

SENATE NOMINATION QUESTIONNAIRE

Information on Nominee for appointment to:

Pennsylvania Insurance Department - Insurance Commissioner

Please type or print clearly

Today's Date January 3, 2018

Section 207.1 (g) of The Administrative Code of 1929 requires the Governor to submit the following information concerning each Nominee for positions, that require advice and consent of the Senate of Pennsylvania

Full Name: Jessica Koch Altman
(First) (Middle) (Last)

Voting Address (home): 911 North 2nd Street Apartment 3
Harrisburg PA 17102
(City) (State) (Zip Code)
(650) 465-0994
(Area Code) (Telephone)

Business Address: N/A
(if any)

(City) (State) (Zip Code)

(Area Code) (Telephone)

Employer Address: PA Insurance Department - 1326 Strawberry Square
(if any) Harrisburg PA 17120
(City) (State) (Zip Code)
717-783-0442
(Area Code) (Telephone)

(PLEASE COMPLETE REVERSE SIDE)

* Please answer ALL Questions- If None, please put "none" or "n/a"

Public Office/Public Position held by Nominees during the past 10 years:

See Attached

Party Registration: Democrat

Offices held in Political Parties during the past 10 years: N/A

Has Nominee been convicted of any violation of Law?

Yes

No

If Yes, please explain (if necessary, attach additional paper)

N/A

Date of Birth: August 5, 1988

*** THIS FORM NEEDS TO BE A SWORN STATEMENT, PLEASE HAVE THIS FORM NOTARIZED***

Signature:
(nominee)

Jessica K. [Signature]

Taken, sworn and subscribed before me this 3rd day of January A.D. 20 18.

[Signature of Notary]

Signature of Notary

(Seal)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Glenda J. Ebersole, Notary Public
City of Harrisburg, Dauphin County
My Commission Expires Feb. 13, 2019

Jessica Altman
911 North 2nd Street
Apartment 3
Harrisburg, PA 17102

Senate Questionnaire Addendum

PA Insurance Department – Acting Commissioner
PA Insurance Department – Deputy Commissioner
Pennsylvania Health Care Cost Containment Council - Ex-Officio Member
Children’s Health Insurance Advisory Board - Ex-Officio Member
Underground Storage Tank Indemnification Board - Ex-Officio Member
Coal and Clay Mine Subsidence Insurance Fund - Ex-Officio Member
State Worker’s Insurance Fund - Ex-Officio Member
Assigned Risk Plan - Ex-Officio Member
PA Fair Plan - Ex-Officio Member
Pennsylvania Employees Benefit Trust Fund – Ex-Officio Member
PA Insurance Department – Chief of Staff (2015 - 2017)
White House Office of Management and Budget – Policy Analyst (Past)
U.S. Department of Health and Human Services, Center for Consumer Information & Insurance Oversight – Policy Coordinator – Policy Coordinator & Health Insurance Specialist (2010 – 2013)

STATEMENT OF FINANCIAL INTERESTS

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME MI SUFFIX

A	L	T	M	A	N							J	E	S	S	I	C	A					K		
---	---	---	---	---	---	--	--	--	--	--	--	---	---	---	---	---	---	---	--	--	--	--	---	--	--

02 ADDRESS City State Zip Code Area Code Phone

911 NORTH 2ND STREET APARTMENT 3 HARRISBURG PA 17102 (717) 783-0442

NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.

03 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)

A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor

B Nominee C Public Official (Former) D Public Employee (Former)

Check this block if you are amending an original filing

04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held

A INSURANCE COMMISSIONER seeking hold held

B ACTING INSURANCE COMMISSIONER seeking hold held

05 GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, township, etc.)

A PA INSURANCE DEPARTMENT

B PA INSURANCE DEPARTMENT

06 OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR The information in blocks 8 through 15 below represents financial interests for the PRIOR calendar year indicated:

ACTING INSURANCE COMMISSIONER 2017

08 REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.

09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.

Name: Address: Interest Rate

10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, check this block.

Name: COMMONWEALTH OF PENNSYLVANIA Address: 1326 STRAWBERRY SQUARE HARRISBURG PA 17120

11 GIFTS (See instructions on page 2) If NONE, check this box.

Source of Gift Value of Gift

Address of Source of Gift Circumstances (including description) of Gift

12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box.

Source (Name and Address) Value

13 OFFICE, DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.

Business Entity (Name and Address) Position Held

Name: SEE ATTACHED Address:

14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box.

Name and Address of Business Interest Held

15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.

Business (Name and Address) Transferee (Name and Address) Interest Held Relationship Date Transferred

The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).

Signature Jessica K. Altman Enter Current Date 01/06/2018

THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

Ms. Jessica Altman
911 North 2nd Street
Apartment 3
Harrisburg, PA 17102

Statement of Financial Interest Addendum

4.) Public Position or Public Office

- C. Deputy Insurance Commissioner – HOLD
- D. Ex-Officio Member – HOLD
- E. Ex-Officio Member – HOLD
- F. Ex-Officio Member – HOLD
- G. Ex-Officio Member – HOLD
- H. Ex-Officio Member – HOLD
- I. Ex-Officio Member – HOLD
- J. Ex-Officio Member – HOLD
- K. Ex-Officio Member – HOLD
- L. Chief of Staff – HELD

5.) Governmental Entity

- C. PA Insurance Department
- D. Pennsylvania Health Care Cost Containment Council
- E. Children's Health Insurance Advisory Board
- F. Underground Storage Tank Indemnification Board
- G. Coal and Clay Mine Subsidence Insurance Fund
- H. State Worker's Insurance Fund
- I. Assigned Risk Plan
- J. PA Fair Plan
- K. Pennsylvania Employees Benefit Trust Fund
- L. PA Insurance Department

13.) Office, Directorship, or Employment in any Business

National Association of Insurance Commissioners
444 North Capitol Street NW
Suite 700
Washington, D.C. 20001
Position Held: Vice-Chair, Senior Issues Task Force

National Association of Insurance Commissioners
444 North Capitol Street NW
Suite 700
Washington, D.C. 20001
Position Held: Chair, Long Term Care Innovation Task Force

RECEIVED

2018 JAN -8 PM 2:30

SENATE OF PA
SECRETARIES OFFICE

2018 JAN 8 PM 2 16

STATE ETHICS
COMMISSION