

July 13, 2015

Reference Request for Proposals #800100-06252015 to solicit proposals from any qualified Louisiana HMO that meets the criteria set forth in La. R.S. 42:802.1 (C), enacted by Act 479 of 2007, to provide fully-insured Health Maintenance Organization (HMO) coverage on a regional basis for active employees, retirees, and eligible dependents which is scheduled to open at 4:00 PM CT on July 27, 2015.

Addendum #2 provides responses to written inquiries received by the inquiry deadline stated in the Request for Proposals.

THIS ADDENDUM IS HEREBY OFFICIALLY MADE A PART OF THE REFERENCED REQUEST FOR PROPOSALS.

No.	Question	Response
1	Will OGB entertain a narrow network plan?	OGB will consider a narrow network plan as long as the Proposer's plan(s) of benefits, at minimum, conform with OGB's plan of benefits and coverage provisions set forth in Attachment I: HMO Plan of Benefits and maintain identical eligibility requirements and continued coverage provisions as the OGB, which the OGB may amend from time to time.
2	Could we get a census that includes gender, employee zip code, date of birth, and enrollment tier of the entire population?	The authorized signatory of each Proposer will be required to complete and submit the attached Data Use Agreement for Limited Data Set via email to OGB.Proposals@la.gov along with the email address of the authorized signatory prior to release of the data. Upon receipt of the completed form, OGB will forward an electronic copy of the data via encrypted email to the authorized signatory. OGB will not accept requests for this data after July 16, 2015.
3	Could we receive the most recent 24 months of detailed claims (including pharmacy), with membership by month, and large claim information on the current HMO group and the remainder of the OGB population?	See attached Health Plan Cost Report including the total paid for medical and pharmacy claims during calendar year 2013 and 2014.
4	How will contributions be structured between all plans offered?	With respect to insureds who select a Louisiana HMO for their coverage, OGB shall impose no extraordinary restrictions on their plan participation due to the selection of the Louisiana HMO. Insureds selecting the Louisiana HMO option shall receive the same employer contributions provided under La. R.S. 42:851 and the regulations issued thereunder, as participants who choose other options under the OGB plan of benefits.

No.	Question	Response
5	<p>Page 17 of the RFP states: <i>The proposed monthly premium may be deemed competitive if it is not higher than the current rate for OGB's primary self-insured plan, Magnolia Local Plus designated in LAC 32:III.101, as amended effective March 1, 2015. "Current rate" means premium rate for the OGB's primary self-insured plan that is or will be in effect on the date of implementation of the proposed monthly premium.</i></p> <p>a. Please confirm that the implementation date is 1/1/2016.</p> <p>b. When will OGB determine the 1/1/2016 Magnolia Local Plus rate for comparison purposes?</p> <p>c. Also, will the rate be one statewide rate or will it vary by region? (If so, how?)</p>	<p>Implementation is scheduled to begin August 10, 2015 in preparation for the annual open enrollment period, October 1, 2015 - November 15, 2015 but the effective date of the plan is January 1, 2016.</p> <p>For OGB's, monthly premium rates effective July 1, 2015, reference: https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/OGB_PUBLICATIONS</p> <p>OGB does not anticipate any additional rate changes effective January 1, 2016.</p> <p>OGB desires the same premium for each proposed region.</p>
6	<p>Page 17 of the RFP also states: <i>The premium for all other classes of coverage will be derived from the single, active employee fixed monthly premium utilizing the factors applied to OGB's self-insured plans for the resulting Contract.</i></p> <p>a. Will OGB use the tier factors from Magnolia Local Plus 7/1/2015 rates? Or will other tiering factors potentially be used (e.g., new 1/1/2016 tiering factors)?</p> <p>b. Is OGB expecting bidders to set rates for non-Medicare and Medicare retirees based on the current Magnolia Local Plus relationships (to the Active Single rate)?</p>	<p>Tier factors from Magnolia Local Plus July 1, 2015 rates will be used.</p> <p>The premiums for all other classes of coverage will be derived from the single, active employee rate utilizing the factors applied to OGB's self-insured plans for the resulting Contract using OGB's consulting actuary.</p>
7	<p>Page 21 Performance Bond it states: <i>The amount of the performance (surety) bond will be established following annual open enrollment period in October 2015, and will be based on the premium payable for Plan Participants effective January 1, 2016.</i></p> <p>a. What is the basis for determination of the amount of the Performance Bond (i.e., if it is based on premium level, is there a predetermined percentage rate)?</p>	<p>The performance bond will be based on the premium payable calculated by the total number of OGB Plan Participants in the respective Contractor's fully insured medical plan effective January 1, 2016.</p>
8	<p>Can OGB provide any recent claim data or experience reports on medical costs?</p>	<p>See attached Health Plan Cost Report including the total paid for medical and pharmacy claims during calendar year 2013 and 2014.</p>

No.	Question	Response
9	Please confirm how OGB will determine if Contractor will receive run-out claims to be processed from previous carrier?	Typically, there are no run-out claims for fully-insured plans. However, if for any reason run-out claims exist, the processing will be time-restricted, and determined during term of the resulting Contract.
10	Please describe OGBs required functionality for the On-line Enrollment Tool?	The online enrollment tool is not a requirement; however, this tool may be used for new hire elections, status changes, and annual open enrollment.
11	Is it a requirement that all web services be provided through a single portal, or are multiple portals acceptable? (provided that the links to the alternate sites are provided on the main portal page)	Multiple portals are acceptable provided that the links to the alternate sites are provided on the main portal page.
12	Will Proposers receive claims data from OGB for the current Blue Cross Blue Shield plans? If so, when will that data be available?	See attached Health Plan Cost Report including the total paid for medical and pharmacy claims during calendar year 2013 and 2014.
13	Will the January 1, 2016 self-funded benefits be provided to Proposers? If so, when?	For OGB's self-funded benefits reference: http://www.bcbsla.com/State/Pages/Benefits.aspx OGB does not anticipate any benefit changes effective January 1, 2016.
14	Will the January 1, 2016 self-funded rates be provided to Proposers? If so, when?	For OGB's, monthly premium rates effective July 1, 2015, reference: https://www.groupbenefits.org/portal/page/portal30/SHARED/O/OGBWEB/OGB_PUBLICATIONS OGB does not anticipate any additional rate changes effective January 1, 2016.
15	If the self-funded plan's benefits change during the contract year, will Proposers be eligible to change its benefits to match the self-funded plan changes?	OGB does not anticipate any benefit changes effective January 1, 2016.

No.	Question	Response
16	<p>On pages 47 - 51 of the proposal request, OGB asks for Fixed Monthly Premiums for 2016, 2017, and 2018. In previous years, percentage increase maximums were acceptable. Would maximum percentage increases be acceptable for 2017 and 2018?</p>	<p>The Proposer shall provide a fixed monthly premium inclusive of all services for a single active employee for the initial contract period of January 1 to December 31, 2016 and the two twelve (12) month renewal option periods for each proposed region per Attachment VI: Cost Proposal. OGB reserves the right to negotiate lower premiums for the initial contract period and each 12 month renewal option period.</p>
17	<p>On page 47, please clarify the paragraph stating “The proposed monthly premium may be deemed competitive if it is not higher than the current rate for OGB’s primary self-insured plan, Magnolia Local Plus designated in LAC 32:111.101.” Please confirm that the term “current rate” means current cost and not current premium as intended by the law.</p>	<p>“Current rate” means the premium rate for the OGB’s primary self-insured plan that is or will be in effect on the date of implementation of the proposed monthly premium. Current cost and current premium should be equivalent.</p>
18	<p>Please define “contractor fees” and “total contracted cost” as used in the Performance Guarantees Section 2.5 on page 55. These terms appear to apply to a self-funded plan instead of a fully insured product. A fully insured product does not have associated fees (other than the administrative fee of \$17 pmpm passed through by OGB). As a result, the “Fees at Risk” percentages shown on page 33 could not apply to a fully insured plan. Section 7.3 on page 21 should be revised accordingly.</p>	<p>"Contractor Fees" and "Total Contracted Cost" indicate the total premium payable to the Contractor for a twelve (12) month period for OGB Plan Participants effective January 1, 2016 and each subsequent renewable option period.</p>
19	<p>On Page 72, the first paragraph under “<u>Files to be received by the Contractor from OGB</u>” states “The Contractor shall receive the following three files from OGB”. Only two files are listed. Please clarify. Also, the second file listed “Administrative Fee Billing files” appear to be monthly files we will receive from OGB; however, the last paragraph of Section 2.4 on page 55 indicates that we will calculate and report the assessed administrative fees on the invoice to OGB monthly. Please clarify.</p>	<p>On Page 72, first sentence of first paragraph under <u>Files to be received by Contractor from OGB</u> should read as follows: "The Contractor shall receive the following two files from OGB". Please be advised that while the Contractor will be required to calculate and report the assessed administrative fee, the figure must correspond with the Administrative Fee Billing file provided by OGB.</p>

No.	Question	Response
20	<p>The proposal request appears to be written for self-funded plans. A few examples include:</p> <p>a. As stated in #7 above, a fully insured plan has no contract fees.</p> <p>b. Attachment X indicates claims files will be transmitted to OGB on a monthly basis. A fully insured plan typically only gives summary claims information. Detailed claims information contains proprietary information that should not be shared.</p> <p>c. Record Ownership in Section 8.1 on page 59 appears to be for self-funded plans.</p>	<p>"Contractor Fees" and "Total Contracted Cost" indicate the total premium payable to the Contractor for a twelve (12) month period for OGB Plan Participants effective January 1, 2016 and each subsequent renewable option period.</p> <p>Currently, detailed claims information for both pharmacy and medical are provided for OGB Plan Participants participating in fully insured HMO medical plans.</p> <p>Standard Record Ownership language is now included in all contracts awarded by OGB to address record retention policies. Any deviation from this language requires approval.</p>

ATTACHMENT I: HEALTH PLAN COST REPORT (TOTAL PAID – MEDICAL AND PHARMACY CLAIMS)

Coverage Class		Year	2013									
		Plan	BLUE-CDHP	BLUE-HMO		BLUE-HSA	BLUE-PPO			VANTA-MHHP		
		Active	Active	Retired with Medicare	Retired without Medicare	Active	Active	Retired with Medicare	Retired without Medicare	Active	Retired with Medicare	Retired without Medicare
Coverage Type	Region											
EMPLOYEE + CHILDREN		12,207.62	66,976,843.53	207,967.28	7,622,787.99		3,939,777.83	119,790.93	1,124,297.63	1,724,636.15	754.66	91,015.29
	01		9,039,854.48	14,911.25	1,018,572.00		360,024.61	15,344.01	134,872.84			
	02		1,403,883.83	490.23	218,428.83		36,787.12	4,006.19	22,885.31			
	03	0.00	6,588,875.81	47,660.69	931,394.26		305,505.18	29,311.35	55,380.13			
	04		5,465,894.83	20,563.71	791,861.87		315,033.64	9,700.51	119,365.02			
	05		2,872,693.21	16,066.72	355,840.33		276,341.26	13,048.31	28,692.78	7,194.47		
	06	1,561.36	21,021,032.87	71,917.24	2,670,045.02		237,982.37	8,131.06	43,807.01	2,287.34		2,823.34
	07		9,875,829.02	13,765.14	720,662.17		1,629,679.06	27,733.94	519,890.78	58,710.98		10,544.06
	08		5,506,238.80	12,605.57	523,517.32		207,262.01	4,810.02	60,779.54	5,283.89		
	09	10,646.26	5,202,540.68	9,986.73	392,466.19		571,162.58	7,705.54	138,624.22	1,651,159.47	754.66	77,647.89
EMPLOYEE + SPOUSE		4,645.62	32,178,961.74	4,718,929.44	21,905,386.62		8,735,829.40	7,386,868.88	17,275,969.04	744,850.74	25,355.87	369,464.28
	01	149.77	4,501,749.74	511,357.96	2,573,846.45		1,355,885.79	523,703.39	1,588,704.87			
	02	242.23	1,276,733.31	175,546.09	378,447.61		316,219.67	202,743.08	437,396.48			
	03		3,886,683.08	784,199.91	3,376,990.03		651,424.47	846,502.91	2,454,132.91			
	04		2,401,113.78	357,081.91	2,046,333.85		1,474,039.58	1,083,958.36	1,760,823.73			
	05		1,305,236.00	137,118.39	348,033.67		638,220.93	604,731.31	1,463,497.95		202.16	
	06	134.72	9,063,569.19	1,868,674.62	8,376,952.73		459,442.76	658,444.65	1,397,227.27	6,585.70		47,429.42
	07		5,221,114.34	499,613.58	2,781,319.97		1,226,801.81	1,587,095.65	4,913,887.73	64,757.41	2,798.49	74,818.26
	08	4,118.90	2,434,842.97	282,277.40	1,344,611.82		917,485.66	545,775.26	916,190.14	644.07	809.34	15,756.13
	09	0.00	2,087,919.33	103,059.58	678,850.49		1,696,308.73	1,333,914.27	2,344,107.96	672,863.56	21,545.88	231,460.47
EMPLOYEE ONLY		30,051.38	161,579,843.12	11,243,062.70	70,141,060.41	344,980.97	27,123,875.96	17,726,828.89	47,778,287.48	4,105,414.26	148,566.26	1,529,335.27
	01	314.32	29,767,331.54	2,067,140.00	11,098,826.06	51,601.21	4,045,596.50	1,668,642.50	6,561,160.56			
	02	0.00	3,904,099.76	226,298.78	1,290,509.64	1,397.57	1,224,295.41	345,943.69	885,805.39			
	03	6,790.39	16,641,911.50	1,527,624.63	9,778,126.02	8,555.89	2,123,689.14	2,280,123.02	6,195,679.05			

	04	7,443.13	11,721,216.37	626,483.06	4,999,660.48	13,684.04	2,645,416.29	2,063,832.16	4,807,398.68	5,400.38		326.12
	05		4,618,023.35	145,978.40	1,005,230.09	2,824.84	2,027,927.29	820,788.89	1,949,177.28	369.48	287.01	
	06	11,407.14	52,277,299.62	4,636,021.55	26,905,918.78	242,280.52	3,754,517.28	2,328,158.99	5,134,465.57	6,944.95	571.40	9,240.88
	07	434.25	20,204,515.08	1,194,958.89	7,861,257.33	776.58	4,703,736.77	3,870,297.90	11,146,878.88	219,435.38	7,525.28	20,657.66
	08	165.20	11,276,479.64	632,389.05	4,305,606.82	19,742.19	1,712,422.22	1,473,929.71	3,176,218.77	9,556.30	2,552.06	1,432.03
	09	3,496.95	11,168,966.26	186,168.34	2,895,925.19	4,118.13	4,886,275.06	2,875,112.03	7,921,503.30	3,863,707.77	137,630.51	1,497,678.58
FAMILY		17,918.97	46,421,129.63	200,350.62	8,722,251.36		4,855,232.83	180,155.20	2,903,381.00	1,305,270.31	1,398.54	110,259.43
	01	13,986.52	6,107,999.66	27,325.53	1,177,125.45		287,947.80	37,983.61	334,479.62	7,638.56		
	02	60.86	1,529,196.13		145,867.73		88,523.67	1,526.67	104,764.19			
	03		6,142,956.97	21,114.22	1,414,564.60		756,574.50	38,709.90	539,360.43			
	04	1,305.70	3,852,746.06	10,771.49	387,544.77		429,940.59	20,625.16	308,279.77			
	05		1,890,021.37	8,360.80	557,477.64		376,412.88	10,515.76	188,528.27			
	06	1,833.21	14,517,977.64	97,602.10	3,045,634.91		670,808.49	34,570.20	257,517.30		1,398.54	856.91
	07	0.00	6,456,906.62	19,772.11	1,258,585.74		930,647.48	11,929.62	722,848.75	27,467.01		752.48
	08	732.68	2,727,302.44	5,083.39	379,951.53		349,403.98	8,349.86	66,585.78	1,925.96		
	09	0.00	3,196,022.74	10,320.98	355,498.99		964,973.44	15,944.42	381,016.89	1,268,238.78		108,650.04

Year Plan Coverage Class		2014										
		BLUE-CDHP	BLUE-HMO			BLUE-HSA	BLUE-PPO			VANTA-MHHP		
		Active	Active	Retired with Medicare	Retired without Medicare	Active	Active	Retired with Medicare	Retired without Medicare	Active	Retired with Medicare	Retired without Medicare
Coverage Type	Region											
EMPLOYEE + CHILDREN		14,447.68	72,752,524.52	463,842.34	8,291,544.93		3,808,611.05	121,810.76	1,736,441.55	1,846,999.89	1,031.51	99,002.87
	01	860.67	9,854,967.37	39,646.15	1,013,509.40		447,480.22	8,780.99	304,987.91			
	02		1,882,913.49	395.16	401,352.50		55,563.28	769.80	35,015.71			
	03	154.37	7,041,356.04	35,668.96	902,987.72		183,813.63	32,692.30	131,988.49			
	04	137.99	5,683,996.36	35,127.12	451,287.57		335,799.95	10,479.41	32,107.07			
	05		2,504,610.07	23,756.35	620,606.79		434,385.79	1,903.28	40,068.71			
	06	755.16	22,486,783.77	286,297.37	3,081,167.59		437,545.96	18,744.69	78,180.37	4,271.58		
	07		11,707,260.09	19,469.74	928,401.95		1,023,846.19	28,168.34	831,073.63	93,931.14		3,400.79
	08		5,284,685.96	8,938.22	636,950.22		203,773.66	15,978.91	93,605.48	449.67		
	09	12,539.49	6,305,951.37	14,543.27	255,281.19		686,402.37	4,293.04	189,414.18	1,748,347.50	1,031.51	95,602.08
EMPLOYEE + SPOUSE		3,645.74	35,970,674.19	5,671,606.71	25,291,759.22		7,301,285.49	7,365,424.17	14,328,639.25	711,656.36	49,971.75	211,684.42
	01	1,242.61	4,730,695.86	712,343.14	2,597,295.02		1,064,793.65	638,969.54	1,785,470.00			
	02		1,272,019.90	116,564.43	396,790.11		365,118.72	239,834.23	337,444.49			
	03	271.49	3,868,935.16	736,309.87	3,500,745.60		600,063.34	733,726.97	1,795,487.34			
	04		3,224,465.31	357,196.41	2,147,170.43		848,230.28	1,107,354.81	1,505,532.89			
	05	237.19	1,520,674.66	57,436.13	581,449.74		420,895.72	482,140.65	681,850.90		209.58	
	06	874.91	10,560,605.78	2,375,907.58	10,651,890.47		463,918.50	708,255.58	1,447,270.78	1,129.86		716.04
	07		5,776,988.32	790,101.10	3,202,158.71		1,018,252.73	1,517,062.75	3,495,362.30	42,864.84	8,221.94	17,813.18
	08	450.44	2,575,444.25	347,695.46	1,349,319.03		1,027,266.35	515,078.87	565,280.81	0.00	1,237.60	33,375.54
	09	569.10	2,440,844.95	178,052.59	864,940.11		1,492,746.20	1,423,000.77	2,714,939.74	667,661.66	40,302.63	159,779.66
EMPLOYEE ONLY		45,636.69	166,862,656.66	11,889,431.66	70,460,065.40	108,903.97	26,799,765.67	19,528,209.13	48,909,142.08	3,617,887.77	92,083.49	1,262,488.05
	01	5,151.52	29,076,390.47	2,027,299.18	11,490,111.84	14,304.06	3,942,958.42	1,735,424.32	6,357,974.13	394.37		
	02	331.07	3,777,129.52	244,883.02	1,631,460.63	305.45	832,201.19	436,954.74	923,949.30			
	03	1,249.78	16,926,015.50	1,682,858.04	7,793,118.31	10,195.24	2,418,076.61	2,015,350.52	5,771,736.29	238.35		
	04	7,507.26	13,672,161.80	933,052.38	4,050,165.56	13,149.38	2,231,382.32	2,202,590.25	3,857,987.74	1,638.56		43,735.04
	05		5,182,607.51	229,737.38	1,400,451.43	7,922.90	2,210,192.36	921,205.64	2,020,912.01			
	06	24,106.42	50,946,404.71	4,430,944.91	27,423,859.33	38,379.27	3,010,555.50	2,619,895.82	5,641,556.17	29,439.69	10,236.68	61,183.47

	07	1,653.43	22,945,352.36	1,225,483.91	8,731,660.02	0.00	4,539,474.47	4,166,214.38	11,854,178.17	75,377.04	6,127.24	13,682.38
	08	2,314.66	10,464,846.64	780,952.40	4,558,842.79	8,963.65	2,737,271.41	1,904,238.88	3,334,823.35	11,052.79	7,594.34	1,810.10
	09	3,322.55	13,871,748.15	334,220.44	3,380,395.49	15,684.02	4,877,653.39	3,526,334.58	9,146,024.92	3,499,746.97	68,125.23	1,142,077.06
FAMILY		8,206.33	52,563,397.58	284,971.75	10,768,265.21		5,208,383.93	126,279.25	3,010,079.50	1,047,891.37	726.49	170,260.62
	01	5,928.36	7,405,769.17	29,577.05	1,640,399.55		806,375.32	18,109.70	361,864.79			
	02	168.71	1,911,260.81	0.00	259,398.98		75,353.64	3,289.28	18,581.27			
	03	171.03	6,625,936.96	65,269.34	2,228,455.47		501,822.30	16,659.65	175,335.87			
	04	834.78	4,569,284.90	6,543.78	375,638.62		977,996.66	13,327.07	402,502.07			
	05		1,976,630.57	8,718.58	44,135.09		391,769.22	10,168.84	144,576.23			
	06	1,103.45	16,149,364.72	132,199.81	4,277,532.97		276,601.88	20,784.94	301,293.25	1,746.46	726.49	3,061.18
	07		7,347,661.68	23,646.93	806,843.16		943,811.90	18,795.68	962,573.23	7,067.29		855.90
	08	0.00	2,214,616.71	7,252.74	777,224.41		192,776.87	13,154.21	212,688.65	2,236.87		
	09		4,362,872.06	11,763.52	358,636.96		1,041,876.14	11,989.88	430,664.14	1,036,840.75		166,343.54

Data Use Agreement for Limited Data Set

This Data Use Agreement for a Limited Data Set (“Agreement”) is effective on the 13th day of July, 2015 (“Effective Date”) by and between the State of Louisiana, Office of the Governor, Division of Administration, Office of Group Benefits (“OGB”), and _____ (“Recipient”), collectively, the “Parties”.

OGB is a COVERED ENTITY as defined in the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated pursuant thereto (collectively, “HIPAA”); and OGB is providing Recipient with a Limited Data Set that may contain Protected Health Information (“PHI”) as defined in HIPAA, such that the Recipient may be a “LIMITED DATA SET RECIPIENT” as defined in HIPAA;

The Parties agree to the provisions of this Agreement in order to address the requirements of HIPAA and to protect the interests of both Parties.

1. **DEFINITIONS.** Except as otherwise defined herein, any and all capitalized terms in this Agreement shall have the definitions set forth in HIPAA. In the event of any inconsistency between the provisions of this Agreement and mandatory provisions of HIPAA, as amended, the HIPAA provisions shall control. Where provisions of this Agreement are different from those provided in HIPAA, but are permitted by HIPAA, the provisions of this Agreement shall control.
2. **USE OR DISCLOSURE.** Recipient shall have the right to use and disclose all PHI provided to it by OGB for the Health Care Operations purposes as follows:
 - Data analysis essential to the formulation of Recipient’s proposal in response to the RFP for Fully Insured Health Maintenance Organization issued by OGB on June 25, 2015.
3. **RESTRICTIONS ON USE.** Recipient agrees that it, and any employees, agents and subcontractors to whom it discloses the PHI, will not use or further disclose the PHI other than as permitted by this Agreement, or as otherwise required by law or regulation. Recipient shall use appropriate administrative, physical, and technical safeguards to protect the PHI from misuse or inappropriate disclosure and to prevent any use or disclosure of the PHI other than as provided in this Agreement or as otherwise required by law or regulation. Recipient shall not attempt to identify the individuals to whom the PHI pertains, or attempt to contact such individuals.
4. **REPORTING.** Recipient shall report to OGB’s HIPAA Compliance Director any security incident related to of any use or disclosure of the PHI not authorized in this Agreement of which Recipient becomes aware. Recipient will take reasonable steps to limit any further such use or disclosure.
5. **TERMINATION.** This Agreement shall be effective on the Effective Date set forth above and shall continue as long as Recipient retains the data, unless otherwise terminated by applicable law or regulation. Recipient may terminate this Agreement by returning the PHI to OGB.

**State of Louisiana, Office of the Governor,
Division of Administration,
Office of Group Benefits**

Recipient: _____

By: _____
Susan T. West, Chief Executive Officer

By: _____

Printed Name