REPORT OF EXAMINATION

OF THE

KAISER PERMANENTE INSURANCE COMPANY

AS OF

DECEMBER 31, 2021

Filed on May 3, 2023

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Oakland, California
April 20, 2023

Honorable Ricardo Lara
Insurance Commissioner
California Department of Insurance
Sacramento, California

Dear Commissioner:

Pursuant to your instructions, an examination was made of the

KAISER PERMANENTE INSURANCE COMPANY

(hereinafter also referred to as the Company). The Company's statutory home office is located at 300 Lakeside Drive, 27th Floor, Oakland, California 94612.

SCOPE OF EXAMINATION

We have performed our multi-state examination of the Company. The previous examination of the Company was as of December 31, 2018. This examination covered the period of January 1, 2019 through December 31, 2021. The examination was conducted in accordance with the National Association of Insurance Commissioners *Financial Condition Examiners Handbook (Handbook).* The Handbook requires the planning and performance of the examination to evaluate the Company's financial condition, assess corporate governance, identify current and prospective risks, and evaluate system controls and procedures used to mitigate those risks. The examination also included identifying and evaluating significant risks that could cause the Company's surplus to be materially misstated both currently and prospectively.

All accounts and activities of the Company were considered in accordance with the risk-focused examination process. This includes assessing significant estimates made by management and evaluating management's compliance with Statutory Accounting Principles. The examination does not attest to the fair presentation of the financial statements included herein. If an adjustment was identified during the course of the examination, the impact of such adjustment would be documented separately following the Company's financial statements.

This examination report includes findings of fact and general information about the Company and its financial condition. There might be other items identified during the examination that, due to their nature (e.g., subjective conclusions, proprietary information, etc.), were not included within the examination report but separately communicated to other regulators and/or the Company.

This was a coordinated examination whereby Oregon was the lead state of the Kaiser Foundation Health Plan, Inc. group (KFHP). California and Washington participated in this coordinated examination. The examination was conducted concurrently with the following insurance entities in the KFHP holding company system:

- Kaiser Foundation Health Plan of the Northwest (Oregon)
- Kaiser Foundation Health Plan of Washington (Washington)
- Kaiser Foundation Health Plan of Washington Options, Inc. (Washington)

COMPANY HISTORY

The Company was incorporated on March 22, 1994 under the laws of the state of California.

Capitalization

The Company is authorized to issue 1,200 shares of common stock with a par value of $50 per share and 100,000 shares of preferred stock with a par value of $80 per share. As of December 31, 2021, there were 960 shares of common stock and 50,000 shares of preferred stock issued and outstanding. The Company's common stock has voting rights but is not eligible to receive dividends. The Company's voting stock is owned 50% by its parent, Kaiser Foundation Health Plan, Inc. (KFHP), a California non-profit public benefit corporation, and 50% in the aggregate by the following Permanente Medical Groups: The Permanente Medical Group, Inc.; Southern California Permanente Medical Group; Hawaii Permanente Medical Group, Inc.; Colorado Permanente Medical Group, P.C.; Mid-Atlantic States Permanente Medical Group, P.C.; Northwest Permanente, P.C.; and The

Southeast Permanente Medical Group, Inc.; and KFHP owns 100% of the issued and outstanding preferred stock of the Company.

The Company's preferred stock has no voting rights and is entitled to cumulative dividends at annual rates to be determined by the Board of Directors, not to exceed 5% annually. There were no dividends declared, approved, or distributed to shareholders during the examination period.

MANAGEMENT AND CONTROL

The Company is a member of an insurance holding company. The Company is owned 50% by the Kaiser Foundation Health Plan, Inc. and 50% in the aggregate by the Permanente Medical Groups. The following abridged organizational chart depicts the interrelationship of the Company within the holding company system at December 31, 2021:

- Kaiser Foundation Health Plan, Inc. (California)
  - Kaiser Foundation Health Plan of the Northwest (Oregon)
  - HFHPW Holdings
    - Kaiser Foundation Health Plan of Washington (Washington)
      - Kaiser Foundation Health Plan of Washington Options, Inc. (Washington)
  - Kaiser Foundation Health Plan of Georgia, Inc. (Georgia)
  - Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Maryland)
  - Kaiser Foundation Health Plan of Colorado (Colorado)
  - **Kaiser Permanente Insurance Company (California) [50%] ownership**
- Permanente Medical Groups (Multiple States)
  - **Kaiser Permanente Insurance Company (California), [50%*] ownership**
  - The Permanente Federation, LLC (California)
    - Permanente Advantage, LLC (Pennsylvania)

*Permanente Medical Groups' ownership of the Company:

- The Permanente Medical Group, Inc. (15%)
- Southern California Permanente Medical Group (15%)
- Northwest Permanente, P.C. (4%)
- The Southeast Permanente Medical Group, Inc. (4%)
- Hawaii Permanente Medical Group, Inc. (4%)
- Colorado Permanente Medical Group, P.C. (4%)
- Mid-Atlantic Permanente Medical Group, P.C. (4%)

The six members of the board of directors, who are elected annually, oversee the business and affairs of the Company. Following are members of the board and principal officers of the Company serving at December 31, 2021:

Directors

Name and Location	Principal Business Affiliation
Charles P. Bevilacqua Poway, California	Senior Vice President Kaiser Foundation Health Plan, Inc.
Nolan C. Chang, M.D. (1) Chino, California	Medical Director Southern California Permanente Medical Group
Thomas A. Curtin Jr. Ft. Myers, Florida	Senior Vice President Kaiser Foundation Health Plan, Inc.
Sarah E. MacDonald San Francisco, California	Vice President The Permanente Federation LLC
Suketu Sanghvi, M.D. San Francisco, California	Associate Executive Director The Permanente Medical Group, Inc.
James H. Simpson Atlanta, Georgia	Regional President Kaiser Foundation Health Plan of Georgia, Inc.

(1) Effective December 29, 2021, Nolan C. Chang was elected as Series C Director to replace Ronald Navarro, M.D, who resigned effective December 31, 2021.

Principal Officers

Name	Title
Charles P. Bevilacqua	President and Chief Operating Officer
William E. Juram	Chief Financial Officer
Daniel E. McDermott	Controller
Hong-Sze A. Yu	Assistant Secretary

Management Agreements

Administrative and Management Services Agreement: The Company and its parent, Kaiser Foundation Health Plan, Inc. (KFHP), entered into an Administrative and Management Services Agreement on November 30, 1994. Pursuant to the Agreement, KFHP provides various services to the Company, including actuarial, accounting, marketing, investment, administrative, financial, legal, data processing, computer programming, human resources, and other management services. Services rendered under the Agreement are paid at cost. The total fees incurred by the Company for services under this Agreement in 2019, 2020, and 2021 were $4,401,003, $4,741,951, and $6,865,310, respectively.

Amended and Restated Joint Marketing and Administrative Services Agreement: The Company and its parent, KFHP, entered into an Amended and Restated Joint Marketing and Administrative Services Agreement, effective January 1, 2009. Pursuant to the Agreement, the Company and KFHP jointly offer the Company’s Exclusive Provider Organization (EPO) indemnity product in conjunction with KFHP's Health Maintenance Organization (HMO) products. The Company’s EPO product is an individually underwritten group plan providing exclusive provider benefits and services that will utilize KFHP's provider network. In addition to the joint marketing, KFHP will provide administrative services, provider network services, and integrated care management services to the Company in connection with the product. The administrative services include: underwriting and pricing, producer's commissions computation and payment, appointment and cancellation of agents or brokers, issuance and cancellation of policies and endorsements, collection and handling of premiums, advertising, utilization management, insured appeals and grievances, customer services and other services. The Agreement was approved by the California Department of Insurance (CDI) on August 23, 2010. The total costs to the Company for services under this Agreement in 2019 and 2021 were $4,395,927, and $2,097,677, respectively.

Pursuant to California Insurance Code (CIC) Section 1215.4, the Company is required to disclose and report affiliated agreements and transactions in the Insurance Holding Company System Annual Registration Statements. It was observed that the Company did not disclose the Agreement in 2019 and 2020. In addition, the transaction under this Agreement were reported under Joint Marketing and Administrative Services Agreement with KFHP in 2019. It is recommended that the Company ensure all related party agreements and transactions are properly disclosed in the Insurance Holding Company System Annual Registration Statements in accordance with CIC Section 1215.4.

Joint Marketing and Administrative Services Agreements: The Company entered into Joint Marketing and Administrative Services Agreements with the following affiliated health plans: Kaiser Foundation Health Plan of Colorado (KFHP-CO), effective October 31, 2010; Kaiser Foundation Health Plan of Georgia, Inc. (KFHP-GA), effective February 1, 2011; and Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc (KFHP-MAS), effective March 14, 2012. The Agreements pair the prepaid health programs of KFHP-CO, KFHP-GA, and KFHP-MAS with the Company's indemnity products. Pursuant to the Agreements, KFHP-CO, KFHP-GA, and KFHP-MAS will provide certain administrative services related to the indemnity products of the Company. These administrative services include, but are not limited to: product development, rating and underwriting, sales and marketing, claims adjudication, member services, utilization management, and premium billing and collection. Services rendered under the agreements are paid at cost. The CDI approved the Agreements with KFHP-CO, KFHP-GA, and KFHP-MAS on October 27, 2010, January 7, 2011, and June 13, 2011, respectively. The total fees incurred by the Companies for services under those Agreements in 2019, 2020, and 2021 were $1,480,458, $8,403,501, and $11,776,387, respectively.

Joint Marketing and Administrative Services Agreement: The Company and its parent, KFHP, entered into a Joint Marketing and Administrative Services Agreement, effective October 25, 2017. The Agreement was approved by the CDI on October 25, 2017. The

Agreement, superseded the Joint Administrative Agreement that the Company entered into with KFHP on February 3, 1995, to pair KFHP's prepaid healthcare programs with the Company's indemnity products for the purposes of joint marketing and administration for the Northern California Region, and the similar agreements entered into with KFHP's Southern California Region, and Hawaii Region, respectively in 1996. Pursuant to the Agreement, both companies' health benefit programs are combined to create various healthcare products. KFHP agrees to provide the following services to the Company, but are not limited to: product development, rating and underwriting, sales and marketing, claims adjudication, member services, utilization management, and premium billing and collection. Services rendered under the Agreement are paid at cost. The total fees incurred by the Company for services under this Agreement in 2019, 2020, and 2021 were $786,708, $833,292, and $830,310, respectively.

Self-funded Administrative Services Agreements: The Company entered into individual Self-funded Administrative Services Agreements with its parent, KFHP on February 19, 2008, and each of the following affiliated health plans: Kaiser Foundation Health Plan of the Northwest (KFHP-NW) on July 1, 2008; Kaiser Foundation Health Plan of Colorado (KFHP-CO), on July 1, 2008; Kaiser Foundation Health Plan of Georgia, Inc. (KFHP-GA), on July 30, 2008; and Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), on August 21, 2012. Under the terms of the Agreements, the Company is to administer the self-funded health benefit plans using the respective health plan's administrative services. These administrative services include marketing, provider network administration, integrated medical management and other services in support of the Company's administration of self-funded health benefit plans. The Company was granted exemption from filing these Agreements pursuant to CIC Section 1215.5(i). Services rendered under the Agreements are paid at cost. The total fees incurred by the Company for services under the Agreements in 2019, 2020, and 2021 were $190,963,551, $206,905,648, and $231,595,494, respectively.

Amended and Restated Administrative Services Only (ASO) Services Agreement: The Company and its parent, KFHP, entered into an Amended and Restated Administrative Service Only (ASO) Services Agreement, effective July 1, 2009. Pursuant to the Agreement, the Company provides services related to self-funded health benefit plans covering certain employees of KFHP and its affiliates, KFHP-GA, Kaiser Foundation Hospitals, and KP OnCall, LLC. This Agreement superseded the 2008 ASO Services Agreement filed by the Company, which covered only services provided to employees of KFHP-GA. The 2009 ASO Services Agreement was approved by the CDI on June 29, 2009. Services rendered under the Agreement are paid at cost. The total fees received by the Company for services under this Agreement in 2019, 2020, and 2021 were $101,624,522, $100,474,374, and $108,175,738, respectively.

Medical Director Agreement: The Company and its affiliate, The Permanente Federation, LLC (TPF), entered into a Medical Director Agreement, effective July 1, 2008. Under the terms of the Agreement, TPF will provide the Company with physician medical director services. The medical director will direct, oversee, and coordinate medical quality; appeals and grievances; and utilization management related strategies, goals and key activities for the Company. The Agreement was approved by the CDI on December 26, 2008. Services rendered under the Agreement are paid at cost. The total fees incurred by the Company in 2019, 2020, and 2021 for services under this Agreement were $72,153, $79,944, and $79,328, respectively.

Service Agreement: The Company and its affiliate, Permanente Advantage, LLC (PA), entered into a Service Agreement, effective January 1, 2010. Pursuant to the Service Agreement, PA provides services to the Company relating to healthcare utilization management, case management, revision of pre-certification requirements and related activities of the health insurance coverage and self-funded plans offered by the Company in the following three regions: Northern California, Southern California, and Hawaii; and to the affiliated health plans in Colorado, Georgia, and Mid-Atlantic States (Virginia, Maryland, and Washington, D.C.). The Agreement was approved by the CDI on

December 2, 2009. Services rendered under the Agreement are paid at cost. The total fees incurred by the Company in 2019, 2020, and 2021 for services under this Agreement were $3,626,474, $4,047,489, and $3,890,919, respectively.

Inter-Entity Agreement: Effective January 20, 2019, the Company entered into an Inter-Entity Agreement among Kaiser Foundation Health Plan, Inc., Kaiser Foundation Health Plan of Colorado, Kaiser Foundation Health Plan of the Georgia, Inc., Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Washington, and Kaiser Foundation Health Plan of Options, Inc. Under this Agreement, each entity can perform or delegate to one of the eight entities, as Lead Participating Issuer, the duties and responsibilities regarding the administration of the Risk Sharing Arrangement which the eight entities will enter into with its large group health plan customers (Group). The duties and responsibilities performed under the Agreement include the following: calculation of actual medical and administrative expenses incurred for the health care coverage plan; reconciliation of earned premiums, determination of reconciliation amounts owed to or by Group; communicating the results with Group; calculation of each entity's share of any reconciliation amount owed to or by Group; and settlement of reconciliation between entity and Group. There is no fee charged for the services provided under the Agreement. However, the reconciliation performed by the Lead Participating Issuer may result in a surplus or deficit depending on where the amount of reconciliation falls in relation to the risk corridor. Pursuant to CIC Section 1215.5(b)(4), the CDI approved this Agreement on January 6, 2020. There are no transactions incurred under this Agreement during the examination period.

Risk Sharing Agreement: Effective October 5, 2020, the Company entered into a Risk Sharing Agreement with KFHP-GA. The Company started introducing a new Preferred Provider Organization (PPO) product, Dual Choice PPO, in Georgia to employer customers along with KFHP-GA’s HMO product, Paired HMO, to attract new group customers and to retain existing customers that are interested in purchasing fully-insured health care coverage, to grow business in Georgia.To adjust the actual risk population of the Dual Choice PPO and the Paired HMO products, under the term of the Agreement, the Company and KFHP-GA will share and balance the financial benefit of better-than-expected utilization/claims cost in order to obtain protection against worse-than-expected utilization/claims cost. Calculations will be performed no later than six months after the end of the experience period to adjust the risk between the Dual Choice PPO and the Paired HMO products and determine premium, risk scores, and final premium transfer. Both parties' actuaries will work together to determine the Risk Adjustment Methodology, which provides the calculation of premium and payment based on risk-scores results comparing with actual claims experience. Any and all Final Risk Premium Transfer amounts owned will be made within thirty days after the final calculation is distributed to the both parties. Simple interest will be payable on balances due that are more than thirty days past due with the Federal Reserve Commercial Lending Rate plus one percent. Pursuant to CIC Section 1215.5(b)(4), the CDI reviewed the Agreement and issued a non-objection letter on October 5, 2020. The total amount of fees incurred in 2020 and 2021 under this Agreement were $3,820,258 and $12,566,054, respectively.

Risk Adjustment Agreement: Effective January 1, 2022, the Company entered into a Risk Adjustment Agreement with KFHP. The Company and KFHP cooperate with each other to attract new group customers and to retain existing customers that are interested in purchasing fully-insured health care coverage. The Company's products are offered and sold in California to employers along with KFHP's HMO products. Also, it sells PPO products and Out of Area Indemnity in California at KFHP's request to be marketed and sold in conjunction with KFHP's HMO products. The Company and KFHP are willing to share and balance the financial benefit of better-than-expected utilization/claims cost in order to obtain protection against worse-than-expected utilization/claims cost. Both parties actuaries will jointly determine any transfer premium, if any, pursuant to the risk sharing methodology set forth in the Agreement, which provides the calculation and payment, if any, of transfer premium based on expected risk-scores results compared with actual claims experience. The Agreement is set up in a symmetrical manner, so money could be transfered in either direction based on expected risk-scores results compared with actual claims experience. Both parties benefit from the continuation of the joint offering and both parties would be harmed if the offerings were terminated due to a selection spiral. Both parties work together to perform calculations no later than six months after the end of the experience period to determine premium, member-months, risk scores, and final premium transfers. Pursuant to CIC Section 1215.5(b)(4), the CDI issued a non-objection letter on June 10, 2021.

TERRITORY AND PLAN OF OPERATION

As of December 31, 2021, the Company was licensed to transact health insurance business in following states and the District of Columbia:

California	Colorado	Georgia	Hawaii
Kansas	Maryland	Missouri	Ohio
Oregon	South Carolina	Virginia	Washington

The Company primarily writes comprehensive (hospital and medical) and dental lines of business. Direct premiums written during 2021 totaled $171.2 million, of which California accounted for 44.0%, Georgia 31.1%, Maryland 8.8%, Virginia 6.1%, Colorado 5.9%, DC 2.1%, Hawaii 1.7%, and Missouri 0.3%.

At December 31, 2021, the Company’s largest lines of business were group indemnity health insurance and dental with direct premiums written of $136.9 million and $33.8 million, respectively.

The Company was formed to support the growth of Kaiser Foundation Health Plan, Inc. (KFHP) Health Maintenance Organization (HMO) plan by providing options of indemnity products and other network providers to employer groups with members who live outside of KFHP’s service area. The Company jointly markets its indemnity health and dental products alongside KFHP’s prepaid health care plans to employer groups. The Company uses the same sales force employed by KFHP. The Company offers Preferred Provider

Organization (PPO) dental insurance products, PPO, Point-of-Service (POS), Out-of-Area Health (OOA), and Exclusive Provider Organization (EPO) medical products.

In 2020, it introduced a new product, Dual Choice PPO, exclusively in Georgia along with its affiliate, Kaiser Foundation Health Plan of Georgia, Inc. (KFHP-GA) to employer groups that are interested in purchasing fully-insured health care coverage. Effective January 1, 2022, the Company started offering Paired PPO and OOA with KFHP in California to employers along with KFHP's HMO products.

The Company is also an administrator for Kaiser Permanente's Self-Funded Program. Each self-funded plan, through its plan sponsor, will contract with the Company to provide Administrative Services Only for self-funded plan. The Company contracts with Harrington Health, a third-party administrator, to provide certain administrative services for Kaiser Permanente's Self-Funded Program such as claims processing, eligibility information, and benefits.

REINSURANCE

Assumed

The Company did not assume any reinsurance during the examination period.

Ceded

The Company did not cede any reinsurance during the examination period.

FINANCIAL STATEMENTS

The following statements are based on the statutory financial statements filed by the Company with the California Department of Insurance and present the financial condition of the Company for the period ending December 31, 2021. The accompanying comments to the amounts in the financial statements should be considered an integral part of the financial statements. No adjustments were made to the statutory financial statements reported by the Company.

Statement of Financial Condition as of December 31, 2021

Statement of Revenue and Expenses for the Year Ended December 31, 2021

Reconciliation of Capital and Surplus from December 31, 2018 through December 31, 2021

Statement of Financial Condition
as of December 31, 2021

Assets	Ledger and Nonledger Assets	Assets Not Admitted	Net Admitted Assets	Notes
Bonds	$ 149,730,992	$	$ 149,730,992	
Cash and cash equivalents	37,593,054		37,593,054	
Receivables for securities	3,167,365		3,167,365	
Investment income due and accrued	475,940		475,940	
Uncollected premiums and agents' balances in course of collection	12,215,789		12,215,789	
Accrued retrospective premiums and contracts subject to redetermination	9,801,575		9,801,575	
Amount receivable relating to uninsured plans	14,961,332	26,479	14,934,853	
Current federal and foreign income tax recoverable and interest thereon	2,560,118		2,560,118	
Net deferred tax asset	1,169,737		1,169,737	
Aggregate write-ins for other than invested assets	413,326	66,137	347,189	
Total assets	$ 232,089,228	$ 92,616	$ 231,996,612	

Liabilities, Capital and Surplus			Notes
Claims unpaid		$ 31,845,058	(1)
Unpaid claims adjustment expenses		3,633,406	(1)
Aggregate health policy reserves		2,695,011	
Premiums received in advance		731	
General expenses due or accrued		6,575,409	
Remittances and items not allocated		198	
Amounts due to parent, subsidiaries and affiliates		29,915,224	
Payable for securities		3,502,430	
Liability for amounts held under uninsured plans		21,396,325	
Aggregate write-ins for other liabilities		1,226,277	
Total liabilities		100,790,069	
Common capital stock	$ 48,000		
Preferred capital stock	4,000,000		
Gross paid-in and contributed surplus	16,000,000		
Unassigned funds (surplus)	111,158,543		
Total capital and surplus		131,206,543	
Total liabilities, capital and surplus		$ 231,996,612	

Statement of Revenue and Expenses
for the Year Ended December 31, 2021

Underwriting Income		
Net premiums income		$ 171,239,447
Deductions:		
Hospital/medical benefits	$ 104,809,788	
Other professional services	12,902,825	
Emergency room and out-of-area	4,228,178	
Prescription drugs	19,878,104	
Incentive pool, withhold adjustments and bonus amounts	2,191,140	
Claims adjustment expenses	14,612,224	
General administrative expenses	10,561,567	
Total underwriting deductions		169,183,826
Net underwriting gain		2,055,621
Investment Income		
Net investment income earned	$ 1,302,042	
Net realized capital losses	(508,900)	
Net investment gain		793,142
Other income		
Net grain from agents' or premium balances charged off	1,877	
Total other income		1,877
Net income after capital gains tax and before all other federal income taxes		2,850,640
Federal and foreign income taxes incurred		(211,093)
Net income		$ 3,061,733

Capital and Surplus Account

Capital and surplus, December 31, 2020		$ 127,602,845
Net income	$ 3,061,733	
Change in net deferred income tax	(593,478)	
Change in nonadmitted assets	138,993	
Aggregate write-ins for gains in surplus	996,450	
Net change in capital and surplus		3,603,698
Capital and surplus, December 31, 2021		$ 131,206,543

Reconciliation of Capital and Surplus
from December 31, 2018 through December 31, 2021

	Gain in Surplus	Loss in Surplus	
Capital and surplus, December 31, 2018			$ 119,766,751
Net income	$ 13,894,470	$	
Change in net deferred income tax		665,120	
Change in nonadmitted assets	1,286,570		
Aggregate write-ins for losses in surplus		3,076,128	
Total gains and losses	$ 15,181,040	$ 3,741,248	
Net increase in capital and surplus			11,439,792
Capital and surplus, December 31, 2021			$ 131,206,543

COMMENTS ON FINANCIAL STATEMENT ITEMS

(1) Claims Unpaid and Unpaid Claims adjustment Expenses

Based on an analysis by a Senior Life Actuary from the California Department of Insurance, the Company's claims unpaid and unpaid claims adjustment expense reserves as of December 31, 2021 were found to be reasonably stated and have been accepted for the purpose of this examination.

SUMMARY OF COMMENTS AND RECOMMENDATIONS

Current Report of Examination

Management and Control – Management Agreements (Page 5): It is recommended that the Company ensure all related party agreements and transactions are properly disclose in the Insurance Holding Company System Annual Registration Statements in accordance with California Insurance Code Section 1215.4.

Previous Report of Examination

None.

<u>ACKNOWLEDGMENT</u>

Acknowledgment is made of the cooperation and assistance extended by the Company's officers and employees during the course of this examination.

Respectfully submitted,

Gu, Mei Digitally signed by Gu, Mei
Date: 2023.05.03 10:56:48
-07'00'

Mei Gu, CFE
Examiner-In-Charge
Senior Insurance Examiner, Specialist
Department of Insurance
State of California

Li Lim Digitally signed by Li Lim
Date: 2023.05.03
11:27:44 -07'00'

Li Lim, CFE
Senior Insurance Examiner, Supervisor
Department of Insurance
State of California