

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.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"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 **Ownership 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 the ☒ Applicant or ☐ Stock/Beneficial Interest Holder

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

Identifying 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 of 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
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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
------	---------	--	----------------

Please see the attached list of HCSC officers and Boards of Directors.

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.
- ☐ 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



x *Lateesha Renee Wesley*
Notary Public Signature

Notary Seal

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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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 T.Y. Lin International Great Lakes, Inc.

D/B/A: TYLin FEIN # Only: 36-3262346

Street Address: 200 South Wacker Drive, Suite 1400

City: Chicago State: IL Zip Code: 60606

Phone No.: 312.777.2900 Fax Number: 312.705.0305 Email: daniel.drew@tylin.com

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

Corporate File Number (if applicable): 53267416

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
T.Y. Lin International, 345 California Street, Suite 2300, San Francisco, CA 94107, 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

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
T.Y. Lin International, 345 California Street, Suite 2300, San Francisco, CA 94107, 100%, Parent Company			

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
Please see attached sheet			

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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**ATTACHMENT TO
COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT**

Corporate Officers Information

Name	Address	Title	Term of Office
Nyree Quintero	201 Alhambra Circle, Suite 900 Coral Gables, FL 33134	President	1 Year
Marwan Nader	345 California Street, Suite 2300, San Francisco, CA 94104	Senior Vice President	1 year
Bruce Bushnell	200 S. Wacker Drive, Suite 1400, Chicago, IL 60606	Vice President	1 year
Daniel B. Drew	200 S. Wacker Drive, Suite 1400, Chicago, IL 60606	Vice President	1 year
Phillip D. Frey	200 S. Wacker Drive, Suite 1400, Chicago, IL 60606	Vice President	1 year
Spiros Pantazis	200 S. Wacker Drive, Suite 1400, Chicago, IL 60606	Vice President	1 year
Natalie Eldredge	345 California Street, Suite 2300, San Francisco, CA 94104	Secretary & Treasurer	1 Year

Revised 10.17.2025

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Daniel B. Drew

Vice President, Area/Sector Manager

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

Title

DeBD

Daniel B. Drew

10/15/2025

Signature

Date

daniel.drew@tylin.com

312.777.2900

E-mail address

Phone Number

Subscribed to and sworn before me
this 15th day of October, 2025.

My commission expires: July 14, 2027

X

L Westcott

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 MYS Incorporated

D/B/A: _____ FEIN # Only: 36-299927

Street Address: 12416 S Harlem Ave Suite 101

City: Palos Heights State: IL Zip Code: 60463

Phone No.: 708 448 0983 Fax Number: _____ Email: tyelnick@mysincorporated.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
Curt Yelnick	[REDACTED]	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

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [☒] No
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Corporate Officers, Members and Partners Information:

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Taylor Yelnick	[REDACTED]	President	25 Years
Marissa Yelnick	[REDACTED]	Secretary/ Treasurer	12 Years
Curt Yelnick	[REDACTED]	Owner	46 Years

Declaration (check the applicable box):

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Taylor Yelnick

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

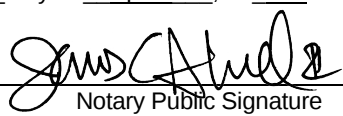


Signature

tyelnick@mysincorporated.com

E-mail address

Subscribed to and sworn before me this
29 day of April, 20 26.

X 

Notary Public Signature

President

Title

4/29/2026

Date

708 448 0983

Phone Number

My commission expires:

Notary Seal



OFFICIAL SEAL
JAMES C. ARNOLD II
Notary Public, State of Illinois
Commission No. 987248
My Commission Expires
February 20, 2028

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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 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:

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

☐ Business Trust ☐ Estate ☐ Association ☐ Joint Venture

☒ Other (describe) LLC

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
Eric Dobyne	[REDACTED]	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
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
N/A			

Corporate Officers, Members and Partners Information:

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Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
Eric Dobyne	[REDACTED]	President	

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

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

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☒ Original Statement or ☐ Amended Statement

This Statement is an:

Identifying Information:

Name GLI Capital Group, Inc.

D/B/A: Public Knowledge, LLC

FEIN # Only: 91 1439347

Street Address: 222 E. 18th Street, Unit C

City: Cheyenne

State: WY

Zip Code: 82001

Phone No.: 1 800 776 4229

Fax Number: (720) 684 5571

Email: info@pubknow.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

☒ Other (describe) LLC

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Name	Address	Percentage Interest in Applicant/Holder
James Maida	600 Airport Road Lakewood, NJ 08701	80%
Paul Magno	600 Airport Road Lakewood, NJ 08701	20%

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.

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

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COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Stacey Moss

CEO

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

Title

Signature

Date

smoss@pubknow.com

307 287 8941

E-mail address

Phone Number

Subscribed to and sworn before me
this 1st day of June, 2020

My commission expires: FEBRUARY 13, 2032

X

Notary Public Signature

Notary Seal

ISAH KAYE SAYAO
Notary Public - State of Wyoming
Commission ID 172155
My Commission Expires Feb 13, 2032