

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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Alan Middle: Michael Last: Lembitz

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Physician, CMO

4. Affiant's business address: 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230

Business telephone: 720-858-6133 Business Email: Alembitz@copic.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Colorado School of Mines	Golden, CO	08/76 - 05/78	
University of Colorado	Boulder, CO	08/78 - 05/80	BS- Chemical Engineering

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of CO School of Medicine		Denver, CO	08/80 - 05/84	M.D.
Carnegie Mellon University		Pittsburgh, PA	08/98 - 5/2000	M.M.M

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
North Colorado Medical Center	Greeley, CO	06/84 - 06/87	Board Certified Am Board of Family Medicine

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.

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Colorado Medical Society		7351 E. Lowry Blvd, Suite 100, Denver, CO 80230	720-858-6000

7. Present or proposed position with the Applicant Company: Chief Medical Officer

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

Beginning/Ending Dates (MM/YY): 07/99 - Present Employer's Name: COPIC

Address: 7351 E. Lowry Blvd., Suite 400 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 720-858-6000 Offices/Positions Held: VP, Pt. Safety & Risk

Type of Business: Professional Liability Insurance Supervisor/Contact: Steve Rubin, President Management; CMO

Beginning/Ending Dates (MM/YY): 07/87 - 12/02 Employer's Name: Contract Emergency Physician for Boulder Community System and The Greeley Medical Center

Address: 1000 W. Southe Boulder Road City: Boulder State/Province: Colorado

Country: USA Postal Code: 80027 Phone: 303-666-4357 Offices/Positions Held: Physician

Type of Business: Emergency Medicine Supervisor/Contact: Laurie Coryell, MD, 303-666-4357

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

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

Yes No

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

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

Yes No

If yes, give details: _____

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

License to Practice Medicine, CO #26889

Organization/Issuer of License: CO Board of Medicine Address: 1560 Broadway

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Medicine License #: 26889 Date Issued (MM/YY): 07/1985

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

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FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None,

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

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NAIC No. 11860

FEIN: 840948519

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

Fine assessed by the Colorado Division of Insurance of \$48,000 for alleged violations raised in Market Conduct Examination Report conducted from the time period 01/01/08 to 12/31/08. The fine was paid and all alleged violations were corrected to ensure full compliance with Colorado law.

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

Dated and signed this 6TH day of JUNE 20 19 at DENVER, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Alan Lumbitz
(Signature of Affiant)

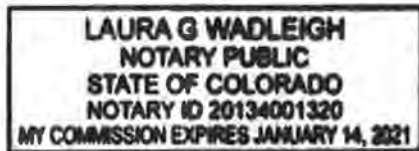
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 20 19 by Alan Lumbitz, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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).

COPIC Insurance Company
7351 E. Lowry Blvd., Suite 400, Denver, CO 80230
720-858-6000

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.

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

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

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

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

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
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[REDACTED]					
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 6th day of June, 20 19 at Denver CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

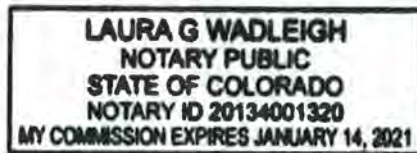
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 20 19 by Ah-Lemlatz and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

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.

[Redacted Signature and Address]

(Printed Full Name and Residence Address)

[Signature]
(Signature)

6-6-19
(Date)

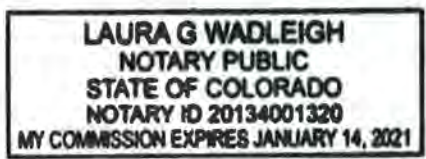
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 2019 by Alan Lembitz, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

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

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? None

3. Affiant's occupation or profession: Vascular Surgeon

4. Affiant's business address: 1601 E. 19th Ave. #3950 Denver, CO 80218

Business telephone: 303-539-0736 Business Email: synn@vascularinstitute.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Leland Stanford Jr. University	Stanford, CA	09/78 - 06/82	B.S.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	University of California	Los Angeles, CA	09/82 - 06/86	M.D.

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
University of Washington	Seattle, WA	06/86 - 06/91	Residency - general surgery
University of Iowa	Iowa City, IA	06/91 - 12/92	Fellowship - vascular surgery

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.

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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See Attachment

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

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

Beginning/Ending Dates (MM/YY): 07/95 - 01/16 Employer's Name: Vascular Institute of the Rockies

Address: 1601 E. 19th Ave. City: Denver State/Province: Colorado

Country: USA Postal Code: 80218 Phone: 303-539-0736 Offices/Positions Held: Partner Post President

Type of Business: Medical Supervisor/Contact: None

Beginning/Ending Dates (MM/YY): 07/93 - 07/95 Employer's Name: Simon Olstien, MD

Address: 5251 W. Campbell Ave. City: Phoenix State/Province: Arizona

Country: USA Postal Code: 85031 Phone: _____ Offices/Positions Held: Employed Surgeon

Type of Business: Medical Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 01/11 - 01/16 Employer's Name: Colorado Professional Insurance Company

Address: 7351 E. Lowry Blvd. Ste. 400 City: Denver State/Province: Colorado

Country: USA Postal Code: 80230 Phone: 720-858-6000 Offices/Positions Held: Faculty Consultant

Type of Business: Medical Professional Liability Insurance Supervisor/Contact: Ted Clarke, MD

Beginning/Ending Dates (MM/YY): 01/11 - 01/16 Employer's Name: The Colorado Trust

Address: 1600 Sherman St. City: Denver State/Province: Colorado

Country: USA Postal Code: 80203 Phone: 303-837-1200 Offices/Positions Held: Trustee

Type of Business: Health Foundation Supervisor/Contact: Ned Calonge, MD, PhD

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

See Attachment

Organization/Issuer of License: Colorado Board of Medicine Address: 1560 Broadway

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Medical License #: DR.0034425 Date Issued (MM/YY): 05/18/1995

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

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Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Revised 03/26/18

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

I am a partner in the medical practice of the Vascular Institute of the Rockies. This is subject to health insurance regulations

(Medicare, Medicaid, State + private insurance).

If any of the stock is pledged or hypothecated in any way, give details. None

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

Yes No

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

As outlined in question 12

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

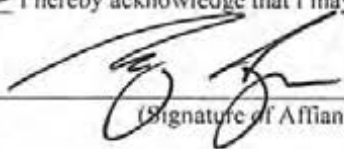
NAIC No. 11860
FEIN: 840948519

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

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

Dated and signed this 17 day of June 20 19 at Virginia Beach VA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.



(Signature of Affiant)

State of: VIRGINIA ^{CITY} County of: VIRGINIA BEACH

The foregoing instrument was acknowledged before me this 17TH day of JUNE, 20 19 by ALAN YOUNG SYAN and:

who is personally known to me, or

who produced the following identification: COLORADO DRIVERS LICENSE

[SEAL]


Notary Public
KIMBERLY A. JARAMILLO
Printed Notary Name
JANUARY 31, 2020
My Commission Expires

Kimberly A. Jaramillo
Notary Public
Reg #7522539
Commonwealth of Virginia
My Commission Expires 01-31-2020

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).

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver CO, 80230 720-858-6000

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

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

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

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

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
03/99 - date	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Dated and signed this 17 day of June, 20 19 at Virginia Beach Virginia. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: VIRGINIA City of: VIRGINIA BEACH

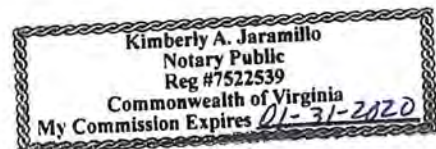
The foregoing instrument was acknowledged before me this 17TH day of JUNE, 20 19 by ALAN YOUNG SYNNE and:

who is personally known to me, or

who produced the following identification: COLORADO DRIVERS LICENSE

[SEAL]

[Signature]
Notary Public
KIMBERLY A. JARAMILLO
Printed Notary Name
JANUARY 31, 2020
My Commission Expires



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.

Alan Young Synn

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

[Signature]
(Signature)

6/17/19
(Date)

State of: VIRGINIA City of: VIRGINIA BEACH

The foregoing instrument was acknowledged before me this 17TH day of JUNE, 20 19 by ALAN YOUNG SYNNS, and:

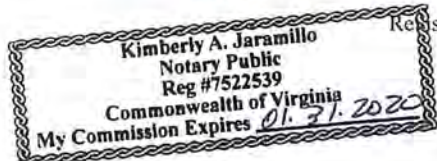
who is personally known to me, or

who produced the following identification: Colorado DRIVERS LICENSE

[SEAL]

[Redacted Signature] Notary Public

KIMBERLY A. JARAMILLO
Printed Notary Name
JANUARY 31, 2020
My Commission Expires



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 entity, administrator, manager, operator, directorates professorships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers. SEE ATTACHED

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. SEE ATTACHED

ATTACHMENT INCLUDED

Dated and signed this 10 day of June, 2019 at Grand Junction hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

Social Security Number: 

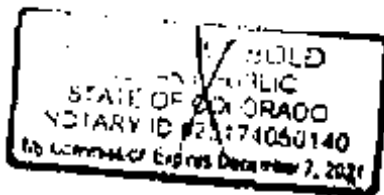
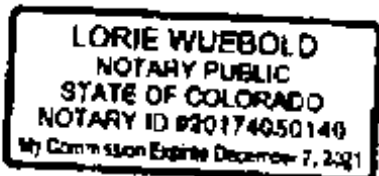
State of Colorado County of Mesa

The foregoing instrument was acknowledged before me this 10 day June 2019 by Alan Synn and:

who is personally known to me, or

who produced the following identification: Co Driver's License

(SEAL)




Notary Public

Lorie Wuebold
Printed Notary Name

12/7/21
My Commission Expires

Biographical Affidavit-Attachment

Alan Young Synn

6. List of memberships in professional societies and associations:

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

8. Complete Employment Record:

Dates:	01/07-01/16 (date)	Employer:	Saint Joseph Hospital		
Address:	1375 E. 19 th . 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

10. 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
Reason for Termination: I left the state
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: I 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: I 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. 19th 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

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 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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Brian Middle: Charles Last: Harrington

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Physician

4. Affiant's business address: Suite 100, 940 Central Park Drive, Steamboat Springs, CO 80487

Business telephone: 970-879-3327

Business Email: bharrington@yuma.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard College</u>	<u>Cambridge, MA</u>	<u>08/83 - 06/87</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Medicine</u>	<u>Dartmouth Medical School</u>	<u>Hanover, NH</u>	<u>08/87 - 06/91</u>	<u>MD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Public Health</u>	<u>University of Washington</u>	<u>7/97 to 8/99</u>	<u>M.P.H</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
 FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Colorado Academy of Family Physicians	Raquel Rosen	2224 S. Fraser #1	303-696-6655
American Academy of Family Physicians	11400 Tomahawk Cr.	Lakewood, KS 66211	800-3742-2337
American Medical Association	AMA Plaza 330 N. Wabash,	Chicago, IL 60611	800-262-3211
Colorado Medical Association	7351 Lowry Blvd.	Denver, CO 80230	720-859-1001

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

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

Beginning/Ending Dates (MM/YY): 07/06 - Present Employer's Name: Yampa Valley Medical Associates

Address: 940 Central Park Drive City: Steamboat Springs State/Province: CO

Country: USA Postal Code: 80487 Phone: 970-879-3327 Offices/Positions Held: Partner/Physician

Type of Business: Medical Clinic Supervisor/Contact: Matthew Walton

Beginning/Ending Dates (MM/YY): 07/05 - 06/06 Employer's Name: Steamboat Springs Family Medicine

Address: 501 Anglers Drive City: Steamboat Springs State/Province: CO

Country: USA Postal Code: 80487 Phone: 970-871-1323 Offices/Positions Held: Employed Physician

Type of Business: Medical/Clinical Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 03/04 - 06/05 Employer's Name: St. Mary Corwin Family Medical Residency

Address: 902 Lake Ave. City: Pueblo State/Province: CO

Country: USA Postal Code: 81004 Phone: 81004 Offices/Positions Held: Staff Physician

Type of Business: Clinic/Residency Program Supervisor/Contact: Nancy Hamilton

Beginning/Ending Dates (MM/YY): 09/99 - 06/03 Employer's Name: Darnell Army Medical Center

Address: 36000 Darndt Loop City: Fort Hood State/Province: TX

Country: USA Postal Code: 76544 Phone: 254-288-8000 Offices/Positions Held: Staff Physician

Type of Business: Medical Clinic Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Colorado Medical Board Address: 1560 Broadway, Suite 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Medical License #: 42159 Date Issued (MM/YY): 05/03

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

Non-Insurance Regulatory Phone Number (if known): 303-894-7690

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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.

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

Yes No

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

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

- 14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

BRADY N. AMUNDSON
APR 11 2019
00:00:00
MOUNTAIN VIEW, CO
MOUNTAIN VIEW, CO

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

COPIC underwent a Market Conduct Examination 1/1/08 to 12/31/08. The Colorado Department of Insurance assessed COPIC a fine of \$48,400. The fine was paid and all alleged violations were corrected to ensure full compliance with Colorado Law.

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

Dated and signed this 12th day of JUNE 2019 at 08:45. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

____ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Brian C. Harrington
(Signature of Affiant)

State of: COLORADO County of: ROUIT

The foregoing instrument was acknowledged before me this 12 day of June, 2019 by Brian C Harrington and:

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

[SEAL]

VIRGINIA K GLASS
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID # 19874072474
 MY COMMISSION EXPIRES SEPTEMBER 26, 2019

Virginia K Glass
 Notary Public
Virginia K Glass
 Printed Notary Name
09/26/19
 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).

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver CO, 80230 720-858-6000

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

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

Yes No

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

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

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. 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: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: _____
- 5. Foreign Student ID# (if applicable): _____

Applicant Company Name : COPIC Insurance Company

NAIC No 11860
FEIN: 840948519

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

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

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

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

[REDACTED]

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

Dated and signed this 12th day of June, 2019 at 08:45. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Brian C. Harrington
(Signature of Affiant)

State of: COLORADO County of: Routt

The foregoing instrument was acknowledged before me this 12 day of June, 2019 by Brian C Harrington and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

VIRGINIA K GLASS
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID # 19874072474
MY COMMISSION EXPIRES SEPTEMBER 26, 2019

Virginia K Glass
Notary Public
Virginia K Glass
Printed Notary Name
09/26/2019
My Commission Expires

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

(Printed Full Name and Residence Address)

Brian C. Harrington
(Signature)

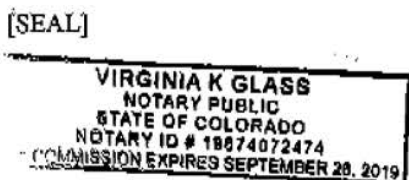
June 12th, 2019
(Date)

State of: COLORADO County of: Routt

The foregoing instrument was acknowledged before me this 12th day of June, 2019 by Brian C. Harrington, and:

who is personally known to me, or

who produced the following identification: _____



Virginia K Glass
Notary Public
Virginia K Glass
Printed Notary Name
09/26/19
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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Davis Middle: Kendrick Last: Hurley

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Physician

4. Affiant's business address: 8101 E. Lowry Blvd. Ste. 230 Denver, CO 80230

Business telephone: 303-344-9090 Business Email: durley@advancedortho.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Emory University</u>	<u>Atlanta, GA</u>	<u>8/88 -05/92</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>University of New Mexico</u>	<u>Albuquerque, NM</u>	<u>8/93 - 6/97</u>	<u>MD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>University of Colorado</u>	<u>Denver, CO</u>	<u>07/97 to 06/02</u>	<u>Internship/Residency</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
AAOS		Chicago, IL	
AAHS		Chicago, IL	

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

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

Beginning/Ending

Dates (MM/YY): 09/17 - Present Employer's Name: Orthopedic Centers of CO, LLC

Address: 8101 E. Lowry Blvd. Ste 230 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 303-344-9090 Offices/Positions Held: Partner, CEO

Type of Business: Physician Supervisor/Contact: _____

Beginning/Ending

Dates (MM/YY): 09/03 - 09/17 Employer's Name: Advanced Orthopedics

Address: 8108 E. Lowry Blvd. Ste. 230 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 303-344-9090 Offices/Positions Held: Partner, CEO

Type of Business: Physician Supervisor/Contact: _____

Beginning/Ending

Dates (MM/YY): 08/02 - 07/03 Employer's Name: University of New Mexico Health Sciences Center

Address: 1 Univ. of NM Bld. 177 City: Albuquerque State/Province: NM

Country: USA Postal Code: 87131 Phone: 505-277-0111 Offices/Positions Held: Fellow

Type of Business: Hospital Supervisor/Contact: Moheb, Moneim, M.D.

Beginning/Ending

Dates (MM/YY): 07/97 - 06/02 Employer's Name: University of CO Health Sciences Center

Address: 13001 E. 17th Pl. City: Aurora State/Province: CO

Country: USA Postal Code: 80045 Phone: 303-724-5000 Offices/Positions Held: _____

Type of Business: Hospital Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: State of Colorado Address: 1560 Broadway Ste 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Physician License #: 39940 Date Issued (MM/YY): 09/01

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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. _____

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

Dated and signed this 10th day of June 2019 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

DM I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 10th day of June, 2019 by Davis Hurley.
and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Kamee Wearden
Printed Notary Name
7/22/22
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).

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver CO, 80230 720-858-6000

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

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

Yes No

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

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

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
[REDACTED]					

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

Dated and signed this 10th day of June, 2019 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature] I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

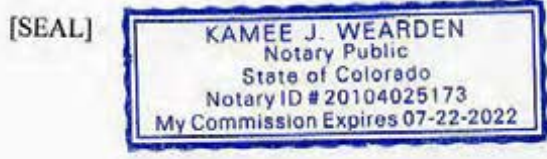
[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 10th day of June, 2019 by Davis Hurley and:

who is personally known to me, or

who produced the following identification: _____



[Signature]
Notary Public
Kamee Wearden
Printed Notary Name
7/22/22
My Commission Expires

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.

Davis Kendrick Hurley [Redacted Address]
(Printed Full Name and Residence Address)

[Handwritten Signature]
(Signature)

6/10/19
(Date)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 10th day of June, 2019 by Davis Hurley, and:

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



[Handwritten Signature]
Notary Public
Kamee Wearden
Printed Notary Name
7/22/22
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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Gerald Middle: Vincent Last: Zarlengo

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: CEO/Chairman of the Board

4. Affiant's business address: 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230

Business telephone: 720-858-6000 Business Email: gzarlengo@copic.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Colorado State University</u>	<u>Fort Collins, CO</u>	<u>09/74 - 05/78</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Medical School</u>	<u>University of Colorado</u>	<u>Denver, CO</u>	<u>08/78 - 05/82</u>	<u>M.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Residency</u>	<u>Denver, CO</u>	<u>06/82 - 06/86</u>	<u>Board Certified OB/GYN</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>ACOG</u>			
<u>Colorado Medical Society</u>			
<u>Denver Medical Society</u>			

7. Present or proposed position with the Applicant Company: CEO/Chairman of the Board

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

Beginning/Ending
Dates (MM/YY): 01/19 - Present Employer's Name: Copic Insurance Company
Address: 7351 E. Lowry Blvd. Ste. 400 City: Denver State/Province: CO
Country: USA Postal Code: 80230 Phone: 720-858-6000 Offices/Positions Held: C.E.O
Type of Business: Medical Malpractice Insurance Supervisor/Contact: _____

Beginning/Ending
Dates (MM/YY): 07/86 - 12/18 Employer's Name: Midtown Obstetrics & Gynecology
Address: 4600 Hale Parkway, Ste 400 City: Denver State/Province: CO
Country: USA Postal Code: 80220 Phone: 303-321-2166 Offices/Positions Held: Physician
Type of Business: Medical Practice Supervisor/Contact: Self

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: State of Colorado Address: 1560 Broadway

City: Denver State/Province: CO Country: USA Postal Code: 80202-5146

License Type: Medical License #: CO 25550 Date Issued (MM/YY): 05/19

Date Expired (MM/YY): 04/21 Reason for Termination: _____

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

Organization/Issuer of License: Drug Enforcement Administration Address: _____

City: Washington State/Province: DC Country: USA Postal Code: 20537

License Type: DEA License #: AZ2140692 Date Issued (MM/YY): 05/18

Date Expired (MM/YY): 05/21 Reason for Termination: _____

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

by the Colorado Division of Insurance of \$48,000 for alleged violations raised in Market Conduct Examination Report conducted from the time period 01/01/08 to 12/31/08. The fine was paid and all alleged violations were corrected to ensure full compliance with Colorado law.

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

Dated and signed this 13th day of June 20 19 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Gerald Zarbuzo MD
(Signature of Affiant)

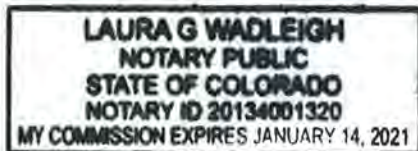
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 13th day of June, 20 19 by Gerald Zarbuzo, MD.
and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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).

COPIC Insurance Company

7351 E. Lowry Blvd., Suite 400

Denver, CO 80230 720-858-6000

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

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

Yes No

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>1956 - Present</u>	<u>Gerry - First</u>	<u>Nickname</u>
<u>1956 - Present</u>	<u>Z-last</u>	<u>Nickname</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

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

[REDACTED]					

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

Dated and signed this 13th day of June, 2019 at Denver, Co. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 13 day of June, 2019 by Gerald Zarlengo, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

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.

GERALD V ZARLENGO [Redacted Address]
(Printed Full Name and Residence Address)

Gerald V ZarlenGO (Signature) 6/13/19 (Date)

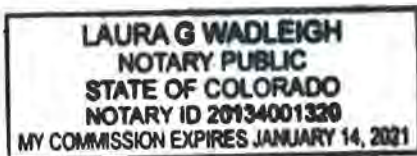
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 13 day of June, 2019 by Gerald ZarlenGO, MD, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Geraldine Middle: Ann Last: Lewis-Jenkins

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Chief Operating Officer

4. Affiant's business address: 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230

Business telephone: 720-858-6138 Business Email: gjenkins@copic.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>College of St. Francis</u>	<u>Joliet, IL</u>	<u>09/82 - 07/85</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Regis University</u>	<u>Denver, CO</u>	<u>09/93 - 06/99</u>	<u>MBA</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>CVPH Medical Center</u>	<u>Plattsburgh, NY</u>	<u>09/72 - 06/75</u>	<u>RN</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Medical Professional Liability Association</u>		<u>2275 Research Blvd, Suite 250 Rockville, MD 20850</u>	<u>301-974-9000</u>

7. Present or proposed position with the Applicant Company: Chief Operating Officer

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

Beginning/Ending Dates (MM/YY): 01/90 - Present Employer's Name: COPIC Insurance Company

Address: 7351 E. Lowry Blvd., Suite 400 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 720-858-6138 Offices/Positions Held: Chief Operating Officer

Type of Business: Medical Professional Liability Insurance Supervisor/Contact: Steve Rubin, President

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: State of Colorado Address: 1560 Broadway, Suite 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Nursing License #: 55782 Date Issued (MM/YY): 01/76

Date Expired (MM/YY): 09/04 Reason for Termination: Did not review license

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Business Debt

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____
Fines assessed by the CO Dept. of Insurance of \$48,000.00 for alleged violations raised in the Examination Report for _____ the period of 01/01/2008 to 12/31/2008. The fine was issued on 07/02/2010, the fine was paid and alleged violations addressed to ensure full compliance with Colorado law. _____

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

Dated and signed this 6 day of June 20 19 at Denver, Co. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Geraldine P. Lewis-Jenkins
(Signature of Affiant)

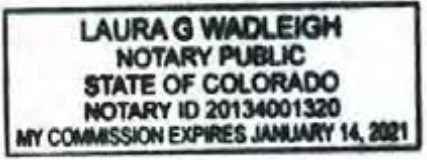
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 20 19 by Geraldine Lewis-Jenkins and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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).

COPIC Insurance Company

7351 E. Lowry Blvd., Suite 400

Denver, CO 80230 720-858-6000

1. Affiant's Full Name (Initials Not Acceptable): First: Geraldine Middle: Ann Last: Lewis-Jenkins
IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>04/07/1954 to 07/18/1975</u>	<u>Geraldine Ann Lewis</u>	<u>Changed name to married name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

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

[REDACTED]

[REDACTED]

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

Dated and signed this 6 day of June, 20 19 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

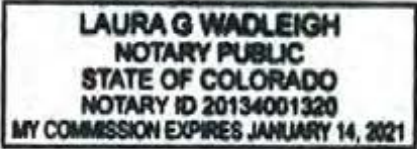
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 20 19 by Gerardine Lewis-Jenkins and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

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.

Geraldine A. Lewis-Jenkins [Redacted Address]

(Printed Full Name and Residence Address)

Geraldine A. Lewis-Jenkins
(Signature)

6/6/2019
(Date)

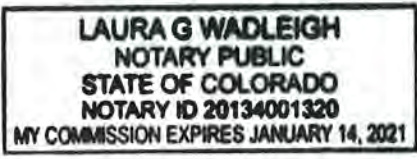
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 2019 by Geraldine Lewis-Jenkins, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

Applicant Company Name : COPIC

NAIC No. 11860
FEIN: 84-1948519

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 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

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Harold Middle: Reilly Last: Roth

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: CFO & CLO

4. Affiant's business address: Colorado Rockies Baseball Club, 2001 Blake St, Denver CO, 80205

Business telephone: 303 - 312 - 2350 Business Email: HAL.ROTH@Rockies.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Albion College</u>	<u>Albion, CO</u>	<u>1968 - 1972</u>	<u>BA</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Law/Business</u>	<u>University of Denver</u>	<u>Denver, CO</u>	<u>1972 - 1975</u>	<u>MBA & JD</u>

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>Law/Business New York University</u>	<u>New York, NY</u>	<u>1978 - 1979</u>	<u>LL.M (Taxation)</u>

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

Applicant Company Name : CDRC

NAIC No. 11850

FEIN: 84-0943519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

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

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

Beginning/Ending Dates (MM/YY): 09/99 - Present Employer's Name: Colorado Rockies Baseball Club, LTD

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 Sports Supervisor/Contact: Dick Monfort - CEO

Beginning/Ending Dates (MM/YY): 03-93 - 09-99 Employer's Name: NW Transport Service, INC

Address: 5601 Holly St. City: Denver State/Province: CO

Country: USA Postal Code: Phone: Offices/Positions Held: CFO

Type of Business: Trucking Supervisor/Contact: Jerry McMorris (deceased)

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

Address: City: State/Province:

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

Type of Business: Supervisor/Contact:

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

Address: City: State/Province:

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

Type of Business: Supervisor/Contact:

Applicant Company Name : COPIA

NAIC No. 11860
FEIN: 84-0918319

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Supreme Court Colorado Address: 1300 Broadway

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

License Type: Attorney License #: 6768 Date Issued (MM/YY): 10/75

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

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

CO Dept. of Regulatory Agencies
Organization/Issuer of License: Board of Accountancy Address: 1560 Broadway Suite 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: CPA (Inactive) License #: 4221 Date Issued (MM/YY): 12/75

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

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

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

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

Yes No

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

Applicant Company Name : COPIC

NAIC No. 11850
FEIN: 86 0948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC

NAIC No. 11800

FEIN: 84-0988517

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.

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

NW Transport Service, Inc., filed Chapter 11 bankruptcy in May of 1999

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

Dated and signed this 4th day of June 20 19 at Denver, Colorado. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Harold Reilly Roth
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4th day of June, 20 19 by Harold Reilly Roth

who is personally known to me, or

who produced the following identification: _____

[SEAL]
TAMMY VERGARA
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 19944017640
MY COMMISSION EXPIRES OCTOBER 27, 2022

Tammy Vergara
Notary Public
Tammy Vergara
Printed Notary Name
10/27/22
My Commission Expires

Applicant Company Name: COPIC

NAIC No. 11860
FEIN: 84-0948519

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).

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

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

Yes No

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>03/50</u>	<u>Hal Roth</u>	<u>Nickname since born</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
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[REDACTED]

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

Dated and signed this 4th day of June, 2019 at Denver, Colorado. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

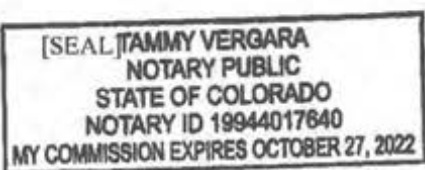
Honorable Railly

The foregoing instrument was acknowledged before me this 4th day of June, 2019 by Roth

and:

who is personally known to me, or

who produced the following identification: _____



Tammy Vergara
Notary Public
Tammy Vergara
Printed Notary Name
10/27/22
My Commission Expires

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.

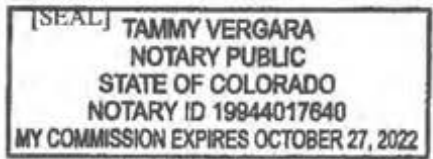
Harold Reilly Roth, [REDACTED]
(Printed Full Name and Residence Address)
[Signature] (Signature) 6/4/19 (Date)

State of: Colorado County of: Dominion

The foregoing instrument was acknowledged before me this 4th day of June, 2019 by Harold Reilly Roth, and:

who is personally known to me, or

who produced the following identification: _____



Tammy Vergara
Notary Public
Tammy Vergara
Printed Notary Name
10/27/22
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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Harris Middle: Alan Last: Frankel

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Physician

4. Affiant's business address: 987400 Nebraska Medical Center Kiewit Tower 1st floor

Business telephone: (402) 552-2290 Business Email: harris.frankel@unmc.edu

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
U.C. San Diego	La Jolla	1978-1982	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Nebraska	College of Medicine	Omaha, NE	1982-1986	M.D.

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Metro Omaha Medical Society	Carol Wang	7906 Davenport St. Omaha, NE 68114	(402) 393-1415
Nebraska Medical Association	Amy Reynoldson	233 S. 13th St. #1200 Lincoln, NE	(402) 474-4472
American Medical Association	N/A	330 N. Wabash Ave. Ste 39300 Chicago, IL	1(800) 621-8335
American Academy of Neurology	N/A	201 Chicago Ave. Minneapolis, Minnesota 55415	(612) 928-6000

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

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

Beginning/Ending Dates (MM/YY): 08/90 - 03/2011 Employer's Name: Goldner Cooper Cotton Sundell Frankel Franco Diesing- Neurologists

Address: 8901 W. Dodge Ste 210 City: Omaha State/Province: Nebraska

Country: USA Postal Code: 68114 Phone: (402)354-2000 Offices/Positions Held: Partner

Type of Business: Physician Office/Practice Supervisor/Contact: Office Mgr: Karen Breen

Beginning/Ending Dates (MM/YY): 04/11 - Present Employer's Name: UNMC Physicians/Nebraska Medicine

Address: 987400 Nebraska Medical Center City: Omaha State/Province: Nebraska

Country: USA Postal Code: 68198 Phone: (402)559-2290 Offices/Positions Held: Physician CMO

Type of Business: Health System Supervisor/Contact: Cory Shaw/Jim Linder

Beginning/Ending Dates (MM/YY): 04/11 - Present Employer's Name: UNMC

Address: 42nd Emile St. City: Omaha State/Province: Nebraska

Country: USA Postal Code: 68198 Phone: (402)559-4000 Offices/Positions Held: Assoc. Professor

Type of Business: Academic Medical Center Supervisor/Contact: Matt Rizzo M.D

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Nebraska DHHS Address: 301 Centennial Mall

City: Lincoln State/Province: Nebraska Country: USA Postal Code: 68508

License Type: Medical License #: 18137 Date Issued (MM/YY): 01/90

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

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

Organization/Issuer of License: U.S. DOJ-DEA Address: _____

City: Washington State/Province: Dist. of Columbia Country: USA Postal Code: 20537

License Type: Substance License #: BF2216946 Date Issued (MM/YY): Current 8.17.2016

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

N/A

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Note: I was one of the original board members of Co-opportunity Health (ACA-Coop). I resigned my position 11/2014. The company was taken over by the Iowa State Insurance Commissioner in 12/2014 then deemed insolvent in 01/2015 and liquidated in 02/2015.

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

Dated and signed this 12th day of JUNE 20 19 at NEBRASKA MEDICINE - OMAHA I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Handwritten Signature]
(Signature of Affiant)

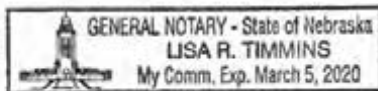
State of: NEBRASKA County of: DOUGLAS

The foregoing instrument was acknowledged before me this 12th day of June 2019 by Harris Frankel and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Handwritten Signature]
Notary Public
[Handwritten Signature]
Printed Notary Name
MARVIN S. 2020
My Commission Expires

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

7. Name of Affiant's Spouse (if applicable) : Janice Rae (Peterson) Frankel

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
[REDACTED]					

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

Dated and signed this 12th day of JUNE, 20 19 at NEBRASKA MEDICINE - OMAHA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

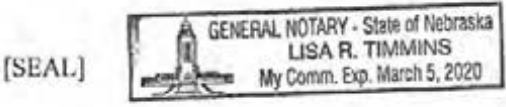
[Signature]
(Signature of Affiant)

State of: NEBRASKA County of: DODGE

The foregoing instrument was acknowledged before me this 12th day of June, 20 19 by Havvi Frankel and:

who is personally known to me, or

who produced the following identification: _____



[Signature]
Notary Public
LISA R. TIMMINS
Printed Notary Name
3/5/2020
My Commission Expires

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.

Harris Alan Frankel [Redacted]

(Printed Full Name and Residence Address)

[Handwritten Signature]
(Signature)

6-12-2019
(Date)

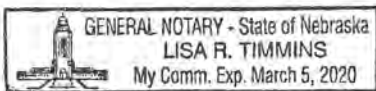
State of: NEBRASKA County of: DOUGLAS

The foregoing instrument was acknowledged before me this 12th day of June, 2019 by Harris Frankel, and:

who is personally known to me, or

who produced the following identification:

[SEAL]



[Handwritten Signature]
Notary Public
Lisa R. Timmins
Printed Notary Name
03/5/2020
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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Kathryn Middle: Ann Last: Paul

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Retired

4. Affiant's business address: N/A

Business telephone: N/A Business Email: N/A

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of California SB	Santa Barbara, CA	6/65 - 6/68	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	University of California	Berkeley, CA	9/73 - 6/75	MPH

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Advanced Management Program Harvard	Boston, MA	1/84 - 4/84	AMP Certification

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.

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors		2001 Pennsylvania Ave NW Washington, DC 20006	202-775-0509

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

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

Beginning/Ending Dates (MM/YY): 08/01 - 02/17 Employer's Name: Delta Dental of Colorado

Address: 4582 S. Ulster St. City: Denver State/Province: CO

Country: USA Postal Code: 80237 Phone: 720-489-4745 Offices/Positions Held: President & CEO

Type of Business: Dental Insurance Supervisor/Contact: Kim Fazekas

Beginning/Ending Dates (MM/YY): 7/82 - 12/99 Employer's Name: Kaiser Foundation Health Plan

Address: Ordway Building City: Kaiser State/Province: CA

Country: USA Postal Code: _____ Phone: _____ Offices/Positions Held: Regional President

Type of Business: Health Insurance Supervisor/Contact: N/A

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

None

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Revised 03/26/18

FORM 11

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

A market conduct examination for the period 1/1/08-12/31/08 was conducted by the Colorado Dept of Insurance.

The fine assessed was \$48,000 for alleged violations raised in the examination report. The fine was paid and all 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.

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

Dated and signed this 12th day of June 2019 at Denver, Co. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 12th day of June, 2019 by Kathryn Paul and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
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[REDACTED]

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

Dated and signed this 11th day of June, 2019 at Denver, CO, I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

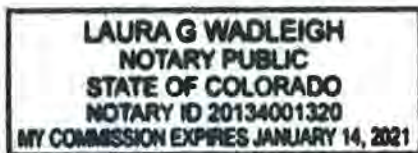
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 12th day of June, 2019 by Katherine Paul and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

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.

Kathryn A. Paul [Redacted Address]
(Printed Full Name and Residence Address)

K Paul
(Signature)

June 11, 2019
(Date)

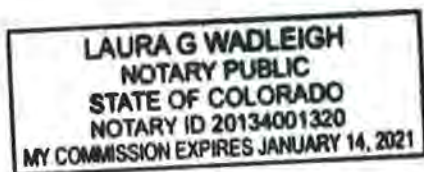
State of: Florida County of: Duval

The foregoing instrument was acknowledged before me this 12th day of June, 2019 by Kathryn Paul, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Mark Middle: Anthony Last: Fogg

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Attorney, Secretary & General Counsel

4. Affiant's business address: 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230

Business telephone: 720-858-6054 Business Email: mfogg@copic.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Michigan State University</u>	<u>E. Lansing, MI</u>	<u>09/72 - 06/76</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Wayne State University</u>	<u>Detroit, MI</u>	<u>08/76 - 05/77</u>	<u>08/77 - 05/79</u>	<u>Transferred</u>
<u>University of Colorado</u>	<u>Boulder, CO</u>	<u>08/77 - 05/79</u>		<u>JD</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Colorado Association</u>	<u>Patrick Flaherty</u>	<u>1900 Grant Street, Denver, CO 80203</u>	<u>303-860-1115</u>
<u>Denver Association</u>	<u>Patrick Flaherty</u>	<u>1900 Grand Street, Denver, CO 80203</u>	<u>303-860-1115</u>
<u>American College of Trial Lawyers</u>		<u>19900 MacArthur Bldg., #5530, Irvine CA 92612</u>	<u>949-752-1801</u>

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

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

Beginning/Ending Dates (MM/YY): 09/11 - Present Employer's Name: COPIC Insurance Company

Address: 7351 E. Lowry Blvd., Suite 400 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 720-858-6054 Offices/Positions Held: Secretary & General Counsel

Type of Business: Insurance Supervisor/Contact: Steven A. Rubin, President, 720-858-6000

Beginning/Ending Dates (MM/YY): 03/85 - 08/11 Employer's Name: Kennedy, Childs & Fogg, PC

Address: 933 17th Street, Suite 2200 City: Denver State/Province: CO

Country: USA Postal Code: 80202 Phone: 303-825-2700 Offices/Positions Held: Attorney/Shareholder

Type of Business: Law Firm Supervisor/Contact: Previously, Kim Childs, Present, 970-874-1600

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Colorado Supreme Court Address: 1300 Broadway, Suite 510

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

License Type: Attorney License #: 9723 Date Issued (MM/YY): 10/1979

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. _____

None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

Dated and signed this 24 day of JUNE 20 19 at Denver, Co. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Mark A. Fogg
(Signature of Affiant)

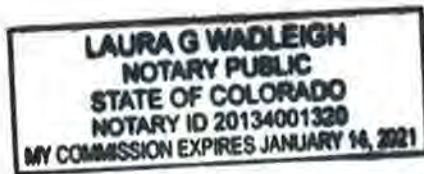
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 1st day of June, 20 19 by Mark A. Fogg, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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).

COPIC Insurance Company
7351 E. Lowry Blvd., Suite 400, Denver, CO 80230
720-858-6000

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

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

Yes No

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
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6. Date of Birth: (MM/DD/YY) : [REDACTED] Place of Birth, City: Detroit
State/Province: MI Country: USA

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
[REDACTED]					

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

Dated and signed this 7th day of JUNE, 20 19 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 7th day of June, 20 19 by Mark A Fogg, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G Wadleigh
Printed Notary Name
1/14/2021
My Commission Expires

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.

MARK ANTHONY FOGG [Redacted Address]

(Printed Full Name and Residence Address)

Mark Anthony Fogg
(Signature)

June 7, 2019
(Date)

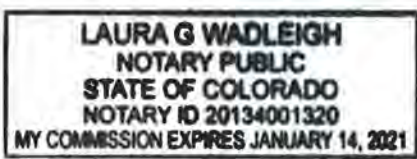
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 7th day of June, 2021 by Mark A. Fogg, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
1/14/2021
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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Matthew Middle: _____ Last: Fleishman

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Physician Diagnostic Radiologist

4. Affiant's business address: Radiology Imaging Associates 10700 East Geddes Ave Ste 200 Englewood, CO 80112

Business telephone: 303-761-9191 Business Email: matt.fleishman@riaco.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Columbia College, Columbia University</u>	<u>New York, NY</u>	<u>9/79 - 5/83</u>	<u>BA Biology</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>College of Physicians & Surgeons</u>	<u>Columbia University</u>	<u>New York, NY</u>	<u>9/85-5/89</u>	<u>MD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Columbia Presbyterian Hospital</u>	<u>NY,NY</u>	<u>7/89 - 6/92</u>	<u>Medicine Nuclear Medicine</u>
<u>Mallinckrodt Inst, Washington Univ.</u>		<u>7/92 - 6/97</u>	<u>Radiology, Thoracic Imaging</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Society of Thoracic Radiology	Jeremy Erasmus, M.D.	1202 1/2 17th St. NW, Ste 209 Rochester MN 55901	507-288-5620
American Roentgen Ray Society	Melissa Rosade de Christneson, MD	4421 Slatestone Ct. Leesburg, VA	866-940-2777
Radiologic Society of North America	Richard L. Baron, MD	820 Jorie Blvd. Oak Brook, IL 60523-2251	630-571-2670

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

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

Beginning/Ending Dates (MM/YY): 8/97 - Present Employer's Name: Radiology Imaging Associates

Address: 10700 E. Geddes Ave, #200 City: Englewood State/Province: CO

Country: USA Postal Code: 80112 Phone: 303-761-9190 Offices/Positions Held: Attending Radiologist

Type of Business: Physician Practice Radiology Supervisor/Contact: Peter Ricci, MD

Beginning/Ending Dates (MM/YY): 07/92 - 06/97 Employer's Name: Mallinckrodt of Radiology

Address: 510 South Kingshighway Blvd. City: St. Louis State/Province: MO

Country: USA Postal Code: 63110 Phone: 314-362-7100 Offices/Positions Held: Resident, Fellow

Type of Business: Diagnostic Radiology Residency/Fellow Supervisor/Contact: Dennis Bafle, MD

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

See Attachment

Organization/Issuer of License: Colorado Dept. of Regulatory Services Address: 1560 Broadway Ste 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Physician & Surgeon License #: 36073 Date Issued (MM/YY): 06/97

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

Non-Insurance Regulatory Phone Number (if known): 303-894-7800

Organization/Issuer of License: NE Dept of Health Services Address: DHHA Licensure Unit PO Box 94986

City: Lincoln State/Province: NE Country: USA Postal Code: 68509-4986

License Type: Physician & Surgeon License #: 25171 Date Issued (MM/YY): _____

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

Non-Insurance Regulatory Phone Number (if known): 402-471-2118

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

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

Dated and signed this 10th day of June 20 19 at Englewood, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

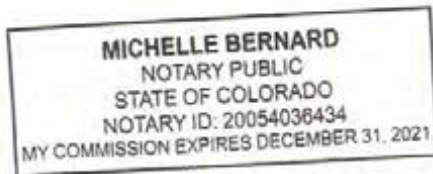
State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me this 10th day of June, 20 19 by Mathew Fleishman and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Michelle Bernard
Notary Public
Michelle Bernard
Printed Notary Name
Dec 31 2021
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).

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 720-858-6000

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

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>1962 - Present</u>	<u>Matt</u>	<u>First Name</u>

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Dated and signed this 10th day of June, 2019 at Englewood, Colorado. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me this 10 day of June, 2019 by Mathew Fleishman and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

MICHELLE BERNARD
 NOTARY PUBLIC
 STATE OF COLORADO
 NOTARY ID: 20054036434
 MY COMMISSION EXPIRES DECEMBER 31, 2021

[Signature]
 Notary Public
Michelle Bernard
 Printed Notary Name
Dec 31, 2021
 My Commission Expires

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FIN#: 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.

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

[Signature]
(Signature)

June 10, 2019
(Date)

State of Colorado County of Arapahoe

The foregoing instrument was acknowledged before me this 10 day of June, 2019 by Matthew Fleishman, and:

who is personally known to me, or:

who produced the following identification: _____

[SEAL]

MICHELLE BERNARD
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID: 20054036434
MY COMMISSION EXPIRES DECEMBER 31, 2021

Michelle Bernard
Notary Public
Michelle Bernard
Printed Notary Name
Dec 31, 2021
My Commission Expires

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

Dated and signed this 10 day of June, 2019 at Englewood, CO 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.

Matthew

(Signature of Affiant)

Social Security Number: 131 50 7925

State of: Colorado County of Arapahoe

The foregoing instrument was acknowledged before me this 10 day June 2019 by Matthew Fleshman and:

0 who is personally known to me, or

_____ who produced the following identification: _____

(SEAL)



Michelle Bernard
Notary Public

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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Niles Middle: Allen Last: Cole

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: CFO

4. Affiant's business address: 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230

Business telephone: 720-858-6089

Business Email: ncole@copic.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Minnesota State University	Moorhead, MN	09/79 - 08/83	BS, Fnanace/Accounting

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Minnesota		Minneapolis, MN	2007	MEP

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

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

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

Beginning/Ending Dates (MM/YY): 12/16 - Present Employer's Name: COPIC Trust

Address: 7351 E. Lowry Blvd., Suite 400 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 720-858-6089 Offices/Positions Held: CFO

Type of Business: Insurance Carrier Supervisor/Contact: Steve Rubin, President

Beginning/Ending Dates (MM/YY): 09/15 - 11/16 Employer's Name: B2B CFO

Address: 8783 Ridge Ponds Lane City: Victoria State/Province: MN

Country: USA Postal Code: 55386 Phone: 612-839-2086 Offices/Positions Held: Partner

Type of Business: Consulting Supervisor/Contact: None

Beginning/Ending Dates (MM/YY): 05/13 - 11/16 Employer's Name: Seven Fourteen, LLC

Address: 8783 Ridge Ponds Lane City: Victoria State/Province: MN

Country: USA Postal Code: 55386 Phone: 612-839-2086 Offices/Positions Held: President

Type of Business: Consulting Supervisor/Contact: None

Beginning/Ending Dates (MM/YY): 12/96 - 04/13 Employer's Name: MMIC Group, Inc.

Address: 7701 France Ave. S City: Edina State/Province: MN

Country: USA Postal Code: 55435 Phone: 957-838-6700 Offices/Positions Held: CFO, SVP

Type of Business: Insurance Company Supervisor/Contact: Bill McDonough, CEO

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

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

Dated and signed this 4th day of June 20 19 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

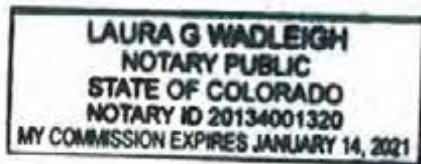
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4th day of June, 2019 by Niles Cole and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Notary Public
Laura G. Wadleigh
Printed Notary Name
January 14, 2021
My Commission Expires

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
[REDACTED]					

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

Dated and signed this 4th day of June, 20 19 at Denver CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

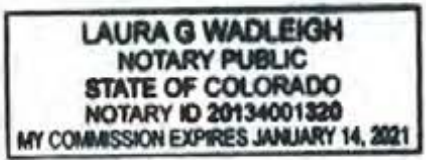
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4th day of June, 20 19 by Heather Cole, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
January 14, 2021
My Commission Expires

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.

Niles Allen Cole [Redacted]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

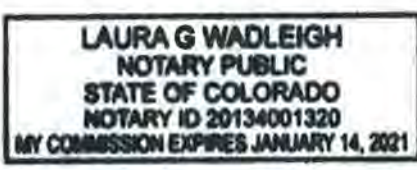
6/4/19
(Date)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4th day of June, 2019 by Niles Cole, and:

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

[SEAL]



[Signature]
Notary Public
Laura G. Wadleigh
Printed Notary Name
January 14, 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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

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

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Medicine, Opthamology

4. Affiant's business address: 4353 Dodge Street, Omaha, NE 68131

Business telephone: 402-552-2020 Business Email: pwhitted@midwesteyecare.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Nebraska-Lincoln	Lincoln, NE	09/68 - 05/72	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Nebraska	College of Medicine	Omaha, NE	7/76 - 5/79	MD

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
University of Nebraska College of Law	Lincoln, NE	09/72 - 05/76	J.D.

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.

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Academy of Ophthalmology	David Parke, MD	655 Beach St. San Francisco, CA	
		330 N. Wabash Ave. Chicago, IL 60611	800-621-8385
Nebraska Medical Association	Amy Reynoldson	233 S. 13th St, #1200 Lincoln, NE	

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

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

Beginning/Ending Dates (MM/YY): 07/84 - Present Employer's Name: Midwest Eye Care, P.C.

Address: 4353 Dodge St. City: Omaha State/Province: NE

Country: USA Postal Code: 68131 Phone: 402-552-2020 Offices/Positions Held: Owner, MD

Type of Business: Ophthalmology Supervisor/Contact: Jeri Christ - 402-552-2808

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Nebraska, Iowa, and Missouri licenses; Nebraska Bar Association-inactive

Organization/Issuer of License: Dept. of Health and Human Services State of Nebraska Address: 301 Centennial Mall South

City: Lincoln State/Province: NE Country: USA Postal Code: 68504

License Type: Medical License #: 15524 Date Issued (MM/YY): _____

Date Expired (MM/YY): 10/1/2016 Reason for Termination: _____

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

Organization/Issuer of License: State of Iowa Board of Medicine Address: 400 W. 8th St. Ste. C

City: Des Moines State/Province: IA Country: USA Postal Code: 50309

License Type: Medical License #: MD-24785 Date Issued (MM/YY): _____

Date Expired (MM/YY): 11/1/2016 Reason for Termination: _____

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
 FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

A market conduct examination for the period 1/1/08-12/31/08 was conducted by the Colorado Dept of Insurance the assessed was \$48,000 for alleged violations raised in the examination report. The fine was paid and all alleged violations were corrected to ensure full compliance

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

Dated and signed this 7th day of June 20 19 at Omaha, Nebraska I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

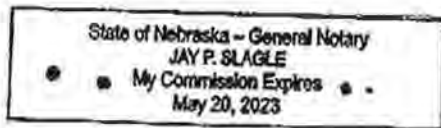
State of: Nebraska County of: Douglas

The foregoing instrument was acknowledged before me this 7th day of June, 20 19 by Peter J. Whitted and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Jay P. Slagle
Notary Public
Jay P. Slagle
Printed Notary Name
May 20, 2023
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).

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver CO, 80230 720-858-6000

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

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

Yes No

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

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

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

Dated and signed this 7th day of June, 2019 at Omaha, Nebraska I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

 I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]

(Signature of Affiant)

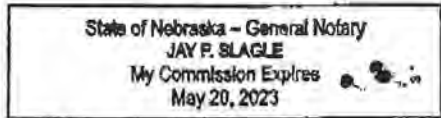
State of: Nebraska County of: Douglas

The foregoing instrument was acknowledged before me this 7th day of June, 2019 by Peter D. Whitted, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Jay P. Slagle
Printed Notary Name
May 20, 2023
My Commission Expires

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.

Peter John Whitted

(Printed Full Name and Residence Address)

[Signature]
(Signature)

June 7 2019
(Date)

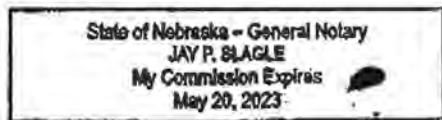
State of: Nebraska County of: Douglas

The foregoing instrument was acknowledged before me this 7th day of June, 2019 by Peter J. Whitted and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Jay P. Slagle
Printed Notary Name
May 20, 2023
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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Raymond Middle: Neil Last: Blum

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Physician

4. Affiant's business address: 1601 E. 19th Ave. #3700 Denver, CO 80218

Business telephone: 303-831-4774 Business Email: raynblum@msn.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Colorado</u>	<u>Boulder, CO</u>	<u>9/74 to 7 /78</u>	<u>B.S.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Colorado School of Medicine</u>	<u>Denver, CO</u>	<u>9/79 to 6/83</u>	<u>M.D.</u>	

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Infectious Diseases Society of America	N/A	1300 Wilson Blvd., Ste. 300, Arlington, VA 22209	703-229-0220

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

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

Beginning/Ending Dates (MM/YY): 8/93 - Present Employer's Name: Infectious Disease Consultants, P.C.

Address: 1601 E. 19th Ave #3700 City: Denver State/Province: CO

Country: USA Postal Code: Denver Phone: 303-831-4774 Offices/Positions Held: President

Type of Business: Physician Practice Supervisor/Contact: Brian Chase - 303-771-0123 ext. 8328

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: State of Colorado Address: 1560 Broadway, Ste. 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Physician License #: 26323 Date Issued (MM/YY): 10/11/1984

Date Expired (MM/YY): None Reason for Termination: None

Non-Insurance Regulatory Phone Number (if known): 303-894-7800 Colorado Board of Medicine

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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. _____

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

There was a fine assessed by the Colorado Department of Insurance of \$48,00 for alleged violations raised in the Examination Report. The fine was paid and all alleged violations were corrected to ensure full compliance with CO law

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

Dated and signed this 4 day of JUNE 20 19 at 10 AM. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Raymond Bler
(Signature of Affiant)

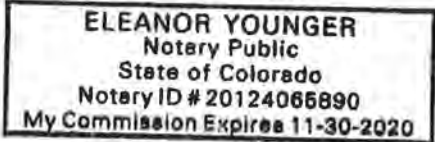
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4 day of June, 20 19 by Raymond Bler and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Eleanor Younger
Notary Public
Eleanor Younger
Printed Notary Name
11/30/2020
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).

COPIC Insurance Company 7351 Lowry Blvd. Denver, CO 80230

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

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

Yes No

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

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

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

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

[REDACTED]

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

Dated and signed this 4 day of JUNE, 2019 at 10 AM. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denise

The foregoing instrument was acknowledged before me this 4 day of June, 2019 by Raymond Blum and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

ELEANOR YOUNGER
Notary Public
State of Colorado
Notary ID # 20124065890
My Commission Expires 11-30-2020

[Signature]
Notary Public

Eleanor Younger
Printed Notary Name

11/30/2020
My Commission Expires

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.

Raymond Neil Blum [Redacted]

(Printed Full Name and Residence Address)

[Signature]
(Signature)

6/4/2019
(Date)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4 day of June, 2019 by Raymond Blum, and:

who is personally known to me, or

who produced the following identification:

[SEAL]

ELEANOR YOUNGER
Notary Public
State of Colorado
Notary ID # 20124065890
My Commission Expires 11-30-2020

[Signature]
Notary Public
Eleanor Younger
Printed Notary Name
11/30/2020
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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Rebecca Middle: Susan Last: Vogel

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Program Director of Saint Anthony Hospital General Surgery Residency

4. Affiant's business address: 400 South Indiana St. Ste. 200 Golden, CO 80401

Business telephone: 303-940-8200 Business Email: RebeccaVogel@Centura.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Yale University</u>	<u>New Haven, CT</u>	<u>graduated 05/02</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Medical School</u>	<u>University of Colorado</u>	<u>Denver, CO</u>	<u>graduated 05/08</u>	<u>M.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>CU General Surgery Residency Program</u>	<u>Denver, CO</u>	<u>07/08-06/13</u>	<u>Categorical General Surgery Resident</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American College of Surgeons (ACS)		50 E. Erie St. Chicago, IL 60611	(312) 202-5000
Fellow of the American College of Surgeons		50 E. Erie St. Chicago, IL 60611	(312) 202-5000
Alpha Omega Alpha Medical Honor Society		12635 E. Montview Blvd. Ste. 270 Aurora, CO 80045	(720) 859-4149

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

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

Beginning/Ending Dates (MM/YY): 07/2016 - Present Employer's Name: Centura Health St. Anthony Hospital
 Address: 11600 W. 2nd Pl City: Lakewood State/Province: CO
 Country: USA Postal Code: 80228 Phone: (720)321-0000 Offices/Positions Held: Program Director
 Type of Business: Hospital Supervisor/Contact: Terri Rossi: 303-940-8200

Beginning/Ending Dates (MM/YY): 10/2015 - Present Employer's Name: COPIC Insurance Company
 Address: 7351 E. Lowry Blvd. Ste. 400 City: Denver State/Province: CO
 Country: USA Postal Code: 80230 Phone: (720)858-6000 Offices/Positions Held: Medical Foundation Claims Committee Faculty Member
 Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 09/14 - 06/16 Employer's Name: Centura Health St. Anthony Hospital
 Address: 11600 W. 2nd Pl City: Lakewood State/Province: CO
 Country: USA Postal Code: 80228 Phone: (720)321-0000 Offices/Positions Held: Associate Program Director
 Type of Business: Hospital Supervisor/Contact: Terri Rossi: 303-940-8200

Beginning/Ending Dates (MM/YY): 05/16 - 05/17 Employer's Name: Centura Health St. Anthony Hospital
 Address: 11600 W. 2nd Pl City: Lakewood State/Province: CO
 Country: USA Postal Code: 80230 Phone: (720)321-0000 Offices/Positions Held: Assistant Trauma Director
 Type of Business: Hospital Supervisor/Contact: Terri Rossi: 303-940-8200

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Colorado Medical Board Address: 1560 Broadway Ste. 1350

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Medical License #: DR0052725 Date Issued (MM/YY): 04/19

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

Non-Insurance Regulatory Phone Number (if known): 303-894-7690

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

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Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

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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. _____

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

Dated and signed this 6th day of June 20 19 at AES Tax/CPA 44 S Yracuse St Denver CO 80237 I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

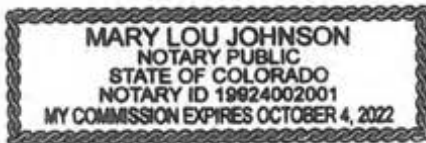

(Signature of Affiant)

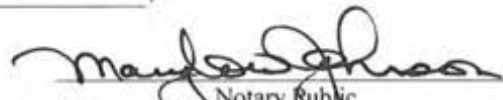
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 20 19 by Rebecca Vogel and:

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

[SEAL]




Notary Public
Mary Lou Johnson
Printed Notary Name
10-4-2022
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).

COPIC Insurance Company
7351 E. Lowry Blvd., Suite 400, Denver, CO 80238
720-858-6000

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

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>10/15 - Present</u>	<u>Vogel Buys</u>	<u>marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

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

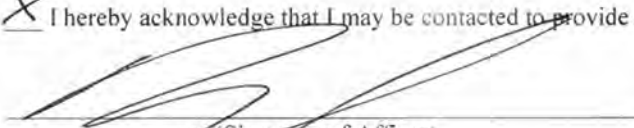
8. List your residences for the last ten (10) years starting with your current address, giving:

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

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

Dated and signed this 6th day of June, 20 19 at 4360 Syracuse St # 110 Denver, CO 80237. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.


(Signature of Affiant)

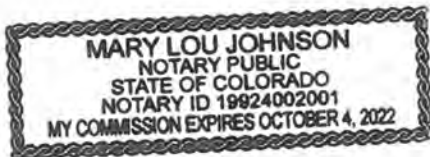
State of: Colorado County of: Denver

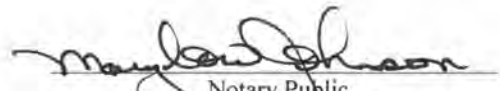
The foregoing instrument was acknowledged before me this 6th day of June, 20 19 by Rebecca Vogel and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]




Notary Public
Mary Lou Johnson
Printed Notary Name
10-4-2022
My Commission Expires

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.

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

[Signature]
(Signature)

June 6, 2019
(Date)

State of: CO County of: Denver

The foregoing instrument was acknowledged before me this 6th day of June, 2019 by Rebecca Vogel, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Marilyn Johnson
Notary Public
Marilyn Johnson
Printed Notary Name
10-4-2022
My Commission Expires

1771

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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)

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. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Sophia Middle: Ghebremicael Last: Meharena

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Pediatrician

4. Affiant's business address: 1550 S. Potomac St. Suite 130 Aurora 80012

Business telephone: 303-360-8111 Business Email: smeharena@everychildpediatrics.org

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Mount Holyoke College	South Hadley, MA	09/97 - 05/01	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Osteopathic Medicine	Western University of Health Sciences	Pomona, CA	08/04 - 05/08	M.D.

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
University of CO Health Sciences Center	Denver, CO	07/08 - 06/11	

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.

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Academy of Pediatrics		4981 S Emporia, Greenwood Village, CO, 80111	303-601-8308
COPIC Board of Directors		7351 E. Lowry Blvd. Ste. 400	720-858-6000

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

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

Beginning/Ending Dates (MM/YY): 09/11 - Present Employer's Name: Every Child Pediatrics/Rocky Mountain Youth Clinics
Address: 1550 S. Potomac St. 130 City: Aurora State/Province: CO
Country: USA Postal Code: 80012 Phone: _____ Offices/Positions Held: Pediatrician
Type of Business: Medical Supervisor/Contact: Laura Luzietti M.D. 303-928-9582

Beginning/Ending Dates (MM/YY): 02/12 - 02/15 Employer's Name: University of Colorado School of Medicine
Address: Bldg 500 - 13001 E. 17th Pl. City: Aurora State/Province: CO
Country: USA Postal Code: 80045 Phone: 720-777-5775 Offices/Positions Held: Liaison for Diversity
Type of Business: Medical Education Supervisor/Contact: Stephen Daniels M.D. 720-777-2766

Beginning/Ending Dates (MM/YY): 07/01 - 05/04 Employer's Name: Stockamp + Associates
Address: 6000 Meadows Rd. City: Lake Oswego State/Province: Orgeon
Country: USA Postal Code: _____ Phone: 213-977-3200 Offices/Positions Held: Senior Assoc. Health Care Revenue Cycle Consultant
Type of Business: Health Care Management Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 07/08 - 06/11 Employer's Name: University of Colorado School of Medicine
Address: 13123 E. 16th. Ave City: Aurora State/Province: CO
Country: USA Postal Code: 80045 Phone: 720-777-1234 Offices/Positions Held: Post-Graduate Physician Trainee
Type of Business: Hospital Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: Colorado Board of Medicine Address: 1560 Broadway

City: Denver State/Province: CO Country: USA Postal Code: 80202

License Type: Medical License #: DR.0049924 Date Issued (MM/YY) 04/08/2011

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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.

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

Dated and signed this 6 day of June 20 19 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Handwritten Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6 day of June, 20 19 by Sophia G. Meharene and:

who is personally known to me, or

who produced the following identification: CDL [Redacted]

[SEAL]

[Handwritten Signature]
Notary Public
Rhiannon L. Tryon
Printed Notary Name
8/25/2021
My Commission Expires

**RHIANNON L TRYON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20054033518
MY COMMISSION EXPIRES 08/25/2021**

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

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

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

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

[REDACTED]

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

Dated and signed this 6 day of June, 2019 at Denver CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6 day of June, 2019 by Sophia G. Meharena and:

who is personally known to me, or

who produced the following identification: CO DL [REDACTED]

[SEAL]

**RHIANNON L TRYON
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20054033518
MY COMMISSION EXPIRES 08/25/2021**

[Signature]
Notary Public
Rhiannon L. Tryon
Printed Notary Name
8/25/2021
My Commission Expires

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.

Sophia Ghebremicael Meharena [Redacted]

(Printed Full Name and Residence Address)

[Signature]
(Signature)

6/6/19
(Date)

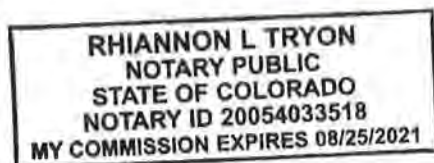
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 6 day of June, 20 19 by Sophia G. Meharena, and:

who is personally known to me, or

who produced the following identification: CO DL [Redacted]

[SEAL]



Rhiannon L. Tryon
Notary Public
Printed Notary Name
Rhiannon L. Tryon
8/25/2021
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.

(Print or Type)

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

COPIC Insurance Company 7351 E. Lowry Blvd. Ste. 400 Denver, CO 80230 1-720-858-6000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): First: Steven Middle: Adams Last: Rubin

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: President MPLI

4. Affiant's business address: 7351 E. Lowry Blvd., Suite 400, Denver, CO 80230

Business telephone: 720-858-6000 Business Email: srubin@copic.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>Bowling Green University</u>	<u>Bowling Green, OH</u>	<u>09/69 - 06/73</u>	<u>BS</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Kellogg School of Management</u>	<u>Northwestern University</u>	<u>Evanston, IL</u>	<u>06/74 - 06/75</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>University of Denver</u>	<u>Denver, CO</u>	<u>09/82 - 06/83</u>	<u>None</u>

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Colorado Society of CPA's</u>	<u>7887 E. Belleview Ave.,</u>	<u>Suite 200, Englewood, CO 80111</u>	<u>303-773-2877</u>
<u>American Institute of CPA's</u>	<u>211 Avenue of the Americas,</u>	<u>NY, NY 10036</u>	<u>3212-596-6200</u>

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

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

Beginning/Ending Dates (MM/YY): 02/00 - Present Employer's Name: COPIC Insuranec Company

Address: 7351 E. Lowry Blvd, Suite 400 City: Denver State/Province: CO

Country: USA Postal Code: 80230 Phone: 720-858-6000 Offices/Positions Held: President/COO, CFO

Type of Business: Physician's Liability Insurance Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 12/98 - 02/00 Employer's Name: First City Financial

Address: 7300 E. Arapahoe Road City: Englewood State/Province: CO

Country: USA Postal Code: 80112 Phone: 303-793-0800 Offices/Positions Held: President, CEO, Consultant

Type of Business: Finance Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 08/93 - 02/98 Employer's Name: FirstPlus Financial

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: President, CEO, Exec., Vice President, CFO

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

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

Yes No

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

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

Yes No

If yes, give details: _____

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

Organization/Issuer of License: State of Colorado Address: _____

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

License Type: CPA License #: 5341 Date Issued (MM/YY): 09/1979

Date Expired (MM/YY): 05/2000 Reason for Termination: No longer needed for work purposes

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860

FEIN: 840948519

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____
Fine assessed by the Colorado Division of Insurance of \$48,000 for alleged violations raised in Market Conduct Examination Report conducted from the time period 01/01/08 to 12/31/08. The fine was paid and all alleged violations were corrected to ensure full compliance with Colorado law.

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

Dated and signed this 4th day of June 2019 at Denver, CO. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Steven Rubin
(Signature of Affiant)

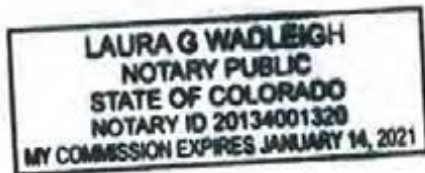
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4 day of June, 2019 by Steven A Rubin and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Printed Notary Name
January 14, 2021
My Commission Expires

Applicant Company Name : COPIC Insurance Company

NAIC No. 11860
FEIN: 840948519

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

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

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

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



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

Dated and signed this 4th day of June, 20 19 at Denver Co. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Steven Rubin
(Signature of Affiant)

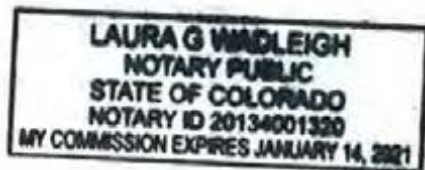
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4th day of June, 20 19 by Steven Rubin, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wedleish
Notary Public
Laura G. Wedleish
Printed Notary Name
January 14, 2021
My Commission Expires

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.

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

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) 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. Ruben [Redacted Address]
(Printed Full Name and Residence Address)

Steven A. Ruben (Signature) 6/4/2019 (Date)

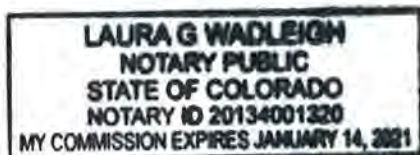
State of: Colorado County of: Denver

The foregoing instrument was acknowledged before me this 4th day of June, 2019 by Steven A. Ruben, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Laura G. Wadleigh
Notary Public
Laura G. Wadleigh
Printed Notary Name
January 14, 2021
My Commission Expires