>	<u>1973-1974</u>	<u>BS</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	<u>Creighton University School of Dentistry</u>	<u>Omaha NE</u>	<u>1974-1978</u>	<u>DDS</u>

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.

Applicant Company Name: The Dentists Insurance Co

NAIC No. 40975
FEIN: 94-2698799

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>California Dental Assoc.</u>	<u>Jan Katerkamp</u>	<u>1201 K St. 14th Floor Sacramento CA</u>	<u>916 5544913</u>
<u>Sacramento District Dental Society</u>	<u>Cathy Levering</u>	<u>2035 Hartley Way #200 Sacramento CA</u>	<u>916 446-1211</u>

7. Present or proposed position with the Applicant Company: Trustee - CDA

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 - 78 Employer's Name: Self

Address: 2 Scrapps Dr #102 City: Sacramento State/Province: CA

Country: USA Postal Code: 95816 Phone: 916-929-6631 Offices/Positions Held: Sole Proprietor

Type of Business: General Dentistry Supervisor/Contact: NA

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: _____

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: State of CA Dental Board Address: 2005 Evergreen St. Suite 1550

City: Sacramento State/Province: CA Country: USA Postal Code: 95815

License Type: Dentist License #: DOS 27774 Date Issued (MM/YY): 9/1978

Date Expired (MM/YY): 03/2018 Reason for Termination: NA

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. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

Applicant Company Name : The Dentists Insurance Co.

NAIC No. 40975
FEIN: 94-2698799

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

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

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

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.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

- 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

Applicant Company Name: The Dentists Insurance Co

NAIC No. 40975
FEIN: 94-2898799

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.

Lenore William Jones
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

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

[SEAL]

**See Attached
Notarization Certificate**

Notary Public

Printed Notary Name

My Commission Expires

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.

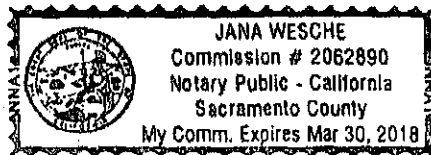
State of California
County of Sacramento)

On June 21, 2016 before me, Jana Wesche, Notary Public
(insert name and title of the officer)

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 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 Jana Wesche (Seal)

**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: Terrence Middle: William Last: Jones
IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: NA

5. Foreign Student ID# (if applicable): NA

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

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

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

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.

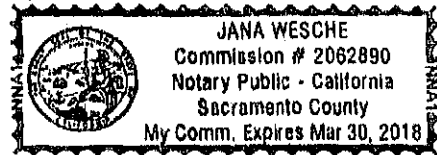
State of California
County of Sacramento)

On June 21, 2016 before me, Jana Wesche, Notary Public
(insert name and title of the officer)

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 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 *Jana Wesche* (Seal)

Applicant Company Name : The Dentists Insurance Company

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, 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.

Terrence William Jones [Redacted] Sacramento CA
(Printed Full Name and Residence Address)
Terrence William Jones 06/21/2016
(Signature) (Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

**See Attached
Notarization Certificate**

Notary Public

Printed Notary Name

My Commission Expires

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.

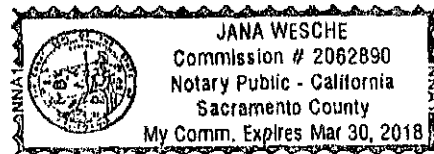
State of California
County of Sacramento)

On June 21, 2016 before me, Jana Wesche, Notary Public
(insert name and title of the officer)

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 behalf of which the person(s) acted, executed the instrument.

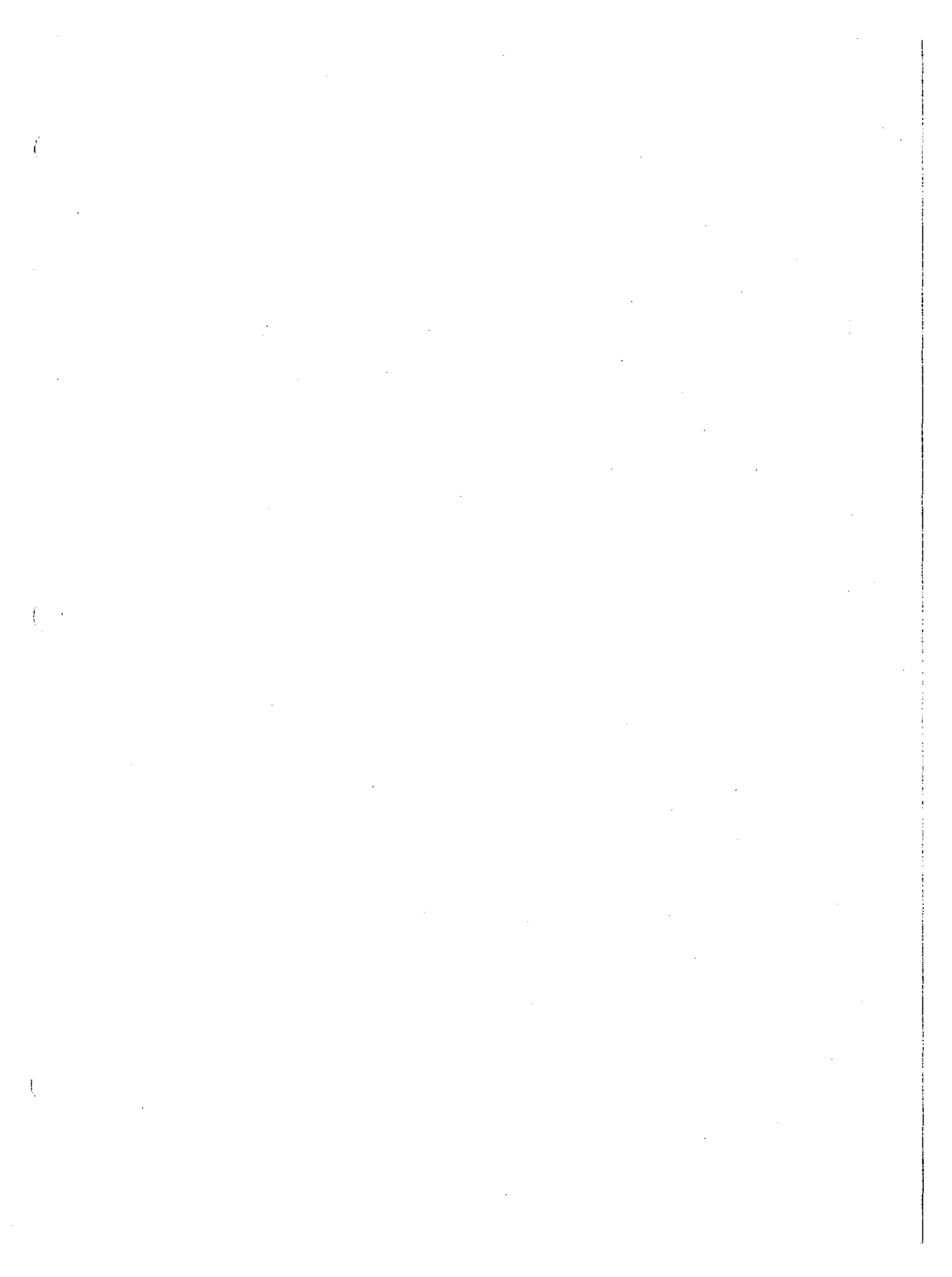
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

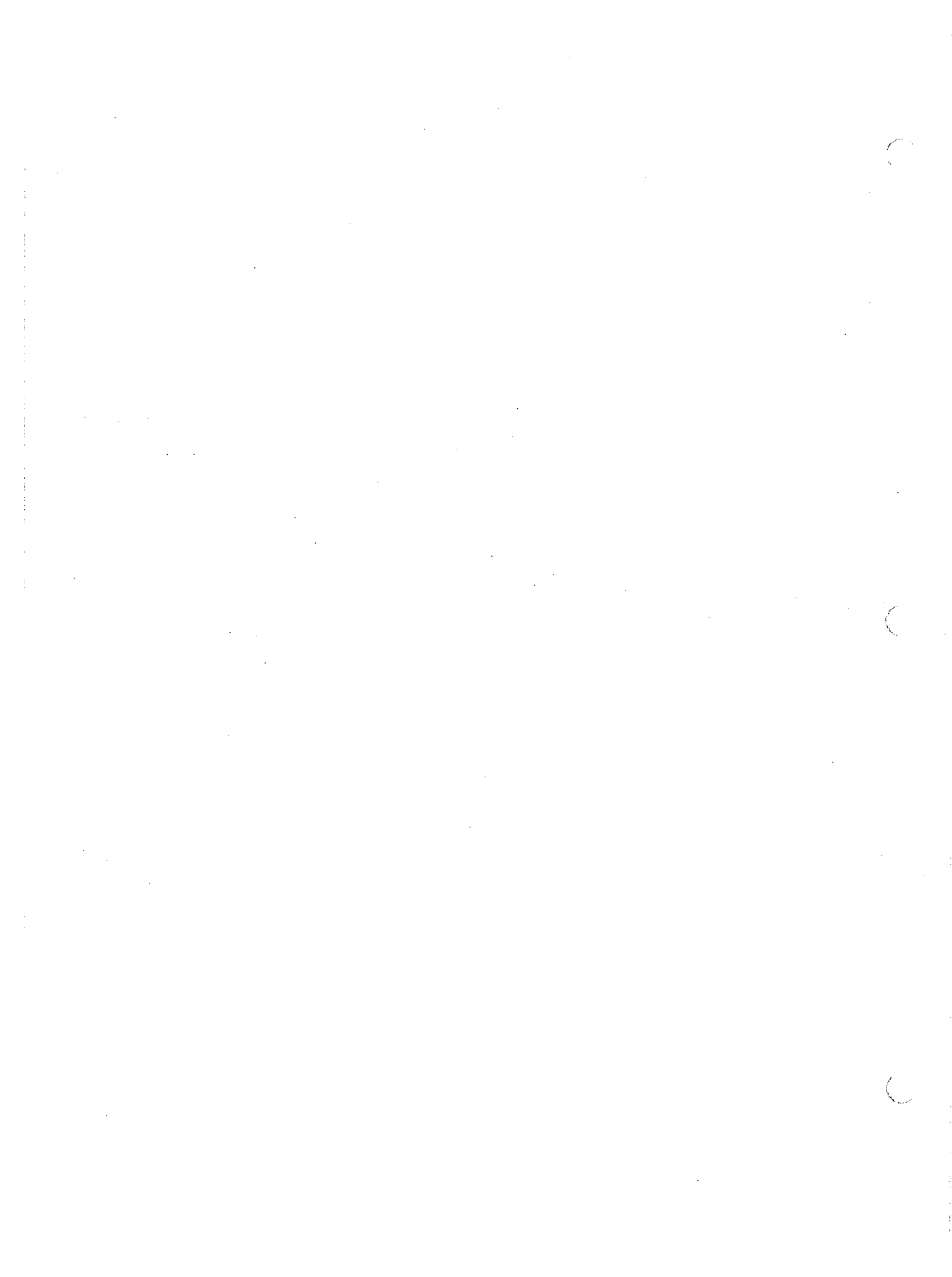
WITNESS my hand and official seal.



Signature Jana Wesche (Seal)







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).

The Dentists Insurance Company
1201 K Street, 17th 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: KEVIN Middle: MICHAEL 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: Endodontist - Dental Specialist

4. Affiant's business address: 1810 Professional Dr, Suite A, Sacramento, CA 95815

Business telephone: (916) 485-6900

Business Email: seconde@hotmail.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Univ. of Southern California</u>	<u>Los Angeles/CA</u>	<u>1971-1973</u>	<u>—</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Loyola Univ School of Dentistry</u>	<u>Marywood, IL</u>	<u>1973-1977</u>	<u>DDS</u>	

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>Residency Marquette U.</u>	<u>Milwaukee, WI</u>	<u>1979-81</u>	<u>Masters of Science (Certificate of Advanced Training)</u>

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

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Association of Endodontists		211 E Chicago Ave Chicago, IL	(800) 872-3686
Amer. Dental Association		211 E Chicago Ave, Chicago, IL	(312) 440-2500
Calif. Dental Assoc.		1201 K St, Sacramento, CA	(800) 232-7695

7. Present or proposed position with the Applicant Company: Secretary / Treasurer on Board of Directors of TDIC, Treasurer California Dental Association

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending Dates (MM/YY): 06 - 1981 Employer's Name: Endodontic Associates
Address: 1810 Professional Dr City: Sacramento State/Province: CA
Country: USA Postal Code: 95825 Phone: (916) 485-6900 Offices/Positions Held: President / owner
Type of Business: Endodontics Supervisor/Contact: Aneet Bal, DMS partner

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: _____

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

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

Yes No

If any claims were made on the bond, give details: None

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: Dental Board of Calif. Address: _____

City: Sacramento State/Province: CA Country: USA Postal Code: 9

License Type: Dental License #: 27005 Date Issued (MM/YY): 1977

Date Expired (MM/YY): N/A Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Applicant Company Name : _____

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

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.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

- 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

Applicant Company Name : _____

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 12th day of June 2016 at Elk Grove, CA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

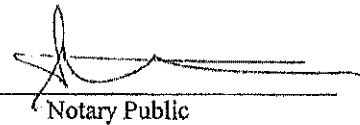
State of: CA County of: SACRAMENTO

The foregoing instrument was acknowledged before me this 15 day of JUN, 2016 by _____
and: KEVIN MICHAEL KEATING

who is personally known to me, or

who produced the following identification: CA DL

[SEAL]



Notary Public
S. MASETTI
Printed Notary Name
S. 6. 19
My Commission Expires

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

1. Affiant's Full Name (Initials Not Acceptable): First: KEVIN 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

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: _____
- 5. Foreign Student ID# (if applicable) : _____
- 6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: Sherridan, WY
State/Province: Wyoming Country: USA
- 7. Name of Affiant's Spouse (if applicable) : Susan Joan Keating
- 8. List your residences for the last ten (10) years starting with your current address, giving:

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
--------------------------------	---------	------	----------------	---------	-------------

04/94	[REDACTED]	Fair Oaks	CA	USA	[REDACTED]
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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 5th day of June, 2016 at Elk Grove, 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]
(Signature of Affiant)

State of: CA County of: SACRAMENTO

The foregoing instrument was acknowledged before me this 15 day of JUN, 2016 by _____

and: KEVIN MICHAEL KENTING

who is personally known to me, or

who produced the following identification: CA D.L.

[SEAL]



[Signature]

Notary Public
S. MASETTI
 Printed Notary Name
5.6.18
 My Commission Expires

Applicant Company Name : The Dentists Insurance Company

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, 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.

KEVIN M. KEATING [Redacted] Fair Oaks, CA [Redacted]
(Printed Full Name and Residence Address)
[Signature] 6/15/16
(Signature) (Date)

State of: CA County of: SACRAMENTO

The foregoing instrument was acknowledged before me this 15 day of JUN, 2016 by KEVIN MICHAEL KEATING, and:

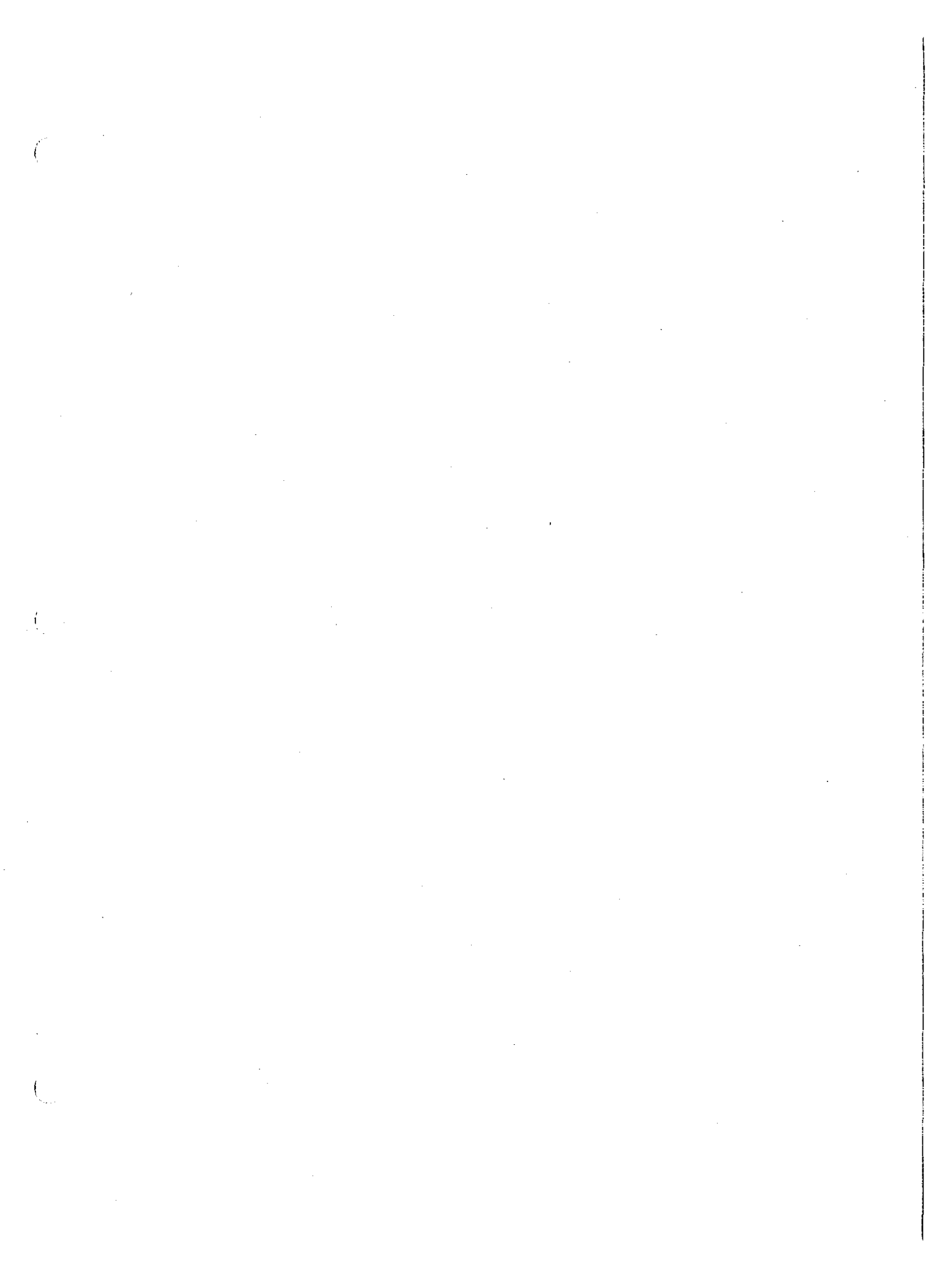
who is personally known to me, or
who produced the following identification: CA D.L.

[SEAL]



[Signature]
Notary Public
S. MUSETTI
Printed Notary Name
5.6.19
My Commission Expires







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, 17th 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: Steven Middle: Jay Last: Kend

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

4. Affiant's business address: 3610 Lomita Blvd, Suite 102, Torrance, CA 90505

Business telephone: 310-373-3821 Business Email: Steve@Kendds.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>University of the Pacific</u>	<u>Stockton, CA</u>	<u>9/1965 - 6/1967</u>	<u>A.B.</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>School of Dentistry</u>	<u>University of Southern California</u>	<u>Los Angeles, CA</u>	<u>9/1967 - 6/1971</u>	<u>D.O.S.</u>

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.

Applicant Company Name: The Dentist Insurance Company

NAIC No. 40975
FEIN: 94-2693799

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>California Dental Association</u>	<u>Peter DuBois</u>	<u>1201 K Street Sacramento, CA 95814</u>	<u>916.554.4913</u>
<u>American Dental Association</u>	<u>Thomas Elliott</u>	<u>211 E. Chicago Ave Chicago, IL 60611</u>	<u>312.440.2658</u>

7. Present or proposed position with the Applicant Company: Member, Board of Directors.

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): Sept. - 1981 ^{→ Present} Employer's Name: Steven J. Kend D.P.S., D.N.C.
Address: 3610 Lomita Blvd. City: Torrance State/Province: CA.
Country: USA Postal Code: 90505 Phone: 310.373.3811 Offices/Positions Held: President/Treasurer
Type of Business: Private Practice: General Dentistry 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: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Dental Board of CA Address: 2005 Evergreen St., #1550

City: Sacramento State/Province: CA Country: USA Postal Code: 95815

License Type: Dental License #: 21906 Date Issued (MM/YY): ~ 8/1971

Date Expired (MM/YY): — (current) Reason for Termination: —

Non-Insurance Regulatory Phone Number (if known): 877.729.7789

Organization/Issuer of License: State of California Bureau of Real Estate Address: 1651 Exposition Blvd.

City: Sacramento State/Province: CA Country: USA Postal Code: 95815

License Type: Broker License #: 00914640 Date Issued (MM/YY): 03/14/1986

Date Expired (MM/YY): 03/06/2012 Reason for Termination: Expired - Did not use / renew.

Non-Insurance Regulatory Phone Number (if known): 1.877.373.4542

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

Applicant Company Name : The Dentist Insurance Company NAIC No. 40975
FEIN: 94-2698799

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

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

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

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. None

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 No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: None

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: The Dentist Insurance Company

NAIC No. 40975
FEIN: 94-2648799

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 11 day of June 2016 at Rolling Hills Estates. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

See attached

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 Angeles)
On 6/11/16 before me, Jade Eagles, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Steven Jay Kond
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 _____
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

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

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: Steven Middle: Jay Last: Kend
IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

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

5. Foreign Student ID# (if applicable) :

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

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

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

Applicant Company Name: The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
<u>11/14/89</u>	[REDACTED]	<u>Palas Verdes Estates, CA</u>	<u>CA</u>	<u>USA</u>	[REDACTED]

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

Dated and signed this 11 day of June, 2016 at Rolling Hills Estates. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

See attached

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

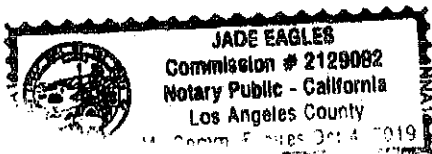
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 6/11/16 before me, Jade Eagles, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Steven Jay Kond
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 _____
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

Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer — Title(s): _____
 Partner — Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Applicant Company Name : The Dentists Insurance Company

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, 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.

Steven Jay Kend Ralos Verdes Estates, CA
(Print Name) (Print Address)
[Signature] June 11, 2016
(Signature) (Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL]

See attached

Notary Public

Printed Notary Name

My Commission Expires

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 Angeles)
On 6/11/16 before me, Jade Eagles Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Steven Jay 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(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 _____
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.

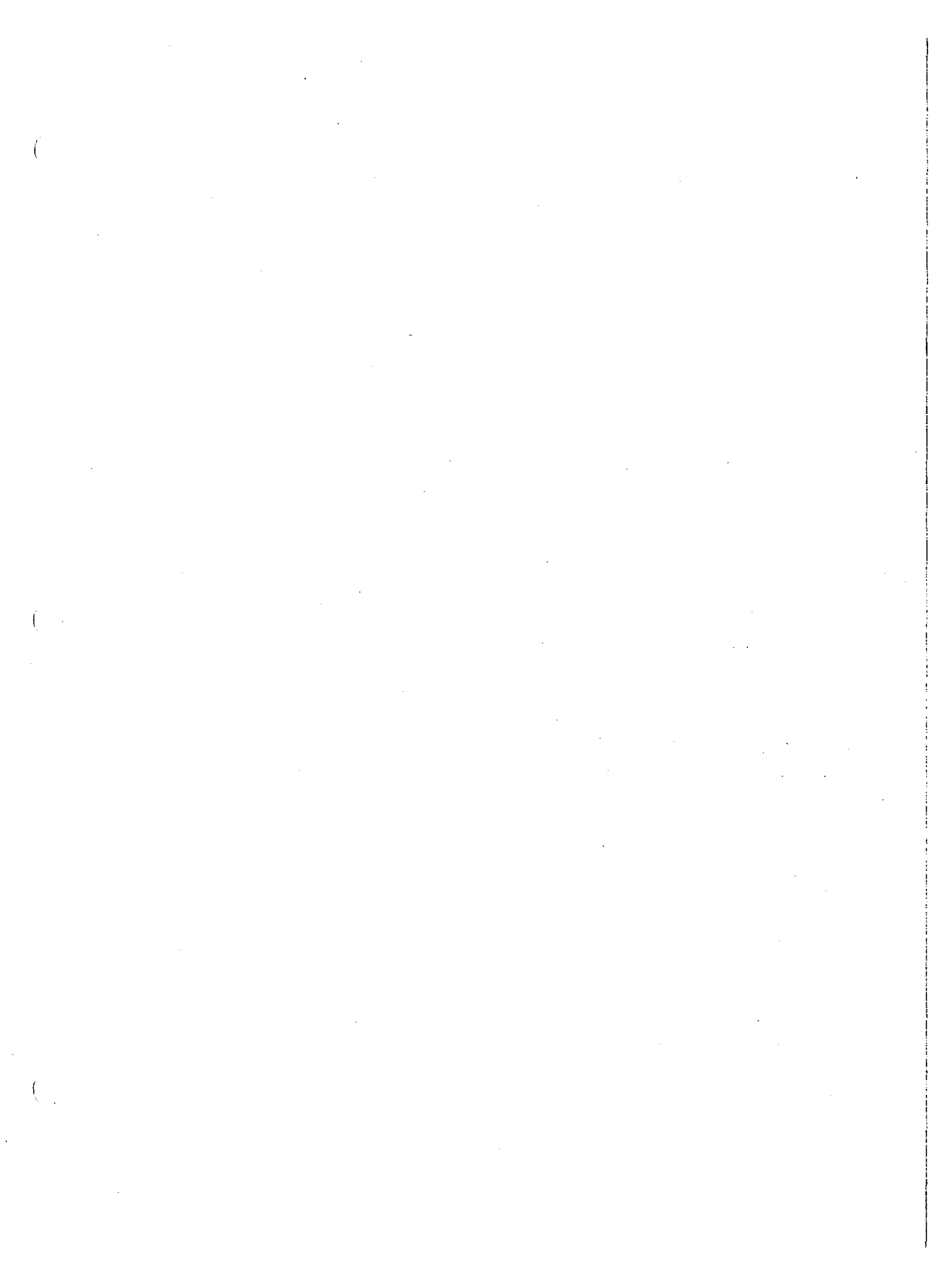
Description of Attached Document

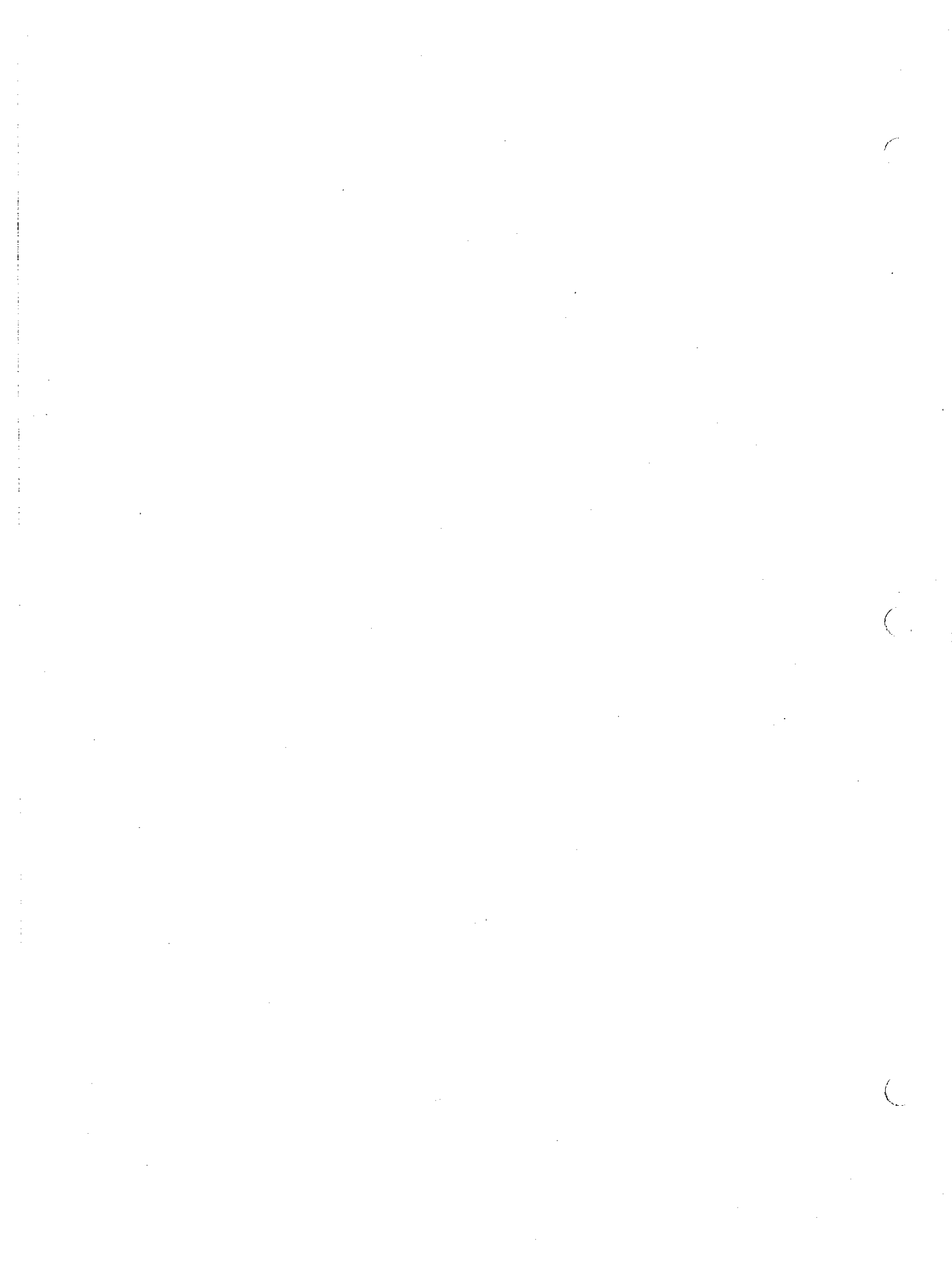
Title or Type of Document: _____
Document Date: _____ Number of Pages: _____
Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____

Signer's Name: _____
 Corporate Officer -- Title(s): _____
 Partner -- Limited General
 Individual Attorney in Fact
 Trustee Guardian or Conservator
 Other: _____
Signer Is Representing: _____





Applicant Company Name : _____

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

Sammy Dale Kennedy
1773 Harrison Ave, Eureka, Ca 95501-1358

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: Sammy Middle: Dale Last: Kennedy

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

4. Affiant's business address: 1773 Harrison Ave, Eureka, Ca 95501

Business telephone: 707-442-3644 Business Email: korndyall@ATT.NET

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Union College</u>	<u>Lincoln Nebraska</u>	<u>9/67-5/71</u>	<u>BA</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	<u>Loma Linda Dental School</u>	<u>Loma Linda, Ca</u>	<u>8/72-5/77</u>	<u>DDS</u>

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>Hospital Dentistry</u>		<u>USC & CDP</u>	

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

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>CDA</u>			<u>916-443-0505</u>

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

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): 5/17 Present - ~~7/97~~ Employer's Name: Sam Kennedy

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: Dentist Supervisor/Contact: me Sam Kennedy

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: _____

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

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

Yes No

If any claims were made on the bond, give details: over 20 yrs ago Details
lost

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: California Dental Board Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: Dental License #: 27311 Date Issued (MM/YY): _____

Date Expired (MM/YY): 9/30/2017 Reason for Termination: None NA

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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?

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

There may be a judicial action by me (Plaintiff)
against an X employer & her family for embezzlement & fraud.

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,

Significant Company Name: Sam Kennedy

NAIC No. _____
FEIN: _____

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

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: 1979

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : _____

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 1 day of Aug 20 16 at Eureka, 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]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

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

[SEAL]

See California Attachment
Notary Public

Printed Notary Name

My Commission Expires

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 Humboldt

On August 1st, 2016 before me, Andrew Sathrum Notary Public

Date

Here, Insert Name and Title of the Officer

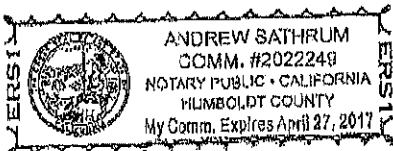
personally appeared Sam D Kennedy

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.

WITNESS my hand and official seal.



Signature

[Handwritten Signature]

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

Title or Type of Document: _____ 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 -- 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: _____

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

1. Affiant's Full Name (Initials Not Acceptable): First: Sammy Middle: Dele Last: Kennedy
IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>Always</u>	<u>Sam D. Kennedy</u>	<u>obvious</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable): _____

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

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

Applicant Company Name : _____

NAIC No. _____

FEIN: _____

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	County	Postal Code
6/2012	[REDACTED]	[REDACTED]	Ennska, Ca	[REDACTED]	[REDACTED]

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

Dated and signed this 1 day of August, 2016 at Ennska, 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]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL]

See California Attachment
Notary Public

Printed Notary Name

My Commission Expires

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 Humboldt)
On August 1st, 2016 before me, Andrew Sathrum Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Sam 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.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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Description of Attached Document

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Capacity(ies) 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: _____

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: Sunny Middle: P A / C
Last: Kenned
IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: _____
- 5. Foreign Student ID# (if applicable): _____
- 6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: Gaspar City

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975

FEIN: 94-2698799

State/Province: KANSAS Country: USA

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

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

Beginning/Ending Dates (MM/YY) Code	Address	City	State/Province	Country	Postal
<u>2/2002</u>	[REDACTED]	<u>Eureka, Ca</u>	<u>USA</u>		[REDACTED]

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

Dated and signed this 1 day of August, 2016 at Eureka, 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]
(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 California Attachment

[SEAL]

Notary Public

Printed Notary Name

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 Humboldt

On August 1st, 2016 before me, Andrew Sathrum Notary Public

Date

Here Insert Name and Title of the Officer

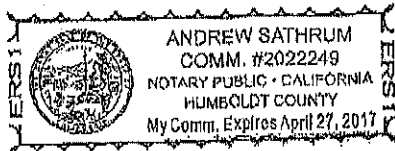
personally appeared Sam D Kennedy

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.

WITNESS my hand and official seal.



Signature

Signature of Notary Public

Place Notary Seal Above

OPTIONAL

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Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

Signer's Name: _____

Corporate Officer — Title(s): _____

Partner — Limited General

Individual Attorney in Fact

Trustee Guardian or Conservator

Other: _____

Signer is Representing: _____

My Commission Expires

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. 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.

Sammy Dale Kennedy

[Redacted Address]
(Printed Full Name and Residence Address)

Sammy Dale Kennedy
(Signature) *8/1/2016*
(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:

See California Attachment

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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 Humboldt

On August 1st 2016 before me, Andrew Sathrum, Notary Public
Date Here Insert Name and Title of the Officer

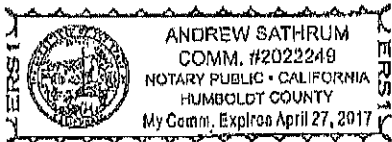
personally appeared Sam D Kennedy
Name(s) of Signer(s)

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.

WITNESS my hand and official seal.

Signature [Signature]
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

Title or Type of Document: _____ 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): _____

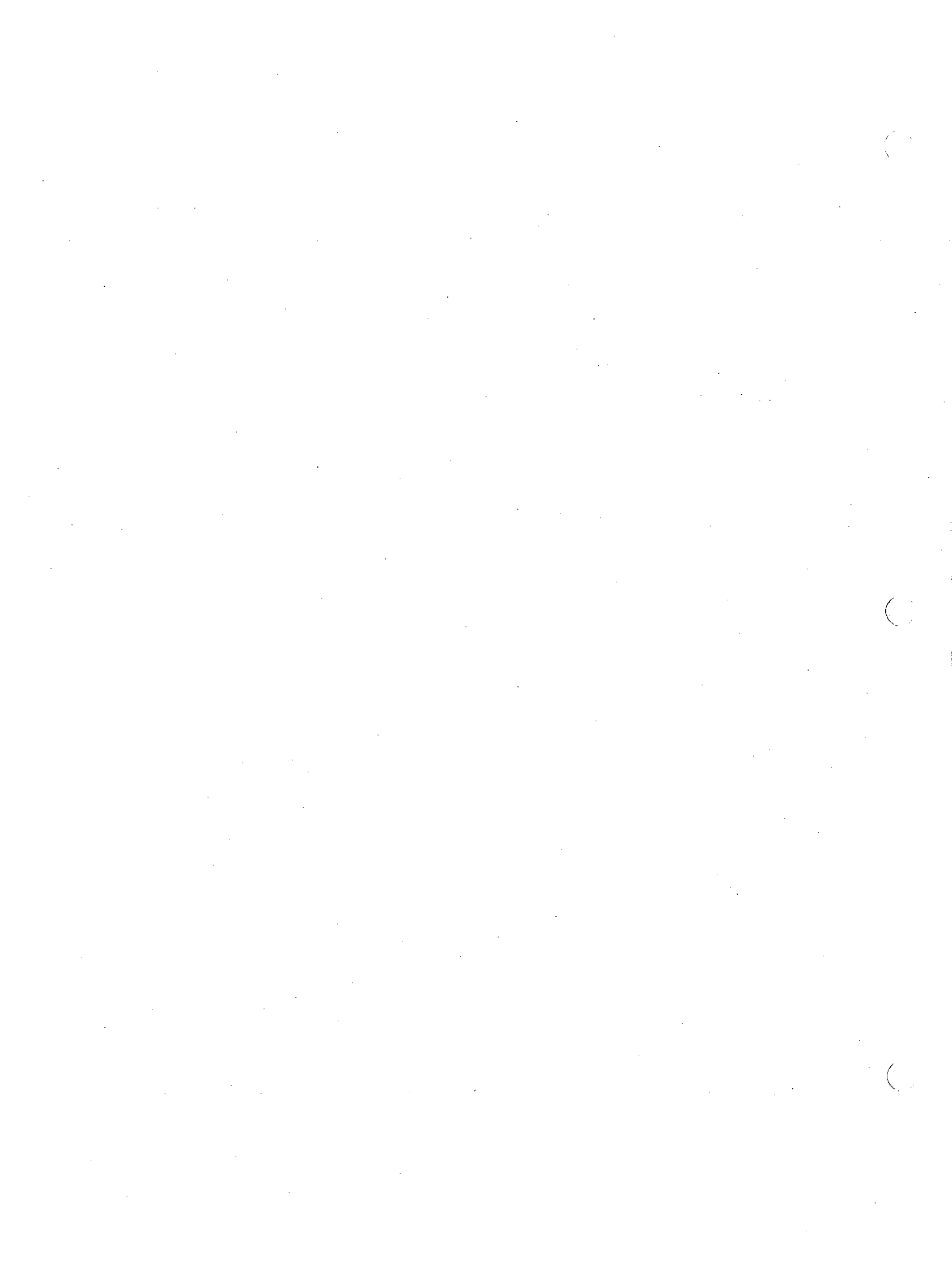
Partner — Limited General Partner — Limited General

Individual Attorney in Fact Individual Attorney in Fact

Trustee Guardian or Conservator Trustee Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____



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.

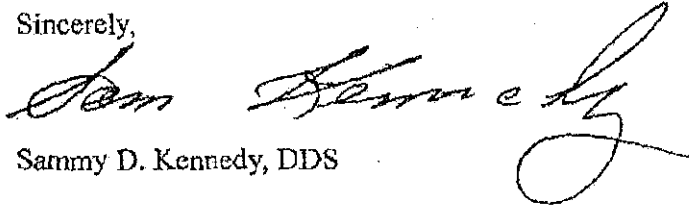
Although I did not consider a civil action involving medical malpractice causes of actions to involve dishonesty, breach of trust, or a financial dispute, I now understand that these civil actions should be disclosed in biographical affidavits submitted to the WA OIC. Accordingly, in all future biographical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

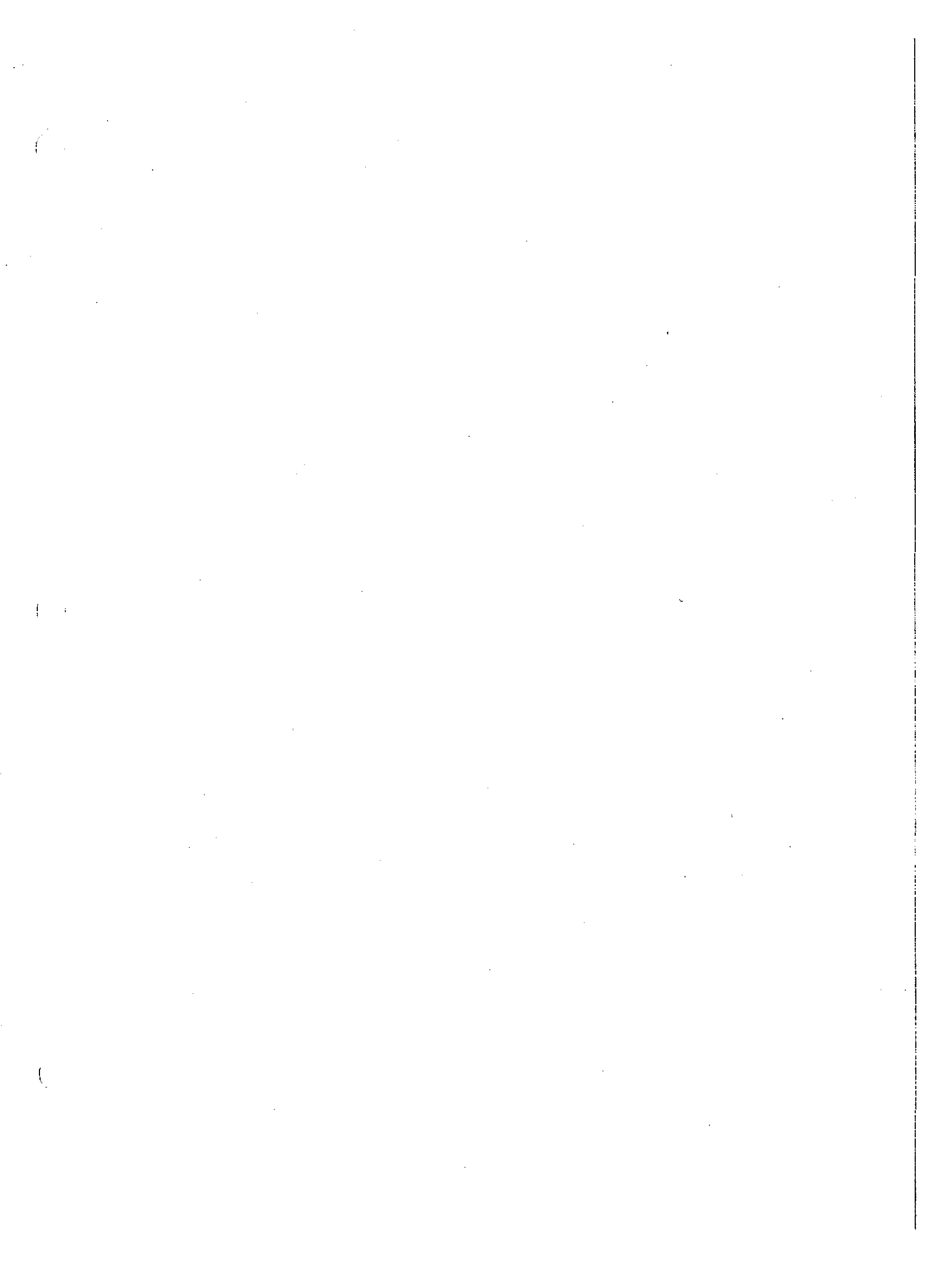
Although I answered no to both questions 11.d. and 11.e., I pled guilty to a misdemeanor reckless driving offense on 6/8/11 (case #CR1101880). Because of the nature of the offense (which involved operation of a vehicle and did not involve any other individuals), I did not consider the offense to be the 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.

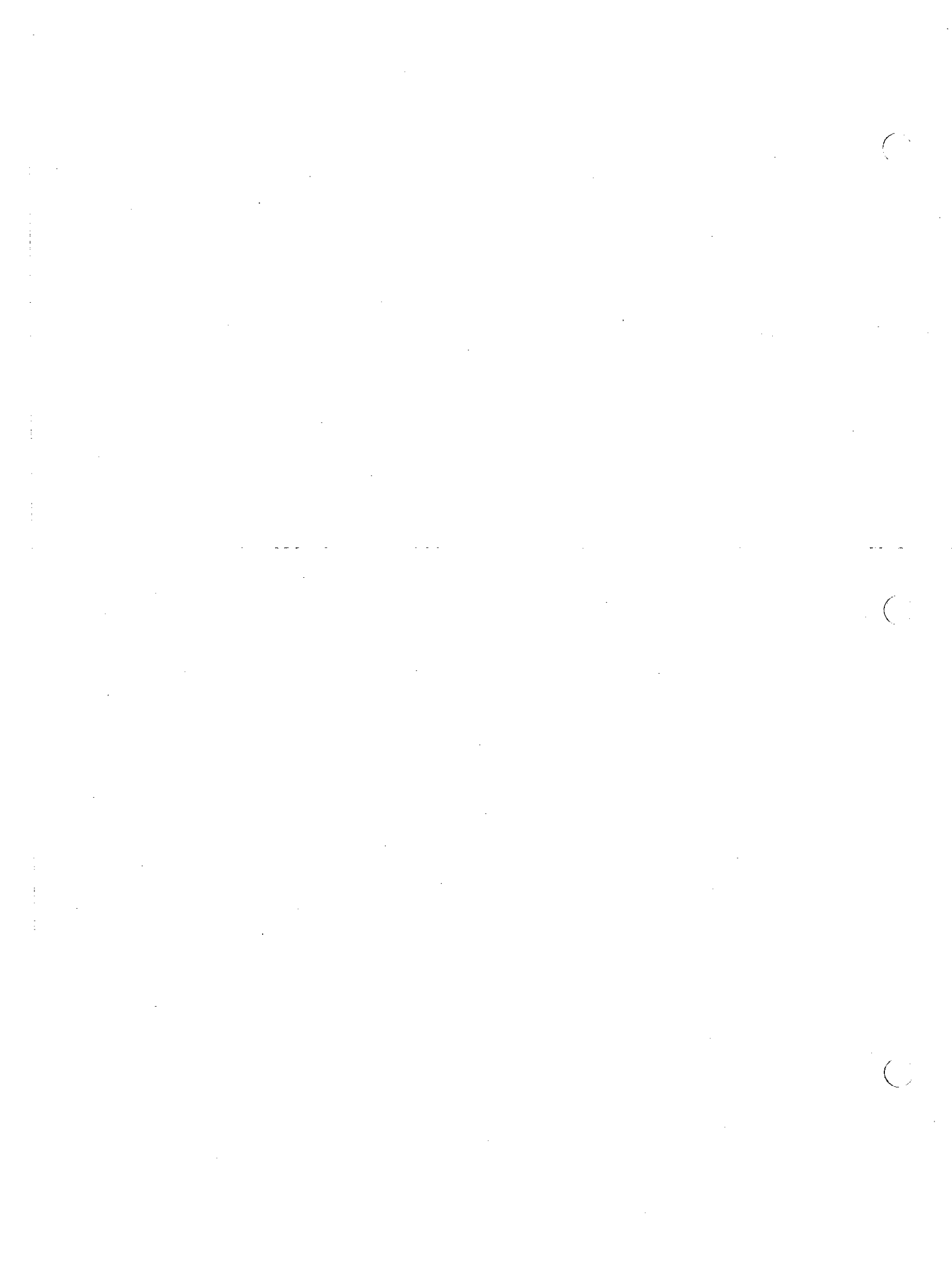
Thank you very much for your consideration. Should you have any additional questions, please do not hesitate to let me know.

Sincerely,

A handwritten signature in cursive script that reads "Sam Kennedy". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

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).

The Dentists Insurance Company
1201 K Street, 17th 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: Mohamad Middle: saleh Last: Kholaki

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? Syria

3. Affiant's occupation or profession: Dentist

4. Affiant's business address: 513 East Lime Ave. #204, Monrovia, CA, 91016

Business telephone: 626-301-4220 Business Email: skholoki@yahoo.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Damascus University</u>	<u>Damascus/Syria</u>	<u>09/1974-09/1978</u>	<u>D.D.S</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Prosthodontics</u>	<u>Damascus University</u>	<u>Prosthodontics</u>	<u>09/1978-09/1980</u>	

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>UCLA PROGRAM</u>	<u>Los Angeles/ Ca.</u>	<u>12/1984</u>	<u>Foreign Graduate</u>

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

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
SGVDS	Lee Adishian	312 E. Las Tunas Dr. San Gabriel 91776	626-285-1174
CDA	Donna Astrinidis Administrator, House and Board Activities, California Dental Association	1201 K. St. Sacramento, Ca. 95814	800.232.7645

7. Present or proposed position with the Applicant Company: Trustee- Foundation Audit Committee. _____

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): 12/23/1994- Present - Self Employed. Mohamad Saleh Kholaki _____ Employee

Address: 513 East Lime Ave. #204 _____ City: Monrovia _____ State/Province: CA _____

Country: LA _____ Postal Code: 91016 _____ Phone: 626-301-4220 Offices/Positions Held: Owner _____

Type of Business: Dental Office _____ Supervisor/Contact: Dr. Kholaki _____

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: _____

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

Type of Business: Supervisor/Contact: _____

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Dental Board Of California _____

Organization/Issuer of License: Dental Board Of California Address: 2005 Evergreen Street, #1550 _____

City: Sacramento State/Province: Ca. Country: USA Postal Code: 95815-7789 _____

License Type: DENTIST License #: DA 033301 Date Issued (MM/YY): 01/31 2016 _____

Date Expired (MM/YY): 01/31/2018 Reason for Termination: N/A _____

Non-Insurance Regulatory Phone Number (if known): N/A _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

Applicant Company Name : _____

NAIC No. _____
FBIN: _____

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

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. NAIC

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Applicant Company Name : _____

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 20 day of July, 2016 at La Crescenta. 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)

see attached Notarization
State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____,

and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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

On July 20th, 2016 before me Elizabeth Aghvinian, Notary Public

Personally appeared Mohamad Saleh Kholaki

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

Elizabeth Aghvinian
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

- INDIVIDUAL
 - CORPORATE
- TITLES
- PARTNERS LIMITED GENERAL
 - ATTORNEY IN FACT
 - TRUSTEE(S)
 - GUARDIAN/CONSERVATOR
 - OTHER _____

SIGNER IS REPRESENTING
NAME OF PERSON(S) OR ENTITY

DESCRIPTION OF ATTACHED DOCUMENT

Biographic Affidavit

TITLE OR TYPE OF DOCUMENT

SIX

NUMBER OF PAGES

7/20/16

DATE OF DOCUMENT

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

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

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
12/1984 _____	M. Saleh Kholaki _____	Abbreviation _____
12/ 1984 _____	Saleh Kholaki _____	Abbreviation _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED] _____

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

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

6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: Damascus _____
State/Province: Syria _____ Country: Syria _____

7. Name of Affiant's Spouse (if applicable): Lina Favez Kholaki _____

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
07/1997	[REDACTED]	Glendale, Ca.	USA	[REDACTED]	

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

Dated and signed this 20 day of July, 2016 at La Crescenta. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

See attached Notarization

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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**

On July 20th, 2016 before me Elizabeth Aghvinian, Notary Public

Personally appeared Mohamad Saleh Kheirati

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.

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Elizabeth Aghvinian
SIGNATURE OF NOTARY PUBLIC

OPTIONAL

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CAPACITY CLAIMED BY SIGNER

- INDIVIDUAL
 - CORPORATE
- TITLES**
- PARTNERS
 - LIMITED
 - GENERAL
 - ATTORNEY IN FACT
 - TRUSTEE(S)
 - GUARDIAN/CONSERVATOR
 - OTHER

SIGNER IS REPRESENTING
NAME OF PERSON(S) OR ENTITY

DESCRIPTION OF ATTACHED DOCUMENT

Biographical Affidavit

TITLE OR TYPE OF DOCUMENT

Two
NUMBER OF PAGES

07/20/16
DATE OF DOCUMENT

None
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 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.

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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.

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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. 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.

Mohamad Saleh Kholaki, [redacted] Glendale, Ca. [redacted]
(Printed Full Name and Residence Address)
M. Saleh Kholaki DDS 7-20-2016
(Signature) (Date)

State of _____ County of See attached Notarization

The foregoing instrument was acknowledged before me this _____ day of _____, 20 by _____, and:
who is personally known to me, or
who produced the following identification: _____

[SEAL]

Notary Public
Printed Notary Name
My Commission Expires

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**

On July 20th, 2016 before me Elizabeth Aghvinian, Notary Public

Personally appeared Mohamad Saleh Eholaki

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

Elizabeth Aghvinian
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

- INDIVIDUAL
- CORPORATE

TITLES

- PARTNERS LIMITED GENERAL
- ATTORNEY IN FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER

SIGNER IS REPRESENTING
NAME OF PERSON(S) OR ENTITY

DESCRIPTION OF ATTACHED DOCUMENT

Disclosure And Authorization
Concerning Background Reports

TITLE OR TYPE OF DOCUMENT

One

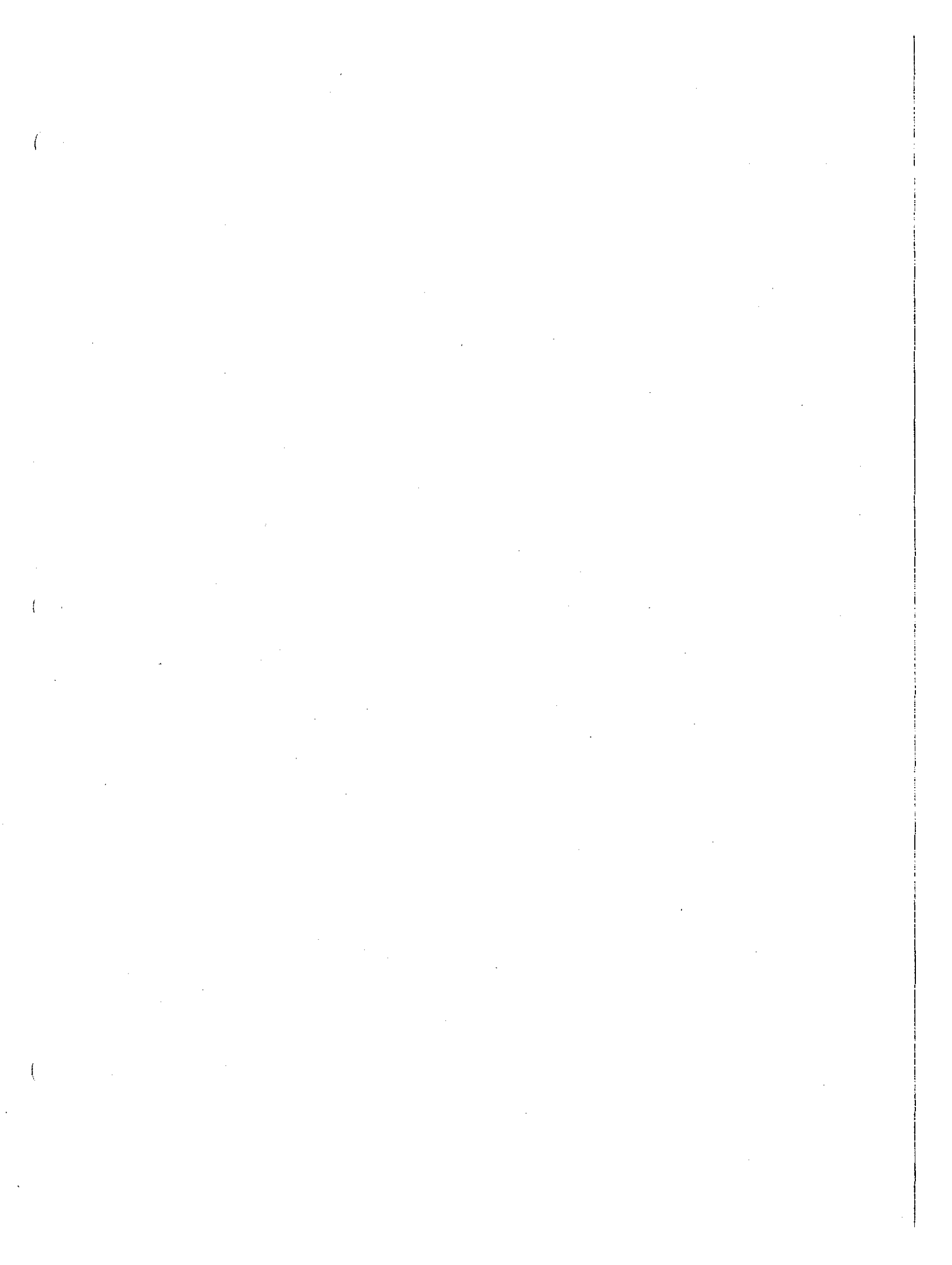
NUMBER OF PAGES

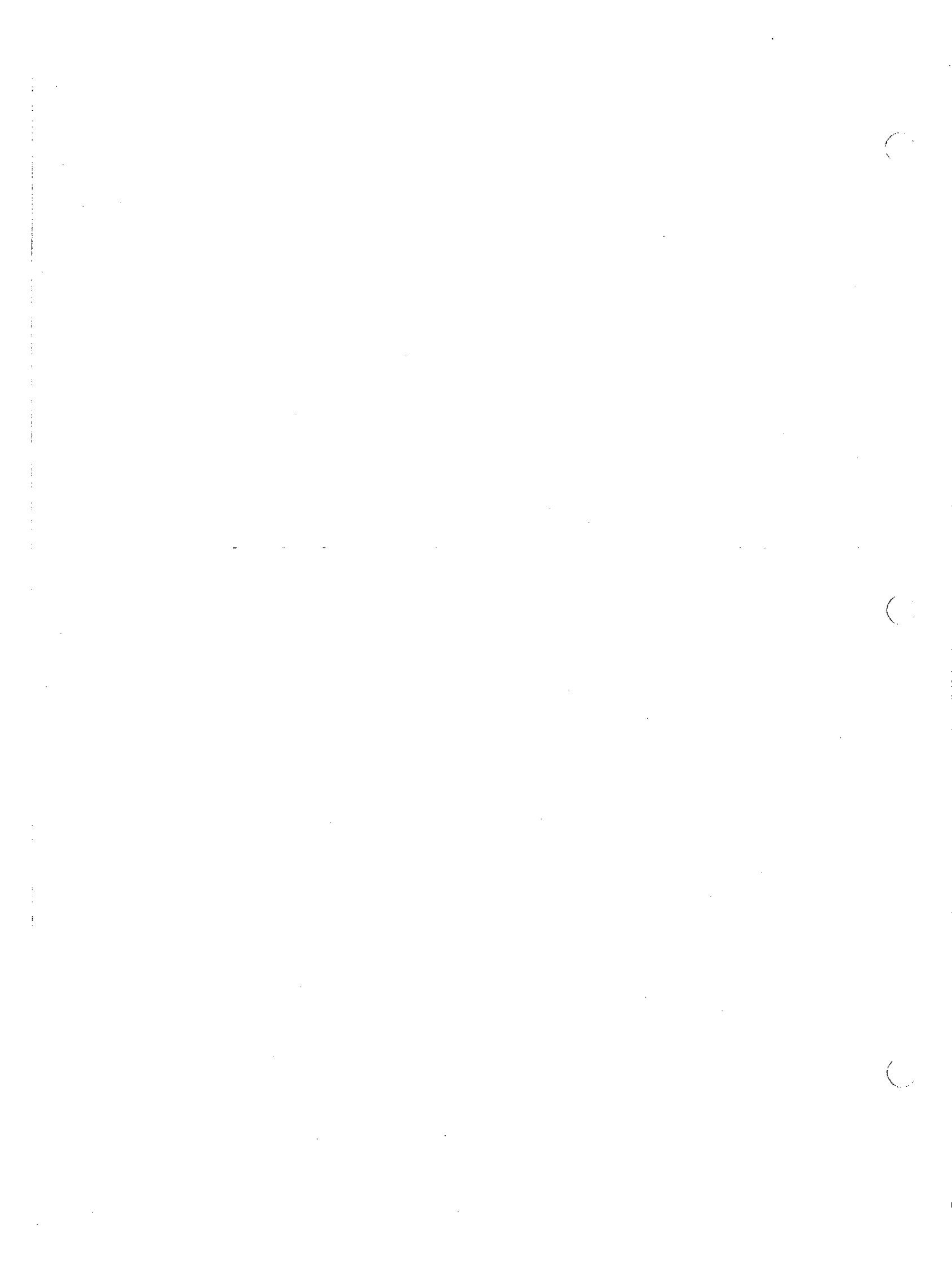
7/20/16

DATE OF DOCUMENT

None

SIGNER(S) OTHER THAN NAMED ABOVE





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).

The Dentists Insurance Company
1201 K Street, 17th 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: Scott Middle: Yong Jin Last: Kimi

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

4. Affiant's business address: 4220 W 3rd Street #101, LA CA 90020

Business telephone: (213) 387-5570 Business Email: Beverly dental group@gmail.com.

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>UCLA</u>	<u>Los Angeles, CA</u>	<u>9/84 - 6/88</u>	<u>B.S.</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>UOP School of Dentistry</u>	<u>SF, CA</u>	<u>7/88 - 6/91</u>	<u>DDS</u>	

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.

Applicant Company Name : TWIC

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Los Angeles Dental Society</u>	<u>Teresa Chien</u>	<u>3660 Wilshire Blvd</u>	<u>(213) 380-7669</u>
<u>N/A</u>	<u>Jana Wosche</u>	<u>1201 K St Sacramento, CA</u>	<u>(916) 554-4913</u>

7. Present or proposed position with the Applicant Company: Board of 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 Dates (MM/YY): 9/97 - Present Employer's Name: Bowly Dental Group.
Address: 4220 W 3rd St #101 City: Los Angeles State/Province: CA
Country: USA Postal Code: 90020 Phone: (213) 387-5570 Offices/Positions Held: Dentist
Type of Business: Dental office. Supervisor/Contact: N/A

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: _____

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975

FEIN: 94-2698799

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Dental Board of CA Address: 2005 Ewingman St #1550
City: Sacramento State/Province: CA Country: _____ Postal Code: 95815-3831
License Type: Dentist License #: 39668 Date Issued (MM/YY): 08/02/1991
Date Expired (MM/YY): 7/31/2018 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 Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

Applicant Company Name : _____

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
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

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

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

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.

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

- 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

Applicant Company Name : _____

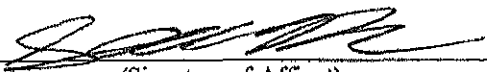
NAIC No. _____

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 _____ 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)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20 _____ by _____ and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

See Attached

Notary Public

Printed Notary Name

My Commission Expires

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

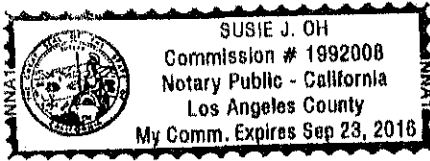
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 6/15/12 before me, Susie J. Oh, Notary Public,
Date Here Insert Name and Title of the Officer
personally appeared Scott Kong 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) 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 [Handwritten Signature]
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

Title or Type of Document: Biographical Affidavit Document Date: _____
Number of Pages: 9 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 — 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: _____

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

1. Affiant's Full Name (Initials Not Acceptable): First: Scott Middle: Young 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

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable) : _____

6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: Seoul
State/Province: _____ Country: South Korea

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

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

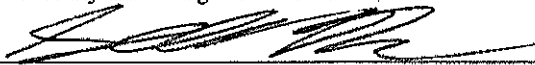
Applicant Company Name : TOLC

NAIC No. _____
FEIN: _____

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
8/2003 to 8/2010	[REDACTED]	[REDACTED]	Los Angeles CA	USA	[REDACTED]
9/2010 to present	[REDACTED]	[REDACTED]	Manhattan Beach CA	USA	[REDACTED]

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

Dated and signed this _____ 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)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

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

[SEAL]

See Attached

Notary Public

Printed Notary Name

My Commission Expires

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 Angeles)
On 6/15/16 before me, Susie J. Oh, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Scott Yongjin Kim
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 [Handwritten Signature]
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

Title or Type of Document: Biographical Affidavit Document Date: _____
Number of Pages: 9 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 — 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: _____

Applicant Company Name : The Dentists Insurance Company

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, 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.

Scott Young Jin Kim

(Printed Full Name and Residence Address)

[Signature]

(Signature)

6/15/2016

(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL]

See Attached

Notary Public

Printed Notary Name

My Commission Expires

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

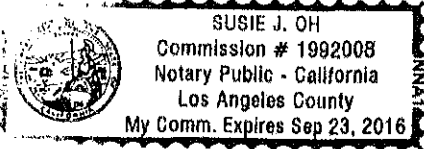
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)
County of Los Angeles)
On 6/15/16 before me, Susie J. Oh, Notary Public
Date Here Insert Name and Title of the Officer
personally appeared Scott Yong 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) (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 [Handwritten Signature]
Signature of Notary Public



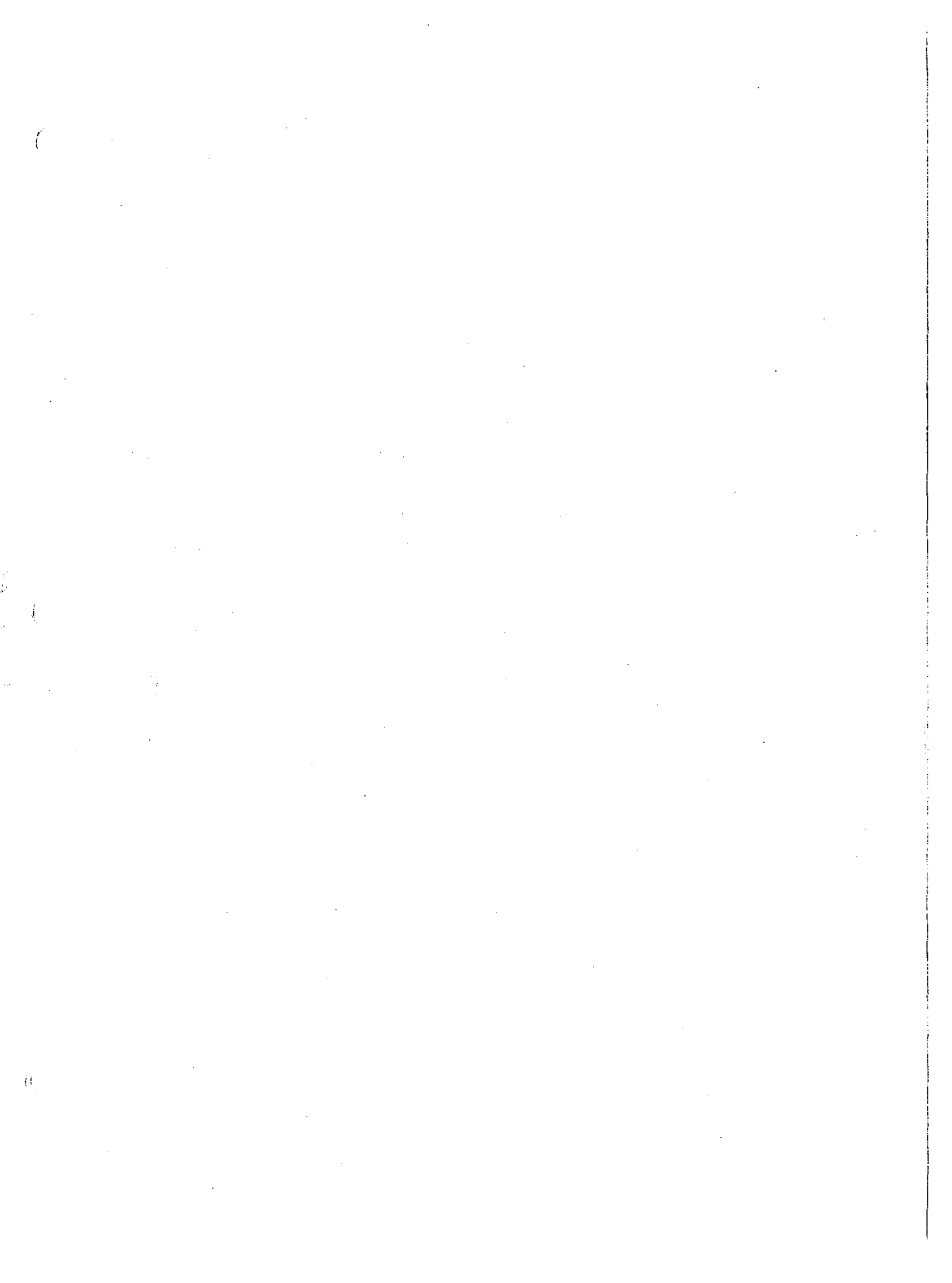
Place Notary Seal Above

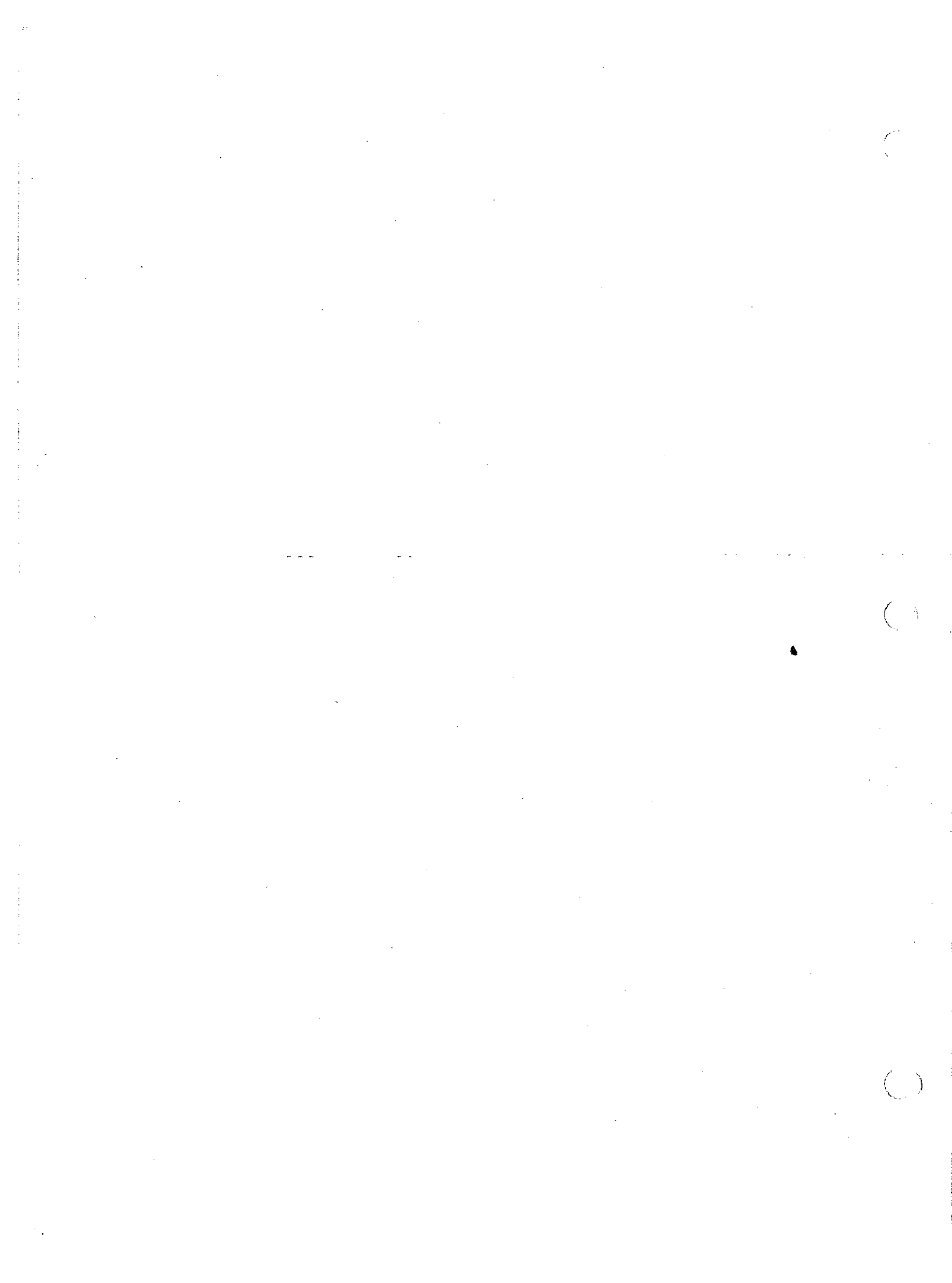
OPTIONAL

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
Title or Type of Document: Biographical Affidavit Document Date: _____
Number of Pages: 9 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 -- 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: _____





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).

The Dentists Insurance Company
1201 K Street, 17th 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:Todd Middle:David Last:Lewis

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? Canada

3. Affiant's occupation or profession: Accountant

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

Business telephone: 916-554-7357

Business Email: todd.lewis@teda.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Ottawa</u> <u>550 Rue Cumberland, Ottawa, ON Canada 877-868-8292</u>	<u>Ottawa, ON, Canada</u>	<u>09/90 - 05/94</u>	<u>Baccalaureate in Commerce</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

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

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

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Chartered Professional 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: 95820 Phone: 916-232-7645 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

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

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

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Society of Management Accounts of Ontario Address: 25 York Street, Suite 1100

City: Toronto State/Province: Ontario Country: CA Postal Code: M5J 2V5

License Type: Chartered Professional Accountant License #:N/A Date Issued (MM/YY): 09/1996

Date Expired (MM/YY): Current Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 1-800-387-2991

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

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

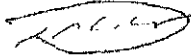
Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975

FEIN: 94-2698799

Dated and signed this 29th day of February 2016 at Sacramento, CA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

**See Attached
Notarization Certificate**

Notary Public

Printed Notary Name

My Commission Expires

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.

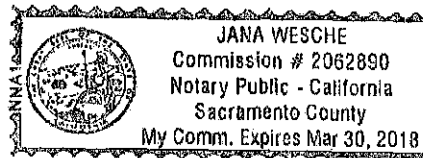
State of California
County of Sacramento)

On February 29, 2016 before me, Jana Wesche, Notary Public
(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.



Signature

Jana Wesche

(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

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

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: XXXXXXXXXX

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable): _____

6. Date of Birth: (MM/DD/YY) : XXXXXX Place of Birth, City: Scarborough
State/Province: Ontario Country: Canada

7. Name of Affiant's Spouse (if applicable) : Laura O'Connor Lewis

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

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975
FEIN: 94-2698799

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
06/02	[REDACTED]	Sacramento	CA	USA	[REDACTED]

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

Dated and signed this 21st day of February, 2016 at Sacramento, 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]
(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____,

and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

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 Sacramento

On February 29, 2016 before me, Jana Wesche, Notary Public
(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.

Signature

Jana Wesche

(Seal)



Applicant Company Name : The Dentists Insurance Company

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, 10th 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, [REDACTED] Sacramento, CA USA [REDACTED]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

2/29/16
(Date)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

**See Attached
Notarization Certificate**

Notary Public

Printed Notary Name

My Commission Expires

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 Sacramento)

On February 29, 2016 before me, Jana Wesche, Notary Public
(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.

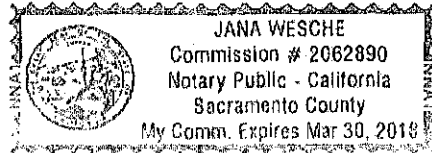
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

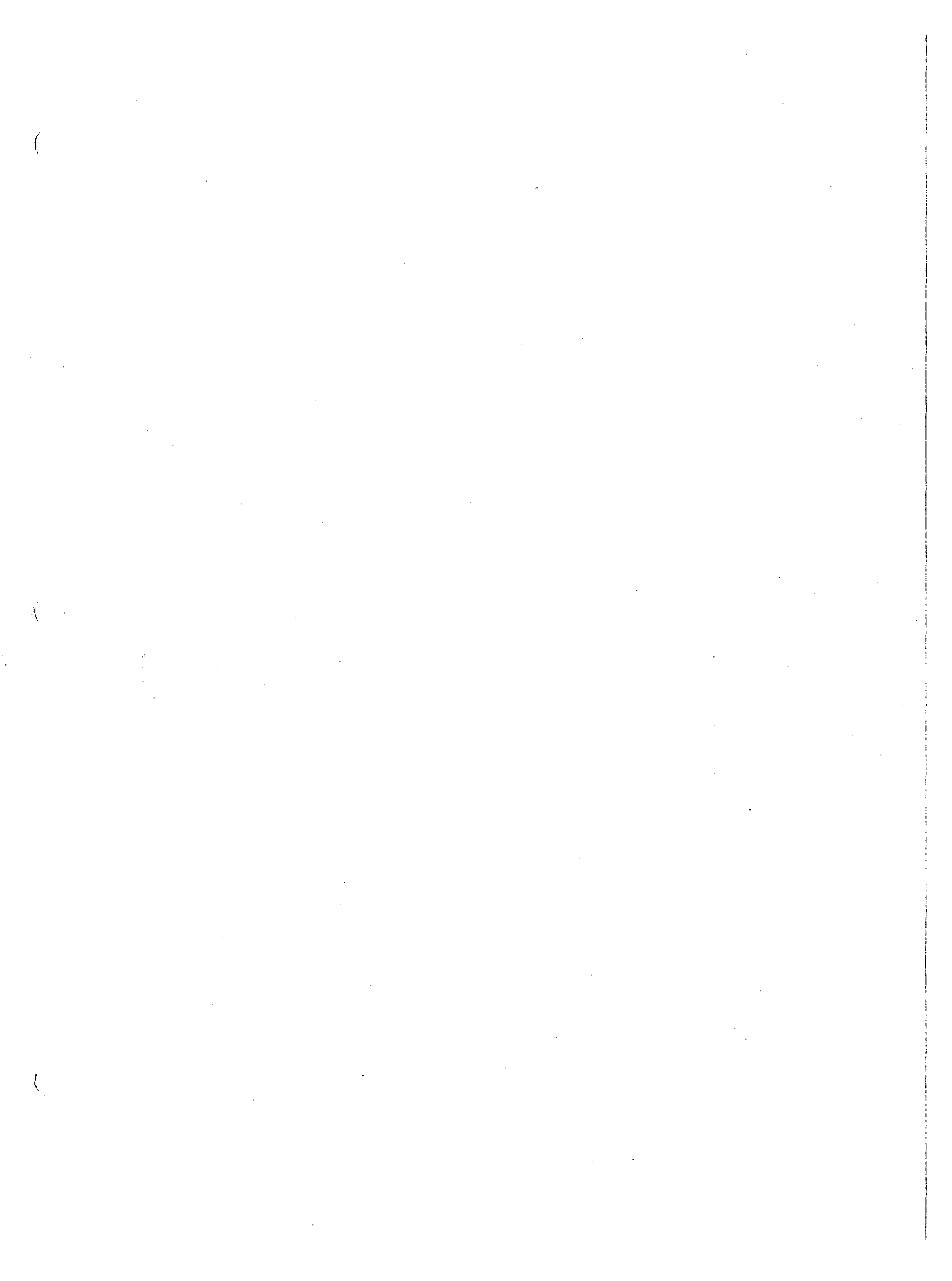
WITNESS my hand and official seal.

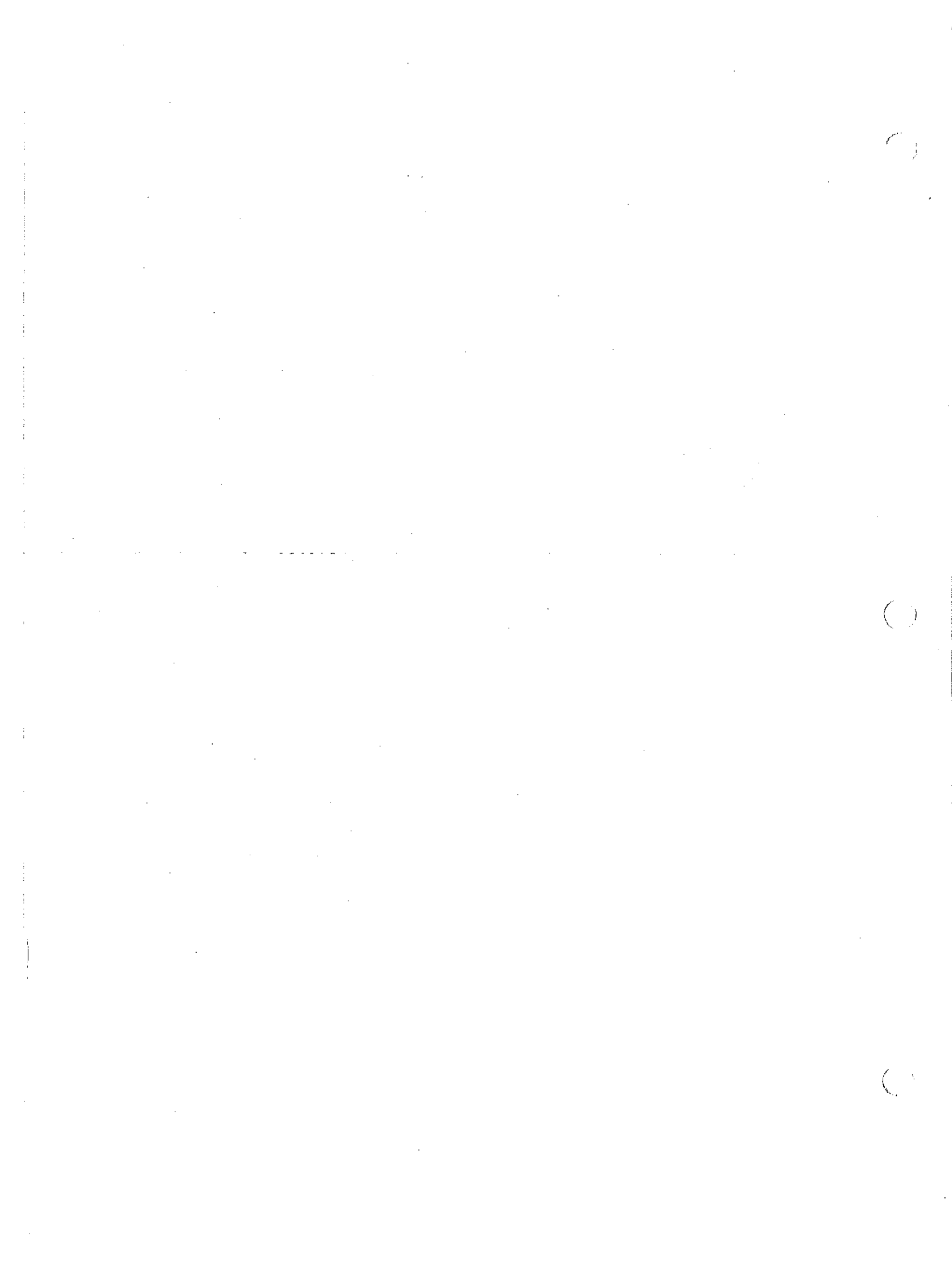
Signature

Jana Wesche

(Seal)







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).

The Dentists Insurance Company
1201 K Street, 17th 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: Carol Joan McCutcheon

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

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:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>UC Santa Barbara</u>	<u>Santa Barbara, CA</u>	<u>9/75-6/79</u>	<u>BA Biology</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Dentistry</u>	<u>University of Washington</u>	<u>Seattle, WA</u>	<u>9/79-5/83</u>	<u>DDS</u>

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

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

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
SCCDS	Candace Rooney	1485 Park Avenue, San Jose, Ca 95125	408.289.1480
CDA	Peter Dubois	1201 K Street, 14 th Floor, Sacramento, CA 95814	800.232.7645
ADA	Dr. Loughlin	211 East Chicago Avenue 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): 03/84-present Employer's Name: self-employed _____

Address: 166 W. Campbell Avenue _____ City: Campbell _____ State/Province: CA _____

Country: USA _____ Postal Code: 95008 _____ Phone: 408.379.0851 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: _____ 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: _____

Applicant Company Name : The Dentists Insurance Company

NAIC No. 40975

FEIN: 94-2698799

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

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Dental Board of California ___ Address: 2005 Evergreen Street, Suite 1550 _____

City: Sacramento _____ State/Province: CA _____ Country: USA _____ Postal Code: 95815 _____

License Type: Dental License ___ License #: 31952 _____ Date Issued (MM/YY): 08/01/1983 _____

Date Expired (MM/YY): 10/31/17 _____ Reason for Termination: _____

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

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

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

Applicant Company Name : _____

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
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

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

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls,

holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

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

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

- 14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

- 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

Applicant Company Name : _____

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 14th day of JUNE 20 16 at 1:00 PM. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]

(Signature of Affiant)

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

and:

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

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires

SEE ATTACHED

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 CLARA

On JUNE 14, 2016, before me, Cathy M. Wong, Notary Public
(insert name and title of the officer)
personally appeared CAROL JOAN MICHICHEW

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 Cathy (Seal)

Optional information. This certificate is attached to:

Title or type of document: BIOGRAPHICAL AFFIDAVIT

Number of pages: 6

Date of document: JUNE 14, 2016

Signer(s) other than named above: NONE

Notary phone number: 650-290-3550 or 408-355-3700

**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): 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?

Yes No

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: _____

5. Foreign Student ID# (if applicable) : _____

6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: Portland _____
State/Province: Oregon _____ Country: United States _____

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

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

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
09/18-present	[REDACTED]	Los Gatos	CA	USA	[REDACTED]

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

Dated and signed this 14th day of JUNE, 2016 at 1:00 PM. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]
(Signature of Affiant)

State of: _____ 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]

~~[Signature]~~
[Handwritten Signature]

Notary Public

Printed Notary Name

My Commission Expires

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 CLARA

On JUNE 14 2016, before me, Cathy M. Wong, Notary Public
(insert name and title of the officer)
personally appeared CAROL JANE MCCUTCHEON

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/hers/their authorized capacity(ies), and that by his/hers/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 Cathy M. Wong (Seal)

Optional information. This certificate is attached to:

Title or type of document: BIOGRAPHICAL INFORMATION - SUPPLEMENTAL PERSONAL INFORMATION
Number of pages: 2 (pages 7-8)
Date of document: June 14, 2016
Signer(s) other than named above: None
Notary phone number: 650-290-3550 or 408-355-3700

Applicant Company Name : The Dentists Insurance Company

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, 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.

Carol Joan McCutcheon [redacted] Los Gatos, CA [redacted]
(Printed Full Name and Residence Address)

(Signature) 6/14/16
(Date)

State of: California County of: Santa Clara

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, and:

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

[SEAL]

SEE ATTACHED

Notary Public

Printed Notary Name

My Commission Expires

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 Clara

On June 14, 2016, before me, Cathy M. Wong, Notary Public
(insert name and title of the officer)
personally appeared Caran Jones McCutcheon

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 [Handwritten Signature] (Seal)

Optional information. This certificate is attached to:

Title or type of document: DISCLOSURE AND AUTHORIZATION CONCERNING WORK-RELATED REPORTS
Number of pages: 1 (including 4)
Date of document: JUNE 14, 2016
Signer(s) other than named above: NONE
Notary phone number: 650-290-3550 or 408-355-3700