



Control Number: 45720



Item Number: 122

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PUC DOCKET NO. 45720  
SOAH DOCKET NO. 473-16-3831.W

RECEIVED

2016 OCT -5 PM 1:08

APPLICATION OF RIO CONCHO  
AVIATION, INC. FOR A  
RATE/TARIFF CHANGE

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§

BEFORE THE STATE OFFICE  
OF THE PUBLIC UTILITY COMMISSION  
FILING CLERK  
ADMINISTRATIVE HEARINGS

**RIO CONCHO AVIATION, INC.'S  
FOURTH SUPPLEMENTAL RESPONSE TO COMMISSION STAFF'S  
FIRST REQUEST FOR INFORMATION  
QUESTION NOS. STAFF 1-5 AND STAFF 1-14**

COMES NOW, Rio Concho Aviation, Inc. ("Rio Concho") and files its Fourth Supplemental Response to Commission Staff's First Request for Information – Question Nos. Staff 1-5 and Staff 1-14.

Respectfully submitted,

By:



John J. Carlton

John J. Carlton  
The Carlton Law Firm P.L.L.C.  
2705 Bee Cave Road, Suite 200  
Austin, Texas 78746  
(512) 614-0901  
Fax (512) 900-2855  
State Bar No. 03817600

ATTORNEY FOR RIO CONCHO AVIATION,  
INC.

122 1

10:11 AM 3-1-61

### **CERTIFICATE OF SERVICE**

I hereby certify that I have served or will serve a true and correct copy of the foregoing document via hand delivery, facsimile, electronic mail, overnight mail, U.S. mail and/or Certified Mail Return Receipt Requested to all parties on this the 5<sup>th</sup> day of October, 2016.

A handwritten signature in black ink, appearing to read 'J. Carlton', is written over a horizontal line.

John Carlton

**REQUEST FOR INFORMATION  
QUESTION NOS. STAFF 1-5 AND 1-14**

**Staff - 1-5.** Please provide copies of detailed invoices and supporting documentation, including explanations and calculations for the test year and adjusted expenses included in Schedule I-1 of the application as follows:

- a) volume-related expenses, line 3, in the amount of \$1,620;
- b) employee labor, line 5, in the amount of \$41,568;
- c) contract labor, line 7, in the amount of \$26,987 and \$28,457;
- d) transportation expenses, line 8, in the amount of \$3,283 and \$3,971;
- e) employee pensions and benefits, line 13, in the amount of \$6,360 and \$13,788;
- f) office services & rentals, line 16, in the amount of \$6000;
- g) office supplies and expenses, line 17, in the amount of \$7,462;
- h) professional services, line 18, in the amount of \$719 and \$1,919;
- i) insurance, line 19, in the amount of \$2,542;
- j) regulatory (rate case) expense, line 21, in the amounts of \$227 and \$1,794 (responses to this request should be ongoing throughout the proceedings if an evidentiary hearing is required in the proceedings);
- k) miscellaneous expense, line 22, in the amount of \$7,459; and,
- l) taxes other than income, line 26, in the amount of \$4,660 and \$5,053.

**Response:** Responsive and non-privileged documents will be produced. If necessary, some will be produced in accordance with the PUC procedures for Confidential Filings.

Please see documents produced in response to Staff's RFI 4-1.

**Staff - 1-14.** Please provide copies of insurance policies and invoices for any insurance expense in the proposed cost of service in the application.

**Response:** Responsive and non-privileged documents will be produced. If necessary, some will be produced in accordance with the PUC procedures for Confidential Filings.

**RESPONSIVE TO STAFF 1-5 & 1-14**



**North American Company**  
for Life and Health Insurance



August 16, 2016

BARBIE BRUNSON  
221 WEST HILL DR  
ALEDO, TX 76008-2551

Re: POLICY NUMBER:                      INSURED: Barbie Brunson

Dear Barbie Brunson:

Thank you for your recent request to change your beneficiary designation for the above listed policy.

Enclosed you will find the endorsement reflecting your requested change. Please keep this information with your policy. All previous designations have been removed and the proceeds of this policy at the time of a claim will be paid as directed on this endorsement.

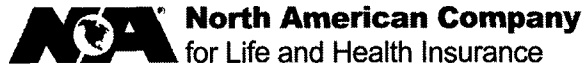
To learn more about how we use and protect your information, please refer to our privacy policies, which can also be found at [www.NorthAmericanCompany.com/privacy](http://www.NorthAmericanCompany.com/privacy).

Please contact the Claims Department toll free at 877-872-0757 with any questions. Our service professionals are happy to assist you Monday through Thursday from 7:30 am to 5:00 pm CST and Friday from 7:30 am to 12:30 pm CST.

Sincerely,

Claims Department  
North American Company

CC: file & Joy ANN Culp



NORTH AMERICAN COMPANY FOR LIFE AND HEALTH

ENDORSEMENT OF CHANGE OF BENEFICIARY

This amends your policy as stated below. Please retain with your policy.

Insured Name: BARBIE BRUNSON

Beneficiary Name: RIO CONCHO AVIATION INC  
Beneficiary Type: PRIMARY  
Relationship: COMPANY/CORPORATION  
Tax Identification Number:  
Address: 221 WEST HILL DRIVE  
City: ALEDO  
State: TX  
Zip Code: 76008  
Phone Number: 1-817-233-1058

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Percentage of split between multiple beneficiaries may not be shown. Unless otherwise stated, proceeds shall be paid to any Primary Beneficiaries who survive the Insured, but if none survive, proceeds shall be paid to any Contingent Beneficiaries who survive, or if none survive, to the Estate of the Policyowner. It is hereby agreed that the provisions, if any, of the said policy requiring endorsement of change of beneficiary on the policy, are annulled.

A handwritten signature in black ink, appearing to read 'H. Brunson'.

SECRETARY

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# HUMANA.

One

Policy Number

Dear BARBIE:

Texas HB 1951 requires insurers to inform our members of specific information related to premium increases. The table below outlines the following information:

1. The dollar amount of the premium currently in effect;
2. The actual dollar amount of the premium after the premium rate increase;
3. The percentage change between the two amounts.

The proposed premium rate increase will become effective on 12/01/2016:

Current Plan Name: HumanaOne HSA / 100%	
Current Premium	Renewal Premium
\$648.98	\$837.19
Percentage of change: 29.00%	

**Texas contact information:**

You have the right to contact the Texas Department of Insurance regarding this notice. The contact information options are listed below:

**Mail address:**

Texas Consumer Health Assistance Program  
Texas Department of Insurance  
Mail Code 111-1A  
PO Box 149091  
Austin, Texas 78714

**E-mail address:**

chap@tdi.state.tx.us

**Phone:**

1-855-TEX-CHAP (1-855-839-2427)

Web address: [www.texashealthoptions.com](http://www.texashealthoptions.com)

Department of Human Health Services Website: [www.healthcare.gov](http://www.healthcare.gov)

Sincerely,



Steve Deraleau



GCHH6KOH

Insured by Humana Insurance Company

RCA000932