

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

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"Person" "Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. A Person that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Owners Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by ☒ Applicant or ☐ Stock/Beneficial Interest Holder

This Statement is an ☒ Original Statement or ☐ Amended Statement

Identify Information: Blue Cross and Blue Shield of Illinois, a Division of Health
Name: Care Service Corporation, a Mutual Legal Reserve Company

D/B/A: Not applicable. FEIN # Only: 36-1236610

Street Address: 300 East Randolph Street

City: Chicago State: Illinois Zip Code: 60601

Phone No.: 312-653-3007 Fax Number: _____ Email: _____

Cook County Business Registration Number: Not applicable.
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): Not applicable.

Form Legal Entity

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☒ Other (describe) a Mutual Legal Reserve Company

Ownership Interest Declaration

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
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Not applicable.

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
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Not applicable.

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☒] No

If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
------	---------	-----------------------------------	--------------

Not applicable.

Corporate Officers, Members and Partners Information

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
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Please see the attached list of HCSC officers and Boards of Directors.

Declaration (collectible)

- ☒ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- ☐ I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Tracy Womack	Vice President, Major National Accounts
Name of Authorized Applicant/Holder Representative (please print or type)	Title
<i>Tracy Womack</i>	October 14, 2025
Signature	Date
Tracy_Womack@bcbsil.com	312-653-3007
E-mail address	Phone Number

Subscribed to and sworn before me
this 14th day of October, 2025.

My commission expires

Notary Public, State of Illinois
Official Seal
Lateesha Renee Wesley
Commission # 984549
My Commission Expires 1/3/2028

Notary Seal

x *Lateesha Renee Wesley*
Notary Public Signature

HEALTH CARE SERVICE CORPORATION (HCSC)**As of 04/15/2026**

HCSC Board of Directors	
Name	Title
Sidney Dillard	Director
Clyde Drexler	Director
Tamarah Duperval-Brownlee, M.D.	Director
Wayne R. Ebersberger	Director
Jay M. Gellert	Director
Veronica Hinojosa Segura	Director
John B. Owen	Director
Beth M. Provanzana	Director
Maurice S. Smith	Chairman
Anthony C. Spikes	Director
Kathleen Wilson-Thompson	Director
HCSC Corporate Officers	
Name	Title
Maurice S. Smith	Chairman, President & CEO
Catherine B. Nelson	EVP, Secretary and Chief Legal Officer
HCSC Elected Officers	
Name	Title
Monica E. Berner, M.D.	SVP HCSC Markets
Tom Boras	SVP Finance
Kevin M. Cassidy	President HCSC National Accounts
Flavia E. Duffy	SVP Chief Customer Service Officer
Opella Ernest, M.D.	President HCSC Markets
Michael E. Frank	EVP Chief Operating Officer
Daniel A. Good	SVP Chief Actuary
Stephania Grober	President Oklahoma Division & Western Markets
Stephen D. Harris	President Government Markets
Lisa D. Kelley	President Montana Division
Robert E. Lembach	SVP Compliance and Audit Services
Lauren N. Macklis	SVP IFM and Pharmacy
Scott M. Morgan	SVP Chief Information Officer
Arun Prasad	EVP President of IFM & Diversified Businesses & Chief Strategy Officer
Brian E. Snell	SVP IL Plan President
James G. Springfield	SVP TX Plan President & Network Business Solutions
Lillian M. Sutton	DSVP and Treasurer*
Janice M. Torrez	President New Mexico Division
Manika M. Turnbull	SVP Chief Human Resources Officer
James E. Walsh	EVP Chief Financial Officer
Jill A. Wolowitz	EVP Chief Administrative Officer & Chief Ethics & Compliance Officer

*The current HCSC By-Laws require the Board to elect the Treasurer annually, regardless of officer title.

*PRIVILEGED AND CONFIDENTIAL**DO NOT DISTRIBUTE*



HCSC Corporate Officers

Corporate Leadership

- Maurice Smith, Chairman, President & Chief Executive Officer.
- Opella Ernest, M.D., President, HCSC Markets.
- Michael Frank, Executive Vice President, Chief Operating Officer.
- Catherine Nelson, Executive Vice President, Chief Legal Officer.
- Arun Prasad, Executive Vice President, Chief Strategy Officer & President, Diversified Businesses.
- James Walsh, Executive Vice President, Chief Financial Officer.
- Jill Wolowitz, Executive Vice President, Chief Administrative Officer, Chief Ethics & Compliance Officer.

Corporate Leaders

- Monica Berner, M.D., Senior Vice President, HCSC Markets, Group & Individual Family Markets.
- Kevin M. Cassidy, President, HCSC National Accounts.
- Flavia Duffy, Senior Vice President, Chief Customer Service Officer.
- Stephen Harris, President, Government Markets.
- Scott Morgan, Senior Vice President, Chief Information Officer.
- Derek Robinson, M.D., Divisional Senior Vice President, Chief Health Officer.
- Manika Turnbull, Senior Vice President, Chief Human Resources Officer.
- Nancy Wohlfahrt, President, Medicaid.

Plan Presidents

- Stephania Grober, President, Oklahoma Plan & Western Markets.
- Lisa Kelley, President, Montana Plan.
- Brian Snell, President, Illinois Plan.
- James Springfield, President, Texas Plan & Senior Vice President, Markets.
- Janice Torrez, President, New Mexico Plan.

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Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by ☐ Applicant or ☐ Stock/Beneficial Interest Holder

This Statement is an ☐ Original Statement or ☐ Amended Statement

Identification Information

Name

D/B/A: FEIN # Only:

Street Address:

City: State: Zip Code:

Phone No.: Fax Number: Email:

Cook County Business Registration Number:
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable):

Form Legal Entity

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe)

Owners Interest Declaration

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Corporate Officers Members and Partners Information

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office

Declaration (collective)

- [] I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- [] I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Ted Hamer

Name of Authorized Agent Representative (please print or type)

Signature

thamer@kpmg.com

E-mail address

Principal

Title

11/4/2025

Date

464-206-9343

Phone Number

Subscribed to and sworn before me
this 2 day of 4, 2026

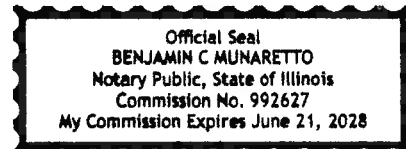
My commission expires: 6/21/28

X

Benjamin C. Munaretto

Notary Public Signature

Notary Seal



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This Statement is being made by the ☒ Applicant or ☐ Stock/Beneficial Interest Holder

This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name Path Construction Company, Inc

D/B/A: _____ FEIN # Only: 37-1572701

Street Address: 125 E. Algonguin Road

City: Arlington Heights State: IL Zip Code: 60005

Phone No.: 847-398-7100 Fax Number: 847-398-7101 Email: rkrause@pathco.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Richard Krause	125 E. Algonquin Rd Arlington Heights, IL 60005	100%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? [☐] Yes [☒] No
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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Richard Krause
Name of Authorized Applicant/Holder Representative (please print or type)

President
Title

[Signature]
Signature

03/13/2026
Date

rkrause@pathcc.com
E-mail address

847-398-7100
Phone Number

Subscribed to and sworn before me
this 13 day of March, 2026

My commission expires


X [Signature]
Notary Public Signature

Notary Seal

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This Statement is an: ☒ Original Statement or ☐ Amended Statement

Identifying Information:

Name K-Five Construction Corporation

D/B/A: _____ FEIN # Only: 36-2915545

Street Address: 999 Oakmont Plaza Drive, Suite 200

City: Westmont State: IL Zip Code: 60559

Phone No.: 630-257-5600 Fax Number: 630-257-6788 Email: estimating@k-five.net

Cook County Business Registration Number: 012650
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): D 5113-844-9

Form of Legal Entity:

☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Trustee of Land Trust

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☐ Other (describe) _____

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each Person having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Robert G. Krug	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559	75%
Jennifer Krug-McNaughton	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559	25%

2. If the interest of any Person listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [☒] Yes [☐] No
If yes, state the name, address and percentage of beneficial interest of such person, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
K-Fam Limited Liability Company			Parent Corporation
	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559		

Corporate Officers, Members and Partners Information:

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Robert G. Krug	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559		President
Jennifer Krug-McNaughton	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559		V.P.
Robert W. Krug	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559		Secretary
Josephine M. Krug	999 Oakmont Plaza Drive, Suite 200, Westmont, IL 60559		Treasurer

Declaration (check the applicable box):

- ☒ I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Robert G. Krug
Name of Authorized Applicant/Holder Representative (please print or type)

Signature
estimating@k-five.net
E-mail address

President
Title
04/15/2026
Date
630-257-5600
Phone Number

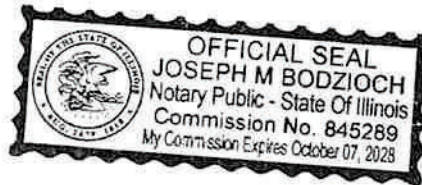


Subscribed to and sworn before me
this 15th day of April, 2026

My commission expires:

X
Notary Public Signature

10-7-28
Notary Seal



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Identifying Information:

Name Modesto Management LLC

D/B/A: _____ FEIN # Only: 84-3644991

Street Address: 525 S Scoville Ave., Ste 1

City: Oak Park State: IL Zip Code: 60304

Phone No.: 630.926.4489 Fax Number: _____ Email: eric@modestomanagement.com

Cook County Business Registration Number: _____
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): _____

Form of Legal Entity:

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☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

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Eric Dobyne	525 S Scoville Ave., Oak Park, IL 60304	100%

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Eric Dobyne	525 S Scoville Ave., Oak Park, IL 60304	President	

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Eric Dobyne

Name of Authorized Applicant/Holder Representative (please print or type)

Signature

eric@modestomanagement.com

E-mail address

Subscribed to and sworn before me
this 13th day of April, 2026

X

Notary Public Signature

President

Title

4/13/2026

Date

630.926.4489

Phone Number



Notary Seal