CONFIDENTIAL
TRADE SECRET

Applicant Name (Company) CollabHealth Plan Services, Inc. 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).

CollabHealth Plan Services, Inc.
198 Inverness Drive West
Englewood, CO 80112
Ph: 720-874-1293

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). Mark Fred Bjornson

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

   b. Are you a citizen of any other country, if so, what country? No

3. Affiant's Occupation or Profession. Health Plan Executive

4. Affiant's business address. 198 Inverness Drive West, Englewood Colorado 80112

   Business telephone. 443-761-3641

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Minnesota	Minneapolis, MN	09/79 to 06/86	BS Management

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Minnesota, Carlson School of Mgmt.	Mpls., MN	09/88 to 08/92	MBA, Finance

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
None			

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

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Applicant Name (Company) CollabHealth Plan Services, Inc.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
None			

7. Present or proposed position with the applicant entity. Board Member, CEO _____

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) 05/87 - 06/94 Employer's Name The Prudential _____

Address P.O. Box 950 _____City Horsham _____ State/Province PA _____

Country USA _____ Postal Code 19044 _____ Phone 215-443-2100 Offices/Positions Held: Underwriter, Director of Underwriting. _____

Supervisor / Contact ___ James Lundberg, VP of Underwriting. _____

Beginning/Ending
Dates (MM/YY) 07/94- 08/08 Employer's Name United Healthcare_____

Address 9701 Data Park Drive_____ City Minnetonka _____ State/Province MN _____

Country USA _____ Postal Code 55343 _____ Phone 800-561-0861 Offices/Positions Held Director of Underwriting, Vice President of Finance, Western Regional Vice President, Vice President, Medicare Expansions ____

Supervisor / Contact ___ Sheila McMillan, COO _____

Beginning/Ending
Dates (MM/YY)07/09- 10/10 Employer's Name United Healthcare _____

Address 9701 Data Park Drive City: Minnetonka State/Province : MN _____

Country USA _____ Postal Code 55343 _____Phone 800-561-0861_Offices/Positions Held Vice President of Dual Product _____

Supervisor / Contact ___ Russel Patrella _____

9. a. Have you ever been in a position which required a fidelity bond? _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? If yes, give details. No_____

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

Organization/Issuer of License_____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

Non-insurance Regulatory Phone Number (if known _____

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?
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?
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? No _____

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No _____

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
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? 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? NO _____

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No ___

a. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No _____

If the response to any question above is answered "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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
No _____

_____

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

_____

_____

Applicant Name (Company) CollabHealth Plan Services, Inc. NAIC No.
FEIN:

14. Have you ever been adjudged a bankrupt? 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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No _____

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

    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 Oct 2012 at Seattle WA 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 Washington County of King

The foregoing instrument was acknowledged before me this 18th day of Oct, 2012 By Mark Fred Bjornson, and:

who is personally known to me, or

who produced the following identification:_____

[SEAL]

Notary Public

Francesa J Romboser
Printed Notary Name

10-27-14
My Commission Expires

Applicant Name (Company) CollabHealth Plan Services, Inc.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).

CollabHealth Plan Services, Inc.
198 Inverness Drive West
Englewood, CO 80112
Ph: 720-874-1293

1. Affiant's Full Name (Initials Not Acceptable). Mark Fred Bjornson _____

2. Have you ever used any other name including nickname, maiden name or aliases? __NO__ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

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 Bismarck _____
State/Province North Dakota _____ Country USA _____

7 Name of Affiant's Spouse (if applicable) Patricia Ann Bjornson _____

Applicant Name (Company) CollabHealth Plan Services, Inc. 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
03/09- Present:	[redacted]	Salem	Oregon	USA	97304
09/05 – 03/09:	[redacted]	Portland	Oregon	USA	97229
07/05 – 09/05:	[redacted]	Sherwood	Oregon	USA	97140
08/95 – 07/05:	[redacted]	Minnetonka	Minnesota	USA	55345

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 October, 2012 at Seattle, WA 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 Washington County of King

The foregoing instrument was acknowledged before me this 18th day of Oct, 2012 By Maria Fred Bjornson and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Theresa J. Rambosek
Printed Notary Name

10-27-14
My Commission Expires

Applicant Name (Company) CollabHealth Plan Services, Inc.NAIC No.
FEIN: _____

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____**[*insert* 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 _____**[*insert* 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.

Mark Fred Bjornson
[redacted]
Salem, Oregon 97304

(Signature) (Date) October 18, 2012

State of Washington County of King

The foregoing instrument was acknowledged before me this 18TH day of Oct 2012 By Mark Fred Bjornson, and

who is personally known to me, or

who produced the following identification:_____

Applicant Name (Company) CollabHealth Plan Services, Inc.

FEIN:

NAIC No.

[SEAL]

Notary Public

Theresa J Rambosek

Printed Notary Name

10-27-14

My Commission Expires

CONFIDENTIAL
TRADE SECRET

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). Soundpath Health Inc., 32129 Weyerhaeuser Way S, Suite 201, Federal Way, WA 98001 866-789-7747

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). Patricia Cecilia Briggs
2. a. Are you a citizen of the United States? Yes

   b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Chief Executive Officer, Northwest Physicians Network
4. Affiant's business address. 708 Broadway, Suite 400, Tacoma, WA 98402

   Business telephone. (253) 722-0311
5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Oregon State University	Corvallis, Oregon	09/64 – 06/67	BA
Case Western Reserve University	Cleveland, Ohio	06/65 – 08/65	None
The College of William and Mary	Williamsburg, Virginia	08/67 – 12/67	None

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
None				

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
None			

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

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Applicant Name (Company) Patricia C. Briggs

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
American Medical Group Association (AMGA)	Ryan O'Connor	1422 Duke Street Alexandria, VA 22314	(703) 838-0033

7. Present or proposed position with the applicant entity. 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) 01/98 - Present Employer's Name Northwest Physicians Network

Address 708 Broadway #400 City Tacoma State/Province WA

Country USA Postal Code 98402 Phone (253) 627-4638 Offices/Positions Held Chief Operating Officer and Chief Executive Officer

Supervisor / Contact William F. Roes, MD

Beginning/Ending Dates (MM/YY) 05/95 - 01/98 Employer's Name Unified Physicians of Washington (no longer in business)

Address 33301 9th Ave S #200 City Federal Way State/Province WA

Country USA Postal Code 98003 Phone N/A Offices/Positions Held Associate Director of Networks and Contracts

Supervisor / Contact Theresa Dodd

Beginning/Ending Dates (MM/YY) 08/90 - 05/95 Employer's Name Franciscan Health Services Northwest

Address 1717 So J St City Tacoma State/Province WA

Country USA Postal Code 98405 Phone (253)591-6622 Offices/Positions Held Director, Managed Care

Supervisor / Contact Sandy Habowski; Laure Nichols

Beginning/Ending Dates (MM/YY) 12/86- 08/90 Employer's Name Sisters of Providence Health Plans (no longer in business)

Address N/A City Seattle State/Province WA

Country USA Postal Code N/A Phone N/A Offices/Positions Held Group Services Manager

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Supervisor / Contact ___ Eve Stern _____

9. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No _____

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

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 _____

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?
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?
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? No _____

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No _____

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
No _____

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No

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

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

11. j. The three properties purchased in 2003 in Glendale, Arizona of which my ex-husband and I were joint owners, were foreclosed on and sold at trustee's sales in October of 2011 and January of 2012. Two of the homes had lost a third of their value and one had lost almost one half of its value during the real estate market major decline in home values starting in late 2007. After the death of my ex-husband in December 2010, I tried to renegotiate the financial terms of my mortgages and after being unsuccessful presented the bank with short sales for all three homes. The bank would not accept the short sales and proceeded to foreclose on the properties. Attached are Notices of Trustee's Sales for two of the properties. I cannot locate at this time the paperwork on the third. The addresses are as follows: 7562 W Gardenia Ave, Glendale, AZ 85303, 7558 W State Ave, Glendale, AZ 85303 and 7580 W Gardenia Ave, Glendale, Arizona 85303.

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. N/A

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
No

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

N/A

Applicant Name (Company) Patricia C. Briggs

NAIC No. _____
FEIN: _____

14. Have you ever been adjudged a bankrupt? 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? If 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.

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

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No _____

    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 17th day of October 2012 at Tacoma, WA 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.

Patricia C. Briggs
(Signature of Affiant)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 17th day of October, 2012 By Patricia C. Briggs, and:

☑ who is personally known to me, or

☐ who produced the following identification: _____

Jean M. Gambrielle
Notary Public

JEAN M. GAMBRIELLE
Printed Notary Name

9-29-16
My Commission Expires

[SEAL]

JEAN M. GAMBRIELLE
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
9-29-16

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).

Soundpath Health Inc., 32129 Weyerhaeuser Way S, Suite 201, Federal Way, WA 98001

866-789-7747

1. Affiant's Full Name (Initials Not Acceptable). Patricia Cecilia Briggs

2. Have you ever used any other name including nickname, maiden name or aliases? yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
04/46 - 07/67	Patricia Cecilia Sparks	Maiden 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 Bremerton
State/Province Washington Country USA

7 Name of Affiant's Spouse (if applicable) N/A – Divorced and since deceased (Thor Robert Briggs)

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Applicant Name (Company) Patricia C. Briggs

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
10/11 – current	[redacted]	Phoenix	Arizona	Maricopa	85021
06/08 – current (part time)	[redacted]	Tacoma	Washington	Pierce	98402
10/03 – 10/11	[redacted]	Glendale	Arizona	Maricopa	85303
09/86 – 09/03	[redacted]	Renton	Washington	King	98058

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 17th day of October, 2012 at Tacoma WA 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.

Patricia C. Briggs
(Signature of Affiant)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 17th day of October, 2012 By Patricia C. Briggs, and:

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

JEAN M. GAMBRIELLE
COMMISSION EXPIRES
NOTARY
PUBLIC
9-29-16
STATE OF WASHINGTON

Jean M. Gambrielle
Notary Public
JEAN M. GAMBRIELLE
Printed Notary Name
9-29-16
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 _____ **[*insert* 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 _____ **[*insert* 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.

Patricia C. Briggs [redacted] Phoenix AZ 85021 (part time)
(Printed Full Name and Residence Address) [redacted]

(Signature) 10/17/12 (Date)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 17th day of October 2012 By Patricia C. Briggs, and

☑ who is personally known to me, or

☐ who produced the following identification:_____

[SEAL]

JEAN M. GAMBRIELLE
NOTARY PUBLIC
COMMISSION EXPIRES 9-29-16
STATE OF WASHINGTON

Jean M. Gambrielle
Notary Public
JEAN M. GAMBRIELLE
Printed Notary Name
9-29-16
My Commission Expires

OFFICIAL RECORDS OF
MARICOPA COUNTY RECORDER
HELEN PURCELL
20110636605 07/29/2011 04:32
ELECTRONIC RECORDING

First American Title
RECORDING REQUESTED BY:

WHEN RECORDED MAIL TO:
TRUSTEE CORPS
17100 Gillette Ave
Irvine, CA 92614

1311981979899-1-2-1--
chagollaj

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Trustee Sale No. AZ08000679-11-1
MIN #100010402020919142

Title Order No. 5438286

SUBSTITUTION OF TRUSTEE

WHEREAS, THOR R. BRIGGS PATRICIA C BRIGGS HUSBAND AND WIFE was the original Trustor, MICHAEL A. BOSCO, JR. was the original Trustee, in which MORTGAGE ELECTRONIC REGISTRATION SYSTEMS, INC. is named as Beneficiary and CRESTAR MORTGAGE was the original Beneficiary under that certain Deed of Trust dated August 22, 2005, and recorded September 21, 2005, as Instrument No. 2005-1393812 of Official Records in the office of the Recorder of Maricopa County, ARIZONA and described as follows:

LOT 155, OF ORANGEWOOD ESTATES, ACCORDING TO THE PLAT OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF MARICOPA COUNTY, ARIZONA, RECORDED IN BOOK 591 OF MAPS, PAGE 46.
APN # 142-26-518

The successor trustee appointed herein qualifies as Trustee of the Trust Deed in the Trustee's capacity as a Real Estate Broker as required by ARS Section 33-803 (A) (1)

WHEREAS, the undersigned is the present Beneficiary under said Deed of Trust, and

WHEREAS, the undersigned desires to substitute a new Trustee under said Deed of Trust in place and instead of said original Trustee, or Successor Trustee, thereunder, in the manner in said Deed of Trust provided,

NOW, THEREFORE, the undersigned hereby substitutes **MTC FINANCIAL INC.,dba Trustee Corps** whose address is **17100 Gillette Ave, Irvine, CA 92614** as Trustee under said Deed of Trust.

Whenever the context hereof so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural

SUNTRUST MORTGAGE, INC., DBA CRESTAR MORTGAGE

By: Jay L. Bowser
Jay L. Bowser

Dated: 6/17/2011

STATE OF Virginia
COUNTY OF City of Richmond

On 6/17/11 before me, Neftali Rivera, Notary Public, personally appeared Jay L. Bowser
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 Virginia that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature

NEFTALI MIGUEL RIVERA
Notary Public
Commonwealth of Virginia
7316959
My Commission Expires Oct 31, 2014

STATEMENT OF BREACH OR NON-PERFORMANCE

TRUSTEE SALE NO: AZ08000679-11-1

NOTICE IS HEREBY GIVEN that a breach or non-performance of the Trust Deed mentioned in the "Notice of Trustee's Sale" to which this Statement of Breach or Non-Performance is attached has occurred. The nature of such breach or non performance is as follows:

failed to pay payments which became due; THE INSTALLMENT OF PRINCIPAL AND INTEREST WHICH BECAME DUE ON 03/01/2011 AND ALL SUBSEQUENT INSTALLMENTS OF PRINCIPAL AND INTEREST, ALONG WITH LATE CHARGES, PLUS FORECLOSURE COSTS AND LEGAL FEES. PLUS ALL OF THE TERMS AND CONDITIONS AS PER THE DEED OF TRUST, PROMISSORY NOTE AND RELATED LOAN DOCUMENTS.

The Beneficiary elects to sell or cause to be sold such property under the Trust Deed.

DATED August 02, 2011

SUNTRUST MORTGAGE, INC., by TRUSTEE CORPS, as Agent

By: Phyllis Mendez, Authorized Signatory

IF YOUR PROPERTY IS IN FORECLOSURE because you are delinquent in payments, it may be sold without any court action as stated in the enclosed Notice of Trustee's Sale. You have the legal right to bring your account in good standing by paying all your past due payments plus permitted costs and expenses within 90 days from the date the Notice of Trustee's Sale was recorded.

IF YOUR INTEREST IN THE TRUST PROPERTY IS SUBORDINATE in priority to that of the Deed of Trust being foreclosed, your interest may be subject to being terminated by the Trustee's Sale.

TO FIND OUT THE AMOUNT YOU MUST PAY or to arrange for payment to stop the foreclosure or if your property is in foreclosure for any other reason, contact:

MTC FINANCIAL INC. dba Trustee Corps
17100 Gillette Ave
Irvine, CA 92614
Phone: 949-252-8300 Facsimile: 949-252-8330
TRUSTEE SALE NO: AZAZ08000679-11-1

PLEASE REFERENCE THE TRUSTEE SALE NUMBER

OFFICIAL RECORDS OF
MARICOPA COUNTY RECORDER
HELEN PURCELL
20110636606 07/29/2011 04:32
ELECTRONIC RECORDING

1311981979899-2-2-2--
chagollaj

RECORDING REQUESTED BY:
First American Title

WHEN RECORDED MAIL TO:

TRUSTEE CORPS
17100 Gillette Ave
Irvine, CA 92614

Trustee Sale No. AZ08000679-11-1 APN 142-26-518 Title Order No. 5438286

NOTICE OF TRUSTEE'S SALE

The following legally described trust property will be sold, pursuant to the power of sale under that certain Deed of Trust dated August 22, 2005, and recorded on September 21, 2005, as Instrument No. 2005-1393812, of official records in the Office of the Recorder of Maricopa County, Arizona at public auction to the highest bidder at the **Main Entrance to the Superior Courts Building, 201 W. Jefferson, Phoenix, AZ on October 28, 2011 at 10:00 AM** on said day,

LOT 155, OF ORANGEWOOD ESTATES, ACCORDING TO THE PLAT OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF MARICOPA COUNTY, ARIZONA, RECORDED IN BOOK 591 OF MAPS, PAGE 45.

The street address and other common designation, if any, of the real property described above is purported to be: 7558 W. STATE AVE, GLENDALE, AZ 85303

Tax Parcel Number: 142-26-518

Original Principal Balance $146,000.00

Name and Address of original Trustor
THOR R. BRIGGS
PATRICIA C BRIGGS HUSBAND AND WIFE
7558 W. STATE AVE
GLENDALE, AZ 85303

Name and Address of the Beneficiary
SUNTRUST MORTGAGE, INC.
c/o SunTrust Mortgage, Inc.
1001 Semmes Ave.
Richmond, VA 23224

Name and Address of Trustee
MTC FINANCIAL INC. dba Trustee Corps
17100 Gillette Ave
Irvine, CA 92614
949-252-8300

Trustee Sale No. AZ08000679-11-1 APN 142-26-618 Title Order No. 5438288

Said sale will be made for cash (payable at time of sale), but without covenant or warranty, express or implied, regarding title, possession or encumbrances, to pay the remaining principal sum of the note secured by said Trust Deed, which includes interest thereon as provided in said Note, advances, if any under the terms of said Trust Deed, interest on advances, if any, fees, charges and expenses of the Trustee and of the trust created by said Trust Deed.

The Trustee will accept only cash or cashier's check for reinstatement or price bid payment. Reinstatement payment must be paid before five o'clock P.M. (5:00p.m.) on the last day other than a Saturday or legal holiday before the date of sale. The purchaser at the sale, other than the Beneficiary to the extent of his credit bid, shall pay the price bid no later than five o'clock P.M. (5:00p.m.) of the following day, other than a Saturday or legal holiday

If the Trustee is unable to convey title for any reason, the successful bidder's sole and exclusive remedy shall be the return of monies paid to the Trustee and the successful bidder shall have no further recourse.

Conveyance of the property shall be without warranty, express or implied, and subject to all liens, claims or interest having a priority senior to the Deed of Trust. The Trustee shall not express an opinion as to the condition of title.

DATE: July 29, 2011

Trustee Corps

Phyllis Mendez, Authorized Signatory

Manner of Trustee qualification:
Real Estate Broker, as required by ARS Section 33-803, Subsection A

Name of Trustee's regulator:
Arizona Department of Real Estate

SALE INFORMATION CAN BE OBTAINED ONLINE AT www.lpsasap.com
AUTOMATED SALES INFORMATION PLEASE CALL
Fidelity ASAP (714) 259-7850 Priority Posting and Publishing (714)573-1965
FEI (714) 277-4845

State of ARIZONA
County of MARICOPA

On this 29th day of July, 2011, before me SAMUEL GOMEZ personally appeared PHYLLIS MENDEZ, whose identity was proven to me on the basis of satisfactory evidence to be the person who he or she claims to be, and acknowledged that he or she signed the above/attached document.

SAMUEL GOMEZ
Notary Public - Arizona
Maricopa County
My Commission Expires
September 24, 2011

Notary Public
Commission Expires September 24, 2011
Samuel Gomez

Applicant Name (Company) MARIELLA CUMMINGS / SOUNDPATH HEALTH

NAIC No. _____

FEIN: _____

BIOGRAPHICAL AFFIDAVIT

Confidential Trade Secret

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

CONFIDENTIAL TRADE SECRET **(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). _____

SOUNDPATH HEALTH

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). MARIELLA CUMMINGS

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

   b. Are you a citizen of any other country, if so, what country? N/A

3. Affiant's Occupation or Profession. Management Consultant

4. Affiant's business address. RESULTS INCORPORATED, PO BOX 12233 OLYMPIA, WA 98508
   physical address: 4006 Chinkerpin NW, Olympia, WA 98502
   Business telephone. (360) 866-7750 or cell (360) 701-1029

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
see below*		9/73 - 6/75	MS

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of AZ		Tucson, AZ		

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.)

College/University	City/State	Dates Attended	Degree Obtained
College of Notre Dame	Belmont, CA	9/69 - 06/65	none
Sabiller College*	Hammersdorm/Bernung	6/65 - 5/65	none
University of WA	Seattle, WA	9/65 - 6/66	BS (nursing)

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* Campus in Hemingsdorm, Bernung Germany. Main SWBC campus outside Munich. 1453 Edgewater Dr, Dunedin, FL 34698-7553. Attended summer language program in Munich as "Mariella Harris"...

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

6. List of memberships in professional societies and associations. NO

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association

7. Present or proposed position with the applicant entity. Board Member / Board Chair

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) 01/91 - current Employer's Name Results Incorporated

Address PO Box 12233 City OLYMPIA State/Province WA

Country USA Postal Code 98508 Phone 360 866 7758 Offices/Positions Held President: 1993-current Senior Consultant: 1991-1993

Supervisor / Contact Mariella Cummings / self. I am a self employed management consultant through an "S" corporation

Beginning/Ending Dates (MM/YY) 03/01 - current Employer's Name Physicians of SW WA, LLC (PSW)

Address 319 - Seventh Ave SE Suite 201 City OLYMPIA State/Province WA

Country USA Postal Code 98501 Phone 360 943 4337 Offices/Positions Held CEO Thru management services agreement with Results Incorporated

Supervisor / Contact Dr. GARY GOIN, President of PSW 360 754-6460

Beginning/Ending Dates (MM/YY) 03/11 - current Employer's Name Thurston County Chamber of Commerce

Address 809 Legion Way SE City OLYMPIA State/Province WA

Country USA Postal Code 98501 Phone 360 357 3362 Offices/Positions Held Trustee

Supervisor / Contact David Schoffert, President, CEO 360 357-3362

Beginning/Ending Dates (MM/YY) 08/12 - current Employer's Name UNITED WAY OF THURSTON COUNTY

Address 1211 - 4th Ave E Suite 101 City OLYMPIA State/Province WA

Country USA Postal Code 98506 Phone 360 943-2773 Offices/~~Positions~~ Held Board Member

Supervisor / Contact Paul Knox, Executive Director 360 943-2773

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MARIELLA CUMMINGS

Supplemental Response to Question # 8

(1) Dates: 1988 to 8/12
Employer Western Institutional Review Board
Address: 3535 - 7th Ave SW, OLYMPIA, WA 98502 - USA
Phone: 360 352-2500
Position: Board Member & Panel Chair (since w2001)
Supervisor: Ted Schultz, Chair 360 352-2500

(2) Dates: 09/93 - 08/98
Name: Washington State Department of Health
Address: 101 ISRAEL ROAD SE, TUMWATER, WA 98501 USA
Phone: 360 236-4501
Position: DIRECTOR OFFICE OF INFECTIOUS DISEASE & Reproductive Health
Supervisor: Dr. Maxine Hayes 360 236-4108

(3) Dates: Several years in mid to late 1990's
Name: Washington State Health Insurance Pool (WSHIP)
Address: P.O. Box 329, Bow, WA 98232-0329 USA
Position: Consumer Representative appointed by the OIC Insurance Commissioner - Member of Board of DIRECTORS
Supervisor - none

(4) Dates: 10/87 to 9/92
Name: HealthTrust, Inc (company no longer in business)
Address: c/o HCA Inc, One Park Plaza, Nashville, TN 37203
Phone: 615.344.9551
Position: CEO/Administrator, Capital Medical Center, OLYMPIA, WA & Administrator at LARGE
Supervisor: W. Hudson Connery & Kent Wallace
current contact information unknown

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

9. a. Have you ever been in a position which required a fidelity bond? yes If any claims were made on the bond, give details. no claims

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. no

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 WA State DOH Address Health Professions Quality Assurance PO Box 47865

City OLYMPIA State/Province WA Country USA Postal Code 98504-7865

License Type Registered Nurse License # RN 00004236 7 Date Issued (MM/YY) 09/68

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

Non-insurance Regulatory Phone Number (if known 360 236 4700

Prior licenses as RN in AZ, MT, IN, WI & FL from 1970-1987 when working in those states. All licenses allowed to lapse upon relocation.

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? 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? 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? no

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? no

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? no

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? no

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? no

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? no

If the response to any question above is answered "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. N/A

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

no

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

N/A

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Applicant Name (Company) _____ 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
04/03 – current:	[redacted]	OLYMPIA,	WA	USA	98502
Mailing –	[redacted]	OLYMPIA,	WA		98508
11/00 to 04/03:	[redacted]	OLYMPIA,	WA		98502

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 27th day of Sept, 2012 at OLYMPIA, WA 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.

Marcella Cummings
(Signature of Affiant)

State of Washington County of Thurston

The foregoing instrument was acknowledged before me this 27 day of Sept, 2012 By Marcella Cummings, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public
Toni G Logan
Printed Notary Name
03-07-2016
My Commission Expires

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Applicant Name (Company) _____

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).

SOUNDPATH HEALTH
P.O. Box 4537
Federal Way, WA 98063
253-517-4330

PHYSICIANS OF SW WA
319-7th Ave SE, Suite 201
OLYMPIA, WA 98501
360-943-4337

1. Affiant's Full Name (Initials Not Acceptable). MARIELLA CUMMINGS

2. Have you ever used any other name including nickname, maiden name or aliases? YES If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
1946 - 1968	MARIELLA HARRIS	maiden name
1965 - 1968	MARY HARRIS	nickname
1968 - 1990	MARIELLA LARTER	marriage
1968 - 1990	MARY LARTER	nickname
1990 - current	MARIELLA CUMMINGS	marriage
1990 - 1995	Mary Cummings	nickname
-		
-		
-		

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 Seattle,
State/Province WA Country USA

7 Name of Affiant's Spouse (if applicable) N/A

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

14. Have you ever been adjudged a bankrupt? 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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? NO

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? NO

    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 27th day of Sept 2012 at OLYMPIA, WA 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.

Marella Cummings
(Signature of Affiant)

State of Washington County of Thurston

The foregoing instrument was acknowledged before me this 27 day of Sept, 2012 By Marietta Cummings and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

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

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____**[*insert* 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 _____**[*insert* 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.

MARIELLA CUMMINGS [redacted] OLYMPIA WA 98508
(Printed Full Name and Residence Address)

Marielle Cummings
(Signature)

9/27/12
(Date)

State of WA County of Thurston

The foregoing instrument was acknowledged before me this 27 day of Sept 20 12 By Marielle Cummings, and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

©2000-2009 National Association of Insurance Commissioners

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____**[*insert* 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 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 _____**[*insert* 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.

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.

Marella Cummings [redacted] Olympia, WA 98508
(Printed Full Name and Residence Address)

Marella Cummings — 9/27/12
(Signature) (Date)

State of Wa County of Thurston

The foregoing instrument was acknowledged before me this 27 day of Sept, 2012 By Marella Cummings, and

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public
Toni G Logan
Printed Notary Name
03-07-2016
My Commission Expires

©2000-2009 National Association of Insurance Commissioners

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of _____**[*insert* 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 _____**[*insert* 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 _____**[*insert* 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.

MARIELLA CUMMINGS [redacted] OLYMPIA WA 98506
(Printed Full Name and Residence Address)

Marielle Cummings
(Signature)

9/27/12
(Date)

State of WA County of Thurston

The foregoing instrument was acknowledged before me this 27 day of Sept, 2012 By Marielle Cummings, and

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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).

Soundpath Health, Inc.
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346
Ph: 253-517-4301

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). Michael Jack Fitzgerald

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

   b. Are you a citizen of any other country, if so, what country? No

3. Affiant's Occupation or Profession. Chief Financial Officer

4. Affiant's business address. Franciscan Health System, 1717 South J Street, Tacoma, WA 98405-4933

   Business telephone. 253-680-4005

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Brigham Young University	Provo, Utah	Undergraduate combined	w/ graduate degree

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Brigham Young University	Provo, Utah	09/75 - 08/81	Masters in Acctng

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
None -	N/a	N/a	N/a

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

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Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None	n/a	n/a	n/a

7. Present or proposed position with the applicant entity. 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) 09/1990 - present Employer's Name Franciscan Health System

Address 1717 South J Street City Tacoma State/Province Washington

Country USA Postal Code 98405-4933 Phone 253-680-4005 Offices/Positions Held Chief Financial Officer, Director of Reimbursement/Managed Care, Director of Finance

Supervisor / Contact Joseph Wilczek, CEO 253-680-4050

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

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Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

9. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. n/a

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient None

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

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? 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? 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? No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? no

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? no

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? no

If the response to any question above is answered "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. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. no

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

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Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

14. Have you ever been adjudged a bankrupt? 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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

    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 12 day of Oct 2012 at 9:50 a.m. 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.

Michael Jack Fitzgerald
(Signature of Affiant)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 12 day of Oct., 2012 By Michael Fitzgerald and:

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

SANDRA F. WENTZ
COMMISSION EXPIRES
NOTARY
PUBLIC
7-29-16
STATE OF WASHINGTON

Sandra F. Wentz
Notary Public

Sandra F. Wentz
Printed Notary Name

7/29/16
My Commission Expires

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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).

Soundpath Health, Inc.
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346
Ph: 253-517-4301

1. Affiant's Full Name (Initials Not Acceptable). Michael Jack Fitzgerald

2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
12/3/1956 - present	Mike	short for Michael
-		
-		
-		
-		
-		
-		
-		
-		

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 Murray
State/Province Utah Country USA

7 Name of Affiant's Spouse (if applicable) Christine Fitzgerald

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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
10/91 - present	[redacted]	Gig Harbor	Washington	USA	98332

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 12 day of Oct, 2012 at 9:50 a.m 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.

Michael Jack Fitzgerald
(Signature of Affiant)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 12 day of Oct., 2012 By Michael Fitzgerald and:

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

SANDRA F. WENTZ
COMMISSION EXPIRES
NOTARY
PUBLIC
7-29-16
STATE OF WASHINGTON

Sandra F. Wentz
Notary Public

Sandra F. Wentz
Printed Notary Name

7/29/16
My Commission Expires

CONFIDENTIAL
PERSONAL
INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____[***insert* company's designated person, position, or department, address and phone**].
Corporate Counsel, 198 Inverness Dr West, Englewood CO 80112 Ph: 303-383-2615
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.
Michael Jack Fitzgerald [redacted] Gig Harbor, WA 98332
(Printed Full Name and Residence Address)

Michael Jack Fitzgerald
(Signature)

10/12/2012
(Date)

State of WA County of Pierce

The foregoing instrument was acknowledged before me this 12 day of Oct 20 12 By Michael Fitzgerald and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

SANDRA F. WENTZ
COMMISSION EXPIRES
NOTARY
PUBLIC
7-29-16
STATE OF WASHINGTON

Sandra F. Wentz
Notary Public

Sandra F. Wentz
Printed Notary Name

7/29/16
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Soundpath Health, Inc [***insert* 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.

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Corporate Counsel, 198 Inverness Dr West, Englewood CO 80112 Ph: 303-383-2615
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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.
Michael Jack Fitzgerald [redacted] Gig Harbor, WA 98332
(Printed Full Name and Residence Address)

Michael Jack Fitz
(Signature)

10/12/2012
(Date)

State of WA County of Pierce

The foregoing instrument was acknowledged before me this 12 day of Oct, 20 12 By Michael Fitzgerald, and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

SANDRA F. WENTZ
COMMISSION EXPIRES
NOTARY
PUBLIC
7-29-16
STATE OF WASHINGTON

Sandra F. Wentz
Notary Public

Sandra F. Wentz
Printed Notary Name

7/29/16
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of Soundpath Health, Inc. **[*insert* 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 _____**[*insert* 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 _____**[*insert* company's designated person, position, or department, address and phone]**. Corporate Counsel, 198 Inverness Dr. West Englewood Co 80112 Ph: 303-383-2615

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.

Michael Jack Fitzgerald [redacted] Gig Harbor, WA 98332

Michael Jack Fitzgerald
(Signature)

10/12/2012
(Date)

State of WA County of Pierce

The foregoing instrument was acknowledged before me this 12 day of Oct., 20 12 By Michael Fitzgerald and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

SANDRA F. WENTZ
COMMISSION EXPIRES
NOTARY
PUBLIC
7-29-16
STATE OF WASHINGTON

Sandra F. Wentz
Notary Public

Sandra F. Wentz
Printed Notary Name

7/29/16
My Commission Expires

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Applicant Name (Company) Soundpath Health, Inc.

CONFIDENTIAL PERSONAL INFORMATION

NAIC No. 12909
FEIN: 42-1720801

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).

Soundpath Health, Inc.
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346
Ph: 253-517-4301

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). Philip Linwood Foster

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

   b. Are you a citizen of any other country, if so, what country? No

3. Affiant's Occupation or Profession. Senior Vice President, Risk and Insurance Management Group

4. Affiant's business address. 3900 Olympic Blvd., Erlanger, KY 41018

   Business telephone. 859-594-3014

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Rutgers University	New Brunswick, NJ	09/83 to 05/87	BA

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
	Xavier University	Cincinnati, OH	08/07 to 05/09	MBA

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
American Institute for CPCU	Malvern, PA	1992	Associate of Risk Management - 1992

See attached sheet for additional "Other Training"

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

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6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
American Society for Healthcare Risk Management	Kimberly Hoarle	155 N. Wacker Drive, Suite 400, Chicago, IL 60606	312-422-3980

7. Present or proposed position with the applicant entity. 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) 09/00 - present Employer's Name Catholic Health Initiatives

Address: 3900 Olympic Blvd, Suite 400 City: Erlanger State/Province: KY

Country USA Postal Code 41018 _ Phone 859-594-3014 Offices/Positions Held Senior Vice President & Chief Risk Officer, Vice President Risk & Insurance Management, Director, Insurance Services

Supervisor / Contact: Mitch Melfi, J.D.

Beginning/Ending
Dates (MM/YY): 06/09 – present Employer's Name: Preferred Professional Insurance Company

Address: 11605 Miracle Hills Drive, Suite 200 City: Omaha State/Province: NE

Country: USA Postal Code: 68154 Phone: 402) 965-3244 Offices/Positions Held: Board Director

Supervisor / Contact: Lynette Matza, President

Beginning/Ending
Dates (MM/YY): 06/09 /- present Employer's Name: First Initiatives Insurance Ltd.

Address: Grand Pavilion Commercial Center, Suite 6 City: Georgetown State/Province: N/A

Country: Grand Cayman Postal Code: N/A Phone: 1(345) 943-2645 Offices/Positions Held: President

Supervisor / Contact: Kevin Lofton, Board Chair

Beginning/Ending
Dates (MM/YY): 06/09 – present Employer's Name: Alternative Insurance Management Services

Address: 3900 Olympic Blvd City: Erlanger State/Province: KY

Country: USA Postal Code: 41018 Phone: 859-594-3014 Offices/Positions Held: President

Supervisor / Contact Mitch Melfi

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9. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No _____

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: Connecticut Department of Insurance Address: 153 Market Street

City: Hartford State/Province: CT Country USA Postal Code: 06103

License Type: Insurance Broker License # 951132 _____ Date Issued (MM/YY): 5/24/1990

Date Expired (MM/YY): 06/93 Reason for Termination: non-renewal – moved from state

Non-insurance Regulatory Phone Number (if known: _____

Organization/Issuer of License: Connecticut Department of Insurance Address: 153 Market Street

City: Hartford State/Province: CT Country USA Postal Code: 06103

License Type: Excess Lines Broker License #: 962284 Date Issued (MM/YY): 9/30/92

Date Expired (MM/YY): 06/93 Reason for Termination: non-renewal – moved from state

Non-insurance Regulatory Phone Number (if known) _____

See attached page for additional "Licenses"

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? 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? 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? No _____

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No _____

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

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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? 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? No _____

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No _____

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No _____

If the response to any question above is answered "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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
No _____

_____

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

_____

_____

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

14. Have you ever been adjudged a bankrupt? 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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No _____

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No, except for administrative fines imposed in the course of routine market conduct or other examinations conducted and paid in the ordinary course of business of Preferred Professional Insurance Company.

    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 Oct 2012 at Erlanger, KY 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 Kentucky County of Boone

The foregoing instrument was acknowledged before me this 11th day of Oct, 2012 By Philip Foster, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Rhonda Beatsch
Notary Public

RHONDA BEATSCH
Printed Notary Name

July 9, 2013
My Commission Expires

COMMONWEALTH OF KENTUCKY
UNITED WE STAND DIVIDED WE FALL

RHONDA BEATSCH
Notary Public, Kentucky
State At Large
My Commission Expires
July 9, 2013

Applicant Name (Company) Soundpath Health, Inc.

CONFIDENTIAL PERSONAL INFORMATION

NAIC No. 12909
FEIN: 42-1720801

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).

Soundpath Health, Inc.
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346
Ph: 253-517-4301

1. Affiant's Full Name (Initials Not Acceptable). Philip Linwood Foster

2. Have you ever used any other name including nickname, maiden name or aliases? NO If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

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: Maine Country: USA

7 Name of Affiant's Spouse (if applicable): Deborah Senko Foster

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Applicant Name (Company) Soundpath Health, Inc.

CONFIDENTIAL PERSONAL INFORMATION

NAIC No. 12909
FEIN: 42-1720801

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
07/01	[redacted]	Cincinnati	OH	USA	45244

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 Oct, 2012 at Erlanger, KY 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 Kentucky County of Boone

The foregoing instrument was acknowledged before me this 11th day of Oct, 2013 By Philip Foster, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Rhonda Beatsch
Notary Public

Rhonda Beatsch
Printed Notary Name

July 9, 2013
My Commission Expires

RHONDA BEATSCH
Notary Public, Kentucky
State At Large
My Commission Expires
July 9, 2013

Applicant Name (Company) Soundpath Health, Inc.

CONFIDENTIAL PERSONAL INFORMATION

NAIC No. 12909
FEIN: 42-1720801

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Counsel. 198 Inverness Dr. West, Englewood, CO 80112 PH: 303-383-2615.

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.

Philip Linwood Foster, [redacted] Cincinnati, OH 45244
(Printed Full Name and Residence Address)

(Signature)

October 11, 2012
(Date)

State of Kentucky County of Boone

The foregoing instrument was acknowledged before me this 11th day of Oct 20 13 By Philip Foster, and

☒ who is personally known to me, or

☐ who produced the following identification:

COMMONWEALTH OF KENTUCKY [SEAL] UNITED WE STAND DIVIDED WE FALL

RHONDA BEATSCH
Notary Public, Kentucky
State At Large
My Commission Expires
July 9, 2013

Rhonda Beatsch
Notary Public

RHONDA BEATSCH
Printed Notary Name

July 9, 2013
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____[***insert* 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 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 _____[***insert* 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.

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)

_____ _____
(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

©2000-2009 National Association of Insurance Commissioners

Applicant Name (Company) Soundpath Health, Inc.

CONFIDENTIAL PERSONAL INFORMATION

NAIC No. 12909
FEIN: 42-1720801

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of _____[***insert* 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 _____[***insert* 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 _____[***insert* 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.

_____
(Printed Full Name and Residence Address)

_____ _____
(Signature) (Date)

State of_____ County of_____

The foregoing instrument was acknowledged before me this _____ day of_____, 20_____ By _____, and

☐ who is personally known to me, or

☐ who produced the following identification:_____

[SEAL]

_____
Notary Public

_____
Printed Notary Name

_____
My Commission Expires

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Other Training – Extra Page

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
American Institute for CPCU	Malvern, PA	2001	Associate of Risk Management - 2001

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
American Institute for CPCU	Malvern, PA	2002	Associate of Insurance Claims - 2002

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
American Institute for CPCU	Malvern, PA	2004	Associate of Reinsurance - 2004

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Licensing – Extra Page

Organization /Issuer of License: Pennsylvania Department of Insurance Address: 1326 Strawberry Square

City: Harrisburg State/Province: PA Country: USA Postal Code: 17120

License Type: Resident Agent License #: 2249 Date Issued (MM/YY): 12/27/1995

Date Expired (MM/YY): 07/00 Reason for Termination: non-renewal – no longer acting as insurance broker

Organization /Issuer of License: Pennsylvania Department of Insurance Address: 1326 Strawberry Square

City: Harrisburg State/Province: PA Country: USA Postal Code: 17120

License Type: Resident Broker License #: 126810 Date Issued (MM/YY): 09/23/1993

Date Expired (MM/YY): 07/00 Reason for Termination: non-renewal – no longer acting as insurance broker

Organization /Issuer of License: Pennsylvania Department of Insurance Address: 1326 Strawberry Square

City: Harrisburg State/Province: PA Country: USA Postal Code: 17120

License Type: Surplus Lines Broker License #: 126811 Date Issued (MM/YY): 07/24/1995

Date Expired (MM/YY): 07/00 Reason for Termination: non-renewal – no longer acting as insurance broker

Organization/Issuer of License: Maryland Insurance Department Address: 8600 LaSalle Rd

City: Towson State/Province: Maryland Country USA Postal Code: 21204

License Type: Non-resident Insurance Agent License #: NAI133102 _ Date Issued (MM/YY): 11/05/1999

Date Expired (MM/YY): 07/00 Reason for Termination: non-renewal – no longer acting as insurance broker

Organization/Issuer of License: Colorado Insurance Department Address: P.O. Box 99509

City: Denver State/Province: CO Country: USA Postal Code: 80209

License Type: Non-resident Insurance Broker License #: NPI00091434 Date Issued (MM/YY): 04/01/1999

Date Expired (MM/YY): 07/00 Reason for Termination: non-renewal – no longer acting as insurance broker

Organization/Issuer of License: Illinois Insurance Department Address: 320 W. Washington Street

City: Springfield State/Province: IL Country: USA Postal Code: 62767

License Type: Non-resident Insurance Producer License #: 040-SSN-XXX Date Issued (MM/YY): 01/00

Date Expired (MM/YY): 07/00 Reason for Termination: non-renewal – no longer acting as insurance broker

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Employment – Extra Page

Beginning/Ending
Dates (MM/YY): 06/03 – 09/0 Employer's Name: Aon Risk Services

Address: 1650 Market Street City Philadelphia State/Province: PA

Country: USA Postal Code: 19103 Phone: 215-255-2000 Offices/Positions Held: Senior Vice President

Supervisor / Contact: Dom Collaizzo

Beginning/Ending
Dates: (MM/YY) 06/02 – 06/03 Employer's Name: Stonehill Insurance Brokers

Address: 757 Main Street City: Willimantic State/Province: CT

Country: USA Postal Code: 06226 Phone: none Offices/Positions Held: Co-founder

Supervisor / Contact: None (self as co-founder) – firm no longer in existence

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Applicant Name (Company) _____

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). Soundpath Health

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). Gary Ray Gein
2. a. Are you a citizen of the United States? Yes
   b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Family Physician
4. Affiant's business address. 412-D Black Hills Ln SW Olympia WA.
   Business telephone. (360) 754-6460
5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Willamette University	Salem/OR	1976-1978	BA

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
OR. Health Sciences Univ	Portland, OR	1978-1982	MD

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
Residency Training @ Kern Medical Center	Bakersfield, CA	Family Practice Residency	completed

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

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Applicant Name (Company) _____

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). Soundpath Health

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). Gary Ray Gein
2. a. Are you a citizen of the United States? Yes
   b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Family Physician
4. Affiant's business address. 412-D Black Hills Ln SW Olympia WA.
   Business telephone. (360) 754-6460
5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Willamette University	Salem/OR	1976-1978	BA

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
OR. Health Sciences Univ	Portland, OR	1978-1982	MD

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
Residency Training @ Kern Medical Center	Bakersfield, CA	Family Practice Residency	completed

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

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Applicant Name (Company) Gary R Goinard

NAIC No.
FEIN:

Confidential Proprietary Trade Secret Information

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Am. Acad. of Family Practice			
Am Board of Family Medicine			

7. Present or proposed position with the applicant entity. Board of Directors / Manager

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) 1995 - Present Employer's Name Self - Gary R. Goinard MD

Address 4120 Black Hills Ln SW City Olympia, WA State/Province WA

Country USA Postal Code 98502 Phone 360-754-4110 Offices/Positions Held Sole Proprietor

Supervisor / Contact Solo physician.

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

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

Supervisor / Contact _____

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Applicant Name (Company) Gary R. Goin MD

NAIC No. _____

FEIN: _____

9. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No

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 WA. Dept of Health Address 101 Israel Rd SE.

City ~~Olympia~~ Tumwater State/Province WA. Country USA Postal Code _____

License Type Physician + Surgeon License # MDCC 22694 Date Issued (MM/YY) continuous June 8 1985 – 2014

Date Expired (MM/YY) 6/8/2014 Reason for Termination Not applicable

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? 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? 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? No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? NO

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? NO

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? NO

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

None

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.

I don't think I am in any such position but I do have a vote on the Board of Directors of Soundpath Health and Physicians of SW WA.

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

NO

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

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Applicant Name (Company) Gary R. Goin NAIC No. _____
FEIN: _____

14. Have you ever been adjudged a bankrupt? 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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

    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 Nov day of 16 2012 at Dr. Goin's Office 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 Washington County of Thurston

The foregoing instrument was acknowledged before me this 16 day of 11, 20 12 By Gary R Goin, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public
Toni G Logan
Printed Notary Name
03-07-16
My Commission Expires

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Applicant Name (Company) Gary R. Goin MD

NAIC No. _____
FEIN: _____

Confidential Proprietary Trade Secret Information

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). Gary Ray Goin MD

2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		
_____ - _____		

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 Albany
State/Province Oregon Country USA

7 Name of Affiant's Spouse (if applicable) Anita L. Goin

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Applicant Name (Company) Gary R Goin, MD

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
9/1994	[redacted]			Olympia, WA	98512
present					

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 16 day of Nov, 2012 at Dr Goin's Office 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 Washington County of Thurston

The foregoing instrument was acknowledged before me this 16 day of Nov, 2012 By Gary R Goin, and:

X who is personally known to me, or

who produced the following identification: _____

[SEAL]

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Applicant Name (Company) Gary R Goin, MD

NAIC No. _____
FEIN: _____

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____**[*insert* 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 _____**[*insert* 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.

Gary Ray Goin MD [redacted] Olympia, WA 98512
(Printed Full Name and Residence Address)

(Signature)

Nov. 16, 2012
(Date)

State of Washington County of Thurston

The foregoing instrument was acknowledged before me this 16 day of Nov 2012 By Gary R Goin, and

X who is personally known to me, or

who produced the following identification: _____

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

©2000-2009 National Association of Insurance Commissioners

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (***Minnesota and Oklahoma***)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____**[*insert* 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 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 _____**[*insert* 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.

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)

_____ _____
(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

©2000-2009 National Association of Insurance Commissioners

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of _____**[*insert* 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 _____**[*insert* 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 _____**[*insert* 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.

_____
(Printed Full Name and Residence Address)

_____ _____
(Signature) (Date)

State of_____ County of _____

The foregoing instrument was acknowledged before me this _____ day of_____, 20_____ By _____, and

who is personally known to me, or

who produced the following identification:_____

[SEAL] _____
Notary Public

_____
Printed Notary Name

_____
My Commission Expires

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Applicant Name (Company) Schadt, Laurence

NAIC No. _____
FEIN: _____

BIOGRAPHICAL AFFIDAVIT

Confidential Trade Secret

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). Sound path Health
32129 Weyerhaeuser Way
Federal Way
Washington, 98001

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). Laurence Conrad Schadt
2. a. Are you a citizen of the United States? Yes
   b. Are you a citizen of any other country, if so, what country? NO
3. Affiant's Occupation or Profession. Physician
4. Affiant's business address. OLYMPIA FAMILY & INTERNAL MEDICINE 3920 Capital Mall Dr., S.W., Olympia, WA 98502
   Business telephone. 360 596-4899
5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Stanford University,	Stanford, Ca	09/68 - 06/72	BS

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Univ. Calif. Los Angeles,	Los Angeles, CA	09/72 - 06/77*	MD

*leave of absence 7/73 - 8/74

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
Internship/Residence Natividad Med Ctr.,	Salinas, Calif.	06/77 - 06/80	Family Practice Residency

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

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Applicant Name (Company) _____ 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
Thurston-Mason County Medical Society	Exec. Director: Susan Peterson	1800 Cooper Pt. Road, S.W. Bldg 7-A Olympia, WA 98502	360 352-1417
Washington State Medical Association (See above for contact - local liason).			

7. Present or proposed position with the applicant entity. Board 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) 07/91 - 12/08 Employer's Name Olympia Family Medicine

Address 3622A Ensign Rd, N.E. City Olympia State/Province WA

Country USA Postal Code 98506 Phone _____ Offices/Positions Held Physician

Supervisor / Contact Purchased 01/01/09, Relocated, to 3920 Capital Mall Dr., S.W. Olympia, WA 9850; Capital Medical Center

Beginning/Ending Dates (MM/YY) 01/09 - Present Employer's Name Olympia Family & Internal Medicine

Address 3920 Capital Mall Dr. S.W. Suite 200 City Olympia State/Province WA

Country USA Postal Code 98502 Phone 360 956 4880 Offices/Positions Held Physician

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 06/01 - 01/04 Employer's Name Spectrum Health Care Resources

Address 12647 Olive Blvd., Suite 600 City St. Louis State/Province MO

Country USA Postal Code 63141 Phone 1-800-325-3482 Offices/Positions Held Contract Physician Bremerton Naval Hosp

Supervisor / Contact "Donna" Fax 314 744-4400 Bremerton, WA

Beginning/Ending Dates (MM/YY) 02/92 - 12/97 Employer's Name Coastal Emergency Physicians (of Texas)

Address _____ City _____ State/Province _____

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

Supervisor / Contact See Attached "Addendum Page 3"

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

9. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No

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 Wa. St. Dept. Health Address Health Professions Quality Assurance Customer Service Center P.O. Box 47865

City Olympia State/Province WA Country USA Postal Code 98504

License Type Physician License # MD00025681 Date Issued (MM/YY) 05/2012 (first issue c. 05/1988

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

Non-insurance Regulatory Phone Number (if known 360 236-4700

Organization /Issuer of License Drug Enforcement Admin Address 400 2nd Ave. West

City Seattle State/Province WA Country USA Postal Code 98119

License Type DEA License # AS8254675 Date Issued (MM/YY) 03/03/2011

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

Non-insurance Regulatory Phone Number (if known) 1-888-219-1418

See Also "Addendum Page 3" "Licenses Cont'd"

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?
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?
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? no

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? no

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
no

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? no

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? no

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
no

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

N/A

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. N/A

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
NO

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

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

14. Have you ever been adjudged a bankrupt? no If yes, provide details N/A

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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? no

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

    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 ~~10th~~ 11th day of June 2012 at Olympia, WA 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.

Laurence C Schadt
(Signature of Affiant)

State of Washington County of Thurston.

The foregoing instrument was acknowledged before me this 11 day of June, 2012 By Laurence C Schadt, and:

X who is personally known to me, or

who produced the following identification: _____

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

[SEAL]

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

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Applicant Name (Company) _____

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).

Soundpath Health
32129 Weyerhaeuser Way, S., Suite 201
Federal Way, WA 98001

1. Affiant's Full Name (Initials Not Acceptable). Laurence Conrad Schadt

2. Have you ever used any other name including nickname, maiden name or aliases? ____ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
05/1950 - Present	Larry Schadt	Nick Name
05/1950 - Present	Lawrence Schadt	Common Misspelling by others of
05/1950 - Present	Lawrence C. Schadt	" my 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 ~~[illegible]~~ (Ca) [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 Fredrick, ~~MD~~
State/Province Maryland Country USA

7 Name of Affiant's Spouse (if applicable) Gillian Spencer-Schadt

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Applicant Name (Company) _____ 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
06/98	[redacted]	Olympia,	WA	USA	98506

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 ~~6th~~ 11th day of June, 2012 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.

Laurence C Schadt
(Signature of Affiant)

State of Washington County of Thurston

The foregoing instrument was acknowledged before me this 11 day of June, 2012 By Laurence C Schadt, and:

X who is personally known to me, or

who produced the following identification: _____

[SEAL] TONI G LOGAN Commission Expires NOTARY PUBLIC 03-07-2016 STATE OF WASHINGTON

Toni G Logan
Notary Public
Toni G Logan
Printed Notary Name
03-07-2016
My Commission Expires

Applicant Name (Company) _____ NAIC No: _____
FEIN: _____

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Soundpath Health **[*insert* 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 _____**[*insert* 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.

Laurence C. Schadt [redacted] Olympia, WA 98506
(Printed Full Name and Residence Address)

Laurence C Schadt
(Signature)

June 11, 2012
(Date)

State of WA County of Thurston

The foregoing instrument was acknowledged before me this 11 day of June 2012 By Laurence C Schadt, and

X who is personally known to me, or

who produced the following identification: _____

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

TONI G LOGAN
Commission Expires
NOTARY
PUBLIC
03-07-2016
STATE OF WASHINGTON

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Soundpath Health **[*insert* 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 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 _____**[*insert* 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.

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.

Laurence C. Schadt [redacted] Olympia, WA 98506
(Printed Full Name and Residence Address)

Laurence C Schadt
(Signature)

June 11, 2012
(Date)

State of WA County of Thurston

The foregoing instrument was acknowledged before me this 11 day of June, 2012 By Laurence C Schadt, and

X who is personally known to me, or

who produced the following identification: _____

(SEAL) TONI G LOGAN Commission Expires NOTARY PUBLIC 03-07-2016 STATE OF WASHINGTON

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of Sound Path Health **[*insert* 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 _____**[*insert* 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 _____**[*insert* 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.

Laurence C. Schadt, [redacted], Olympia, WA 98506
(Printed Full Name and Residence Address)

Laurence C Schadt
(Signature)

June 11, 2012
(Date)

State of Washington County of Thurston

The foregoing instrument was acknowledged before me this 11 day of June, 2012 By Laurence C Schadt, and

☒ who is personally known to me, or

who produced the following identification: _____

(SEAL)

Toni G Logan
Notary Public

Toni G Logan
Printed Notary Name

03-07-2016
My Commission Expires

TONI G LOGAN
Commission Expires 03-07-2016
NOTARY PUBLIC
STATE OF WASHINGTON

Applicant: Schadt, Laurence Conrad

ADDENDUM PAGE 3

Employment (cont'd)

02/92 - 12/97 Coastal Emergency Physicians, Inc (of Texas) seems no longer to be in existence. Best information likely would be through the Medical Staff office in the hospital wherein I was contracted (by Coastal) to provide emergency physician services:
Capital Medical Center
3900 Capital Mall Dr., S.W.
Olympia, WA 98502
(360) 754-5858 - ask for Medical Staff Secretary

07/91 - 06/92 Group Health Cooperative (of Washington) Locum Tenens
Attn: credentialling
P.O. Box 34262
Seattle, WA 98124
they suggest Fax 206 988-2084 Attn: Bernie
(voice 206 988-2072)

06/89 - 06/91 Group Health Cooperative (of Washington) full-time Urgent Care
see above for contact information

07/89 - 08/89 Spectrum Healthcare Resources (contract emergency physician services, Lakewood [now St. Clair] Hospital, Lakewood, WA)
see contact information page 3

02/89 - 06/89 Scenic General Hospital - the county hospital for Stanislaus County, has since closed. Employment/Privileging records have been assumed by:
Health Services Agency, Stanislaus County,
Attn: Administration
P.O.Box 3271
Modesto, CA 95353
(209) 558-7000 option 9 (administration)

12/87 - 02/89 Contract Emergency Physician, Scenic General Hospital. "Holbrook & Associates" (of San Francisco, CA, no longer seem to be in business - best contact information see above "Scenic General Hospital")

12/84 - 12/27 Faculty, Family Practice Residency, Merced, California
formerly: Merced Community Medical Center
now: Mercy Medical Center Merced
315 East 13th Street
Merced, CA 95340
(209) 385-7172 attn: Aletha

License(s) (cont'd):

Issuer: Med. Brd. of California *Address:* 1426 Howe Ave., Suite 54
City: Sacramento *State:* CA *Country:* USA *Postal Code:*95825-3236
License Type: Physician *License #:* G37574 *Status:* Lapsed circa 5/90 - I did not renew after moving to Olympia, WA. First Issued circ 08/78, renewed annually/biannually until lapsed.
(916) 263-2382

CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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).

Soundpath Health, Inc.
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346
Ph: 253-517-4301

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). Steven Charles Schramm

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

   b. Are you a citizen of any other country, if so, what country? N/A

3. Affiant's Occupation or Profession. VP, Payer Strategy and Operations

4. Affiant's business address. 1149 Market Street MS 10-09 Tacoma, WA 98402- 3515

   Business telephone. 253.552.4128

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Washington	Seattle, Washington	08/91 – 07/95	Bachelor of Arts Business Administration

Graduate Studies:	College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
N/A				

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
The Institute of Internal Auditors	Albuquerque, NM	05/98	Certified Internal Auditor (CIA) #25486

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

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Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Not Applicable			

7. Present or proposed position with the applicant entity. Not Applicable

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

Beginning/Ending
Dates (MM/YY) 06/12- 10/12 Employer's Name Catholic Health Initiatives

Address 1149 Market Street MS 10-09 City Tacoma State/Province Washington

Country USA Postal Code 98402 Phone 253.552.4128 Offices/Positions Held VP, Payer Strategy and Operations

Supervisor / Contact Juan Serrano / 720.874.1239

Beginning/Ending
Dates (MM/YY) 07/05- 06/12 Employer's Name Franciscan Health System

Address 1149 Market Street MS 10-09 City Tacoma State/Province Washington

Country USA Postal Code 98402 Phone 253.552.4128 Offices/Positions Held Director, Contracted Reimbursement

Supervisor / Contact Michael Fitzgerald / 253.680.4005

Beginning/Ending
Dates (MM/YY) 07/04 - 07/05 Employer's Name Catholic Healthcare Audit Network

Address 1149 Market Street MS 10-09 City Tacoma State/Province Washington

Country USA Postal Code 98402 Phone 253.552.4128 Offices/Positions Held Senior Manager Audit and Consulting

Supervisor / Contact Kurt Held / 314.802.2068

Beginning/Ending
Dates (MM/YY) 10/01- 07/04 Employer's Name Catholic Healthcare Audit Network

Address 1149 Market Street MS 10-09 City Tacoma State/Province Washington

Country USA Postal Code 98402 Phone 253.552.4128 Offices/Positions Held Manager Audit Consulting

Supervisor / Contact Kurt Held / 314.802.2068

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9. a. Have you ever been in a position which required a fidelity bond? No If any claims were made on the bond, give details. Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. Not Applicable

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 New Mexico Public Accountancy Board Address 5200 Oakland NE, Ste. D

City Albuquerque State/Province New Mexico Country USA Postal Code 87113-2389

License Type Certified Public Accountant License # 4958 Date Issued (MM/YY) 10/99

Date Expired (MM/YY) 12/12 Reason for Termination N/A

Non-insurance Regulatory Phone Number (if known) 505.222.9850

Organization /Issuer of License The Institute of Internal Auditors Address 247 Maitland Avenue

City Altamonte Springs State/Province Florida Country USA Postal Code 32701-4201

License Type Certified Internal Auditor License # 963561 Date Issued (MM/YY) 05/98

Date Expired (MM/YY) 12/13 Reason for Termination N/A

Non-insurance Regulatory Phone Number (if known) 407.937.1100

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?
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?
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?
No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
No

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

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

Not Applicable

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. Not Applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
No

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

Not Applicable

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Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

14. Have you ever been adjudged a bankrupt? No If yes, provide details Not Applicable

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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

    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 October, 2012 at Tacoma, Washington 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 Washington County of Pierce

The foregoing instrument was acknowledged before me this 12TH day of October, 20 12 By Steven Schramm, and:

☑ who is personally known to me, or

☐ who produced the following identification:

[SEAL]

TAHNI R. MADDEN
COMMISSION EXPIRES
NOTARY
PUBLIC
04-09-15
STATE OF WASHINGTON

Notary Public

Tahni R. Madden
Printed Notary Name

4/9/15
My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

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

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

Soundpath Health, Inc.
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346
Ph: 253-517-4301

1. Affiant's Full Name (Initials Not Acceptable). Steven Charles Schramm

2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
12/72 - 10/12	Steve Schramm	Short for Steven
-		
-		
-		
-		
-		
-		
-		
-		

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) Not Applicable

6. Date of Birth: (MM/DD/YY) [redacted] Place of Birth: City Austin
State/Province Texas Country USA

7 Name of Affiant's Spouse (if applicable) Denise Danielle Walker

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Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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
04/02	[redacted]	Tacoma	Washington	Pierce	98406

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 12th day of October, 2012 at Tacoma, Washington 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.

Steven Schramm
(Signature of Affiant)

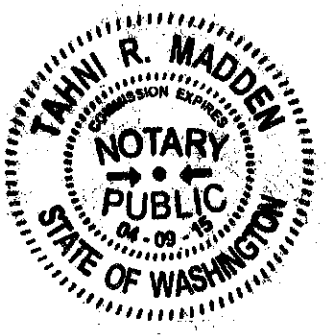
State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 12TH day of october 20 12 By Steven Schramm, and:

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



Tahni R. Madden
Notary Public

Tahni R. Madden
Printed Notary Name

4/9/15
My Commission Expires

CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

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 Soundpath Health Inc. **[*insert* 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 **[*insert* company's designated person, position, or department, address and phone]**.
Corporate Counsel, 198 Inverness Dr. West, Englewood, Co 80112 PH: 303-383-2615
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 Charles Schramm [redacted] Tacoma, WA 98406
(Printed Full Name and Residence Address)

Steven Schramm
(Signature)

10/12/12
(Date)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 12TH day of October 20 12 By Steven Schramm, and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TAHNI R. MADDEN
COMMISSION EXPIRES
NOTARY
PUBLIC
04-09-15
STATE OF WASHINGTON

Tahni R. Madden
Notary Public

Tahni R. Madden
Printed Notary Name

4/9/15
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) Soundpath Health, Inc.

NAIC No. 12909
FEIN: 42-1720801

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*Minnesota and Oklahoma*)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Soundpath Health, Inc. **[*insert* 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 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 Corporate Counsel, 198 Inverness Dr. West, Englewood, CO 80112 PH: 303-383-2615 **[*insert* 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.

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 Charles Schramm [redacted] Tacoma, WA 98406
(Printed Full Name and Residence Address)

Steven Schramm
(Signature)

10/12/12
(Date)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 12th day of October, 2012 By Steven Schramm, and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL] TAHNI R. MADDEN COMMISSION EXPIRES NOTARY PUBLIC 04-09-15 STATE OF WASHINGTON

T. R. Madden
Notary Public

Tahni R. Madden
Printed Notary Name

4/9/15
My Commission Expires

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Applicant Name (Company) Soundpath Health, Inc.

CONFIDENTIAL PERSONAL INFORMATION

NAIC No. 12909
FEIN: 42-1720801

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of Soundpath Health, Inc **[*insert* 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 _____ **[*insert* 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 _____ **[*insert* company's designated person, position, or department, address and phone]**.
Corporate Counsel, 198 Inverness Dr. West, Englewood, CO 80112 Ph. 303-383-2615
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.

Steven Charles Schramm [redacted] Tacoma, WA 98406
(Printed Full Name and Residence Address)

_____ (Signature)

10/12/12 (Date)

State of Washington County of Pierce

The foregoing instrument was acknowledged before me this 12th day of October 20 12 By Steven Schramm, and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

TAMI R. MADDEN NOTARY PUBLIC 04-09-15 STATE OF WASHINGTON

_____ Notary Public

Tami R. Madden
Printed Notary Name

4/9/15
My Commission Expires

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CONFIDENTIAL
PERSONAL
INFORMATION

Item #4 – Question 10

Employer	Supervisor	Contact
St. Joseph Healthcare System (CHI Subsidiary)	Lou Volk	505.727.3100
Catholic Healthcare Audit Network	David Lemoine	314.802.2000
Arthur Andersen LLP	Ray Ziler	630.444.3760
Gai's Seattle French Bakery	John Moen	206.682.2244
Pierre's Bakery	Peter Appel	503.233.8871
US Postal Service	Various	503.653.6097
University of Washington	Various	206.543.8620

CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) CollabHealth Plan Services, Inc.

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).

CollabHealth Plan Services, Inc.
198 Inverness Drive West
Englewood, CO 80112
Ph: 720-874-1293

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). Christopher Scott Stanley

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

   b. Are you a citizen of any other country, if so, what country? ___No

3. Affiant's Occupation or Profession. Physician

4. Affiant's business address. 198 Inverness Drive West, Englewood, CO 80112

   Business telephone. 720-874-1207

5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
Missouri State University	Springfield, MO	09/79-07/83	BS

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Missouri-Columbia	Columbia, MO	08/83-05/87	MD
University of Colorado	Denver, CO	09/07-05/09	MBA

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
Tripler Army Medical Center	Honolulu, HI	07-87-06/90	Internship & Residency-Pediatrics

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

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Applicant Name (Company) CollabHealth Plan Services, Inc.

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
Colorado Medical Society	Alfred Gilchrist/CEO	7351 Lowry Boulevard, Denver, CO 80230	720-859-1001

7. Present or proposed position with the applicant entity. 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) 08/12-present _____ Employer's Name Catholic Health Initiatives _____

Address 198 Inverness Drive West_____ City Englewood_____ State/Province Colorado _____

Country US _____ Postal Code 80112 _____ Phone 720-874-1207 Offices/Positions Held VP, Care Management__

Supervisor / Contact ____ Cliff Deveny_____

Beginning/Ending
Dates (MM/YY) 09/04____ - 07/12 ____ Employer's Name UnitedHealthcare/PacifiCare _____

Address 6465 South Greenwood Plaza Blvd., Suite 300 City Centennial _____ State/Province Colorado _____

Country US _____ Postal Code 80111 _____ Phone 800-516-3344 Offices/Positions Held Senior Medical Director_

Supervisor / Contact ____ Jack Weiss _____

Beginning/Ending
Dates (MM/YY) 02/02____ - 09/04 ____ Employer's Name Schering Plough Corporation (acquired by Merck) _____

Address One Merck Drive _____ City Whitehouse Station _____ State/Province New Jersey _____

Country US _____ Postal Code 08889 _____Phone unknown____ Offices/Positions Held Director, Medical Science Liaisons_____

Supervisor / Contact ____ Luis Salmon _____

Beginning/Ending
Dates (MM/YY) 09/99____-02/02 ____ Employer's Name UnitedHealthcare of North Carolina _____

Address 3803 North Elm _____ City Greensboro _____ State/Province North Carolina _____

Country US _____ Postal Code 27455 _____Phone 800-362-0655 Offices/Positions Held Medical Director_____

Supervisor / Contact ____ Bill Lynagh _____

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Applicant Name (Company) CollabHealth Plan Services, Inc.

NAIC No. _____
FEIN: _____

9. a. Have you ever been in a position which required a fidelity bond? _____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? If yes, give details. No_____

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 Colorado, Board of Medical Examiners Address 1560 Broadway, Suite 1350 _____

City Denver_____ State/Province CO_____ Country US _____ Postal Code 80202 _____

License Type Physician _____ License # 32530 _____ Date Issued (MM/YY) 08/93_____

Date Expired (MM/YY) NA_____ Reason for Termination NA _____

Non-insurance Regulatory Phone Number (if known) NA_____

Organization /Issuer of License North Carolina Medical Board Address 1203 Front Street _____

City Raleigh _____ State/Province NC_____ Country US _____Postal Code 27609 _____

License Type Physician _____ License # 9901617_____ Date Issued (MM/YY) 10/99_____

Date Expired (MM/YY) NA_____ Reason for Termination NA _____

Non-insurance Regulatory Phone Number (if known) NA_____

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

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
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?
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? _____
No _____

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No _____

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
No _____

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f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? 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? No _____

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No _____

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

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

NA _____

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 prior to this position

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

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
No

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

NA

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Applicant Name (Company) CollabHealth Plan Services, Inc. NAIC No. _____
FEIN: _____

14. Have you ever been adjudged a bankrupt? No _____ If yes, provide details NA _____

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? If 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.

    a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No _____

    c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

    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 October 2012_at Englewood, CO _____ 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.

Christopher Scott Stanley
(Signature of Affiant)

State of Colorado County of Arapahoe

The foregoing instrument was acknowledged before me this 12 day of October, 2012 By Christopher Stanley, and:

☐ who is personally known to me, or

☑ who produced the following identification [redacted]

[SEAL]

Amber Eruchalu
State of Colorado
Notary Public
Commission No. 20084006779
My Commission Expires 2/25/2016

Amber Eruchalu
Notary Public

Amber Eruchalu
Printed Notary Name

2/25/2016
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) CollabHealth Plan Services, Inc.

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).

CollabHealth Plan Services, Inc.
198 Inverness Drive West
Englewood, CO 80112
Ph: 720-874-1293

1. Affiant's Full Name (Initials Not Acceptable). Christopher Scott Stanley_____

2. Have you ever used any other name including nickname, maiden name or aliases? No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

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 Springfield _____
State/Province MO _____ Country US _____

7 Name of Affiant's Spouse (if applicable) Elise Tamiko Stanley _____

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) CollabHealth Plan Services, Inc.

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
02/04-present	[redacted]	Arvada	CO	US	80005
02/02-02/04	[redacted]	Arvada	CO	US	80002

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 12th _____ day of October ____, 2012__ at Englewood, CO_____ 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.

Christopher Scott Stanley
(Signature of Affiant)

State of Colorado County of Arapahoe

The foregoing instrument was acknowledged before me this 12 day of October, 20 12 By Christopher Stanley, and:

☐ who is personally known to me, or

☑ who produced the following identification: [redacted]

[SEAL]

Amber Eruchalu
State of Colorado
Notary Public
Commission No. 20084006779
My Commission Expires 2/25/2016

Amber Eruchalu
Notary Public

Amber Eruchalu
Printed Notary Name

2/25/2016
My Commission Expires

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CONFIDENTIAL PERSONAL INFORMATION

Applicant Name (Company) CollabHealth Plan Services, Inc.

NAIC No. _____
FEIN: _____

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

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ____CollabHealth Plan Services____ **[*insert* 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 _____**[*insert* company's designated person, position, or department, address and phone]**.
Corporate Counsel, 198 Inverness Dr. West, Englewood, Co 80112 Ph: 303-383-2615
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.

Christopher Scott Stanley, [redacted] Arvada, Co 80005
(Printed Full Name and Residence Address)

Christopher Scott Stanley
(Signature)

10/12/12
(Date)

State of Colorado County of Arapahoe

The foregoing instrument was acknowledged before me this 12th day of October 20 12 By Christopher Stanley, and

☐ who is personally known to me, or

☑ who produced the following identification: Colorado DL# 92-221-5047

[SEAL]

Amber Eruchalu
State of Colorado
Notary Public
Commission No. 20084006779
My Commission Expires 2/25/2016

Amber Eruchalu
Notary Public

Amber Eruchalu
Printed Notary Name

2/25/2016
My Commission Expires

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CONFIDENTIAL
TRADE SECRET

Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 42-1720801

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).

Puget Sound Health Partners
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346

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). Christine Marie Tomcala Brusstar
2. a. Are you a citizen of the United States? Yes.
   b. Are you a citizen of any other country, if so, what country? No
3. Affiant's Occupation or Profession. Chief Operating Officer
4. Affiant's business address. 32129 Weyerhaeuser Way S., Suite 201 Federal Way, WA 98001
   Business telephone. (253) 517-4339
5. Education and Training:

College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Michigan, Ann Arbor & Flint, MI		09/78 - 05/82	B.S.

Graduate Studies: College/ University	City/ State	Dates Attended (MM/YY)	Degree Obtained
University of Michigan, Flint, MI		01/83 - 08/87	M.B.A.

Other Training: Name	City/ State	Dates Attended (MM/YY)	Degree/Certification Obtained
AHIP Executive Leadership Program		06/03 - 06/04	Certified Managed Care Executive (CMCE)

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

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Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 42-1732081

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the applicant entity. Chief Operating Officer

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

Beginning/Ending Dates (MM/YY) 06/10 - Present Employer's Name Puget Sound Health Partners
Address 32129 Weyerhaeuser Way S., Suite 201 City Federal Way State/Province WA
Country U.S.A. Postal Code 98001 Phone (253) 779-8830 Offices/Positions Held C.O.O.
Supervisor / Contact April Golenor

Beginning/Ending Dates (MM/YY) 06/84 - 10/09 Employer's Name HealthPlus of Michigan
Address 2050 S. Linden Rd. City Flint State/Province MI
Country U.S.A. Postal Code 48532 Phone (810) 230-2000 Offices/Positions Held VP of Govt Prog. & Member Svcs.
AVP of Marketing
Sr. Director of Product Devel.
Director of Planning/Prod. Dev.
Director of Provider Operations
Regional Director
Manager of Physician Operations
Physician Coordinator
Supervisor / Contact

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

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

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Applicant Name (Company) Puget Sound HealthPartners NAIC No. 12909
FEIN: 42-1720801

9. a. Have you ever been in a position which required a fidelity bond? 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? If yes, give details. No

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

None

Organization/Issuer of License _____ Address _____

City _____ State/Province _____ Country _____ Postal Code _____

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

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

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? 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? 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? No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No

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Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 45-1721080

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking? No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? 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? No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? No

If the response to any question above is answered "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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. No

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

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Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 42-1732801

14. Have you ever been adjudged a bankrupt? 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? If 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.

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? 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)? No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? No

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 20 10 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.

Christine M. Tomcala Brusstar
(Signature of Affiant)

State of WASHINGTON County of KING

The foregoing instrument was acknowledged before me this 18th day of JUNE, 20 10 By CHRISTINE M. TOMCALA BRUSSTAR and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Vicki L. Knox
Notary Public

VICKI L. KNOX
Printed Notary Name

7-26-2010
My Commission Expires

VICKI L. KNOX
COMMISSION EXPIRES
NOTARY
PUBLIC
07-26-10
STATE OF WASHINGTON

Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 42-1720801

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).

Puget Sound Health Partners
32129 Weyerhaeuser Way S., Suite 201
Federal Way, WA 98001-9346

1. Affiant's Full Name (Initials Not Acceptable). Christine Marie Tomcala Brusstar

2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicate such)
11/60 - Present	Christine Marie Tomcala	Maiden 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 —

5. Foreign Student ID# (if applicable) —

6. Date of Birth: (MM/DD/YY) [redacted] Place of Birth: City Owosso
State/Province Michigan Country U.S.A.

7 Name of Affiant's Spouse (if applicable) James Gregory Brusstar

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Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 42-1720801

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
08/89 – Present	[redacted]	Okemos,	MI 48864	U.S.A.	

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, 2010 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.

Christine M. Toncala Brusstar
(Signature of Affiant)

State of WASHINGTON County of KING

The foregoing instrument was acknowledged before me this 18th day of JUNE, 2010 By CHRISTINE M. TONCALA BRUSSTAR and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

Vicki L Knox
Notary Public

VICKI L KNOX
Printed Notary Name

7-26-2010
My Commission Expires

VICKI L. KNOX
COMMISSION EXPIRES
NOTARY
PUBLIC
07-26-10
STATE OF WASHINGTON

Applicant Name (Company) Puget Sound Health Partners NAIC No. 12909
FEIN: 42-1720801

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 _____[*insert* **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 _____[*insert* **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.

Christine Marie Tomcala Brusstar, [redacted], Okemos, MI 48864
(Printed Full Name and Residence Address)

Christine M. Tomcala Brusstar — June 18, 2010
(Signature) (Date)

State of WA County of King

The foregoing instrument was acknowledged before me this 18th day of June 20 10 By Christine M. Tomcala Brusstar and

☑ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL] VICKI L. KNOX COMMISSION EXPIRES NOTARY PUBLIC 07-26-10 STATE OF WASHINGTON

Vicki L Knox
Notary Public
Vicki L Knox
Printed Notary Name
7-26-2010
My Commission Expires

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (***Minnesota and Oklahoma***)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of _____[***insert* 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 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 _____[***insert* 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.

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)

_____ _____
(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

©2000-2009 National Association of Insurance Commissioners

Applicant Name (Company) _____

NAIC No. _____
FEIN: _____

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (*California*)

This Disclosure and Authorization is provided to you in connection with a pending application of _____[***insert* 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 _____[***insert* 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 _____[***insert* 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.

_____
(Printed Full Name and Residence Address)

_____ (Signature)

_____ (Date)

State of_____ County of_____

The foregoing instrument was acknowledged before me this _____ day of_____, 20_____ By _____, and

☐ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]

_____
Notary Public

_____
Printed Notary Name

_____
My Commission Expires

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