

***EXECUTIVE ORDER E0-98-04***  
**EXECUTIVE ORDER DISCLOSURE FORM**

NAME: Cheiron, Inc

ADDRESS: 8300 Greensboro Drive, Suite 800, McLean, VA 22102 (Fairfax County, VA)  
Street City State/Zip County

CONTRACT NO: BLR-210001 FEDERAL NO: 13-4215617

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

**B. DISCLOSURE REQUIREMENTS**

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, employment, or grant with any state agency, that any individual desiring to contract with, be employed by, or receive grant benefits from, any state agency shall disclose whether that person is a current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence. Agencies shall require that any non-individual entity desiring to contract with, or receive grant benefits from, any state agency shall disclose (1.) any position of control, or (2.) any ownership interests of 10% or greater, that is held by a current or former member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence.

As a condition for obtaining funding through a contract, lease, purchase agreement, or a grant with the Department of Health and Human Services, the following information must be disclosed:

Individual contractor indicate below if you are:

	Current	Former	Term(s) of service
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)	
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)	
3. A state employee	Yes/No (circle one)	Yes/No (circle one)	
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)	

Individual contractor indicate below if you are a spouse or immediate family member of an individual that is;

	Current	Former	Term(s) of service	Relative's name and relationship
1. A member of the general assembly	Yes/No (circle one)	Yes/No (circle one)		
2. A constitutional officer	Yes/No (circle one)	Yes/No (circle one)		
3. A state employee	Yes/No (circle one)	Yes/No (circle one)		
4. Serving as a commission or board member	Yes/No (circle one)	Yes/No (circle one)		

Non-individual entity list any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual is:

	Current	Former	Relative's name & Term(s) of Service	Relationship	Individual
1. A member of the general assembly	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
2. A constitutional officer	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
3. A state employee	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
4. Serving as a commission or board member	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			

Non-individual entity list any individual who holds a position of control or ownership interest of 10% or greater in the entity if the individual is a spouse or immediate family member of:

	Current	Former	Term(s) of service	Relative's name & Relationship	Individual
1. A member of the general assembly	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
2. A constitutional officer	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
3. A state employee	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
4. Serving as a commission or board member	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			

Failure of any person or entity to disclose under any term of Executive Order 98-04 shall be considered a material breach of the terms of the contract.

  
 \_\_\_\_\_  
 Signature

April 12, 2021  
 \_\_\_\_\_  
 Date

Principal Consulting Actuary  
 \_\_\_\_\_  
 Title

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF THE CONTRACT**

NAME: George S Platt

ADDRESS: 1 Riverfront Place Suite 610 North Little Rock AR 72114 Pulaski  
Street City State/Zip County

PHONE: 501-273-5929 FAX: \_\_\_\_\_

CONTRACT: BLR-210001

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

**DISCLOSURE OF SUBCONTRACTORS**

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, or grant with any state agency, that any individual or entity desiring to contract with any state agency shall require that any subcontractor, sub-lessor, or other assignee (hereafter "Third Party"), shall disclose whether such Third Party is a current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence, or if any of the persons described in this sentence hold any position of control or any ownership interest of 10% or greater in the Third Party, and shall report any such disclosure by the Third Party to the agency. The disclosure requirements of this paragraph shall apply during the entire term of the contract, lease, purchase agreement, or grant, without regard to whether the subcontract, sublease, or other assignment is entered into prior or subsequent to the contract date.

Third Party shall indicate below if he/she is:

	Current	Former	Term(s) of Service	Relative's name & relationship	Third Party
1. A member of the general assembly	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			
2. A constitutional officer	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			
3. A state employee	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No	2002-2013		
4. Serving as a commission or board member	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			

Third Party shall indicate below if he/she is a spouse or immediate family member of an individual that is

	Current	Former	Term(s) of service	Relative's name & relationship	Third Party
1. A member of the general assembly	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			
2. A constitutional officer	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			
3. A state employee	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			
4. Serving as a commission or board member	Yes/No (circle one) <input checked="" type="radio"/> No	Yes/No (circle one) <input checked="" type="radio"/> No			

Agencies shall require, as a further condition of obtaining or renewing any contract or agreement with any state agency, that the individual or entity desiring to contract shall incorporate into any agreement with a Third Party, previously defined, the below stated language, and any other necessary language as provided by rules and regulations promulgated to enforce Executive Order 98-04, which provides that failure of the Third Party to disclose the identity of any person or entity described previously shall be considered a material breach of the agreement.

The failure of any person or entity to disclose as required under any term of Executive Order 98-04, or the violation of any rule, regulation or policy promulgated by the Department of Finance and Administration pursuant to this Order, shall be considered a material breach of the terms of the contract, lease, purchase agreement, or grant and shall subject the party failing to disclose or in violation to all legal remedies available to the Agency under the provisions of existing law.

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke extending to the right, positioned above a horizontal line.

Signature of Third Party

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF THE CONTRACT**

NAME: Donna R Cook  
 ADDRESS: 1 Riverfront Place Suite 610 North Little Rock AR 72114 Pulaski  
Street City State/Zip County  
 PHONE: 501-301-4760 FAX: \_\_\_\_\_  
 CONTRACT: BLR-210001  
 CONTRACT EFFECTIVE DATE: \_\_\_\_\_

**DISCLOSURE OF SUBCONTRACTORS**

Agencies shall require, as a condition of obtaining or renewing a contract, lease, purchase agreement, or grant with any state agency, that any individual or entity desiring to contract with any state agency shall require that any subcontractor, sub-lessor, or other assignee (hereafter 'Third Party'), shall disclose whether such Third Party is a current or former; member of the general assembly, constitutional officer, board or commission member, state employee, or the spouse or immediate family member of any of the persons described in this sentence, or if any of the persons described in this sentence hold any position of control or any ownership interest of 10% or greater in the Third Party, and shall report any such disclosure by the Third Party to the agency. The disclosure requirements of this paragraph shall apply during the entire term of the contract, lease, purchase agreement, or grant, without regard to whether the subcontract, sublease, or other assignment is entered into prior or subsequent to the contract date.

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1. A member of the general assembly	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
2. A constitutional officer	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
3. A state employee	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)	1980-2014	Donna R Cook Self	
4. Serving as a commission or board member	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			

Third Party shall indicate below if he/she is a spouse or immediate family member of an individual that is

	Current	Former	Term(s) of service	Relative's name & relationship	Third Party
1. A member of the general assembly	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
2. A constitutional officer	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
3. A state employee	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)	1974-1996	Gary E Cook Spouse	
4. Serving as a commission or board member	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			

Agencies shall require, as a further condition of obtaining or renewing any contract or agreement with any state agency, that the individual or entity desiring to contract shall incorporate into any agreement with a Third Party, previously defined, the below stated language, and any other necessary language as provided by rules and regulations promulgated to enforce Executive Order 98-04, which provides that failure of the Third Party to disclose the identity of any person or entity described previously shall be considered a material breach of the agreement.

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*Donna R. Cook*

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Signature of Third Party

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF THE CONTRACT**

NAME: Timothy Hude - Pottawatomie BENEFITS GROUP  
 ADDRESS: 1 RIVERFRONT PLACE, SUITE 760 NORTH LITTLE ROCK, AR 72114  
Street City State/Zip County  
 PHONE: 501-779-6708 FAX: \_\_\_\_\_  
 CONTRACT: BLR-210001

CONTRACT EFFECTIVE DATE: \_\_\_\_\_

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3. A state employee	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
4. Serving as a commission or board member	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			

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3. A state employee	Yes/ <input checked="" type="radio"/> No (circle one)	Yes/ <input checked="" type="radio"/> No (circle one)			
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\_\_\_\_\_  
Signature of Third Party

**THIS FORM MUST BE COMPLETED AND RETURNED PRIOR TO EXECUTION OF THE CONTRACT**