EXHIBIT 5 to FORM A

Biographical Affidavits for Directors and Officers of COPIC

Applicant Company Name :	COPIC Insurance Company
--------------------------	-------------------------

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

CC	OPIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
here		amed entity, I herewith make lendum or separate sheet if space "SO STATE.		
1.	Affiant's Full Name (In	tials Not Acceptable): First: Alar	n Middle; Michael	Last: Lembitz
2.	a. Are you a citize	n of the United States?		
	Yes X	No		
		S		
	 b. Are you a citize 	en of any other country?		
	b. Are you a citize	No X		
		No X		
3,	Yes	No x	y .	
	Yes	No _x	uite 400, Denver, CO 802	230
	Yes If yes, what con Affiant's occupation or Affiant's business addre	No _x	uite 400, Denver, CO 802	
3, 4,	Yes If yes, what con Affiant's occupation or Affiant's business address telephone: 720	No _x		
4. 5.	Yes	No _x	uite 400, Denver, CO 802 ess Email: _Alembitz@cop.	ic.com
4, Colle	Yes	No _x	uite 400, Denver, CO 802 ess Email: _Alembitz@cop Dates Attended (MM/YY 08/76 - 05/78	ic.com <u>Degree Obtained</u>
4. Colle Colc Jniv	Yes	nntry?	uite 400, Denver, CO 802 ess Email: _Alembitz@cop Dates Attended (MM/Y) 08/76 - 05/78 08/78 - 05/80	ic.com Y) Degree Obtained BS- Chemical Engineeri
5. Colle Colc Jniv	Yes	nntry?	uite 400, Denver, CO 802 ess Email: _Alembitz@cop. Dates Attended (MM/Y) 08/76 - 05/78 08/78 - 05/80 Dates Attended (MM/Y)	ic.com Y) Degree Obtained BS- Chemical Engineeri

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Comp	any Name: COPIC In	isurance Co	mpany	NAIC No.	11860	
				FEIN;	840948519	
6. List of	memberships in profess	ional societie	s and associati	ons:		
	ame of /Association	Contact Na	ame	Address of Society/Association	Telephone N of Society/Ass	
Color	ado Medical Society		7351 E. Low	ry Blvd, Suite 100, Den	ver, CO 80230	720-858-6000
-						
7. Present	or proposed position w	ith the Applic	cant Company:	Chief Medical Office	r	
includir officers necessa	ng present jobs, position hips). Please list the mo ry to provide telephor	ns, partnershi ost recent firs ne numbers	ps, owner of a t. Attach addit and superviso	20) years, whether compens on entity, administrator, ma- tional pages if the space pro- try information for the pa- tion process for internation	nager, operator, dir ovided is insufficier ast ten (10) years.	ectorates or nt. It is only
Beginning/Endin Dates (MNI/YY)	ng): <u>07/99</u> - <u>Present</u>	Employer	's Name:(COPIC		
Address:7351 E	. Lowry Blvd., Suite	400City:	Denver	State/Provinc	e: CO	
Country: USA	Professional Liabil			58-6000 Offices/Positions	Managem	fety & Risk ent; CMO
Type of Business	S:		Supervisor/	Contact: Steve Rubin, P	For Francisco State Control	2
Beginning Lndin Dates (MM/YY)	g 07/87 - 12/02	_ Employer	Cont s NameSyste	ract Emergencty Physi m and The Greeley Me	cian for Boulder dical Center	Community
Address: 1000	W. Southe Boulder Re	oad City:	Boulder	State/Province	e: Colorado	
Country; USA	Postal Code:	80027	Phone: 303-60	66-4357 Offices/Positions I	Held: Physician	
Type of Business	s: Emergency Medic	ine	Supervisor/	Contact: Laurie Coryell, M	ID, 303-666-4357	
Beginning/Endin Dates (MM/YY)		_ Employer	's Name:			
Address:		City:		State/Province	ay	
Country:	Postal Code:		Phone:	Offices/Positions I	Held:	
Type of Business	S:		Supervisor/	Contact;		
Beginning/Endin Dates (MM/YY)		Employer	's Name:			
Address:		City:		State/Province	:	
Country:	Postal Code:		Phone:	Offices/Positions I	Held:	
Type of Business	5:		Supervisor/	Contact:		

Appli	cant Com	pany Nam	e: COPIC Insur	rance Compar	ıy	NAIC NO FEIN:	8409485	
9.	ā.	Have yo	ou ever been in a p	osition which re	equired a fide	lity bond?		
		Yes	No X					
		If any c	laims were made o	on the bond, giv	e details:			
	b.	Have y	ou ever been deni 1?	ed an individu	al or position	schedule fidelity	bond, or had a l	oond canceled or
		Yes	No X					
		If yes, g	give details:					
	in the the lice number are rea represe pages	past. For a ensing aut er is your S asonably id ented by y if the space	licensing agency on ynon-insurance is hority or regulator Social Security Nurdentifiable as your your SSN. (For exercise provided is insuf-	regulatory issue y body having j mber (SSN) or SSN, then wri ample, "SSN", ficient.	r, identify and jurisdiction of embeds your te SSN for the	d provide the name ver the license (s) SSN or any sequent that portion of the	e, address and tele issued. If your pro- more of more than a professional licens	phone number of ofessional license five numbers that se number that is
			ctice Medicine, C	35040				
100			ense: CO Board o				Idress: 1560 Bro	
			State/Province:				1 USIGN COGO!	
			License			Date Issued (MM	(YY):	
Date F	expired (A	MM/YY):		Reason for Te	ermination:			
Non-li	surance	Regulatory	Phone Number (i	f known):				
Organ	zation/ls	suer of Lic	ense:		Address:			
City:_			State/Province:					
Licens	e Type:_		License	#:		Date Issued (MM/	YYY):	
Date E	xpired (N	/M/YY):		Reason for Te	rmination:			
Non-I	surance l	Regulatory	Phone Number (i	f known):				
11.			the following, if the aled or expunged,					nally verified that
	a.		fused an occupation lic administrative,				mit by any regula	tory authority, or
		Yes	No X]				
	b.		occupational, pro				hold or have held	l, been subject to

	ompany Name: COPIC Insurance Company	ny	NAIC No FEIN:	11860 840948519
			1240	040740317
	Yes No X			
Ç.	Been placed on probation or had a fine le license or permit in any judicial, administ			
	Yes No X			
d)	Been charged with, or indicted for, any ca	riminal offense(s) other than civil t	raffic offenses?
	Yes No X			
e.	Pled guilty, or nolo contendere, or bee offenses?	en convicted of	; any criminal off	ense(s) other than civil
	Yes No X			
f.	Had adjudication of guilt withheld, had a suspended, or been pardoned, fined, or traffic offenses?			
	Yes No X			
g.	Been subject to a cease and desist letter or ord administrative, regulatory, or disciplinary acti regulating the business of insurance, security	on, from violati	ng any federal, stat or from carrying	e law or law of another co
	practices in the course of the business of insur	ance, securines	or outstand,	
	Yes No X	ance, securiues	o, danking,	
h.				shonesty, breach of trust,
h.	Yes No X Been, within the last ten (10) years, a party			shonesty, breach of trust,
h. L	Yes No X Been, within the last ten (10) years, a party financial dispute?	y to any civil a any state or the ast company law	Federal Governm	ent that you have violate laws, or that you have vio
	Yes No X Been, within the last ten (10) years, a party financial dispute? Yes No X Had a finding made by the Comptroller of a provisions of small loan laws, banking or true	y to any civil a any state or the ast company law	Federal Governm	ent that you have violated
	Yes No X Been, within the last ten (10) years, a party financial dispute? Yes No X Had a finding made by the Comptroller of a provisions of small loan laws, banking or trumy rule or regulation lawfully made by the Comptroller of the compt	y to any civil a any state or the ast company law omptroller of an	Federal Governmes, or credit union y state or the Federal	ent that you have violate laws, or that you have vio al Government?
Ĭ.	Yes No X Been, within the last ten (10) years, a party financial dispute? Yes No X Had a finding made by the Comptroller of a provisions of small loan laws, banking or trumy rule or regulation lawfully made by the Co	y to any civil a any state or the ast company law omptroller of an	Federal Governmes, or credit union y state or the Federal	ent that you have violate laws, or that you have vio al Government?
Ĭ.	Yes No X Been, within the last ten (10) years, a party financial dispute? Yes No X Had a finding made by the Comptroller of a provisions of small loan laws, banking or trumy rule or regulation lawfully made by the Co	y to any civil a any state or the ast company law omptroller of an you or any entity please provide	Federal Governments, or credit union y state or the Federal while you were as details including d	ent that you have violated laws, or that you have violated all Government? sociated with that entity?

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

nt Con	npany Name: COPIC Insurance Company	NAIC No FEIN:	11860 840948519
office	held by the person. Control shall be presumed to exist	-	
holds	with the power to vote, or holds proxies representing, ten		
	None.		
If any	of the stock is pledged or hypothecated in any way, give	details	
or of regula direct	Vill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock and the stock authority, or its affiliates? An "affiliate" of, or person, or indirectly through one or more intermediaries, contained person specified.	k of any entity subject on "affiliated" with, a	t to regulation by an insurance specific person, is a person tha
Yes	No X		
	, please identify the company or companies in which the atstanding voting securities.	cumulative stock hold	lings represent 10% or more of
If any	of the shares of stock are pledged or hypothecated in any	way, give details.	
_			
Have	you ever been adjudged a bankrupt?		
Yes	No X		
If yes	, provide details:		
comn	our knowledge has any company or entity for which youttee member, key management employee or controlling you served in such capacity?		
a	Been refused a permit, license, or certificate of auth- licensing agency?	nority by any regulato	ry authority, or governmental-
	Yes No X		
Ь	Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro- similar proceeding)?	plinary action (includ	ing rehabilitation, liquidation
	Yes No X		
C.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate		
	Yes X No		

Applicant Company Name: COPIC Insurance Company	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month	ive details. When responses	onding to questions (b) and (c), rture from the entity.
Fine assessed by the Colorado Division of Insurance of \$4 Examination Report conducted from the time period 01/6 violations were corrected to ensure full compliance with 0	01/08 to 12/31/08. T	lations raised in Market Onduct The fine was paid and all alleged
Note: If an affiant has any doubt about the accuracy of an an and an explanation provided.	nswer, the question sho	ould be answered in the positive
Dated and signed this 27 day of	at Dewoth, e foregoing statements	I hereby certify are true and correct to the best
XI hereby acknowledge that I may be contacted to provide additional	information regarding	international searches.
(Signature of Affiant)		
State of: County of: Derver	_	
The foregoing instrument was acknowledged before me this $\underline{c}^{\!$	Time , 20 19	by Alon Lembitz
who is personally known to me, or		
who produced the following identification:		
	2	I haden
[SEAL]	Laire 1	Notary Public
LAURA G WADLEIGH		rinted Notary Name
NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320	Му	Commission Expires

NAIC No.	11860	
FEIN:	840948519	

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

	PIC Insurance Company E. Lowry Blvd., Suite 400, Denver, CO 80230				
	858-6000				
1.	Affiant's Full Name (Initials Not Acceptable); First: Alan Middle: Michael Last: Lembitz IF ANSWER IS "NONE," SO STATE.				
2.	Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? Yes No				
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.				
	ming/Ending Name(s) Reason (If none, indicate such) s) Used (MM/YY) Specify: First, Middle or Last Name				
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign studen Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavi Personal Supplemental Information.				
3.	Affiant's Social Security Number:				
4.	Government Identification Number if not a U.S. Citizen:				
5.	Foreign Student ID# (if applicable):				

Applie	cant Company Na	me: COPIC Ins	urance Compan	У	NAIC No.		
					FEIN:	84094851	9
6.	Date of Birth: State/Province	(MM/DD/YY) : _		ace of Birth, City: ountry:			
7.	Name of Affia	nt's Spouse (if appl	icable) :				
8.	List your resid	ences for the last te	n (10) years startin	ng with your curre	ent address, giv	ving:	
	ning/Ending			State/			
Dates	(MM/YY)	Address	City	Province	<u>C</u>	Country	Postal Code
							Велен
_							
Note:		d in response to this					using this form
		t there could be an o					
Dated	and signed this _	GTH day of	JU~2,20	19 at C	be foregoing of	7 (0	. I hereby
	st of my knowled		acting on my own	benait and that t	ne foregoing s	ratements are ti	rue and correct to
XII	nereby acknowled	lge that I may be co	ntacted to provide	additional inform	nation regardin	g international	searches.
	0	7 1					
	(3 c	to for	7				
		gnature of Affiant)					
	of: Cobrido		of: Denver	45			
	regoing instrume	nt was acknowledge	ed before me this	day of J	me.	, 20 19 by F	the Lembatz
and:							
W	ho is personally k	nown to me, or					
□ wl	no produced the f	following identificat	ion:				
					2	MI	to
	[SEAL]				1	Notary Publ	lic
			A G WADLEIGH	1		m 6- lund	uish _
		STATE	TARY PUBLIC OF COLORADO			Printed Notary	
		NOTAR	IY ID 20134001320 N EXPIRES JANUARY		М	y 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 Copic Insurance Company [company name]("Company") for licensure or a permit to organize
("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [company's designated person, position, or department, address and

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) six (6) 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.

Cc J	(Printed Full Name and Residence A	(ddress) (5 - 6 - 19 (Date)
State of: Colorado The foregoing instrumer Alexa Lembitz	County of: Denver	day of June 2019 by
who is personally know	vn to me, or	
[SEAL]	LAURA G WADLEIGH NOTARY PUBLIC	Notary Public Love E Madlesh Printed Notary Name
	STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021	My Commission Expires

Revised 03/26/18 FORM 11

phone].

Applicant Compa	any Name : C	OPIC Insurance Company	NAIC No FEIN:	11860 840948519
		BIOGRAPHICAL	AFFIDAVIT	
	to provide add	this affidavit will be kept confide itional information during the thin	ntial by the state insurance d-party verification process	
Full name, addre- required (Do Not		ne number of the present or propo		biographical statement is bein
COPIC Insuran	4	Control of the Land Control of the C	Denver, CO 80230	1-720-858-6000
hereinafter set fo ANSWER IS "NO 1. Affiant's 2. a.	rth. (Attach ac D" OR "NONE Full Name (In Are you a citiz Yes x			
	Yes If yes, what co	No x		
3. Affiant's	occupation or	profession: Vascular Surgeon		
	business addre			
Business	telephone: 3	03-539-0736 Busi	iness Email: _synn@vascul	arinstitute.com
5. Education	n and training:			
College/University Leland Stanford Jr		City/State Stanford, CA	<u>Dates Attended (MM/</u> 09/78 - 06/82	YY) Degree Obtained B,S,
Graduate Studies	0.7	ge/University City/State ty of California Los Angeles, CA	<u>Dates Attended (MM/</u> 09/82 - 06/86	YY) Degree Obtained M.D.
Other Training: Na	ame C	ity/State Dates Attend	ed (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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

06/86 - 06/91

06/91 - 12/92

Residency - general surgery

Fellowship - vascular surgery

Seattle, WA

Iowa City, IA

University of Washington

University of Iowa

Applica	int Company Name : COPIC I	nsurance Company	NAIC No FEIN:	11860 840948519
6.	List of memberships in profess	ional societies and associa		010710017
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
		See Attach	nment	
7.	Present or proposed position w	ith the Applicant Compan	y:	
8.	List complete employment recincluding present jobs, position officerships). Please list the monecessary to provide telephor information may be required de	ns, partnerships, owner of ost recent first. Attach add ne numbers and supervis	an entity, administrator, man litional pages if the space pro- sory information for the pas	ager, operator, directorates o vided is insufficient. It is only st ten (10) years. Additiona
Beginni Dates (N	ng/Ending MM/YY):07/9501/16	Employer's Name:	Vascular Institute of the Rock	ies
Address	: 1601 E. 19th Ave.	City: Denver	State/Province	Colorado
Country	USA Postal Code:	80218 Phone: 303-	-539-0736 Offices/Positions I	Held: Partner Post President
Type of	Business: Medical	Superviso	r/Contact: None	
	ng/Ending MM/YY):07/9307/95			
	5251 W. Campbell Ave.			
	USA Postal Code:	85031 Phone:	Offices/Positions H	eld:Employed Surgeon
Type of	Business: Medical	Supervisor	r/Contact:	
	ng/Ending MM/YY):01/1101/16	Employer's Name:	Colorado Professional Insurar	nce Company
Address:	7351 E. Lowry Blvd. Ste. 400	City:Denver	State/Province:	Colorado
Country:	VSA Postal Code:	80230 Phone: 720-8	358-6000 Offices/Positions H	eld: Faculty Consultant
Type of l	Business: Medical Professional Lia	ability Insurance Supervisor	/Contact: _ Ted Clarke , MD	
Beginnin Dates (M	g/Ending MM/YY):01/1101/16	Employer's Name:	The Colorado Trust	
Address:	1600 Sherman St.	City: Denver	State/Province:	Colorado
Country:	Postal Code:	80203 Phone: 303-8	337-1200 Offices/Positions Ho	eld:Trustee
Type of I	Business Health Foundation	Supervisor	Contact: Ned Calonge, MI	D. PhD

Appli	cant Con	pany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
9.	a.	Have you ever been in a position which required a fidel	lity bond?	
		Yes No x		
		If any claims were made on the bond, give details:	N/A	
	b.	Have you ever been denied an individual or position revoked?	schedule fidelity box	nd, or had a bond canceled o
		Yes No x		
		If yes, give details:N/A		
	in the the lice number are rea represe	remmental licensing agency or regulatory authority or lice past. For any non-insurance regulatory issuer, identify and ensing authority or regulatory body having jurisdiction over is your Social Security Number (SSN) or embeds your Seconably identifiable as your SSN, then write SSN for the ented by your SSN. (For example, "SSN", "12-SSN-345" if the space provided is insufficient. See Attachment	provide the name, ad er the license (s) issue SSN or any sequence at portion of the profe or "1234-SSN" (las	dress and telephone number of ed. If your professional license of more than five numbers that essional license number that is
Organi	ization/Is	suer of License: Colorado Board of MedicineAddress:	1560 Broadway	
		State/Province: CO Country:		
		Medical License #: DR.0034425 D		
		/IM/YY): Reason for Termination:		
		Regulatory Phone Number (if known):		
		suer of License: Address:		
		State/Province: Country:		
		License #: D		
		1M/YY): Reason for Termination:		
		Regulatory Phone Number (if known):		
11.	In respo	onding to the following, if the record has been sealed or ex ord was sealed or expunged, an affiant may respond "no" to	cpunged, and the affia	nt has personally verified that
	a.	Been refused an occupational, professional, or vocation any public administrative, or governmental licensing age	al license or permit b	
		Yes No x		
	b.	Had any occupational, professional, or vocational licens any judicial, administrative, regulatory, or disciplinary ad		or have held, been subject to

licant (Company Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
	Yes No x		
c.	Been placed on probation or had a fine levied against y license or permit in any judicial, administrative, regula		
	Yes No x		
d.	Been charged with, or indicted for, any criminal offens	se(s) other than civil tr	affic offenses?
	Yes No x		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal offe	ense(s) other than civil traffic
	Yes No x		
f.	Had adjudication of guilt withheld, had a sentence imp suspended, or been pardoned, fined, or placed on pro- traffic offenses?		
	Yes No x		
g.	Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from viola regulating the business of insurance, securities or bankin practices in the course of the business of insurance, securities	ating any federal, state ng, or from carrying	law or law of another country
	Yes No x		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	action involving dis	honesty, breach of trust, or a
	Yes No x		
i.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company late any rule or regulation lawfully made by the Comptroller of a	aws, or credit union la	aws, or that you have violated
	Yes No x		
j.	Had a lien or foreclosure action filed against you or any enti	ty while you were ass	ociated with that entity?
	Yes No x		
	If the response to any question above is yes, please provide Attach a copy of the complaint and filed adjudication or sett		
	Attach a copy of the complaint and filed adjudication or sett	rement 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

Appii	cant Con	pany Name : COPIC Insurance Company	FEIN:	840948519
	holds	held by the person. Control shall be presumed to exist if a with the power to vote, or holds proxies representing, ten person.	ny person, direct	ly or indirectly, owns, controls
	I am	a partner in the medical practice of the Vascular Institute of the Rock	kies. This is subject	to health insurance regulations
	(Medi	care, Medicaid, State + private insurance).		
	If any	of the stock is pledged or hypothecated in any way, give detail	ilsNone	
13.	or of regula directl	/ill] you or members of your immediate family individually of record, 10% or more of the outstanding shares of stock of a tory authority, or its affiliates? An "affiliate" of, or person "a y, or indirectly through one or more intermediaries, controls, he person specified.	any entity subject ffiliated" with, a	t to regulation by an insurance specific person, is a person that
	Yes [x No		
		please identify the company or companies in which the cum tstanding voting securities. As outlined in question 12	ulative stock hole	dings represent 10% or more of
	If any	of the shares of stock are pledged or hypothecated in any way. None	, give details.	
14.	Have y	ou ever been adjudged a bankrupt?		
	Yes [No x		
	If yes,	provide details:N/A		
15.	commi	ur knowledge has any company or entity for which you vertee member, key management employee or controlling stoctous served in such capacity?		
	a.	Been refused a permit, license, or certificate of authority licensing agency?	by any regulato	ry authority, or governmental-
		Yes No x		
	b.	Had its permit, license, or certificate of authority suspended to any judicial, administrative, regulatory, or disciplinar receivership, conservatorship, federal bankruptcy proceedisimilar proceeding)?	y action (includ	ing rehabilitation, liquidation,
		Yes No x		
	c.	Been placed on probation or had a fine levied against it authority in any civil, criminal, administrative, regulatory, o		
		Yes No x		

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month		
Note: If an affiant has any doubt about the accuracy of an an and an explanation provided.	swer, the question sho	uld be answered in the positive
Dated and signed this 17 day of June 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at Uirqua Bee	are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional	information regarding	international searches.
State of: VIRGINIA COUNTY of: VIRGINIA BEAT The foregoing instrument was acknowledged before me this ITTH day of	ICH	. Ar dad 1/11016 51/00
The foregoing instrument was acknowledged before me this // day of and:	JUNE . 20 17	by MEHIO YOU'DE STATE.
who is personally known to me, or		
who produced the following identification: COLORADO DELL	HEAS LICEISE	the the
[SEAL]	JANUA	Notary Public A. JARIAMILLO Inted Notary Name J 31, 2020 Commission Expires
	8	Kimberly A. Jaramillo Notary Public Reg #7522539 Commonwealth of Virginia commission Expires 01-31-2020

Applicant Company Name:	COPIC Insurance Company	NAIC No.	11860	
		FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

may b	e extent permitted by law, this affi be required to provide additional i I or lived and worked internationa	nformation during the third-party		
	ame, address, and telephone numbered (Do Not Use Group Names).	ber of the present or proposed enti-	ity under which this biog	graphical statement is being
	COPIC Insrance Company	7351 E. Lowry Blvd. Ste. 400	Denver CO, 80230	720-858-6000
_				
1.	Affiant's Full Name (Initials N IF ANSWER IS "NONE,"		Middle: Young	Last: Synn
2.	Have you ever used any other r	name, including first, middle or las	t name, nickname, maide	en name or aliases?
	Yes No x			
	If yes, give the reason if any, if	none indicate such, and provide the	ne full name(s) and date(s) used.
	nning/Ending (s) Used (MM/YY) Spec	Name(s) ify: First, Middle or Last Name	Reason (If none,	indicate such)
Note:	be an overlap of dates when t	his question may be approximate. ransitioning from one name to a attach foreign diploma or certifition.	nother. If applicable, pr	rovide the foreign student
3.	Affiant's Social Security Number	er:		
4.	Government Identification Num	ber if not a U.S. Citizen: N/A		
5.	Foreign Student ID# (if applicat	ole) : N/A		

Applic	cant Company N	ame : COPIC Ins	urance Compa	ny	NAIC No. FEIN:	11860 84094851	9
6.	Date of Birth: State/Provinc	e: (MM/DD/YY) :		Place of Birth, City: Country: USA			
7.	Name of Affi	ant's Spouse (if appl	icable) :Lisa	Ann Synn			
8.	List your resid	dences for the last te	n (10) years star	ting with your curren	it address, giv	/ing:	
	ning/Ending (MM/YY)	Address	City	State/ Province	<u>C</u>	ountry 'ountry	Postal Code
03/9	9 - date						
						_	
he bes	t of my knowled	f perjury that I am a lige and belief.					
	(S)	gnature of Affiant)		-			
State of	E VIRGING	4 Eounly	of: VIRBIN	114 BEACH			
The for	regoing instrume	ent was acknowledge	d before me this	17TH day of Ju	NE	. 20 <u>19</u> by Ac	LAN YOUNG 54
	o is personally k	cnown to me, or					
			C O	21 1100	1 100000		
wh	o produced the t	following identificati	on: COCORA,	so vicives	Y To		man, ite
	[SEAL]				JANUA	finted Notary N	TARAMILLO Jame 2020
					My Com	Kimberly A. Jara Notary Publi Reg #752253: Commonwealth of mission Expires	Virginia

Applicant Company Name: COPIC Insurance Company	NAIC No.	11860	
	FEIN:	840948519	

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 Copic Insurance 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 consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by department of insurance in any state where Company pursues an Application during the term of your functioning as, 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 required by a department of insurance reviewing any Application. Background Reports requested pursuant to you 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 an Authorization will be maintained as confidential.
At the term of the

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 Legal Department [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) six (6) 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.

Notary #757539	Alan Young Synn	
State of: VIRGINIA COUNTY of: VIRGINIA DEACH The foregoing instrument was acknowledged before me this 17th day of June , 20 19 by ALAN VILUE SYNN , and: Who is personally known to me, or Who produced the following identification: Coloredo Drivers Licentee Notary Public Kimbery A. Jaramillo Printed Notary Name JANUARY 31, 2020 My commission Expires ©2019 National Association of Insurance Commissioners 9 Kimberty A. Jaramillo Notary Public Kimberty A. Jaramillo Notary Public Reased 03/26/18 FORM 11	(Printed Full N	Name and Residence Address)
State of: VIRGINIA COUNTY of: VIRGINIA DEACH The foregoing instrument was acknowledged before me this 17th day of June , 20 19 by ALAN VILUE SYNN , and: Who is personally known to me, or Who produced the following identification: Coloredo Drivers Licentee Notary Public Kimbery A. Jaramillo Printed Notary Name JANUARY 31, 2020 My commission Expires ©2019 National Association of Insurance Commissioners 9 Kimberty A. Jaramillo Notary Public Kimberty A. Jaramillo Notary Public Reased 03/26/18 FORM 11	13-5 -	6/17/19
The foregoing instrument was acknowledged before me this 17th day of June, 20 19 by ALAN YOUNG SYNN, and: who is personally known to me, or who produced the following identification: Coloredo Dhivers License [SEAL] [SEAL] [SEAL] [SEAL] Notary Public Kimberly A. Jaramillo Printed Notary Name JANVARY 31, 2020 My Commission Expires (Sealed 03/26/18) Resised 03/26/18 FORM 11		(Date)
The foregoing instrument was acknowledged before me this 17th day of June, 20 19 by ALAN YOUNG SYNN, and: who is personally known to me, or who produced the following identification: Coloredo Dhivers License [SEAL] [SEAL] [SEAL] [SEAL] Notary Public Kimberly A. Jaramillo Printed Notary Name JANVARY 31, 2020 My Commission Expires (Sealed 03/26/18) Resised 03/26/18 FORM 11	State of: VIRBINIA County of: VIRG	SINIA BEACH
who is personally known to me, or who produced the following identification: Colorado Drivers License [SEAL] [SEAL]		
[SEAL] [SEAL] [SEAL] [SEAL] Notary Public Notary Public Notary Name		
[SEAL] Notary Public KIMBGELY A THE Amillo Printed Notary Name TAN VARY 31, 2020 My Commission Expires Resided 03/26/18 Second 11 Notary Public Kimberly A. Jaramillo Kimberly A. Jaramillo Kimberly A. Jaramillo Notary Public FORM 11 Notary Public FORM 11	who is personally known to me, or	
Printed Notary Name TAN VARY 31, 2020 My Commission Expires ©2019 National Association of Insurance Commissioners 9 Kimberly A. Jaramillo Kimberly A. Jaramillo Kimberly A. Jaramillo Kimberly A. Jaramillo Kotary Public Notary Public Not	who produced the following identification: Colo	Redo DRIVERS LICENSE A
Printed Notary Name TAN VARY 31, 2020 My Commission Expires ©2019 National Association of Insurance Commissioners 9 Kimberly A. Jaramillo Kimberly A. Jaramillo Kimberly A. Jaramillo Kimberly A. Jaramillo Kotary Public Notary Public Not		- Sile la Campbe
Printed Notary Name TAN VARY 31, 2020 My Commission Expires My Commission Expires Resised 03/26/18 © 2019 National Association of Insurance Commissioners 9 Kimberly A. Jaramillo Kimberly A. Jaramillo FORM 11 Notary 27539	[SEAL]	
©2019 National Association of Insurance Commissioners 9 TAN VARY 31, 2020 My Commission Expires Resised 03/26/18 Kimberly A. Jaramillo Kimberly A. Jaramillo Kimberly A. Jaramillo Kotary 727519 FORM 11		
My Commission Expires Resised 03/26/18 © 2019 National Association of Insurance Commissioners 9 Kimberly A. Jaramillo Kimberly A. Jaramillo FORM 11 Notary Public N		TANVARU 31 2020
©2019 National Association of Insurance Commissioners 9 Kimberly A. Jaramino Notary Public Notary Pu		
©2019 National Association of Insurance Commissioners 9 Kimberly A. Jaramino Kimberly Public Notary		Resised 03/26/18
	©2019 National Association of Insurance Commissioners	9 Kimberly A. Jaramillo FORM II
S C TOWWESTED OF THE STATE O		Reg #7522539 Commonwealth of Virginia Zo ZO

My Commission Expires Ol.

Biographical Affidavit of Alan Young Synn

Supplemental Response

In completing the recently submitted Biographical Affidavit the following two questions were not adequately completed.

- 6 List of memberships in professional societies and associations. SEE ATTACHED.
- 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 eably, administrator, managor, operator, divectorates professorships). Please list the most recent first. Attach additional pages if the space grounded is insufficient. It is only necessary to provide telephone numbers and supervisory information for the pastiten (10) years. Additional information may be required during the third party verification process for international employers — SEE ATTACHED
- tist any professional, accepational and vocational iconses issued by any public or governmental. licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past, etc. SEE ATTACHED

ATTACHMENT INCLUDED.

Dated and signed this _ IQ _ day of _ June, _ 2019 at _ Grand _ June 1996 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.

(Signatule of Affiant)	Social Security Number:	
State of Calerado Com	acty of Mesa	
Fixe foregoing eastmanent was acknowle	edged before me this 10 day Tune 2019 by Plan	Syne

who is personally known to me, or

X who produced the following Identification: Co Driver's License

(SEAL)

LE Wheleold

Biographical Affidavit-Attachment

Alan Young Synn

6. List of memberships in professional societies and associations:

Name	Contact	Address	Phone
American College of Surgeons	None	633 N. Saint Clair St.	312-202-5000
		Chicago, IL 60611	
Henry Harkins Surgical Society	None	PO 80x 85807	None
		Seattle, WA 98145	
Colorado Medical Society	Alfred Gllchrist	7351 E. Lowry Blvd.	720-859-1001
		Suite 110	
		Denver, CO 80230	
Denver Medical Society	Kathy Lindquist-Kleissle	r 1850 Williams St.	303-377-1850
		Denver, CO 80218	
Rocky Mountain Vascular Socie	ty Eila Zay	100 Cummings Center	978-927-7800
		Suite 124A	
		Beverly, MA 01915	
Society for Vascular Surgery	None	633 N. Saint Clair St.	312-334-2300
		22 nd Floor	
		Chicago, IL 60611	

8. Complete Employment Record:

Dates: 01/07-01/16 (date) Employer: Saint Joseph Hospital

Address: 1375 E. 19th. Avenue City: Denver State: Colorado

Country: USA Postal Code: 80218 Phone: 303-812-2000

Office: Medical Director, Vascular Services Type of Business: hospital

Contact: William D. Anderson, MD, Medical Director of CV Service Line

List of professional licenses:

State of Washington Medical License #27490 (June 27, 1990)

Organization: Washington State Department of Health

Address: 111 Israel Road SE City: Tumwater State: Washington

Country: USA Postal Code: 98501

License Type: Medicine License #: 27490

Date Issued: June 27, 1990 Date Expired: uncertain

Phone Number: 360-236-2397

State of Iowa Medical License #28153 (June 6, 1991)

Organization: Iowa Board of Medicine

Address: 400 SW 8th, St. City: Des Moines State: Iowa

Country: USA Postal Code: 50309

License Type: Medicine License #: 28153

Date Issued: June 6, 1991 Date Expired: uncertain

Reason for Termination: | | left the state

Phone Number: 515-281-6641

State of Arizona Medical License #21553 (June 11, 1993)

Organization: Arizona Medical Board

Address: 9545 E. Doubletree Ranch Rd. City: Scottsdale State: Arizona

Country: USA Postal Code: 85258

License Type: Medicine License #: 21553

Date Issued: June 11, 1993 Date Expired: uncertain

Reason for Termination: 1 left the state

Phone Number: 480-551-2700

State of Colorado Medical License #34425 (May 18, 1995)

Organization: Colorado Medical Board

Address: 1560 Broadway, Suite 1350 City: Denver State: Colorado

Country: USA Postal Code: 80202

License Type: Medicine License #: 34425

Date Issued: May 18, 1995 Date Expired: April 30, 2017 (current)

Reason for Termination: License is current

Phone Number: 303-894-7690

State of Kansas Medical License #26226 (June 30, 1996)

Organization: Kansas State Board of Healing Arts

Address: 800 SW Jackson, Suite A City: Topeka State: Kansas

Country: USA Postal Code: 66612

License Type: Medicine License #: 26226

Date Issued: June 30, 1996 Date Expired: uncertain

Reason for Termination: Unused license, as never practiced in Kansas

Phone Number: 785-296-7413

State of Nebraska Medical License #20061 (October 1, 1996)

Organization: Nebraska Department of Health and Human Services

Address: 301 Centennial Mall South City: Lincoln State: Nebraska

Country: USA Postal Code: 68509

License Type: Medicine License #: 20061

Date Issued: October 1, 1996 Date Expired: uncertain

Reason for Termination: Unused license, as never practiced in Nebraska

Phone Number: 402-471-3121

8. List of additional businesses owned:

Address: 1601 E. 19^{th} Ave., Suite 3950, Denver, CO 80218 (same for all four listed below).

Name:

Florida Avenue Real Estate, LLC (owner and Board of Director)

Vascular Lab of the Rockies, LLC

Ambulatory Surgery Center of the Rockies, LLC

Vascular Services of Colorado, LLC

Address: 19323 SW 60th. Ct. Fort Lauderdale, FL 33332

Name: Rutherford Holdings, Inc.

Applicant Company Name: COPIC Insurance Company

BIOGRAPHICAL AFFIDAVIT

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

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

	name, address ired (Do Not U			resent or propos	ALCOHOL TECHNOLOGY - DOMESTIC CONTROL	h this biograph	ical statement is being
CC	PIC Insurance	Company	7351 E, Lowry I	Blvd. Ste. 400	Denver, CO 80230	1-720-8	58-6000
In o	opposition with	the above	amed entity. I h	paramith make			tion about myself as
herei	nafter set forti WER IS "NO"	h. (Attach ad	dendum or separa	ate sheet if space	hereon is insufficie	ent to answer a	ny question fully.) If
1.	Affiant's F	Full Name (In	tials Not Accepta	ble): First: Bria	n Middle: Ch	arlesLast:_	Harrington
2.	a. A	re you a citize	en of the United S	tates?			
	Y	es x	No				2
	b. A	re you a citize	en of any other co	untry?			
	Y	cs	No x				
	If	yes, what co	intry?		3		
3.	Affiant's o	ccupation or	orofession: Phys	ician			
4.	Affiant's b	usiness addre	Ss: Suite 100, 94	0 Central Park D	rive, Steamboat Sprii	ngs, CO 80487	
	Business to	elephone: 97	0-879-3327	Busin	ness Email:bharrir	ngton@yuma.co	m
5.	Education	and training:	y.	· ·			305
Colle	ge/University		City/State		Dates Attended (MM/YY)	Degree Obtained
Har	vard College		Cambridge, M	IA	08/83 - 06	5/87	BA
Grad	uate Studies	Colleg	e/University	City/State	Dates Attended	MM/YY)	Degree Obtained
Me	dicine	Dartmouth	Medical School	Hanover, NH	08/87 - 06	/91	MD
Other	r Training: Nar	ne C	ty/State	Dates Attende	d (MM/YY)	Degree/C	ertification Obtained
177.5	olic Health		y of Washington	7/97 to	76	2012000	M.P.H

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Jun. 13	3.2019 4:10PM YAMPA VALLEY MED	*	No. 8181 P. 3
Applica	nt Company Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
6.	List of memberships in professional societies and associate	tions;	
	Name of Society/Association Contact Name	Address of Society/Association	Telephone Number of Society/Association
	Colorado Academy of Family Physicians Raquel Rosen	2224 S. Fraser #1	303-696-6655
	American Academy of Family Physicians 11400 Tomaha	awk Cr. Lakewood, KS 66211	800-3742-2337
	American Medical Association AMA Plaza 330 N	. Wabash, Chicago, IL 60611 I. Denver, CO 80230	800-262-3211 720-859-1001
7.	Present or proposed position with the Applicant Company	Director	
8.	List complete employment record for the past twenty (including present jobs, positions, partnerships, owner of officerships). Please list the most recent first. Attach addinecessary to provide telephone numbers and supervisinformation may be required during the third-party verific	an entity, administrator, mana itional pages if the space provi ory information for the past	ger, operator, directorates or ided is insufficient. It is only ten (10) years. Additional
	ng/Ending MM/YY): 07/06 - Present Employer's Name;	Yampa Valley Medical Associa	tes
Address	940 Central Park Drive City: Steamboat S	Springs State/Province:	CO ·
Country	USA Postal Code: 80487 Phone: 970-	879-3327 Offices/Positions Ho	eld Partner/Physician
Type of		/Contact: Matthew Walton	
	ng/Ending MM/YY):07/05	Steamboat Springs Family Me	dicine
Address	: 501 Anglers Drive City: Steamboat S	Springs State/Province:	СО
Country	r: USA Postal Code: 80487 Phone: 970-	871-1323 Offices/Positions He	ld: Employed Physician
Type of	Business: Medical/Clinical Supervisor	/Contact:	
	ng/Ending MM/YY):03/0406/05 Employer's Name:	St. Mary Corwin Family Medic	al Residency
Address	: 902 Lake Ave. City: Pueblo	State/Province:	со
Country	.: <u>USA</u> Postal Code: <u>81004</u> Phone: <u>810</u>	004 Offices/Positions He	ld: Staff Physician
Type of	Business: Clinic/Residency Program Supervisor	/Contact: Nancy Hamilton	
Beginni Dates ()	ng/Ending MM/YY):09/99	Darnell Army Medical Center	
Address	: 36000 Darndt Loop City: Fort Hood	State/Province:	TX
Country	USA Postal Code: 76544 Phone: 254-2	288-8000 Offices/Positions He	ld: Staff Physician
Type of	Business: Medical Clinic Supervisor	Contact:	

Applio	ant Com	pany Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
9.	a.	Have you ever been in a position which required a fide	slity bond?	
		Yes No x		
*		If any claims were made on the bond, give details:		
	b.	Have you ever been denied an individual or position revoked?	schedule fidelity bo	nd, or had a bond canceled or
		Yes No x		
		If yes, give details:		1
10.	or gov in the the lic number are rea	ry professional, occupational and vocational licenses (includernmental licensing agency or regulatory authority or licenses. For any non-insurance regulatory issuer, identify an ensing authority or regulatory body having jurisdiction of its your Social Security Number (SSN) or embeds your asonably identifiable as your SSN, then write SSN for the ented by your SSN. (For example, "SSN", "12-SSN-34: if the space provided is insufficient.	ensing authority that y d provide the name, as ver the license (s) issu SSN or any sequence hat portion of the prof	you presently hold or have held iddress and telephone number of the ded. If your professional license of more than five numbers that it is in the number of the desired is
Organi	ization/Is	suer of License: Colorado Medical Board	Addr	ess. 1560 Broadway, Suite 1350
	Denver		- N	Postal Code: 80202
1.			Date Issued (MM/YY	Di-
		MM/YY): N/A Reason for Termination:	Daw Issued (MITE I I	
		Regulatory Phone Number (if known): 303-894-7690	14177 F5.	38
		suer of License: Address:	74 (9	¥ 1
		State/Province: Country:		
		License #:		
		MM/YY): Reason for Termination:		
		Regulatory Phone Number (if known):		*
11.		onding to the following, if the record has been sealed or ord was sealed or expunged, an affiant may respond "no"		
	a.	Been refused an occupational, professional, or vocatio any public administrative, or governmental licensing ag		by any regulatory authority, or
		Yes No x	<u>2</u> <u>9</u> 8	
	b.	Had any occupational, professional, or vocational lices any judicial, administrative, regulatory, or disciplinary		d or have held, been subject to

at Co	ompany Name : COPIC Insurance Company	NAIC No. 11860 FEIN: 840948519
		7511v. <u>840746317</u>
	Yes No x	
c.	Been placed on probation or had a fine levied a license or permit in any judicial, administrative	against you or your occupational, professional, or vocation, regulatory, or disciplinary action?
	Yes No x	
d.	Been charged with, or indicted for, any crimin	al offense(s) other than civil traffic offenses?
	Yes No x	# 155 W
е.	Pled guilty, or nolo contendere, or been co offenses?	nvicted of, any criminal offense(s) other than civil to
	Yes No x	
f.	를 하는 것으로 있었다. 이 사는 이 없는 이 사람들은 이 사람들은 이 사람들이 되었다. 이 사람들이 되었다. 그는 사람들이 사람들이 사람들이 되었다. 그는 사람들이 되었다. 이 사람들이 되었다.	ence imposed or suspended, had pronouncement of a sented on probation, for any criminal offense(s) other than
	Yes No x	2
g.	administrative, regulatory, or disciplinary action, f	r enjoined, either temporarily or permanently, in any jud rom violating any federal, state law or law of another co or banking, or from carrying out any particular practi , securities or banking?
	Yes No x	
h.	Been, within the last ten (10) years, a party to financial dispute?	any civil action involving dishonosty, breach of trust,
	Yes No x	a <u>e</u> *
i.		state or the Federal Government that you have violate ompany laws, or credit union laws, or that you have vioroller of any state or the Federal Government?
	Yes No x	
j	Had a lien or foreclosure action filed against you o	r any entity while you were associated with that entity?
	Yes No x	a a
	If the response to any question above is yes, plea Attach a copy of the complaint and filed adjudicat	se provide details including dates, locations, disposition on 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

. ZVI)) 4:11PM YAMI	PA VALLEY MED		No. 8181 P.	6
Comp	any Name : <u>COPIC I</u>	nsurance Company	NAIC No FEIN:	11860 840948519	_
olds v	vith the power to vote, o	ntrol shall be presumed to ex r holds proxies representing,	ten percent (10%) or more	of the voting securities	of any
f any	of the stock is pledged o	or hypothecated in any way, g			
r of regular	record, 10% or more of tory authority, or its affi y, or indirectly through the person specified.	your immediate family indivi- the outstanding shares of st liates? An "affiliate" of, or prone or more intermediaries, of upany or companies in which	ock of any entity subject erson "affiliated" with, a s controls, or is controlled b	to regulation by an ins pecific person, is a perso y, or is under common o	urance on that control
he ou	tstanding voting securiti	es.	the cumulative stock hold	ings represent 1070 of i	
.5			<u> </u>		
Yes	you ever been adjudged No X provide details:	a bankrupt?	See	e	
	provide details.	<u> </u>	* x * x	Ļ	
comn	our knowledge has any nittee member, key man you served in such capa	company or entity for whi agement employee or contro acity?	ch you were an officer of dling stockholder, had any	or director, trustee, invo	estment s occur
	Dam sefered a new	uit license or certificate of	authority by any regulate	ry authority or govern	mental-
a.	Been refused a perr licensing agency?	mit, license, or certificate of	authority by any regulate	ry authority, or govern	mental-
a.	Yes No	x	(<u>oper 18</u> 3)	Andre Control Office Control Andre	
a. b.	Yes No Had its permit, licento any judicial, adreceivership, consersimilar proceeding)?	x ase, or certificate of authority ministrative, regulatory, or evatorship, federal bankrupte	suspended, revoked, cance	eled, non-renewed, or su	ubjected
	Yes No Had its permit, licento any judicial, addreceivership, consersimilar proceeding)? Yes No Been placed on pro	x ase, or certificate of authority ministrative, regulatory, or evatorship, federal bankrupte	suspended, revoked, cancer disciplinary action (include y proceeding, state insolved) against it or against its p	eled, non-renewed, or su fing rehabilitation, liquency, supervision or an	ubjected udation, ny other
b.	Yes No Had its permit, licento any judicial, addreceivership, consersimilar proceeding)? Yes No Been placed on pro	x ase, or certificate of authority ministrative, regulatory, or evatorship, federal bankrupte x bation or had a fine levied il, criminal, administrative, re	suspended, revoked, cancer disciplinary action (include y proceeding, state insolved) against it or against its p	eled, non-renewed, or su fing rehabilitation, liquency, supervision or an	ubjected udation, ny other

Jun. 13. 2019 4:11PM - YAMPA VALLEY MED		No. 8181 P. 7
Applicant Company Name : COPIC Insurance Company	NAIC No FEIN;	11860 840948519
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month	ve details. When respons after his or her depart	onding to questions (b) and (c), rture from the entity.
COPIC underwent a Market Conduct Examination 1/1/08 to 1	2/31/08. The Colorado	Department of Insurance
assessed COPIC a fine of \$48,400. The fine was paid and all all compliance with Colorado Law.	eged violations were co	orrected to ensure full
Note: If an affiant has any doubt about the accuracy of an an and an explanation provided.	swer, the question sho	uld be answered in the positive
47		
Dated and signed this 12 th day of 1000 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at	. I hereby certify are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional	information regarding	international searches.
Bow (Harry (Signature of Affiant)		
g (6)		ē
State of: COLORADO County of: ROWIT	_	3
The foregoing instrument was acknowledged before me this \ day of	June , 2019	by BRIGH C HARRINGT
and:		. 0
who is personally known to me, or		
☐ who produced the following identification:		
# # # # # # # # # # # # # # # # # # #	Viron	w Klass
[SEAL]	Vimini	Notary Publica 143 5
	J Py	inted Notary Name
VIRGINIA K GLASS NOTARY PUBLIC STATE OF COLORADO NOTARY ID # 19874072474	My	26/19 Commission Expires
MY COMMISSION EXPIRES BEPTEMBER 26, 2019		8

No. 8181 P. 8

Applicant Company Name : COPIC Insurance Company

NAIC No.	11860	3000	
FEIN:	840948519	140	

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

	COPIC Insrance Company	7351 E. Lowry Blvd. Ste. 400	Denver CO, 80230	720-858-6000
	v			.6
		\$ 2	×	_
	Affiant's Full Name (Initial: IF ANSWER IS "NON	s Not Acceptable): First: <u>Brian</u> E," SO STATE.	Middle: Charles	Last: Harrington
	Have you ever used any oth	er name, including first, middle or	last name, nickname, mai	den name or aliases?
	Yes No x] ,	X4.E	Si cue
	If yes, give the reason if any	, if none indicate such, and provide	e the full name(s) and date	e(s) used.
	ing/Ending Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If non	e, indicate such)
	1	· · · · · · · · · · · · · · · · · · ·	2.	
		(4)		- 12t
		¥	162	5 .
	(C) (C)		*	j) 2 2 2
361				
				25. 25.
				
			197 (96)	

						11 P. 9
Applica	nt Company Name : <u>COPIC In</u>	surance Compa	any	NAIC No FEIN:	11860 840948519	
6.	Date of Birth: (MM/DD/YY) :		Place of Birth, City: Country:USA			
7.	Name of Affiant's Spouse (if app	licable) : Lori	Eitreim Harrington			
8.	List your residences for the last to	en (10) years star	rting with your currer	nt address, gi	ving:	
-	ng/Ending MM/YY) Address	<u>City</u>	State/ Province	<u>0</u>	Country	Postal Code
			84		***	,
		****		·v.	·	
Dated a	Dates provided in response to this understand that there could be an nd signed this 12 day of 1	overlap of dates	when transitioning fig. $10 \ \text{at}$ $38 \ \text{at}$	rom one addr	ess to another.	I hereby
Dated a certify the best	understand that there could be an and signed this 2 day of 1 under penalty of perjury that I am of my knowledge and belief. The second of the	overlap of dates Five 2 acting on my over	when transitioning find the state of the sta	rom one addr • 45 e foregoing s	ess to another.	. I hereby le and correct to
Dated a ertify the best	understand that there could be an and signed this 2 day of 1 day of 2 day o	overlap of dates Ne 2 acting on my overlap on the contacted to provide the contacted the contacted to provide the contacted the	when transitioning five the state of the sta	rom one addr	ess to another.	I hereby te and correct to earches.
Dated a ertify the best I he	understand that there could be an and signed this 2 day of 1 under penalty of perjury that I am of my knowledge and belief. The second of the	overlap of dates Ne 2 acting on my overlap on the contacted to provide the contacted the contacted to provide the contacted the	when transitioning five the state of the sta	rom one addr	ess to another.	I hereby te and correct to earches.
Dated a certify the best I he state of:	understand that there could be an and signed this 2 day of 1 day of 2 day o	overlap of dates Ne 2 acting on my overlacted to provide	when transitioning five the state of the sta	rom one addr	ess to another.	I hereby te and correct to earches.
Exercify the best I he State of:	understand that there could be an and signed this 2 day of 1 day of 2 day o	overlap of dates Ne 2 acting on my overlap on the contracted to provide the contracted	when transitioning five the state of the sta	rom one addr	ess to another.	I hereby te and correct to earches.

No. 8181 P. 10

Applicant Company Name : COPIC Insurance Company NAIC No. 11860
FEIN: 840948519

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) 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.

Brian C. Harrington			
Bring (Harrist	(Printed Full Name and	Reside	June 12th, 2019
State of: ColoR ADO	County of: Routt		(Date)
Brian C Harringto	21, and:	e this	12th day of June, 2019 by
who is personally known to me who produced the following ide			——————————————————————————————————————
[SEAL]	the state of the second	• •/•	Virginia Notary Public 6 1485
VIRGINIA K GLAS NOTARY PUBLIC STATE OF COLORAD NOTARY ID # 19874072 COMMISSION EXPIRES SEPTEM	o l		Printed Notary Name 26/19 My Commission Expires

NAIC No FEIN:	11860			
	840948519			

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

			present or proposed	entity under which this	biographical statement is being
required (Do Not Use Group Names) COPIC Insurance Company 7351 E. Lowry		Blvd. Ste. 400	Denver, CO 80230	230 1-720-858-6000	
herein	after set forth. (At				y information about myself as answer any question fully.) IF
1.	a. Are you Yes b. Are you Yes	ame (Initials Not Accept u a citizen of the United x No	States?	Middle: Kendric	k Last: Hurley
3.	Affiant's occupa	ation or profession: Pl	nysician		
4. 5.		ss address: 8101 E. Lo one: 303-344-9090 raining:		enver, CO 80230 ess Email: _durley@adva	incedortho.org
Colleg	ge/University	City/Sta	te	Dates Attended (MM	/YY) Degree Obtained
Emo	ry University	Atlanta, C	GA	8/88 -05/92	BA
Gradu	ate Studies Uni	College/University versity of New Mexico	City/State Albuquerque, NM	Dates Attended (MM 8/93 - 6/97	/YY) Degree Obtained MD
	Training: Name versity of Colorado	City/State Denver, CO	Dates Attended		Degree/Certification Obtained Internship/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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company N	ame : <u>COPIC In</u>	surance Comp	oany	NAIC No FEIN:	11860 840948519
6.	List of members	erships in professi	onal societies a	nd associations	S:	
	Name of Society/Associaty		Contact Name	2 5	Address of Society/Association	Telephone Number of Society/Association
	AAOS				Chicago, IL	
	AAHS				Chicago, IL	
7.	Present or pro	pposed position wi	th the Applican	t Company:	Director	
8.	including pre- officerships). necessary to	sent jobs, position Please list the mo provide telephon	s, partnerships, st recent first. A e numbers and	owner of an e Attach addition d supervisory	entity, administrator, maintal pages if the space pro	sated or otherwise (up to and nager, operator, directorates or ovided is insufficient. It is only ast ten (10) years. Additional al employers.
Beginni Dates (ng/Ending MM/YY):09	9/17 ₋ Present	_ Employer's	Name: Orth	opedic Centers of CO, L	LC
Address	s:8101 E. Lo	owry Blvd. Ste 230	City:De	enver	State/Provinc	e:CO
Country	:USA	Postal Code:	80230 P	hone: <u>303-344-</u>	9090 Offices/Positions	Held: Partner, CEO
Type of	Business:	Physician		Supervisor/Co	ntact:	
	ng/Ending MM/YY):09	0/0309/17	_ Employer's	Name: Adva	nced Orthopedics	
Address	s: 8108 E. Lo	wry Blvd. Ste. 230	City:	enver	State/Provinc	e:CO
Country	:USA	Postal Code:	80230 P	hone: <u>303-344</u>	-9090 Offices/Positions I	Held:Partner, CEO
Type of	Business:	Physician		Supervisor/Co	ntact:	
	ng/Ending MM/YY):08	<u>1/02</u> - <u>07/03</u>	_ Employer's	Name:Un	iversity of New Mexico l	Health Sciences Center
Address	s: 1 Univ.	of NM Bld. 177	City:	Albuqerque	State/Province	e: <u>NM</u>
Country	: USA	Postal Code:	87131 PI	none: <u>505-277-</u>	0111 Offices/Positions I	Held: Fellow
Type of	Business:	Hospital		Supervisor/Co	ntact:Moheb, Mon	eim, M.D.
Beginni Dates (ng/Ending MM/YY):0'	7/97 - 06/02	_ Employer's	Name:Univ	versity of CO Health Scie	ences Center
Address	s:13001 E.	17th Pl.	City:	Aurora	State/Province	e:CO
Country	:USA	Postal Code:	80045 PI	none: <u>303-724-</u>	5000 Offices/Positions I	Held:
Type of	Business:	Hospital		Supervisor/Co	ntact:	

Applicar	nt Comp	any Name	: COI	PIC Insur	ance Compan	<u>y</u>	NAIC N FEIN:	lo	11860 84094851	9
									01071031	
9.	a.	Have yo	u ever b	een in a po	sition which re	quired a fide	lity bond?			
		Yes _		No x						
		If any cl	aims we	ere made o	n the bond, give	e details:				
	b.	Have yo		been denie	ed an individua	d or position	schedule fideli	ty bond,	or had a b	ond canceled or
		Yes _		No x						
		If yes, g	ve deta	ils:					-	
10.	or gove in the p the lice number are rea represe	ernmental past. For ar ensing author is your Sonably idented by your	licensing ny non-in- nority or ocial Se entifiab our SSN	g agency of insurance re regulatory curity Num ile as your	or regulatory au egulatory issued body having j nber (SSN) or e SSN, then write ample, "SSN",	thority or lic r, identify an urisdiction of embeds your te SSN for the	ensing authority d provide the na- ver the license (s SSN or any sequat portion of the	that you me, addr s) issued uence of e profess	presently hess and tele If your promore than hesional licens	ed by any public hold or have held phone number of ofessional license five numbers that be number that is Attach additional
Organiz	ation/les	suer of Lic	oneo:	State of C	olorado	Address	1560 Broadwa	av Ste 13	50	
City:		suci of Lic		Province:	240				ostal Code:	80202
License		Physician		License	2222	Country:	Date Issued (MI	-	09/01	00202
		M/YY):_			Reason for Te	rmination:	Date Issued (IVI			
				Number (i						
					i kilowiij.	Address				
City:				Province:		Country			stal Code:	
License	200		-00000000000000000000000000000000000000	License		country	Date Issued (MI		What services	
Date Ex	pired (N	MM/YY):			Reason for Te	rmination:	F2-46-17C-96-19-40-17C-17C			
11.					ne record has be	en sealed or		he affiar	nt has person	nally verified that
	Been refused an occupational, professional any public administrative, or governmental				al, or vocati	onal license or p			tory authority, or	
		Yes _		No x						
	b.				ofessional, or ve			ou hold	or have held	i, been subject to

	inputty (value).	COPIC Insurance Co	ompany	NAIC No FEIN:	11860 840948519
	Yes	No x			
c.		ed on probation or had a permit in any judicial, ad			nal, professional, or vocation ction?
	Yes	No x			
d.	Been charg	ged with, or indicted for,	any criminal offense	e(s) other than civil tr	raffic offenses?
	Yes	No x			
e.	Pled guilty offenses?	y, or nolo contendere,	or been convicted	of, any criminal off	ense(s) other than civil trat
	Yes	No x			
f.		, or been pardoned, fine			ad pronouncement of a senter inal offense(s) other than c
	Yes	No x			
g.	administrative, regulating the	regulatory, or disciplina	ary action, from viola securities or banking	ting any federal, stat g, or from carrying	or permanently, in any judic e law or law of another cour out any particular practice
	Yes	No x			
h.	Been, within t financial dispu		a party to any civil	action involving di	shonesty, breach of trust, of
	Yes	No x			
i.	provisions of s		g or trust company la	ws, or credit union	ent that you have violated a laws, or that you have viola ral Government?
	Yes	No x			
j.	Had a lien or fo	oreclosure action filed ag	gainst you or any ent	ity while you were as	ssociated with that entity?
	Yes	No x			
		to any question above of the complaint and file			lates, locations, disposition, e.

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

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. If any of the stock is pledged or hypothecated in any way, give details. 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 tha directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common contro with, the person specified. Yes No X If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in any way, give details. Have you ever been adjudged a bankrupt? Yes No X If yes, provide details: To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occu while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any othe similar proceeding)? Yes No X C. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regul	nt Com	pany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
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 person is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common contro with, the person specified. Yes No	holds	with the power to vote, or holds proxies representing, ten		
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 contro with, the person specified. Yes No X If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in any way, give details. Have you ever been adjudged a bankrupt? Yes No X If yes, provide details: To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occu while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any othe similar proceeding)? Yes No X Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority regulatory, or disciplinary action?	If any	of the stock is pledged or hypothecated in any way, give	details.	
If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. If any of the shares of stock are pledged or hypothecated in any way, give details. Have you ever been adjudged a bankrupt? Yes No X If yes, provide details: To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occu while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any othe similar proceeding)? Yes No X c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?	or of regula direct	record, 10% or more of the outstanding shares of stock tory authority, or its affiliates? An "affiliate" of, or personally, or indirectly through one or more intermediaries, con-	of any entity subject on "affiliated" with, a	t to regulation by an insurance specific person, is a person that
If any of the shares of stock are pledged or hypothecated in any way, give details. Have you ever been adjudged a bankrupt? Yes No X If yes, provide details: To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occu while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjecte to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any othe similar proceeding)? Yes No X c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?	Yes [No x		
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If yes, provide details: To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No X C. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?	_			
If yes, provide details: To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No X C. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?	Have	vou ever been adjudged a bankrupt?		
To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occu while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No x b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No x 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?				
To your knowledge has any company or entity for which you were an officer or director, trustee, investmen committee member, key management employee or controlling stockholder, had any of the following events occu while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No X C. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?	3.25			
committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental licensing agency? Yes No X b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No X C. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?	If yes	, provide details:		
 Yes No x Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No x 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? 	while	ittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of auth	g stockholder, had an	y of the following events occur
to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes No S 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?				
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?	b.	to any judicial, administrative, regulatory, or disci receivership, conservatorship, federal bankruptcy pr	plinary action (inclu-	ding rehabilitation, liquidation
authority in any civil, criminal, administrative, regulatory, or disciplinary action?		Yes No x		
Yes No x	c.			
		Yes No x		

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month		
Note: If an affiant has any doubt about the accuracy of an ar and an explanation provided.	nswer, the question she	ould be answered in the positive
Dated and signed this 100 day of 100 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief. Whereby acknowledge that I may be contacted to provide additional (Signature of Affiant)		
State of: Colorado County of: Denver The foregoing instrument was acknowledged before me this 10th day of and:	June, 2010	Lby Davic Hurley.
X who is personally known to me, or		
who produced the following identification:	- (X
[SEAL] KAMEE J. WEARDEN Notary Public State of Colorado Notary ID # 20104025173 My Commission Expires 07-22-2022		Notary Public Nec Wearden Printed Notary Name 7 22 22 y Commission Expires

NAIC No.	11860	
FEIN:	840948519	+

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

_	COPIC Insrance Company	7351 E. Lowry Blvd. Ste. 400	Denver CO, 80230	720-858-6000
1.	Affiant's Full Name (Initial IF ANSWER IS "NON	s Not Acceptable): First: Davis E," SO STATE.	Middle: Kendrick	_ Last:Hurley
2.	Have you ever used any oth	er name, including first, middle or	last name, nickname, mai	den name or aliases?
	Yes No x			
	If yes, give the reason if any	y, if none indicate such, and provide	e the full name(s) and date	e(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If non-	e, indicate such)
Note:	be an overlap of dates wh	to this question may be approximate transitioning from one name to display the foreign diploma or certain transition.	o another. If applicable,	provide the foreign student
3.	Affiant's Social Security N	umber:		
4.	Government Identification	Number if not a U.S. Citizen:		
5.	Foreign Student ID# (if app	olicable):		

Applic	cant Company Na	ame : COPIC Ins	urance Comp	pany		NAIC No	11860 84094851	10
6.	Date of Birth: State/Province	(MM/DD/YY) : NM		_Place of Bir _Country:	th, City: USA			
7.	Name of Affia	ant's Spouse (if appl	icable) :					
8.	List your resid	lences for the last ter	(10) years sta	arting with yo	our curren	t address, givir	ig:	
	ning/Ending (MM/YY)	Address	City	Sta				
			210	110	vince	Col	intry	Postal Code
Note:	Dates provided understand that	in response to this of there could be an o	question may l verlap of date:	be approxima s when transi	te, exceptioning fr	t for current address	dress. Parties	using this form
Dated :	and signed this	10th Tu		2016		om one address	to another.	
certify	under penalty of	day of 3 m	cting on my o	wn behalf an	d that the	foregoing stat	ements are tr	. I hereby ue and correct to
24	or my knowledg	ge and bener.						
V 71 no	ereby acknowled	ge that I may be con	tacted to prov	ide additiona	informa	tion regarding i	nternational s	searches.
))					
		gnature of Affiant)						
State of	: Colorado	County	of: Denv	er ·				
The for and:	egoing instrumer	nt was acknowledged	l before me th	is lothday	of J	ine, 2	019 by D	avis Hurla
,	o is personally k	nown to me, or						
☐ wh	o produced the fo	ollowing identification	on:					
						0	-	
	[SEAL]	KAMEE J. WEA	RDEN			-	Notary Publi	
		Notary ID # 20104	025173			Kame	ted Notary N	rden lame
	M	y Commission Expires	307-22-2022	,	3		7/22/22 ommission E	
						, 0	Cilinission E	Aprics

NAIC No. 11860 FEIN: 840948519

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) 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.

Davis Kendrick Hurley	
(Printed Full Name and Reside	G/10/19
State of: Colorado County of: Denver	(Sille)
The foregoing instrument was acknowledged before me this Davis Hurley , and:	10th day of June, 2019 by
who is personally known to me, or	
who produced the following identification:	
[SEAL] KAMEE J. WEARDEN Notary Public State of Colorado Notary ID # 20104025173 My Commission Expires 07-22-2022	Notary Public Kamee Wearden Printed Notary Name 1/22/22
	My Commission Expires

Applica	ant Company Name : <u>CC</u>	PIC Insurance Company	_ NAIC No	11860
			FEIN:	840948519
		BIOGRAPHICA	L AFFIDAVIT	
may be		tional information during the th	nird-party verification proces	regulatory authority. The affiant s if they have attended a foreign
C 11				. 1. 1 1. 1 1
		nes)		s biographical statement is being
COPI	IC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
hereina		dendum or separate sheet if sp		ly information about myself as o answer any question fully.) IF
1.	Affiant's Full Name (In	itials Not Acceptable): First: <u>G</u>	erald Middle: Vincen	tLast:_Zarlengo
2.	a. Are you a citize	en of the United States?		
	Yes X	No		
	b. Are you a citize	en of any other country?		
	Yes	No X		
	If yes, what co	untry?		
3.	Affiant's occupation or	profession: CEO/Chairman	of the Board	
4.	Affiant's business addre	ess: 7351 E. Lowry Blvd., Sui	te 400, Denver, CO 80230	
	Business telephone: 720)-858-6000 B	Susiness Email: gzarlengo	@copic.com

5. Education and training:

College/University	<u>C</u>	City/State	Dates Attended (MM/YY)	Degree Obtained
Colorado State University		t Collins, CO	09/74 - 05/78	BS
Graduate Studies	College/Univer	rsity <u>City/State</u>	Dates Attended (MM/YY)	Degree Obtained
Medical School	University of	f Colorado Denver, (CO 08/78 - 05/82	M.D.
				_

Other Training: NameCity/StateDates Attended (MM/YY)Degree/Certification ObtainedResidencyDenver, CO06/82 - 06/86Board Certified OB/GYN

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Appli	cant Company Name : <u>COPIC</u>	C Insurance Company	NAIC No.	
			FEIN:8	340948519
6.	List of memberships in prof	Sessional societies and associ	ations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	ACOG			
	Colorado Medical Society			
	Denver Medical Society			
7.	Present or proposed position	n with the Applicant Compar	ny:CEO/Chairman of the Boa	rd
8.	including present jobs, posi- officerships). Please list the necessary to provide telep	tions, partnerships, owner of most recent first. Attach ad shone numbers and supervi	(20) years, whether compensated f an entity, administrator, manage ditional pages if the space provide isory information for the past te fication process for international en	r, operator, directorates or d is insufficient. It is only en (10) years. Additional
	nning/Ending (MM/YY): 01/19 - Pres	ent_ Employer's Name:	Copic Insurance Company	
Addre	ess: _ 7351 E. Lowry Blvd. Ste.	400 _ City: _ Denver	State/Province:	CO
Count	try: USA Postal Co	ode: 80230 Phone: 720	0-858-6000 Offices/Positions Held	:C.E.O
Type	of Business: Medical Malpra	ctice Insurance Superviso	or/Contact:	
Regin	nning/Ending		Midtown Obstetrics & Gynocolog	
Addre	ess: 4600 Hale Parkway, Ste	100 City: Denver	State/Province:	СО
Count	try: <u>USA</u> Postal Co	ode: 80220 Phone: 303	3-321-2166 Offices/Positions Held:	Physician
Type	of Business: Medical Prac	tice Supervison	or/Contact: Self	
	nning/Ending (MM/YY):	Employer's Name: _		
Addre	ess:	City:	State/Province:	
Count	try: Postal Co	ode:Phone:	Offices/Positions Held:	
Type	of Business:	Supervise	or/Contact:	
	nning/Ending (MM/YY):	Employer's Name: _		
Addre	ess:	City:	State/Province:	
Count	try: Postal Co	ode: Phone:	Offices/Positions Held:	
Type	of Rusiness:	Supervice	or/Contact:	

Appli	cant Com	oany Name : <u>COPIC I</u>	nsurance Company		11860 840948519
9.	a.	Have you ever been in	a position which required	a fidelity bond?	
		Yes No	X		
		If any claims were ma	de on the bond, give detail	ls:	
	b.	Have you ever been or revoked?	denied an individual or p	osition schedule fidelity bo	ond, or had a bond canceled or
		Yes No	X		
		If yes, give details:			
	in the the lic number are rea	past. For any non-insurar ensing authority or regular is your Social Security sonably identifiable as yented by your SSN. (For f the space provided is in	nce regulatory issuer, identatory body having jurisdic Number (SSN) or embeds your SSN, then write SSN r example, "SSN", "12-SS nsufficient.	ify and provide the name, a tion over the license (s) issist your SSN or any sequence for that portion of the pro SN-345" or "1234-SSN" (likely statements).	you presently hold or have held ddress and telephone number of ued. If your professional license of more than five numbers that fessional license number that is ast 6 digits)). Attach additional
Organ	nization/Is	suer of License: State of	of Colorado Ad	dress: 1560 Broadway	
City: _	Denver	State/Province	ce: CO Co	untry: <u>USA</u>	Postal Code: <u>80202-5146</u>
Licen	se Type:_	Medical Lico	ense #:CO 25550	Date Issued (MM/YY	7):05/19
Date I	Expired (I	/M/YY):04/21	Reason for Terminat	ion:	
Non-I	nsurance	Regulatory Phone Numb	er (if known):		
Organ	nization/Is	suer of License. Drug Enf	orcement Administration Ad	dress:	
City: <u>'</u>	Washing	ton State/Province	ce: <u>DC</u> Co	untry: <u>USA</u>	Postal Code: 20537
Licen	se Type:_	DEA Lice	nse #: AZ2140692	Date Issued (MM/YY	7):05/18
Date I	Expired (I	/M/YY):05/21	Reason for Terminat	ion:	
Non-I	nsurance	Regulatory Phone Numb	er (if known):		
11.				led or expunged, and the aff d "no" to the question. Have	fiant has personally verified that e you ever:
	a.		pational, professional, or vive, or governmental licen		by any regulatory authority, or
		Yes No X			
	b.		, professional, or vocation ative, regulatory, or discip		ld or have held, been subject to

	ompany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
			310710017
	Yes No X		
c.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regul		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offer	nse(s) other than civil to	raffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	l of, any criminal off	ense(s) other than civil tra
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence im suspended, or been pardoned, fined, or placed on p traffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoin administrative, regulatory, or disciplinary action, from vioregulating the business of insurance, securities or bank practices in the course of the business of insurance, securi	olating any federal, stat ing, or from carrying	e law or law of another cou
	Yes No X		
	Been, within the last ten (10) years, a party to any civ financial dispute?	vil action involving di	shonesty, breach of trust, of
h.			
n.	Yes No X		
n. i.	Yes No X Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller or	laws, or credit union	laws, or that you have viola
	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company	laws, or credit union	laws, or that you have viola
	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller or	laws, or credit union f any state or the Feder	laws, or that you have violaral Government?
i.	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of Yes No	laws, or credit union f any state or the Feder	laws, or that you have violated Government?

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

Applicar	nt Compa	any Name : <u>COPIC Insurance Company</u>	NAIC No FEIN:	11860 840948519
	holds w	eld by the person. Control shall be presumed to exist if ith the power to vote, or holds proxies representing, ten person.	ercent (10%) or more	
		None		
	If any o	f the stock is pledged or hypothecated in any way, give de	etails	
	or of re regulato directly,	Il] you or members of your immediate family individually cord, 10% or more of the outstanding shares of stock or authority, or its affiliates? An "affiliate" of, or person or indirectly through one or more intermediaries, control e person specified.	of any entity subject "affiliated" with, a s	to regulation by an insurance specific person, is a person that
	Yes	No X		
		please identify the company or companies in which the cutanding voting securities.	umulative stock hold	lings represent 10% or more of
	If any o	f the shares of stock are pledged or hypothecated in any w	ay, give details.	
14.	Have yo	ou ever been adjudged a bankrupt?		
	Yes	No X		
	If yes, p	rovide details:		
	committ	r knowledge has any company or entity for which you see member, key management employee or controlling so bu served in such capacity?		
	a.	Been refused a permit, license, or certificate of author licensing agency?	rity by any regulato	ry authority, or governmental-
		Yes No X		
	b.	Had its permit, license, or certificate of authority suspento any judicial, administrative, regulatory, or discipling receivership, conservatorship, federal bankruptcy processimilar proceeding)?	nary action (includ	ing rehabilitation, liquidation,
		Yes No X		
	c.	Been placed on probation or had a fine levied against authority in any civil, criminal, administrative, regulatory		
		Yes X No		

	pany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
	inswer to any of the above is yes, please indicate an should also include any events within twelve (12) m		
by the (Colorado Division of Insurance of \$48,000 for a	lleged violations raised i	n Market Conduct Examination
Report c	conducted from the time period 01/01/08 to 12/ I to ensure full compliance with Colorado law.	31/08. The fine was paid	and all alleged violations were
Note:	If an affiant has any doubt about the accuracy of a and an explanation provided.	an answer, the question sho	uld be answered in the positive
ed and signe	d this 13th day of Tree 20 19	at Denver . (a	. I hereby certify
ny knowledg	d this 13th day of Jone 20 19 f perjury that I am acting on my own behalf and that the and belief.		
ny knowledg	ge and belief.		
I hereby ack	te and belief. knowledge that I may be contacted to provide addition	onal information regarding	international searches.

[SEAL]

who is personally known to me, or

who produced the following identification:

LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021 Notary Public

C Luceless

Printed Notary Name

114 222

My Commission Expires

Applicant Company Name:	COPIC Insurance Company	NAIC No	11860
	•	FEIN:	840948519

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

COP	IC Insurance Compar	ny	
7351 F	E. Lowry Blvd., Suite 4	00	
Denve	er, CO 80230	720-858-6000	
1.		nitials Not Acceptable): First: <u>Gerald</u> NONE," SO STATE.	_ Middle: <u>Vincent</u> Last: <u>Zarlengo</u>
2.	Have you ever used ar	y other name, including first, middle or	last name, nickname, maiden name or aliases?
	Yes X No		
	If yes, give the reason	if any, if none indicate such, and provid	le the full name(s) and date(s) used.
Begins Date(s	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
1956	6 - Present	Gerry - First	Nickname
1956	6 - Present	Z-last	Nickname
			
Note:	be an overlap of date	es when transitioning from one name of and/or attach foreign diploma or ce	ate. Parties using this form understand that there could to another. If applicable, provide the foreign studen ertificate of attendance to the Biographical Affidavi
3.	Affiant's Social Secur	ity Number:	
4.	Government Identifica	ation Number if not a U.S. Citizen:	
5.	Foreign Student ID# (i	if applicable) :	

Applic	cant Company N	ame: COPIC In	surance Compa	ny	NAIC No FEIN:	11860 84094851	9
6.	Date of Birth: State/Province	(MM/DD/YY) :		lace of Birth, City: Country: USA	Denver		
7.	Name of Affi	ant's Spouse (if app	olicable) : Ker	ry Zarlengo			
8.	List your resid	dences for the last t	en (10) years start	ing with your curre	nt address, givi	ng:	
	ning/Ending (MM/YY)	Address	City	State/ Province	Co	untry	Postal Code
the be	understand the and signed this under penalty of st of my knowled hereby acknowled	at there could be an 15 day of of perjury that I am dge and belief.	, 2 , acting on my ow	e approximate, excep when transitioning for 0 19 at the control of the control of the control of	from one address	es to another,	. I hereby
State of	of: Colorad	o Coun	ity of: Denve				
The fo	oregoing instrum	ent was acknowled	ged before me this	13 day of J	ne,	20_19_ by £	heald isday
× w	ho is personally	known to me, or					
□ w	ho produced the	following identific	ation:				
	[SEAL]	LAURA NOT STATE NOTAR	A G WADLEIGH FARY PUBLIC OF COLORADO Y ID 20134001320 EXPIRES JANUARY	14, 2021		Notary Pub Carinted Notary Null 202 Commission	Name

NAIC No. _ FEIN:

11860 840948519

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

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phonel.

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

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) 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.

NGO	
(Printed Full Name and Residence	Address)
ature)	(Date)
County of: Dever	
MD, and:	3 day of June . 2019 by
owing identification:	- H
LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021	Notary Public Notary Public Printed Notary Name
	county of:

Appl	licant Company Name: COF	IC Insurance Compa	nny	NAIC No FEIN: _	11860 840948519
		BIOGRAPI	HICAL AFFIDA	AVIT	
may		onal information during tionally.			regulatory authority. The affiant s if they have attended a foreign
	name, address and telephone ired (Do Not Use Group Name		or proposed entity	under which this	biographical statement is being
	OPIC Insurance Company	7351 E. Lowry Blvd. St	e. 400 Denv	er, CO 80230	1-720-858-6000
2.	a. Are you a citizer	of the United States?			
	Yes X	No			
	b. Are you a citizer	of any other country?			
	Yes	No X			
	If yes, what cour				
3.	Affiant's occupation or pr	ofession: Chief Ope	erating Officer		
4.	Affiant's business address	7351 E. Lowry Blvd	l., Suite 400, Der	iver, CO 80230	
	Business telephone: _720	-858-6138	Business Em	ail: gjenkins@co	pic.com
5.	Education and training:				
Colle	ege/University	City/State	Date	es Attended (MM	/YY) Degree Obtained

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

CVPH Medical Center Plattsburgh, NY 09/72 - 06/75 RN

City/State

Denver, CO

Joliet, IL

College/University

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

09/82 - 07/85

09/93 - 06/99

Dates Attended (MM/YY)

BS

Degree Obtained

MBA

College of St. Francis

Graduate Studies

Regis University

Applicant Company	Name: COPIC Inst	urance Company	NAIC No.	11860
			FEIN:	840948519
6. List of mem	berships in profession	nal societies and assoc	iations:	
Name Society/Ass	77	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Medical Pr	ofessional Liability A	ssociation	2275 Research Blvd, Suite Rockville, MD 20850	301-974-9000
-			000000000000000000000000000000000000000	
7. Present or p	roposed position with	the Applicant Compa	ny: Chief Operating Officer	
including pr officerships necessary to	resent jobs, positions,). Please list the most o provide telephone	partnerships, owner of recent first. Attach ad numbers and superv	(20) years, whether compens of an entity, administrator, man iditional pages if the space pro- isory information for the pas- fication process for international	ager, operator, directorates or vided is insufficient. It is only it ten (10) years. Additional
Dates (MM/YY); 0	1/90 - Present	Employer's Name: _	COPIC Insurance Company	7
Address: 7351 E. L	owry Blvd., Suite 40	00 City: Denver	State/Province	:CO
Country: USA Type of Business: _	Postal Code: Medical Profesiona Liability Insurance	d	0-858-613&Offices/Positions For/Contact: Steve Rubin, Presi	
Beginning/Ending Dates (MM/YY):		Employer's Name: _		
Address:		City:	State/Province	t
Country;	Postal Code:	Phone:	Offices/Positions H	eld:
Type of Business: _		Supervis	or/Contact:	
Beginning/Ending				
DUGITHING CHAINS				
		Employer's Name: _		
Dates (MM/YY):	(*)	A COLUMN TO STATE OF THE	State/Province:	
Dates (MM/YY): Address:		City:		
Dates (MM/YY): Address: Country:	7 2	City:Phone:	State/Province:	eld:
Dates (MM/YY): Address: Country: Type of Business: Beginning/Ending	Postal Code:	City: Phone: Supervis	State/Province: Offices/Positions H	eld:
Dates (MM/YY): Address: Country: Type of Business: Beginning/Ending Dates (MM/YY):	Postal Code:	City: Phone: Supervise Employer's Name:	State/Province: Offices/Positions H	eld:
Dates (MM/YY): Address: Country: Type of Business: Beginning/Ending	Postal Code:	City: Phone: Supervis Employer's Name: City:	State/Province: Offices/Positions H or/Contact:	eld:

Applic	ant Comp	oany Name : COPIC Insu	rance Company	-	NAIC No. FEIN:	11860 8409485	
9.	a.	Have you ever been in a p	osition which requ	ired a fide	elity bond?		
		Yes No X	7		any sensy		
		If any claims were made of	on the bond, give d	etails:			
	b.	Have you ever been deni revoked?	ed an individual (or position	n schedule fidelity b	oond, or had a	bond canceled or
		Yes No X					
		If yes, give details:					
	in the p the lice number are reas represe	ernmental licensing agency of ast. For any non-insurance of ast. For any non-insurance of a sing authority or regulatory is your Social Security Nu sonably identifiable as your nted by your SSN. (For exf the space provided is insuf	regulatory issuer, in y body having juri mber (SSN) or em SSN, then write stample, "SSN", "1	dentify an sdiction o beds your SSN for the	d provide the name, wer the license (s) is: SSN or any sequence hat portion of the pro-	address and tele sued. If your pr e of more than ofessional licen	ephone number of ofessional license five numbers that se number that is
Organi	zation/Iss	uer of License: State of C	olorado	Address:	1560 Broadway, S	uite 1350	
City: _	Denver	State/Province:	СО	Country:	USA	Postal Code:	80202
License	Type: N	Tursing License	#: 55782		Date Issued (MM/Y	Y): 01/76	
Date E	xpired (M	IM/YY): 09/04	Reason for Term	ination: _	Did not revew lice	ense	
Non-In	surance F	Regulatory Phone Number (i	if known):				
Organi	zation/Iss	uer of License:		Address:			
City:_		State/Province:		Country:		Postal Code:	
License	Type:_	License	#:		Date Issued (MM/Y	Y):	
Date E	kpired (M	IM/YY):	Reason for Term	ination: _			
Non-In	surance R	Regulatory Phone Number (i	f known):				
11.		onding to the following, if the ord was sealed or expunged,					nally verified that
	a.	Been refused an occupation any public administrative,				t by any regula	atory authority, or
		Yes No X					
	b.	Had any occupational, pro any judicial, administrative				old or have hel	d, been subject to

	Company Name: COPIC Insurance Company	NAIC No FEIN:	11860 840948519
		TENT.	040940317
	Yes No X		
C,	Been placed on probation or had a fine levied agains license or permit in any judicial, administrative, regu		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offe	ense(s) other than civil tr	affic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicte offenses?	d of, any criminal offe	ense(s) other than civil
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence in suspended, or been pardoned, fined, or placed on paraffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoi administrative, regulatory, or disciplinary action, from vi regulating the business of insurance, securities or band practices in the course of the business of insurance, secur	olating any federal, state king, or from carrying	a law or law of another co
	Yes No X		
h.	Been, within the last ten (10) years, a party to any ci financial dispute?	vil action involving dis	shonesty, breach of trust
	Yes No X		
i.	Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller	laws, or credit union l	aws, or that you have vi
	Yes No X		
	Had a lien or foreclosure action filed against you or any e	ntity while you were ass	sociated with that entity?
j.	V N. V		
j.	Yes No X		
j.	If the response to any question above is yes, please prov Attach a copy of the complaint and filed adjudication or s		

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

FEIN:	11860 840948519
if any person, direct percent (10%) or mo	ly or indirectly, owns, controls, re of the voting securities of any
details,	
of any entity subject in "affiliated" with, a	ubscribe to or own, beneficially to regulation by an insurance specific person, is a person that by, or is under common control
cumulative stock hol	dings represent 10% or more of
way, give details.	
	or director, trustee, investment y of the following events occur
stockholder, had an	
stockholder, had an	y of the following events occur
ority by any regulate ended, revoked, cancolinary action (inclu-	y of the following events occur
ority by any regulate ended, revoked, cancolinary action (inclu-	y of the following events occur ory authority, or governmental- eled, non-renewed, or subjected ding rehabilitation, liquidation,
ority by any regulate ended, revoked, cancellinary action (inclu-	ory authority, or governmental- eled, non-renewed, or subjected ding rehabilitation, liquidation, rency, supervision or any other
	details

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate a affiant should also include any events within twelve (12) if	and give details. When response	onding to questions (b) and (c),
Fnes assessed by the CO Dept. of Insurance of \$48,00		**************************************
for the period of 01/01/2008 to 12/31/2008. The fine was violations addressed to ensure full compliance with C	issued on 07/02/2010, the Colorado law.	e fine was paid and alleged
Note: If an affiant has any doubt about the accuracy of and an explanation provided.	an answer, the question sho	uld be answered in the positive
Dated and signed this day of	ional information regarding	
State of: Colored County of: Decree The foregoing instrument was acknowledged before me this dand:		by <u>feraltine lands</u> —Jaking
who is personally known to me, or		
who produced the following identification:	0.	
[SEAL]	Jer Levre	Notary Public budleish
LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 ATY COMMISSION EXPIRES JANUARY 14, 2021		inted Notary Name

		Sala del 200 de como de Care e accesar.	
Applicant Company	Name:	COPIC Insurance Company	

NAIC No.	11860	
FEIN:	840948519	

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

73	51 E. Lowry Blvd., S	uite 400	
De	enver, CO 80230	720-858-6000	
t.		Initials Not Acceptable): First: <u>Geraldir</u> "NONE," SO STATE.	ne Middle: Ann Last: Lewis-Jenkins
2,	Have you ever used a	ny other name, including first, middle o	r last name, nickname, maiden name or aliases?
	Yes X No [
	If yes, give the reason	if any, if none indicate such, and provide	de the full name(s) and date(s) used.
	nning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)
04/07	/1954 to 07/18/1975	Geraldine Ann Lewis	Changed name to married name
-			-
			-
Note:	be an overlap of date	es when transitioning from one name r and/or attach foreign diploma or ce	ate. Parties using this form understand that there could to another. If applicable, provide the foreign student ertificate of attendance to the Biographical Affidavir
3.	Affiant's Social Secur	ity Number:	
i.	Government Identifica	ation Number if not a U.S. Citizen:	
5,	Foreign Student ID# (fannlicable):	

Applic	ant Company Na	ame : COPIC Insu	irance Com	pany	NAIC No FEIN:	11860 84094851	9
6.	Date of Birth: State/Province	(MM/DD/YY) : ::NY		Place of Birth, City: Country; USA	Utica		
7.	Name of Affia	ant's Spouse (if appli	cable) : Ro	bert Maxwell Jenkin	s		
8.	List your resid	lences for the last ten	(10) years s	tarting with your curre	nt address, giv	ing:	
	ning/Ending (MM/YY)	Address	City	State/ Province	C	ountry	Postal Code
_							
Note:	understand tha	t there could be an o	verlap of dat	be approximate, exce es when transitioning	from one addre	ess to another.	
certify the bes	under penalty of t of my knowled	f perjury that I am a ge and belief.	cting on my	, 20 19 at own behalf and that the	ne foregoing st	tatements are t	
	General (Si	gnature of Affiant)	ou-)	Mein			
		County	-				
The for and:	regoing instrume	nt was acknowledge	d before me	this 6 day of 50	ne .	, 20 19 by C	ice this Laws Southing
	no is personally k	nown to me, or					
□ wh	no produced the f	following identificati	on:				
	[SEAL]	LAURA G WA NOTARY PI STATE OF CO NOTARY ID 201 Y COMMISSION EXPIRES	DLEIGH UBLIC LORADO 34001320	2021		Notary Pub Ludicis Printed Notary 1 19 2021 y Commission	Name

NAIC No.	11860	
FEIN:	840948519	

(All states except California, Minnesota and Oklahoma)
This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Copic Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) 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.
Geralline A. Lewis - Jenkins (Printed Full Name and Residence Address) Level Level Jewis - Jenkins (Printed Full Name and Residence Address)
(Signature) (Date)
State of: County of: Derver
The foregoing instrument was acknowledged before me this the day of June 2019 by Berkhele Lewis-Janks, and:
who is personally known to me, or
who produced the following identification:
ISEAL] LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021 Notary Public Printed Notary Name 1 14 2021 My Commission Expires Revised 03/26/18

App	licant Company N	lame: Little		NAICN		11860
				FEIN:	6	4 1948519
		BIO	GRAPHICAL	AFFIDAVIT		
may	be required to pr	d by law, this affidavit will ovide additional information orked internationally.				
SCHO	Of Or HVCO and WC	nked neer astronamy.	(Print or T	/pe)		
Full	name, address an	d telephone number of the	present or propos	ed entity under which	this biograph	nical statement is bein
	ired (Do Not Use					
_		COPIC				
herei	nafter set forth. (he above-named entity, I Attach addendum or separ R "NONE," SO STATE.				
١.	Affiant's Full	Name (Initials Not Accept	able): First: Har	old Middle: Re	illyLast:	Roth
2.	a. Are	you a citizen of the United S	States?			
	Yes	X No				
	b. Are	you a citizen of any other co	ountry?			
	Yes	No X				
20	7,51616	s, what country?	200			
3.		pation or profession: CPC		. v 1201 212 121 01	0.0000000000000000000000000000000000000	
4.	Affiant's busin	ness address: Colorado F		lub, 2001 Blake St, De		
	Business telep	hone: 303 - 312 - 2350	Busin	ess Email: HALROT	H@Rockies.co	om
5.	Education and	training:				
Colle	ge/University	City/State		Dates Attended (N	(M/YY)	Degree Obtained
Albi	on College	Albion, CC)	1968 - 197	2	BA
Gradu	ate Studies	College/University	City/State	Dates Attended (M	MYY)	Degree Obtained
Law/I	Business	University of Denver	Denyer, CO	1972 - 197	5	MBA & JD
Other	Training: Name	City/State	Detes Attende	(MM/YY)	Degree/C	ertification Obtained
Law/B	usiness New York U	Iniveristy New York, NY	1978 -	979		LL.M (Taxation)
Note:	applicable, pro	ded a foreign school, pleas ovide the foreign student he Biographical Affidavit P	Identification N	imber and/or attach	umber of the foreign diplo	college/university. If ma or certificate of

Applic	ant Company l	Name: CONC			NAIC No.	11860
					FEIN:	84 - 0948919
6.	List of mem	berships in profess	ional socie	ties and associ	ations:	
	Name of Society/Asso		Contact	Name	Address of Society/Association	Telephone Number of Society/Association
7.	Present or pr	oposed position w	ith the App	licant Compan	y: Director	
8.	including pre officerships). necessary to	sent jobs, position Please list the mo provide telephon	ns, partners est recent fi ne numbers	hips, owner of rst. Attach add and supervis	(20) years, whether compensates an entity, administrator, manage litional pages if the space provide cory information for the past to cation process for international en	r, operator, directorates or d is insufficient. It is only en (10) years. Additional
	ng/Ending MM/YY): 09/	99 - Present	Employe	er's Name:(Colorado Rockies Baseball Club, I	TD
Address	2001 Blake	St.	City:	Denver	State/Province:	co
Country	USA	Postal Code:	80205	Phone: 303 -	312 - 2350 Offices/Positions Held	: CFO & GC
Type of	Business:	Professional Sport	5	Supervisor	/Contact: Dick Monfort - CEO	
	ng/Ending MM/YY): 03	- 93 - 09 - 99	Employe	r's Name: _N\	W Transport Service, INC	
Address:	5601 Holl	y St.	City:_	Denver	State/Province:	co
Country:	USA	Postal Code:		Phone:	Offices/Positions Held:	СРО
Type of	Business:	rucking		Supervisor	/Contact: Jerry McMorris (d	eceased)
Beginnin Dates (M	g/Ending IM/YY):	_	Employe	's Nurse:		
Address:		The state of the s	_CHys _		State/Province:	
Country:		Postal Code:_		Phone:	Offices/Positions Held:	
Type of I	Business:			Supervisor	Contact:	
	g/Ending IM/YY):		Employer	's Name:		
Address:			_C;y: _		State/Province:	
Country:		Postal Code:		Phone:	Offices/Positions Held:	
vne of P	Lucinose.			Supervisor/	Contact	

App	licant Con	pany Nar	ne : COMO			NAIC1 FEIN:		860 918519
9.	a.	Have y	ou ever been in a	position which	h required a fide	lity bond?		
		Yes [X No					
		If any	claims were made	on the bond, g	give details:			
	b.	Have y	ou ever been der d?	nied an indivi	dual or position	schedule fideli	ty bond, or had a	bond canceled of
		Yes	No X					
		It yes,	givo details:					
	the lice number are rea represe	ensing aut r is your s sonably ic ented by y	hority or regulator Social Security Nu dentifiable as you	ry body having imber (SSN) or SSN, then w cample, "SSN"	g jurisdiction over or embeds your ! rite SSN for the	or the license (s SSN or any sequent at portion of the	ne, address and tele) issued. If your pr ence of more than e professional licen I'' (last 6 digits)).	ofessional license five numbers that se number that is
			cense: Supreme (o Address:	1300 Brondy	зу	
12/12/2	Denver		State/Province:	and the second	Country:	USA	Postal Code:_	80203
			y License			Date Issued (MM	/YY); 10/75	
Date E	Expired (M	IM/YY):		Reason for T	ermination:	-		
Non-F	nsurance R	tegulatory	Phone Number (i	f known): Regulatory Age	ncies			
Organ	ization/Iss	uer of Lic	ense: Board of Acc	countancy	Address: _	1560 Broadway	Suite 1350	
City:	Denver		State/Province:_	CO	Country:	USA	Postal Code: _	80202
Licens	е Туре:	CPA (Ina	ctive) License	#: 4221	D	ate Issued (MM/	YY): 12/75	
Date E	xpired(M	M/YY):		Reason for T	ennination:			
11.	In respo	nding to t		e record has b	een sealed or ex	punged, and the	affiant has persons	
	2.	Been refi	used an occupation ic administrative, o	nal, profession or government	nal, or vocationa al licensing age	al license or pen	mit by any regulate	ory authority, or
		Yes	No X]				
	b.	Had any	occupational, prot	regulatory of	ocational license	e or permit you	hold or have held,	been subject to

	Company Name:	COPIC	NAIC No.	11860
			FEIN:	86 0948510.
	Yes	No X		
C.	Been placed of license or per	on probation or had a fine mit in any judicial, admir	e levied against you or your occupational nistrative, regulatory, or disciplinary acti	, professional, or voca on?
	Yes	No X		
d.	Been charged	with, or indicted for, any	y criminal offense(s) other than civil traff	ic offenses?
	Yes	No X		
e.	Pled guilty, offenses?	or noto contendere, or l	been convicted of, any criminal offens	e(s) other than civil
	Yes	No X		
f.	Had adjudicat suspended, or traffic offense	been pardoned, fined, o	I a sentence imposed or suspended, had p or placed on probation, for any criminal	ronouncement of a ser offense(s) other than
	Yes	No X		
g.	administrative, reg regulating the bus	ulatory, or disciplinary as iness of insurance, secu	order, or enjoined, either temporarily or p ction, from violating any federal, state la crities or banking, or from carrying out turance, securities or banking?	w or law of another or
	Yes	No X		
h.	Been, within the I financial dispute?	ast ten (10) years, a par	rty to any civil action involving dishor	nesty, breach of trust,
	Yes	No X		
	Had a finding mad	le by the Comptroller of	f any state or the Federal Government t	
L	provisions of small	l loan laws, banking or to	rust company laws, or credit union laws Comptroller of any state or the Federal G	or that you have vio
L	provisions of small	l loan laws, banking or to	rust company laws, or credit union laws	or that you have vio
j.	provisions of small any rule or regulation Yes	l loan laws, banking or to on lawfully made by the (rust company laws, or credit union laws	, or that you have vio overnment?
j.	provisions of small any rule or regulation Yes	l loan laws, banking or to on lawfully made by the (rust company laws, or credit union laws Comptroller of any state or the Federal G	, or that you have vio overnment?

^{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

pplicant C	Company Name : COPIC	NAIC No	11860 84 -097851v
hol	fice held by the person. Control shall be presumed to lds with the power to vote, or holds proxies representing person.	exist if any person, directly	or indirectly, owns, contro
Ifa	ny of the stock is pledged or hypothecated in any way,	give details	
or o	[Will] you or members of your immediate family indi of record, 10% or more of the outstanding shares of ulatory authority, or its affiliates? An "affiliate" of, or ectly, or indirectly through one or more intermediaries h, the person specified.	stock of any entity subject to person "affiliated" with, a spe	regulation by an insurance offic person, is a person th
Yes	s No X		
If yo	es, please identify the company or companies in which outstanding voting securities.	the cumulative stock holding	gs represent 10% or more of
If ar	ny of the shares of stock are pledged or hypothecated in	any way, give details.	
Hav	e you ever been adjudged a bankrupt?		
Yes	No X		
If ye	es, provide details:		
com	your knowledge has any company or entity for whi mittee member, key management employee or contro e you served in such capacity? Been refused a permit, license, or certificate of licensing agency?	lling stockholder, had any of	the following events occu
	Yes No X		
b.	Had its permit, license, or certificate of authority s to any judicial, administrative, regulatory, or d receivership, conservatorship, federal bankruptcy similar proceeding)?	sciplinary action (including	rehabilitation, liquidation
	Yes X No		
c.	Been placed on probation or had a fine levied a authority in any civil, criminal, administrative, regu	gainst it or against its permi latory, or disciplinary action?	t, license, or certificate of
	Yes No X		

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate and g affiant should also include any events within twelve (12) month	give details. When resp	onding to questions (b) and (c),
NW Transport Service, Inc., filed Chapter 11 bankrupto		
Note: If an affiant has any doubt about the accuracy of an a and an explanation provided.	nswer, the question sho	ould be answered in the positive
Dated and signed this 4th day of June 20 19 under penalty of perjury that I am acting on my own behalf and that the	at Acuses Come foregoing statements	I hereby certify are true and correct to the best
of my knowledge and belief.		
I hereby acknowledge that I may be contacted to provide additional	l information regarding	international searches.
(Signature of Affant)		
State of: Colored County of: Dansey		Howald Rill,
The foregoing instrument was acknowledged before me this day of	£0 - 2010:	War R
and:	Aurol 10 ta	, by
who is personally known to me, or		
who produced the following identification:		
P		N. 1
JSEALL	Low	Notary Public
TAMMY VERGARA	Tan	200 J. 1. 1 Parc
NOTARY PUBLIC STATE OF COLORADO	Pr	inted Notary Name
NOTARY ID 19944017640 MY COMMISSION EXPIRES OCTOBER 27, 2022	-10/My	Commission Expires

Applicant Company Name	COPIC	NAIC No. FEIN:	11860 84 - 0948519
	BIOGRAPHICAL AFFII Supplemental Personal Info		
	(Print or Type)		
	w, this affidavit will be kept confidential by additional information during the third-party sternationally.		
Full name, address, and telep required (Do Not Use Group	hone number of the present or proposed enti Names).	ty under which this bi	ographical statement is being
	(Initials Not Acceptable): First: Harold N	fiddle: Reilly	Last: Roth
	"NONE," SO STATE.		
2. Have you ever used	any other name, including first, middle or last	name, nickname, mai	den name or aliases?
Yes X No			
If yes, give the reaso	n if any, if none indicate such, and provide th	e full name(s) and date	e(s) used.
Beginning/Ending Date(s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If non	e, indicate such)
03/50	Hai Roth	Nicknam	e since born

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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

3.	diant's Social Security Number:	
4.	overnment Identification Number if not a U.S. Citizen:	

Foreign Student iUs (if applicable):

5.

Applicant Company	Name : COPIC In:	surance Compan	у	NAIC No FEIN: _	11860 840948519	
6. Date of Bit State/Provi	th: (MM/DD/YY) : Ince: Michigan	PI Co	ace of Birth, City:	Saginaw		
7. Name of A	ffiant's Spouse (if app	licable) : Connic	e Anne Roth			
8. List your re	esidences for the last to	en (10) years startii	ng with your currer	t address, givi	ing:	
Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	<u>Co</u>	ountry	Postal Code
I hereby acknow	viedge that I may be co	ntacted to provide	additional informa		international se	arches.
State of: Column	-00,40	y of: Dak	40			of Colone
	ment was acknowledg	ed before me this	day of	mar.	20 10 by	- Star
and: X who is nessans!	y known to me, or					
who produced the	ne following identification	tion:				
		_		400	_	long
STATE NOTAR	MY VERGARA TARY PUBLIC OF COLORADO Y ID 19944017640 EXPIRES OCTOBER 27, 20	022	(10/2	Notary Public inted Notary Na Commission Ex	3 (1)

NAIC No. 11860 FEIN: 840948519

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) 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.

Harold Reilly Roth,	Ingermonal Co colors
(Signature)	Residence Address) 6/4/19 (Date)
State of: Colored County of: Dance	LA .
The foregoing instrument was acknowledged before me works Railly Rooth, and: X who is personally known to me, or	e this the day of grand, 20 19 by
who produced the following identification:	
[SEAL] TAMMY VERGARA NOTARY PUBLIC STATE OF COLORADO NOTARY ID 19944017640 MY COMMISSION EXPIRES OCTOBER 27, 2022	Notary Public Printed Notary Name My Commission Expires

Revised 03/26/18 FORM 11

Appli	cant Company Name : <u>CC</u>	PIC Insurance Company	NAIC No. ₋ FEIN: ₋	11860 840948519
		BIOGRAPHICAL	AFFIDAVIT	
may l		this affidavit will be kept confider tional information during the third nationally. (Print or T	d-party verification proces	
		·	•	
		e number of the present or proposes)		
•	PIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
hereir	nafter set forth. (Attach ad WER IS "NO" OR "NONE.	named entity, I herewith make dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Ha	e hereon is insufficient to	answer any question fully.) IF
hereir ANS	nafter set forth. (Attach ad WER IS "NO" OR "NONE. Affiant's Full Name (In	dendum or separate sheet if space," SO STATE.	e hereon is insufficient to	answer any question fully.) IF
hereir ANSV 1.	nafter set forth. (Attach ad WER IS "NO" OR "NONE. Affiant's Full Name (In	dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Ha	e hereon is insufficient to	answer any question fully.) IF
hereir ANSV 1.	nafter set forth. (Attach ad WER IS "NO" OR "NONE. Affiant's Full Name (In a. Are you a citiz. Yes X	dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Have not the United States?	e hereon is insufficient to	answer any question fully.) IF
hereir ANSV 1.	nafter set forth. (Attach ad WER IS "NO" OR "NONE. Affiant's Full Name (In a. Are you a citiz. Yes X	dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Have nof the United States?	e hereon is insufficient to	answer any question fully.) IF
hereir ANSV 1.	Affiant's Full Name (In a. Are you a citized b. Are you a citized b. Are you a citized b.	dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Have not the United States? No en of any other country? No	e hereon is insufficient to	answer any question fully.) IF
hereir ANSV 1.	Affiant's Full Name (In a. Are you a citized by Are you a citized Yes Yes If yes, what contains a set of the following the contains a set of the following t	dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Have not the United States? No en of any other country? No	e hereon is insufficient to	answer any question fully.) IF
herein ANSV 1. 2.	Affiant's Full Name (In a. Are you a citized by Are you a citized Yes Yes If yes, what contains a set of the following the contains a set of the following t	dendum or separate sheet if space," SO STATE. itials Not Acceptable): First: Have not the United States? No en of any other country? No untry? profession: Physician	e hereon is insufficient to	answer any question fully.) IF Last: Frankel

5. Education and training:

College/University	City/State	<u>e</u>	Dates Attended (MM/YY)	Degree Obtained
U.C. San Diego	La Jolla		1978-1982	BA
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Nebraska	College of Medicine	Omaha, NE	1982-1986	M.D.
				_

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
Creighton University Medical Center	Omaha, NE	1986-1987	Internship
UT Southwestern	Dallas, TX	1987-1990	Residency (Neurology)

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applic	ant Company Name : COPIC Ins	urance Company	NAIC No	11860 840948519
6.	List of memberships in professio	nal societies and a	ssociations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	Metro Omaha Medical Societ	y Carol Wang	7906 Davenport St. Omaha, N	E 68114 (402) 393-1415
	Nebraska Medical Association	Amy Reynolds	on 233 S. 13th St. #1200 Lincols	n, NE (402) 474-4472
	American Medical Association American Academy of Neurology	N/A N/A	330 N. Wabash Ave. Ste 39300 Chica 201 Chicago Ave, Minneapolis, Minn	
7.	Present or proposed position with		5 75 75	
8,	including present jobs, positions officerships). Please list the most necessary to provide telephone	partnerships, own recent first. Attac numbers and su	enty (20) years, whether compenser of an entity, administrator, man hadditional pages if the space propervisory information for the payerification process for internations	nager, operator, directorates or wided is insufficient. It is only st ten (10) years. Additional
Beginn Dates (ing/Ending (MM/YY): 08/90 - 03/2011	Employer's Name	e: Goldner Cooper Cotton Sundell Fra	nnkel Franco Diesing- Neurologists
Addres	s: 8901 W. Dodge Ste 210	_ City: _ Omah	a State/Province	e: Nebraska
Country	y; USA Postal Code;	68114 Phone	:(402)354-2000 Offices/Positions	Held: Partner
Type of	f Business: Physician Office/Pr	ractice Supe	rvisor/Contact: Office Mgr: Ka	ren Breen
Beginn Dates (ing/Ending (MM/YY): 04/11 - Present	Employer's Name	UNMC Physicians/Nebraska	Medicine
Addres	s; 987400 Nebraska Medical Cente	r City: Omah	State/Province	e: Nebraska
Country	y: USA Postal Code:	68198 Phone	(402)559-2290 Offices/Positions F	leld: Physician CMO
Type of	Business: Health System	Supe	ervisor/Contact: Cory Shaw/Jin	n Linder
	ing/Ending MM/YY):_04/11 - Present	Employer's Name	e; UNMC	
Address	s: 42nd Emile St.	City: Omah	a State/Province	; Nebraska
Country	y: USA Postal Code:	68198 Phone:	(402)559-4000 Offices/Positions F	Ield: Assoc. Professor
Type of	Business: Academic Medical C	Center Supe	ervisor/Contact: Matt Rizzo M.	D
	ing/Ending MM/YY):	Employer's Name	a:	
Address	s:	City;	State/Province	5
Country	Postal Code:	Phone:	Offices/Positions F	feld:
Type of	Rusiness.	Suna	rvisor/Contact:	

Appl	icant Con	npany Name: COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
9.	à.	Have you ever been in a position which required a f	idelity bond?	
		Yes No X		
		If any claims were made on the bond, give details:	-	
	ь.	Have you ever been denied an individual or posit revoked?	ion schedule fidelity be	ond, or had a bond canceled or
		Yes No X		
		If yes, give details:		
	in the the lic number are re- repres	vernmental licensing agency or regulatory authority or past. For any non-insurance regulatory issuer, identify tensing authority or regulatory body having jurisdiction or is your Social Security Number (SSN) or embeds your assonably identifiable as your SSN, then write SSN for sented by your SSN. (For example, "SSN", "12-SSN-if the space provided is insufficient.	and provide the name, a n over the license (s) iss our SSN or any sequence to that portion of the pro	ddress and telephone number of ued. If your professional license e of more than five numbers that fessional license number that is
Organ	ization/Is	ssuer of License: Nebraska DHHS Addre	ss: 301 Centennial N	fall
City:	Lincoln	1 State/Province: Nebraska Count	ry; USA	Postal Code: 68508
Licen	se Type:_	Medical License #: 18137	Date Issued (MM/YY	/): 01/90
Date I	Expired (1	MM/YY): N/A Reason for Termination:		
Non-I	nsurance	Regulatory Phone Number (if known);		
Organ	ization/Is	ssuer of License: U.S. DOJ-DEA Addre	ss:	
City:		ogton State/Province: Dist. of Columbia Count	ry: USA	Postal Code: 20537
Licens		Controlled/Regulated Substance License #: BF2216946	Date Issued (MM/YY	r): Current 8.17.2016
Date I	Expired (1	MM/YY): Reason for Termination:		
Non-I	nsurance	Regulatory Phone Number (if known):		
11.		ponding to the following, if the record has been sealed cord was sealed or expunged, an affiant may respond "		
	a,	Been refused an occupational, professional, or voca any public administrative, or governmental licensing	ational license or permit	
		Yes No X		
	b.	Had any occupational, professional, or vocational lany judicial, administrative, regulatory, or disciplina		ld or have held, been subject to

ant C	Company Name : COPIC Insurance Company	NAIC No. 11860 FEIN: 840948519
	Yes No X	
c.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regul	
	Yes No X	
d.	Been charged with, or indicted for, any criminal offer	nse(s) other than civil traffic offenses?
	Yes No X	
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal offense(s) other than civil
	Yes No X	
ť,	Had adjudication of guilt withheld, had a sentence im suspended, or been pardoned, fined, or placed on p traffic offenses?	
	Yes No X	
g.	Been subject to a cease and desist letter or order, or enjoir administrative, regulatory, or disciplinary action, from vio regulating the business of insurance, securities or bank practices in the course of the business of insurance, securit	plating any federal, state law or law of another c ring, or from carrying out any particular pract
	Yes No X	
h.	Been, within the last ten (10) years, a party to any civ financial dispute?	vil action involving dishonesty, breach of trust
	Yes No X	
j.	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	laws, or credit union laws, or that you have vi
	Yes No X	
j.	Had a lien or foreclosure action filed against you or any er	ntity while you were associated with that entity?
	Yes No X	
	If the response to any question above is yes, please provi Attach a copy of the complaint and filed adjudication or se	
	Attach a copy of the complaint and filed adjudication or se	ettlement as appropriate.

				isurance (NAIC No. FEIN:	84	11860 10948519	
hold		e power				o exist if any ping, ten percent				
~		N/A	1.	_						
If an	ny of the	stock is p	ledged or	hypotheca	ited in any wa	y, give details.	N/A			
or or regularized	of record latory at ctly, or i	10% or thority, o	more of or its affili through o	the outstan ates? An "	ding shares of affiliate" of, of	dividually or confistock of any or person "affilies, controls, or	entity subjection in the entity subjection in the entity subject to the entity subject tof the entity subject to the entity subject to the entity subject	ect to re a specifi	gulation by ic person, is	an insura
Yes		No [X							
			the comp securities		npanies in wh	ich the cumula	tive stock ho	oldings r	represent 10	% or mor
-		4.77	7 A . 17 h	7 7 7 7	3.7 557 75	. 70 - 1 - 5	ماليندارين			
If an	y of the	shares of	stock are	pledged or	hypothecated	in any way, gi	ve details.			
				pledged or bankrupt?	hypothecated	in any way, gi	ve details.			
	e you ev				hypothecated	in any way, gi	ve details.			
Have	e you ev	r been ac	ljudged a		hypothecated	in any way, gi	ve details.			
Have Yes If yes	e you eve es, provid your kno mittee m e you ser	No [wledge hember, k	ljudged a X nas any c ey manag ch capacit a permit	bankrupt? ompany or ement empty?	r entity for w	which you were	e an officer older, had an	ny of the	e following	events o
Have Yes If yes	e you eve es, provid your kno mittee m e you ser	No No le details: wledge hember, kend in su	ljudged a X nas any c ey manag ch capacit a permit	ompany or ement empty?	r entity for w	which you were	e an officer older, had an	ny of the	e following	events o
Have Yes If yes	your knownittee me you ser licer Yes Had to a rece	No E e details: wledge h ewber, k ved in su n refused sing ager	as any cey manageh capacita a permitancy? No t, license, al, admin conservat	ompany or ement empty? A license, of the constraints, and the constraints, and the constraints.	r entity for woloyee or confor certificate of authorizegulatory, or	which you were	e an officer older, had an any regula	tory aut	e following hority, or g on-renewed	overnment, or subjet, liquidat
Have Yes If yes To y comm while a.	your knownittee me you ser licer Yes Had to a rece	No N	as any cey manageh capacita a permitancy? No t, license, al, admin conservat	ompany or ement empty? A license, of the constraints, and the constraints, and the constraints.	r entity for woloyee or confor certificate of authorizegulatory, or	which you were trolling stockhood of authority by ty suspended, re- disciplinary	e an officer older, had an any regula	tory aut	e following hority, or g on-renewed	overnment, or subjet, liquidate
Have Yes If yes To y comm while a.	e you ever es, provid your kno mittee m e you ser licer Yes Had to a rece simi	No N	ljudged a X nas any cey manageh capacit a permit, ney? No [t, license, al, admin conservateding)? No [on probated of the probate of the probated of the	ompany or ement empty? A license, of X or certificentistrative, it or ship, feed X tion or had	r entity for wolloyee or confidence of authorizing latery, or deral bankrup	which you were trolling stockhood of authority by ty suspended, re- disciplinary	e an officer older, had an any regular revoked, can action (inclu- ty, state insol	celed, nuding revency, s	e following hority, or g on-renewed chabilitation supervision	overnment, or subjet, liquidate or any o

Applicant Company Name : COPIC Insurance Company	NAIC No	11860 840948519
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month		
Note: I was one of the original board members of Co-oportunit company was taken over by the Iowa State Insurance Commiss liquidated in 02/2015.		
Note: If an affiant has any doubt about the accuracy of an an and an explanation provided.	swer, the question sho	ould be answered in the positive
Dated and signed this 12 day of 10 day of 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief. I hereby acknowledge that I may be contacted to provide additional (Signature of Affiant)	foregoing statements	are true and correct to the best
State of: NEBLASKA County of: DDV6L+5		

Pripted Notary Name
(V(V) 5, 2020

My Commission Expires

The foregoing instrument was acknowledged before me this 12th day of

GENERAL NOTARY - State of Nebraska

LISA R. TIMMINS My Comm, Exp. March 5, 2020

who is personally known to me, or

[SEAL]

who produced the following identification:

and:

Applicant Company Name :	COPIC Insurance Company	NAIC No.	11860	
		FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

CO	PIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
I _Z	Affiant's Full Name (Initi	als Not Acceptable): First: Harris	Middle: Alan	Last, Frankel
	IF ANSWER IS "NO	NE," SO STATE.		
2,	Have you ever used any o	ther name, including first, middle of	r last name, nickname, n	naiden name or aliases?
	Yes No X			
	If yes, give the reason if a	ny, if none indicate such, and provide	de the full name(s) and d	ate(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If n	one, indicate such)
_			-	
Note:	be an overlap of dates w	e to this question may be approxim hen transitioning from one name d/or attach foreign diploma or co ormation.	to another. If applicabl	e, provide the foreign studen
3.	Affiant's Social Security N	Number:		
4.	Government Identification	Number if not a U.S. Citizen;		
5.	Foreign Student ID# (if ap	plicable)		

Applic	ant Company Na	me : COPIC Ins	urance Compa	iny	NAIC No. FEIN:	11860 8409485	10
6.	Date of Birth: State/Province	(MM/DD/YY) : _		Place of Birth, City: Country: <u>USA</u>	7,757.730	0402403	
7.	Name of Affia	nt's Spouse (if appl	icable) :Janic	e Rae (Peterson) Fra	nkel		
8.	List your resid	ences for the last te	n (10) years star	ting with your currer	nt address, gi	ving:	
	ning/Ending (MM/YY)	Address	City	State/ Province	2	Country	Postal Code
Note:				e approximate, excep			
the bes	under penalty of st of my knowled hereby acknowled (Si	ge and belief. ge that I may be co	ntacted to provi	on 19 at resteres we behalf and that the de additional information	e foregoing s	statements are	true and correct to
and:	regoing instrume		ed before me thi	s 12th day of July	ne	, 20 <u>M</u> by	Harvis Frankel
□ wl	ho produced the f	GENERAL NOTARY - S LISA R. My Comm. Exp	State of Nebraska		210	Netary Put Netary Put Printed Notary 2 2020 Ty Commission	

NAIC No. 11860 FEIN: 840948519

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) months following the date of my signature below.

Harris Alan Frankel	
france of my (Printed Full Name and)	Residence Address)
(Signature)	(Date)
State of: NEBASKA County of: DOVGLAS	
The foregoing instrument was acknowledged before me	this 12th day of June 20 19 by
who is personally known to me, or	
☐ who produced the following identification:	Lusi R. Timming
[SEAL] GENERAL NOTARY - State of Nebraska LISA R. TIMMINS My Comm. Exp. March 5, 2020	USA Riotary Public
my outmit. Exp. imprort of 2020	03 15 12020
	My Commission Expires

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

	name, address an			resent or propose	d entity under which th	is biographic	al statement is being
	PIC Insurance C		7351 E. Lowry I	Blvd. Ste. 400	Denver, CO 80230	1-720-85	8-6000
herein	nafter set forth. WER IS "NO" C	(Attach ade R "NONE,	dendum or separa "SO STATE.	ate sheet if space	epresentations and sup hereon is insufficient		
1.	a. Are Yes b. Are Yes	you a citize	en of the United S No en of any other co No untry?	itates?	ryn Middle: Ann	Last:	Paul
3,	Affiant's occ	upation or	profession;	Retired			
4.	Affiant's bus Business tele		N/A	N/A Busin	ess Email: N/A		
5. Colle	Education an	d training:	City/State		Dates Attended (MI	M/YY)	Degree Obtained
Univ	ersity of Californ	nía SB	Santa Barba	ra, CA	6/65 - 6/68		BA
Gradi	rate Studies		e/University ty of California	City/State Berkeley, CA	<u>Dates Attended (MI</u> 9/73 - 6/75	M/YY)	Degree Obtained MPH
Other Advan Harva	Training: Name word Managemen rd	t Program	ity/State Boston, MA	Dates Attende			ertification 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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	ant Company !	Name: COPIC In	isurance C	ompany		NAIC No FEIN: _	11860 840948519	K.
6.	List of mem	berships in professi	ional societi	es and associa	itions:			
	Name of Society/Asso		Contact N	lame		ress of Association		ne Number /Association
	National As	sociation of Corpo	rate Directo	rs 2001 Pen	insylvania Av	e NW Washing	ton, DC 20006	202-775-050
7.	Present or pr	roposed position wi	th the Appl	icant Compan	y: Director			
	-							
8.	including proofficerships) necessary to	te employment rec esent jobs, position . Please list the mo o provide telephor may be required du	s, partnersh est recent fir ne numbers	ips, owner of st. Attach add and supervis	an entity, ad litional pages sory informa	ministrator, ma if the space pr tion for the p	nager, operator, ovided is insuffi ast ten (10) ye	directorates of cient. It is only
	ing/Ending MM/YY):0	8/01 - 02/17	Employe	r's Name:	Delta Dental	of Colorado		
Address	s: 4582 S. U	lster St.	City:	Denver		State/Province	ce: CO	
Country	USA	Postal Code:	80237	Phone: 720	-489-4745 O	ffices/Positions	Held: Presid	ent & CEO
Type of	Business:	Dental Insurance		Superviso	or/Contact:	Kim Fazek	as	
	ing/Ending MM/YY):/	//82 _ 12/99	_ Employe	r's Name:	Kaiser Fou	ndation Health	Plan	
Address	c: Ordway B	Building	City:_	Kaiser		State/Province	ce; CA	
Country	USA	Postal Code:		Phone:	Of	fices/Positions	Held: Regional	President
Type of	Business: _	Health Insurance		Superviso	r/Contact;	N/A		
Beginni Dates (1	ing/Ending MM/YY):		_ Employe	r's Name;				
Address	s:		City:			_State/Provinc	e:	
Country	r;	Postal Code:		Phone:	Of	fices/Positions	Held:	
Type of	Business: _			Superviso	r/Contact:			
	ng/Ending MM/YY):		_ Employe	r's Name:				
Address	s:		City:			_State/Provinc	e:	
Country	·:	Postal Code:		Phone:	Of	fices/Positions	Held:	
Type of	Business:			Superviso	r/Contact:			

Applic	ant Com	pany Name: COPIC Insurance Con	npany	NAIC No.	
				FEIN:	840948519
9.	a.	Have you ever been in a position wh	ch required a fidelity	bond?	
		Yes No x			
		If any claims were made on the bond	, give details;		
	b.	Have you ever been denied an indirevoked?	vidual or position so	chedule fidelity bor	nd, or had a bond canceled or
		Yes No x			
		If yes, give details:			
	in the the lic number are rea represe	past. For any non-insurance regulatory in the past. For any non-insurance regulatory is ensing authority or regulatory body have it is your Social Security Number (SSN asonably identifiable as your SSN, then ented by your SSN. (For example, "SS if the space provided is insufficient.	ssuer, identify and p ing jurisdiction over) or embeds your SS write SSN for that	rovide the name, ad the license (s) issu N or any sequence portion of the profi or "1234-SSN" (la	dress and telephone number of ed. If your professional license of more than five numbers that essional license number that is
Organia	zation/ls	ssuer of License:	Address:		
		State/Province:			
License	Type:_	License #:	Da	te Issued (MM/YY)	:
Date Ex	xpired (N	MM/YY); Reason for	or Termination:		
Non-In	surance	Regulatory Phone Number (if known)			
Organiz	zation/Is	suer of License:	Address:		
City:		State/Province:	Country:		Postal Code:
License	Type:_	License #:	Da	te Issued (MM/YY)	¢
Date Ex	cpired (N	MM/YY): Reason for	or Termination:		
Non-In:	surance	Regulatory Phone Number (if known):			
11.		oonding to the following, if the record he cord was sealed or expunged, an affiant			
	a.	Been refused an occupational, profes any public administrative, or government			by any regulatory authority, or
		Yes No x			
	b.	Had any occupational, professional, any judicial, administrative, regulator			d or have held, been subject to

		ce Company	NAIC No FEIN:	11860 840948519
			FEIN.	640946519
es	No x			
			t you or your occupation latory, or disciplinary a	nal, professional, or vocation?
es	No x			
een charged	with, or indicted	for, any criminal offe	ense(s) other than civil tr	affic offenses?
es []	No x			
led guilty, offenses?	or nolo contende	ere, or been convicte	ed of, any criminal offe	ense(s) other than civil tra
es [No x			
	been pardoned,			d pronouncement of a sente inal offense(s) other than
es	No x			
istrative, reg ting the bus	ulatory, or discip	plinary action, from v	iolating any federal, stat- king, or from carrying	or permanently, in any judi e law or law of another cou out any particular practic
es 🔃	No x			
within the ial dispute?	last ten (10) yea	ars, a party to any c	ivil action involving dis	shonesty, breach of trust,
es	No x			
ions of smal	I loan laws, ban	king or trust company		ent that you have violated laws, or that you have viol al Government?
es 🔝	No x			
lien or forec	losure action file	ed against you or any o	entity while you were as	sociated with that entity?
es 🔃	No x			
lie	sponse to	n or foreclosure action file No x sponse to any question above	n or foreclosure action filed against you or any on the second of the se	en or foreclosure action filed against you or any entity while you were as:

Applicant Co	mpany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
		PEIN:	840948519
holds	e held by the person. Control shall be presumed to exis s with the power to vote, or holds proxies representing, ter r person.		
	None		
Ifan	y of the stock is pledged or hypothecated in any way, give	e details.	
or of regul direc with,	Will] you or members of your immediate family individual frecord, 10% or more of the outstanding shares of stocklatory authority, or its affiliates? An "affiliate" of, or persently, or indirectly through one or more intermediaries, continuous the person specified.	k of any entity subject son "affiliated" with, a	to regulation by an insurance specific person, is a person that
Yes	No x		
	s, please identify the company or companies in which the outstanding voting securities.	e cumulative stock hold	lings represent 10% or more of
Ifan	y of the shares of stock are pledged or hypothecated in an	y way, give details.	
	and the second of the fair and the second of the second		
14. Have	e you ever been adjudged a bankrupt?		
Yes	No x		
If ve	s, provide details:		
0.97	-1 (1-2 11-11-11-11-11-11-11-11-11-11-11-11-11-		
com	your knowledge has any company or entity for which mittee member, key management employee or controlling you served in such capacity?		
a.	Been refused a permit, license, or certificate of aut licensing agency?	thority by any regulato	ry authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy pr similar proceeding)?	iplinary action (includ	ing rehabilitation, liquidation,
	Yes No x		
c.	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula		
	Yes x No		

Applicant Comp	oany Name:	COPIC Insurance Company	NAIC No FEIN:	11860 840948519		
				- Y2		
affiant A mar The fir	should also i ket conduct ex ne assessed wa	of the above is yes, please indicate and gi nelude any events within twelve (12) month amination for the period 1/1/08-12/31/08 was co \$48,000 for alleged violations raised in the exam	ns after his or her depart anducted by the Colorado	rture from the entity Dept of Insurance,		
alleged vilations were corrected to ensure full compliance. Colorado Dental Service had a Department of Insurance Market Conduct exam with a small fine of \$4,000.						
Colora	do Dental Serv	ice had a Department of Insurance Market Con-	duct exam with a small hi	ie of \$4,000,		
Note:		it has any doubt about the accuracy of an ar lanation provided.	swer, the question sho	uld be answered in the positive		
of my knowledg	ge and belief.	at I may be contacted to provide additional				
		County of: Decide Section of this 2 day of	June , 20/19	by Rotherm Paul.		
who is pers	onally know	to me, or				
☐ who produc	ed the follow	ving identification:	0	Le v		
[SEAL]			Notary Public Notary Public Inted Notary Name		
	0	NADLEIG NOTARY PUBLIC STATE OF COLORAD NOTARY ID SOLSONS WINNESSINNOS YN		Commission Expires		

NAIC No.	11860	
FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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). COPIC Insrance Company 7351 E. Lowry Blvd. Ste. 400 Denver CO, 80230 720-858-6000 Affiant's Full Name (Initials Not Acceptable): First: Kathryn Middle: Ann Last: Paul 1. IF ANSWER IS "NONE," SO STATE. 2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? Yes x No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Reason (If none, indicate such) Name(s) Date(s) Used (MM/YY) Specify: First, Middle or Last Name Kathryn Ann Reagan Maiden Name Birth to 6/67 Dates provided in response to this question may be approximate. Parties using this form understand that there could Note: be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information. 3. Affiant's Social Security Number: 4. Government Identification Number if not a U.S. Citizen: 5. Foreign Student ID# (if applicable):

Appli	cant Company Na	ame : COPIC Ins	urance Compar	ıy	NAIC No. FEIN:	11860 840948519)
6.	Date of Birth: State/Province	(MM/DD/YY) : :: PA		lace of Birth, City: ountry: USA	Sayre		
7.	Name of Affia	int's Spouse (if appl	icable) : Micha	el John Passmore			
8.	List your resid	ences for the last ter	n (10) years start	ing with your curre	nt address, gi	ving:	
	ning/Ending (MM/YY)	Address	City	State/ Province	<u>(</u>	Country	Postal Code
_							
certify	understand tha	d in response to this at there could be an of the day of f perjury that learn a ge and belief	overlap of dates v	when transitioning t	from one addi	ress to another.	I hereby
	/	dge that I may be co	ntacted to provid	e additional inform	ation regardin	ng international s	searches,
_	Lisi	gnature of Affiant)		_			
State o		County	of Dave				
	V	nt was acknowledge			ine	, 2014 by <u>V</u>	oftenPal.
× w	ho is personally k	nown to me, or					
□w	ho produced the f	following identificat	ion:				
	[SEAL]	STATE O	G WADLEIGH RY PUBLIC OF COLORADO ID 20134001320 XPIRES JANUARY 1	4, 2021		Notary Public Land Notary Nota	Name

NAIC No. 11860 FEIN: 840948519

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) months following the date of my signature below.

Kathryn A. Paul	
(Printed Full Name and Residence A	June 11, 2019 (Date)
State of: Stards County of: Down	
The foregoing instrument was acknowledged before me this 12.4	day of June, 2019 by
who is personally known to me, or	
☐ who produced the following identification:	
	South hoder
[SEAL] LAURA G WADLEIGH	Notary Public
NOTARY PUBLIC STATE OF COLORADO	Printed Notary Name
NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021	My Commission Expires

Applicant Company Name :	COPIC Insurance Company	NAIC No.	11860	
		FFIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

_	PIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
herei		named entity, I herewith make dendum or separate sheet if spa ," SO STATE.		
L.	Affiant's Full Name (In	itials Not Acceptable): First: Ma	Middle: Anthony	_Last: Fogg
2.	a. Are you a citize	en of the United States?		
	Yes X	No.		
	b. Are you a citize	en of any other country?		
	Yes	No X		
	If yes, what con			
3.	Affiant's occupation or		ry & General Counsel	
		p. 0.1.0.0.0		
4.		ss: 7351 E. Lowry Blvd., Suite		
	Business telephone:7	20-858-6054 Bus	siness Email: _mfogg@copic.	com
~	Education and training:			
5.	ge/University	City/State	Dates Attended (MM/Y)	Y) Degree Obtained
5. Colle		E. Lansing, MI	09/72 - 06/76	BA
Colle	chigan State Univerity			Y) Degree Obtained
Colle		ge/University City/State	Dates Attended (MM/Y)	Degree Obtained
Colle Mic Grad		ge/University City/State Detroit, MI	Dates Attended (MM/Y) 08/76 - 05/77	Transferred
Mic Grad Way	uate Studies Colleg			

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	ant Company Name : COP	IC Insurance Compar	ny	NAIC No FEIN:	1186 840948		
6.	List of memberships in pr	ofessional societies and	associations:				
	Name of Society/Association	Contact Name		ress of Association		phone Nur	
	Colorado Association	Patrick Flaherty	1900 Grant Street	, Denver, CO	80203	303-860-	1115
	Denver Association	Patrick Flaherty	1900 Grand Stree	et, Denver, CC	80203	303-860-	1115
	American College of T	rial Lawyers	19900 MacArthu	Blgd., #5530,	Irvine CA	92612	949-752-1801
7.	Present or proposed positi	on with the Applicant C	ompany: General	Counsel			
8.	List complete employment including present jobs, po officerships). Please list the necessary to provide tele information may be require	sitions, partnerships, over ne most recent first. Atta ephone numbers and s	wner of an entity, ad ach additional pages supervisory informat	ministrator, ma if the space pro ion for the pa	nager, oper ovided is in ast ten (10)	ator, direct sufficient.) years. A	torates or It is only
Beginni Dates (ing/Ending MM/YY):	esent Employer's Na	me: COPIC Insur	rance Compar	ny		
	351 E. Lowry Blvd., S			_ State/Province			
Country	USA Postal C	Code: 80230 Phor	ne: 720-858-6054Of	fices/Positions	Held: Secr	etary & G	eneral Counse
Type of	Business: Insurance		pervisor/Contact: S				
	ing/Ending MM/YY): <u>03/85</u> - <u>08</u>	/11 Employer's Na	me: _Kennedy, Ch	ilds & Fogg, P	C		
Address	s: 933 17th Street, Suite 2	200 City:Denv	rer	_ State/Province	e: CO		
Country	USA Postal C	Code: 80202 Phor	ne:303-825-2700of	fices/Positions	Held: Atto	rney/Sha	reholder
Type of	Business: Law Firm	Su	pervisor/Contact: Pr	reviously, Kim	Childs, P	resent, 97	0-874-1600
	ing/Ending MM/YY):	Employer's Nar	me:				
Address	5	City:		_State/Province	e:		
Country	:Postal C	Code: Phon	e:Of	fices/Positions	Held:		
Гуре of	Business:	Su	pervisor/Contact:				
	ng/Ending MM/YY):	Employer's Nar	me:				
Address		City:		_State/Province	e:		
Country	:Postal C	Code: Phon	e:Of	fices/Positions	Held:		
Type of	Business:	Suj	pervisor/Contact:				

Appli	cant Con	npany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
9.	a.	Have you ever been in a position which required a fic	delity bond?	
		Yes No X		
		If any claims were made on the bond, give details:		
	b.	Have you ever been denied an individual or position revoked?	on schedule fidelity bor	nd, or had a bond canceled or
		Yes No X		
		If yes, give details:		
10.	or gov in the the lic number are re- repres	ny professional, occupational and vocational licenses (in vernmental licensing agency or regulatory authority or lipast. For any non-insurance regulatory issuer, identify a tensing authority or regulatory body having jurisdiction er is your Social Security Number (SSN) or embeds your asonably identifiable as your SSN, then write SSN for sented by your SSN. (For example, "SSN", "12-SSN-3 if the space provided is insufficient.	icensing authority that y nd provide the name, ad over the license (s) issu ir SSN or any sequence that portion of the profit 45" or "1234-SSN" (la	ou presently hold or have held dress and telephone number of ed. If your professional license of more than five numbers that essional license number that is st 6 digits)). Attach additional
Organ	ization/Is	ssuer of License: Colorado Supreme Court Address	3: 1300 Broadway, Su	ite 510
		State/Province: CO Country		
		Attorney License #: 9723		
		MM/YY): Reason for Termination:		
Non-I	nsurance	Regulatory Phone Number (if known):		
Organ	ization/Is	ssuer of License: Address		
City:_		State/Province: Country	/:1	Postal Code:
Licens	е Туре:_	License #:	Date Issued (MM/YY)	:
Date E	expired (MM/YY): Reason for Termination:		
Non-I	nsurance	Regulatory Phone Number (if known):		
11.		ponding to the following, if the record has been sealed or cord was sealed or expunged, an affiant may respond "no		
	a.	Been refused an occupational, professional, or vocati any public administrative, or governmental licensing		by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or vocational lic any judicial, administrative, regulatory, or disciplinary		d or have held, been subject to

ant Co	ompany Name : COPIC Insurance Company	NAIC No.	11860
		FEIN:	840948519
	Yes No X		
c.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regula		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offen	se(s) other than civil tr	affic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal offe	ense(s) other than civil traffi
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence impassion suspended, or been pardoned, fined, or placed on patraffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoin administrative, regulatory, or disciplinary action, from vio regulating the business of insurance, securities or banki practices in the course of the business of insurance, securit	lating any federal, state ing, or from carrying	e law or law of another countr
	Yes No X		
h.	Been, within the last ten (10) years, a party to any civil financial dispute?	il action involving dis	shonesty, breach of trust, or
	Yes No X		
i.	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	laws, or credit union l	laws, or that you have violate
	Yes No X		
j.	Had a lien or foreclosure action filed against you or any en	tity while you were as	sociated with that entity?
	Yes No X		
		de details including da	

Appli	cant Com	pany Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519			
	holds	held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person.	percent (10%) or mor				
		None					
	If any	of the stock is pledged or hypothecated in any way, give	details				
13.	or of regula direct	Vill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock tory authority, or its affiliates? An "affiliate" of, or persoly, or indirectly through one or more intermediaries, continue person specified.	of any entity subject on "affiliated" with, a	t to regulation by an insurance specific person, is a person that			
	Yes [No X					
		please identify the company or companies in which the tstanding voting securities.	cumulative stock hold	dings represent 10% or more of			
		of the shares of stock are pledged or hypothecated in any	way, give details.				
14.	Have	Have you ever been adjudged a bankrupt?					
	Yes	No X					
	If yes,	provide details:					
15.	comm	ur knowledge has any company or entity for which y ittee member, key management employee or controlling you served in such capacity?	stockholder, had any				
	a.	Been refused a permit, license, or certificate of autholicensing agency?	ority by any regulato	ry authority, or governmental-			
		Yes No X					
	b.	Had its permit, license, or certificate of authority suspet to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro similar proceeding)?	olinary action (includ	ling rehabilitation, liquidation,			
		Yes No X					
	c.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate					
		Yes No X					

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate and affiant should also include any events within twelve (12) mon		
Note: If an affiant has any doubt about the accuracy of an a and an explanation provided.	answer, the question sho	uld be answered in the positive
Dated and signed this 24 day of JUNE 20 19 under penalty of perjury that I am acting on my own behalf and that to of my knowledge and belief.	at Denver, Ce	. I hereby certify are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional formation of Affiant)	al information regarding	international searches.
State of: Colored County of: Denver The foregoing instrument was acknowledged before me this That day of	of June . 20_19	by Merk A. Fogg.
and: who is personally known to me, or		
☐ who produced the following identification:	0	10
[SEAL] LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021	1/1	Notary Public C wad leigh inted Notary Name 4/2021 Commission Expires

Applicant Company Name:	COPIC Insurance Company	NAIC No.	11860	
	-	FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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). COPIC Insurance Company 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230 720-858-6000 Affiant's Full Name (Initials Not Acceptable): First: Mark Middle: Anthony Last: Fogg IF ANSWER IS "NONE," SO STATE. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? 2. No X If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Name(s) Reason (If none, indicate such) Date(s) Used (MM/YY) Specify: First, Middle or Last Name 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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information. 3. Affiant's Social Security Number: Government Identification Number if not a U.S. Citizen: 4.

5.

Foreign Student ID# (if applicable):

Applicant Company Name : COPIC Insurance Company		NAIC No FEIN:	11860 840948519		
		1 07 100 0	Detroit	040940319	
6.	Date of Birth: (MM/DD/YY): _ State/Province: MI	Place of Birth, City: Country: USA	Betrok		
7.	Name of Affiant's Spouse (if applicable) :	Patricia Fogg			
8.	List your residences for the last ten (10) years	s starting with your currer	nt address, giv	ing:	
	ning/Ending	State/			577440.77 5
Dates	(MM/YY) Address City	Province	<u>C</u>	ountry	Postal Code
_					
-					
the bes	and signed this day of J-AE under penalty of perjury that I am acting on most of my knowledge and belief. Thereby acknowledge that I may be contacted to perform the contacted the contacted to perform the contacted the cont	orovide additional information	ation regarding	g international so	e and correct to
State o	f: Colorad County of: Dec	ue-			
	regoing instrument was acknowledged before m	c this day of	re	, 20 <u>19</u> by P	lock A fight.
and:	Section 10 distributes as and an				
	no is personally known to me, or				
□ wl	no produced the following identification:				
			9	- It has	4
	[SEAL] LAURA G WAD NOTARY PUI STATE OF COLU NOTARY ID 2013	BLIC	1/14	Notary Public Notary Public Printed Notary N 202 y Commission E	ame

NAIC No. 11860 FEIN: 840948519

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 Copic Insurance Company [company name]("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential. You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [company's designated person, position, or department, address and phonel. 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) six (6) months following the date of my signature below.

A true copy of this Di	sciosure and Authorization shall be valid and have the	same force and effect as the signed original.
MARK ATTHO	MY FOLL	
110n	(Printed Full Name and Residence) Signature)	Address) J-15 7, 2019 (Date)
State of: Colored	County of:	
The foregoing instruction of the foregoing in		day of 20≥1 by
☐ who produced the	following identification:	2 Le Warter
[SEAL]	LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021	Printed Notary Name 1 14 2 52 My Commission Expires

pplicant Company Name	: COPIC Insurance Company	NAIC No.	11860	
		FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full requi	name, address and telephor ired (Do Not Use Group Na	e number of the present or pro	posed entity under which th	is biographical statement is bein
	PIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
_				
herei	onnection with the above- nafter set forth. (Attach ad WER IS "NO" OR "NONE	dendum or separate sheet if sp	e representations and suppace hereon is insufficient	ply information about myself a to answer any question fully.) I
1.	Affiant's Full Name (In	itials Not Acceptable): First: N	fatthew Middle:	Last: Fleishman
2.	a. Are you a citiz	en of the United States?		
	Yes X	No		
	b. Are you a citiz	en of any other country?		
	Yes	No X		
	If yes, what co	untry?		
3.		profession; Physician Diagnos	stic Radiologist	
4.		ess: Radiology Imaging Associa		Ste 200 Englewood, CO 80112
	Business telephone: 30	03-761-9191 B	usiness Email: matt.fleish	man@riaco.com
5.	Education and training:			
Colle	ge/University	City/State	Dates Attended (MN	M/YY) Degree Obtained
Colu	mbia College, Columbia Ur	niversity New York, NY	9/79 - 5/83	BA Biology
Grad	uate Studies Colle	ge/University City/State	Dates Attended (MI)	M/YY) Degree Obtained
Colle	ge of Physicians & Surgeon	s Columbia University New Y	ork, NY 9/85-5/89	MD
Colur	r Training: Name C mbia Presbuyterian Hospital nckrodt Inst, Washington Univ	NY,NY 7/89 - 0		Degree/Certification Obtained Medicine Nuclear Medicine Radiology, Thoracic Imaging

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applican	nt Company Name	: COPIC Inst	trance Comp	eny		NAIC No. FEIN:	11860 8409485	
6.	List of membersh	ips in profession	nal societies ar	nd associa	tions:			
	Name of Society/Associati	on	Contact Name	Į.		dress of /Association		hone Number etv/Association
	Society of Thoracic	Radiology Jeres	ny Erasmus, M.	D. 1202 1	/2 17th St. N	IW, Ste 209 Roch	nester MN 55901	507-288-5620
	American Roentge	n Ray Society Me	lissa Rosade de (Christneso	n, MD 44	21 Slatestone Ct	. Leesburg, VA	866-940-2777
	Radiologic Soceity	of North America	Richard L. Ba	ron, MD	820 Jorie B	lvd. Oak Brook,	IL 60523-2251	630-571-2670
7.	Present or propos	ed position with	the Applicant	Compan	y:			
8.	including present officerships). Pie	jobs, positions, ase list the most wide telephone	partnerships, recent first. A numbers and	owner of Attach add supervis	an entity, a litional page sory inform	administrator, and administrator, and administrator, and and and and and and administrator, ad	manager, opera provided is inse past ten (10)	erwise (up to and tor, directorates or ufficient. It is only years. Additional
	ng/Ending VM/YY): 8/97	_ Present	Employer's ?	Name: _R	adiology In	naging Associa	tes	
Address	10700 E. Gedd	es Ave, #200	_City: _ En	glewood		State/Prov	ince: CO	
Country	USA	Postal Code:	80112 P	hone: 303	-761-9190	Offices/Positio	ns Held: Atten	ding Radiologist
Type of	Business: Phys	ician Practice R	adiology	Supervise	r/Contact:	Peter Ricci, N	MD	
Beginnin Dates (N	ng/Ending MM/YY): 07/92	_ 06/97	Employer's 1	Name:	Mallinckroo	lt of Radiology		
Address	:_ 510 South Kin	gshighway Blvd.	_ City:_ St.	Louis		State/Prov	ince: MO	
Country	USA	Postal Code:	63110 P	hone: 314	-362-7100 (Offices/Position	ns Held; Resid	lent, Fellow
Type of	Business; Diagnos	stic Radiology Res	dency/Fellow	Superviso	or/Contact:	Dennis Bafle,	MD	
	ng/Ending MM/YY):	-	Employer's	Name:				
Address	:		_City:			State/Provi	ince:	
Country		Postal Code:_	Pl	none:	(Offices/Position	ns Held:	
Type of	Business:			Superviso	or/Contact:		_ 1	
Beginnin Dates (1	ng/Ending MM/YY):		Employer's	Name: _				
Address	4		City;			State/Provi	ince:	
Country	:	_ Postal Code: _	Pl	none:		Offices/Position	ns Held:	
Type of	Business:			Superviso	or/Contact;			

Applicar	nt Com	pany Name : _C	COPIC Insurance Compa	iny	NAIC No FEIN:	11860 8409485	
9.	а,		er been in a position which	required a fidel	ity bond?		
		Yes	No x				
		If any claims	were made on the bond, gi	ive details:			
	b.	Have you ev revoked?	er been denied an individ	ual or position	schedule fidelity b	ond, or had a	bond canceled of
		Yes	No x				
		If yes, give d	etails:				
10.	or gov in the p the lice number are rear represe	ernmental licen- past. For any no ensing authority r is your Social asonably identifi- ented by your S	occupational and vocational sing agency or regulatory is in-insurance regulatory issured for regulatory body having Security Number (SSN) of table as your SSN, then we see the security of the security Number (SSN) and the security Number (SSN) of the security Number (SSN) of the security Number (SSN) and the security Number (SSN) of	authority or lice ser, identify and g jurisdiction ov r embeds your S rite SSN for the	nsing authority that provide the name, er the license (s) iss SSN or any sequence it portion of the pro " or "1234-SSN" (you presently address and tele med. If your present of more than ofessional licen	hold or have held ephone number of ofessional license five numbers that ise number that is
			Colorado Dept.		ments of the sa	Troping/	
Organiza	ation/Is	suer of License:	of Regulatory Services	Address:	1560 Broadway St	e 1350	
City: D	Denver	Stat	e/Province: CO	Country:	USA	Postal Code:	80202
License	Type:_I	hysician & Sur	geon License #: 36073		Date Issued (MM/Y	Y): 06/97	
Date Exp	pired (N	MM/YY):	Reason for T	Termination: A	ctive		
			ne Number (if known): 3				
		2 1	NE Dept of Health Service		DHHALiscensure	Unit PO Box 9	4986
City: L	incoln	Stat	e/Province: NE	Country:	USA	Postal Code:	68509-4986
License	Type: P	hysician & Surg	geon License #: 25171		Date Issued (MM/Y)	Y):	
Date Exp	pired (N	/M/YY):	Reason for T	remination: _A	ctive		
Non-Inst	urance :	Regulatory Pho	ne Number (if known):4	02-471-2118			
			ollowing, if the record has lor expunged, an affiant ma				nally verified tha
	8.		an occupational, professioninistrative, or governmen			t by any regula	itory authority, o
		Yes	No x				
	b.		apational, professional, or			old or have hel	d, been subject to

	ompany Name : COPIC Insurance Company NAIC No. 11860 FEIN: 840948519
	PEIN: 040340319
	Yes No x
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or voc license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No x
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No x
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil offenses?
	Yes No x
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other that traffic offenses?
	Yes No x
50	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another regulating the business of insurance, securities or banking, or from carrying out any particular prapractices in the course of the business of insurance, securities or banking?
	Yes No x
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of transcial dispute?
	Yes No x
i.	Had a finding made by the Comptroller of any state or the Federal Government that you have viol provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No x
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entit
	Yes No x
	If the response to any question above is yes, please provide details including dates, locations, disposi Attach a copy of the complaint and filed adjudication or settlement as appropriate.

plicant Co.	mpany Name : COPIC Insurance Company	NATC No	11860 840948519
hold	e held by the person. Control shall be presumed to exis s with the power to vote, or holds proxies representing, te r person.		
If an	y of the stock is pledged or hypothecated in any way, give	e deteils.	
or or regu direc	Will] you or members of your immediate family individual frecord, 10% or more of the outstanding shares of stoclatory authority, or its affiliates? An "affiliate" of, or persetly, or indirectly through one or more intermediaries, con, the person specified.	k of any entity subjection "affiliated" with, a	to regulation by an insurance specific person, is a person that
Yes	No x		
	s, please identify the company or companies in which thoustanding voting securities.	e cumulative stock hole	lings represent 10% or more of
-	New Telephone Committee Co		
If an	y of the shares of stock are pledged or hypothecated in an	y way, give details.	
Have	e you ever been adjudged a bankrupt?		
Yes	No x		
(0,700			
If ye	s, provide details:		
com	your knowledge has any company or entity for which mittee member, key management employee or controlling e you served in such capacity?	g stockholder, had any	of the following events occur
a.	Been refused a permit, license, or certificate of aut licensing agency?	thority by any regulate	ry authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	riplinary action (includ	ling rehabilitation, liquidation
	Yes No x		
c,	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula	inst it or against its patory, or disciplinary ac	ermit, license, or certificate o
	Yes No x		

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
If the answer to any of the above is yes, please indicate and affirmt should also include any events within twelve (12) mon		
Note: If an affiant has any doubt about the accuracy of an	answer, the question sho	ould be answered in the positive
and an explanation provided.		
Dated and signed this 10 day of June 20 B under penalty of perjury that I am acting on my own behalf and that to of my knowledge and belief.	at Englished &	are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional	al information regarding	g international searches.
Wellows (Signature of Affiant)		
State of: Colorado County of: Arapahue The foregoing instrument was acknowledged before me this Coday of		
The foregoing instrument was acknowledged before me this <u>oday</u> and:	of June . 20 10	3 by Mathew Fleish
b who is personally known to me, or		
who produced the following identification:		
	wan.	Lilla Bonnand
[SEAL] MICHELLE BERNARD NOTARY PUBLIC STATE OF COLORADO	Miche	Notary Public

Applicant Company Name :	COPIC Insurance Company	NAIC No.	11860	
		FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

	COPIC Insurance Com	pany 7351 E. Lowry Blvd. Ste. 400	Denver, CO	80230 720-858-6000
	COTTO INCUITATION COM	pully 7551 B. Lowry Bivd. Stc. 400	Denver, CO	00230 720-030-0000
-			્રે	
Įc.	Affiant's Full Name (Initi	als Not Acceptable): First: MatthewnE," SO STATE.	Middle:	Last: Fleishman
2.	Have you ever used any o	ther name, including first, middle o	· last name, nickn	name, maiden name or aliases?
	Yes X No			
				E- Company
	If yes, give the reason if a	ny, if none indicate such, and provid	le the full name(s	s) and date(s) used.
Beginning/Ending Name(s) Date(s) Used (MM/YY) Specify: First, Middle or Last Name		Reaso	on (If none, indicate such)	
1962	- Present	Matt	First N	Jame
		_	_	
_				
			-	
		-		
Note:	Dates provided in respons	e to this question may be approxim	ate Parties using	this form understand that there coul
, 1454	be an overlap of dates w	then transitioning from one name d/or attach foreign diploma or ce	to another, If ap	pplicable, provide the foreign studen adance to the Biographical Affiday
3.	Affiant's Social Security 1	Number:		
4.	Government Identification Number if not a U.S. Citizen:			
5	Foreign Student ID# (if an	mlioshla) :		
180	THE PROPERTY OF THE PROPERTY O	COLUMN TO THE TOTAL TOTAL TO THE TOTAL TO TH		

	cant Company Name : _ COPIC	insurance Comp	pany	NAIC No FEIN: _	11860 840948519	
5.	Date of Birth: (MM/DD/YY): State/Province: NY		Place of Birth, City: Country; USA	Brooklyn		
	Name of Affiant's Spouse (if a	pplicable): St	acey Fleishman			
4	List your residences for the las	t ten (10) years st	arting with your curren	nt address, givi	ing:	
	ning/Ending (MM/YY) <u>Address</u>	City	State/ Province	Co	ountry	Postal Code
ote:	Dates provided in response to understand that there could be and signed this day of under penalty of perjury that is	an overlap of date	es when transitioning t	rom one addre	ss to another.	5
ic be	st of my knowledge and belief.					
oi 2	st of my knowledge and belief. hereoy acknowledge that I may be (Signature of Affla	e contacted to pro	vide additional inform			
2 State	st of my knowledge and belief. hereoy acknowledge that I may b	e contacted to pro	vide additional inform	ation regarding		arches.
2 State	st of my knowledge and belief. hereoy acknowledge that I may be (Signature of Affia) of:	e contacted to pro ant) ounty of: Ace	vide additional inform	ation regarding	g international se	arches.
2 State find:	st of my knowledge and belief. hereoy acknowledge that I may be (Signature of Affia) of: Colore to Cooregoing instrument was acknowledge that I may be correspond to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge that I may be considered to the cooregoing instrument was acknowledge.	e contacted to pro	vide additional inform	ation regarding	g international se	arches.
State The fand:	st of my knowledge and belief. hereoy acknowledge that I may be (Signature of Affia) of:	e contacted to pro	vide additional inform	ation regarding	g international se	arches.

NAIC No.	11860	
FERM	840948519	

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklohoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Copic Insurance Company Jeompsay 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. Packground 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, confact Legal Department [company's designated person, position, or department, address and phone].

Attached for your information is a "Summary of Your Rights Under the Feir 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 grased 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 Last 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 shove, or (iii) six (6) months following the date of my signature below.

Mi	atthew Fleishman	
State of Colora c	(Signature) County of Arapahue	June 10, 2019 (Date)
The foregoing in Mathew F	The state of the s	5 10 pay of June , 20 19 by
who produced	he following identification:	
[SEAL]	MICHELLE BERNARD NOTARY PUBLIC STATE OF COLORADO NOTARY ID: 20054036434 MY COMMISSION EXPIRES DECEMBER 31, 2021	Michelle Bernard Michelle Bernard Printe Notary Name Dec 31. 2021

Biographical Affidavit of Matthew Fleishman

Supplemental Response

10. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past, etc.

List of professional Licenses:

State of Kansas Medical License # 04-36482 (06/21/2018)

Organization: Kansas Board of Healing Arts

Address: 800 SW Jackson, Lower Level, Suite A. City: Topeka State: Kansas

Country: USA Postal Code: 66612

License Type: Medical License #: 04-36482

Date Issued: 05/17/2013 Date Expired: 07/31/2019

Reason for Termination:

Phone Number: (785) 296-7413

State of Hawaii Medical License # MD-17546 (06/21/2018)

Organization: Department of Commerce & Consumer Affairs

Address: 335 Merchant St. City: Honolulu State: Hawaii

Country: USA Postal Code: 96813

License Type: Medical License #: MD-17546

Date Issued: 04/10/2014 Date Expired: 01/30/2020

Reason for Termination:

Phone Number: (808) 587-3222

	on my own behalf and that th	he foregoing statements are true and
(Signature of Affiant)		Number: 13150 7925
State of: Colora do	County of Arapa 4	00
The foregoing instrument was acknown: who is personally known to it who produced the following	me, or	D day June 2019 by Matheur Fleish
ST	HELLE BERNARD NOTARY PUBLIC ATE OF COLORADO TARY ID: 20054036434 ON EXPIRES DECEMBER 31, 2021	Michelle Bernard Printed Notary Name Dec 31 2021 My Commission Expires

Applicant Company Name :	COPIC Insurance Company	
--------------------------	-------------------------	--

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

	OPIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
herei	inafter set forth. (Attach ad SWER IS "NO" OR "NONE		ce hereon is insufficient to	
1.	Affiant's Full Name (In	itials Not Acceptable): First: Ni	les Middle: Allen	Last: Cole
2.	a. Are you a citiz	en of the United States?		
	Yes X	No		
	b. Are you a citiz	en of any other country?		
	Yes	No X		
	If yes, what co	untry?		
3.	Affiant's occupation or	profession; CFO		
4	Affiant's business addre	ss: 7351 E. Lowry Blvd., Suite	400, Denver, CO 80230	C
4.	Business telephone: 72	0-858-6089 Bus	iness Email:ncole@co	onic com
4.			TICOTO CO	quecum
5.	Education and training:	City/State	Dates Attended (MM	I/VV) Degree Obtained
5.	Education and training:	<u>City/State</u> Moorhead, MN	Dates Attended (MM 09/79 - 08/83	Degree Obtained BS, Fnance/Accounting
5. Colle Minn	Education and training: cge/University nesota State University duate Studies Colle	Charles and the Control of the Contr	09/79 - 08/83 Dates Attended (MM	BS, Fnance/Accounting
5. Colle Minn	Education and training: ege/University nesota State University	Moorhead, MN ge/University City/State	09/79 - 08/83 Dates Attended (MM	BS, Fnance/Accounting /YY Degree Obtained

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If Note: applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	ant Company Name: COI	PIC Insurance Company	NAIC No FEIN:	11860 840948519
6.	List of memberships in p	rofessional societies and asse	ociations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
7.	Present or proposed positi	tion with the Applicant Com	pany: CFO	
8.	including present jobs, p officerships). Please list necessary to provide te	ositions, partnerships, owne the most recent first. Attach lephone numbers and supe	nty (20) years, whether compens r of an entity, administrator, man additional pages if the space pro- ervisory information for the paserification process for international	ager, operator, directorates or vided is insufficient. It is only at ten (10) years. Additional
	ing/Ending (MM/YY): 12/16 - Pi	resent Employer's Name:	COPIC Trust	
Addres	s: 7351 E. Lowry Blvd., S	Suite 400 City: Denver	State/Province	: CO
Country	y: USA Postal	Code: 80230 Phone:	720-858-6089Offices/Positions I	Held: CFO
Type o	f Business: <u>Insurance C</u>	arrier Super	visor/Contact: Steve Rubin, P	resident
Beginn Dates (ing/Ending (MM/YY): 09/15 - 1	1/16 Employer's Name:	B2B CFO	
Addres	s: 8783 Ridge Ponds Lar	ne City;Victoria	State/Province	: MN
Country	y: USA Postal	Code: 55386 Phone:	512-839-2086Offices/Positions H	leld: Partner
Туре о	f Business: Consulting	Super	visor/Contact: None	
Beginn Dates (ing/Ending (MM/YY): 05/13 - 11	/16 Employer's Name:	Seven Fourteen, LLC	
Addres	s: 8783 Ridge Ponds Lar	ne City: Victoria	State/Province	MN
Country	y: USA Postal	Code: 55386 Phone:	12-839-2086 Offices/Positions H	leld: President
Туре о	f Business: Consultin	g Super	visor/Contact: None	
Beginn Dates (ing/Ending MM/YY): 12/96 _ 04	Employer's Name:	MMIC Group, Inc.	
Addres	s: 7701 France Ave. S	City: Edina	State/Province	: MN
Country	y: USA Postal		57-838-6700 Offices/Positions H	leld: CFO, SVP
Type of	f Business: _Insurance (Company Super	visor/Contact: BIll McDonoug	gh, CEO

Applic	cant Com	pany Name: COPIC Insurance Compan	У	NAIC No.	11860			
				FEIN:	840948519			
9.	a.	Have you ever been in a position which re	equired a fidelity	bond?				
		Yes X No						
	If any claims were made on the bond, give details:							
	b.	Have you ever been denied an individua revoked?	al or position sc	hedule fidelity bor	nd, or had a bond canceled or			
		Yes No X						
		If yes, give details:						
	in the the lic number are rea repres	vernmental licensing agency or regulatory au past. For any non-insurance regulatory issuer tensing authority or regulatory body having jer is your Social Security Number (SSN) or easonably identifiable as your SSN, then write ented by your SSN. (For example, "SSN", if the space provided is insufficient.	r, identify and prurisdiction over embeds your SSN te SSN for that process of the second seco	ovide the name, ad the license (s) issu- N or any sequence portion of the profi	Idress and telephone number of ed. If your professional license of more than five numbers that essional license number that is st 6 digits)). Attach additional			
Organ	ization/Is	ssuer of License:	Address:					
City:		State/Province:						
Licens	e Type:_	License #:	Dat	e Issued (MM/YY) <u>-</u>			
Date E	Expired (1	MM/YY): Reason for Te	rmination:					
Non-I	nsurance	Regulatory Phone Number (if known):						
Organ	ization/Is	ssuer of License;	Address;					
City:		State/Province:	Country:		Postal Code:			
Licens	e Type:_	License #:	Dat	e Issued (MM/YY)):			
Date E	expired (1	MM/YY): Reason for Te	rmination:					
Non-Ir	nsurance	Regulatory Phone Number (if known):						
11.		ponding to the following, if the record has be cord was scaled or expunged, an affiant may						
	a.	Been refused an occupational, professional any public administrative, or governmenta			by any regulatory authority, or			
		Yes No X						
	ь.	Had any occupational, professional, or vo	ocational license	or permit you hole	d or have held, been subject to			

any judicial, administrative, regulatory, or disciplinary action?

	ompany Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
	Yes No X		
c.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regu		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offe	nse(s) other than civil tr	affic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicte offenses?	d of, any criminal off	ense(s) other than civil
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence in suspended, or been pardoned, fined, or placed on paraffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoi administrative, regulatory, or disciplinary action, from vi- regulating the business of insurance, securities or band practices in the course of the business of insurance, secur	olating any federal, stat king, or from carrying	e law or law of another o
	Yes No X		
h.	Yes No X Been, within the last ten (10) years, a party to any ci financial dispute?	vil action involving di	shonesty, breach of trus
h.	Been, within the last ten (10) years, a party to any ci	vil action involving di	shonesty, breach of trus
h.	Been, within the last ten (10) years, a party to any ci financial dispute?	r the Federal Governmy laws, or credit union	ent that you have violat laws, or that you have v
	Been, within the last ten (10) years, a party to any ci financial dispute? Yes No X Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company	r the Federal Governmy laws, or credit union	ent that you have violat laws, or that you have v
	Been, within the last ten (10) years, a party to any cifinancial dispute? Yes No X Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	r the Federal Governm laws, or credit union of any state or the Feder	ent that you have violat laws, or that you have v al Government?
i.	Been, within the last ten (10) years, a party to any cifinancial dispute? Yes No X Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of the co	r the Federal Governm laws, or credit union of any state or the Feder	ent that you have violat laws, or that you have v al Government?
i.	Been, within the last ten (10) years, a party to any cifinancial dispute? Yes No X Had a finding made by the Comptroller of any state of provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of Yes No X Had a lien or foreclosure action filed against you or any experience.	r the Federal Governmy laws, or credit union of any state or the Federal state while you were as wide details including d	ent that you have viola laws, or that you have al Government? sociated with that entity ates, locations, disposit

cant Cor	npany Name : COPIC Insurance Company	NAIC No.	11860
		FEIN:	840948519
holds	e held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person.		
	None		
If any	y of the stock is pledged or hypothecated in any way, give	details	
or of regul direc	Will] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock atory authority, or its affiliates? An "affiliate" of, or persotly, or indirectly through one or more intermediaries, cont the person specified.	of any entity subject n "affiliated" with, a	t to regulation by an insurance specific person, is a person that
Yes	No X		
	s, please identify the company or companies in which the utstanding voting securities.	cumulative stock hold	dings represent 10% or more of
lf any	of the shares of stock are pledged or hypothecated in any	way, give details.	
Have	you ever been adjudged a bankrupt?		
Yes	No X		
Ifves	s, provide details:		
ii ye.	s, provide details.		
comn	our knowledge has any company or entity for which y nittee member, key management employee or controlling you served in such capacity?		
a.	Been refused a permit, license, or certificate of auth licensing agency?	ority by any regulate	ory authority, or governmental-
	Yes No X		
ь.	Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro similar proceeding)?	olinary action (include	ling rehabilitation, liquidation,
	Yes No X		
e,	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulator		
	Yes No X		

Applicant Company Name : COPIC Insurance Company	NAIC No	11860 840948519
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months		
Note: If an affiant has any doubt about the accuracy of an ans and an explanation provided.	swer, the question show	ald be answered in the positive
Dated and signed this day of 20 19 a under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief. I hereby acknowledge that I may be contacted to provide additional it (Signature of Affiant)		
State of: Colorado County of: Denver		
The foregoing instrument was acknowledged before me this day of and:	June , 2019	by Niles Cole.
who is personally known to me, or		
who produced the following identification:		
[SEAL]	Pri Se	Notary Public Lived leigh mted Notary Name Notary 14, 2021
NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 2021	My	Commission Expires

Applicant Company Name:	COPIC Insurance Company	
-------------------------	-------------------------	--

NAIC No.	11860	
FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

	PIC Insurance Com			
	E. Lowry Blvd., Suit er, CO 80230	720-858-6000		
l.	Affiant's Full Name	e (Initials Not Acceptable): First: Niles M S "NONE," SO STATE.	1iddle: Allen	Last: Cole
2.	Yes No	any other name, including first, middle or last		
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First. Middle or Last Name	Reason (If no	ne, indicate such)
Note:	be an overlap of d	esponse to this question may be approximate. ates when transitioning from one name to a ber and/or attach foreign diploma or certifi ntal Information.	nother. If applicable	, provide the foreign student
3.	Affiant's Social Sec	curity Number:		
4.	Government Identif	ication Number if not a U.S. Citizen:		
5.	Foreign Student 1D	# (if applicable) :		

Applic	cant Company N	ame : COPIC Insu	irance Compa	any	NAIC No FEIN:	11860 8409485	19
6.	Date of Birth: State/Province	(MM/DD/YY) : _		Place of Birth, City; Country: USA	Wheaton		
7.	Name of Affia	ant's Spouse (if appli	cable) : Heat	her Larson Cole			
8.	List your resid	dences for the last ter	(10) years star	rting with your curren	nt address, givi	ng:	
	ning/Ending (MM/YY)	Address	City	State/ Province	Co	ountry	Postal Code
		11001100		11011110			
_							
Note:		d in response to this at there could be an o	verlap of dates		rom one addre	ss to another.	
the be	st of my knowled	of perjury that I am a lige and belief. due that I may be con ignature of Affiant)	721505		200		
State o	of Colorad	County	of: Dow	-			
The fo	regoing instrume	ent was acknowledge	d before me th	is 4th day of Ju	re.	20_19_by	Liter Cole,
	ho is personally	known to me, or					
		following identificat	ion:				
	no producto inc	Tono mag			0	HI	VI.
	[SEAL]	STATE NOTAR	A G WADLEK TARY PUBLIC OF COLORAL Y ID 201340013 EXPRES JANUA	00	Service	Notary Put Wad let	Name

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)
This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Copic Insurance Company [company name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Legal Department [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) six (6) 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: Lower County of: Derver
The foregoing instrument was acknowledged before me this 4 day of June . 2019 by Niles Cole , and:
who is personally known to me, or
who produced the following identification:
[SEAL] LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO Notary Public Laura G Wadleigh Printed Notary Name

My Commission Expires

Applicant Company Name : COPIC Insurance Con	npany	NAIC No	11860 40948519
BIOGRA	PHICAL AFFIDAVI	T	
To the extent permitted by law, this affidavit will be k may be required to provide additional information dur school or lived and worked internationally.			
Full name, address and telephone number of the prese required (Do Not Use Group Names),	nt or proposed entity und	der which this biogr	aphical statement is being
COPIC Insurance Company 7351 E. Lowry Blvd	Ste. 400 Denver, C	O 80230 1-7	20-858-6000
In connection with the above-named entity, I here hereinafter set forth. (Attach addendum or separate s ANSWER IS "NO" OR "NONE," SO STATE.	with make representation heet if space hereon is in	ns and supply info	ormation about myself are er any question fully.) If
Affiant's Full Name (Initials Not Acceptable)	: First: Peter Mide	dle:JohnL	ast: Whitted
 a. Are you a citizen of the United State 	s?		
Yes X No			
b. Are you a citizen of any other country Yes No X If yes, what country?	y?		
3. Affiant's occupation or profession: Medicin	ne, Opthamology		
4. Affiant's business address: 4353 Dodge Stre	eet, Omaha, NE 68131		
Business telephone: 402-552-2020	Business Email:	pwhitted@midwe	esteyecare.com
5. Education and training:			
College/University Ciry/State	Dates A	ttended (MM/YY)	Degree Obtained
University of Nebraska-Lincoln Lincoln, NE	3 09	9/68 - 05/72	BA
얼마 그는 사람이 되었다. 그 아이는 아니다 아니다 그리다 그 나다		ttended (MM/YY) 6-5/79	Degree Obtained MD
Other Training: Name City/State I	Dates Attended (MM/YY) Degr	ee/Certification Obtained
University of Nebraska College of Law Lincoln, NI	3 09/72 - 05/76		J.D.
Note: If affiant attended a foreign school, please p applicable, provide the foreign student Ide attendance to the Biographical Affidavit Perso	ntification Number and	or attach foreign	

	nt Company N	lame: COPIC In	surance Co	mpany		NAIC No FEIN:	11860 840948519
6.	List of memb	erships in profession	nal societie	es and associa	tions:		
	Name o Society/Asso American Aca Opthalmology	f clation demy of	Contact No	ame	A Societ 655 E	ddress of v/Association Beach St. Francisco, CA	Telephone Number of Society/Association
				-1 -1 -1	330 N	N. Wabash Ave.	800-621-8385
	Nebraska Med Association		Ату Кеупс	ldson	233 S	. 13th St. #1200 ln, NE	193
7.	Present or pre	oposed position wit	h the Appli	cant Company	y: Direc	tor	
8.	including pre officerships). necessary to information r	sent jobs, positions Please list the mos	s, partnersh st recent firs numbers	ips, owner of st. Attach add and supervis	an entity, litional pag sory inform	administrator, mages if the space promation for the pro-	nsated or otherwise (up to an mager, operator, directorates of ovided is insufficient. It is onleast ten (10) years. Additions to be all employers.
Dates (N	ng/Ending MM/YY):0	7/84 Present	Employe	r's Name: _1	Midwest E	ye Care, P.C.	
Address:	4353 Dod	ge St.	City:	Omaha		State/Province	ce: NE
Country:	USA	Postal Code:	68131	Phone: 402	-552-2020	Offices/Positions	Held: Owner, MD
Type of	Business: _	Ophthamology		Superviso	r/Contact:	Jeri Christ - 402	2-552-2808
	ng/Ending MM/YY);		Employe	r's Name:			
Address:			City:			State/Province	-22
							ce:
Country:		Postal Code:_	- 22	Phone:			Held:
Carrier Park	7 7 1 1 1	Postal Code:		-		Offices/Positions	0
Type of	Business:			Superviso	r/Contact:	Offices/Positions	Held:
Type of Dates (N	Business: ng/Ending MM/YY):		Employe	Superviso	r/Contact:	Offices/Positions	Held:
Type of Beginnir Dates (N	Business: ng/Ending MM/YY):		Employer	Superviso	r/Contact:	Offices/Positions State/Province	Held:
Type of Beginnir Dates (N Address: Country:	Business: ng/Ending AM/YY):	Postal Code:	Employer	Superviso	r/Contact:	Offices/Positions State/Provinc Offices/Positions	Held:
Type of l Beginnin Dates (N Address: Country: Type of l Beginnin	Business: ng/Ending MM/YY): Business: ng/Ending	Postal Code:	Employer	Superviso r's Name: Phone: Superviso	r/Contact:	Offices/PositionsState/Provinc	Held:
Type of lands (Naddress: Country: Type of lands (Nates (Na	Business: ng/Ending MM/YY): Business: ng/Ending MM/YY);	Postal Code:	EmployerCity:	Superviso r's Name: Phone: Superviso r's Name:	r/Contact:	Offices/PositionsState/Provinc	Held:
Type of lands (Naddress: Country: Type of lands) Beginnin Dates (Naddress: Address:	Business: ng/Ending MM/YY): Business: ng/Ending MM/YY);	Postal Code:	Employer City: Employer City: _	Superviso r's Name: Phone: Superviso r's Name:	r/Contact:	Offices/PositionsState/Provinc	Held:

Applica	int Comp	any Name : COPIC Insurance Company	NAIC No FEIN: _	11860 8409485	
9.	a.	Have you ever been in a position which required a fid	lelity bond?		
		Yes No x			
		If any claims were made on the bond, give details:			

	ь.	Have you ever been denied an individual or position revoked?	on schedule fidelity b	ond, or had a	bond canceled or
		Yes No x			
		If yes, give details:			
10.	or gove in the p the lice number are reas represe	y professional, occupational and vocational licenses (incremental licensing agency or regulatory authority or lists. For any non-insurance regulatory issuer, identify a nsing authority or regulatory body having jurisdiction or is your Social Security Number (SSN) or embeds your sonably identifiable as your SSN, then write SSN for example, "SSN", "12-SSN-3-fithe space provided is insufficient. Nebraska, Iowa, and Nebraska, Iowa, IIII III III III III III III III III	censing authority that nd provide the name, a over the license (s) iss r SSN or any sequence that portion of the pro- 45" or "1234-SSN" (you presently address and tele- sued. If your pre- e of more than ofessional licen last 6 digits)).	hold or have held ephone number of ofessional license five numbers that se number that is Attach additional
Oraani	ration/Inc	Dept. of Health and Human uuer of License: Services State of Nebraska Address	301 Centennial M	all South	
		State/Province: NE Country			68504
		Medical License #: 15524			
		M/YY): 10/1/2016 Reason for Termination:			
		Regulatory Phone Number (if known):			
		ouer of License; State of Iowa Board of Medicine Address			
	Des Moir			Postal Code:	
100			Date Issued (MM/Y		
		fM/YY): 11/1/2016 Reason for Termination:			
		Regulatory Phone Number (if known):			
11.	In respo	onding to the following, if the record has been sealed or ord was sealed or expunged, an affiant may respond "no	r expunged, and the at	ffiant has perso	
	â.	Been refused an occupational, professional, or vocat any public administrative, or governmental licensing		t by any regula	atory authority, or
		Yes No x			
	b.	Had any occupational, professional, or vocational lic any judicial, administrative, regulatory, or disciplinar		old or have hel	d, been subject to

cant Co	mpany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
		200	
	Yes No x		
C.	Been placed on probation or had a fine levied against placense or permit in any judicial, administrative, regula		
	Yes No x		
d.	Been charged with, or indicted for, any criminal offens	se(s) other than civil tr	affic offenses?
	Yes No x		
e,	Pled guilty, or noto contendere, or been convicted offenses?	of, any criminal off	ense(s) other than civil t
	Yes No x		
f.	Had adjudication of guilt withheld, had a sentence imp suspended, or been pardoned, fined, or placed on pr traffic offenses?	posed or suspended, ha obation, for any crim	nd pronouncement of a sen inal offense(s) other than
	Yes No x		
	Been subject to a cease and desist letter or order, or enjoint administrative, regulatory, or disciplinary action, from viol regulating the business of insurance, securities or banki practices in the course of the business of insurance, securities	lating any federal, stating, or from carrying	e law or law of another co
	Yes No x		
	Been, within the last ten (10) years, a party to any civi financial dispute?	il action involving di	shonesty, breach of trust,
	Yes No x		
	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	laws, or credit union !	laws, or that you have vio
	Yes No x		
		tity while you were as	sociated with that entity?
	Yes No x	tity while you were as	sociated with that entity?
j.	Yes No _x Had a lien or foreclosure action filed against you or any en	de details including d	ates, locations, disposition
j.	Yes No x Had a lien or foreclosure action filed against you or any en Yes No x If the response to any question above is yes, please provi	de details including d	ates, locations, disposition

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

nt Con	pany Name : COPIC Insurance Company	NAIC No	11860
		FEIN:	840948519
holds	held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person. None		
If any	of the stock is pledged or hypothecated in any way, give	details	
or of regula direct	Will] you or members of your immediate family individurecord, 10% or more of the outstanding shares of stockatory authority, or its affiliates? An "affiliate" of, or persoly, or indirectly through one or more intermediaties, conthe person specified.	k of any entity subject on "affiliated" with, a	t to regulation by an insurance specific person, is a person that
Yes	No x		
	s, please identify the company or companies in which the atstanding voting securities.		
If any	of the shares of stock are pledged or hypothecated in any	y way, give details.	
_			^
Have	you ever been adjudged a bankrupt?		
Yes	No x		
If yes	, provide details:		
_			,
comm	our knowledge has any company or entity for which paintee member, key management employee or controlling you served in such capacity?		
8.	Been refused a permit, license, or certificate of autilicensing agency?	hority by any regulate	ory authority, or governmental-
	Yes No x		
b.	Had its permit, license, or certificate of authority sust to any judicial, administrative, regulatory, or disci receivership, conservatorship, federal bankruptcy pr similar proceeding)?	iplinary action (include	ling rehabilitation, liquidation,
	Yes No x		
c.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regular	inst it or against its p tory, or disciplinary ac	ermit, license, or certificate of tion?
	Yes x No		

Applicant Company Name : COPIC I	nsurance Company	NAIC No.	11860
		FEIN:	840948519
If the answer to any of the above affiant should also include any e	ve is yes, please indicate and events within twelve (12) mor	give details. When responds	onding to questions (b) and (c)
A market conduct examination	for the period 1/1/08-12/31/0	08 was conducted by the	Colorado Dept of Insurance
the assessed was \$48,000 for all violations were corrected to ena		xamination report. The	fine was pald and all alleged
Note: If an affiant has any do and an explanation pro		answer, the question sho	ould be answered in the positive
Dated and signed this 7th day of under penalty of perjury that I am acting	June 20 19 g on my own behalf and that t	at Omale, Wash	are true and correct to the best
of my knowledge and belief.			
I hereby acknowledge that I may be	contacted to provide addition	al information regarding	international searches.
7 //	G =		
Le lellé	*		
(Signature of Affiant)			
VILLE	50.		
State of: Cou The foregoing instrument was acknowled and:	nty of:	-	-1 List 11
The foregoing instrument was acknowled	dged before me this 7th day	of June, 20 19	by Keter J. WhitTe
and:			
who is personally known to me, or			
☐ who produced the following identifi-	cation;		2 4 4 5 4 5
-		A. 8/6	ale
[SEAL] State of Nebres	ska - General Notary	()]	Notar Public
	P. SLAGLE hission Expires	Jey 1	rinted Notes Name
	20, 2023	May	20 2023
		My	Commission Expires

Applicant Company Name : COPIC Insurance Company	NAIC No.	11860	
	FEIN:	840948519	
	:		

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

	ime, address, and telephone nun id (Do Not Use Group Names).	nber of the present or proposed er	itity under which this bio	graphical statement is being
	COPIC Insrance Company	7351 E. Lowry Blvd. Ste. 400	Denver CO, 80230	720-858-6000
1.	Affiant's Full Name (Initials if ANSWER IS "NONE	Not Acceptable): First: <u>Peter</u> ," SO STATE.	Middle: John	Last: Whitted
2.	Yes No x	name, including first, middle or l		
	ming/Ending	if none indicate such, and provide Name(s) scify: First, Middle or Last Name		e, indicate such)
_				
_				
_				
Note:	be an overlap of dates when	o this question may be approximate the transitioning from one name to r attach foreign diploma or cert mation.	another. If applicable,	provide the foreign studen
3.	Affiant's Social Security Nun	nber:		
4.	Government Identification N	umber if not a U.S. Citizen:		
5.	Foreign Student ID# (if applie	cable):		

Appli	cant Company Na	me ; COPIC Insu	irance Compa	ny	NAIC No FEIN:	11860 84094851	9
	Date of Birth; State/Province	(MM/DD/YY) : : NE		Place of Birth, City: Country: USA	Omaha		
	Name of Affia	nt's Spouse (if applie		ne Renee Whitted			
Q	List your resid	ences for the last ten	(10) years star	ting with your curre	nt address, giv	ing:	
3egin	ning/Ending			State/			
Dates	(MM/YY)	Address	City	Province	<u>C</u>	ountry	Postal Code
Dated ertify	understand that and signed this _ under penalty of	I in response to this of there could be an of day of control for the first term and the first t	verlap of dates	when transitioning f	rom one addre	ess to another.	
Dated certify the be	understand that and signed this winder penalty of st of my knowled hereby acknowled (Signer).	t there could be an or The day of 10 Country that I am accept and belief.	verlap of dates , 2 cting on my ov uacted to provi	when transitioning for the transition of the tra	from one addre	ess to another. The kernests are to ginternational	I hereby rue and correct to searches.
Dated certify he be	understand that and signed this winder penalty of st of my knowled hereby acknowled (Signer).	t there could be an or The day of 10 Country that I am accept and belief.	verlap of dates , 2 cting on my ov uacted to provi	when transitioning for the transition of the tra	from one addre	ess to another. The kernests are to ginternational	I hereby rue and correct to searches.
Dated certify he be	understand that and signed this winder penalty of st of my knowled thereby acknowled (Si Norwski	t there could be an or The day of	verlap of dates , 2 cting on my ov uacted to provi	when transitioning for the second sec	from one addre	ess to another. The kernests are to ginternational	I hereby rue and correct to searches.
Dated Partition of the found:	understand that and signed this winder penalty of st of my knowled hereby acknowled (Si Norwesk pregoing instrume the is personally knowled to the standard	t there could be an or The day of Certain I am adge and belief. Ige that I may be congnature of Affiant) County on was acknowledged nown to me, or	verlap of dates 2 cting on my overland to provi	when transitioning for the transition of the tra	from one addre	ess to another. The kernests are to ginternational	I hereby rue and correct to searches.
State of the found:	understand that and signed this winder penalty of st of my knowled hereby acknowled (Si Norwesk pregoing instrume the is personally knowled to the standard	t there could be an or The day of	verlap of dates 2 cting on my overland to provi	when transitioning for the transition of the tra	from one addre	ess to another. The kernests are to ginternational	I hereby rue and correct to searches.
Dated Certify he be	understand that and signed this winder penalty of st of my knowled hereby acknowled (Si Norwesk pregoing instrume the is personally knowled to the standard	t there could be an or The day of County that I am adge and belief. Ige that I may be congnature of Affiant) County to me, or collowing identification of Nebra Jay My Com	verlap of dates 2 cting on my overland to provi	when transitioning for the second sec	from one addre	Poly Puber P	I hereby rue and correct to searches.

Applicant Company Name : COPIC Insurance Company

NAIC No.

11860

		FEIN: 840948519	
DISCLOSURE AND AUT	HORIZATION CONCERNING BA	CKGROUND REPORTS	
	(All states except California, Minneso	ota and Oklahoma)	
Copic Insurance Comp	pany [company name]("Com	ection with pending or future application pany") for licensure or a permit to or	ganize
consumer or investigative con department of insurance in an seeking to function as, an off Company or of any business required by a department of authorization below may conta living and credit standing. The	isumer report (or both) ("Background Report state where Company pursues an Applicer, member of the board of directors entities affiliated with Company ("Term insurance reviewing any Application. in information bearing on your character, purpose of such Background Reports will extent required by law, the Background	thin the United States, Company desires to proports") regarding your background for review dication during the term of your functioning or other management representative ("Affiar of Affiliation") for which a Background Reports requested pursuant to general reputation, personal characteristics, must be to evaluate the Application and your background Reports procured under this Disclosured.	w by a as, or nt") of port is your node of
them. You may also request m Company. To obtain contact Legal Department	ore information about the nature and scor information regarding CRA or to subm	consumer reporting agency ("CRA") that proper of such reports by submitting a written required a written request for more information, a person, position, or department, address	uest to
phone].			
Attached for your information	is a "Summary of Your Rights Under the I	air Credit Reporting Act."	
Disclosure and by my signatur state where Company files or is such Application and my statu me to cooperate fully by prov Background Reports, except re	re below, I consent to the release of Back intends to file an Application, and to the Cos is as an Affiant. I authorize all third parti- iding the requested information to CRA a cords that have been erased or expunged in		in any iewing cerning egoing
Company will, in that event, for Reports under this Disclosure	orward such revocation promptly to any C and Authorization. This Authorization shi	livering a written revocation to Company ar IRA that either prepared or is preparing Backs all remain in full force and effect until the ear escribed above, or (iii) six (6) months following	ground rlier of
A true copy of this Disclosure	and Authorization shall be valid and have	the same force and effect as the signed origina	1.
Peter John Whitted			
111	(Printed Full Name and Residen	ce Address)	
a Uld		June 7 2019	
State of: Nobreska	County of: Douglas	(Date)	
The foregoing instrument Peter J. Which	was acknowledged before me this	7 day of June , 201	t by
who is personally known to	o me, or		
☐ who produced the following	ng identification:	A DM	
[SEAL]	State of Nebraska - General Notary JAY P. SLAGLE	Notary Public Vay P Sleeple	1
	May 20, 2023	Pkinted Notary Name Way 20 2023 My Commission Expires	
Annual Control of State of Taxon		Revised 0	3/26/18

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

	PIC Insurance Company	7351 E. Lowry Blvd. Ste. 400	Denver, CO 80230 1-72	20-858-6000
herei		dendum or separate sheet if s	ke representations and supply info	
1.	Affiant's Full Name (In	itials Not Acceptable): First:_	Raymond Middle: Neil L	ast: Blum
2,	Yes x	en of the United States?		
	Yes	No X		
3.	If yes, what co Affiant's occupation or	-1		
4	Affiant's business addre	White and the same	Denver, CO 80218	
	Business telephone: 30		Business Email; raynblum@msn.cc	om
5.	Education and training:			
Calla	ge/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Cone	versity of Colorado	Boulder, CO	9/74 to 7 /78	B.S.
	uate Studies Colleg	ge/University City/State	Dates Attended (MM/YY)	Degree Obtained
Uni		of Medicine Denver, CC	9/79 to 6/83	M.D.
Unit	versity of Colorado School o	1-1-7-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-		

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Compan	y Name : COPIC	Insurance Co	ompany		NAIC No	11860	
						FEIN:	840948519	0
6.	List of me	emberships in profe	ssional societi	es and assoc	iations:			
		ne of ssociation	Contact N	ame		ddress of y/Association		ne Number /Association
	Infectious	Diseases Society of	f America N	I/A 1300	Wilson Blv	d., Ste. 300, Arling	gton, VA 22209	703-229-0220
7.	Present or	proposed position	with the Appli	cant Compa	ny: Direct	tor		
8.	including officership necessary	plete employment in present jobs, positions). Please list the to provide telephon may be required	ions, partnersh most recent fir ione numbers	ips, owner of st. Attach ac and superv	of an entity, iditional page visory inform	administrator, mages if the space promation for the pa	nager, operator, ovided is insuffi ast ten (10) ye	directorates or cient. It is only
	ng/Ending MM/YY):_	8/93 Prese	ent Employe	r's Name: _	Infectious I	Disease Consultan	ts, P.C.	
Address	1601 E.	19th Ave #3700	City:	Denver		State/Province	ce: CO	
Country	: USA	Postal Coo	le: Denver	Phone: 30	3-831-4774	Offices/Positions	Held: Presi	dent
Type of	Business:	Physician Practi	cė	Supervis	sor/Contact:	Brian Chase - 3	03-771-0123 ext	. 8328
	ng/Ending MM/YY):_		Employe	r's Name:				
Address			City:_			State/Province	e:	
Country	:	Postal Cod	le:	Phone:	10	Offices/Positions	Held:	
Type of	Business:			Supervis	sor/Contact;			
Beginni Dates (I	ng/Ending MM/YY):_		Employe	r's Name; _				
Address			City:			State/Provinc	e:	
Country	:	Postal Cod	le:	Phone:	. (Offices/Positions	Held:	
Type of	Business:	1		Supervis	sor/Contact;			
Beginni Dates (I	ng/Ending MM/YY):_		Employe	r's Name:				
Address			City:			State/Provinc	e:	
Country		Postal Cod	le:	Phone:		Offices/Positions	Held:	
Type of	Business.			Supervis	or/Contact:			

Applica	nt Company	Name : COPIC I	Insurance Compan	у	NAIC No. FEIN:	11860 8409485	
9.	a. Ha	ve you ever been i	n a position which re	equired a fide	elity bond?		
	Yes No x						
	If a	ny claims were m	ade on the bond, give	e details:			
		ve you ever been oked?	denied an individua	al or position	schedule fidelity	bond, or had a	bond canceled or
	Yes	No [x				
	Ify	es, give details:					
	in the past. I the licensing number is yeare reasonal represented	For any non-insura gauthority or regu our Social Security oly identifiable as	ency or regulatory au ince regulatory issue datory body having j y Number (SSN) or e your SSN, then write or example, "SSN", insufficient.	r, identify an urisdiction o embeds your te SSN for the	d provide the name ver the license (s) i SSN or any sequent that portion of the p	, address and tele ssued. If your pro- ace of more than professional licen	ephone number of ofessional license five numbers that se number that is
Organiza	ation/Issuer o	of License: State	of Colorado	Address:	1560 Broadway	, Ste. 1350	
City: _ [Denver	State/Provin	nce: CO	Country:	USA	_ Postal Code:	80202
License	Type: Physi	cian Lic	cense #: 26323		Date Issued (MM/	YY): 10/11/19	84
Date Exp	pired (MM/Y	Y): None	Reason for Te	rmination: _	None		
Non-Ins	urance Regul	atory Phone Numb	ber (if known): 303	3-894-7800 C	Colorado Board of N	Medicine	
Organiza	ation/Issuer o	f License:		Address:			
City:		State/Provir	nce:	_ Country:		Postal Code:	
License	Туре:	Lic	ense #:		Date Issued (MM/	YY):	
Date Exp	pired (MM/Y	Y):	Reason for Te	rmination:			
Non-Insi	urance Regul	atory Phone Numl	ber (if known):				
			, if the record has be				nally verified that
	a. Bee	n refused an occu public administra	npational, professionative, or governmenta	al, or vocational licensing a	onal license or perr gency?	nit by any regula	tory authority, or
	Yes	No [х				
			l, professional, or vo			hold or have held	d, been subject to

	FEIN:	840948519
No x		
laced on probation or had a fine levied against or permit in any judicial, administrative, regula		
No x		
harged with, or indicted for, any criminal offen	se(s) other than civil to	raffic offenses?
No x		
uilty, or nolo contendere, or been convicted es?	of, any criminal off	ense(s) other than civil traff
No x		
ljudication of guilt withheld, had a sentence imp ded, or been pardoned, fined, or placed on pr offenses?		
No x		
ct to a cease and desist letter or order, or enjoin ive, regulatory, or disciplinary action, from vio the business of insurance, securities or banki the course of the business of insurance, securit	lating any federal, sta- ing, or from carrying	te law or law of another count
No x		
in the last ten (10) years, a party to any civ spute?	il action involving di	ishonesty, breach of trust, or
No x		
ing made by the Comptroller of any state or of small loan laws, banking or trust company regulation lawfully made by the Comptroller of	laws, or credit union	laws, or that you have violate
No x		
or foreclosure action filed against you or any en	ntity while you were as	ssociated with that entity?
No x		
)1	No x ase to any question above is yes, please provi	r foreclosure action filed against you or any entity while you were as No x nse to any question above is yes, please provide details including or by 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

	mpany Name : COPIC Insurance Company	NAIC No FEIN: _	11860 840948519
holds	e held by the person. Control shall be presumed to exist swith the power to vote, or holds proxies representing, te person.		
If any	y of the stock is pledged or hypothecated in any way, give	e details	
or of regul direc	Will] you or members of your immediate family individual frecord, 10% or more of the outstanding shares of stocklatory authority, or its affiliates? An "affiliate" of, or person, or indirectly through one or more intermediaries, continuous person specified.	ck of any entity subjection "affiliated" with, a	t to regulation by an insurance specific person, is a person that
Yes	No x		
	s, please identify the company or companies in which th outstanding voting securities.	e cumulative stock hole	dings represent 10% or more of
If any	y of the shares of stock are pledged or hypothecated in an	ny way, give details.	
	y of the shares of stock are pledged or hypothecated in an e you ever been adjudged a bankrupt?	ny way, give details.	
	you ever been adjudged a bankrupt?	ny way, give details.	
Have Yes	you ever been adjudged a bankrupt?	ny way, give details.	
Have Yes If yes To ye comm	you ever been adjudged a bankrupt?	you were an officer of stockholder, had any	y of the following events occu
Have Yes If yes	e you ever been adjudged a bankrupt? No x s, provide details: Your knowledge has any company or entity for which nittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of aut	you were an officer of stockholder, had any	y of the following events occu
Have Yes If yes To ye comm	you ever been adjudged a bankrupt? No x s, provide details: Your knowledge has any company or entity for which mittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of autilicensing agency?	you were an officer of stockholder, had any thority by any regulate spended, revoked, cancerplinary action (include	y of the following events occur ory authority, or governmental eled, non-renewed, or subjecteding rehabilitation, liquidation
Have Yes If yes To ye comm while a.	e you ever been adjudged a bankrupt? No x s, provide details: Your knowledge has any company or entity for which nittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of autilicensing agency? Yes No x Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or discreceivership, conservatorship, federal bankruptcy preserved.	you were an officer of stockholder, had any thority by any regulate spended, revoked, cancerplinary action (include	y of the following events occur ory authority, or governmental eled, non-renewed, or subjecteding rehabilitation, liquidation
Have Yes If yes To ye comm while a.	No x s, provide details: Your knowledge has any company or entity for which mittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of autilicensing agency? Yes No x Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy presimilar proceeding)?	you were an officer of stockholder, had any thority by any regulate spended, revoked, cancesiplinary action (includroceeding, state insolved)	ory authority, or governmental eled, non-renewed, or subjected ding rehabilitation, liquidation rency, supervision or any othe

Applicant Company Na	ame : COPIC Insurance Company	NAIC No	11860 840948519
	to any of the above is yes, please indicate an also include any events within twelve (12) m		
There was a fi	ine assessed by the Colorado Department of I	nsurance of \$48,00 for alle	ged violations raised in the
Examination	Report. The fine was paid and all alleged viola	ntions were corrected to en	sure full compliance with CO la
	affiant has any doubt about the accuracy of a n explanation provided.	n answer, the question sho	ould be answered in the positive
Dated and signed this_	4 day of JUNE 20 15	(at 10 AM	I hereby certify
of my knowledge and b	y that I am acting on my own behalf and tha elief.	t the foregoing statements	are true and correct to the best
L hereby acknowled	dge that I may be contacted to provide addition	nal information regarding	international searches.
Payd (Signat	ure of Affiant) County of: Dervee		
	ent was acknowledged before me this 4 day	y of June , 20 19	by Raymone Blun.
and:			
who is personally l	known to me, or		
who produced the	following identification:	50	1
[SEAL]	ELEANOR YOUNGER Notery Public State of Colorado Notery ID # 20124065890 My Commission Expires 11-30-2020	1/13	Notacy Public rinted Notary Name Commission Expires

NAIC No.	11860	
FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

	ed (Do Not Use Group Na	y 7351 Lowry Blvd. Denver, CO 80230		
Í.	Affiant's Full Name (In	nitials Not Acceptable): First: Raymond Mi	iddle: Neil	Last: Blum
2.	Have you ever used an	y other name, including first, middle or last	name, nickname,	maiden name or aliases?
	Yes No	x		
	If yes, give the reason	if any, if none indicate such, and provide the	full name(s) and	date(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If	none, indicate such)
_		-		
Note:	be an overlap of dates	onse to this question may be approximate. Is when transitioning from one name to an and/or attach foreign diploma or certific Information.	other. If applica	ble, provide the foreign student
3.	Affiant's Social Securi	y Number:		
4.	Government Identificat	ion Number if not a U.S. Citizen:		
5.	Foreign Student ID# (if	applicable):		

Applic	cant Company Nam	e: COPIC Insu	rance Compa	ny	NAIC No. FEIN:	11860 840948519	
6.	Date of Birth: (N State/Province:			Place of Birth, City: Country: USA	Denver		
7.	Name of Affiant	's Spouse (if applie	cable) :				
8.	List your resider	nces for the last ten	(10) years start	ting with your curren	nt address, gi	iving:	
	ning/Ending (MM/YY)	Address	City	State/ Province	3	Country	Postal Code
certify the be	and signed this	day of <u>JC</u> day of <u>JC</u> perjury that I am are and belief.	verlap of dates (NE , 2 cting on my ow	e approximate, except when transitioning for the second of	from one add A 77 ne foregoing	ress to another.	. I hereby
/		nature of Affiant)					
		County t was acknowledge		s 4 day of N	unu	_, 20 19 by R	aymond Blum
Xw	ho is personally kn	own to me, or					
l w	ho produced the fo	llowing identificate	on:				
	[SEAL]	ELEANOR Y Notary P State of Co Notary ID # 201 ly Commission Exp	ublic lorado 24065890			Notary Public Printed Notary N 30 2 2 2 My Commission E	

NAIC No. 11860 FEIN: 840948519

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 Copic Insurance Company Icompany 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 ("Affant") 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 Legal Department [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

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) six (6) months following the date of my signature below.

A true copy of this D Raymond Neil	sisclosure and Authorization shall be valid and have the	he same force and effect as the signed original.
Men &	(Printed Full Name and Residence (Signature)	(e) 4/2019
State of: Casead		(Date)
The foregoing ins	trument was acknowledged before me this, and:	4 day of June . 20 19 by
who is personall	y known to me, or	
who produced the	e following identification:	
[SEAL]	ELEANOR YOUNGER Notary Public State of Colorado Notary ID # 20124065890 My Commission Expires 11-30-2020	Slave Notary Public Strange Notary Name 11 33 202
		My Commission Expires

Applicant Company	Name :	COPIC Insurance Company
-------------------	--------	-------------------------

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

	name, address and to	elephone number of the jour Names).	present or propos	sed entity unde	r which this biograp	hical statement is being
100	OPIC Insurance Com	A Secondary	Blvd. Ste. 400	Denver, CC	80230 1-720	-858-6000
_						
herei	nafter set forth. (At	above-named entity, I tach addendum or separ 'NONE," SO STATE.				
î.	Affiant's Full Na	ame (Initials Not Accepta	able): First:Re	pecca Middle	: Susan Last	Vogel
2.	a. Are you	a citizen of the United S	States?			
	Yes	X No				
	b. Are you	a citizen of any other co	ountry?			
	Yes	No X				
	If ves. v	what country?				
3.	100*865*G	2 (2)(-10)(3)(3)(4)(4)	gram Director of	Saint Anthony	Hospital General Su	rgery Residency
4.	Affiant's busines	4 1000	ndiana St. Ste. 20	0 Golden, CO	80401	
7.		ne: 303-940-8200			RebeccaVogel@Cen	nira org
5.	Education and tr		Dusi	ness Eman.	resource rogere och	aru.org
	ge/University	City/State		Dotes Atte	and ad (MM/M/M)	Danie Obrinal
	: University	New Haven			aduated 05/02	Degree Obtained BA
-		A.W. 2011			THE THE STATE OF T	
	uate Studies	College/University	City/State Denver, CO		unded (MM/YY) unted 05/08	Degree Obtained M.D.
		interests of Colorado	Deniett CO	3413(1)	unica 02/08	474+407+
		Jniversity of Colorado				
Med		City/State	Dates Attende	ed (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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applican	t Company Na	me : COPIC Ins	urance Co	mpany	-	NAIC No FEIN:	11860 840948519
5.	List of membe	rships in professio	nal societie	s and assoc	iations:		
	Name of Society/Associ		Contact Na	<u>ime</u>		dress of /Association	Telephone Number of Society/Association
	American Co	llege of Surgeons (ACS)		50 E. Erie St.	Chicago, IL 60611	(312) 202-5000
	Fellow of the	American College	of Surgeon	s	50 E. Erie St.	Chicago, IL 60611	(312) 202-5000
	Alpha Omega	Alpha Medical Ho	onor Societ	y 12635 E.	Montview B	vd. Ste. 270 Aurora,	CO 80045 (720) 859-4149
7.	Present or prop	posed position with	the Applic	cant Compa	ny:Board	Member	
8. Beginnir	including pres officerships). I necessary to information m	ent jobs, positions Please list the mos provide telephone ay be required dur	partnershi t recent first numbers ing the third	ips, owner of st. Attach a and super- d-party veri	of an entity, a dditional page visory inform fication proce	administrator, manages if the space provi- lation for the past ess for international	
		016 - Present				h St. Anthony Hosp	
Address	11600 W. 2r	nd PI	City:	Lakewo		State/Province:	CO
Country	USA	Postal Code:	80228	Phone: (7	20)321-0000	Offices/Positions He	ld: Program Director
Type of	Business: H	osptial		Supervi	sor/Contact:	Terri Rossi: 303-94	0-8200
Beginnii Dates (M	ng/Ending MM/YY):_10/:	2015 Present	Employe	r's Name:	COPIC Insu	rance Company	
Address	7351 E. Low	ry Blvd. Ste. 400	City:_	Denver		State/Province:	
Country	USA	Postal Code:_	80230	Phone:(7	20)858-6000	Offices/Positions He	Medical Foundation Claims Id:Committee Faculty Member
Type of	Business:			Supervi	sor/Contact:		
Beginni Dates (N	ng/Ending MM/YY):_09/	14 _ 06/16	Employe	r's Name:	Centura Hea	th St. Anthony Hos	pital
Address	11600 W.	2nd PI	City:	Lakewoo	d	State/Province:	СО
Country	:USA	Postal Code:	80228	Phone: (72	20)321-0000	Offices/Positions He	Associate Program Id: Director
Type of	Business: _ F	Hospital		Supervi	sor/Contact:	Terri Rossi: 303-9	40-8200
Beginni Dates (1	ng/Ending MM/YY): 05	5/16 _ 05/17	Employe	r's Name:	Centura He	alth St. Anthony Ho	spital
Address	11600 W. 2	2nd Pl	City:	Lakewood		State/Province:	СО
Country	: USA	Postal Code:	80230	Phone: (7	20)321-0000	Offices/Positions He	Assistant Trauma Id: Director
Type of	Business: Ho	spital		Supervi	sor/Contact:	Terri Rossi: 303-9	40-8200

Applic	cant Com	pany Nan	ne : COPIC	Insurance Comp	any	NAIC No. FEIN:	11860 8409485	
9.	a.	Have v	ou ever been	in a position which	required a fidel	ity bond?		
		Yes	No					
		If any c	laims were n	nade on the bond, g	ive details:			
	b.	Have y		denied an individ	lual or position	schedule fidelity l	oond, or had a	bond canceled o
		Yes [No	X				
		If yes, §	give details:_					
	or government in the lice number are rearerese	ernmental past. For a ensing aut r is your S sonably ic ented by y	licensing ago iny non-insur- hority or regulation Social Security dentifiable as	tional and vocations ency or regulatory issu- ance regulatory issu- alatory body having y Number (SSN) o your SSN, then w or example, "SSN" insufficient.	authority or lice uer, identify and g jurisdiction over r embeds your S rite SSN for tha	nsing authority that provide the name, er the license (s) is isN or any sequence at portion of the pr	t you presently address and tele sued. If your pr te of more than ofessional licen	hold or have held ephone number of ofessional license five numbers that is se number that is
Organi	zation/Is:	suer of Lic	cense: Colora	ado Medical Board	Address:	1560 Broadway S	te. 1350	
City:_	Denver		_State/Provi	nce: CO	Country:	USA	Postal Code:	80202
Licens	e Type:_	Medical	Li	cense #: DR0052	725 D	ate Issued (MM/Y	Y):04/19	
Date E	xpired (N	/M/YY):		Reason for 7	Termination:			
Non-In	surance I	Regulatory	y Phone Num	ber (if known):3	03-894-7690			
Organi	zation/Iss	suer of Lic	ense:		Address:			
City:_			State/Provi	nce:	Country:		Postal Code:_	
Licens	e Type:_		Lic	ense #:	D	ate Issued (MM/Y	Y):	
Date E	xpired (N	M/YY):		Reason for T	Termination:			
Non-In	surance I	Regulatory	Phone Num	ber (if known):				
11.				, if the record has l nged, an affiant may				nally verified that
	a.			upational, profession tive, or government			t by any regula	tory authority, or
		Yes	No [X				
	b.			l, professional, or rative, regulatory,			old or have held	l, been subject to

	ompany Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
		-	
	Yes No X		
c.	Been placed on probation or had a fine levied again license or permit in any judicial, administrative, reg	nst you or your occupatio gulatory, or disciplinary a	nal, professional, or vocat action?
	Yes No X		
d.	Been charged with, or indicted for, any criminal of	fense(s) other than civil t	raffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convict offenses?	ted of, any criminal off	fense(s) other than civil
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence suspended, or been pardoned, fined, or placed or traffic offenses?	imposed or suspended, he probation, for any crim	ad pronouncement of a se ninal offense(s) other tha
	Yes No X		
		State 10 1277 1785 4275	
g.	Been subject to a cease and desist letter or order, or enj administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, sec	violating any federal, sta anking, or from carrying	te law or law of another of
g.	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba	violating any federal, sta anking, or from carrying	te law or law of another c
g. h.	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, sec	violating any federal, sta anking, or from carrying urities or banking?	te law or law of another of out any particular prac
71	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, sec	violating any federal, sta anking, or from carrying urities or banking?	te law or law of another of out any particular prac
71	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, sec Yes No X Been, within the last ten (10) years, a party to any financial dispute?	violating any federal, sta anking, or from carrying urities or banking? civil action involving d or the Federal Government of the sederal covernment	te law or law of another of out any particular prac- ishonesty, breach of trus- ment that you have violat laws, or that you have v
h.	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, sec Yes No X Been, within the last ten (10) years, a party to any financial dispute? Yes No X Had a finding made by the Comptroller of any state provisions of small loan laws, banking or trust compa	violating any federal, sta anking, or from carrying urities or banking? civil action involving d or the Federal Government of the sederal covernment	te law or law of another of out any particular prac- ishonesty, breach of trus- ment that you have violat laws, or that you have v
h.	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, securities in the course of the business of insurance, securities in the course of the business of insurance, securities in the course of the business of insurance, securities in the course of insurance, securities of insurance, securitie	violating any federal, sta anking, or from carrying urities or banking? civil action involving d or the Federal Government laws, or credit union or of any state or the Federal	te law or law of another of out any particular prac- ishonesty, breach of trus- ment that you have violat laws, or that you have v ral Government?
h.	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, securities in the course of the business of insurance, securities in the course of the business of insurance, securities in the course of the business of insurance, securities in the course of insurance, securities of insurance, securitie	violating any federal, sta anking, or from carrying urities or banking? civil action involving d or the Federal Government laws, or credit union or of any state or the Federal	te law or law of another of out any particular prac- ishonesty, breach of trus- ment that you have violat laws, or that you have v ral Government?
h.	administrative, regulatory, or disciplinary action, from regulating the business of insurance, securities or ba practices in the course of the business of insurance, sec Yes No X Been, within the last ten (10) years, a party to any financial dispute? Yes No X Had a finding made by the Comptroller of any state provisions of small loan laws, banking or trust comparany rule or regulation lawfully made by the Comptroller Yes No X Had a lien or foreclosure action filed against you or any	violating any federal, stanking, or from carrying urities or banking? civil action involving door the Federal Government of any state or the Federal Government of any state	te law or law of another of out any particular practicular practic

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

nt Con	npany Name : COPIC Insurance Company	NAIC No FEIN:	11860
		PEIN:	840948519
holds	e held by the person. Control shall be presumed to exit with the power to vote, or holds proxies representing, to person.	en percent (10%) or mor	
If any	of the stock is pledged or hypothecated in any way, giv	e details	
or of regula direct	Will] you or members of your immediate family individ record, 10% or more of the outstanding shares of sto- atory authority, or its affiliates? An "affiliate" of, or per- lly, or indirectly through one or more intermediaries, co- the person specified.	ck of any entity subjection "affiliated" with, a	t to regulation by an insura specific person, is a person t
Yes	No X		
	, please identify the company or companies in which that standing voting securities.	ne cumulative stock hole	dings represent 10% or more
If any	of the shares of stock are pledged or hypothecated in ar	ny way, give details.	
Have	you ever been adjudged a bankrupt?		
Yes	No X		
1000			
If yes.	, provide details:		
_			
comm	our knowledge has any company or entity for which hittee member, key management employee or controlling you served in such capacity?	you were an officer on ag stockholder, had any	or director, trustee, investment of the following events occur
a.	Been refused a permit, license, or certificate of au licensing agency?	thority by any regulato	ry authority, or government
	Yes No X		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	ciplinary action (includ	ling rehabilitation, liquidation
	Yes No X		
C	Been placed on probation or had a fine levied aga authority in any civil, criminal, administrative, regula		
	aumorny in any eren, erimmar, auministrative, regule	nory, or disciplinary act	ion?
	Yes No X	activity, or disciplinary act	ion?

Applicant Company Name : COPIC Insurance Company	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate and gir affiant should also include any events within twelve (12) month		
Note: If an affiant has any doubt about the accuracy of an an and an explanation provided.	swer, the question sho	ould be answered in the positive
Dated and signed this 6th day of 10 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at AESTOX/CRE 4U foregoing statements	S yracuse. I hereby certify are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional	information regarding	international searches.
(Signature of Affiant)		
State of: Colorado County of: Denver		
The foregoing instrument was acknowledged before me this that day of and:	June , 20 19	by Pebeccu Voge
who is personally known to me, or		
who produced the following identification:		
[SEAL]	Mary	Notary Rubic Shaws Sinted Notary Name
MARY LOU JOHNSON NOTARY PUBLIC STATE OF COLORADO NOTARY ID 19924002001 MY COMMISSION EXPIRES OCTOBER 4, 2022		Commission Expires

Applicant Company Name :	COPIC Insurance Company	NAIC No.	11860	
		FEIN:	840948519	

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

V-9202015-				
	me, address, and telepho d (Do Not Use Group N	one number of the present or proposed cames).	entity under which this	biographical statement is being
COPI	C Insurance Compan	у		
7351	E. Lowry Blvd., Suite 4	00, Denver, CO 80238		
720-	358-6000			
1.		nitials Not Acceptable): First: Rebecca NONE," SO STATE.	Middle: Susan	Last:Vogel
2.	Have you ever used an	y other name, including first, middle or	last name, nickname, n	naiden name or aliases?
	Yes X No			
	If yes, give the reason	if any, if none indicate such, and provid	e the full name(s) and	date(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If r	none, indicate such)
10/15	- Present	Vogel Buys	marriage	
	· · · · · · · · · · · · · · · · · · ·			
_				
	-1-4-7	Net do to		
Note:	be an overlap of date	conse to this question may be approximate when transitioning from one name or and/or attach foreign diploma or cell Information.	to another. If applicab	le, provide the foreign student
3.	Affiant's Social Secur	ity Number:		1970
4.	Government Identifica	ation Number if not a U.S. Citizen:		
5	Foreign Student ID# (if applicable)		

Applicant Company	Name : COPIC Insu	rance Com	ipany	NAIC No FEIN:	11860 84094851	0
				FEIN:	84094851	9
	th: (MM/DD/YY) : nce:		Place of Birth, City: Country:			
Name of A	ffiant's Spouse (if applic	able):	Joseph Buys			
List your re	esidences for the last ten	(10) years s	starting with your currer	nt address, givi	ng:	
eginning/Ending ates (MM/YY)	Address	City	State/ Province	Co	untry	Postal Code
	ided in response to this q					using this form
e best of my know	is 6 th day of Juy of perjury that I am ac ledge and belief.	ting on my	own behalf and that th	e foregoing sta	itements are t	rue and correct to
	(Signature of Affiant)		_			
ate of: Colorac		of; Denv	ver			
tate of	ment was acknowledged			une.	20 19 by N	Rebecc- Vi
nd:						
who is personal	ly known to me, or					
who produced the	he following identification	one				
who produced the	he following identification	ona		0	5	ĵ,
who produced the	he following identification	on:		mary	Notary Pub	ichson
	he following identification	on:			rinted Notary	Name
	MARY LOU JOHN NOTARY PUBLIC STATE OF COLORA	SON		10 -	Lot no	Name

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (All states except California, Minnesota and Oklahoma)
This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Copic Insurance Company ("Company name] ("Company") for licensure or a permit to organize
("Application") with a department of insurance in one or more states within the United States. Company desires to procure consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by department of insurance in any state where Company pursues an Application during the term of your functioning as, of 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 you 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 produce 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 Legal Department [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 the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) 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.
Rebecca Vogel
Signature) Aprinted Full Name and Residence Address June 6, 2019 (Date)
State of: County of: Denver
The foregoing instrument was acknowledged before me this beth day of June, 2019 by Rebeccu Vocel, and:
X who is personally known to me, or

who produced the following identification:

[SEAL]

MARY LOU JOHNSON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19924002001
MY COMMISSION EXPIRES OCTOBER 4, 2022

Marylou Jahrson
Printed Notary Name

My Commission Expires

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

_	PIC Insurance Con	mpany 7351 E. Lowr	y Blvd. Ste. 400	Denver, CO 80230	1-720-858-6000
_					
herei	nafter set forth. (A			epresentations and supply in hereon is insufficient to an	
L	Affiant's Full 1	Name (Initials Not Accep	table): First: Soph	ia Middle: Ghebremicae	Last: Meharena
2.	a. Are y	ou a citizen of the United	States?		
	Yes	x No			
	b. Are y	ou a citizen of any other	country?		
	Yes	No X			
	Ifves	, what country?			
3.	1000		ediatrician		
4.	Affiant's busin	48 W A	Potomac St. Suite 1	30 Aurora 80012	
7.	Business telepl		Duci	ness Email: smeharena@e	verychildpediatrics.org
5.	Education and	idite.	_ Busii	iess Eman,	7 7
٥.		9 1.5		Dates Attacked A 0.470	() Decree Obtained
Calla	ge/University	<u>City/Sta</u> e South Hadl	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Dates Attended (MM/YY 09/97 - 05/01	Degree Obtained BA
7	int Halvaka Callen	c Journ Hadi	c), bhi	03/97 - 03/01	DA
7	int Holyoke Colleg			Dates Attended (MM/Y)	 Degree Obtained
Mou	ant Holyoke Colleg uate Studies pathic	College/University Western University of	City/State		
Mou	uate Studies	College/University Western University of Health Sciences	City/State Pomona, CA	08/04 - 05/08	M.D.
Mou Osteo Medio	uate Studies	Western University of		08/04 - 05/08	

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company	Name: COPIC In	surance Co	ompany	NAIC No FEIN:	11860 840948519
6.	List of men	nberships in professi	onal societi	es and associ	ations:	
	Name Society/Ass		Contact N	ame	Address of Society/Association	Telephone Number of Society/Association
	American	Academy of Pediatr	rics	4981 S Em	poria, Greenwood Village, CO, 80	303-601-8308
	COPIC Bo	ard of Directors			7351 E. Lowry Blvd. Ste. 400	720-858-6000
7.	Present or p	proposed position wi	th the Appli	cant Compar	ny: Director	
	including p officerships necessary t information ng/Ending	resent jobs, position i). Please list the most oprovide telephor may be required du	s, partnersh st recent fir e numbers ring the thir	ips, owner o st. Attach ad and supervi d-party verif	(20) years, whether compensate f an entity, administrator, manag ditional pages if the space provid- isory information for the past ication process for international e	er, operator, directorates o led is insufficient. It is only ten (10) years. Additiona mployers.
Dates (N	MM/YY):		Employe	r's Name:	Every Child Pediatrics/Rocky Mo	untain Youth Clinics
Address	: 1550 S. I	Potomac Stuie 130	City:	Aurora	State/Province:	СО
Country	USA	Postal Code:	80012	Phone:	Offices/Positions Hel	d: Pediatrician
Type of	Business:	Medical		Supervis	or/Contact: Laura Luzietti M.D	. 303-928-9582
Dates (N	ng/Ending MM/YY):		5 Employe		University of Colorado School of	
Address	: Bldg 500	- 13001 E. 17th Pl.	City:	Aurora	State/Province:	CO
Country	: USA	Postal Code:	80045	Phone: 720	0-777-5775 Offices/Positions Held	1: Liaison for Diversity
Type of	Business:	Medical Educatio	n	Supervis	or/Contact: Stephen Daniels I	M.D. 720-777-2766
	ng/Ending MM/YY):	07/01 - 05/0	4 Employe	r's Name:	Stockamp + Associates	
Address	:_ 6000 Mea	idows Rd.	City:	Lake Osweg	State/Province:	Orgeon
Country	:_USA	Postal Code:		Phone: 213	-977-3200 Offices/Positions Held	Senior Assoc. Health Care J. Revenue Cycle Consultant
Type of	Business:	Health Care Man	agement	Supervise	or/Contact:	
	ng/Ending MM/YY):	07/08 _ 06/11	Employe	r's Name: _	University of Colorado School o	of Medicine
Address	: 131231	E. 16th. Ave	City;	Aurora	State/Province:	СО
Country:	USA	Postal Code:	80045	Phone: 720	-777-1234 Offices/Positions Held	Post-Graduate 1: Physician Trainee
Type of	Business:	Hospital		Supervise	or/Contact:	

Applic	ant Com	pany Name	COPIC Insur	ance Company		NAIC		11860	
						FEIN	_	840948519	
9.	a.	Have yo	ou ever been in a po	osition which requ	ired a fidel	ity bond?			
		Yes	No x			7 /			
		If any cl	aims were made o	n the bond, give d	etails:				
	b.	Have yo	ou ever been denie ?	ed an individual	or position	schedule fid	elity bond	l, or had a bo	nd canceled or
		Yes	No x						
		If yes, g	ive details:						
10.	or gov in the jick number are rear represe	ernmental past. For an ensing auth er is your S asonably id ented by y	onal, occupational licensing agency of a mon-insurance of the control of the control occupance o	or regulatory author egulatory issuer, in body having juri or (SSN) or em SSN, then write ample, "SSN", "1	ority or lice dentify and sdiction ov beds your S SSN for the	nsing authori provide the r er the license SSN or any se at portion of	ty that yo name, add (s) issued equence of the profes	u presently ho ress and telepl d. If your profi f more than five ssional license	old or have held hone number of essional license we numbers that number that is
		7.75	Colorado Boaro	of Medicine	71.2 -				
		suer of Lic	Colorado Board ense:		Address:	1560 Bros	adway	5 75 4 =	2 Livin
City: I	Denver		State/Province:	СО	Country:	USA	P	ostal Code: _	80202
License	e Type:_	Medical	License	#: DR.0049924			Date Iss	ued (MM/YY	04/08/2011
Date E	xpired (N	MM/YY):		Reason for Term	ination:				
Non-In	surance	Regulatory	Phone Number (i	f known):					
Organi	zation/Is	suer of Lic	ense:		Address:				
City:_			State/Province:		Country:		Po	ostal Code:	
License	e Type:_		License	#:		Date Issued (N	/M/YY):		
Date E	xpired (N	MM/YY):_		Reason for Term	ination:				
Non-In	surance	Regulatory	Phone Number (i	f known):					
11.			the following, if th						lly verified that
	a.	Been re	fused an occupatio	nal, professional,	or vocation	nal license or			ry authority, or
		Yes	No x						
	b.		occupational, pro				you hold	or have held,	been subject to

C,	Yes No x		
C,			
	Been placed on probation or had a fine levied agains license or permit in any judicial, administrative, regu		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offe	ense(s) other than civil tr	raffic offenses?
	Yes No x		
e,	Pled guilty, or nolo contendere, or been convicte offenses?	d of, any criminal off	ense(s) other than civil tra
	Yes No x		
£	Had adjudication of guilt withheld, had a sentence in suspended, or been pardoned, fined, or placed on traffic offenses?		
	Yes No x		
	Been subject to a cease and desist letter or order, or enjoin administrative, regulatory, or disciplinary action, from viregulating the business of insurance, securities or ban practices in the course of the business of insurance, securities	iolating any federal, stat king, or from carrying	e law or law of another cou
	Yes No X		
	Been, within the last ten (10) years, a party to any ci financial dispute?	vil action involving di	shonesty, breach of trust,
	Yes No x		
	Had a finding made by the Comptroller of any state o provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller	y laws, or credit union	laws, or that you have viol
	Yes No x		
j.	Had a lien or foreclosure action filed against you or any	entity while you were as	sociated with that entity?
	Yes No x		
	If the response to any question above is yes, please pro- Attach a copy of the complaint and filed adjudication or		

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

Applicant Cor	mpany Name: COPIC Insurance Company	NAIC No FEIN:	11860 840948519
holds	e held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, to person.	en percent (10%) or mor	e of the voting securities of any
lfan	y of the stock is pledged or hypothecated in any way, giv	ve details	
or of regul direc with,	Will] you or members of your immediate family individed frecord, 10% or more of the outstanding shares of sto latory authority, or its affiliates? An "affiliate" of, or per titly, or indirectly through one or more intermediaries, countries, the person specified.	ck of any entity subject son "affiliated" with, a	to regulation by an insurance specific person, is a person that
	s, please identify the company or companies in which thutstanding voting securities.	ne cumulative stock hold	lings represent 10% or more of
If any	y of the shares of stock are pledged or hypothecated in a	ny way, give details.	
4. Have	you ever been adjudged a bankrupt?		
Yes	No x		
If yes	s, provide details:		
comm	our knowledge has any company or entity for which nittee member, key management employee or controlling you served in such capacity?		
a.	Been refused a permit, license, or certificate of audicensing agency?	thority by any regulato	ry authority, or governmental-
	Yes No x		
b.	Had its permit, license, or certificate of authority su to any judicial, administrative, regulatory, or dis- receivership, conservatorship, federal bankruptcy p similar proceeding)?	ciplinary action (includ	ing rehabilitation, liquidation,
	Yes No x		
¢.	Been placed on probation or had a fine levied ag- authority in any civil, criminal, administrative, regul		
	Yes No x		

Applicant Company Name : _COPIC Insurance Company_	NAIC No FEIN:	11860 840948519
If the answer to any of the above is yes, please indicate and g affiant should also include any events within twelve (12) mont		
Note: If an affiant has any doubt about the accuracy of an a and an explanation provided.	nswer, the question sho	uld be answered in the positive
Dated and signed this 6 day of 5 day of 20 19 under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.	at Denve e foregoing statements	are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional (Signature of Afriant)	information regarding	international searches.
State of: Colorado County of: Denver The foregoing instrument was acknowledged before me this 6 day of	f June . 2019	by Sophia G. Mehare
and:		
who is personally known to me, or		
who produced the following identification:		
[SEAL]	8	Notary Public Non L. Try and ripted Notary Name 3/35/3024 Commission Expires
RHIANNON L TRYON NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20054033518 MY COMMISSION EXPIRES 08/25/2021		

NAIC No.	11860	
FEIN:	840948519	

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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). COPIC Insrance Company 7351 E. Lowry Blvd. Ste. 400 Denver CO, 80230 720-858-6000 Affiant's Full Name (Initials Not Acceptable): First: Sophia Middle: Ghebremicael Last: Meharena 1. IF ANSWER IS "NONE," SO STATE. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases? 2. Yes x No If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. Beginning/Ending Name(s) Reason (If none, indicate such) Date(s) Used (MM/YY) Specify: First, Middle or Last Name Maiden name changed for marriage 05/79 Sophia Tiblets Ghebremicael 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. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information. Affiant's Social Security Number: 3. 4. Government Identification Number if not a U.S. Citizen: 5. Foreign Student ID# (if applicable):

Applic	cant Company N	ame : COPIC Insu	rance Com	pany	NAIC No FEIN:	11860 840948519	
6.	Date of Birth: State/Provinc	(MM/DD/YY) : e: TX		_Place of Birth, City: _Country:USA	San Anton	io	
7.	Name of Affi	ant's Spouse (if appli	cable): Yo	nas Meharena			
8.	List your resid	dences for the last ten	(10) years s	tarting with your currer	nt address, givi	ng:	
	ning/Ending (MM/YY)	Address	City	State/ Province	Co	untry	Postal Code
Vote:				be approximate, exceptes when transitioning f			sing this form
Dated ertify he bes	and signed this under penalty of st of my knowled	day of	cting on my	, 20 19 at Do own behalf and that th	ne foregoing sta	tements are tru	. I hereby
/			tacted to pro	ovide additional inform	ation regarding	international se	earches.
	8	5 M	\mathcal{L}				
	0-1	ignature of Affiant)	λ.				
State of			of: <u>OD</u>	this _ (e_ day of _ \lambda	Haa .	20 19 by S	nohin G. M
ind:	55	-0,	2.401023.007		mac.		grance
] wl	ho is personally	known to me, or					
W	ho produced the	following identificati	on: CO Z)L			
					14.		0
	[SEAL]					Notary Public	Truby
	_				8	rinted Notary N	1/
	M	RHIANNON L NOTARY PU STATE OF COL NOTARY ID 2005 Y COMMISSION EXPI	BLIC ORADO 4033518	21	Mys	Complission E	

NAIC No.	11860	
FEIN:	840948519	

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 Copic Insurance Company
cons depa seek Com requ authoritivin as it	plication") with a department of insurance in one or more states within the United States. Company desires to procure a smer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a tement of insurance in any state where Company pursues an Application during the term of your functioning as, or ng to function as, an officer, member of the board of directors or other management representative ("Affiant") of pany or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is red by a department of insurance reviewing any Application. Background Reports requested pursuant to your orization below may contain information bearing on your character, general reputation, personal characteristics, mode of a and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and orization will be maintained as confidential.
You	may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces

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 Legal Department [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) six (6) 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.

Sophia Ghebre	emicael Meharena	
State of: Colora	(Printed Full Name and Resider (Signature) County of: Denvey	(Date)
	trument was acknowledged before me this Meharena, and: y known to me, or	Le day of Lune, 2019 by
who produced the	ne following identification:	Rougeandl
[SEAL]	RHIANNON L TRYON NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20054033518 MY COMMISSION EXPIRES 08/25/2021	Printed Notary Name Printed Notary Name 8 25 7 20 24 My Commission Expires

Revised 03/26/18 FORM 11

Applicant Company Name	COPIC Insurance Company
------------------------	-------------------------

NAIC No.	11860	
FEIN:	840948519	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

requ	name, address and telephor ired (Do Not Use Group Na		resent of propo	sea citity ander wines an	3 Glographin	ear statement 13 bett
CC	OPIC Insurance Company	7351 E. Lowry	Blvd. Ste. 400	Denver, CO 80230	1-720-8	58-6000
_						
_	7					
herei	onnection with the above- mafter set forth. (Attach ac WER IS "NO" OR "NONE	ddendum or separa				
1.	Affiant's Full Name (In	nitials Not Accepta	able): First: Stev	en Middle: Adams	Last:	Rubin
2.	a. Are you a citi:	zen of the United S	States?			
	Yes X	No				
	b. Are you a citi:	zen of any other co	ountry?			
	Yes	No X				
	If yes, what co	ountry?				
3.	If yes, what co		sident MPLI			
3.	Affiant's occupation or	profession: Pres		400, Denver, CO 80230	j	
	Affiant's occupation or	profession: Presents: 7351 E. Lov	vry Blvd., Suite	400, Denver, CO 80230		
	Affiant's occupation or Affiant's business addr	profession: Preservess: 7351 E. Lov 20-858-6000	vry Blvd., Suite			
4. 5.	Affiant's occupation or Affiant's business addr Business telephone: 7	profession: Preservess: 7351 E. Lov 20-858-6000	vry Blvd., Suite Bus		pic.com	Degree Obtained
4. 5. Colle	Affiant's occupation or Affiant's business addr Business telephone: 7 Education and training	profession: <u>Pres</u> ress: <u>7351 E. Lov</u> 20-858-6000	vry Blvd., Suite Bus	iness Email: srubin@co	pic.com	Degree Obtained BS
4. 5. Colle	Affiant's occupation or Affiant's business addr Business telephone: 7 Education and training ege/University ling Green University	ress: _7351 E. Lov 20-858-6000	vry Blvd., Suite Bus	iness Email: srubin@co	pic.com	BS
5. Colle	Affiant's occupation or Affiant's business addr Business telephone: 7 Education and training ege/University ling Green University	ress: _7351 E. Lov 20-858-6000 City/State Bowling G	Bus Bus Green, OH	Dates Attended (MM 09/69 - 06/73	pic.com VYY)	BS
5. College	Affiant's occupation or Affiant's business addr Business telephone: 7 Education and training ege/University ling Green University uate Studies Colle 3 School of Management	ress: _7351 E. Lov 20-858-6000 City/State Bowling G	Bus Bus Green, OH City/State University Eva	Dates Attended (MM 09/69 - 06/73	pic.com (/YY)	Degree 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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	mt Company Nam	e: COPIC Ins	urance Company	NAIC No. FEIN:	11860 840948519	
6.	List of members	hips in professio	nal societies and asso	ociations:		
	Name of Society/Associat	<u>ion</u>	Contact Name	Address of Society/Association	Telephon of Society/	e Number Association
	Colorado Socie	ty of CPA's	7887 E. Belle	eview Ave., Suite 200, Englew	ood, CO 80111	303-773-2877
	American Instit	tute of CPA's	211 Avenue	of the Americas, NY, NY 100	36	3212-596-6200
7.	Present or propo	sed position with	the Applicant Comp	pany: President		
8.	officerships). Ple necessary to pro-	t jobs, positions case list the most ovide telephone	, partnerships, owner t recent first. Attach numbers and supe	aty (20) years, whether compen of an entity, administrator, ma additional pages if the space pro- rivisory information for the pa- rification process for internation	nager, operator, ovided is insuffic ast ten (10) yea	directorates or ient. It is only
	ing/Ending MM/YY): <u>02/00</u>	- Present	Employer's Name:	COPIC Insuranec Compan	ıy	
Address	s: _7351 E. Lowr	y Blvd, Suite 40	0 City: Denver	State/Province	e: CO	
Country	: USA	Postal Code:	80230 Phone: 7	720-858-6000Offices/Positions	Held: Presiden	t/COO, CFO
Type of	Business: Phys	ician's Liability	Insurance Superv	visor/Contact:		
	ng/Ending MM/YY): <u>12/98</u>	- 02/00	Employer's Name:	First City Financial		
Address	s: 7300 E. Arapal	hoe Road	City:_Englewoo	od State/Province	e: CO	
Country	usa Usa	Postal Code: _	80112 Phone: 3	303-793-0800 Offices/Positions	Held: Presider	it, CEO, Consult
Type of	Business: Fina	nce	Superv	visor/Contact:		
Beginni Dates (ng/Ending MM/YY): 08/93	02/98	Employer's Name:	FirstPlus Financial		
Address	52		City:	State/Province		
Country	×	Postal Code: _	Phone:	Offices/Positions	President Held: President	, CEO, Exec., Vid , CFO
Type of	Business:		Superv	visor/Contact:		
	ng/Ending MM/YY):		Employer's Name:			
Address	*		City:	State/Province	e:	
Country	C	Postal Code:	Phone:	Offices/Positions	Held:	
T	Ducinage		Ĉi.	the authority		

Applica	nt Com	pany Name	: COPIC Insu	rance Company		NAIC No. FEIN:	118 840948	
9.	a.			osition which req	uired a fide	lity bond?		
		Yes X	No					
		If any cla	tims were made t	on the bond, give	details:			
	ь.	Have you		ied an individual	or position	schedule fidelity	bond, or had	a bond canceled or
		Yes	No X					
		If yes, gi	ve details:					
10.	or government in the lice number are reareresser	ernmental I past. For an ensing author is your So sonably ide ented by yo	icensing agency y non-insurance ority or regulator ocial Security Nu entifiable as your	or regulatory auth regulatory issuer, y body having jur mber (SSN) or en SSN, then write ample, "SSN", "	ority or lic identify and isdiction of abeds your SSN for the	ensing authority that d provide the name, ver the license (s) is SSN or any sequen nat portion of the po	at you presently, address and the saued. If your ce of more that rofessional lice	ssued by any public y hold or have held elephone number of professional license in five numbers that ense number that is). Attach additional
Organiza	ation/ls	suer of Lice	nse: State of Co	olorado	Address:			
City:De	nver		State/Province:	CO	Country:	USA	Postal Cod	e::
License	Туре:_	CPA	License	: #:5341		Date Issued (MM/Y	(Y): 09/19	79
Date Ex	pired (N	/M/YY):_	05/2000	Reason for Term	nination:	No longer need	led for work	purposes
Non-Ins	urance	Regulatory	Phone Number (if known):				
Organiza	ation/Is	suer of Lice	nse:		Address:			
								:
License	Type:_		License	#:		Date Issued (MM/Y	(Y):	
Date Exp	pired (N	/M/YY):_		Reason for Tern	nination:			
Non-Ins	urance l	Regulatory	Phone Number (if known):				
11,						expunged, and the a		sonally verified that
	a.			onal, professional or governmental			nit by any regi	ulatory authority, or
		Yes	No X					
	b.			ofessional, or voc e, regulatory, or d			nold or have h	eld, been subject to

	Company Name: COPIC Insurance Company	NAIC No FEIN:	11860 840948519
	Yes No X		
c.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regula		
	Yes No X		
d.	Been charged with, or indicted for, any criminal offen	se(s) other than civil tr	raffic offenses?
	Yes No X		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal off	ense(s) other than civil trat
	Yes No X		
f.	Had adjudication of guilt withheld, had a sentence impulse suspended, or been pardoned, fined, or placed on partraffic offenses?		
	Yes No X		
g.	Been subject to a cease and desist letter or order, or enjoin administrative, regulatory, or disciplinary action, from vio		
	regulating the business of insurance, securities or bank practices in the course of the business of insurance, securit		
h.	yes No X	ies or banking?	out any particular practice
h.	yes No X Been, within the last ten (10) years, a party to any civ	ies or banking?	out any particular practice
h.	yes No X Been, within the last ten (10) years, a party to any civ financial dispute?	ties or banking? il action involving di the Federal Governm laws, or credit union	out any particular practice shonesty, breach of trust, of ent that you have violated a laws, or that you have violated
	Practices in the course of the business of insurance, securit Yes No X Been, within the last ten (10) years, a party to any civ financial dispute? Yes No X Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company	ties or banking? il action involving di the Federal Governm laws, or credit union	out any particular practice shonesty, breach of trust, of ent that you have violated a laws, or that you have violated
	Practices in the course of the business of insurance, securit Yes No X Been, within the last ten (10) years, a party to any civ financial dispute? Yes No X Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of	the Federal Governm laws, or credit union fany state or the Feder	out any particular practice shonesty, breach of trust, of ent that you have violated a laws, or that you have violated al Government?
ł,	Practices in the course of the business of insurance, securit Yes No X Been, within the last ten (10) years, a party to any civ financial dispute? Yes No X Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of Yes No X	the Federal Governm laws, or credit union fany state or the Feder	out any particular practice shonesty, breach of trust, of ent that you have violated a laws, or that you have violated al Government?
ł,	Practices in the course of the business of insurance, securit Yes No X Been, within the last ten (10) years, a party to any civ financial dispute? Yes No X Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller of Yes No X Had a lien or foreclosure action filed against you or any entered to the comptroller of the	the Federal Governm laws, or credit union fany state or the Federal ditty while you were as	out any particular practice shonesty, breach of trust, of ent that you have violated a laws, or that you have viola al Government? sociated with that entity?

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

	mpany Name: COPIC Insurance Company	NAIC No FEIN:	11860 840948519
holds	e held by the person. Control shall be presumed to exist s with the power to vote, or holds proxies representing, ten person.	t if any person, directl percent (10%) or mor	y or indirectly, owns, control re of the voting securities of an
	None		
If any	y of the stock is pledged or hypothecated in any way, give	details	
or of regulative direct	Will] you or members of your immediate family individual frecord, 10% or more of the outstanding shares of stockatory authority, or its affiliates? An "affiliate" of, or persently, or indirectly through one or more intermediaries, conthe person specified.	k of any entity subjection "affiliated" with, a	t to regulation by an insurance specific person, is a person th
Yes	No X		
	s, please identify the company or companies in which the utstanding voting securities.	cumulative stock hole	dings represent 10% or more of
If any	y of the shares of stock are pledged or hypothecated in any	y way, give details.	
Have	you ever been adjudged a bankrupt?	y way, give details.	
Have	you ever been adjudged a bankrupt?	y way, give details.	
Have	you ever been adjudged a bankrupt?	y way, give details.	
Have Yes If yes	you ever been adjudged a bankrupt?	you were an officer	or director, trustee, investments of the following events occur
Have Yes If yes	e you ever been adjudged a bankrupt? No X s, provide details: our knowledge has any company or entity for which you mittee member, key management employee or controlling	you were an officer of stockholder, had any	y of the following events occu
Have Yes If yes To ye comm while	e you ever been adjudged a bankrupt? No X s, provide details: our knowledge has any company or entity for which ynittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of authorized a permit is served.	you were an officer of stockholder, had any	y of the following events occu
Have Yes If yes To ye comm while	e you ever been adjudged a bankrupt? No X s, provide details: our knowledge has any company or entity for which ynittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of auth licensing agency?	you were an officer of g stockholder, had any hority by any regulate pended, revoked, cance plinary action (include	of the following events occurry authority, or governmenta eled, non-renewed, or subjecteding rehabilitation, liquidation
Have Yes If yes To ye comm while a.	e you ever been adjudged a bankrupt? No X s, provide details: our knowledge has any company or entity for which ynittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of auth licensing agency? Yes No X Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discireceivership, conservatorship, federal bankruptcy pro	you were an officer of g stockholder, had any hority by any regulate pended, revoked, cance plinary action (include	of the following events occurry authority, or governmenta eled, non-renewed, or subjecteding rehabilitation, liquidation
Have Yes If yes To ye comm while a.	e you ever been adjudged a bankrupt? No X s, provide details: our knowledge has any company or entity for which ynittee member, key management employee or controlling you served in such capacity? Been refused a permit, license, or certificate of auth licensing agency? Yes No X Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or discince receivership, conservatorship, federal bankruptcy presimilar proceeding)?	you were an officer of stockholder, had any hority by any regulate pended, revoked, cancellation (include occeeding, state insolved instit or against its p	ory authority, or governmental eled, non-renewed, or subjected ding rehabilitation, liquidation ency, supervision or any other

Applicant Company Name: C	OPIC Insurance Company	NAIC No.	11860
		FEIN:	840948519
Fine assessed by the C Examination-Report	the above is yes, please indicate and g de any events within twelve (12) mont Colorado Division of Insurance of S conducted from the time period 01, cted to ensure full compliance with	hs after his or her depart 48,000 for alleged vio 401/08-to-12/31/08, T	rture from the entity lations raised in Market Conduct
Note: If an affiant ha and an explana	s any doubt about the accuracy of an a tion provided.	nswer, the question sho	uld be answered in the positive
of my knowledge and belief.	y of June 20 19 n acting on my own behalf and that th		
Signature of Af	,	intormation regarding	international searches.
State of: Colonido	County of: Derver		
The foregoing instrument was ac and:	knowledged before me this day of	June .2019	by Steven A Rubin.
who is personally known to	me, or		
who produced the following	identification:		
		-	MIL
[SEAL]		Leve (Notary Public
	AURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320	Januar	rinted Notary Name

Applicant Company Name	COPIC Insurance Company	NAIC No.	11860	
A former and a second of the second		FFIN:	840948519	

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. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

735 E	. Lowry Blvd., Sui	e 400		
Denv	ver, CO 80230	720-858-6000		
Î.	Affiant's Full Na IF ANSWER	me (Initials Not Acceptable): First: Steven IS "NONE," SO STATE.	Middle: Adams	Last: Rubin
2.	Have you ever us	ed any other name, including first, middle or la	ast name, nickname, ma	tiden name or aliases?
	Yes	No X		
	If yes, give the re-	ason if any, if none indicate such, and provide	the full name(s) and da	te(s) used.
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If no	ne, indicate such)
	183		3-11-12-Crack	
Note:	be an overlap of Identification Nu	response to this question may be approximat dates when transitioning from one name to mber and/or attach foreign diploma or cert tental Information.	another. If applicable	, provide the foreign student
3.	Affiant's Social S	ecurity Number:		
4.	Government Iden	tification Number if not a U.S. Citizen;		
5.	Foreign Student I	D# (if applicable) :		

Appli	cant Company N	Name: COPIC Ins	urance Comp	any	NAIC No FEIN:	11860 840948519	
						040940319	
6,	Date of Birth State/Province	e: (MM/DD/YY) : _ e: OH		Place of Birth, City: Country: USA	Canton		
7.	Name of Aff	iant's Spouse (if appl	icable) : Bet	h Rubin			
8.	List your res	idences for the last te	n (10) years sta	arting with your curren	nt address, giv	ing:	
Begin	ning/Ending			State/			
	(MM/YY)	Address	City	Province	<u>C</u>	ountry	Postal Code
Note:				be approximate, except s when transitioning f			sing this form
Dated	and signed this	4th day of Jun	~	20 19 at Den	-(-		. 1 hereby
certify	under penalty	of perjury that I am	acting on my o	wn behalf and that th	e foregoing s	tatements are tru	e and correct to
	st of my knowle	W. British Collection					
XII	hereby acknowl	edge that I may be co	ntacted to prov	ide additional inform	ation regardin	g international se	earches.
	14	eroku	1-				
-	July	Signature of Affiant)	Vn-				
1							
		Count		1000		10 0	D
	regoing instrun	ent was acknowledge	ed before me th	nis 4th day of 5	ine	, 20 19 by S	teen Kibh.
and:							
W	ho is personally	known to me, or					
_ w	ho produced the	following identifica	tion:				
					0	10	
					de	1 h	Hon
	[SEAL]				1 200	Notary Public G. Wed le	
		LAURA G	WMDLEIGH			Printed Notary N	ame
		STATE OF	COLORADO			y Commission E	
		MY COMMISSION EXP	20134001320	2004	IVI	J Commission E	apity 5

NAIC No. 11860 FEIN: 840948519

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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 Legal Department [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) six (6) 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 A. 1		
Steve	(Signature) (Printed Full Name and Residence	e Address) 6 4 2019 (Date)
Steven A.	strument was acknowledged before me this	4th day of June , 2019 by
who produced the	ne following identification:	P MILL
[SEAL]	LAURA G WADLEIGH NOTARY PUBLIC STATE OF COLORADO NOTARY ID 20134001320 MY COMMISSION EXPIRES JANUARY 14, 3821	Printed Notary Name Sancial 14, 2021 My Commission Expires