

Welcome to Our Annual Review

At UnitedHealth Group, we work every day to achieve our full potential to help improve the health of those we serve and health systems serving society. The business result is consistent, sustainable growth.

UnitedHealth Group, Optum and UnitedHealthcare have remarkable potential to help improve health care and the lives of people around the globe — a humbling responsibility and social pursuit. The 285,000 people of this enterprise are dedicated to this task. We are intently focused on serving individuals, *one person at a time*, working closely with clients, customers and health systems to increase the quality of health care and improve the affordability and experience of care. This approach is building trust and loyalty among the consumers and customers we serve which, in turn, drives consistent, sustainable, market-leading growth.

This review summarizes our solid performance in 2017 and our plans for 2018 and beyond. We fully appreciate that our shareholders' investments enable us to serve more people in more and better ways each year. UnitedHealth Group remains committed to long-term earnings growth and distinctive total shareholder returns.

Our future success will be powered by the hard, intelligent and caring work of our people to achieve our mission and the opportunity to serve offered by the growing and challenging global health care markets. Thank you for your interest in our company.

We are intently focused on improving the quality of health care and making it more accessible and affordable for more people.

Advancing Health Care Quality

We are a mission-driven enterprise motivated to serve the emerging health care needs of more people in more ways. In 2017 we delivered distinguished growth performance.

UnitedHealth Group is a highly diversified, innovative and adaptable health care enterprise, dedicated to helping create a more modern, high-performing, simpler health care system. We are privileged to serve approximately 140 million individuals, providing medical benefits to people residing in all 50 states in the United States and more than 130 other countries. Our 285,000 employees, including tens of thousands of

physicians, advance practice clinicians, nurses and other health care workers on staff globally, work continuously to improve quality and outcomes with compassionate service.

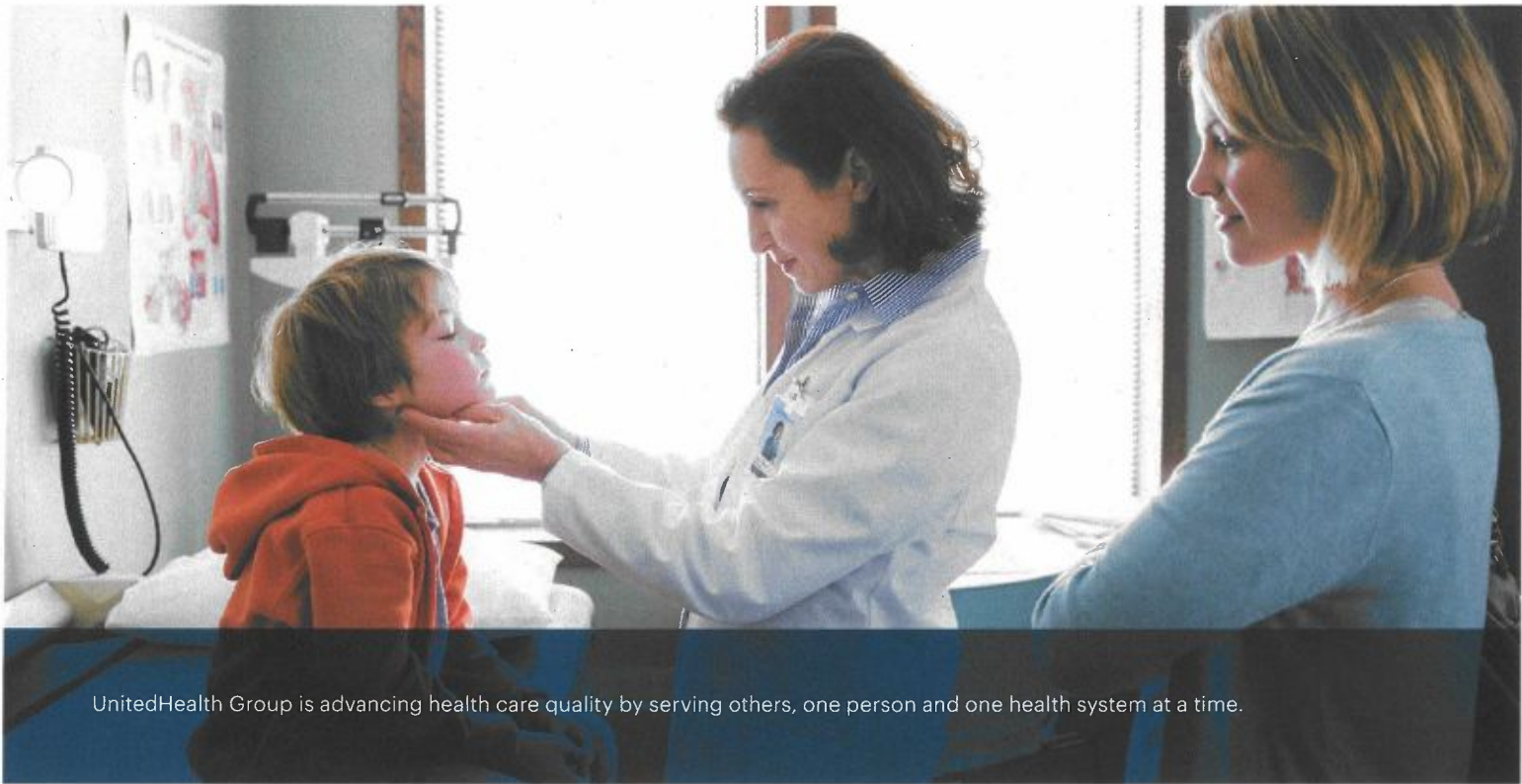
Delivering higher quality in health care and a better consumer experience is helping advance greater value and trust among our customers and the people we serve. The result is distinctive growth.

At its core, UnitedHealth Group is shaped by its people and their commitment to a culture, based on integrity, compassion, innovation, relationships and performance. Motivated by a dedication to creating greater value in health care, they deploy and repurpose the core competencies shared across our business platforms, UnitedHealthcare and Optum:

- **Data and health information** – to inform and guide;
- **Advanced technology** – to enable; and
- **Clinical expertise** – to deliver care at higher quality, with greater consistency, at lower costs.

2017 Performance Highlights





UnitedHealth Group is advancing health care quality by serving others, one person and one health system at a time.

UnitedHealthcare is a leader in health coverage and benefits, and Optum is the leader for health services, broadly. These two businesses are purposefully complementary and positioned to work together as an integrated and strategically aligned operating portfolio, as well as to be fully free-standing, market-facing businesses. Together, they leverage our core competencies to apply actionable insights to some of the most complex challenges facing health care.

We use Net Promoter Score (NPS) to measure the quality of our products and services. NPS is based on the answer to a single question, "How likely are you to recommend our company to a friend or family member?" Our NPS rose sharply in 2017 and we expect this momentum to continue through 2018 and beyond. Our commitment to NPS is about more than just numbers. We are changing our culture to be much more consumer-centric, listening more intently than ever to our customers, taking actions based on what we learn and monitoring our improvements over time.

As we continue to improve quality and service, we build increasing trust and loyalty among the people and customers we serve. In turn, we continue to grow.

Our enterprise is focused on five growth areas where we believe we have the opportunity to improve health care and better serve the needs of individuals and the system overall. These are:

Health Care Delivery: We have a growing presence in the direct delivery of care, where our goals are better quality, lower cost and higher consumer value and satisfaction, informed by appropriate site of service for care.

Pharmacy Care Services: Pharmacy transactions are the most common point of contact between health care consumers and the system. We use the pharmacy interaction to engage consumers with our whole-person care model, to encourage smart decisions and healthy behaviors.

Consumer-Centric Benefits:

Consumers expect a simple, personalized, dependable care experience. Our affordable product designs use incentives to reward healthy behaviors and lifestyles, guiding people along a more engaged and healthier path.

Digital Health Care: Innovation, new product development and fresh approaches are critical to improving simplicity, connectivity, service and accuracy, so we continue to grow our digital offerings and technology solutions for consumers and care providers.

Global Opportunity: Our global businesses had strong, positive 2017 performance and are carrying that momentum into 2018. The closing of the Banmédica acquisition in the first quarter 2018 adds a major provider of health care services and health benefits in Chile, Colombia and Peru.

These five areas of strategic focus underpin our strategy as we look to evolve forward with our customers and markets toward fulfilling existing and emergent needs in 2025.



At UnitedHealthcare, we serve people with health benefits through every stage of their lives, from childhood and youth through working life and into retirement. We are a company with a vital social role. Effective, sustainable health insurance underpins our nation's ability to deliver effective, sustainable health care.

UnitedHealthcare is dedicated to supporting better health and creating a better consumer experience, all while making health care more affordable. This involves putting the individual at the center of how we operate and equipping the people we serve to be actively engaged health care consumers. We also work with care providers, collaborating to establish new ground rules based on improving patient care through value-based payment initiatives and incentives.

Creating a Better Health Care Experience

We are dedicated to supporting better health and more affordable care.

Since 2010, UnitedHealthcare has produced one of the strongest periods of growth for any company in health care, growing organically in the U.S. by more than 11 million people. Today, we serve nearly 50 million medical members, primarily in the U.S. and Brazil. UnitedHealthcare is comprised of four operating segments:

UnitedHealthcare Employer & Individual provides health benefits for over 27 million Americans through fully insured and self-funded medical plans. We offer consumer-oriented benefit plans and services nationwide for large national employers, public sector employers, mid-sized employers, small businesses and individuals.

UnitedHealthcare Medicare & Retirement is dedicated to serving the growing health and well-being needs of individuals over the age of 50. We help more than 12 million seniors manage their health through a comprehensive and diversified array of products and services.

UnitedHealthcare Community & State is dedicated to providing health care products and services to state programs that care for the economically disadvantaged, the medically underserved and those without the benefit of employer-funded health

care coverage in 28 states and the District of Columbia.

UnitedHealthcare Global operates in two distinct segments: Global Solutions and Global Markets. Global Solutions serves employers and individuals in more than 130 countries who live and/or work outside their home nations. The Global Markets business serves the in-country health care needs of specific populations with health benefits and medical care delivery, primarily in Brazil and Portugal. Through our 2018 merger with Empresas Banmédica, a leading private health benefits and care delivery provider, we further expanded our services to Chile, Colombia and Peru.

Following are stories that highlight how UnitedHealthcare is improving the delivery of value-based care, addressing the social determinants of health and helping make health care more accessible and affordable for more people, while continuing to drive growth.

- **NexusACO**
- **myConnections**
- **Serving Seniors**

NexusACO primary care physicians help people navigate the health care system, making sure they and their families receive the right care with the right doctors.

NexusACO: Expanding Access to Quality Care at Lower Costs



Accountable care organizations (ACOs) help reduce costs and improve the quality of the health care system and health outcomes. This health care model can:

- improve prescribing and patient referrals;
- minimize unnecessary emergency room use and reduce hospital admissions and readmissions;
- better coordinate care transitions from post-acute to rehab to home; and
- identify gaps in care so they can be appropriately closed.

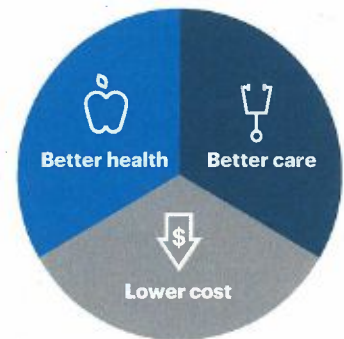
UnitedHealthcare's NexusACO is the first national health benefits plan to integrate value-based ACO contracts with incentive-based consumer benefits. Many of our employer customers have employees living across the country, yet most ACOs today only serve a single market. NexusACO represents the next generation of value-based health plans, organizing our high-performing ACOs and our premium care physicians into a national-tiered network, all supported by comprehensive digital resources.

Employees in the NexusACO program receive better care coordination. Primary care physicians help people navigate the health care system, making sure they and their families receive the right care with the right doctors at the most appropriate site of care. By using our real-time data analytics, NexusACO physicians are proactively engaging with their patients, helping lower costs and improve health outcomes. And this higher level of quality care is delivered at lower costs by UnitedHealthcare, helping our members save 8 percent to 12 percent on their health plans.

NexusACO launched in 2017 and is already delivering strong results. We expect to grow to 250,000 people in NexusACO by the end of 2019.

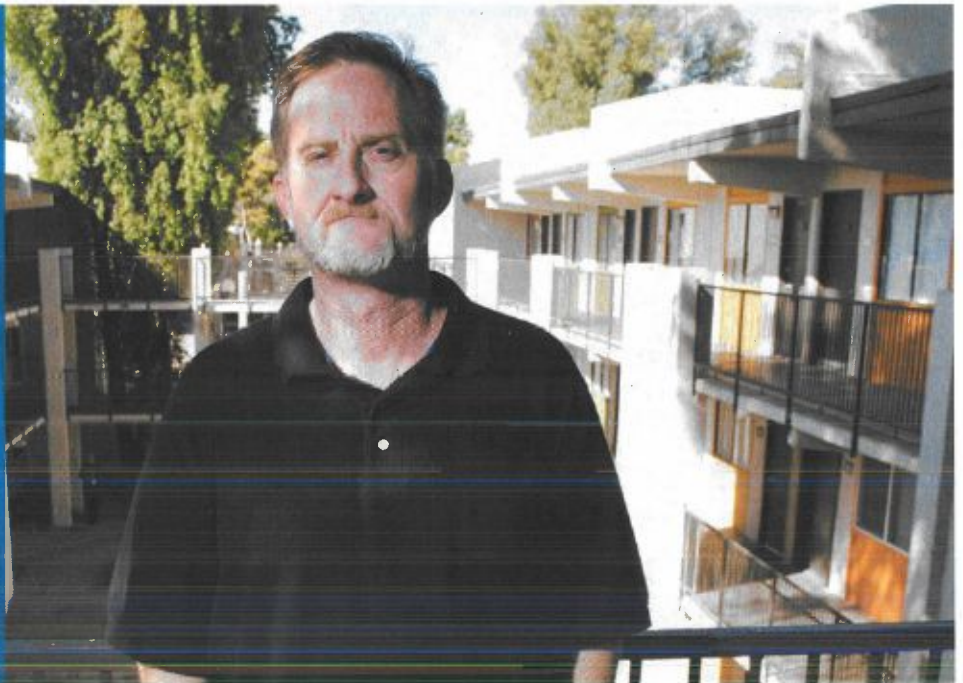
Value-Based Agreements

NexusACO is the first national health benefits plan to integrate value-based ACO contracts with incentive-based consumer benefits.



UnitedHealthcare's myConnections helped T.J. (pictured right) with affordable housing and essential medical and behavioral care.

myConnections: Addressing the Social Determinants of Health Care



Individuals who are homeless average nine times the number of ER visits, six times the number of hospitalizations and three times the overall health care costs of individuals who are not homeless. UnitedHealthcare's myConnections is helping these vulnerable people, including individuals eligible for state programs for the economically disadvantaged and medically underserved, receive essential social, medical and behavioral services. Through the program, UnitedHealthcare is arranging for consistent and affordable housing, facilitating transportation and job training, and connecting people with community health workers who can help provide additional support.

T.J.'s story is a great example of how UnitedHealthcare can help. T.J. was homeless and unemployed, on the streets for some time, suffering from depression, diabetes, asthma and chest pain. Since 2015, he made 254 trips to the emergency room and had 32 admissions to the hospital.

UnitedHealthcare's myConnections helped T.J. move into a supportive housing community and buy furniture to set up his apartment. The next step was to initiate a wraparound health plan, including counseling for his depression, treatment for his diabetic foot ulcer, help applying for Social Security Disability and education on rental housing.

T.J.'s health is improving, he is staying out of the emergency room and beginning to establish goals and imagine a future for himself, working toward achieving self-sufficiency.

myConnections is helping people receive essential social, medical and behavioral services.

In five years, UnitedHealthcare has grown to serve 1.3 million more people in Medicare Supplement, 850,000 more in group Medicare Advantage and 1 million more in individual Medicare Advantage.

Medicare: Serving Seniors With Stable Benefits, Personalized Care and Quality Customer Service



At UnitedHealthcare, we've learned seniors value stability in their health care benefits and experiences. As simple as it sounds, it makes a huge difference for the people we serve.

UnitedHealthcare Medicare & Retirement has a well-diversified portfolio of stable products that will carry the AARP brand exclusively through at least 2025. In 2017, our new low premium Part D plan grew more than any other competitor nationally, and we introduced a low premium Medicare Supplement product in 43 states. Across Medicare Supplement, we've grown to serve 1.3 million more people in just the past five years.

In group Medicare Advantage, leading employers continue to choose our products to serve their retirees, adding more than 850,000 people to UnitedHealthcare over the last five years. And stability in our individual Medicare Advantage products has contributed to our record retention level and growth of approximately 1 million people over the past five years.

But our service and growth story is about much more than product design and stability. It's also about the ever-advancing positive, simpler and personalized experience we create.

For example:

- **Navigate4Me** provides seniors personalized one-stop service for financial, social, medical, behavioral and product needs.
- **HouseCalls**, offered in collaboration with Optum, delivers a personal health assessment in the comfort of seniors' homes at absolutely no charge to them and provides seniors information on current and potential health issues. We completed 1.3 million HouseCalls and closed more than 2 million gaps in care in 2017.

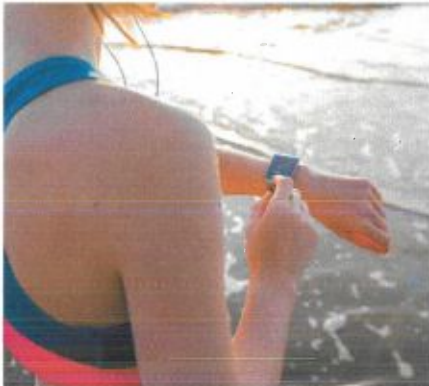
Our diversified portfolio of stable products and services combined with customer service advocates who view their role as helping to save lives — not just answering the phone — will continue to drive our growth in the expanding senior market.

We completed

1.3 million HouseCalls

and closed more than 2 million gaps in care in 2017. These meaningfully improved stability of health care benefits and premiums for seniors.





A leader in health services, Optum serves virtually all types of participants in the health care system, helping to create better consumer experiences, achieve higher-quality outcomes, reduce costs and improve physician satisfaction. We serve our diverse clients and consumers through five capabilities that drive meaningful change and measurably move health care forward:

- Data and analytics
- Pharmacy care services
- Population health management
- Health care delivery
- Health care operations

Powering Modern Health Care Across the Health System

We are helping our clients and the people we serve solve their biggest problems, navigate change, capture opportunities and achieve their health care goals.

Optum's capabilities are infused with OptumIQ — our longstanding expertise in data and analytics — and delivered across three businesses:

OptumHealth serves broad market needs through OptumCare and Optum Consumer Solutions. OptumCare is a provider-led, patient-centric, ambulatory care system that is advancing value-based care at the local level, delivering the right care at the right time in the right setting to more than 14 million patients. Optum Consumer Solutions helps people achieve better health and helps employers, health plans, government agencies and care providers effectively manage health care trends. Services include digital tools, wellness coaching and incentives, behavioral health, care management, clinical specialty services and financial services to help people save and pay for their health care needs.

OptumInsight provides health care analytics, software, technology, consulting and process management, serving hospitals, physicians, health plans, government agencies, life sciences companies and other organizations.

OptumInsight helps clients reduce costs, meet compliance mandates, improve clinical performance and adapt to change.

OptumRx delivers a full spectrum of pharmacy care services that improve health outcomes and reduce total health care costs. OptumRx continuously engages with stakeholders across the health system to help synchronize individuals' clinical care, provide a whole-person approach to specialty pharmacy and home infusion services, simplify the consumer experience, empower physicians to make better decisions at the point of care and drive meaningful savings in health care expenditures.

The following stories share a few examples of how Optum is making the health system work better for everyone by helping people find the right care at the right time in the right setting, managing pharmacy care services — the point of care consumers use most — and helping improve the quality, effectiveness and efficiency of health care.

- **Surgical Care Affiliates**
- **PreCheck MyScript**
- **Performance Analytics**

Surgical Care Affiliates, which joined Optum in 2017, provides high-value surgical services through a network of more than 200 independent ambulatory surgical centers and surgical hospitals in the U.S.

**Surgical Care
Affiliates:
Outstanding
Clinical Outcomes
and Patient
Satisfaction at
Lower Cost**



Surgical Care Affiliates' (SCA) leading ambulatory surgical care centers add to our comprehensive care platform of primary and specialty care, urgent care and surgical care services.

A significant portion of the care currently delivered in hospitals or hospital licensed facilities can be performed at one of more than 200 facilities in our growing SCA network. Our clinicians and physician partners provide a broad range of high-quality surgical and procedural care at 50 percent to 75 percent lower costs than if the same care was provided in a hospital setting.

In 2017, approximately 1 million surgeries and procedures were performed in SCA facilities. Total joint replacement surgeries exemplify the quality and affordability provided by SCA. These procedures, which often cost \$50,000 or more in a hospital setting, can now be performed at half that cost in an ambulatory surgery center with outstanding clinical outcomes and patient satisfaction.

In many markets, we have the opportunity to shift appropriate care to the ambulatory surgery center setting, while driving outstanding clinical outcomes and receiving a Net Promoter Score above 90.

Optum improves clinical outcomes by developing data driven, risk bearing, high-value ambulatory care systems in local communities.

SCA provides care at

50% to 75%

lower cost compared to care provided in a hospital setting.



With PreCheck MyScript, physicians and patients can determine the out-of-pocket costs for medications and identify lower-cost alternatives while in the doctor's office.

PreCheck MyScript: Prescribing the Right Drug at the Best Price With Less Hassle



PreCheck MyScript is a breakthrough capability that provides real-time visibility into patients' drug benefits. Here's how it works. Imagine you're a patient in the exam room with your physician. Your doctor wants to prescribe a medication. Because PreCheck MyScript is seamlessly integrated into your medical record, your physician can immediately look up the desired medication. The two of you can then talk about whether or not the drug is covered by your health benefits plan, how much it costs you in out-of-pocket expenses, and whether or not there's an alternative medication that might save you money. For your physician, it's simple and easy to use.

PreCheck MyScript also alerts physicians if a prior authorization is required. It enables them to take action, saving patients from potential disruption at the pharmacy counter. Physicians have the option to either prescribe an alternative drug or file electronically for authorization. They receive instant notification regarding approval.

With PreCheck MyScript, patients receive the right drug at the best price with less hassle. That's important because if they encounter problems when filling their prescriptions, they might not fill the prescriptions at all.

UnitedHealthcare has already adopted PreCheck MyScript. In the brief time it's been in action, tens of thousands of prescribers have used it, accessing it over a million times. In 20 percent of the cases where an alternative, lower cost drug is offered, physicians prescribe it. The results are savings for consumers and our clients, and less frustration for everyone.

Real-time visibility into patients' drug benefits with PreCheck MyScript simplifies the drug prescribing experience for care providers and patients.

OptumIQ converts data into insights that care providers, health plans, employers and government agencies rely on to improve care quality, better manage cost and utilization and enhance consumer satisfaction.

OptumIQ: Transforming Data Into Insights and Actionable Information



Data and analytics form the foundation of Optum's health services business. In 2017, we introduced OptumIQ, an integrated, modern architecture for our data and analytics capability.

Our data is deep and dynamic with nearly 190 million lives of claims data and over 100 million lives of clinical data, including more than 6.5 billion medical procedures, over 18 billion lab results, and nearly 6 billion diagnoses. Although the size of our data assets is impressive, it's the enrichment and curation that makes them unparalleled in the industry.

Through OptumIQ we are actively investing in the future, leveraging artificial intelligence — neural networks, machine learning, deep learning and linguistic analysis — in preparation for the next decade and beyond. By applying artificial intelligence capable of addressing massive data sets, OptumIQ is uncovering patterns in quality and outcomes, consumer behavior, cost, risk and utilization, and operational performance. OptumIQ gets smarter every day, transforming that data into insight for our clients and helping them more easily keep up with the pace of change in health care.

Positioned at the epicenter of health care, OptumIQ is building a common language across the health care system by aggregating, cleaning, normalizing and integrating countless types of data from different sources.

Using our data and the latest technologies made by experts, for experts, our people are continually innovating with a purpose to solve real world challenges — transforming data into insight with industry-leading, dynamic metrics and measures.

OptumIQ claims and clinical data provide an unparalleled database of:

190 million

lives of claims data, over

100 million

lives of clinical data, including

6.5 billion

medical procedures,

18 billion

lab results and

6 billion

diagnoses.



Commitment to Excellence

UnitedHealth Group, Optum and UnitedHealthcare are committed to strong fundamental execution on behalf of the people and customers we serve, innovation, community involvement and value creation for both the health care system and our shareholders. We are honored to be acknowledged for our performance by the following awards and recognition.

UnitedHealth Group is the top ranking company in the insurance and managed care sector on **Fortune's 2018 "World's Most Admired Companies"** list. This is the eighth straight year UnitedHealth Group ranked No. 1 overall in its sector.

UnitedHealth Group was included among the 2017 **Best Employers for Diversity** by *Forbes*.

UnitedHealth Group is a member of the **Dow Jones Industrial Average**, a blue chip group of 30 companies deemed industry leaders.

In 2017, **The Civic 50**, a Points of Light initiative that highlights companies that improve the quality of life in the communities where they do business, ranked UnitedHealth Group one of America's 50 most community-minded companies.

Project HOPE, a global health and

disaster response organization, honored UnitedHealth Group with a 2017 **Project HOPE Global Health Award**, which recognizes outstanding contributions to advance health outcomes in the developing world.

UnitedHealth Group has been listed in the **Dow Jones Sustainability World Index** and **Dow Jones North America Index** annually since 1999.

In 2017, for the seventh consecutive year, the National Business Group on Health honored UnitedHealth Group with a **"Best Employers for Healthy Lifestyles"** top-tier Platinum award.

UnitedHealth Group was named a 2017 **Military Friendly Employer** by Victory Media, the publisher of *G.I. Jobs* and *Military Spouse* magazines.

In 2017, for the third consecutive year, Optum ranked **No. 1 on the Healthcare**

Informatics (HCI) 100, a listing of the top health care IT companies based on U.S. revenues.

Optum360, a leading provider of health care revenue management services, received the following recognition:

- **No. 1 in the 2017 Black Book Rankings** for revenue cycle management software, outsourcing and computer-assisted coding services.
- The **2017 United States Market Leadership Award** for revenue cycle management coding and clinical documentation from **Frost & Sullivan**.

Valor Econômico, a leading business newspaper in Brazil, ranked Arnit first in the insurance sector in the **2017 Innovation Valor Brazil rankings**. The rankings are compiled in partnership with Strategy&, a PwC group.

UNITEDHEALTH GROUP®

www.unitedhealthgroup.com

UnitedHealth Group Center
9900 Bren Road East, Minnetonka, Minnesota 55343

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Exhibit 6: Biographical Affidavits for the Directors and Executive Officers of UHG and Specialty Benefits

CONFIDENTIAL

**Biographical Affidavits for the
Directors and Executive Officers of UHG**

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: William Middle: Claude Last: Ballard, Jr.

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: Retired.

4. Affiant's business address: 101 South Fifth Street, Suite 1630, Louisville, KY 40202

Business telephone: 502-365-3913 Business Email: Not available.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Notre Dame</u>	<u>South Bend, IN</u>	<u>1958-1962</u>	<u>BBA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Louisville</u>	<u>Louisville, KY</u>	<u>1962-1965</u>	<u>JD</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None.</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Kentucky Bar Association</u>	<u>Michele Pogrotsky</u>	<u>514 W. Main Street Frankfort, KY 40601</u>	<u>502-564-3795</u>
<u>National Association of Corporate Directors</u>	<u>Alli O'Callaghan</u>	<u>1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201</u>	<u>571-367-3752</u>

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 02/1993 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 05/96 - 06/15 Employer's Name: WellTower Inc. (formerly HealthCare REIT, Inc.)

Address: 4500 Dorr Street City: Toledo State/Province: OH

Country: USA Postal Code: 43615 Phone: 419-247-2800 Offices/Positions Held: Director

Type of Business: Real Estate Investment Trust Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 1995 - 06/08 Employer's Name: Bingham Greenebaum Doll LLP

Address: 3500 National City Tower City: Louisville State/Province: KY

Country: USA Postal Code: 40202 Phone: 502-589-4200 Offices/Positions Held: Of Counsel

Type of Business: Law Firm Supervisor/Contact: Human Resources Department

Beginning/Ending Dates (MM/YY): 1997 - 07/04 Employer's Name: Trover Solutions, Inc.

Address: 1400 Watterson Tower City: Louisville State/Province: KY

Country: USA Postal Code: 40218 Phone: 502-454-1340 Offices/Positions Held: Director

Type of Business: Healthcare Recoveries & Insurance Subrogation Supervisor/Contact: Legal Department

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Kentucky Bar Association Address: 514 West Main Street

City: Frankfort State/Province: KY Country: USA Postal Code: 40601

License Type: Law License #: 03020 Date Issued (MM/YY): 07/65

Date Expired (MM/YY): Not applicable Reason for Termination: Not applicable

Non-Insurance Regulatory Phone Number (if known): 502-564-3795

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions

that may from time to time result in fines.

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

William Claude Ballard, Jr.

- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years (continued).

Beginning/Ending
 Dates (MM/YY): 1991-2002 Employer's Name: Mid-America Bancorp, Inc.
 Address: P.O. Box 1100 City: Louisville State: KY
 Country: USA Postal Code: 40201 Phone: 502-589-3351 Offices/Positions Held: Director
 Type of Business: Mortgage Loans Supervisor/Contact: Human Resources

Beginning/Ending
 Dates (MM/YY): 1992-2001 Employer's Name: LG&E Energy Corp.
 Address: 220 West Main Street City: Louisville State: KY
 Country: USA Postal Code: 40202 Phone: 502-627-2000 Offices/Positions Held: Director
 Type of Business: Energy Services Supervisor/Contact: Human Resources

- 11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

Central Laborers Pension Fund, et al., derivatively on behalf of UnitedHealth Group, Inc. v. Burke, et al., and Coral Springs Police Officers' Retirement Plan, derivatively on behalf of UnitedHealth Group, Inc., v. Burke, et al., two shareholder derivative actions filed in the Court of Chancery in the State of Delaware on April 19, 2019, and April 22, 2019, respectively, were consolidated as *In re UnitedHealth Group Incorporated Derivative Litigation* on May 13, 2019. The consolidated action is based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, and name as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The consolidated action is currently pending.

Firemen's Retirement System of St. Louis, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in United States District Court for the District of Minnesota on July 24, 2017, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The case is currently pending.

Robert R. Anderson, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action relating to claims payment and processing practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in Orange County, California, Superior Court on January 16, 2009, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. On June 25, 2009, the court dismissed the case without prejudice on personal jurisdiction and venue grounds.

Re: UnitedHealth Group Incorporated Shareholder Derivative Litigation, a consolidated shareholder derivative action relating to historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in the United States District Court, District of Minnesota naming as defendants certain of the Company's current and former directors and executives, including me,

Applicant Name: UnitedHealth Group Incorporated

~~CONFIDENTIAL~~

NAIC No: Not Applicable

FEIN: 41-1321939

as well as the Company as a nominal defendant. After an extensive investigation, an independent Special Litigation Committee concluded that the claims against me and other outside directors were not supported by the evidence and recommended that the claims be dismissed. The federal Court approved that recommended disposition and dismissed the case with prejudice on July 2, 2009.

In Re: UnitedHealth Group Incorporated PSLRA Litigation, a consolidated putative class action matter alleging a violation of Federal securities laws relating to historic stock option granting practices was filed in 2006 in the United States District Court, District of Minnesota and alleged claims against UnitedHealth Group and certain current and former officers and directors, including me. The case settled and the Court entered final judgment concluding the matter in October 2009. No parties admitted wrongdoing as part of the proposed settlement.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Richard Middle: Taylor Last: Burke, Sr

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: General Partner

4. Affiant's business address: Rainy Partners, LLC, 7114 East Stetson Drive, Suite 400, Scottsdale, AZ 85251

Business telephone: 480-948-9200 Business Email: Not available.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Georgia State University</u>	<u>Atlanta, GA</u>	<u>1963-1967</u>	<u>BBA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Georgia State University</u>	<u>Atlanta, GA</u>	<u>1967-1969</u>	<u>MBA</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None.</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752

7. Present or proposed position with the Applicant Company: Lead Independent Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/77 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Lead Independent Director*

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

*Prior to my election as Lead independent Director, I served as Chairman of the Board.

Beginning/Ending Dates (MM/YY): 2001 - Present Employer's Name: Rainy Partners, LLC

Address: 7114 Stetson Drive, Suite 400 City: Scottsdale State/Province: AZ

Country: USA Postal Code: 85251 Phone: 480-948-9200 Offices/Positions Held: General Partner

Type of Business: Private Investments Supervisor/Contact: Self-employed

Beginning/Ending Dates (MM/YY): 09/04 - Present Employer's Name: Meritage Homes Corporation

Address: 8501 E. Princess Drive City: Scottsdale State/Province: AZ

Country: USA Postal Code: 85255 Phone: 480-609-3330 Offices/Positions Held: Director

Type of Business: Real Estate Development Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 12/99 - 11/09 Employer's Name: First Cash Financial Services, Inc.

Address: 690 E. Lamar Blvd., Suite 400 City: Arlington State/Province: TX

Country: USA Postal Code: 76011 Phone: 817-460-3947 Offices/Positions Held: Director/Primary Shareholder

Type of Business: Consumer Financial Services Supervisor/Contact: Legal Department

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None. Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Richard Taylor Burke, Sr.

- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. (continued):

Beginning/Ending
 Dates (MM/YY): 1997-2001 Employer's Name: Phoenix Coyotes (NHL Team)
 Address: 9375 E. Bell Road City: Scottsdale State: AZ
 Country: USA Postal Code: 85260 Phone: 480-473-5600 Offices/Positions Held: Owner, CEO & Governor
 Type of Business: NHL Team Supervisor/Contact: Human Resources Department

- 11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses? Yes

In the afternoon of February 29, 2012, I was pulled over by a police officer in Scottsdale, Arizona, for failure to stop at a stop sign associated with a traffic circle, which resulted in my being charged with a Class 2 Misdemeanor for failure to comply with the directions of a police officer. I was assessed a \$100 fine associated with the conviction.

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

Central Laborers Pension Fund, et al., derivatively on behalf of UnitedHealth Group, Inc. v. Burke, et al., and Coral Springs Police Officers' Retirement Plan, derivatively on behalf of UnitedHealth Group, Inc., v. Burke, et al., two shareholder derivative actions filed in the Court of Chancery in the State of Delaware on April 19, 2019, and April 22, 2019, respectively, were consolidated as *In re UnitedHealth Group Incorporated Derivative Litigation* on May 13, 2019. The consolidated action is based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, and name as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The consolidated action is currently pending.

Firemen's Retirement System of St. Louis, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in United States District Court for the District of Minnesota on July 24, 2017, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The case is currently pending.

Robert R. Anderson, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action relating to claims payment and processing practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in Orange County, California, Superior Court on January 16, 2009, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. On June 25, 2009, the court dismissed the case without prejudice on personal jurisdiction and venue grounds.

Re: UnitedHealth Group Incorporated Shareholder Derivative Litigation, a consolidated shareholder derivative action relating to historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in the United States District Court, District of Minnesota naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. After an extensive investigation, an independent Special Litigation Committee concluded that the claims against me and other outside directors

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

were not supported by the evidence and recommended that the claims be dismissed. The federal Court approved that recommended disposition and dismissed the case with prejudice on July 2, 2009.

In Re: UnitedHealth Group Incorporated PSLRA Litigation, a consolidated putative class action matter alleging a violation of Federal securities laws relating to historic stock option granting practices was filed in 2006 in the United States District Court, District of Minnesota and alleged claims against UnitedHealth Group and certain current and former officers and directors, including me. The case settled and the Court entered final judgment concluding the matter in October 2009. No parties admitted wrongdoing as part of the proposed settlement.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Timothy Middle: Patrick Last: Flynn

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: Retired.

4. Affiant's business address: Not applicable.

Business telephone: Not applicable.

Business Email: Not applicable.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of St. Thomas</u>	<u>St. Paul, MN</u>	<u>09/75-05/79</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Not applicable.</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Not applicable.</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/17 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 10/17 - Present Employer's Name: MIO Partners, Inc.

Address: 245 Park Avenue, 13th Floor City: New York State/Province: NY

Country: USA Postal Code: 10167 Phone: 212-446-7000 Offices/Positions Held: Director

Type of Business: Investment Consulting Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 10/16 - Present Employer's Name: Alcoa Corporation

Address: 201 Isabella Street, Suite 500 City: Pittsburgh State/Province: PA

Country: USA Postal Code: 15212 Phone: 412-315-2803 Offices/Positions Held: Director

Type of Business: Aluminum Producer Supervisor/Contact: Mary Vogel

Beginning/Ending Dates (MM/YY): 05/12 - Present Employer's Name: JPMorgan Chase & Co.

Address: 270 Park Avenue City: New York State/Province: NY

Country: USA Postal Code: 10017 Phone: 212-270-6000 Offices/Positions Held: Director

Type of Business: Financial Services Supervisor/Contact: Legal Department

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

See attachment for additional information.

Organization/Issuer of License: Minnesota Board of Accountancy Address: 85 East 7th Place, Suite 125

City: St. Paul State/Province: MN Country: USA Postal Code: 55101

License Type: Certified Public Accountant License #: 06016 Date Issued (MM/YY): 07/82

Date Expired (MM/YY): 2012 Reason for Termination: Relocated

Non-Insurance Regulatory Phone Number (if known): 651-296-7938

Organization/Issuer of License: New Jersey Dept of Law & Public Safety Address: 25 Market Street, Box 080

City: Trenton State/Province: NJ Country: USA Postal Code: 08625

License Type: Accountancy, Certified Public Accountant License #: 20CC02547300 Date Issued (MM/YY): 05/97

Date Expired (MM/YY): 12/11 Reason for Termination: Relocated

Non-Insurance Regulatory Phone Number (if known): 609-292-4925

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

- 14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

- 15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

~~CONFIDENTIAL~~

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NAIC No. Not applicable

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If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attachment for additional information.

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT**Timothy Patrick Flynn**

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. (continued)

Beginning/Ending

Dates (MM/YY): 07/12-PresentEmployer's Name: Wal-Mart Stores, Inc.Address: 702 S.W. 8th StreetCity: BentonvilleState: ARCountry: USA Postal Code: 72716 Phone: 479-273-4000Offices/Positions Held: DirectorType of Business: Discount Variety StoreSupervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 10/16-PresentEmployer's Name: kCuraAddress: 231 South LaSalle StreetCity: ChicagoState: ILCountry: USA Postal Code: 60604 Phone: 312-263-1177Offices/Positions Held: Advisory Board MemberType of Business: Software companySupervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 09/13-12/17Employer's Name: MiroMatrix Medical, Inc.Address: 10399 West 70th StreetCity: Eden PrairieState: MNCountry: USA Postal Code: 55347 Phone: 612-202-7026Offices/Positions Held: DirectorType of Business: Biotechnology companySupervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 10/15-09/17Employer's Name: International Integrated Reporting CouncilAddress: The Helicon, Third Floor, 1 South PlaceCity: LondonState: EnglandCountry: UK Postal Code: EC2M 2RB Phone: 44-207-504-2574Offices/Positions Held: DirectorType of Business: Non-profit global organizationSupervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 04/14-09/16Employer's Name: British TelecomAddress: 81 Newgate StreetCity: LondonState: EnglandCountry: UK Postal Code: EC1A 7AJ Phone: 020-7356-5000Offices/Positions Held: Advisory Chair of the AmericasType of Business: Telecommunications ServicesSupervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 09/13-01/16Employer's Name: The Chubb CorporationAddress: 15 Mountain View RoadCity: WarrenState: NJCountry: USA Postal Code: 07059 Phone: 908-903-2000Offices/Positions Held: DirectorType of Business: Insurance CompanySupervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 07/79-10/11Employer's Name: KPMG International/KPMG LLPAddress: 345 Park Ave.City: New YorkState: NYCountry: USA Postal Code: 10154-0102 Phone: 212-758-9700Offices/Positions Held: Chairman/PartnerType of Business: Global Professional ServicesSupervisor/Contact: Legal Department

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued.

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NAIC No: Not Applicable

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If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License New York State Education Department Address 89 Washington Avenue
City Albany State/Province NY Country USA Postal Code 12234
License Type Certified Public Accountant License # 20249 Date Issued (MM/YY) 04/02
Date Expired (MM/YY) Unknown Reason for Termination Relocated
Non-insurance Regulatory Phone Number (if known) 518-474-3852

Organization/Issuer of License Arizona State Board of Accountancy Address 100 N. 15th Avenue, Suite 165
City Phoenix State/Province AZ Country USA Postal Code 85007
License Type Certified Public Accountant License # 16154 Date Issued (MM/YY) 03/11
Date Expired (MM/YY) 01/14 Reason for Termination Retired
Non-insurance Regulatory Phone Number (if known) 602-364-0804

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

The following actions named Timothy Flynn as a defendant in his capacity as a member of the Board of Directors of JPMorgan Chase & Co. ("JPMC"). All of these actions have been dismissed.

WANDEL V. BELL, ET AL. Several shareholder derivative actions were filed in New York state court (Manhattan) against certain officers and directors of JPMC alleging breaches of fiduciary duties in connection with the 2012 losses in JPMC's Chief Investment Office ("CIO"). The plaintiffs were Wandel; Bucks County Employee Retirement Board; Police Retirement System of St. Louis; and Employees' Retirement System of the Puerto Rico Electric Power Authority. On May 21, 2013, the cases were consolidated and an amended complaint was filed on June 21, 2013. On January 15, 2014, the Court granted defendants' motion to dismiss for failure to make a demand. Plaintiffs appealed. On January 14, 2016, the Appellate Division, First Department affirmed dismissal of the complaint.

SIEGEL V. BAMMAN, ET AL. A shareholder derivative action was filed in New York state court relating to the trading losses suffered by CIO in 2012. On August 24, 2012, Plaintiff filed an amended complaint adding additional allegations relating to CIO and new allegations relating to the alleged manipulation of LIBOR. Defendants' motion to dismiss the complaint was granted and plaintiff did not appeal. Plaintiff thereafter filed another complaint making similar allegations relating to CIO. JPMC wrote to the plaintiff and asked that it be discontinued, given the outcome of his first action. Plaintiff agreed to discontinue the action.

ASBESTOS WORKERS LOCAL 42 PENSION V. BAMMANN, ET AL. This is a shareholder derivative action against members of the JPMC Board of Directors filed in Delaware Chancery Court relating to the 2012 losses by CIO. Demand on the Board was alleged to be futile. On May 21, 2015, the court granted defendants' motion to dismiss. Plaintiff appealed. On January 28, 2016, the Delaware Supreme Court affirmed.

MORRISON V. BAMMANN, ET AL. This is another shareholder derivative action filed in Delaware Chancery Court against members of the JPMC Board of Directors that alleged breaches of fiduciary duties in connection with the 2012 losses by CIO. This action was stayed until 30 days after a decision was issued by the court on the appeal filed from the dismissal in Asbestos Workers Local 42 Pension Fund v. Bammann (above), which raised similar issues. On January 28, 2016, the court in Asbestos Workers issued an order affirming the dismissal of the complaint. In light of the Delaware Supreme Court's order in Asbestos Workers v. Bammann,

plaintiff Morrison agreed to voluntarily dismiss his action with prejudice. On February 25, 2016, the Delaware Court of Chancery so-ordered the dismissal of the action.

RUCKERT V. BELL, ET AL. On April 30, 2013, a shareholder derivative action was filed in the New York State Supreme Court asserting breach of fiduciary claims against members of the JPMC Board of Directors in connection with CIO's 2012 losses. Plaintiff alleged that her demand on the Board had been wrongfully refused. On June 4, 2015, the court granted defendants' motion to dismiss.

WIETSCHNER V. DIMON, ET AL. This is a shareholder derivative action against members of the JPMC Board of Directors stemming from the Company's relationship with Bernard Madoff. Plaintiff alleged a failure of the defendants to fix known deficiencies in the Firm's AML program. The complaint alleged that demand was futile. On August 18, 2015, the court granted defendants' motion to dismiss. On May 10, 2016, the dismissal of the complaint was affirmed on appeal. Plaintiff filed a motion for leave to appeal to the Court of Appeals, which defendants opposed. On September 8, 2016, the Court of Appeals denied plaintiff's motion.

CENTRAL LABORERS' PENSION FUND, ET AL. V. DIMON, ET AL. This is another shareholder derivative action against members of the JPMC Board of Directors that alleged breach of fiduciary duty in connection with the Firm's relationship with Bernard Madoff and the alleged failure by defendants to maintain effective internal controls to detect fraudulent transactions. The complaint alleged that demand on the Board was futile. On July 23, 2014, the court granted defendants' motion to dismiss. On November 6, 2014, the court denied plaintiff's motion for reconsideration. Plaintiff thereafter appealed. On January 6, 2016, the Second Circuit affirmed dismissal of the complaint.

CITY OF PROVIDENCE V. DIMON, ET AL. This is a shareholder derivative action filed in Delaware state court against members of the JPMC Board of Directors that alleged a failure of defendants to fix known deficiencies in the Firm's AML/BSA program. Plaintiff alleged that demand upon the Board was futile. On July 29, 2015, the court granted defendants' motion to dismiss. Plaintiff appealed. On February 25, 2016, the Delaware Supreme Court affirmed for the reasons stated in the lower court's order.

BLAU V. DIMON, ET AL. On February 27, 2014, a derivative action was filed in New York state court asserting breach of fiduciary claims against Jamie Dimon for alleged misconduct that purportedly gave rise to various settlements by the Firm extending back to 2005. The complaint also asserted a breach of fiduciary claim against the Board of Directors for the alleged "de facto" rejection of plaintiff's December 2013 litigation demand as to Dimon by virtue of the Board having increased Dimon's compensation while the demand was pending. In June 2014, defendants moved to dismiss the complaint on the ground that the Board had not rejected the demand. While the motion was pending, in December 2014, the Board voted to reject the demand after conducting an extensive investigation. Plaintiff thereafter filed a motion for leave to amend the complaint in light of the Board's actual rejection and to add other allegations. On May 7, 2015, the court granted defendants' motion to dismiss. On May 15, 2015, plaintiff withdrew his motion seeking leave to amend the complaint. On June 5, 2015, plaintiff filed a notice of appeal of the court's May 7, 2015 order. On March 7, 2016, plaintiff's deadline to perfect his appeal from the May 2015 dismissal of his complaint expired.

HAYS V. BAMMANN, ET AL. By letter dated July 1, 2015, a purported JPMC shareholder made a demand on the JPMC Board of Directors for an investigation and institution of legal action arising from alleged manipulation of energy markets in California and Michigan, which resulted in a \$410 million settlement with the Federal Energy Regulatory Commission ("FERC") in 2013. On November 20, 2015, prior to receiving a response from the Board on his demand, the shareholder filed a derivative suit alleging that the Board had rejected his demand "de facto." In December 2015, after several months of investigation and deliberation by the Board, the Board informed the shareholder of its decision to reject the demand. Company counsel sent a follow-up letter on January 7, 2016 requesting that the shareholder voluntarily dismiss his pending derivative action in light of the Board's extensive investigation of his demand. On March 25, 2016, the court so-ordered the parties' stipulation under which plaintiff voluntarily dismissed the action with prejudice.

RAVICHER V. MOYNIHAN, ET AL. The members of the JPMC Board of Directors were named as defendants in a purported shareholder derivative suit filed by Daniel Ravicher in federal court in Manhattan relating to the nutrition company Herbalife Ltd. ("Herbalife"). The complaint, which also names certain

officers and directors of Bank of America and Wells Fargo, generally alleged that the defendant banks extended a line of credit to Herbalife in 2011 and that the defendant officers and directors breached their fiduciary duties by not withdrawing the credit line after they were allegedly placed on notice by Plaintiff in February 2013 that Herbalife was a "pyramid scheme." Plaintiff further alleged that this breach of fiduciary duties exposed the Company and the other two bank defendants to "substantial risk of both criminal and civil liability" and sought an order enjoining Defendants from "continuing to aid and abet the [Herbalife] fraud," including by having Defendants withdraw the credit line. After defendants filed their motion to dismiss, Plaintiff voluntarily dismissed the action.

IN RE JPMORGAN CHASE DERIVATIVE LITIGATION. Six shareholder derivative actions (Harris, Shlosberg, Joliet Fire Pension Fund, Ratcliff, Miller and Horwitz) were filed in California federal court against current and former members of the Board alleging breaches of fiduciary duties in connection with the issuance of residential mortgage-backed securities ("RMBS"). Plaintiffs alleged that a demand on the Board was futile. The matters were consolidated on February 7, 2014 and Plaintiffs' consolidated amended complaint was filed on March 3, 2014. Defendants' motion to dismiss/transfer was filed on May 16, 2014. On October 24, 2014, the court granted defendants' motion to dismiss for lack of personal jurisdiction, without prejudice. Plaintiffs filed an amended complaint on April 28, 2016, which defendants again moved to dismiss on June 10, 2016. On June 30, 2017, the Court (i) dismissed with prejudice the federal claim that alleged misstatements in JPMC's proxy on res judicata grounds; (ii) determined that the Court lacked personal jurisdiction over the defendants with respect to the state law claims; and (iii) transferred the remaining state law claims to Manhattan federal court, where jurisdiction is not disputed, without reaching the merits of those claims. In New York, defendants' motion to dismiss was filed on November 20, 2017. On May 21, 2018, the Court granted the motion to dismiss, with prejudice. Plaintiffs' deadline to appeal was June 20, 2018 and no appeal was filed.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

As a global financial institution, JPMorgan Chase & Co. and its subsidiaries are defendants or putative defendants in numerous legal proceedings, including private civil litigations and regulatory/government investigations. These legal proceedings are at varying stages of adjudication, arbitration or investigation, and in some cases may have resulted in fines. For further information, please refer to JPMorgan Chase & Co.'s publicly-filed disclosures, including its most recent Annual Report on Form 10-K and Quarterly Reports on Form 10-Q filed with the U.S. Securities and Exchange Commission (available at: <http://investor.shareholder.com/jpmorganchase/sec.cfm>).

Walmart Inc. and its subsidiaries are defendants or putative defendants in numerous legal proceedings, including private civil litigations and regulatory/government investigations. These legal proceedings are at varying stages of adjudication, arbitration or investigation, and in some cases may have resulted in fines. For further information, please refer to Walmart's publicly-filed disclosures, including its most recent Annual Report on Form 10-K and Quarterly Reports on Form 10-Q filed with the U.S. Securities and Exchange Commission (<https://www.sec.gov/cgi-bin/browse-edgar?action=getcompany&CIK=0000104169&type=10&dateb=&owner=exclude&count=40>).

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Alcoa Corporation operates mining and manufacturing facilities worldwide and is therefore subject to various laws and regulations that could from time to time result in fines or other regulatory enforcement actions. Any material information on this topic is available in their public disclosures.

KPMG and their respective affiliates are defendants in legal proceedings, which in some cases may have resulted in fines.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Stephen Middle: Joseph Last: Hemsley

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 11000 Optum Circle, Eden Prairie, MN 55344

Business telephone: 952-936-1300

Business Email: Not Available

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Fordham University</u>	<u>New York, NY</u>	<u>09/70 - 06/74</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Of</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college applicable, provide the foreign student Identification Number and/or attach foreign diploma attendance to the Biographical Affidavit Personal Supplemental Information.

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Holly Dreckman	1133 21st St. NW, Ste 700 Washington, DC 20036	202-775-0509

7. Present or proposed position with the Applicant Company: Director; and Executive Chairman of the Board

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 1997 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Executive Chairman of the Board

Type of Business: Holding Company Supervisor/Contact: Human Resources

Beginning/Ending Dates (MM/YY): 10/15 - Present Employer's Name: Cargill, Incorporated

Address: 15407 Mcginty Road West City: Wayzata State/Province: MN

Country: USA Postal Code: 55391 Phone: Not Available Offices/Positions Held: Director

Type of Business: Global Company Supervisor/Contact: David MacLennan

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

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NAIC No. Not Applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: See Attachment Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

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NAIC No. Not Applicable

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Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Attachment.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not Applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not Applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

ATTACHMENT TO NAIC BIOGRAPHICAL AFFIDAVIT

Stephen Joseph Hemsley

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Iowa Professional Licensing
Organizer /Issuer of License: Division Address: 1918 Southeast Hulsizer
City: Ankeny State/Province: IA Country: USA Postal Code: 50021
License Type: CPA License #: R-3167 Date Issued (MM/YY): 11/85
Date Expired (MM/YY): 06/96 Reason for Termination: Inactive
Non-Insurance Regulatory Phone Number (if known): 515-281-4126

State of MN Board of
Organizer /Issuer of License: Accountancy Address: 85 East 7th Place, Suite 125
City: St. Paul State/Province: MN Country: USA Postal Code: 55101
License Type: CPA License #: 09592 Date Issued (MM/YY): 01/86
Date Expired (MM/YY): 12/01 Reason for Termination: Inactive
Non-Insurance Regulatory Phone Number (if known): 651-296-7938

Organizer /Issuer of License: PA State Board of Accountancy Address: 124 Pine St, 1st Floor
City: Harrisburg State/Province: PA Country: USA Postal Code: 17101
License Type: CPA License #: CA-013635-L Date Issued (MM/YY): 01/79
Date Expired (MM/YY): 04/98 Reason for Termination: Inactive
Non-Insurance Regulatory Phone Number (if known): 717-783-1404

Organizer /Issuer of License: SD Board of Accountancy Address: 301 E. 14th St, Suite 200
 City: Sioux Falls State/Province: SD Country: USA Postal Code: 57104
 License Type: CPA License #: 641 Date Issued (MM/YY): 12/85
 Date Expired (MM/YY): 07/95 Reason for Termination: Inactive
 Non-Insurance Regulatory Phone Number (if known): 605-367-5770

Organizer /Issuer of License: ND Board of Accountancy Address: 2701 S. Columbia Road
 City: Grand Forks State/Province: ND Country: USA Postal Code: 58201
 License Type: CPA License #: 1820R Date Issued (MM/YY): 01/86
 Date Expired (MM/YY): 06/96 Reason for Termination: Inactive
 Non-Insurance Regulatory Phone Number (if known): 701-775-7100

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

Firemen's Retirement System of St. Louis, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in United States District Court for the District of Minnesota on July 24, 2017, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The case is currently pending.

Robert R. Anderson, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action relating to claims payment and processing practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in Orange County, California, Superior Court on January 16, 2009, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. On June 25, 2009, the court dismissed the case without prejudice on personal jurisdiction and venue grounds.

In Re: UnitedHealth Group Incorporated Shareholder Derivative Litigation, a consolidated shareholder derivative action relating to historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in the United States District Court, District of Minnesota naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. After an extensive investigation, an independent Special Litigation Committee recommended that the claims against me and other defendants be dismissed. The federal Court approved that recommended disposition and dismissed the case with prejudice on July 2, 2009.

In Re: UnitedHealth Group Incorporated Derivative Litigation, a consolidated derivative action relating to historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in Hennepin County District Court, State of Minnesota, naming certain current and former officers and directors, including me. The Special Litigation Committee noted above also recommended

dismissal of the state derivative claims against me and other defendants. The state Court approved that recommended disposition and dismissed the case with prejudice on May 14, 2009.

In Re: UnitedHealth Group Incorporated PSLRA Litigation, a consolidated putative class action alleging a violation of Federal securities laws relating to the historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in the United States District Court, District of Minnesota, and alleged claims against UnitedHealth Group and certain of the Company's current and former officers and directors, including me. The case settled and the Court entered final judgment concluding the matter in October 2009. No parties admitted wrongdoing as part of the settlement.

On June 6, 2006, a purported class action captioned *Zilhaver v. UnitedHealth Group Incorporated* was filed against the Company and certain of its current and former officers and directors, including me, in the United States District Court for the District of Minnesota, alleging that fiduciaries to the Company-sponsored 401(k) plan violated the Employee Retirement Income Security Act (ERISA) by allowing the plan to continue to hold Company stock. The case settled and the Court entered final judgment concluding the matter in August 2009. No parties admitted wrongdoing as part of the settlement.

Michael Alan Mooney v. UnitedHealth Group, et al, is a lawsuit filed in Minnesota state district court by a former UnitedHealth Group employee against the Company and several former and current executives of the Company, including me. The plaintiff alleges that his resignation from the Company in August 1999 was the result of fraudulent misrepresentations and non-disclosures by the defendants. Plaintiff filed his complaint in October 2012 and his first amended complaint in March 2013. Defendants plan to seek a dismissal of the case.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Michele Middle: Jeffra Last: Hooper

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: Executive

4. Affiant's business address: The Directors' Council, 825 Green Bay Road, Suite 230, Wilmette, IL 60091

Business telephone: 847-251-3915 Business Email: Not available.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Pennsylvania</u>	<u>Philadelphia, PA</u>	<u>1969-1973</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Chicago</u>	<u>Chicago, IL</u>	<u>1973-1975</u>	<u>MBA</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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None.

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752
Economic Club of Chicago	Donna Zarcone	177 N. State Street Chicago, IL 60601	312-726-1628

See attachment for additional information.

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 10/07 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 2003 - Present Employer's Name: The Directors' Council

Address: 825 Green Bay Road, Suite 230 City: Wilmette State/Province: IL

Country: USA Postal Code: 60091 Phone: 847-251-3915 Offices/Positions Held: Co-Founder, President & CEO

Type of Business: Governance Consulting Supervisor/Contact: Self-employed

Beginning/Ending Dates (MM/YY): 2001 - Present Employer's Name: MJH Consulting

Address: 825 Green Bay Road, Suite 230 City: Wilmette State/Province: IL

Country: USA Postal Code: 60091 Phone: 847-251-3915 Offices/Positions Held: Founder/President

Type of Business: Consulting and Facilitation Services Supervisor/Contact: Self-employed

Beginning/Ending Dates (MM/YY): 03/18 - Present Employer's Name: United Continental Holdings

Address: 233 S. Wacker Drive City: Chicago State/Province: IL

Country: USA Postal Code: 60606 Phone: 872-825-4000 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Legal Department

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None. Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

- Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
- Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
- Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
- Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
- Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
- Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
- Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
- Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
- Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See the attachment for additional information.

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Michele Jeffra Hooper

6. List of memberships in professional societies and associations (continued)

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
World's President's Organization	JoAnne Kimball	110 S. Union St., Suite 200 Alexandria, VA 22314	703-684-4900
Executive Leadership Council	Ron Parker	1001 N. Fairfax St., Suite 300 Alexandria, VA 22314	703-706-5200
Chicago Network	Kate Benson	211 E. Ontario, Suite 1700 Chicago, IL 60611	312-787-1979
Center for Audit Quality	Marie Kallio	1155 F Street NW, Suite 450 Washington, D.C. 20004	888-817-3277

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending
 Dates (MM/YY): 1997 - Present Employer's Name: PPG Industries
 Address: One PPG Place City: Pittsburgh State: PA
 Country: USA Postal Code: 15272 Phone: 272-434-3131 Offices/Positions Held: Director
 Type of Business: Coatings and Specialty Products Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 2007-2016 Employer's Name: Center for Audit Quality
 Address: 1155 F Street NW, Suite 450 City: Washington State: DC
 Country: USA Postal Code: 20004 Phone: 888-817-3277 Offices/Positions Held: Director
 Type of Business: Public Policy Organization Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 2003-2012 Employer's Name: AstraZeneca
 Address: 1800 Concord Pike City: Wilmington State: DE
 Country: USA Postal Code: 19850 Phone: 302-886-3000 Offices/Positions Held: Director
 Type of Business: Biopharmaceutical Company Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 2006-2011 Employer's Name: Warner Music Group
 Address: 75 Rockefeller Center City: New York State: NY
 Country: USA Postal Code: 10019 Phone: 212-275-2000 Offices/Positions Held: Director
 Type of Business: Record Company Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 2003-2005 Employer's Name: DaVita Inc.
 Address: 601 Hawaii St. City: El Segundo State: CA
 Country: USA Postal Code: 90245 Phone: 310-536-2400 Offices/Positions Held: Director
 Type of Business: Dialysis Treatment and Support Supervisor/Contact: Legal Department

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

Beginning/Ending
 Dates (MM/YY): 1989-2005 Employer's Name: Target Corporation
 Address: 1000 Nicollet Mall City: Minneapolis State: MN
 Country: USA Postal Code: 55403 Phone: 612-304-6073 Offices/Positions Held: Director
 Type of Business: Retail Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 1999-2000 Employer's Name: Voyager Expanded Learning
 Address: 1800 Valley View, Suite 400 City: Dallas State: TX
 Country: USA Postal Code: 75234 Phone: 888-399-1995 Offices/Positions Held: President/CEO
 Type of Business: K-12 Education Publisher Supervisor/Contact: Human Resources Department

Beginning/Ending
 Dates (MM/YY): 1998-1999 Employer's Name: Stadtlander Drug Company (Bergen Brunswig)
 Address: 600 Penn Center City: Monroeville State: PA
 Country: USA Postal Code: 15235 Phone: Not Available Offices/Positions Held: President/CEO
 Type of Business: Specialty Drug Company Supervisor/Contact: CVS Caremark Legal Dept.

Beginning/Ending
 Dates (MM/YY): 1995-1999 Employer's Name: Seagram Company (purchased by Vivendi)
 Address: Not Available City: Montreal State: Quebec
 Country: Canada Postal Code: Unknown Phone: Not Available Offices/Positions Held: Director
 Type of Business: Alcoholic Beverage Distiller Supervisor/Contact: Legal Department

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Central Laborers Pension Fund, et al., derivatively on behalf of UnitedHealth Group, Inc. v. Burke, et al., and Coral Springs Police Officers' Retirement Plan, derivatively on behalf of UnitedHealth Group, Inc., v. Burke, et al., two shareholder derivative actions filed in the Court of Chancery in the State of Delaware on April 19, 2019, and April 22, 2019, respectively, were consolidated as *In re UnitedHealth Group Incorporated Derivative Litigation* on May 13, 2019. The consolidated action is based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, and name as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The consolidated action is currently pending.

Firemen's Retirement System of St. Louis, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in United States District Court for the District of Minnesota on July 24, 2017, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The case is currently pending.

Robert R. Anderson, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action relating to claims payment and processing practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in Orange County, California, Superior Court on January 16, 2009, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. On June 25, 2009, the court dismissed the case without

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

prejudice on personal jurisdiction and venue grounds.

In May and June 2011, I was named as a co-defendant in three shareholder class action lawsuits, *Varipapa v. Warner Music Group Corp., et al.*, filed in with the Court of Chancery in the State of Delaware, *Cournoyer v. Warner Music Group Corp., et al.*, and *Dahivadkar v. Warner Music Group Corp., et al.*, both filed in the Supreme Court of the State of New York. Shareholders alleged breach of fiduciary duty as a result of a proposed merger transaction and are seeking injunctive relief and rescission of the merger agreement. Plaintiffs subsequently entered into a memorandum of understanding, agreeing in principle to a settlement and dismissal of the actions conditioned upon the closing of the merger.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

I also serve as a director of United Continental Holdings, Inc. (UCH). UCH and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Dirk Middle: Christopher Last: McMahon

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9700 Health Care Lane, Minnetonka, MN 55343

Business telephone: 952-205-8219

Business Email: dirk@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Marist College</u>	<u>Poughkeepsie, NY</u>	<u>08/82</u>	<u>B.S. Business (Finance)</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Notre Dame</u>	<u>South Bend, IL</u>	<u>06/85</u>		<u>MBA (Finance)</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: Executive Vice President; and Chief Executive Officer, UnitedHealthcare

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending
 Dates (MM/YY): 08/03 - Present Employer's Name: UnitedHealth Group Incorporated
 Address: 9900 Bren Road East City: Minnetonka State/Province: MN
 Country: USA Postal Code: 55343 Phone: 800-367-5690 Offices/Positions Held: EVP, UHC CEO
 Type of Business: Holding Company Supervisor/Contact: David Wichmann

Beginning/Ending
 Dates (MM/YY): 04/03 - 08/03 Employer's Name: Job search and related interview process
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending
 Dates (MM/YY): 09/85 - 04/03 Employer's Name: Northwest Airlines
 Address: 2700 Lone Oak Parkway City: Eagan State/Province: MN
 Country: USA Postal Code: 55121 Phone: 617-726-2458 Offices/Positions Held: Multiple Positions
 Type of Business: Airline Supervisor/Contact: Richard Anderson

Beginning/Ending
 Dates (MM/YY): 01/11 - Present Employer's Name: Bridging, Inc.
 Address: 201 W 87th Street City: Bloomington State/Province: MN
 Country: USA Postal Code: 55420 Phone: 952-460-1015 Offices/Positions Held: Director; and Finance Committee Member
 Type of Business: Non-profit Supervisor/Contact: Myra Van Delist

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: Not Applicable Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Not Applicable

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not Applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not Applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions
that may from time to time result in fines.

Applicant Company Name: United Health Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated
9900 Bren Road East, Minnetonka, MN 55343
952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Frederick Middle: William Last: McNabb III

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: Retired.

4. Affiant's business address: Not applicable.

Business telephone: Not applicable. Business Email: Not applicable.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Dartmouth College	Hanover, NH	09/75-06/79	AB Government

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
The Wharton School of the University of Pennsylvania		Philadelphia, PA	01/82-05/83	MBA-Finance

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
None.			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: United Health Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 02/2018 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 1986 - 12/18 Employer's Name: The Vanguard Group, Inc.

Address: 100 Vanguard Blvd City: Malvern State/Province: PA

Country: USA Postal Code: 19355 Phone: 610-669-1000 Offices/Positions Held: Chairman, CEO, Managing Director, and other various positions.

Type of Business: Financial Services Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 09/2017 - Present Employer's Name: CECP: The CEO Force for Good

Address: 5 Hanover Square, Suite 2102 City: New York State/Province: NY

Country: USA Postal Code: 10004 Phone: 212-825-1000 Offices/Positions Held: Director

Type of Business: Business Networking Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 2007 - Present Employer's Name: Zoological Society of Philadelphia

Address: 3400 W. Girard Avenue City: Philadelphia State/Province: PA

Country: USA Postal Code: 19104 Phone: 215-243-1100 Offices/Positions Held: Chairman

Type of Business: Zoo/Conservation Organization Supervisor/Contact: Human Resources

See attachment for additional employment history.

Applicant Company Name: United Health Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

See attachment for additional information.

Organization/Issuer of License: FINRA Address: 1735 K Street

City: Washington State/Province: DC Country: USA Postal Code: 20006

License Type: Series 6/Investment
Company Products/Variable License #: CRD 1567399 Date Issued (MM/YY): 05/97
Contracts

Date Expired (MM/YY): 12/17 Reason for Termination: Retirement

Non-Insurance Regulatory Phone Number (if known): 301-590-6500

Organization/Issuer of License: FINRA Address: 1735 K Street

City: Washington State/Province: DC Country: USA Postal Code: 20006

License Type: Series 26/Investment
Co. Products/Variable License #: CRD 1567399 Date Issued (MM/YY): 05/97
Contracts Principal

Date Expired (MM/YY): 12/17 Reason for Termination: Retirement

Non-Insurance Regulatory Phone Number (if known): 301-590-6500

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Not applicable.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: United Health Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: United Health Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attachment for additional information.

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Frederick William McNabb III

- 8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers. (continued)

Beginning/Ending
 Dates (MM/YY): 01/2019-Present Employer's Name: Ernst & Young LLP
 Address: 5 Times Square City: New York State: NY
 Country: USA Postal Code: 10036-6530 Phone: 212-773-3000 Offices/Positions Held: Member-Independent Audit Quality Board
 Type of Business: Professional Advisory Company Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 10/2008-10/2018 Employer's Name: Investment Company Institute
 Address: 1401 H. Street, NW, Suite 1200 City: Washington State: DC
 Country: USA Postal Code: 20005 Phone: 202-326-5800 Offices/Positions Held: Former Chairman and Vice Chairman of the Board of Governors
 Type of Business: Industry Education Supervisor/Contact: Human Resources

Beginning/Ending
 Dates (MM/YY): 2009-12/17 Employer's Name: Philadelphia Chamber of Commerce
 Address: 200 S. Broad Street, Suite 700 City: Philadelphia State: PA
 Country: USA Postal Code: 19102 Phone: 215-545-1234 Offices/Positions Held: Director and Vice Chairman of the Board of Governors
 Type of Business: Business Networking Supervisor/Contact: Legal Department

- 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued to any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license(s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License FINRA Address 1735 K Street
 City Washington State/Province DC Country USA Postal Code 20006
 License Type Series 63//Uniform Securities Agent State Law License # CRD 1567399
 Date Issued (MM/YY) 08/98 Date Expired (MM/YY) 12/17 Reason for Termination Retirement
 Non-insurance Regulatory Phone Number (if known) 301-590-6500

- 15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

During the period from January 2011 through December 2013, the Financial Industry Regulatory Authority ("FINRA") alleged that Form U4 filings for certain registered representatives of Vanguard Marketing Corporation ("VMC") relating to wage garnishments were either not made or not made on a timely basis. Without admitting or denying the allegations or finds, VMC agreed to a censure and to pay a fine to FINRA of \$350,000.

Affiant was an officer and director of Vanguard Advisers, Inc. ("VAI"), a wholly-owned subsidiary of The Vanguard Group, Inc. While VAI is a federally registered investment adviser, it is required to comply with the state registration requirements of jurisdictions in which it or its investment adviser representatives ("IARs") maintain a place of business including, but not limited to, The Commonwealth of Pennsylvania. An IAR of VAI changed his personal residence from Arizona to Pennsylvania. As a result of an administrative error, VAI did not immediately update his registration to reflect Pennsylvania as his new place of employment. VAI self-identified the issue and resolved the matter with The Commonwealth of Pennsylvania Department of Banking and Securities through a Consent Agreement and Order on December 20, 2017. An administrative assessment of \$23,480 was paid on January 9, 2018.

UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable
FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Valerie Middle: Celeste Last: Montgomery Rice, M.D.

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: Dean and President

4. Affiant's business address: Morehouse School of Medicine Inc., 720 Westview Drive, Atlanta, GA 30310

Business telephone: 404-752-1728 Business Email: Not available

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Georgia Institute of Technology</u>	<u>Atlanta, GA</u>	<u>08/79-05/83</u>	<u>B.S., Chemistry</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard Medical School</u>		<u>Boston, MA</u>	<u>08/83-06/87</u>	<u>M.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Emory University, School of Medicine and Affiliated Hospitals</u>	<u>Atlanta, GA</u>	<u>07/87-06/91</u>	<u>Residency & OB/GYN Internship</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable
FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Institute on Minority Health and Health Disparities	Member Services	National Institutes of Health, 6707 Democracy Blvd., Suite 800, Bethesda, MD 20892-5465	301-402-1366
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752
See attachment for additional information.			

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 08/17 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 06/11 - Present Employer's Name: Morehouse School of Medicine

Address: 720 Westview Drive City: Atlanta State/Province: GA

Country: USA Postal Code: 30310 Phone: 404-752-1500 Offices/Positions Held: President and Dean

Type of Business: Medical School Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 2017 - Present Employer's Name: Council of Deans Committee - Fellowship Committee - AAMC

Address: 655 K Street N.W., Suite 100 City: Washington State/Province: DC

Country: USA Postal Code: 20001-2399 Phone: 202-828-0400 Offices/Positions Held: Planning Committee Member

Type of Business: Medical Association Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 10/16 - Present Employer's Name: The Nemours Foundation

Address: 10140 Centurion Parkway City: Jacksonville State/Province: FL

Country: USA Postal Code: 32256 Phone: 904-697-4100 Offices/Positions Held: Director

Type of Business: Non-Profit Children's Healthcare Supervisor/Contact: Legal Department

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

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9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

See attachment for additional information.

Organization/Issuer of License: Georgia Composite Medical Board Address: 2 Peachtree St. N.W.

City: Atlanta State/Province: GA Country: USA Postal Code: 30303

License Type: Medical License License #: 31293 Date Issued (MM/YY): 10/88

Date Expired (MM/YY): 07/20 Reason for Termination: Not applicable.

Non-Insurance Regulatory Phone Number (if known): 404-656-3913

Organization/Issuer of License: Drug Enforcement Administration Address: 8701 Morrissette Drive

City: Springfield State/Province: VA Country: USA Postal Code: 22152

License Type: Controlled Substance License #: BM2024216 Date Issued (MM/YY): 01/16

Date Expired (MM/YY): 01/22 Reason for Termination: Not applicable.

Non-Insurance Regulatory Phone Number (if known): 800-882-9539

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

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Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

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If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attachment for additional information. _____

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Valerie Celeste Montgomery Rice

5. Education and training:

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
National Medical Fellowship	New York, NY	1986-1987	Commonwealth Fund Medical Fellowship
Hutzel Hospital	Detroit, MI. AAMC	1991-1993	Fellowship: Reproductive Endocrinology and Infertility
Association of American Medical Colleges	Baltimore, MD	2000	Professional Development Seminar for Senior Women in Medicine
Drexel University College of Medicine	Philadelphia, PA	2003-2004	Executive Leadership in Academic Medicine
Leadership Atlanta	Atlanta, GA	2012-2013	Leadership Training
Center for Creative Leadership	Colorado Springs, CO	2013	Leadership Training
Harvard Seminar for New Presidents	Cambridge, MA	2014	New President Seminar
GE Leading and Learning	Westchester, NY	2014	Leadership Training

6. List of memberships in professional societies and associations (continued):

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Alpha Omega Alpha Honor Medical Society	Member Services	12635 E. Montview Blvd, Suite 270, Aurora, CA 80045	720-859-4149
American Medical Association	Member Services	AMA Plaza, 330 N. Wabash Ave., Suite 39300, Chicago, IL 60611-5885	800-621-8335
Association of American Medical Colleges - Council of Deans	Member Services	655 K Street NW #100 Washington DC 20001-2399	202-828-0400
Georgia OB/GYN Society	Member Services	2925 Premiere Parkway, #100, Duluth, GA 30097	770-904-0719
International Women's Forum	Member Services	1155 15 th Street NW, Suite 1000, Washington DC 20005	202-387-1010
National Academy of Medicine	Member Services	500 5 th Street NW Washington DC 20001	202-334-2000
Society of Medical Administrators	Member Services	1 Atwell Road Spencer Forman, Cooperstown, NY 13326	738-783-4918

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. (continued):

Morehouse School of Medicine (continued):

2014-Present	Board Member (Ex-official)
2014-Present	President, Morehouse Health Care
2011-Present	Professor, Department of Obstetrics and Gynecology
2011-Present	Leadership Council
2011-Present	Committee on Committees
2011-Present	Executive Council
2011-2015	Chair, Executive Faculty Committee
2011-2015	Chair, Academic Policy Council
2011-2015	Information Technology Advisory Committee
2011-2015	Intuitional Effectiveness Committee
2011-2014	Dean and Executive Vice President
2011-2013	Vice President, Morehouse Medical Associates
2011-2012	Liaison Committee on Medical Education (LCME) Steering Committee

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

Beginning/Ending
 Dates (MM/YY): 07/11 – 06/14 Employer's Name: Meharry Medical College
 Address: 1005 Dr. D.B.Todd Jr. Blvd. City: Nashville State: TN
 Country: USA Postal Code: 37208-3501 Phone: 615-327-5572 Offices/Positions Held: Dean, Senior Vice President of Health Affairs, Founded Center for Women's Research
 Type of Business: Medical Association Supervisor/Contact: Legal Department

Meharry Medical College (continued):

- 2010-2011 Executive Advisory Research Committee
- 2007-2009 Clinical Services Coordinating Council (CSCC)
- 2006-2011 Professor, Department of OB/GYN, Division Reproductive Endocrinology and Infertility and Chair Dept. of OB/GYN
- 2006-2009 Executive Management Team
- 2006-2009 Dean, School of Medicine and Senior Vice President of Health Affairs
- 2005-2011 Executive Director, Center for Women's Health Research
- 2005-2011 Director
- 2004-2006 Curriculum Design Committee
- 2004-2006 Program Director - OB-GYN Residency Training Program
- 2004-2005 Chair, Liaison Committee on Medical Education – Institutional Setting Committee and Educational Program for the MD Degree Committee
- 2003-2006 Professor and Chair of OB/GYN Dept.
- 2003-2006 Executive Committee – Medical Staff QA/CQI Committee, Nashville General Hospital
- 2003-2006 By-Laws Committee, Nashville General Hospital
- 2003-2006 Operative and Other Invasive Procedures Committee, Nashville General Hospital
- 2003-2006 Executive Faculty Committee
- 2003-2006 Clinical Chairs Committee
- 2003-2006 Graduate Medical Education Committee
- 2003-2005 Chair, Appointment, Promotions and Tenure Committee (APT)

Beginning/Ending
 Dates (MM/YY): 04/19-Present Employer's Name: Historic Ebenezer Baptist Church
 Address: 101 Jackson Street, NE City: Atlanta State: GA
 Country: USA Postal Code: 30312 Phone: 404-688-7300 Offices/Positions Held: Trustee
 Type of Business: Non-profit organization Supervisor/Contact: Human Resources

Beginning/Ending
 Dates (MM/YY): 2018-Present Employer's Name: Horatio Alger Association
 Address: 99 Canal Center Plaza, Suite 320 City: New York State: VA
 Country: USA Postal Code: 22314 Phone: 703-684-9444 Offices/Positions Held: Director
 Type of Business: Educational Association Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 01/18-Present Employer's Name: Josiah H. Macy Foundation
 Address: 44 East 64th St. City: New York State: NY
 Country: USA Postal Code: 10065 Phone: 212-486-2424 Offices/Positions Held: Trustee
 Type of Business: Foundation Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 2016-Present Employer's Name: Kaiser Permanente School of Medicine
 (scheduled to open in 2019)
 Address: Not available City: Pasadena State: CA
 Country: USA Postal Code: Not available Phone: Not available Offices/Positions Held: Trustee
 Type of Business: Medical Education Supervisor/Contact: Legal Department

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

Beginning/Ending
Dates (MM/YY): 2016-Present Employer's Name: Georgia Chamber
Address: 270 Peachtree St. NW City: Atlanta State: GA
Country: USA Postal Code: 30303 Phone: 404-223-2264 Offices/Positions Held: Director
Type of Business: Organization Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2016-Present Employer's Name: National Center for Advancing
Translational Sciences
Address: 6701 Democracy Blvd. City: Bethesda State: MD
Country: USA Postal Code: 20892-4874 Phone: 301-594-8966 Offices/Positions Held: Council Member
Type of Business: Government Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2015-Present Employer's Name: Woodruff Arts Center
Address: 1280 Peachtree St. NE City: Atlanta State: GA
Country: USA Postal Code: 30309 Phone: 404-733-4200 Offices/Positions Held: Trustee
Type of Business: Visual and Performance Art Center Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2014-Present Employer's Name: Metro Atlanta Chamber
Address: 191 Peachtree St. NE #3400 City: Atlanta State: GA
Country: USA Postal Code: 30303 Phone: 404-880-9000 Offices/Positions Held: Trustee
Type of Business: Organization Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2014-Present Employer's Name: Georgia Research Alliance
Address: 191 Peachtree St. NE, #3400 City: Atlanta State: GA
Country: USA Postal Code: 30303 Phone: 404-332-9770 Offices/Positions Held: Trustee
Type of Business: Non-profit organization Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2011-Present Employer's Name: Grady Memorial Hospital
Address: 80 Jesse Hill Jr. Drive SE City: Atlanta State: GA
Country: USA Postal Code: 30303 Phone: 404-616-1000 Offices/Positions Held: Director (Ex-
Official), Quality Assurance
Type of Business: Medical Institution Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2016-2018 Employer's Name: Ni-Q
Address: 28050SW Boberg Road City: Wilsonville State: OR
Country: USA Postal Code: 97070 Phone: 844-305-7674 Offices/Positions Held: Committee Member
Type of Business: Non-Profit Medical Supply Company Supervisor/Contact: Legal Department
Medical Advisory

Beginning/Ending
Dates (MM/YY): 2016-02/18 Employer's Name: Health Connect South
Address: 1950 Lake Park Drive Smyrna City: Atlanta State: GA
Country: USA Postal Code: 30080 Phone: Not available Offices/Positions Held: Trustee
Type of Business: Health Partnership Collaboration Company Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2014-2017 Employer's Name: Georgia Institute of Technology Alumni
Board
Address: 190 North Ave. NW City: Atlanta State: GA
Country: USA Postal Code: 30313-2550 Phone: 404-894-2391 Offices/Positions Held: Trustee
Type of Business: College/University Supervisor/Contact: Legal Department

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

Beginning/Ending
Dates (MM/YY): 2012-2016 Employer's Name: March of Dimes
Address: 1275 Mamaroneck Ave. City: White Plains State: NY
Country: USA Postal Code: 10605 Phone: 914-997-4488 Offices/Positions Held: Trustee
Type of Business: Non-profit Organization Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2011-2015 Employer's Name: FDA Advisory Committee for
Reproductive and Urological Health Drugs
Address: 10903 New Hampshire Ave. City: Silver Spring State: MD
Country: USA Postal Code: 20993 Phone: 301-796-9001 Offices/Positions Held: Advisory Committee
Type of Business: Governmental Agency Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2011-2014 Employer's Name: Georgia Institute of Technology College
of Engineers
Address: 190 North Ave NW City: Atlanta State: GA
Country: USA Postal Code: 30313-2550 Phone: 404-894-2000 Offices/Positions Held: Trustee
Type of Business: College/University Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2010 Employer's Name: President's Commission on White House
Fellowship
Address: 1750 Pennsylvania Ave. NW Suite 300 City: Washington State: DC
Country: USA Postal Code: 20006 Phone: 202-360-0294 Offices/Positions Held: Regional Panelist
Selection Committee
Type of Business: Government Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2008-2009 Employer's Name: Tennessee Valley Healthcare System
Address: 1310 24th Ave. S. City: Nashville State: TN
Country: USA Postal Code: 37212 Phone: 615-327-4751 Offices/Positions Held: Chair-Academic
Partnership Committee Veterans
Administration
Type of Business: College/University Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 07/06-06/11 Employer's Name: Vanderbilt University Medical Center
Address: 1211 Medical Center Drive. City: Nashville State: TN
Country: USA Postal Code: 37212 Phone: 615-322-5000 Offices/Positions Held: Professor Radiology
and Clinical Professor, Dept of OB/GYN
Type of Business: College/University Supervisor/Contact: Legal Department

Vanderbilt University Medical Center (continued):

2010, 2011 Internal Advisory Committee, Multidisciplinary Research Training in Cancer Imaging,
Vanderbilt University Medical Center
2006-2010 Chair, Advisory Committee, Vanderbilt BIRCWH

Beginning/Ending
Dates (MM/YY): 2003-2007 Employer's Name: FDA Advisory Committee, Division of
Bone, Reproductive and Urological Drugs
Address: 10903 New Hampshire Ave. City: Silver Spring State: MD
Country: USA Postal Code: 20993 Phone: 301-796-9001 Offices/Positions Held: Consultant and
Special Government Employee, Advisory
Committee
Type of Business: Governmental Agency Supervisor/Contact: Legal Department

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

Beginning/Ending
Dates (MM/YY): 7/98-06/03 Employer's Name: University of Kansas School of Medicine
Address: 3901 Rainbow Blvd City: Kansas City State: KS
Country: USA Postal Code: 66160 Phone: 913-588-5000 Offices/Positions Held: Vice Chair, Dept of
Obstetrics and Gynecology, and Medical
Director, Clinical Trials Division, Clinical
Research
Type of Business: College/University Supervisor/Contact: Legal Department

University of Kansas School of Medicine (continued):

2002-2003 Vice Chairman, Academic Committee School of Medicine
2002-2003 General Clinical Research Center Committee
2001-2003 Academic and Admission Committee, School of Medicine
2000-2003 Advisory Committees for Md/PhD Program
2000-2002 Medical Director, Clinical Trials Office
2000 Served on Pharmacology Chair Review Committee
1999-2003 Human Subjects Committee
1998-2003 Executive Committee, Dept. of OB/GYN, Associate Professor, Dept. of
OB/GYN and Director and Division Head, Reproductive Endocrinology and Infertility
07/96-06/97 Vice President Dept of OB/GYN, Medical Director Clinical Trials Division
1995-2003 Education Committee, Dept. of OB/GYN

Beginning/Ending
Dates (MM/YY): 07/97-06/98 Employer's Name: Henry Ford Medical Center
Address: 2825 Livernois Rd. City: Troy State: MI
Country: USA Postal Code: 48083 Phone: 248-680-6000 Offices/Positions Held: Senior Staff
Physician, OB/GYN Dept.
Type of Business: Medical Institution Supervisor/Contact: Legal Department

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Tennessee Department of Health Address: 710 James Robertson Parkway
City: Nashville State/Province: TN Country: USA Postal Code: 37243
License Type: Medical License #: 37358 Date Issued: 04/03
Date Expired (MM/YY): 07/13 Reason for Termination: Not applicable.
Non-Insurance Regulatory Phone Number (if known): 615-532-4384

Organization/Issuer of License: Missouri Board of Registration Address: 3605 Missouri Blvd, P.O Box 4
City: Jefferson City State/Province: MO Country: USA Postal Code: 65102
License Type: Medical Physician & Surgeon License #: 2000146122 Date Issued: 02/00
Date Expired (MM/YY): 01/04 Reason for Termination: Not applicable.
Non-Insurance Regulatory Phone Number (if known): 573-751-0098

Organization/Issuer of License: Michigan Licensing and Regulatory Affairs Address: P.O. Box 30670
City: Lansing State/Province: MI Country: USA Postal Code: 48909-8170
License Type: Medical and Pharmacy License #: 4301058267 Date Issued: 06/91
Date Expired (MM/YY): 01/07 Reason for Termination: Not applicable.
Non-Insurance Regulatory Phone Number (if known): 517-373-1820

Organization/Issuer of License: Kansas – Board of Healing Arts Address: 800 SW Jackson St.
City: Topeka State/Province: KS Country: USA Postal Code: 66612
License Type: Medical/Gynecology License #: 04-24591 Date Issued: 06/93
Date Expired (MM/YY): 08/06 Reason for Termination: Not applicable.

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

Non-Insurance Regulatory Phone Number (if known): 785-296-7413

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Morehouse School of Medicine, Inc. is in the business of operating a medical school and a faculty clinical practice. In its ordinary course of its business, Morehouse School of Medicine, Inc. is subject to claims. On occasion, Dr. Montgomery Rice could be named a party, along with Morehouse School of Medicine, Inc., in matters attendant to the business of the non-profit company.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

UnitedHealth Group Incorporated and its affiliates operate in a complex and highly regulated environment and engage in transactions that may from time to time result in fines.

Morehouse School of Medicine, Inc. and its affiliates operate in a complex and highly regulated environment and engage in transactions that may from time to time result in fines. As an academic medical center, the Morehouse School of Medicine, Inc. and its subsidiaries are occasionally defendants or putative defendants in legal proceedings, including private civil litigations and regulatory/government investigations. These legal proceedings are often at varying stages of adjudication, arbitration or investigation, and in some cases could result in fines.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Harnett Last: Noseworthy, M.D.

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Canada

3. Affiant's occupation or profession: Retired.

4. Affiant's business address: Not applicable.

Business telephone: Not applicable.

Business Email: Not applicable.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Dalhousie University	6299 South Street, Halifax, Nova Scotia, Canada B3H 4R2 902-494-2211	1969 - 1971	Not applicable. Early admittance to medical school.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Medical School	Dalhousie University Faculty of Medicine	6299 South Street, Halifax, Nova Scotia, Canada B3H 4R2 902-494-2211	1971-1975	MD

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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See attachment for additional information.

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752
American Academy of Neurology	Membership Services	201 Chicago Avenue Minneapolis, MN 55415	800-879-1960

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 02/19 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending

Dates (MM/YY): 1990 - 12/18 Employer's Name: Mayo Clinic

Address: 200 First St. SW City: Rochester State/Province: MN

Country: USA Postal Code: 55905 Phone: 507-284-2511 Offices/Positions Held: President & CEO and other various positions.

Type of Business: Non-Profit Health Care System Supervisor/Contact: Human Resources Department

Beginning/Ending

Dates (MM/YY): 05/17 - 05/19 Employer's Name: Merck & Co., Inc.

Address: 2000 Galloping Hill Road City: Kenilworth State/Province: NJ

Country: USA Postal Code: 07033 Phone: 908-740-4000 Offices/Positions Held: Director

Type of Business: Pharmaceutical Company Supervisor/Contact: Legal Department

Beginning/Ending

Dates (MM/YY): 2012 - 2018 Employer's Name: World Economic Forum

Address: 350 Madison Avenue, 11th Floor City: New York State/Province: NY

Country: USA Postal Code: 10017 Phone: 212-703-2300 Offices/Positions Held: Health Governor

Type of Business: International Non-Profit Organization Supervisor/Contact: Human Resources Department

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: MN Board of Medical Practice Address: 2829 University Avenue SE, Suite 500

City: Minneapolis State/Province: MN Country: USA Postal Code: 55414

License Type: Physician and Surgeon License #: 34053 Date Issued (MM/YY): 09/90

Date Expired (MM/YY): 11/30/19 Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 612-617-2130

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details. Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attachment for more information.

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

John H. Noseworthy, M.D.

5. Education and training:

Other Training: Name	City/State	Dates Attended	Degree/Certification
Royal Columbian Hospital	New Westminster, BC, Canada	1976	Internship
Dalhousie University	Halifax, Nova Scotia, Canada	1977	Resident-Internal Medicine
Dalhousie University	Halifax, Nova Scotia, Canada	1978	Chief Resident-Internal Medicine
Dalhousie University	Halifax, Nova Scotia, Canada	1979	Resident-Neurology
University of Western Ontario	London, Ontario	1980	Resident-Neurology
Royal College of Physicians and Surgeons of Canada	Ottawa, Canada	1981	Fellow-Neurology
University Hospital	London, Ontario	1981	Resident-Neuroimmunology Laboratory
University of Western Ontario	London, Ontario	1981	Resident-Neuropathology
Harvard Medical School	Boston, MA	1983	Research Fellowship-Pathology
Harvard Medical School	Boston, MA	1983	Centennial Fellow; Pathology, Medical Research Council of Canada
Massachusetts General Hospital, Harvard University	Boston, MA	1983	Research Fellowship-Neurology
Massachusetts General Hospital, Harvard Medical School, Nuclear Magnetic Resonance	Boston, MA	1983	Neurology

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

From time to time, Merck & Co., Inc. ("Merck") receives inquiries and is the subject of preliminary investigation activities from competition and other governmental authorities in markets outside the United States. Certain of these preliminary inquiries or activities may lead to the commencement of formal proceedings. Should those proceedings be determined adversely to Merck, monetary fines and/or remedial undertakings may be required.

As a multi-billion dollar organization in a highly regulated health care environment that treats patients from all 50 states and 150 countries, Mayo Clinic and its affiliates are periodically involved in litigation and government investigations and audits that, on rare occasion, result in fines or penalties. However, no such fine or penalty has involved punitive damages or been based on a finding of fraud or intentional misconduct.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated
9900 Bren Road East, Minnetonka, MN 55343
952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Glenn Middle: Morris Last: Renwick

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? New Zealand

3. Affiant's occupation or profession: Retired.

4. Affiant's business address: None

Business telephone: None. Business Email: None.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Canterbury</u>	<u>Prvt Bag 4800 Christchurch 8140, Canterbury, New Zealand Phone: +64 3 366 7001</u>	<u>01/74-12/76</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Florida</u>	<u></u>	<u>Gainesville, FL</u>	<u>09/77-12/78</u>	<u>MS</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>	<u></u>	<u></u>	<u></u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 06/08 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 1986 - 05/18 Employer's Name: The Progressive Corporation

Address: 6300 Wilson Mills Road City: Mayfield Village State/Province: OH

Country: USA Postal Code: 44143 Phone: 440-461-5000 Offices/Positions Held: Chair, President & CEO and other various positions.

Type of Business: Insurance Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): 2001 - Present Employer's Name: Fiserv, Inc.

Address: 225 Fiserv Drive City: Brookfield State/Province: WI

Country: USA Postal Code: 53008 Phone: 414-879-5000 Offices/Positions Held: Director, Chair of the Board

Type of Business: Financial Services Technology Supervisor/Contact: Legal Department

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None. Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

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Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

- 14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

- 15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

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Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attachment for additional information.

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Glenn Morris Renwick

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Central Laborers Pension Fund, et al., derivatively on behalf of UnitedHealth Group, Inc. v. Burke, et al., and Coral Springs Police Officers' Retirement Plan, derivatively on behalf of UnitedHealth Group, Inc., v. Burke, et al., two shareholder derivative actions filed in the Court of Chancery in the State of Delaware on April 19, 2019, and April 22, 2019, respectively, were consolidated as *In re UnitedHealth Group Incorporated Derivative Litigation* on May 13, 2019. The consolidated action is based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, and name as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The consolidated action is currently pending.

Firemen's Retirement System of St. Louis, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in United States District Court for the District of Minnesota on July 24, 2017, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The case is currently pending.

Robert R. Anderson, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action relating to claims payment and processing practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in Orange County, California, Superior Court on January 16, 2009, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. On June 25, 2009, the court dismissed the case without prejudice on personal jurisdiction and venue grounds.

Ernest Edwards, vs. Glenn Renwick d/b/a Progressive Ins. A Pro Se plaintiff filed a complaint against me individually, and neglected to name the appropriate Progressive company. I was not aware of the suit or default judgment and subsequently discovered the matter through a routine credit check. A motion to vacate the judgment was entered in January of 2010. Although Progressive was not a named party in the suit, the matter is related to Progressive business and therefore, the matter is addressed in my biographical affidavit through the disclosure mentioned above.

Progressive companies are in the business of providing property and casualty insurance. In its ordinary course of its business, Progressive is subject to claims resolution actions. On occasion, I have been a named party, along with Progressive, in matters such as small claims and claim-related liens.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No.: Not applicable

FEIN: 41-1321939

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If yes, please indicate and give details. When responding to questions (b) and (c) affiant should also include any events within twelve (12) months after his or her departure from the entity.

UnitedHealth Group Incorporated and its affiliates operate in a complex and highly regulated environment and engage in transactions that may from time to time result in fines.

Fiserv, Inc. is a publicly traded company with operations worldwide. It is subject to various laws and regulations. Any material information responsive to question 15(c) is contained in the documents that are filed with the Securities and Exchange Commission from time to time.

With respect to Progressive, many states periodically conduct market conduct examinations and, in some instances, have assessed administrative fines. No company associated with Progressive has been placed on probation, had its license suspended or revoked, or been involved in a criminal action.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): _____

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: Franklin Last: Rex

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343

Business telephone: 952-936-6464

Business Email: john.rex@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Brigham Young University</u>	<u>Provo, UT</u>	<u>08/80 - 05/86</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>The Wharton School; University of Pennsylvania</u>	<u>Philadelphia, PA</u>	<u>09/90 - 06/92</u>	<u>MBA</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Executive Vice President; and Chief Financial Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 03/12 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Chief Financial Officer

Type of Business: Holding Company Supervisor/Contact: David Wichmann

Beginning/Ending

Dates (MM/YY): 03/99 - 03/12 Employer's Name: J.P. Morgan (predecessor company was Bear, Stearns & Co., Inc.)

Address: 383 Madison Avenue City: New York State/Province: NY

Country: USA Postal Code: 10017 Phone: Not Available Offices/Positions Held: Managing Director

Type of Business: Banking Supervisor/Contact: Tom Schmidt

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: See attachment Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable
FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Not Applicable

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not Applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not Applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable
FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

**Attachment
To
NAIC Biographical Affidavit
of
John Franklin Rex**

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

1. Organization/Issuer of License: NASD/FINRA
Address: 1735 K Street, Washington, DC, USA 20006
License Type: Brokerage License #: 2814929 CRD #: 7730
Date Issued: 02/97 Date Expired: 10/97
Reason for expiration: Allowed to lapse; no longer needed.
2. Organization/Issuer of License: NASD/FINRA
Address: 1735 K Street, Washington, DC, USA 20006
License Type: Brokerage License #: 2814929 CRD #: 17977
Date Issued: 10/97 Date Expired: 09/98
Reason for expiration: Allowed to lapse; no longer needed.
3. Organization/Issuer of License: NASD/FINRA
Address: 1735 K Street, Washington, DC, USA 20006
License Type: Brokerage License #: 2814929 CRD #: 41271
Date Issued: 09/98 Date Expired: 03/99
Reason for expiration: Allowed to lapse; no longer needed.
4. Organization/Issuer of License: NASD/FINRA
Address: 1735 K Street, Washington, DC, USA 20006
License Type: Brokerage License #: 2814929 CRD #: 79
Date Issued: 04/99 Date Expired: 06/08
Reason for expiration: Allowed to lapse; no longer needed.
5. Organization/Issuer of License: NASD/FINRA
Address: 1735 K Street, Washington, DC, USA 20006
License Type: Brokerage License #: 2814929 CRD #: 18718
Date Issued: 06/08 Date Expired: 10/08
Reason for expiration: Allowed to lapse; no longer needed.
6. Organization/Issuer of License: NASD/FINRA
Address: 1735 K Street, Washington, DC, USA 20006
License Type: Brokerage License #: 2814929 CRD #: 79
Date Issued: 10/08 Date Expired: 03/12
Reason for expiration: Allowed to lapse; no longer needed.

7. Organization/Issuer of License: California Board of Accountancy
Address: 2000 Evergreen Street, Suite 250, Sacramento, CA 95815
License Type: Certified Public Accountant License #: 52173
Date Issued: 11/88 Date Expired: 01/18
Reason for expiration: License is inactive; no longer needed.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). _____

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Thomas Middle: Edward Last: Roos

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East Minnetonka, MN 55343

Business telephone: 952-936-1875

Business Email: tom.roos@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>St. Johns University</u>	<u>Collegeville, MN</u>	<u>09/91 - 05/95</u>	<u>BA - Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Minnesota Society of CPAs	Member Services	1650 W. 82nd Street, Suite 60 Bloomington, MN 55431	952-831-2707
American Institute of CPAs	Member Services	1211 Ave of the Americas New York, NY 10036	212-596-6200

7. Present or proposed position with the Applicant Company: Senior Vice President; and Chief Accounting Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 08/15 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Senior Vice President; Chief Accounting Officer

Type of Business: Holding Company Supervisor/Contact: John Rex

Beginning/Ending Dates (MM/YY): 09/95 - 08/15 Employer's Name: Deloitte, LLP

Address: 50 S. 6th Street City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 612-397-4000 Offices/Positions Held: Partner

Type of Business: Professional Services Supervisor/Contact: Scott Erickson

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: MN Board of Accounting Address: 85 E. 7th Place, Suite 125

City: St. Paul State/Province: MN Country: USA Postal Code: 55101

License Type: CPA License #: 20072 Date Issued (MM/YY): 04/00

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable; Renewed Annually

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Not Applicable

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not Applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not Applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable
FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names): _____

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Marianne Middle: Dolores Last: Short

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343

Business telephone: 952-936-1300 Business Email: marianne.short@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Newton College of the Sacred Heart</u>	<u>Newton Centre, MA</u>	<u>09/69 - 06/73</u>	<u>Bachelor of Arts</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Boston College Law School</u>	<u>Newton, MA</u>	<u>09/73 - 06/76</u>	<u>Juris Doctor</u>	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

See attachment

7. Present or proposed position with the Applicant Company: Executive Vice President; and Chief Legal Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 01/13 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Chief Legal Officer

Type of Business: Holding Company Supervisor/Contact: David Wichmann

Beginning/Ending

Dates (MM/YY): 02/00 - 12/12 Employer's Name: Dorsey & Whitney LLP

Address: 50 South Sixth Street, Suite 1500 City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 612-340-2600 Offices/Positions Held: Managing Partner; Partner

Type of Business: Law Firm Supervisor/Contact: Bill Berews

Beginning/Ending

Dates (MM/YY): 04/88 - 02/00 Employer's Name: Minnesota Court of Appeals

Address: 25 Rev. Dr. Martin Luther King Jr. Blvd City: St. Paul State/Province: MN

Country: USA Postal Code: 55155 Phone: 651-297-7650 Offices/Positions Held: Appellate Court Judge

Type of Business: Law Supervisor/Contact: Not Applicable

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: MN Supreme Court Address: Room 305, 25 Rev. Martin Luther King Jr. Dr.

City: St. Paul State/Province: MN Country: USA Postal Code: 55155

License Type: Attorney License #: 0100596 Date Issued (MM/YY): 10/76

Date Expired (MM/YY): Active Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 651-286-2254

Organization/Issuer of License: MA Supreme Court Address: John Adams Courthouse, One Pemberton Square, Suite 2500

City: Boston State/Province: MA Country: USA Postal Code: 02108

License Type: Attorney License #: Not Applicable Date Issued (MM/YY): 06/77

Date Expired (MM/YY): Active Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 617-557-1000

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

Not Applicable

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not Applicable

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not Applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

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If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

ATTACHMENT TO NAIC BIOGRAPHICAL AFFIDAVIT

MARIANNE DOLORES SHORT

6. List of memberships in professional societies and associations:

<u>Name</u>	<u>Contact</u>	<u>Address</u>	<u>Telephone</u>
Hennepin County Bar Association	Sean Zitzer	600 Nicollet Mall, Suite 390 Minneapolis, MN 55402	612-752-6600
Minnesota Women Lawyers	Debra Pexa	600 Nicollet Mall, Suite 390B Minneapolis, MN 55402	612-338-3205
Minnesota State Bar Association	Sarah Eyberg	600 Nicollet Mall, Suite 380 Minneapolis, MN 55402	612-333-1183
American Bar Association	Laura Bellows	321 North Clark Street Chicago, IL 60654	312-988-5000
National Association of Corporate Directors	Paul Niermann	2001 Pennsylvania Ave NE, Ste 500 Washington, DC 20006	202-775-0509
American College of Trial Lawyers	Membership	19900 MacArthur Blvd., Ste 530 Irvine, CA 92612	949-752-1801
American Academy of Appellate Lawyers	Membership	9707 Key West Ave., Ste 100 Rockville, MD 20850	240-404-6498

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NAIC No. Not Applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated
9900 Bren Road East
Minnetonka, Minnesota 55343 (952) 936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Scott Last: Wichmann

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343

Business telephone: 952-936-1300

Business Email: david_s_wichmann@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Illinois State University</u>	<u>Normal, IL</u>	<u>09/81 - 05/85</u>	<u>BS - Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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None

7. Present or proposed position with the Applicant Company: Director; and Chief Executive Officer

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending

Dates (MM/YY): 03/98 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Chief Executive Officer

Type of Business: Holding Company Supervisor/Contact: Human Resources

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

Dates (MM/YY): _____ - _____ Employer's Name: _____

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

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9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not Applicable

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State of MN Board of Accountancy Address: 85 East 7th Place, Suite 125

City: St. Paul State/Province: MN Country: USA Postal Code: 55101

License Type: CPA License #: 11931 Date Issued (MM/YY): 10/88

Date Expired (MM/YY): Inactive Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 651-296-7938

Organization/Issuer of License: Illinois Board of Examiners Address: 100 Trade Centre Drive, Suite 403

City: Champaign State/Province: IL Country: USA Postal Code: 61820

License Type: CPA Certificate License #: 41046 Date Issued (MM/YY): 09/85

Date Expired (MM/YY): 09/92 Reason for Termination: Moved to Minnesota in 1988; not practicing in Illinois

Non-Insurance Regulatory Phone Number (if known): 217-531-0950

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

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Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Attachment.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. Not Applicable

- 13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not Applicable

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not Applicable

- 14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

- 15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See Attachment. _____

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

ATTACHMENT TO NAIC BIOGRAPHICAL AFFIDAVIT

David Scott Wichmann

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? Yes

Firemen's Retirement System of St. Louis, derivatively on behalf of UnitedHealth Group, Inc. v. Hemsley, et al., a shareholder derivative action based on allegations in underlying litigation about the Medicare Advantage risk adjustment practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in United States District Court for the District of Minnesota on July 24, 2017, naming as defendants certain of the Company's current and former directors and executives, including me, as well as the Company as a nominal defendant. The case is currently pending.

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes

c. Been placed on probation or had a fine levied against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

(b) I was an officer and/or director of Dental Benefit Providers of Illinois, Inc. which received notice on June 15, 2004 from the Kansas Department of Insurance that its certificate of registration as a prepaid dental plan in Kansas had been cancelled effective September 1, 2003 due to lack of response to Department letters. The company had no need for this license, so it had been allowed to lapse. I was also an officer of a company to which the auto assignment of Medicaid members was suspended until remedy of deficiencies. I am not aware of any similar action taken against the many licenses of the many other companies for which I am or have been an officer or director.

(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions that may from time to time result in fines.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

UnitedHealth Group Incorporated

9900 Bren Road East, Minnetonka, MN 55343

952-936-1300

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS OR RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Gail Middle: Roggin Last: Wilensky, Ph.D.

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not applicable.

3. Affiant's occupation or profession: Economist

4. Affiant's business address: Project HOPE, 7500 Old Georgetown Road, Suite 600, Bethesda, MD 20814

Business telephone: 301-347-3902 Business Email: Not available.

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Michigan</u>	<u>Ann Arbor, MI</u>	<u>1960-1964</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attachment for additional information.</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>See attachment for additional information.</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752
Institute of Medicine	Clyde Behney	500 Fifth Street NW Washington, DC 20001	202-334-2352
See attachment for additional information.			

7. Present or proposed position with the Applicant Company: Independent Outside Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 05/93 - Present Employer's Name: UnitedHealth Group Incorporated

Address: 9900 Bren Road East City: Minnetonka State/Province: MN

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director

Type of Business: Holding Company Supervisor/Contact: Dannette L. Smith, Secretary to the Board

Beginning/Ending Dates (MM/YY): 1993 - Present Employer's Name: Project HOPE

Address: 7500 Old Georgetown Road, Suite 600 City: Bethesda State/Province: MD

Country: USA Postal Code: 20814 Phone: 301-656-7401 Offices/Positions Held: Senior Fellow; Past John M. Olin Senior Fellow

Type of Business: International Health Care Organization Supervisor/Contact: Dr. John P. Howe, III

Beginning/Ending Dates (MM/YY): 1997 - Present Employer's Name: Quest Diagnostics Incorporated

Address: 3 Giralda Farms City: Madison State/Province: NJ

Country: USA Postal Code: 07940 Phone: 973-520-2170 Offices/Positions Held: Director

Type of Business: Clinical Laboratory Services Supervisor/Contact: Human Resources

Beginning/Ending Dates (MM/YY): 09/08 - Present Employer's Name: Uniformed Services University of the Health Sciences

Address: 4301 Jones Bridge Road City: Bethesda State/Province: MD

Country: USA Postal Code: 20814 Phone: 800-515-5257 Offices/Positions Held: Trustee

Type of Business: Health Science University Supervisor/Contact: Human Resources

See attachment for additional information.

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: Not applicable.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not applicable.

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None. Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____ Date Issued (MM/YY): _____

Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attachment for additional information.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

If any of the stock is pledged or hypothecated in any way, give details. Not applicable.

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Not applicable.

If any of the shares of stock are pledged or hypothecated in any way, give details.

Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 707

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No