FINANCE AND ADMINISTRATION CABINET OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE

CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601 TELEPHONE: 502-564-2874 (FAX: 502-564-1055) E-MAIL: Finance.ContractCompliance@ky.gov

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions <u>BEFORE</u> completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A <u>substitute or alternate version of this report will not be accepted or processed</u>.

1)	Type of Report (check one): Single-Establishment—firm conducts business from a single location Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky						
2)	Total number of reports being	filed by this firm 3					
1)	Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2)	SECTION II. EMPLOYER/FIRM IDENTIFICATION Passport Health Plan, Inc.					
	Street Address:	5100 Commerce Crossing Drive					
	City, State and Zip Code:	Louisville, Kentucky 40229					
(1	Name of Branch Office/ Other location for which this form is filed:	Passport Health Plan, Inc.					
	Street Address:	5100 Commerce Crossing Drive					
	City, State and Zip Code:	Louisville, Kentucky 40229					
	electrical contractor, bus trans	SECTION III. ESTABLISHMENT INFORMATION this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, sportation, hot mix/cold mix supplier, landscape architectural services, custom computer e – Medicaid/Medicare managed care organization					
		SECTION IV. GENERAL INFORMATION					
1)	Does the firm hire primarily fro	m (check one): ☐ County? ☐ City? ☐ Metropolitan Statistical Area? ☐ State? ☐ Nationwide?					
	Statistical Areas (MSAs) or st	ical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan ates that apply. (attach a separate sheet if necessary): ern Indiana, including the LouisvilleJefferson County, KY-IN MSA					
2)	Does the firm have a current A	ffirmative Action Plan? (check one) ⊠ Yes □ No					
3)	Does the firm have a current E	qual Employment Opportunity (EEO) policy? (check one) 🛮 Yes 🔲 No					
4)	Is the firm currently under fede one)? If yes, attach a separate	eral, state or local review regarding its employment practices for any of its public contracts (check e sheet fully explaining the situation and status of the review. Yes No					
5)	Within the past five (5) years, I sheet fully explaining the situa	nas the firm been declared ineligible for any public contract (check one)? If yes, attach a separate tion. ☐ Yes ☒ No					

Effective: 26-Jun-07

Revised: 18-May-07

ECTION V. WOPKFORCE DATA: Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the structions. It is appropriately in more than one job category or in more than acceptance than one job category or in more than acceptance. ategory. Reports ...th mathematical errors will not be processed and a determination about the company's certification status will be delayed.

ace/ethnicity

(A - N)Total 0 105 43 35 16 ന more races (Not Hispanic or Latino) Two or z 2 Hispanic or Latino) Alaskan Native American Indian or (Not Σ Hispanic or Latino) Asian (Not Native Hawaiian and Other Pacific Female Hispanic or Latino) Islander (Not ¥ Hispanic or Latino WORKFORCE DATA/NUMBER OF EMPLOYEES 7 Black or African American Hispanic or Latino) (Not 8 2 3 3 Race/Ethnicity White (Not Hispanic or Latino) I 25 64 23 7 3 2 races (Not Hispanic or Latino) Two or more G (Not Hispanic or Latino) American Indian or Alaskan Native ш Hispanic or Latino) Asian (Not ш Native Hawaiian and Other Pacific Islander Hispanic or Latino) (Not Ω Hispanic or Latino O (Not Hispanic or Latino) African American Black or В 2 3 White (Not Hispanic or Latino) 4 26 5 9 Craft Workers (6) Administrative Professionals _aborers and Categories Officials and **Technicians** Clerical and **Fotal from** (1 - 9)Total Previous Managers 3 Norkers Service (2) 4 Helpers 8 **Norkers** 9 6 Report Support Office,

1)	How was employment data in Section V obtained? (Note: Data must not be more than 90 days old.	(check one): [
	a) If visual survey is indicated, enter the date of visit	ual survey use	d for Section V:	_		to
	OR b) If payroll is indicated, enter the date of payroll us	ed for Section	V:			to
	OR c) If another method is indicated, enter the time per	iod used for Se	ection V:		1/1/2020	to 1/15/2020
2)	Does this firm employ apprentices or formal on-the-	job trainees? (check one):] Yes	⊠ No	
3)	Does the firm normally hire additional employees to			one)?		No
4)	List the maximum number of employees working for	•	28			
5)	Does the company have any Kentucky locations? (c			2 15/25		dicate how many 2
6)	Does the company file a federal EEO-1 report? (che	53	⊠ Yes □ N			_=_
		CTION VII. CE				
200		TION VII. CE	KIIFICATION	Les		
Nan	ne of Person to Contact Regarding this Report			Title		
	g Feger			Directo	r, Human Resources	
Mai	ing Address					
510 City	0 Commerce Crossing Drive	State	Zip Code	Teleph	one Number	Fax Number
	isville	KY	40229	37		
	ail Address	NI	40229	(502) 5	85-7900	(502) 585-6062
_Crai	g.Feger@passporthealthplan.com					
90	I certify that the information contain any attachments, is true and accura employer agrees to comply with the 45.560 – KRS 45.640 and Finance a Further, I am authorized to sign this ott A. Bowers, CEO	ate to the be requiremer nd Administ	st of my know its found in th ration Cabinet	ledge a e Kent rules a	and belief. The ucky EEO Act, h and regulations	(RS
	nt Name and Title of Certifying Official			Date		-
	Sent Son					
	nature of Certifying Official <mark>(must be an official or retructions)</mark>	manager; refe	r to the			
Fo	r Official Use Only (Minority/ Female Employment	t Utilization):		Initials:	Rev	iew Date:

FINANCE AND ADMINISTRATION CABINET

Form-EEO Part I

FINANCE AND ADMINISTRATION CABINET OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601

TELEPHONE: 502-564-2874 (FAX: 502-564-1055) E-MAIL: Finance.ContractCompliance@ky.gov

EEO-1: EMPLOYER INFORMATION REPORT

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1000000		SECTION I. TYPE OF REPORT			
1)	Type of Report (check one):	 ☐ Single-Establishment—firm conducts business from a single location ☐ Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations 			
		☑ Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)— contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky			
2)	Total number of reports being	filed by this firm 3			
		SECTION II. EMPLOYER/FIRM IDENTIFICATION			
1)	Name of Parent Company (owns or controls the branch/ office/other location or				
	subsidiary or affiliate listed in Section II, #2)	Passport Health Plan, Inc.			
	Street Address: 5100 Commerce Crossing Drive				
	City, State and Zip Code: Louisville, Kentucky 40229				
(د	Name of Branch Office/ Other location for which this form is filed:	Passport Health Plan, Inc.			
	Street Address:	367 Village Drive			
	City, State and Zip Code:	Prestonburg, KY 41653			
	Describe the major activity of	SECTION III. ESTABLISHMENT INFORMATION f this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier,			
	electrical contractor, bus tran	sportation, hot mix/cold mix supplier, landscape architectural services, custom computer re – Medicaid/Medicare managed care organization			
	*	SECTION IV. GENERAL INFORMATION			
1)	Does the firm hire primarily fr				
	Statistical Areas (MSAs) or s	nical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan tates that apply. (attach a separate sheet if necessary): hern Indiana, including the LouisvilleJefferson County, KY-IN MSA			
2)	Does the firm have a current	Affirmative Action Plan? (check one) ⊠ Yes ☐ No			
3)	Does the firm have a current	Equal Employment Opportunity (EEO) policy? (check one) ☐ Yes ☐ No			
4)		eral, state or local review regarding its employment practices for any of its public contracts (check te sheet fully explaining the situation and status of the review. ☐ Yes ☐ No			
5)	Within the past five (5) years,	has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate			

Effective: 26-Jun-07

Revised: 18-May-07

ace/ethnicity ECTION V. WOPKFORCE DATA: Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the structions. It is appropriately excluded in the structions. nter the appropriate in each space. Any blank spaces will be considered as zeros. N ployee should be counted in more than one job catego ategory. Reports at mathematical errors will not be processed and a determination about the company's certification status will be delayed.

(A - A) Total 0 Hispanic or Latino) Two or more races (Not z (Not Hispanic or Latino) American Indian or Alaskan Native Σ Asian (Not Hispanic or Latino) Native Hawaiian and (Not Hispanic Other Pacific Islander or Latino) Female ¥ Hispanic or Latino WORKFORCE DATA/NUMBER OF EMPLOYEES (Not Hispanic Black or American or Latino) African Race/Ethnicity White (Not Hispanic or Latino) I Hispanic or Latino) Two or more races (Not G American Indian or Alaskan Native Hispanic or Latino) (Not Asian (Not Hispanic or Latino) ш Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino) Ω Hispanic or Latino Hispanic or Latino) Black or African American Not Not œ White (Not Hispanic or Latino) Þ copposition (5)

Sraft Workers
(6) Administrative Professionals aborers and Categories **Technicians** Officials and Serical and Operatives Total from (1 - 9)Total Managers revious 3 Vorkers Service 4 Support 8 Vorkers $\widehat{\Xi}$ 3 8 6 Report Helpers Office,

			COLLECTION		
1)	How was employment data in Section V obtained? (c (Note: Data must not be more than 90 days old. D				
)	a) If visual survey is indicated, enter the date of visual	al survey used	I for Section V:	MI (2011)	to
	b) If payroll is indicated, enter the date of payroll use	d for Section '	V:		to
	OR c) If another method is indicated, enter the time period	od used for Se	ection V:	1/1/2020	to 1/15/2020
2)	Does this firm employ apprentices or formal on-the-jo	b trainees? (c	check one):] Yes 🛛 No	
3)	Does the firm normally hire additional employees to p	(3)		one)? 🛛 Yes 🗀] No
4)	List the maximum number of employees working for t			And the second of the second o	17/4/00/20
5)	Does the company have any Kentucky locations? (ch	90		If the response is "Yes," i	
		822		24	indicate now manyz_
6)	Does the company file a federal EEO-1 report? (chec		☑ Yes □ I	NO	
	SECT	TION VII. CEI	RTIFICATION		
Nan	e of Person to Contact Regarding this Report			Title	
	g Feger			Director, Human Resources	3
	ing Address				
510 City	O Commerce Crossing Drive	State	Zip Code	Telephone Number	Fax Number
	sville	KY	40229	(502) 585-7900	(502) 585-6062
	ail Address	IX1	40223	(302) 303 7 300	1 (002) 000 0002
-Cra	g.Feger@passporthealthplan.com				
	I certify that the information contains any attachments, is true and accurat employer agrees to comply with the 45.560 – KRS 45.640 and Finance an Further, I am authorized to sign this	te to the bes requiremen d Administr	st of my know its found in th ation Cabine	rledge and belief. The ne Kentucky EEO Act, t rules and regulations ployer.	KRS
	ott A. Bowers, CEO			02-03-	2020
Pr	nt Name and Title of Certifying Official			Date	
	Jall Jones		to the		
	nature of Certifying Official (must be an official or m structions)	anager; refer	to the		
Fo	r Official Use Only (Minority/ Female Employment	Utilization):		Initials: Re	view Date:

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	Street Address:	5100 Commerce Crossing Drive				
	City, State and Zip Code:	Louisville, Kentucky 40229				
((Name of Branch Office/ Other location for which this form is filed:	Passport Health Plan, Inc.				
	Street Address:	5100 Commerce Crossing Drive				
	City, State and Zip Code:	Louisville, Kentucky 40229				
		SECTION III. ESTADI ISUMENT INFORMATION				
	electrical contractor, bus trans	SECTION III. ESTABLISHMENT INFORMATION this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, sportation, hot mix/cold mix supplier, landscape architectural services, custom computer e – Medicaid/Medicare managed care organization				
		OFCTION IV. OFNEDAL INFORMATION				
		SECTION IV. GENERAL INFORMATION				
1)	Does the firm hire primarily from	om (check one): ☐ County? ☐ City? ☐ Metropolitan Statistical Area? ☐ State? ☐ Nationwide?				
	Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): State of Kentucky and Southern Indiana, including the LouisvilleJefferson County, KY-IN MSA					
2)	Does the firm have a current A	Affirmative Action Plan? (check one) ☐ Yes ☐ No				
3)	Does the firm have a current E	Equal Employment Opportunity (EEO) policy? (check one) ☐ Yes ☐ No				
4)		eral, state or local review regarding its employment practices for any of its public contracts (check e sheet fully explaining the situation and status of the review. Yes No				
5)	Within the past five (5) years, sheet fully explaining the situa	has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate tion. ☐ Yes ☑ No				

Effective: 26-Jun-07

Revised: 18-May-07

ECTION V. WOPY CORCE DATA: Report all full-time and permanent part-time employees included included in the structions.

Iter the appropriate in each space. Any blank spaces will be considered as zeros. Notes that the appropriate in more than one job category or in more than acceptancing acceptance. It is company's certification status will be delayed.

							ď	Race/Ethnicity	ý						
dol.				Male							Female				Total (A - N)
Categories	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	
	4	ω	o	٥	ш	L	Ø	I	-	7	×	J	Σ	z	0
Officials and Managers (1)	13	2						25	2					-	43
Professionals	5						-	23	ဗ					-	34
Fechnicians (3)	4							က							7
Sales Norkers (4)															
Office, Slerical and Administrative Support	~	~						10	ю						15
Sraft Workers	-							2							က
Operatives (7)							¥8								
aborers and delpers (8)	-			1.0											-
Service Norkers (9)															
Total (1 – 9)	25	က						63	8	_				2	103
Total from Previous									•						

1)	How was employment data in Section V obtained? (Note: Data must not be more than 90 days old.	check one):	TA COLLECTION ☐ Visual Survey han 90 days old	/ 🗌 Payı	roll ⊠ Other (spe be accepted or p	cify):HRIS system (ADP) rocessed.)
	a) If visual survey is indicated, enter the date of visu	ual survey us	ed for Section V:	_	04-34-4-50-4-5	to
	OR b) If payroll is indicated, enter the date of payroll us	ed for Sectio	n V:			to
	OR c) If another method is indicated, enter the time per	iod used for	Section V:		1/1/2020	to 1/15/2020
2)	Does this firm employ apprentices or formal on-the-j			□ Yes	⊠ No	
3)	Does the firm normally hire additional employees to			***************************************] No
4)	List the maximum number of employees working for					
	The description of the second section of the section of the section of the second section of the sec					ndicate how many2_
5)	Does the company have any Kentucky locations? (c				sponse is Tes, I	ndicate now manyz_
6)	Does the company file a federal EEO-1 report? (che	eck one)	⊠ Yes □	No		
	SEC	CTION VII. C	ERTIFICATION			
Nar	ne of Person to Contact Regarding this Report			Title		
	ig Feger			Directo	r, Human Resources	S
Mai	ling Address					
510 City	0 Commerce Crossing Drive	State	Zip Code	Teleph	one Number	Fax Number
500		KY	40229		85-7900	(502) 585-6062
	isville nail Address	I KI	40229	(302) 3	63-7900	(302) 303-0002
-Сга	ig.Feger@passporthealthplan.com					
6.	I certify that the information contain any attachments, is true and accura employer agrees to comply with the 45.560 – KRS 45.640 and Finance a Further, I am authorized to sign this cott A. Bowers, CEO	ate to the be requirement and Adminis	est of my kno ents found in t stration Cabin	wledge a the Kent et rules	and belief. The ucky EEO Act, and regulations	KRS
	int Name and Title of Certifying Official			Dat		
	Catt for					
	gnature of Certifying Official <mark>(must be an official or r structions)</mark>	manager; re	fer to the	63		
Fo	or Official Use Only (Minority/ Female Employmen	t Utilization)	•	Initials:	Re	view Date:

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