

**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons  
**Product Name:** ISMIE Mutual Rule Filing Change  
**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

## Filing at a Glance

Company: ISMIE Mutual Insurance Company  
Product Name: ISMIE Mutual Rule Filing Change  
State: Illinois  
TOI: 11.2 Med Mal-Claims Made Only  
Sub-TOI: 11.2023 Physicians & Surgeons  
Filing Type: Rate/Rule  
Date Submitted: 04/30/2013  
SERFF Tr Num: ISMI-129007017  
SERFF Status: Closed-Filed  
State Tr Num: ISMI-129007017  
State Status:  
Co Tr Num: ISMIE 0000-73  
  
Effective Date: 07/01/2013  
Requested (New):  
Effective Date  
Requested (Renewal):  
Author(s): Jacinth Adams, Gina Bules  
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean  
Disposition Date: 06/17/2013  
Disposition Status: Filed  
Effective Date (New): 07/01/2013  
Effective Date (Renewal): 07/01/2013  
  
State Filing Description:  
ROUTED 5/1/13

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**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons  
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## General Information

Project Name: ISMIE Mutual Rule Change - 7/1/2013      Status of Filing in Domicile: Pending  
Project Number:      Domicile Status Comments:  
Reference Organization:      Reference Number:  
Reference Title:      Advisory Org. Circular:  
Filing Status Changed: 06/17/2013  
State Status Changed:      Deemer Date:  
Created By: Gina Bules      Submitted By: Jacinth Adams  
Corresponding Filing Tracking Number:

### Filing Description:

Rule filing change effective July 1, 2013. Revised Page in the Rate/Rule Schedule and Cover Letter in Supporting Documentation.

## Company and Contact

### Filing Contact Information

Alan Allphin, Vice President, Underwriting      AlanAllphin@ismie.com  
20 N. Michigan Avenue      312-580-2432 [Phone]  
Suite 700      312-782-2023 [FAX]  
Chicago, IL 60602

### Filing Company Information

ISMIE Mutual Insurance Company	CoCode: 32921	State of Domicile: Illinois
20 N. Michigan Avenue	Group Code: 2358	Company Type: P&C Medical
Suite 700	Group Name:	Malpractice
Chicago, IL 60602	FEIN Number: 36-2883612	State ID Number:
(800) 782-4764 ext. [Phone]		

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## Filing Fees

Fee Required?      No  
Retaliatory?      No  
Fee Explanation:

## State Specific

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Refer to our checklists prior to submitting filing ([http://www.idfpr.com/DOI/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.htm](http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm)): JEA  
Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: JEA

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: JEA

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: JEA

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": JEA

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: JEA

SERFF Tracking #:

ISMI-129007017

State Tracking #:

ISMI-129007017

Company Tracking #:

ISMIE 0000-73

State:

Illinois

Filing Company:

ISMIE Mutual Insurance Company

TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2023 Physicians &amp; Surgeons

Product Name:

ISMIE Mutual Rule Filing Change

Project Name/Number:

ISMIE Mutual Rule Change - 7/1/2013/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	06/17/2013	06/17/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	05/01/2013	05/01/2013
Pending Industry Response	Gayle Neuman	04/30/2013	04/30/2013

#### Response Letters

Responded By	Created On	Date Submitted
Jacinth Adams	05/01/2013	05/01/2013
Jacinth Adams	04/30/2013	04/30/2013

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Date	Note To Reviewer	Jacinth Adams	06/14/2013	06/14/2013
effective date	Note To Filer	Gayle Neuman	06/13/2013	06/13/2013
Actuarial Review	Reviewer Note	Caryn Carmean	06/13/2013	

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ISMIE Mutual Rule Change - 7/1/2013/

## Disposition

Disposition Date: 06/17/2013

Effective Date (New): 07/01/2013

Effective Date (Renewal): 07/01/2013

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
ISMIE Mutual Insurance Company	0.000%	0.000%	\$0	0	\$264,875,380	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Supporting Document	Cover Letter		Yes
Rate	General Instructions, VII Rates and Premium Calculation		Yes

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**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons  
**Product Name:** ISMIE Mutual Rule Filing Change  
**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/01/2013
Submitted Date	05/01/2013
Respond By Date	05/10/2013

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Dear Alan Allphin,

**Introduction:**

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

In regard to the Company Rate Information, although there isn't a rate increase or decrease, you should still indicate the number of policyholders affected by the change in addition to the written premium for the company.

**Conclusion:**

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	04/30/2013
Submitted Date	04/30/2013
Respond By Date	05/10/2013

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Dear Alan Allphin,

**Introduction:**

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

You are required to complete the "Company Rate Information" on the Rate/Rule Schedule tab. This is part of SERFF and the Statute says companies will use SERFF.

Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?

**Conclusion:**

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/01/2013
Submitted Date	05/01/2013

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Dear Gayle Neuman,

**Introduction:**

Thank you for your review of our Rule Filing.

**Response 1**

**Comments:**

I have updated the company rating tab to include the written premium for ISMIE Mutual. As the effective date for this change is 7/1/2013, we have no concrete number on how many policyholders this will effect. This filing is being done in anticipation of having policyholders to which this change will apply.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Jacinth Adams

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**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/30/2013
Submitted Date	04/30/2013

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Dear Gayle Neuman,

**Introduction:**

Thank you for your review of our Rule change effective 7/1/2013

**Response 1**

**Comments:**

ISMIE Mutual gathers statistics which we supply to our actuaries for rate making purposes, but does not report to, or use, a rating agency.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,  
Jacinth Adams

**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons  
**Product Name:** ISMIE Mutual Rule Filing Change  
**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

## Note To Reviewer

**Created By:**

Jacinth Adams on 06/14/2013 03:58 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/17/2013 08:05 AM

**Subject:**

Effective Date

**Comments:**

Thank you for your review of our Rule change. We would like to keep the effective date for this change as July 1, 2013.

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**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

## Note To Filer

**Created By:**

Gayle Neuman on 06/13/2013 08:43 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/17/2013 08:05 AM

**Subject:**

effective date

**Comments:**

The Department of Insurance has completed its review of this filing. Originally, ISMIE Mutual requested the filing be effective July 1, 2013. Do you still wish to use that date? Your prompt response is appreciated.

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**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

## Reviewer Note

**Created By:**

Caryn Carmean on 06/13/2013 08:03 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

06/17/2013 08:05 AM

**Subject:**

Actuarial Review

**Comments:**

No concerns, and complete

**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons  
**Product Name:** ISMIE Mutual Rule Filing Change  
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## Post Submission Update Request Processed On 05/01/2013

**Status:** Disallowed  
**Created By:** Jacinth Adams  
**Processed By:** Gayle Neuman  
**Comments:**

### Rate Information:

Field Name	Requested Change	Prior Value
Rate Data Applies	Yes	No
Filing Method	SERFF	
Rate Change Type	Neutral	
Effective Date of Last revision	10/01/2012	
Filing Method of Last Filing	SERFF	

### Company Rate Information:

Company Name:ISMIE Mutual Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$0	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	

**State:** Illinois **Filing Company:** ISMIE Mutual Insurance Company  
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**Product Name:** ISMIE Mutual Rule Filing Change  
**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

## Post Submission Update Request Processed On 05/01/2013

**Status:** Allowed  
**Created By:** Jacinth Adams  
**Processed By:** Gayle Neuman  
**Comments:**

### Rate Information:

Field Name	Requested Change	Prior Value
Rate Data Applies	Yes	No
Filing Method	SERFF	
Rate Change Type	Neutral	
Overall Pct. of Last Revision	0.000%	
Effective Date of Last revision	10/01/2012	
Filing Method of Last Filing	SERFF	

### Company Rate Information:

Company Name: ISMIE Mutual Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	
Overall % Rate Impact	0.000%	
Written Premium Change for this Program	\$0	
# of Policy Holders Affected for this Program	0	
Written Premium for this Program	\$264875380	
Maximum %Change (where required)	0.000%	
Minimum %Change (where required)	0.000%	

SERFF Tracking #:

ISMI-129007017

State Tracking #:

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Company Tracking #:

ISMIE 0000-73

State:

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TOI/Sub-TOI:

11.2 Med Mal-Claims Made Only/11.2023 Physicians & Surgeons

Product Name:

ISMIE Mutual Rule Filing Change

Project Name/Number:

ISMIE Mutual Rule Change - 7/1/2013/

### Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

10/01/2012

Filing Method of Last Filing:

SERFF

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
ISMIE Mutual Insurance Company	0.000%	0.000%	\$0	0	\$264,875,380	0.000%	0.000%

**SERFF Tracking #:**

ISMI-129007017

**State Tracking #:**

ISMI-129007017

**Company Tracking #:**

ISMIE 0000-73

**State:**

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ISMIE Mutual Insurance Company

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## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		General Instructions, VII Rates and Premium Calculation	4	Replacement	ISMI-128631382	Revised VII Page 4.pdf

## VII. RATES AND PREMIUM CALCULATION (Cont'd.)

**C. CALCULATION OF PREMIUM.** The premium shall be determined on the basis of the units of exposure existing at policy inception and shall be calculated in accordance with the applicable rates, and rating plans contained or referenced in this manual. The developed premium is billed on a quarterly basis and shall be rounded to the nearest whole dollar. A premium involving \$.50 or more shall be rounded to the next higher whole dollar. Interim premium adjustments including endorsements shall be calculated pro rata.

**D. MINIMUM PREMIUM RULE.** Subject to the Calculation of Premium procedures described above:

No Professional Liability Claims-Made Insurance Plan policy (Form No. AP-1300) may be issued under this plan for a premium charge of less than \$400 per year.

**E. SURCHARGE PLANS.** The standard premiums in this manual are subject to a percentage increase based on defined risk characteristics and rules of applicability contained in the Surcharge Plan (**Appendix III**). A surcharge may be modified in accordance with the rules of the Surcharge Plan.

**F. MATURITY YEAR.** Each policyholder (whether a(n) individual physician, professional entity or physician clinic) shall, each policy period, have a designated maturity year. The measurement of the maturity year begins on the policyholder's RETROACTIVE DATE and advances each subsequent year thereafter until maturity is achieved.

Note: The policyholder's selected RETROACTIVE DATE cannot be changed after the policy is issued.

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ISMIE Mutual Rule Change - 7/1/2013/

## Supporting Document Schedules

<b>Bypassed - Item:</b>	Explanatory Memorandum
<b>Bypass Reason:</b>	Please see cover letter below.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	Not required with this filing; there are no rate changes being made.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certification
<b>Bypass Reason:</b>	ISMIE Mutual recently submitted this information for the Manual of Rules and Rates effective 10/1/2012. No rate information is changing at this time.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	Only the revised page (4) is being submitted to replace the previous page 4.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	No request to maintain data as a trade secret is being made at this time.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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**Project Name/Number:** ISMIE Mutual Rule Change - 7/1/2013/

<b>Satisfied - Item:</b>	Cover Letter
<b>Comments:</b>	
<b>Attachment(s):</b>	Cover Letter 7-13-2013.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

April 30, 2013

Ms. Gayle Neuman  
Property & Casualty Department  
Illinois Department of Insurance  
320 West Washington Street  
Springfield, IL 62786-0001

**VIA SERFF**

RE: ISMIE Mutual Insurance Company  
Filing #: ISMIE 0000-73  
FEIN: 36-2883612

Rule Filing Change Effective July 1, 2013

Dear Ms. Neuman:

The minimum premium rule for all policies will be \$400 per year.

Attached you will find a revised page 4 under General Rules of the Manual of Rules and Rates reflecting this change.

This revision is being submitted for your review and approval for use by ISMIE Mutual in Illinois.

Please contact me at (312) 580-2432 or at [alanallphin@ismie.com](mailto:alanallphin@ismie.com) if you have any questions.

Sincerely,



Alan J. Allphin  
Vice President, Underwriting

cc: Alexander R. Lerner  
Jeffery M. Holden  
John Washburn  
Richard King  
Cheryl Koos

Attachment