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.

UNITED HEALTH GROUP®

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





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 consumercentric, 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 valuebased 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, midsized 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

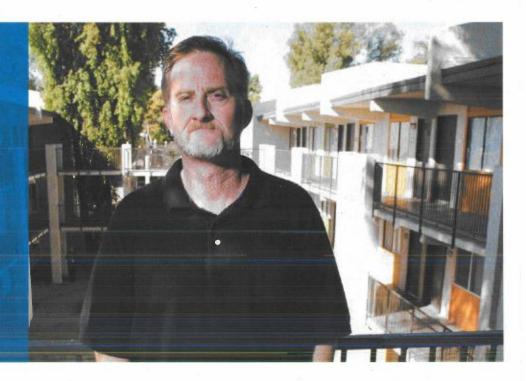
NexusACO is the first national health benefits plan to integrate value-based ACO contracts with incentive-based consumer benefits.





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.

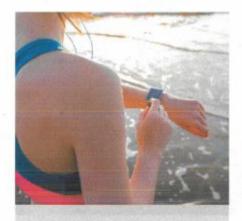
We completed

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 higherquality 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 wholeperson 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 computerassisted 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 Amil 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



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)

			ed entity under which this biogra	
	UnitedHealth	Group Incorporated		
	9900 Bren Ro	ad East, Minnetonka	, MN 55343	
	952-936-1300)		
hereinafter set forth. (ANSWER IS "NO" C	Attach addendum or sepa DR "NONE," SO STATE.	rate sheet if space . ALL FIELDS N	presentations and supply infore hereon is insufficient to answer AUST HAVE A RESPONSE. IREJECTION OF THE APPLICA	er any question fully.) IF
1. Affiant's Full	Name (Initials Not Accept	able): First: Willian	n Middle: <u>Claude</u> La:	st: Ballard, Jr.
2. a. Are y	ou a citizen of the United S	States?		
Yes	√ No L			
b. Are ye	ou a citizen of any other co	ountry?		
Yes	No ✓			
If yes	, what country? Not applica	able.		
3. Affiant's occu	pation or profession: Retire	ed.		
4. Affiant's busin	ess address: 101 South Fifth	Street, Suite 1630, L	oulsville, KY 40202	
Business telep	hone: 502-365-3913	Busin	ess Email: Not available.	
 Education and 	training:			
College/University	City/State	2	Dates Attended (MM/YY)	Degree Obtained
University of Notre Dame	South Bend	I, IN	1958-1962	BBA
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Louisville		Louisville, KY	1962-1965	JD
Other Training: Name None.	<u>City/State</u>	Dates Attended	d (MM/YY) Degree	e/Certification Obtained

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.

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Applicant	Company	Name:	UnitedHealth	Group	Incorporated	
1. 1.	1 3			0,000	oorporates	

NAIC No. Not applicable FEIN: 41-1321939

6.	List of memberships in p	List of memberships in professional societies and associations:				
	Name of		Address of	Telephone Number		

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

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

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.

Dates (MM/YY): 02/1993 - Present Employer's Name: UnitedHealth Group Incorporated State/Province: MN Address: 9900 Bren Road East City: Minnetonka Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Director Country: USA

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

Beginning/Ending

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Healthcare Recoveries &

Type of Business: <u>Insurance Subrogation</u> Supervisor/Contact: Legal Department

See attachment for additional information.



NAIC No. Not applicable

FEIN: 41-1321939

)	9.	a.	Have you ever been in a position whi	ch 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 indiv revoked?	idual or position schedule	fidelity bond, or had a bond canceled or
			Yes No 🗸		
			If yes, give details: Not applicable.		
	10.	or gove in the p the lice number are reas represe	rnmental licensing agency or regulatory is ast. For any non-insurance regulatory is insing authority or regulatory body having sour Social Security Number (SSN) sonably identifiable as your SSN, then	y authority or licensing auth ssuer, identify and provide t ng jurisdiction over the lice or embeds your SSN or any write SSN for that portion	nses to sell securities) issued by any public ority that you presently hold or have held he name, address and telephone number of nse (s) issued. If your professional license a sequence of more than five numbers that of the professional license number that is 4-SSN" (last 6 digits)). Attach additional
	Organiz	ation/Iss	uer of License: Kentucky Bar Association	Address: 514 West I	Main Street
)			State/Province: KY		
					d (MM/YY): 07/65
			IM/YY): Not applicable Reason fo		
					e
			Regulatory Phone Number (if known):		
			uer of License:	Address:	
					Postal Code:
	License	Type:	License #:	Date Issued	d (MM/YY):
	Date Ex	pired (M	M/YY): Reason fo	r Termination:	
	Non-Ins	urance R	egulatory Phone Number (if known):		
	11.	In respo	onding to the following, if the record ha ord was sealed or expunged, an affiant r	is been sealed or expunged, a nay respond "no" to the que	and the affiant has personally verified that stion. Have you ever:
		a.	Been refused an occupational, profess any public administrative, or government		or permit by any regulatory authority, or
			Yes No ✓		
		b.	Had any occupational, professional, any judicial, administrative, regulator		mit you hold or have held, been subject to

Applicant Company Name: UnitedHealth Group Incorporated

41-1321939

FEIN:

Applicant Company Name: UnitedHealth Group Incorporated

	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 civitraffic 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

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: <u>UnitedHealth Group Incorporated</u>

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 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.

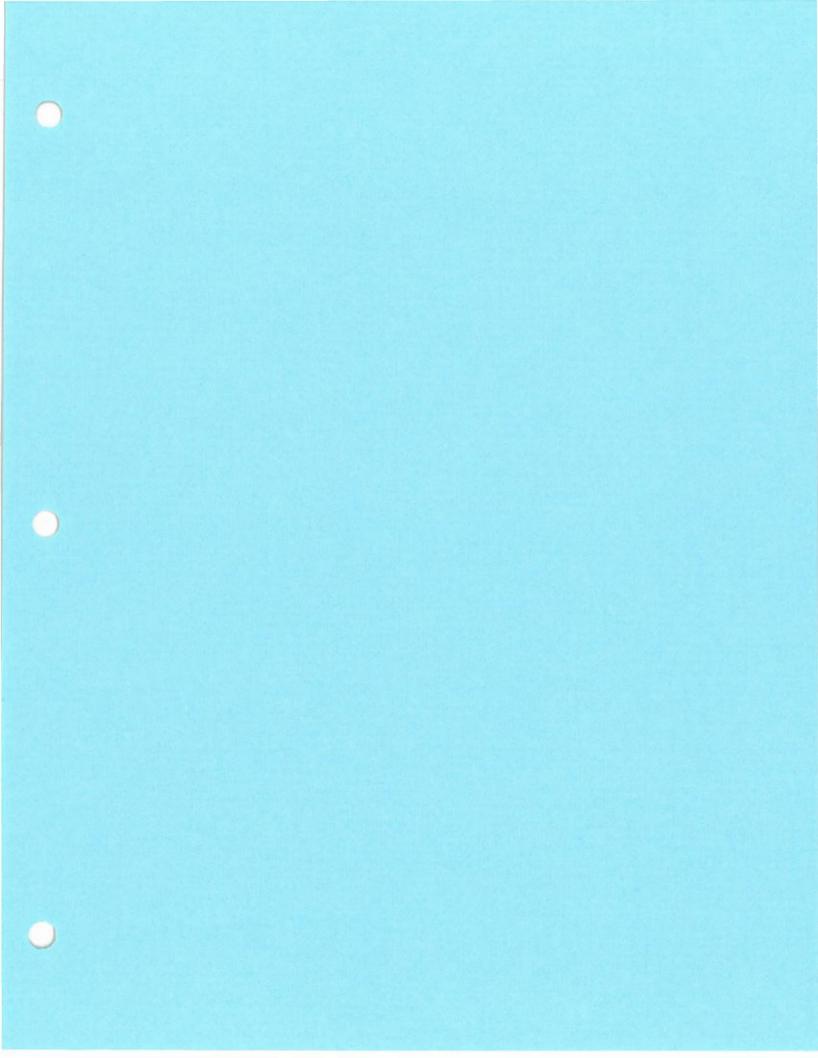
Re: UnitedHealth Group Incorporated Shareholder Derivative Litigation, a consolidated shareholder derivative action relating to historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in the United States District Court, District of Minnesota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

Applicant Name: <u>UnitedHealth Group Incorporated</u>



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.





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 of required (Do Not Use Group Names)		raphical statement is being
UnitedHealth Group Inco	rporated	
9900 Bren Road East, M	innetonka, MN 55343	
952-936-1300		
In connection with the above-named entity, I herewith hereinafter set forth. (Attach addendum or separate sheet ANSWER IS "NO" OR "NONE," SO STATE. ALL FI COULD DELAY THE APPLICATION PROCESS or REU	if space hereon is insufficient to ans ELDS MUST HAVE A RESPONSE.	wer any question fully.) IF . INCOMPLETE FORMS
1. Affiant's Full Name (Initials Not Acceptable): First	t: Richard Middle: Taylor I	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, 711		AZ 85251
Business telephone: 480-948-9200	Business Email: Not available.	
5. Education and training:	Susmoss Emain. Not available.	
	Datas Attanded (MANA/NAV)	Doomoo Obtoino d
<u>College/University</u> <u>City/State</u>	Dates Attended (MM/YY)	<u>Degree Obtained</u>
Georgia State University Atlanta, GA	1963-1967	BBA
Graduate Studies College/University City/S	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Georgia State University Atlant	a, GA 1967-1969	MBA
Other Training: Name City/State Dates None.	Attended (MM/YY) Degr	ree/Certification Obtained

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.

,		C 1 1		· ·		
6.	List of	t members!	nips in	professiona	I societies and	associations:

	Name of Society/Associat	ion	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	National Association Corporate Director		Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752
	_				
7.	Present or propo	sed position wi	th the Applicant Coi	mpany: Lead Independent Director	
8.	including present officerships). Ple necessary to pre information may	t jobs, position ease list the mo ovide telephor	s, partnerships, ownerst recent first. Attache numbers and sup	venty (20) years, whether compensate or of an entity, administrator, manager, additional pages if the space provided pervisory information for the past twerification process for international en	operator, directorates or l is insufficient. It is only en (10) years. Additional
	ng/Ending MM/YY): <u>01/77</u>	- Present	_ Employer's Name	e: UnitedHealth Group Incorporated	
Address	s: 9900 Bren Road E	East	City: Minnetonk	State/Province:	MN
Country	/:_USA	Postal Code:	<u>55343</u> Phone	: 952-936-1300 Offices/Positions Held	Lead Independent d: <u>Director*</u>
Prior to Beginni	Business: Holding my election as Lead ng/Ending MM/YY): 2001	independent Dire	ector, I served as Chair	rvisor/Contact: <u>Dannette L. Smith, Secre</u> man of the Board. c: <u>Rainy Partners, LLC</u>	etary to the Board
Address	: 7114 Stetson Driv	e, Suite 400	City: Scottsdal	e State/Province: A	.Z
Country	: USA	Postal Code:	8 <u>5251</u> Phone	: 480-948-9200 Offices/Positions Held	: General Partner
Гуре об	Business: Private	e Investments	Supe	rvisor/Contact: Self-employed	
	ng/Ending MM/YY): <u>09/04</u>	- Present	Employer's Name	: Meritage Homes Corporation	
Address	: 8501 E. Princess E	Orive	City: Scottsdale	State/Province: _A	Z
Country	: USA	Postal Code:	85255 Phone:	480-609-3330 Offices/Positions Held	: Director
ype of	Business: Real E	state Developme	nt Supe	rvisor/Contact: Legal Department	
	ng/Ending MM/YY): <u>12/99</u>	- 11/09	Employer's Name	: First Cash Financial Services, Inc.	
Address	: 690 E. Lamar Blvd	, Suite 400	City: Arlington	State/Province: T	X
Country	: USA	Postal Code:	76011 Phone:	817-460-3947 Offices/Positions Held	: <u>Director/Primary</u> Shareholder
ype of	Business: Consur	mer Financial Se	vices Super	rvisor/Contact: Legal Department	
See attac	chment for additional	information.			

				F	EIN: 41-1321939
7	9.	a.	Have you ever been in a position wh	ich 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 indirevoked?	vidual or position schedule	fidelity bond, or had a bond canceled or
			Yes No ✓		
			If yes, give details: Not applicable.		
	10.	or government in the lice number are reareres	ernmental licensing agency or regulatory past. For any non-insurance regulatory ensing authority or regulatory body havior is your Social Security Number (SSN asonably identifiable as your SSN, therented by your SSN. (For example, "Sifthe space provided is insufficient.	ry authority or licensing authority or licensing authority and provide and jurisdiction over the lice or embeds your SSN or and write SSN for that portion SN", "12-SSN-345" or "12.	enses to sell securities) issued by any public nority that you presently hold or have held the name, address and telephone number of ense (s) issued. If your professional license by sequence of more than five numbers that of the professional license number that is 34-SSN" (last 6 digits)). Attach additional
)	Organi	zation/Is	suer of License: None.	Address:	
	City:_		State/Province:	Country:	Postal Code:
	Licens	e Type: _	License #:	Date Issue	d (MM/YY):
	Date E	xpired (N	MM/YY): Reason for	or Termination:	
	Non-In	surance	Regulatory Phone Number (if known):		
	Organi	zation/Is	suer of License:	Address:	
	City:_		State/Province:	Country:	Postal Code:
	License	е Туре: _	License #:	Date Issue	d (MM/YY):
	Date Ex	xpired (N	MM/YY): Reason for	or Termination:	
	Non-In	surance l	Regulatory Phone Number (if known):		
	11.		onding to the following, if the record has ord was sealed or expunged, an affiant		and the affiant has personally verified that estion. Have you ever:
		a.	Been refused an occupational, profes any public administrative, or government		or permit by any regulatory authority, or
			Yes No ✓		

Revised 04/08/19

b.

Applicant Company Name: UnitedHealth Group Incorporated

any judicial, administrative, regulatory, or disciplinary action?

Had any occupational, professional, or vocational license or permit you hold or have held, been subject to

Yes No

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

FEIN:

No Yes

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

Yes No

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

No 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 No

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

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

Yes No

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

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 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	

13.

14.

15.

b.

¢.

NAIC No. FEIN:

Not applicable

41-1021000	
office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, control shall be presumed to exist if any person, directly or indirectly, owns, control shall be presenting, ten percent (10%) or more of the voting securities of other person. None.	
If any of the stock is pledged or hypothecated in any way, give details. Not applicable.	
Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficior of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurar regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common contwith, the person specified.	ance that
Yes No ✓	
If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more the outstanding voting securities. Not applicable	e of
If any of the shares of stock are pledged or hypothecated in any way, give details. Not applicable.	
Have you ever been adjudged a bankrupt?	
Yes No ✓	
If yes, provide details: Not applicable.	
To your knowledge has any company or entity (including entities controlled by the holding company) for which ywere an officer or director, trustee, investment committee member, key management employee or control stockholder, had any of the following events occur while you served in such capacity? If employed at the hold company level provide the group code. 707	ling
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or government licensing agency?	ntal-
Vas No /	

similar proceeding)?

Yes

No

authority in any civil, criminal, administrative, regulatory, or disciplinary action?

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

Been placed on probation or had a fine levied against it or against its permit, license, or certificate of

Revised 04/08/19

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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 affiant should also include any events within twelve (12) month		
	(c) UnitedHealth Group Incorporated and its affiliates operate in a highly	regulated environment	nt and engage in transactions that
	may from time to time result in fines.		

Applicant Name: <u>UnitedHealth Group Incorporated</u>



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
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 response	
d. Been charged with, or indicted for, any	y 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

 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



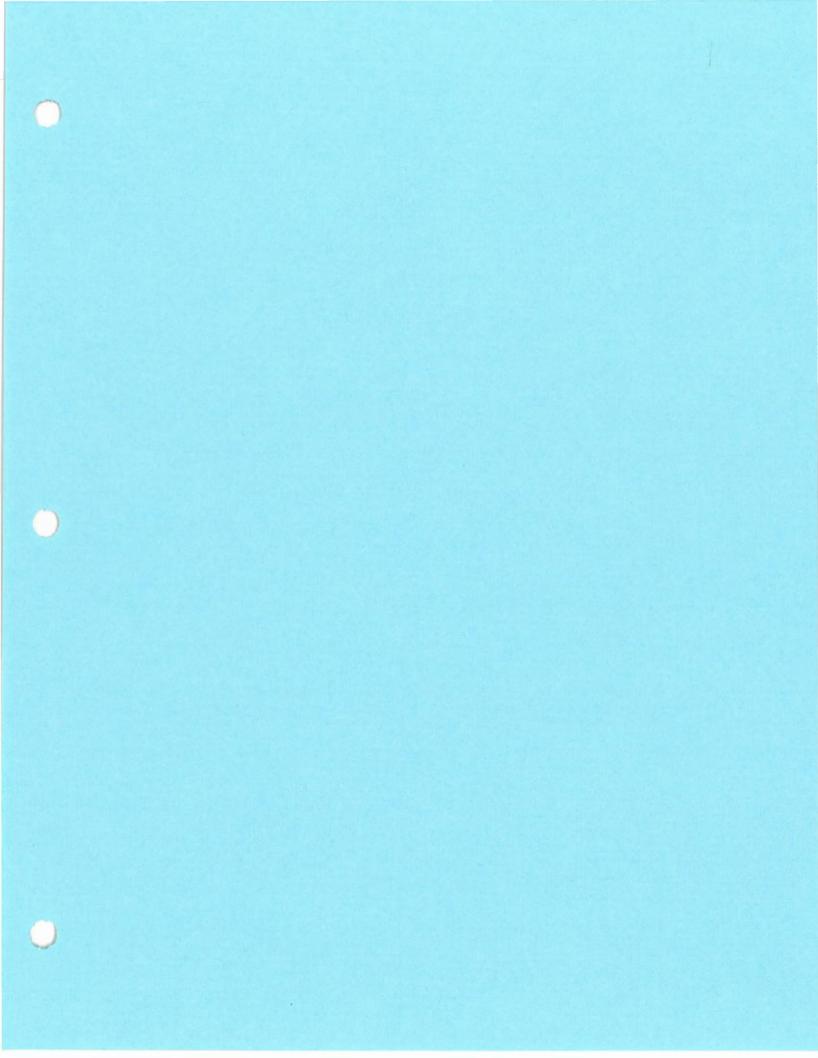
Applicant Name:



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 REUSLT 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>
University of St. Thomas St. Paul, MN 09/75-05/79 BA
<u>Graduate Studies</u> <u>College/University</u> <u>City/State</u> <u>Dates Attended (MM/YY)</u> <u>Degree Obtained</u>
Not applicable.
Other Training: Name

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.

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F	Appl	icant	Company	Name:	UnitedHealth	Group	Incorp	orated	

NAIC No. Not applicable FEIN: 41-1321939

Not applicable 41-1321939

6. List of memberships in professional societies and associations:

	Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association		
	National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suit 1200, Arlington, VA 22201			
7.	Present or proposed position	with the Applicant Compar	ny: Independent Outside Director			
8.	List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorate officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is necessary to provide telephone numbers and supervisory information for the past ten (10) years. Addit information may be required during the third-party verification process for international employers.					
-	ing/Ending MM/YY): <u>01/17 </u>	Employer's Name: _U	nitedHealth Group Incorporated			
Address	s: 9900 Bren Road East	City: Minnetonka	State/Province:	MN		
Country	y: <u>USA</u> Postal Cod	le: <u>55343</u> Phone: <u>952</u>	2-936-1300 Offices/Positions He	ld: Director		
Type of	Business: Holding Company	Superviso	or/Contact: Dannette L. Smith, Sect	retary to the Board		
	ing/Ending MM/YY): 10/17 - Prese	nt_ Employer's Name: N	IIO Partners, Inc.			
Address	S: 245 Park Avenue, 13th Floor	City: New York	State/Province:	NY		
Country	/: USA Postal Cod	e: <u>10167</u> Phone: <u>212</u>	-446-7000 Offices/Positions Hel	d: <u>Director</u>		
Type of	Business: Investment Consult	ing Superviso	or/Contact: Legal Department			
	ng/Ending MM/YY): <u>10/16</u> - <u>Prese</u>	nt Employer's Name: Al	coa Corporation			
Address	: 201 Isabella Street, Suite 500	City: Pittsburgh	State/Province:	PA		
Country	: <u>usa</u> Postal Cod	e: <u>15212</u> Phone: <u>412</u>	2-315-2803 Offices/Positions Hel	d: <u>Director</u>		
Type of	Business: <u>Aluminum Producer</u>	Superviso	or/Contact: Mary Vogel			
_	ng/Ending MM/YY): _05/12Presen	t Employer's Name: _JI	PMorgan Chase & Co.			
Address	: _270 Park Avenue	City: New York	State/Province:_	NY		
Country	: USA Postal Cod	e: <u>10017</u> Phone: <u>212</u>	-270-6000 Offices/Positions Hel	d: <u>Director</u>		
Type of	Business: Financial Services	Superviso	or/Contact: Legal Department			
See attac	chment for additional information.					

Organization/Issue	Minnesota Board of er of License: Accountancy	Address: 85 East 7th P	Address: 85 East 7th Place, Suite 125		
City: St. Paul	State/Province: MN	Country: USA	Postal Code: 55101		
	tified Public ountant License #: 06016	Date Issued (MM/YY): <u>07/82</u>		
Date Expired (MM	1/YY): <u>2012</u> Reason for	Termination: Relocated			
Non-Insurance Reg	gulatory Phone Number (if known): _	651-296-7938			
Organization/Issue	New Jersey Dept of Law & r of License: Public Safety		eet, Box 080		
City: Trenton	State/Province: NJ	Country: USA	Postal Code: _08625		
	ountancy, Certified lic Accountant License #: _20CC025	Date Issued (MM/YY): <u>05/97</u>		
Date Expired (MM	(/YY): <u>12/11</u> Reason for	Termination: Relocated			
Non-Insurance Res	gulatory Phone Number (if known): 6	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?

41-1321939

FEIN:

Applicant	Company	Name:	UnitedHealth Group Incorporated	

	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

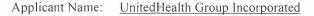
Applicant Company Name: UnitedHealth Group Incorporated	Applicant	Company	Name:	UnitedHealth	Group	Incorporated	
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NAIC No. Not applicable
FEIN: 41-1321939

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subj to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No		
Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, benefor of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an regulatory authority, or its affiliates? An 'affiliates' of, or person "affiliated" with, a specific person, is a perso directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common or with, the person specified. Yes No V If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or methe outstanding voting securities. Not applicable. If any of the shares of stock are pledged or hypothecated in any way, give details. Not applicable. Have you ever been adjudged a bankrupt? Yes No V If yes, provide details: Not applicable. To your knowledge has any company or entity (including entities controlled by the holding company) for whice were an officer or director, trustee, investment committee member, key management employee or contistockholder, had any of the following events occur while you served in such capacity? If employed at the holding, level provide the group code. 707 a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governn licensing agency? Yes No V No V Been placed on probation or had a fine levied against it or against its permit, license, or certificate or any similar proceeding)? Yes No V Been placed on probation or had a fine levied against it or against its permit, license, or certificate or certificate of against its permit, license, or certificate or any similar proceeding)?		
or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an ins regulatory authority, or its affiliates? An 'affiliate' of, or person 'affiliated'' with, a specific person, is a perso directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common cowith, the person specified. Yes No V If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or mithe outstanding voting securities. Not applicable. If any of the shares of stock are pledged or hypothecated in any way, give details. Not applicable. Have you ever been adjudged a bankrupt? Yes No V If yes, provide details: Not applicable. To your knowledge has any company or entity (including entities controlled by the holding company) for whice were an officer or director, trustee, investment committee member, key management employee or contistockholder, had any of the following events occur while you served in such capacity? If employed at the hompany level provide the group code. 707 a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governn licensing agency? Yes No V No V Been placed on probation or had a fine levied against it or against its permit, license, or certificate or any similar proceeding)? Yes No V Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject.	If any	of the stock is pledged or hypothecated in any way, give details. Not applicable.
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the outstanding voting securities. Not applicable. If any of the shares of stock are pledged or hypothecated in any way, give details. Not applicable. Have you ever been adjudged a bankrupt? Yes No V If yes, provide details: Not applicable. To your knowledge has any company or entity (including entities controlled by the holding company) for whice were an officer or director, trustee, investment committee member, key management employee or contestockholder, had any of the following events occur while you served in such capacity? If employed at the hompany level provide the group code. 707 a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governn licensing agency? Yes No V b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No V Been placed on probation or had a fine levied against it or against its permit, license, or certificates.	Yes	No ✓
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Yes No V If yes, provide details: Not applicable. To your knowledge has any company or entity (including entities controlled by the holding company) for whice were an officer or director, trustee, investment committee member, key management employee or controlled by 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 governationally licensing agency? Yes No V b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No V Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No V	Not a	pplicable.
Yes No V If yes, provide details: Not applicable. To your knowledge has any company or entity (including entities controlled by the holding company) for whice were an officer or director, trustee, investment committee member, key management employee or controlled by 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 governationally licensing agency? Yes No V b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No V Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No V		
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To your knowledge has any company or entity (including entities controlled by the holding company) for whice were an officer or director, trustee, investment committee member, key management employee or controlled by the following events occur while you served in such capacity? If employed at the hompany level provide the group code. 707 a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governn licensing agency? Yes No Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquid receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)? Yes No Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority action (including rehabilitation).		
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c. Been placed on probation or had a fine levied against it or against its permit, license, or certific	were stock comp	ur knowledge has any company or entity (including entities controlled by the holding company) for whice an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the hany level provide the group code. 707 Been refused a permit, license, or certificate of authority by any regulatory authority, or government licensing agency?
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Applicant Company Name: UnitedHealth Group Incorporated

nt Company Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939
If the answer to any of the above is yes, please indicate and g affiant should also include any events within twelve (12) month		
See attachment for additional information.		



COMEDENTIAL

NAIC No: Not Applicable FEIN: 41-1321939

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)

Dates (MM/YY): 07/12-Present Address: 702 S.W. 8th Street	Employer's Name: Wal-Mart Stores, Inc. City: Bentonville State: AR
Country: USA Postal Code: 72716 Phone: Type of Business: Discount Variety Store	
Beginning/Ending Dates (MM/YY): 10/16-Present Address: 231 South LaSalle Street Country: USA Postal Code: 60604 Phone Type of Business: Software company	Employer's Name: kCura City: Chicago State: IL e: 312-263-1177 Offices/Positions Held: Advisory Board Member Supervisor/Contact: Legal Department
Beginning/Ending Dates (MM/YY): 09/13-12/17 Address: 10399 West 70 th Street Country: USA Postal Code: 55347 Phone: Type of Business: Biotechnology company	Employer's Name: MiroMatrix Medical, Inc. City: Eden Prairie State: MN 612-202-7026 Offices/Positions Held: Director Supervisor/Contact: Legal Department
Beginning/Ending Dates (MM/YY): 10/15-09/17 Address: The Helicon, Third Floor, 1 South Place Country: UK Postal Code: EC2M 2RB Phone: 4 Type of Business: Non-profit global organization	
Beginning/Ending Dates (MM/YY): 04/14-09/16 Address: 81 Newgate Street Country: UK Postal Code: EC1A 7AJ Phone: Type of Business: Telecommunications Services	Employer's Name: British Telecom City: London State: England 020-7356-5000 Offices/Positions Held: Advisory Chair of the Americas Supervisor/Contact: Legal Department
Beginning/Ending Dates (MM/YY):09/13-01/16 Address:15 Mountain View Road Country:USA Postal Code:07059 Phone: Type of Business:Insurance Company	Employer's Name: The Chubb Corporation City: Warren State: NJ 908-903-2000 Offices/Positions Held: Director Supervisor/Contact: Legal Department
Beginning/Ending Dates (MM/YY): 07/79-10/11 Address: 345 Park Ave. Country: USA Postal Code: 10154-0102 Phone Type of Business: Global Professional Services	Employer's Name: KPMG International/KPMG LLP City: New York State: NY : 212-758-9700 Offices/Positions Held: Chairman/Partner 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.



NAIC No: Not Applicable FEIN: 41-1321939

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

nse <u>New York State Educat</u>	ion Department Addres	ss 89 Washington Avenue
State/Province NY	Country USA	Postal Code 12234
lic Accountant License # 2	0249 Date Issued (MM/YY) 04/02
<u>Unknown</u> Reason	for Termination Reloca	ited
Phone Number (if known) _	518-474-3852	
nse Arizona State Board of	Accountancy Address_	100 N. 15th Avenue, Suite 165
	•	100 N. 15th Avenue, Suite 165 Postal Code 85007
	Country USA	Postal Code 85007
State/Province AZ	Country <u>USA</u> 6154 Date Issued (Postal Code 85007
	State/Province NY lic Accountant License # 2 Unknown Reason	nse New York State Education Department Addre State/Province NY Country USA lic Accountant License # 20249 Date Issued (Unknown Reason for Termination Relocation Phone Number (if known) 518-474-3852

- 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,



NAIC No: Not Applicable FEIN: 41-1321939

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

Applicant Name: <u>UnitedHealth Group Incorporated</u>

dismissed the action.



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

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).

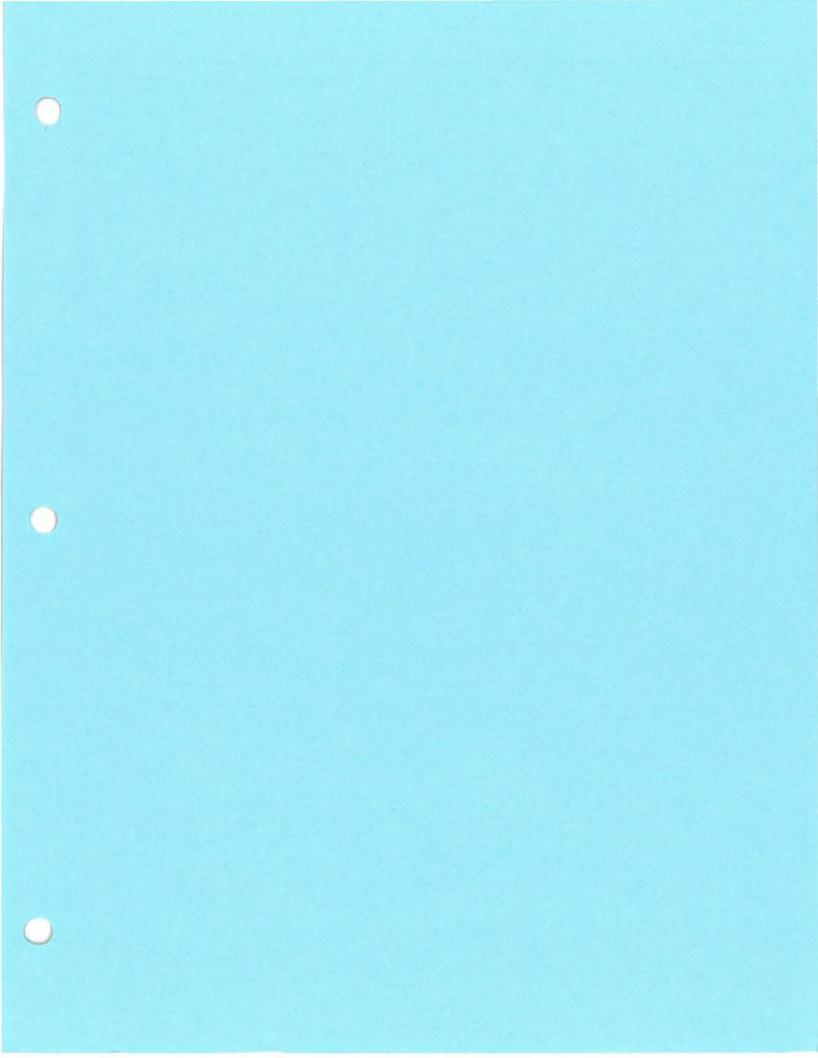


Applicant Name: UnitedHealth Group Incorporated

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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
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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)

	····	UnitedHealt	th Group Incorpo	orated		
		9900 Bren R	oad East			
		Minnetonka	, Minnesota 553	43 (952) 936-1300		
herein:	after set forth. (Atta /ER IS "NO" OR "	pove-named entity, I lach addendum or sepa "NONE," SO STATE. PLICATION PROCES	rate sheet if spac ALL FIELDS I	e hereon is insufficiend MUST HAVE A RES	nt to answer SPONSE. IN	any question fully.) IF COMPLETE FORMS
1.	Affiant's Full Nan	ne (Initials Not Accepta	able): First: Steph	en Middle: Joseph	Last:	Hemsley
2.	a. Are you a	a citizen of the United S	States?			
	Yes ✓	No No				
	b. Are you a	a citizen of any other co	ountry?			
	Yes	No ✓				
	If yes, wh	nat country? Not Applica	ble			
3.	Affiant's occupation	on or profession: Execu	tive			
4.	Affiant's business	address: 11000 Optum C	ircle, Eden Prairie, i	MN 55344		
	Business telephon	e: 952-936-1300	Busin	ess Email: Not Availab	le	
5.	Education and train	ning:				
Colleg	e/University	City/State		Dates Attended (M	IM/YY)	Degree Obtained
Fordhan	n University	New York, NY		09/70 - 06/74		BS
<u>Gradua</u>	te Studies (College/University	City/State	Dates Attended (M	IM/YY)	Degree Obtained
None						
Other T	Training: Name	City/State	Dates Attende	d (MM/YY)	Degree/C	Certification O
Note:	applicable, provide	a foreign school, plea e the foreign student Biographical Affidavit F	Identification N	umber and/or attach		



NAIC No. Not Applicable

					FEIN: 4	1-1321939
6.	List of memberships in	professional soc	ieties and asso	ciations:		
	Name of Society/Association	Contac	t Name		lress of Association	Telephone Number of Society/Association
	National Association of Corporate Directors	Holly Dreckn	nan	1133 21st St Washington,	NW, Ste 700 DC 20036	202-775-0509
7.	Present or proposed po	sition with the Ap	pplicant Comp	any: Director; a	nd Executive Chair	rman of the Board
8.	including present jobs, officerships). Please lis	positions, partne at the most recent telephone numb	rships, owner of first. Attach ac ers and super	of an entity, additional pages visory inform	ministrator, mar if the space pro ation for the p	ensated or otherwise (up to and nager, operator, directorates or ovided is insufficient. It is only past ten (10) years. Additional onal employers.
Beginn Dates (ing/Ending (MM/YY): 1997 -	Present Emplo	oyer's Name:	UnitedHealth Gr	oup Incorporated	
	s: 9900 Bren Road East				State/Provin	nce: MN
Country	y: USA Post	al Code: 55343	Phone: 95	52-936-1300	Offices/Position	s Held: Executive Chairman of the Board
Type of	fBusiness: Holding Con	npany	Supervi	sor/Contact: H	uman Resources	
_	ing/Ending MM/YY): <u>10/15</u>	Present Emplo	oyer's Name:	Cargill, Incorpora	ated	
Addres	s: 15407 Mcginty Road We	st City	/: Wayzata		State/Provin	ace: MN
Country	y: USA Post	al Code: <u>55391</u>	Phone: N	ot Available O	ffices/Positions	Held: Director
Туре от	f Business: Global Com	oany	Supervi	sor/Contact: D	avid MacLennan	
	ing/Ending MM/YY):	Emplo	oyer's Name:			
Addres	S:	City	·		State/Provin	ce:
Country	y: Post	al Code:	Phone:	0	ffices/Positions	Held:
Type of	fBusiness:		Supervi	sor/Contact:_		
Beginni Dates (ing/Ending MM/YY):	Emplo	oyer's Name:			
Addres	S:	City	:		State/Provin	ce:
Country	y:Post	al Code:	Phone:	O	ffices/Positions	Held:
Time of	Rusiness:		Supervi	sor/Contact:		

Applicant Company Name: UnitedHealth Group Incorporated



NAIC No. Not Applicable

			FEI	IN:	41-1321939
9.	a.	Have you ever been in a position which	ch 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 indivervoked?	idual or position schedule f	fidelity	y bond, or had a bond canceled or
		Yes No ✓			
		If yes, give details: Not Applicable			,*
10.	or gove in the p the lice number are rea represe	y professional, occupational and vocation remembers of the professional occupational and vocation remembers. For any non-insurance regulatory is ensing authority or regulatory body having is your Social Security Number (SSN) sonably identifiable as your SSN, then ented by your SSN. (For example, "SS of the space provided is insufficient.	y authority or licensing authorsuch, identify and provide the grant provide the grant provide the grant provide the licen or embeds your SSN or any write SSN for that portion on the control of the cont	ority the name see (s): sequent of the party 4-SSN	nat you presently hold or have held e, address and telephone number of issued. If your professional license nce of more than five numbers that professional license number that is " (last 6 digits)). Attach additional
		suer of License: See Attachment.			
City:		State/Province:	Country:		Postal Code:
License	Туре: _	License #:	Date Issued	(MM	/YY):
Date Ex	pired (N	MM/YY): Reason fo	r Termination:		
Non-Ins	surance F	Regulatory Phone Number (if known):			
Organiz	cation/Iss	suer of License:	Address:		
		State/Province:			
License	Туре: _	License #:	Date Issued	(MM)	/YY):
Date Ex	pired (M	/IM/YY): Reason fo	r Termination:		
Non-Ins	urance F	Regulatory Phone Number (if known): _			
11.	In respe	onding to the following, if the record ha ord was sealed or expunged, an affiant n	s been sealed or expunged, a nay respond "no" to the ques	nd the tion. F	affiant has personally verified that Have you ever:
	a.	Been refused an occupational, profess any public administrative, or government		or pern	nit by any regulatory authority, or
		Yes No ✓			
	b.	Had any occupational, professional, of any judicial, administrative, regulatory		nit you	a hold or have held, been subject to

Applicant Company Name: UnitedHealth Group Incorporated

COMEINEMINI

ant C	ompany 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 license or permit in any judicial, administrative, regulatory	or your occupa y, or disciplinar	tional, professional, or vocational y action?
	Yes No 🗸		
d.	Been charged with, or indicted for, any criminal offense(s) other than civi	Il traffic offenses?
	Yes No 🗸		
e.	Pled guilty, or nolo contendere, or been convicted of, offenses?	any criminal o	offense(s) other than civil traffic
	Yes No 🗸		
f.	Had adjudication of guilt withheld, had a sentence impose suspended, or been pardoned, fined, or placed on probatraffic offenses?	d or suspended tion, for any cr	, had pronouncement of a sentence iminal offense(s) other than civil
	Yes No 🗸		
g.	Been subject to a cease and desist letter or order, or enjoined, e administrative, regulatory, or disciplinary action, from violating regulating the business of insurance, securities or banking, practices in the course of the business of insurance, securities or banking.	g any federal, s or from carry	tate law or law of another country
	Yes No 🗸		
h.	Been, within the last ten (10) years, a party to any civil ac financial dispute?	ction involving	dishonesty, breach of trust, or a
	Yes ✓ No		
i.	Had a finding made by the Comptroller of any state or the provisions of small loan laws, banking or trust company laws any rule or regulation lawfully made by the Comptroller of any	s, or credit unio	on laws, or that you have violated
	Yes No 🗸		
j.	Had a lien or foreclosure action filed against you or any entity v	while you were	associated with that entity?
	Yes No V		
	If the response to any question above is yes, please provide de Attach a copy of the complaint and filed adjudication or settler		

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

Applic	cant Com	pany Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not Applicable 41-1321939
	holds v	held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, te person. None		
	If any	of the stock is pledged or hypothecated in any way, give	e details. Not Applicab	le
13.	or of regulat	fill] you or members of your immediate family individured to the cord, 10% or more of the outstanding shares of sto ory authority, or its affiliates? An "affiliate" of, or person, or indirectly through one or more intermediaries, conneperson specified.	ck of any entity sub on "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
	Yes	No 🗸		
		please identify the company or companies in which the standing voting securities.	cumulative stock ho	oldings represent 10% or more of
	If any o	of the shares of stock are pledged or hypothecated in an	v wav. give details.	
	Not Ap			
14.		ou ever been adjudged a bankrupt?		
	Yes	No ✓		
	If yes,	provide details: Not Applicable		
15.	were a	r knowledge has any company or entity (including entity of officer or director, trustee, investment committee older, had any of the following events occur while you level provide the group code. 707	member, key mana	agement employee or controlling
	a.	Been refused a permit, license, or certificate of au licensing agency?	thority by any regul	atory authority, or governmental-
		Yes No ✓		
	b.	Had its permit, license, or certificate of authority sust to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy presimilar proceeding)?	iplinary action (inc	luding rehabilitation, liquidation,
		Yes No V		
	C.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regular		
		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 affiant should also include any events within twelve (12) mo		
(c) UnitedHealth Group Incorporated and its affiliates operate in a high	hly regulated enviror	nment 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.

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 Issu	ed (MM/YY):	11/85
Date Expired (MM/YY): 06/96 Reason for Termina	tion: Ina	ctive	
Non-Insurance Regulatory Phone Number (if known): 515-281	-4126		
Organizer /Issuer of License: State of MN Board of Accountancy			
City: St. Paul State/Province: MN Country:	USA	Postal Code:	55101
License Type: CPA License #: 09592	Date Issu	ed (MM/YY):	01/86
Date Expired (MM/YY): 12/01 Reason for Termina			
Non-Insurance Regulatory Phone Number (if known): 651-296-			
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 Issu	ed (MM/YY):	01/79
Date Expired (MM/YY): 04/98 Reason for Termina	tion: Inac	ctive	
Non-Insurance Regulatory Phone Number (if known):717-783-			



Organizer /133uct of Licelise.	SD Board of Accou	untancy	Address:	301 E. 14 th St, S	Suite 200
City: Sioux Falls State	e/Province: SD	Country:	USA	Postal Code:	57104
License Type: CPA	License #:	641	Date Issu	ed (MM/YY):	12/85
Date Expired (MM/YY): 07	1/95 Reaso	on for Termina	tion: Inac	ctive	
Non-Insurance Regulatory Pho	one Number (if knowr	n): <u>605-367-</u>	5770		
Organizer /Issuer of License:	ND Board of Acco	untancy	Address:	2701 S. Columb	oia Road
City: Grand Forks State	e/Province: ND	Country:	USA	Postal Code:	58201
License Type: CPA	License #: _	1820R	_ Date Issu	ed (MM/YY):	01/86
License Type: CPA Date Expired (MM/YY): 06					01/86

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.

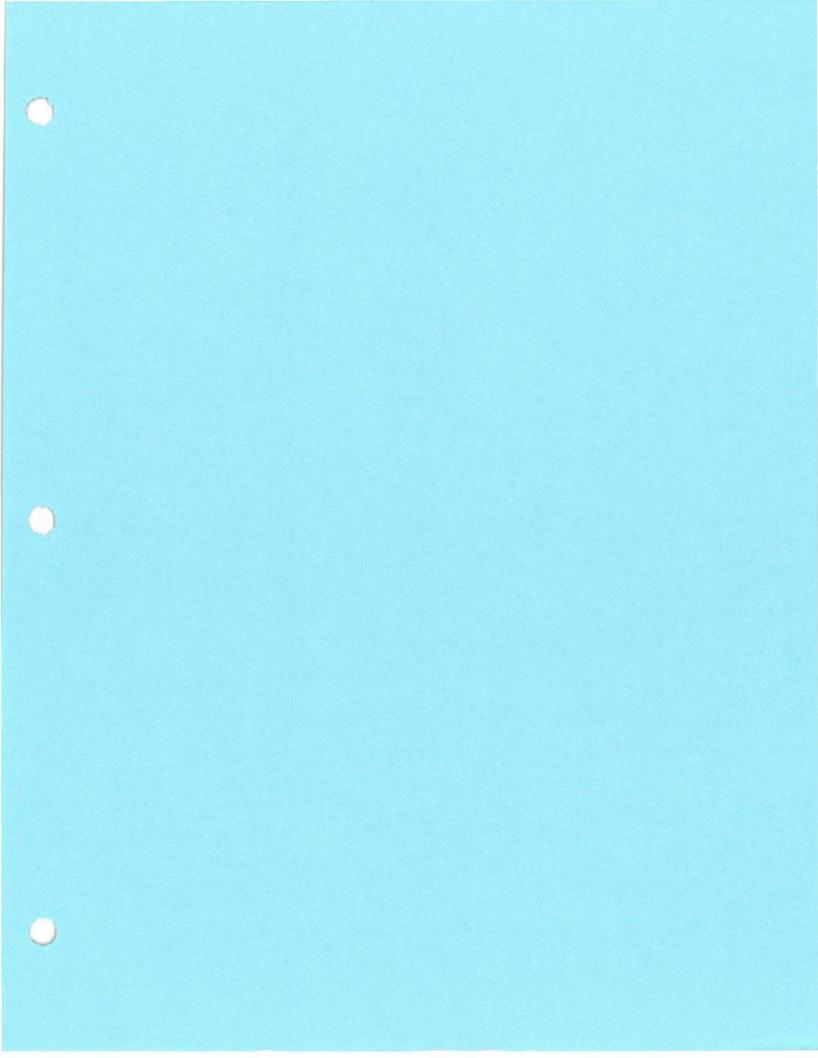
In Re: UnitedHealth Group Incorporated Derivative Litigation, a consolidated derivative action relating to historic stock option granting practices of UnitedHealth Group Incorporated, a publicly traded company, was filed in 2006 in Hennepin County District Court, State of Minnesota, naming certain current 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 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





Applicant Company Name: UnitedHealth Group Incorporated

FEIN: 41-1321939

NAIC No. Not applicable

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)

	telephone number of the Group Names)				t is being
	UnitedHealth (Group Incorporated			
	9900 Bren Roa	ad East, Minnetonka	, MN 55343		
	952-936-1300				
hereinafter set forth. (ANSWER IS "NO" C	e above-named entity, I l Attach addendum or sepa PR "NONE," SO STATE. APPLICATION PROCES	rate sheet if space ALL FIELDS N	e hereon is insufficient MUST HAVE A RESP	to answer any question: ONSE. INCOMPLETE	fully.) IF
1. Affiant's Full?	Name (Initials Not Accepta	able): First: <u>Miche</u>	le Middle:Jeffra	Last: Hooper	
2. a. Are ye	ou a citizen of the United S	States?			
Yes	✓ No				
b. Are ye	ou a citizen of any other co	ountry?			
Yes	No ✓				
If yes.	, what country? Not applica	able.			
	pation or profession: <u>Exec</u>				
4. Affiant's busin	ess address: The Directors' (Council, 825 Green E	Bay Road, Suite 230, Wilme	tte, IL 60091	
Business telepl	none: 847-251-3915	Busir	ness Email: Not available.		
5. Education and	training:				
College/University	City/State	<u>.</u>	Dates Attended (MN	<u>M/YY)</u> <u>Degree C</u>)btained
University of Pennsylvania	Philadelphia	a, PA	1969-1973	ВА	
Graduate Studies	College/University	City/State	Dates Attended (MN	M/YY) Degree C)btained
University of Chicago		Chicago, IL	1973-1975	MBA	
Other Training: Name					
None.					

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	

		ACTAL SENT SELECT	
oplicant Company Name: UnitedHealth Group Incorporated	NAIC No.	Not applicable	
	FEIN:	41-1321939	

,	* *				· ·		
6.	List of	t members!	nips	in pro	tession	al societies a	and associations:

	Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	
	Economic Club of Chicago	Donna Zarcone	177 N. State Street Chicago, IL 60601	312-726-1628
	See attachment for additional inform	ation.		
7.	Present or proposed position wi	th the Applicant Company:	Independent Outside Director	
8.	List complete employment recincluding present jobs, positions officerships). Please list the mosnecessary to provide telephoninformation may be required during	s, partnerships, owner of an e st recent first. Attach addition ne numbers and supervisor	entity, administrator, manager mal pages if the space provided y information for the past	, operator, directorates or d is insufficient. It is only ten (10) years. Additional
	ing/Ending MM/YY): <u>10/07</u> - <u>Present</u>	Employer's Name: <u>United</u>	dHealth Group Incorporated	
Address	S: 9900 Bren Road East	City: Minnetonka	State/Province:	MN
Country	V: USA Postal Code:	55343 Phone: 952-93	6-1300 Offices/Positions Hel	d: <u>Director</u>
Type of	Business: Holding Company	Supervisor/C	Contact: Dannette L. Smith, Secre	etary to the Board
	ng/Ending MM/YY): <u>2003</u> - <u>Present</u>	Employer's Name: The D	irectors' Council	
Address	3: 825 Green Bay Road, Suite 230	City: Wilmette	State/Province:	IL
Country	: <u>USA</u> Postal Code:	60091 Phone: 847-251	-3915 Offices/Positions Held	d: Co-Founder, President & CEO
Type of	Business: Governance Consulting	Supervisor/C	Contact: Self-employed	
-	ng/Ending MM/YY): <u>2001</u> - <u>Present</u>	Employer's Name: MJH (Consulting	
Address	: 825 Green Bay Road, Suite 230	City: Wilmette	State/Province: _II	
Country	: <u>USA</u> Postal Code:	60091 Phone: <u>847-251</u>	-3915 Offices/Positions Held	d: Founder/President
Type of	Business: Consulting and Facilitat	ion Services Supervisor/C	Contact: Self-employed	
	ng/Ending MM/YY): <u>03/18</u> - <u>Present</u>	Employer's Name: United	l Continental Holdings	
Address	: 233 S. Wacker Drive	City: Chicago	State/Province: <u>IL</u>	
Country	: USA Postal Code:	60606 Phone: 872-825	5-4000 Offices/Positions Held	d: Director
• •	Business: Holding Company	Supervisor/C	Contact: <u>Legal Department</u>	

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	CONFIDENTIAL
NAIC No.	Not applicable
EIN:	41-1321939
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e fidelity l	bond, or had a bond canceled or

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:

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

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?

41-1321939

	CONFIDENTIAL
pplicant 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

Appl	icant Co	mpany Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939
)	hold	ce held by the person. Control shall be presumed to exist swith the power to vote, or holds proxies representing, terr person. None.	n percent (10%) or r	nore of the voting securities of any
	If an	y of the stock is pledged or hypothecated in any way, give	details. Not applicat	le.
13.	or of regul direc	Will] you or members of your immediate family individued for record, 10% or more of the outstanding shares of stocklatory authority, or its affiliates? An "affiliate" of, or personally, or indirectly through one or more intermediaries, configure person specified.	ck of any entity sub on "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
	the o	No s, please identify the company or companies in which the outstanding voting securities. applicable.	cumulative stock ho	ldings represent 10% or more of
	·	y of the shares of stock are pledged or hypothecated in any	, ,	
14.	Have Yes	you ever been adjudged a bankrupt? No ✓		
	If yes	s, provide details: Not applicable.		
15.	were stock	our knowledge has any company or entity (including entit an officer or director, trustee, investment committee sholder, had any of the following events occur while you pany level provide the group code. 707	member, key mana	gement employee or controlling
	a.	Been refused a permit, license, or certificate of autilicensing agency?	thority by any regul	atory authority, or governmental-
		Yes No ✓		
	b.	Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or disci receivership, conservatorship, federal bankruptcy pr similar proceeding)?	iplinary action (inc	luding rehabilitation, liquidation,
		Yes No ✓		
	C.	Been placed on probation or had a fine levied again authority in any civil, criminal, administrative, regulate		

No

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable
FEIN: 41-1321939

	. 2511	
If the answer to any of the above is yes, please indicate and give de	toile When "	espanding to questions (b) and (a)
affiant should also include any events within twelve (12) months after	er his or her de	eparture from the entity.
		,
See the attachment for additional information.		

Applicant Name: <u>UnitedHealth Group Incorporated</u>

NAIC No: Not Applicable FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Michele Jeffra Hooper

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

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
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
	272-434-3131 Offices/Positions Held: Director
Type of Business: <u>Coatings and Specialty Products</u>	_ Supervisor/Contact: <u>Legal Department</u>
Beginning/Ending	
	Employer's Name: Center for Audit Quality
Address: 1155 F Street NW, Suite 450	City: Washington State: DC
	888-817-3277 Offices/Positions Held: Director
Type of Business: Public Policy Organization	
	Employer's Name: AstraZeneca City: Wilmington State: DE 302-886-3000 Offices/Positions Held: Director Supervisor/Contact: Legal Department
Beginning/Ending	
Dates (MM/YY): 2006-2011	
Address: 75 Rockefeller Center	-
	212-275-2000 Offices/Positions Held: Director
Type of Business: Record Company	Supervisor/Contact: <u>Legal Department</u>
Beginning/Ending	
Dates (MM/YY): 2003-2005	Employer's Name: DaVita Inc.
Address: 601 Hawaii St.	City: El Segundo State: CA
	310-536-2400 Offices/Positions Held: Director
Type of Business: Dialysis Treatment and Support	Supervisor/Contact: Legal Department

Applicant Name: <u>UnitedHealth Group Incorporated</u>

NAIC No: Not Applicable

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Beginning/Ending	
Dates (MM/YY): 1989-2005	Employer's Name: Target Corporation
Address: 1000 Nicollet Mall	City: Minneapolis State: MN
Country: <u>USA</u> Postal Code: <u>55403</u> Phone:	612-304-6073 Offices/Positions Held: Director
Type of Business: Retail	Supervisor/Contact: <u>Legal Department</u>
Beginning/Ending	
Dates (MM/YY): 1999-2000	Employer's Name: Voyager Expanded Learning
Address: 1800 Valley View, Suite 400	City: Dallas State: TX
Country: <u>USA</u> Postal Code: <u>75234</u> Phone:	888-399-1995 Offices/Positions Held: President/CEO
Type of Business: K-12 Education Publisher	Supervisor/Contact: <u>Human Resources Department</u>
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.
Designing/Funding	
Beginning/Ending Dates (MM/VV): 1005 1000	Francisco Nomes Common (sumboard by Viverdi)
Dates (MM/YY): 1995-1999	Employer's Name: Seagram Company (purchased by Vivendi)
Address: Not Available	City: Montreal State: Quebec
	Not Available Offices/Positions Held: Director
Type of Business: Alcoholic Beverage Distiller	Supervisor/Contact: <u>Legal Department</u>

- 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

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prejudice on personal jurisdiction and venue grounds.

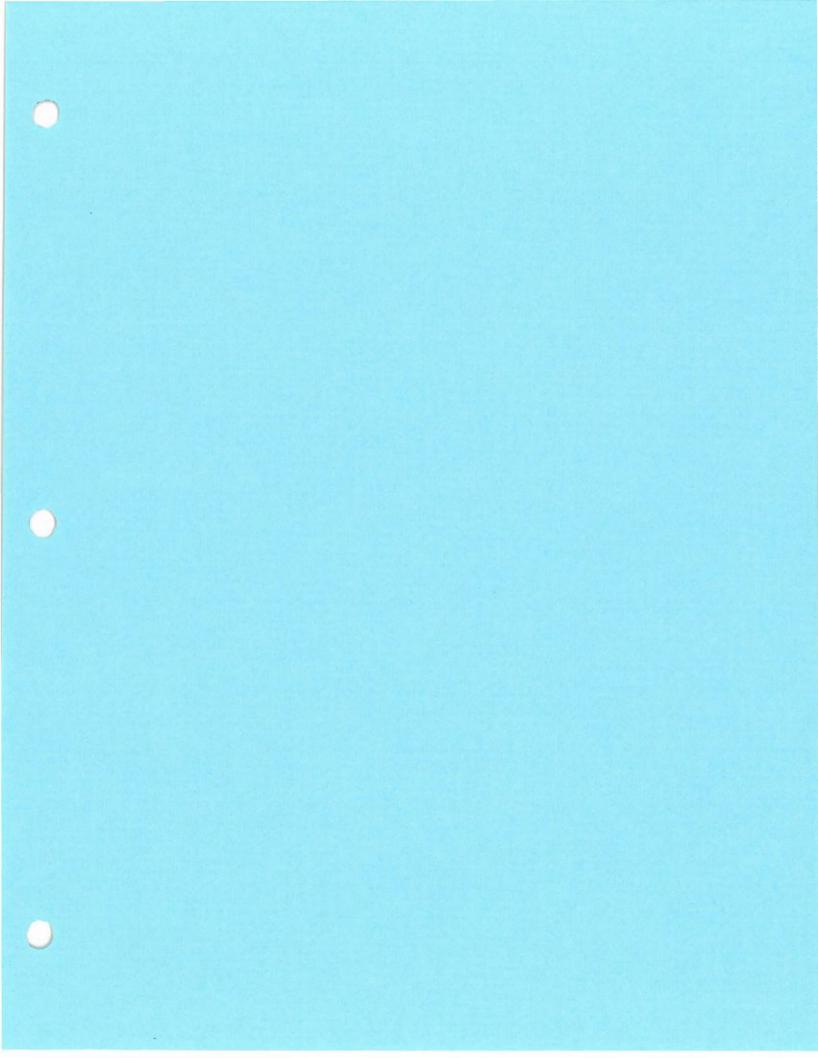
In May and June 2011, I was named as a co-defendant in three shareholder class action lawsuits, *Varipapa v. Warner Music Group Corp.*, et al., filed in with the Court of Chancery in the State of Delaware, *Cournoyer v. Warner Music Group Corp.*, et al., and *Dahivadkar v. Warner Music Group Corp.*, 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.



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 n requir	ame, addre ed (Do No	ess and to t Use Gr	elephone number of thou	ne present or propo	sed entity under wh	ich this biograp	hical statement is being
				alth Group Incorpor			
			9900 Bren	Road East			
			Minnetoni	(a, Minnesota 5534	3 (952) 936-1300		
herein ANSW	after set f VER IS "1	orth. (A NO" OR	ttach addendum or se	parate sheet if spa FE. ALL FIELDS	ce hereon is insuffi MUST HAVE A	cient to answer	nation about myself as r any question fully.) IF NCOMPLETE FORMS TION.
1.	Affiant'	s Full N	ame (Initials Not Acce	ptable): First: Dirk	Middle: Ch	nristopher Las	t: McMahon
2.	a.	Are you	a citizen of the Unite	d States?			
		Yes	✓ No				
	b.	Are you	a citizen of any other	country?			
		Yes _	No ✓				
		If yes,	what country? Not App	licable			
3.	Affiant'	s occupa	tion or profession: Exe	ecutive			
4.	Affiant'	s busine:	ss address: 9700 Health	Care Lane, Minneton	ka, MN 55343		
	Busines	s telepho	one: 952-205-8219	Bus	iness Email: dirk@u	hc.com	
5.	Education	on and tr	aining:				
Colleg	e/Universi	ity	City/St	ate	Dates Attended	d (MM/YY)	Degree Obtained
Marist C	College		Poughkeeps	sie, NY	08/82		B.S. Business (Finance)
Gradua	ate Studies		College/University	City/State	Dates Attended	d (MM/YY)	Degree Obtained
Univers	ity of Notre	Dame		South Bend, IL	06/85		MBA (Finance)
	Training: N	<u>lame</u>	City/State	Dates Attend	ed (MM/YY)	<u>Degree</u>	/Certification Obtained
None							
Note:	applicab	le, prov		ent Identification	Number and/or atta		ne college/university. If bloma or certificate of

Revised 04/08/19

Applicant C	ompany Name: _UnitedHe	ealth Group Incorporated		Not Applicable 41-1321939
6. Lis	t of memberships in prof	essional societies and asso	ciations:	
	Name of iety/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Noi	ne 			
7. Pre	esent or proposed position	1 with the Applicant Comp	any: Executive Vice President; an	d Chief Executive Officer, UnitedHealthcare
inc off nec	luding present jobs, posit icerships). Please list the essary to provide telep	tions, partnerships, owner of most recent first. Attach a whone numbers and super	of an entity, administrator, m dditional pages if the space p	npensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only a past ten (10) years. Additional tional employers.
Beginning/E	inding	ont Foundation 2 November 1	UnitedHealth Group Incorporate	d
				vince: MN
Country: US	Postal Co	de: 55343 Phone: 86	00-367-5690 Offices/Position	ons Held: EVP, UHC CEO
Type of Bus	iness: Holding Company	Supervi	sor/Contact: David Wichman	n
Beginning/E Dates (MM/	nding /YY): <u>04/03</u> - <u>08/03</u>	Employer's Name:	Job search and related interviev	v process
Address:		City:	State/Prov	vince:
Country:	Postal Co	de: Phone: _	Offices/Position	ns Held:
Type of Bus	iness:	Supervi	sor/Contact:	
Beginning/E Dates (MM/		Employer's Name: 1	Northwest Airlines	
Address: 27	00 Lone Oak Parkway	City: <u>Eag</u> an	State/Prov	ince: MN
Country: US	SA Postal Co	de: <u>55121</u> Phone: <u>6</u>	17-726-2458 Offices/Position	ns Held: Multiple Positions
Type of Busi	ness: <u>Airline</u>	Supervi	sor/Contact: Richard Anderso	n
Beginning/E Dates (MM/		ent Employer's Name:	Bridging, Inc.	
Address: 20	1 W 87th Street	City: Bloomington	State/Prov	ince: MN
Country: US	SA Postal Co	de: <u>55420</u> Phone: 9	52-460-1015 Offices/Positio	ns Held: Director; and Finance Committee Member
Type of Busi	ness: Non-profit	Supervi	sor/Contact: Myra Van Delist	

any judicial, administrative, regulatory, or disciplinary action?

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 civitraffic 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 of 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 🗸
	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No V
	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

Applicant Company Name: UnitedHealth Group Incorporated 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 Have you ever been adjudged a bankrupt? 14. 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 Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentala. 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

No

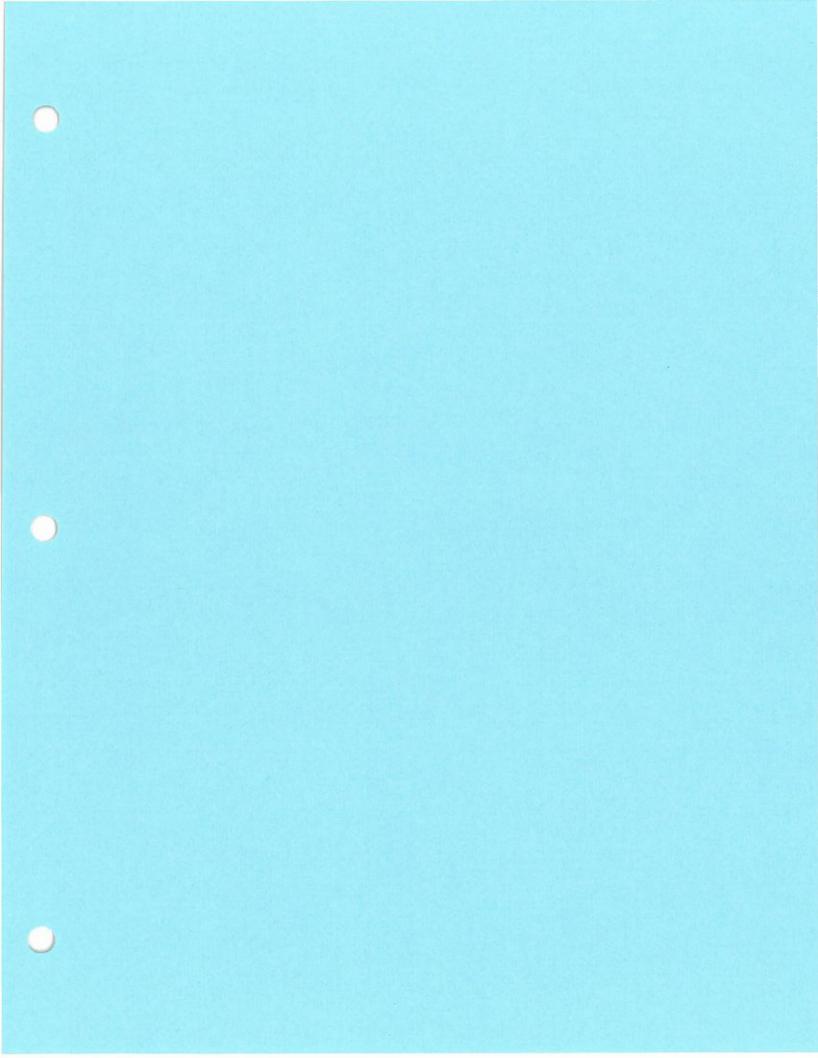
C.

authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Been placed on probation or had a fine levied against it or against its permit, license, or certificate of

icant Company Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not Applicable	
		41-1321939	
If the answer to any of the above is yes, please indicate and gaffiant should also include any events within twelve (12) months.			
(c) UnitedHealth Group Incorporated and its affiliates operate in a highl	t		

that may from time to time result in fines.



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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)

		•	10		
		UnitedHealth G	roup Incorporated		
		9900 Bren Road	d East, Minnetonka, N	√N 55343	
			a Edot, Miniotorina, .		
		952-936-1300			
hereinafter ANSWER	r set forth. (A IS "NO" O	Attach addendum or separa	te sheet if space ALL FIELDS MI	hereon is insufficient to UST HAVE A RESPON	information about myself as answer any question fully.) IF NSE. INCOMPLETE FORMS PLICATION.
1. A	ffiant's Full N	Name (Initials Not Acceptab	ole): First: <u>Frederick</u>	Middle: William	Last: McNabb III
2. a.	Are yo	ou a citizen of the United St	ates?		
	Yes	√ No			
b.	Are yo	ou a citizen of any other cou	untry?		
	Yes	No ✓			
	If yes,	what country? Not applicab	le.		
3. A	ffiant's occup	oation or profession: <u>Retired</u>			
4. A	ffiant's busine	ess address: Not applicable.			
В	usiness teleph	none: Not applicable.	Busines	ss Email: Not applicable.	
5. Ed	ducation and t	raining:			
College/U	niversity	City/State		Dates Attended (MM/Y	YY) Degree Obtained
Dartmouth C	ollege	Hanover, NF	1	09/75-06/79	AB Government
Graduate S		College/University	City/State	Dates Attended (MM/Y	YY) <u>Degree Obtained</u>
	School of the Pennsylvania		Philadelphia, PA	01/82-05/83	MBA-Finance
Other Train	ning: Name	City/State	Dates Attended	(MM/YY) I	Degree/Certification Obtained
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 mem	berships in pr	ofessional	societies and	associations:
--	----	-------------	----------------	------------	---------------	---------------

	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	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 Compar	ny: Independent Outside Director	
8.	including present jobs, posit officerships). Please list the necessary to provide telep	ions, partnerships, owner of most recent first. Attach add hone numbers and supervi	(20) years, whether compensate an entity, administrator, manager, litional pages if the space provided isory information for the past to ication process for international en	operator, directorates or is insufficient. It is only en (10) years. Additional
	ng/Ending MM/YY): <u>02/2018</u> - <u>Prese</u>	ent Employer's Name: U	nitedHealth Group Incorporated	
Address	: 9900 Bren Road East	City: Minnetonka	State/Province: _N	IN
Country	: USA Postal Co	de: <u>55343</u> Phone: <u>95</u>	2-936-1300 Offices/Positions Held	: Director
Type of	Business: Holding Company	Superviso	or/Contact: Dannette L. Smith, Secre	ary to the Board
	ng/Ending MM/YY): <u>1986</u> - <u>12/18</u>	Employer's Name:	he Vanguard Group, Inc.	
Address	:_100 Vanguard Blvd	City: Malvern	State/Province: P	A
Country	: USA Postal Cod	de: <u>19355</u> Phone: <u>610</u>	0-669-1000 Offices/Positions Held:	Chairman, CEO, Managing Director, and other various positions.
Type of	Business: <u>Financial Services</u>	Superviso	or/Contact: Legal Department	
	ng/Ending MM/YY): <u>09/2017</u> - <u>Prese</u>	ent Employer's Name: <u>Cl</u>	ECP: The CEO Force for Good	
Address	: 5 Hanover Square, Suite 2102	City: New York	State/Province: _N	Y
Country	:USA Postal Cod	de: <u>10004</u> Phone: <u>212</u>	-825-1000 Offices/Positions Held:	Director
Type of	Business: <u>Business Networkin</u>	gSuperviso	or/Contact: Legal Department	
_	ng/Ending MM/YY): <u>2007</u> - Prese	nt Employer's Name: <u>z</u>	oological Society of Philadelphia	
Address:	3400 W. Girard Avenue	City: Philadelphia	State/Province: PA	4
Country:	USA Postal Coo	le: <u>19104</u> Phone: <u>215</u>	3-243-1100 Offices/Positions Held:	Chairman
	Business: Zoo/Conservation O	-	or/Contact: Human Resources	



41-1321939

	CONFIDENTIAL
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 revoked?	lual or position schedule fide	elity bond, or had a bond canceled or
		Yes No 🗸		
		If yes, give details: Not applicable.		
10.	or gov in the the lic number are re representations	any professional, occupational and vocation vernmental licensing agency or regulatory past. For any non-insurance regulatory issuensing authority or regulatory body having er is your Social Security Number (SSN) of easonably identifiable as your SSN, then we sented by your SSN. (For example, "SSN if the space provided is insufficient.	authority or licensing authority suer, identify and provide the nay jurisdiction over the license (or embeds your SSN or any securite SSN for that portion of the security, "12-SSN-345" or "1234-Signal", "12-SSN-345" or "12-SSN-345"	y that you presently hold or have held ame, address and telephone number of (s) issued. If your professional license quence of more than five numbers that he professional license number that is
Organ	ization/Is	ssuer of License: <u>FINRA</u>	Address: 1735 K Street	
City: 1	Nashingto	on State/Province: DC	Country:_USA	Postal Code: 20006
Licens	se Type: o	Series 6/Investment Company Products/Variable License #: <u>CRD_156;</u> Contracts	Date Issued (M	1M/YY): <u>05/97</u>
Date E	Expired (MM/YY): <u>12/17</u> Reason for	Termination: Retirement	
Non-I	nsurance	Regulatory Phone Number (if known): _3	01-590-6500	
Organ	ization/Is	ssuer of License: FINRA	Address: 1735 K Street	
City: <u>v</u>	Vashingto	n State/Province: DC	Country: USA	Postal Code: 20006
Licens	se Type:	Series 26//Investment Co. Products/Variable License #: CRD 156 Contracts Principal	Date Issued (M	IM/YY): <u>05/97</u>
Date E			Termination: Retirement	
Non-Ir	nsurance	Regulatory Phone Number (if known): 30	1-590-6500	
11.		ponding to the following, if the record has cord was sealed or expunged, an affiant ma		
	a.	Been refused an occupational, professional any public administrative, or government		ermit by any regulatory authority, or
		Yes No ✓		
	b.	Had any occupational, professional, or any judicial, administrative, regulatory,		you hold or have held, been subject to

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

Applic	eant Com	pany Name: United Health Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939
	holds	held by the person. Control shall be presumed to exist in with the power to vote, or holds proxies representing, ten poerson. None.	f any person, dire	ectly or indirectly, owns, controls, more of the voting securities of any
	If any	of the stock is pledged or hypothecated in any way, give de	etails. Not applicab	le.
13.	or of regula directl with, t	/ill] you or members of your immediate family individuall record, 10% or more of the outstanding shares of stock tory authority, or its affiliates? An "affiliate" of, or person y, or indirectly through one or more intermediaries, contro he person specified.	of any entity sub "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
	the our	Please identify the company or companies in which the curtstanding voting securities.	mulative stock ho	ldings represent 10% or more of
		of the shares of stock are pledged or hypothecated in any w		
14.	Yes	vou ever been adjudged a bankrupt? No ✓ provide details: Not applicable.		
15.	were a	or knowledge has any company or entity (including entities on officer or director, trustee, investment committee molder, had any of the following events occur while you so ny level provide the group code. 707	ember, key mana	agement employee or controlling
	a.	Been refused a permit, license, or certificate of autholicensing agency?	ority by any regul	atory authority, or governmental-
		Yes No ✓		
	b.	Had its permit, license, or certificate of authority suspen to any judicial, administrative, regulatory, or discipli- receivership, conservatorship, federal bankruptcy proc similar proceeding)?	inary action (inc	luding rehabilitation, liquidation,
		Yes ✓ No		
	c.	Been placed on probation or had a fine levied against authority in any civil, criminal, administrative, regulator		
		Yes ✓ No		

oplicant Company Name: United Health Group Incorporated	NAIC No.	Net our Seeble
Canti Company Name. United Health Group Incorporated		Not applicable
	FEIN:	41-1321939
If the answer to any of the above is yes, please indicate and gi affiant should also include any events within twelve (12) month		
See attachment for additional information.		



NAIC No: Not Applicable FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Frederick William McNabb III

List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to 8. 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 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 State: NY Address: 5 Times Square City: New York Offices/Positions Held: Member-Country: USA Postal Code: 10036-6530 Phone: 212-773-3000 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 Supervisor/Contact: Legal Department Type of Business: Business Networking List any professional, occupational and vocational licenses (including licenses to sell securities) issued to any 10. 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 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

or any other similar proceeding)? Yes

subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision



NAIC No: Not Applicable FEIN: 41-1321939

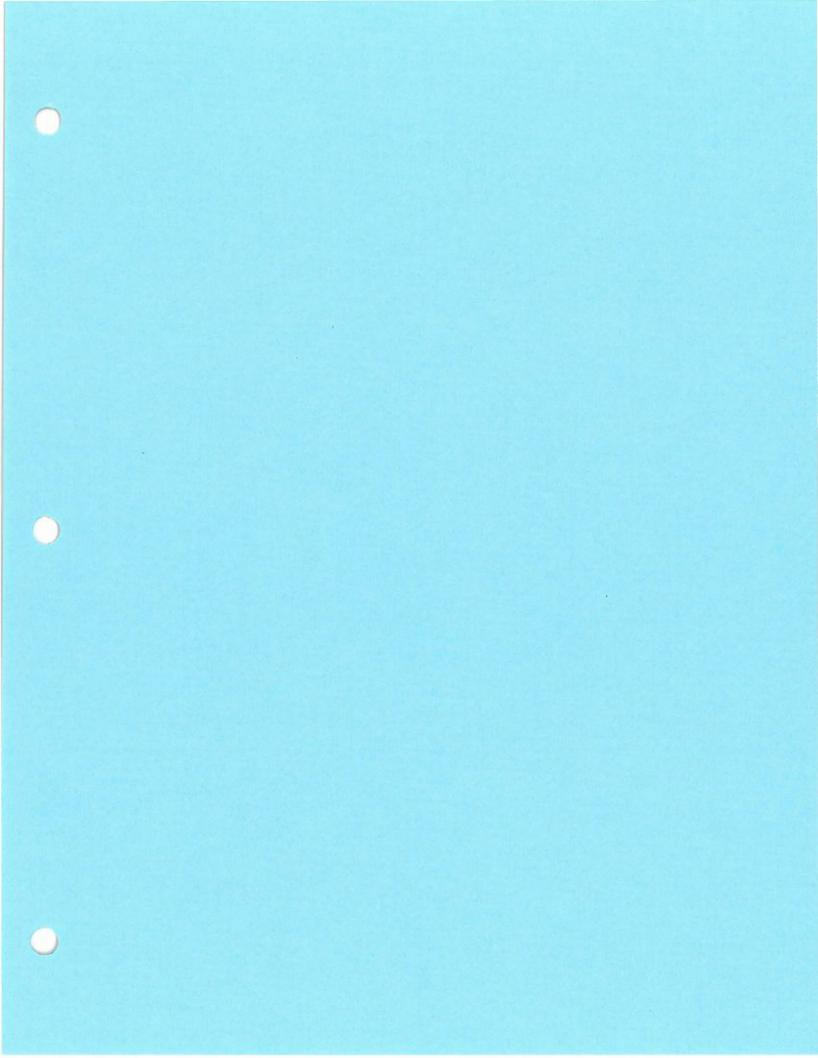
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

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.



li)	OM		200	la cartain
NAIC No.	Not Appli	cable		
FEIN:	41-13219	939		

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 prequired (Do Not Use Group Names)			graphical statement is being
UnitedHealth C	Group Incorporated		
9900 Bren Roa	ad East, Minnetonka	, MN 55343	
952-936-1300			
In connection with the above-named entity, I hereinafter set forth. (Attach addendum or separ ANSWER IS "NO" OR "NONE," SO STATE. COULD DELAY THE APPLICATION PROCES	rate sheet if spac ALL FIELDS	e hereon is insufficient to ans MUST HAVE A RESPONSE	wer any question fully.) IF . INCOMPLETE FORMS
Affiant's Full Name (Initials Not Accepta	able): First: <u>Valerie</u>	Middle:Celeste	Last: Montgomery Rice, M.D
2. a. Are you a citizen of the United S	States?		
Yes ✓ No			
b. Are you a citizen of any other co	ountry?		
Yes No ✓			
If yes, what country? Not applicable	ole.		
3. Affiant's occupation or profession: Dean	and President		
4. Affiant's business address: Morehouse Sci	hool of Medicine Inc	c., 720 Westview Drive, Atlanta, GA	30310
Business telephone: 404-752-1728	Busin	ness Email: Not available	
5. Education and training:			
College/University City/State		Dates Attended (MM/YY)	Degree Obtained
Georgia Institute of Technology Atlanta, GA	1	08/79-05/83	B.S., Chemistry
Graduate Studies College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Harvard Medical School	Boston, MA	08/83-06/87	M.D.
Other Training: Name City/State Emory University, School of	Dates Attende		ree/Certification Obtained
Medicine and Affiliated Atlanta, GA Hospitals	07/87-06/91	Resi	dency & OB/GYN Internship

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.

	ofessional societies	

	Name of Society/Association	Contact Name	Address of Society/Association o	<u>Telephone Number</u> f Society/Association
	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 wi	th the Applicant Comp	oany: Independent Outside Director	
8.	including present jobs, position officerships). Please list the monecessary to provide telephone	is, partnerships, owner ist recent first. Attach a ne numbers and super	nty (20) years, whether compensated of an entity, administrator, manager, oudditional pages if the space provided in rvisory information for the past terrification process for international empirication	perator, directorates or s insufficient. It is only n (10) years. Additional
_	ng/Ending MM/YY): 08/17 - Present	_ Employer's Name:	UnitedHealth Group Incorporated	
Address	: 9900 Bren Road East	City: Minnetonka	State/Province: MM	Į.
Country	: <u>USA</u> Postal Code:	55343 Phone: g	Offices/Positions Held:	Director
Type of	Business: Holding Company	Superv	isor/Contact: Dannette L. Smith, Secreta	ry to the Board
	ng/Ending MM/YY): <u>06/11 - Present</u>	_ Employer's Name:	Morehouse School of Medicine	
Address	: _720 Westview Drive	City: Atlanta	State/Province: GA	
Country	: USA Postal Code:	30310 Phone: 4	04-752-1500 Offices/Positions Held:	President and Dean
Type of	Business: Medical School	Supervi	isor/Contact: Legal Department	
	ng/Ending MM/YY): <u>2017</u> - <u>Present</u>	_ 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: _2	202-828-0400 Offices/Positions Held:	Planning Committee Member
Type of	Business: Medical Association	Supervi	isor/Contact: Legal Department	
	ng/Ending MM/YY): <u>10/16</u> - <u>Present</u>	_ Employer's Name:	The Nemours Foundation	
Address	: 10140 Centurion Parkway	City: Jacksonville	State/Province: FL	
Country	: <u>USA</u> Postal Code:	32256 Phone: 9	04-697-4100 Offices/Positions Held:	Director
	Business: Non-Profit Children's Hothment for additional information.	ealthcare Supervi	isor/Contact: <u>Legal Department</u>	

	CONFIDENTIAL
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.	or gov in the the lic number are re represe pages	by professional, occupational and vocational licenses (including licenses to sell securities) issued by any public remmental licensing agency or regulatory authority or licensing authority that you presently hold or have held past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of tensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license are is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that asonably identifiable as your SSN, then write SSN for that portion of the professional license number that is ented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional if the space provided is insufficient.
Orgai	nization/Is	Georgia Composite suer of License: Medical Board Address: 2 Peachtree St. N.W.
1	Atlanta	State/Province: GA Country: USA Postal Code: 30303
		Medical 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
Organ	nization/Is	Drug Enforcement suer of License: Administration Address: 8701 Morrissette Drive
City:	Springfield	State/Province: VA Country: USA Postal Code: 22152
Licen	ise Type: <u>(</u>	Controlled Substance License #: BM2024216 Date Issued (MM/YY): _01/16
Date	Expired (N	MM/YY): 01/22 Reason for Termination: Not applicable.
Non-l	Insurance	Regulatory Phone Number (if known): 800-882-9539
11.		onding to the following, if the record has been sealed or expunged, and the affiant has personally verified that cord 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
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NAIC No. Not Applicable
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 Incorporate
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NAIC No. Not Applicable
FEIN: 41-1321939

other	portonia monto.
If any	of the stock is pledged or hypothecated in any way, give details. Not applicable.
or of regul direc	Will] you or members of your immediate family individually or cumulatively subscribe to or own, benefic record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insuratory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person tly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control person specified.
Yes	No ✓
the or	, please identify the company or companies in which the cumulative stock holdings represent 10% or mor atstanding voting securities.
_Not a	pplicable.
If any	of the shares of stock are pledged or hypothecated in any way, give details.
Not a	applicable.
Have	you ever been adjudged a bankrupt?
Г	
Yes	No ✓
Yes	
Yes	No ✓
Yes [If yes To you were stock	no No No No Not applicable. ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled.
Yes [If yes To you were stock	no vide details: Not applicable. ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 707
Yes [If yes To yo were stock comp	provide details: Not applicable. ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 707 Been refused a permit, license, or certificate of authority by any regulatory authority, or governme
Yes [If yes To yo were stock comp	provide details: Not applicable. ur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 707 Been refused a permit, license, or certificate of authority by any regulatory authority, or governme licensing agency?
Yes [If yes To yo were stocks comp	No very provide details: Not applicable. The provide details: Not app
Yes [If yes To yo were stocks comp	nowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 707 Been refused a permit, license, or certificate of authority by any regulatory authority, or government licensing agency? Yes No Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquida receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?

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 gi affiant should also include any events within twelve (12) month		
See attachment for additional information.		



NAIC No: Not Applicable FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Valerie Celeste Montgomery Rice

5. Education and training:

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
National Medical Fellowship	New York, NY	1986-1987	Commonwealth Fund Medical Fellowship
			Fellowship: Reproductive
Hutzel Hospital	Detroit. MI. AAMC	1991-1993	Endocrinology and Infertility
Association of American			Professional Development Seminar
Medical Colleges	Baltimore. MD	2000	for Senior Women in Medicine
Drexel University College			Executive Leadership in Academic
of Medicine	Philadelphia. PA	2003-2004	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):

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
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 N	1edicine	(continued):	
MIDICHOUSE	SCHOOL	01 14	iculcine.	Continuou.	

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



Type of Business: Medical Education

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 Executive Management Team 2006-2009 Dean, School of Medicine and Senior Vice President of Health Affairs 2006-2009 Executive Director, Center for Women's Health Research 2005-2011 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 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 2003-2006 Graduate Medical Education Committee Chair, Appointment, Promotions and Tenure Committee (APT) 2003-2005 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) City: Pasadena State: CA Address: Not available Country: USA Postal Code: Not available Phone: Not available Offices/Positions Held: Trustee

Supervisor/Contact: Legal Department

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 Medical Advisory Country: <u>USA</u> Postal Code: <u>97070</u> Phone: <u>844-305-7674</u> Offices/Positions Held: <u>Committee Member</u> Type of Business: Non-Profit Medical Supply Company Supervisor/Contact: Legal Department 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



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 State: MD Address: 10903 New Hampshire Ave. City: Silver Spring Phone: 301-796-9001 Offices/Positions Held: Advisory Committee Country: USA Postal Code: 20993 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 State: DC City: Washington 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 Supervisor/Contact: Legal Department Type of Business: College/University Beginning/Ending Dates (MM/YY): 07/06-06/11 Employer's Name: Vanderbilt University Medical Center Address: 1211 Medical Center Drive. State: TN City: Nashville 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

COMEIDENTIAL

Applicant Name: <u>UnitedHealth Group Incorporated</u>

10.

NAIC No: Not Applicable FEIN: 41-1321939

Beginning/End	ding Y): 7/98-06/03	Employer's Na	me: University of Kansas School of Medicine
	Rainbow Blvd	City: Kansas C	
Country: USA		Phone: 913-588-5000	Offices/Positions Held: Vice Chair, Dept of
200mily. <u>2007</u>	1 03(4) 0040. 00100	7 Hone. <u>713 300 3000</u>	Obstetrics and Gynecology, and Medical
			Director, Clinical Trials Division, Clinical
			Research
Type of Busin	ess: College/University	Supervisor/Cont	act: Legal Department
Type of Busin	ess. Conegeroniversity	Supervisor/Cont	det. Begar bepartment
University of	Kansas School of Medicine (co	ontinued):	
2002-2003	Vice Chairman, Academic	: Committee School of M	edicine
2002-2003	General Clinical Research	Center Committee	
2001-2003	Academic and Admission	Committee, School of M	edicine
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, Dep		e Professor, Dept. of
			active Endocrinology and Infertility
07/96-06/97	Vice President Dept of OB		
1995-2003	Education Committee, Dep		
Beginning/End	lina		
	Y): <u>07/97-06/98</u>	Employer's Na	me: Henry Ford Medical Center
Address: 2825		City: Troy	State: MI
Country: USA		Phone: 248-680-6000	Offices/Positions Held: Senior Staff
Country. OSA	1 Ostal Code. 48083	7 Hone. <u>246-060-0000</u>	Physician, OB/GYN Dept.
Type of Busin	ess: Medical Institution	Supervisor/Cont	act: Legal Department
	oss. Modical Institution	Super visor/ Cont	act. Begar Bepartment
or government in the past. For the licensing a number is your are reasonably represented by	al licensing agency or regulatory any non-insurance regulatory uthority or regulatory body ha Social Security Number (SSI identifiable as your SSN, ther	ory authority or licensing issuer, identify and proviving jurisdiction over the N) or embeds your SSN on write SSN for that porti	glicenses to sell securities) issued by any public authority that you presently hold or have held vide the name, address and telephone number of license (s) issued. If your professional license or any sequence of more than five numbers that on of the professional license number that is 234-SSN" (last 6 digits)). Attach additional
Organization/I	ssuer of License: Tennessee D	epartment of Health	Address: 710 James Robertson Parkway
City: Nashville	State/Province: 1	"N Countr	ry: USA Postal Code: 37243
License Type:	Medical	License #: <u>37358</u>	Date Issued: <u>04/03</u>
Date Expired (MM/YY): <u>07/13</u>	Reason for Termination:	Not applicable.
Non-Insurance	Regulatory Phone Number (i	f known): <u>615-532-4384</u>	
Organization/I	ssuer of License: Missouri Bo	ard of Registration	Address: 3605 Missouri Blvd, P.O Box 4
City: Jefferson	City State/Province: M	IO Countr	ry: USA Postal Code: 65102
License Type:	Medical Physician & Surgeon	License #: 2000146122	Date Issued: <u>02/00</u>
Date Expired (MM/YY): <u>01/04</u>	Reason for Termination:	Not applicable.
Non-Insurance	Regulatory Phone Number (i	f known): <u>573-751-0098</u>	
Organization/I	ssuer of License: Michigan Li	censing and Regulatory	Affairs Address: P.O. Box 30670
City: Lansing		ovince: MI Counti	
	Medical and Pharmacy		Date Issued: 06/91
	MM/YY): 01/07		
	Regulatory Phone Number (in		
		,	
City: <u>Topeka</u>	ssuer of License, Kansas - Ro	ard of Healing Arts	
	ssuer of License: <u>Kansas – Bo</u>		Address: 800 SW Jackson St.
icense Type	State/Pro	ovince: KS Countr	Address: 800 SW Jackson St. ry: USA Postal Code: 66612
	State/Pro Medical/Gynecology		Address: 800 SW Jackson St. ry: USA Postal Code: 66612 Date Issued: 06/93

CUVIEINEVILIV

Applicant Name: UnitedHealth Group Incorporated

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

NAIC No: Not Applicable FEIN: 41-1321939

- 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.

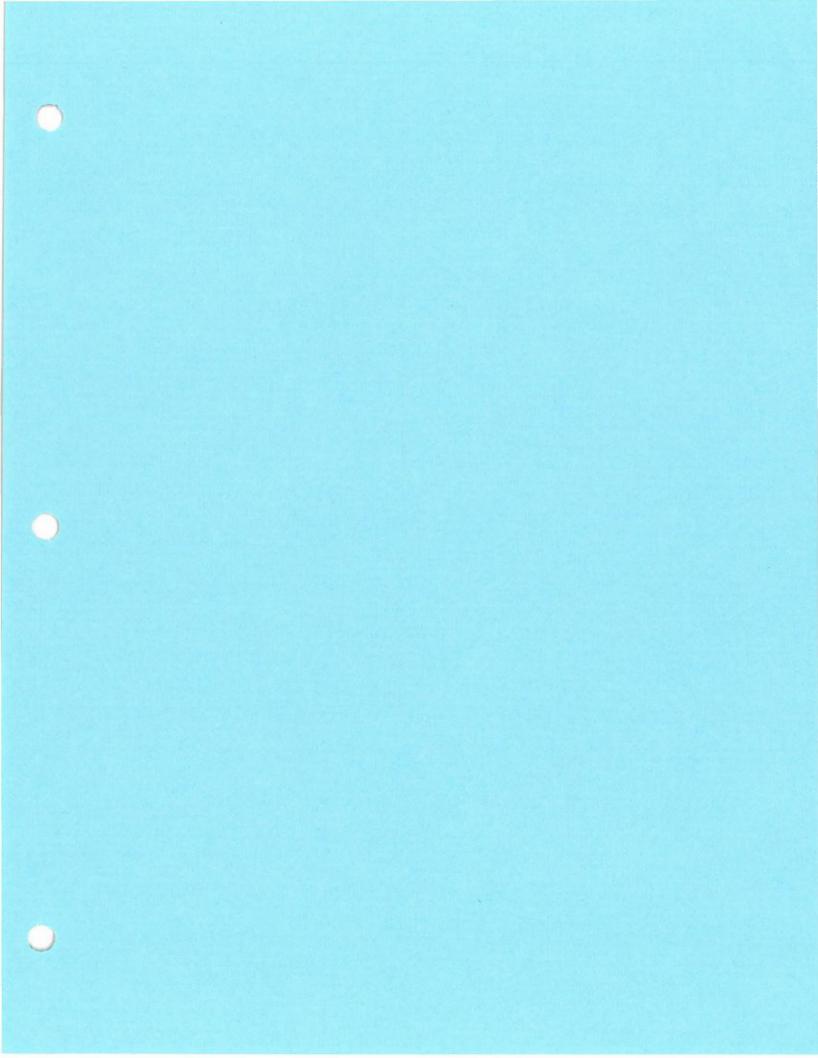
Morehouse School of Medicine, Inc. is in the business of operating a medical school and a faculty clinical practice. In its ordinary course of its business, Morehouse School of Medicine, Inc. is subject to claims. On occasion, Dr. Montgomery Rice could be named a party, along with Morehouse School of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

		UnitedHeal	Ith Group Incorporated	·	
		9900 Bren	Road East, Minnetonka,	MN 55343	
		952-936-13	300		
hereina ANSW	after set forth ER IS "NO"	. (Attach addendum or se OR "NONE," SO STAT	parate sheet if space TE. ALL FIELDS M	hereon is insufficient to a	information about myself as inswer any question fully.) IF SE. INCOMPLETE FORMS LICATION.
1.	Affiant's Fu	ll Name (Initials Not Acce	ptable): First: John	Middle: Harnett	Last: Noseworthy, M.D.
2.	a. Are	you a citizen of the Unite	d States?		
	Yes	✓ No			
	b. Are	you a citizen of any other	country?		
	Yes	√ No No			
	Yes				
i.	Ify	res, what country? Canada			
	If y Affiant's oc	res, what country? Canada cupation or profession: Ref	tired.		
	If y Affiant's oc Affiant's but	res, what country? Canada cupation or profession: Ret siness address: Not applicate	tired. ple.		
3. I.	If y Affiant's oc Affiant's but Business tel	res, what country? Canada cupation or profession: Retainess address: Not applicable.	tired. ple.	ss Email: <u>Not applicable.</u>	
	If y Affiant's oc Affiant's bus Business tel Education an	res, what country? Canada cupation or profession: Ref siness address: Not applicable ephone: Not applicable and training:	tired. oleBusine	ss Email: Not applicable	
College	If y Affiant's oc Affiant's but Business tel	res, what country? Canada cupation or profession: Ret siness address: Not applicable ephone: Not applicable. City/Sta 6299 So Nova Sc	ble. Busine ate uth Street, Halifax, botia, Canada B3H 4R2		
ollege	If y Affiant's oc Affiant's but Business tel Education at	res, what country? Canada cupation or profession: Ret siness address: Not applicable ephone: Not applicable. City/Sta 6299 So	ble. Busine ate uth Street, Halifax, botia, Canada B3H 4R2	ss Email: Not applicable. Dates Attended (MM/Y)	Y) <u>Degree Obtained</u> Not applicable. Early admittance to medical s
College alhous Gradua	If y Affiant's oc Affiant's bus Business tel Education and e/University ie University	res, what country? Canada cupation or profession: Ref siness address: Not applicable ephone: Not applicable. City/Sta 6299 So Nova Sc 902-494	ate uth Street, Halifax, sotia, Canada B3H 4R2	Ss Email: Not applicable. Dates Attended (MM/Y) 1969 - 1971	Y) <u>Degree Obtained</u> Not applicable. Early admittance to medical s

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 List of memberships in professional societies and associations: 6. Telephone Number Name of Address of Society/Association Contact Name Society/Association of Society/Association National Association of 1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201 Corporate Directors Alli O'Callaghan 571-367-3752 American Academy 201 Chicago Avenue Membership Services Minneapolis, MN 55415 of Neurology 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 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 State/Province: MN City: Rochester Country: USA Phone: 507-284-2511 Offices/Positions Held: President & CEO and Postal Code: 55905 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. City: Kenilworth Address: 2000 Galloping Hill Road State/Province: NJ Phone: 908-740-4000 Offices/Positions Held: Director Postal Code: 07033 Country: USA Type of Business: Pharmaceutical Company Supervisor/Contact: Legal Department Beginning/Ending

Address: 350 Madison Avenue, 11th Floor

See attachment for additional information.

- 2018

Postal Code: 10017

Dates (MM/YY): 2012

Employer's Name: World Economic Forum

State/Province: NY

Phone: 212-703-2300 Offices/Positions Held: Health Governor

City: New York

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



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.	or govin the the lie numb are re	ny professional, occupational and vocational licenses (including licenses to sell securities) issued by any public vernmental licensing agency or regulatory authority or licensing authority that you presently hold or have held past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of censing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license er is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that easonably identifiable as your SSN, then write SSN for that portion of the professional license number that is sented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional if the space provided is insufficient.
Organ	nization/I	ssuer of License: MN Board of Medical Practice Address: 2829 University Avenue SE, Suite 500
City:	Minnear	State/Province: MN Country: USA Postal Code: 55414
Licen	se Type:	Physician and Surgeon License #: 34053 Date Issued (MM/YY): 09/90
Date I	Expired (MM/YY): 11/30/19 Reason for Termination: N/A
Non-I	nsurance	Regulatory Phone Number (if known): 612-617-2130
Organ	ization/Is	ssuer of License: Address:
City:_		State/Province: Country: Postal Code:
Licen	se Type:	License #: Date Issued (MM/YY):
Date I	Expired (MM/YY): Reason for Termination:
		Regulatory Phone Number (if known):
11.	In res	ponding to the following, if the record has been sealed or expunged, and the affiant has personally verified that cord 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

COMEIDENTIAL

Jane C	Company Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939
	Yes No 🗸		
c.	Been placed on probation or had a fine levied against y license or permit in any judicial, administrative, regula		
	Yes No 🗸		
d.	Been charged with, or indicted for, any criminal offens	se(s) other than civi	1 traffic offenses?
	Yes No 🗸		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	offense(s) other than civil traffi
	Yes No 🗸		
f.	Had adjudication of guilt withheld, had a sentence imp suspended, or been pardoned, fined, or placed on pro- traffic offenses?		
	Yes No ✓		
g.	Been subject to a cease and desist letter or order, or enjoine administrative, regulatory, or disciplinary action, from viola regulating the business of insurance, securities or banki practices in the course of the business of insurance, securities	ating any federal, st ng, or from carryi	ate law or law of another country
	Yes No ✓		
h.	Been, within the last ten (10) years, a party to any civi financial dispute?	l action involving	dishonesty, breach of trust, or
	Yes No ✓		
i.	Had a finding made by the Comptroller of any state or to provisions of small loan laws, banking or trust company law rule or regulation lawfully made by the Comptroller of	laws, or credit unio	on laws, or that you have violated
	Yes No 🗸		
j.	Had a lien or foreclosure action filed against you or any ent	ity while you were	associated with that entity?
	Yes No 🗸		

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. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially 13. 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 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.

Have you ever been adjudged a bankrupt?

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

	Company Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939
	the answer to any of the above is yes, please indicate and give fant should also include any events within twelve (12) months		
_s	ee attachment for more information.		



NAIC No: Not Applicable FEIN: 41-1321939

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	Boston, MA	1983	Research Fellowship-
Hospital, Harvard University			Neurology
Massachusetts General Hospital	Boston, MA	1983	Neurology
Harvard Medical School,			
Nuclear Magnetic Resonance			

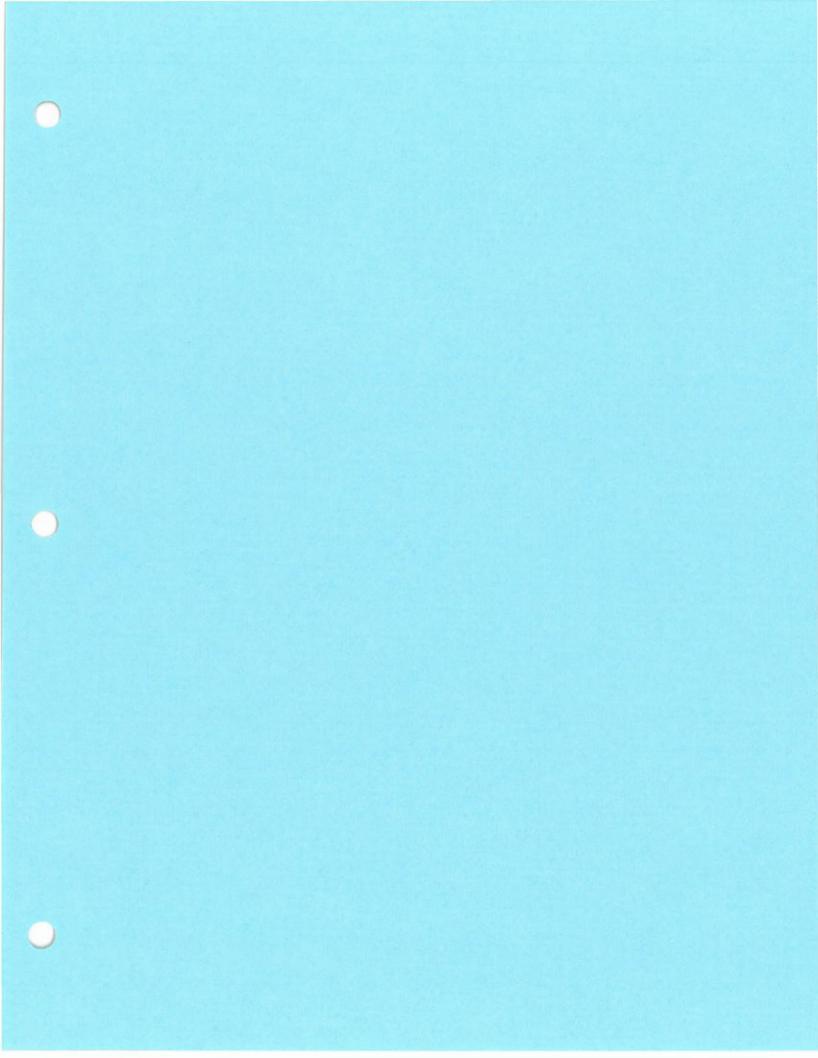
- 15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?
 - c. Been placed on probation or had a fine 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.



NAIC No. FEIN:

Not applicable 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)

	d telephone number of the p Group Names)		entity under which this biogr	aphical statement is being
	UnitedHealth C	Group Incorporated		
	9900 Bren Roa	id East, Minnetonka, N	ЛN 55343	
	952-936-1300			
hereinafter set forth. ANSWER IS "NO"	(Attach addendum or separation of STATE.)	ate sheet if space I	resentations and supply infonereon is insufficient to answ UST HAVE A RESPONSE. EJECTION OF THE APPLIC	er any question fully.) IF INCOMPLETE FORMS
1. Affiant's Full	Name (Initials Not Accepta	ble): First: Glenn	Middle: Morris L	ast: Renwick
2. a. Are y	you a citizen of the United S	tates?		
Yes	No ✓			
b. Are y	you a citizen of any other co	untry?		
Yes	√ No No			
If yes	s, what country? New Zealan	d		
3. Affiant's occu	upation or profession: Retired	d		
4. Affiant's busin	ness address: None			
Business telep	phone: None.	Busines	ss Email: None.	
5. Education and	training:			
College/University	City/State		Dates Attended (MM/YY)	Degree Obtained
University of Canterbury		00 Christchurch erbury, New Zealand 3 366 7001	01/74-12/76	BS
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Florida		Gainesville, FL	09/77-12/78	MS
Other Training: Name	<u>City/State</u>	Dates Attended	(MM/YY) Degree	ee/Certification Obtained
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 ap FEIN: 41-132	
6. L	ist of memberships in profess	ional societies and associ	ations:	
Sc	Name of ociety/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	ational Association of orporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, Suite 1200, Arlington, VA 22201	571-367-3752
,				
7. Pı	esent or proposed position w	ith the Applicant Compan	y: Independent Outside Director	
in of ne	cluding present jobs, position ficerships). Please list the moscessary to provide telephone	ns, partnerships, owner of a est recent first. Attach addi one numbers and supervis	(20) years, whether compensate an entity, administrator, manager, itional pages if the space provided sory information for the past t cation process for international en	operator, directorates or l is insufficient. It is only en (10) years. Additional
Beginning/	Ending 4/YY): 06/08 - Present	Employer's Name: 11	nitedHealth Group Incorporated	
	900 Bren Road East	City: Minnetonka	State/Province: 1	MN
Country: 1			-936-1300 Offices/Positions Held	
	siness: Holding Company	Superviso	r/Contact: Dannette L. Smith, Secre	etary to the Board
Beginning/ Dates (MM	Ending 1/YY): <u>1986 </u>	Employer's Name: Th	ne Progressive Corporation	
Address: _6	3300 Wilson Mills Road	City: _Mayfield Village	State/Province: o	DН
Country: US	SA Postal Code:	44143 Phone: 440	-461-5000 Offices/Positions Held	Chair, President & CEO and other various positions.
Type of Bu	siness: Insurance	Superviso	r/Contact: Legal Department	
Beginning/Dates (MN		Employer's Name: Fis	serv, Inc.	
Address: _2	225 Fiserv Drive	City: Brookfield	State/Province: _V	VI
Country: U	SA Postal Code:	53008 Phone: 414-8	Offices/Positions Held	: Director, Chair of the Board
Type of Bu	siness: Financial Services Tech	nnology Superviso	r/Contact: Legal Department	
Beginning/I Dates (MN		_ Employer's Name:		
Address:		City:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions Held	:
Type of Bus	siness:	Superviso	r/Contact:	

41-1321939

FEIN:

)	9.	a.	Have you ever been in a position wh	nich required a fidelity bond?	
			Yes No ✓		
			If any claims were made on the bone	d, give details: Not applicable	
		b.	revoked?	ividual or position schedule	fidelity bond, or had a bond canceled or
			Yes No ✓		
			If yes, give details: Not applicable.		
	10.	or government in the lice number are rearresses	ernmental licensing agency or regulatory past. For any non-insurance regulatory ensing authority or regulatory body have ris your Social Security Number (SSN asonably identifiable as your SSN, the ented by your SSN. (For example, "Sifthe space provided is insufficient.	ory authority or licensing authissuer, identify and provide to ing jurisdiction over the lice of or embeds your SSN or any nurite SSN for that portion SSN", "12-SSN-345" or "123"	enses to sell securities) issued by any public pority that you presently hold or have held the name, address and telephone number of the name. If your professional license y sequence of more than five numbers that of the professional license number that is 34-SSN" (last 6 digits)). Attach additional
	Organia	zation/Is			
	City:		State/Province:	Country:	Postal Code:
	License	е Туре: _	License #:	Date Issue	d (MM/YY):
	Date Ex	xpired (N	MM/YY): Reason f	for Termination:	
	City:_		State/Province:	Country:	Postal Code:
	License	е Туре: _	License #:	Date Issue	d (MM/YY):
	Date Ex	kpired (N	/IM/YY): Reason f	or Termination:	
	Non-Ins	surance I	Regulatory Phone Number (if known):		
	11.		onding to the following, if the record l ord was sealed or expunged, an affiant		and the affiant has personally verified that stion. Have you ever:
		a.	Been refused an occupational, profe any public administrative, or govern		or permit by any regulatory authority, or
			Yes No 🗸		
		b.	Had any occupational, professional, any judicial, administrative, regulator		mit you hold or have held, been subject to

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

similar proceeding)?

No

No

Yes

c.

authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Been placed on probation or had a fine levied against it or against its permit, license, or certificate of

Applicant Company Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939
If the answer to any of the above is yes, please indicate ar affiant should also include any events within twelve (12) m	0	

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No.: Not applicable FEIN: 41-1321939

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?





NAIC No.: Not applicable FEIN: 41-1321939

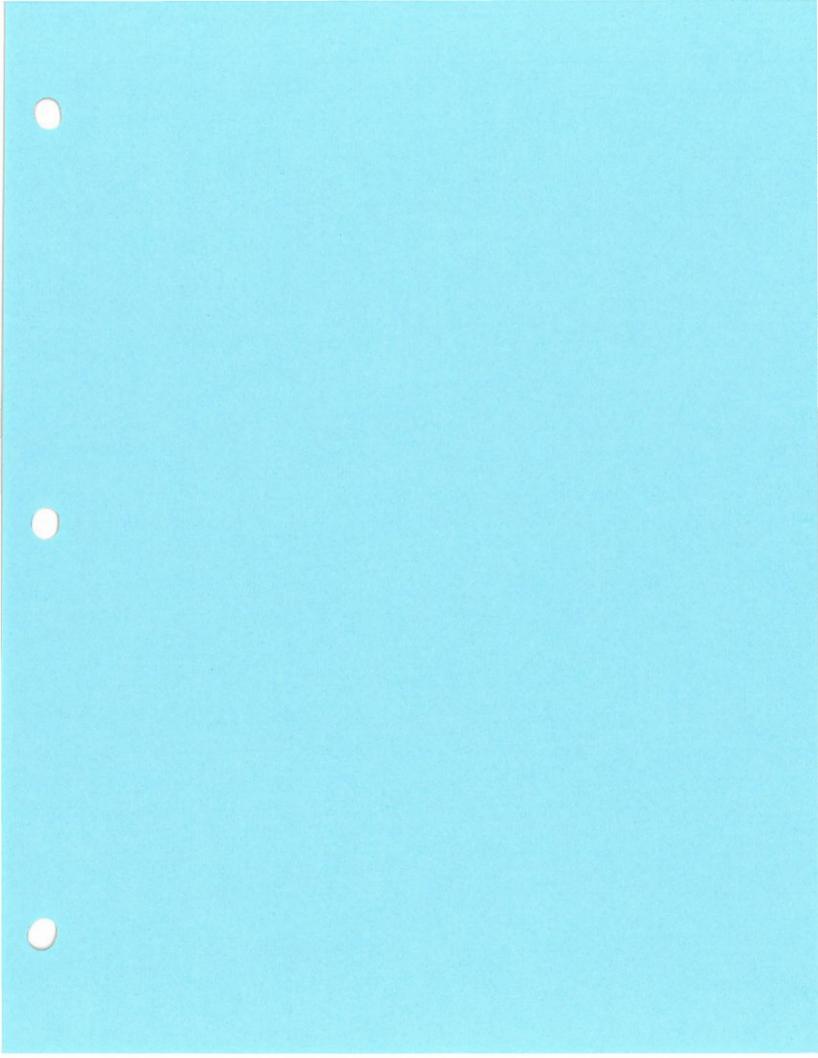
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action? Yes

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
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NAIC No.	Not Applicable
FEIN:	41-1321939

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

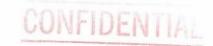
To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

		United	Health Group Incorp	orated		
		9900 Bi	ren Road East			
		Minnet	onka, Minnesota 553	343 (952) 936-1300)	
herein ANSV	nafter set f VER IS "1	with the above-named entity forth. (Attach addendum or NO" OR "NONE," SO ST THE APPLICATION PRO	separate sheet if space ATE. ALL FIELDS	e hereon is insufficient MUST HAVE A RESI	to answer a PONSE. INC	ny question fully.) IF COMPLETE FORMS
1.	Affiant'	's Full Name (Initials Not Ac	ceptable): First: John	Middle: Franklin	Last:_	Rex
2.	a.	Are you a citizen of the Un	ited States?			
		Yes / No				
	b.	Are you a citizen of any oth	ner country?			
		Yes No ✓				
		If yes, what country? Not A	pplicable			
3.	Affiant'	s occupation or profession: E	Executive			
4.	Affiant'	s business address: 9900 Bren	Road East, Minnetonka	, MN 55343		
	Busines	s telephone: 952-936-6464	Busi	ness Email: john.rex@uh	g.com	
5.	Education	on and training:				
Colle	ge/Univers	ity <u>City/</u>	<u>State</u>	Dates Attended (MI	M/YY)	Degree Obtained
Brighar	n Young Uni	versity Provo, UT		08/80 - 05/86		BS
<u>Gradu</u>	ate Studies	College/University	<u>City/State</u>	Dates Attended (MI	M/YY)	Degree Obtained
The W	narton School	ol; University of Pennsylvania	Philadelphia, PA	09/90 - 06/92		MBA
<u>Other</u>	Training: N	Vame City/State	Dates Attend	ed (MM/YY)	Degree/C	ertification Obtained
None						

Revised 04/08/19

attendance to the Biographical Affidavit Personal Supplemental Information.



Applic	ant Company Name	e: UnitedHealth	Group Incorporated	NAIC No.	Not Applicable
				FEIN:	41-1321939
6.	List of members	nips in professio	onal societies and associ	ations:	
	Name of Society/Associat	<u>ion</u>	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
7.	Present or propo	sed position wit	h the Applicant Compan	y: Executive Vice President;	and Chief Financial Officer
8.	including present officerships). Ple necessary to pro	jobs, positions ease list the mos ovide telephone	, partnerships, owner of trecent first. Attach add numbers and supervi	an entity, administrator, mitional pages if the space p	apensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only a past ten (10) years. Additional tional employers.
	ning/Ending (MM/YY): 03/12	- Present	Employer's Name: Ur	nitedHealth Group Incorporate	d
Addres	ss: 9900 Bren Road E	ast	City: _Minnetonka	State/Prov	rince: MN
Countr	y: USA	Postal Code:	55343 Phone: 952	-936-1300 Offices/Position	ons Held: Chief Financial Officer
Туре о	fBusiness: Holdin	ng Company	Superviso	or/Contact: David Wichmann	
	ning/Ending (MM/YY): <u>03/99</u>	- 03/12	Employer's Name: J.F	P. Morgan (predecessor comp	any was Bear, Stearns & Co., Inc.)
Addres	s: 383 Madison Aver	nue	City: New York	State/Prov	rince: NY
Countr	y: USA	Postal Code:	10017 Phone: Not	Available Offices/Position	ns Held: Managing Director
Туре о	fBusiness: <u>Banki</u>	ng	Superviso	or/Contact: Tom Schmidt	
	ing/Ending (MM/YY):		Employer's Name:		
Addres	s:		City:	State/Prov	ince:
Countr	y:	Postal Code:	Phone:	Offices/Positio	ns Held:
Туре о	f Business:		Superviso	or/Contact:	
Beginn Dates (ing/Ending (MM/YY):	-	Employer's Name:		
Addres	s:		City:	State/Prov	ince:
Countr	y:	Postal Code:	Phone:	Offices/Positio	ns Held:
Type of	f Business:		Superviso	r/Contact:	

Applic	ant Com	npany Name: UnitedHealth Group Incorporat	ed	NAIC No. FEIN:	Not Applicable 41-1321939
^				10	
9.	a.	Have you ever been in a position whic	h required a fidelity	bond?	
		Yes No _✓			
		If any claims were made on the bond, g	give details: Not App	olicable	
	b.	Have you ever been denied an individual revoked?	dual or position sch	hedule fidelity	bond, or had a bond canceled or
		Yes No 🗸			
		If yes, give details: Not Applicable			
10.	or gov in the the lic number are re- repres	ny professional, occupational and vocation vernmental licensing agency or regulatory past. For any non-insurance regulatory issuensing authority or regulatory body having er is your Social Security Number (SSN) casonably identifiable as your SSN, then wented by your SSN. (For example, "SSN if the space provided is insufficient.	authority or licensing suer, identify and progging jurisdiction over the combeds your SSN write SSN for that p	ng authority that ovide the name he license (s) is for any sequent ortion of the p	at you presently hold or have held, address and telephone number of ssued. If your professional license ice of more than five numbers that rofessional license number that is
Organi	zation/Is	ssuer of License: See attachment	Address:		
		State/Province:			
		License #:			
		MM/YY): Reason for			
		Regulatory Phone Number (if known): _			
		suer of License:			
		State/Province:			
		License #:			
Date E	xpired (I	MM/YY): Reason for	Termination:		
Non-In	surance	Regulatory Phone Number (if known): _			
11.	In resp	ponding to the following, if the record has cord was sealed or expunged, an affiant ma	been sealed or expu	inged, and the a	affiant has personally verified that
	a.	Been refused an occupational, professi any public administrative, or governme			it by any regulatory authority, or
		Yes No 🗸			
	b.	Had any occupational, professional, or any judicial, administrative, regulatory			hold or have held, been subject to



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 civi 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 V
	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

NAIC No. Not Applicable

		FEIN: 41-1321939
	holds	e held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person. None
	If any	of the stock is pledged or hypothecated in any way, give details. Not Applicable
13.	or of regula direct	Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that tly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
	Yes	No ✓
	the ou	, please identify the company or companies in which the cumulative stock holdings represent 10% or more of atstanding voting securities. pplicable
	•	of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have	you ever been adjudged a bankrupt?
	Yes	No V
	———	, provide details: Not Applicable
15.	were stock	ur knowledge has any company or entity (including entities controlled by the holding company) for which you an officer or director, trustee, investment committee member, key management employee or controlling holder, had any of the following events occur while you served in such capacity? If employed at the holding any 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 ✓
	Ъ.	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 V
	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 affiant should also include any events within twelve (12) months							
(c) UnitedHealth Group Incorporated and its affiliates operate in a highly	(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

 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.

Reason for expiration: Allowed to lapse; no longer needed.

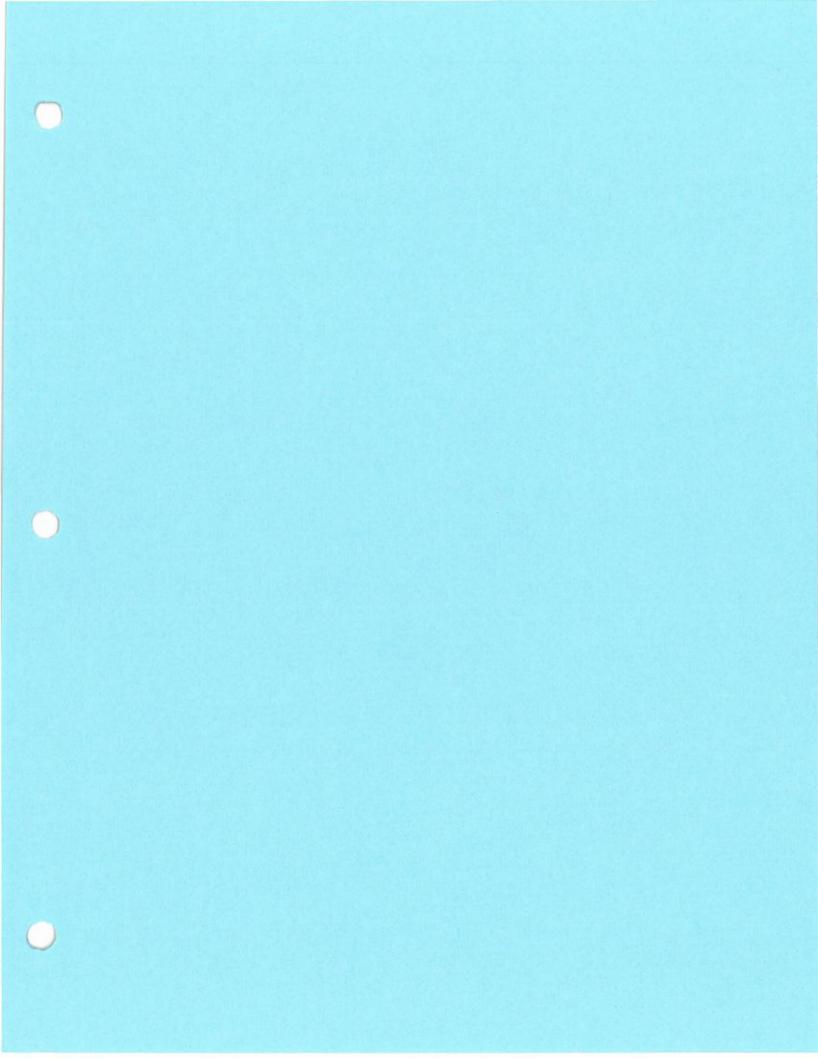
Organization/Issuer of License: NASD/FINRA
 Address: 1735 K Street, Washington, DC, USA 20006
 License Type: Brokerage License #: 2814929 CRD #: 41271
 Date Issued: 09/98 Date Expired: 03/99
 Reason for expiration: Allowed to lapse; no longer needed.

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.

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
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NAIC No.	Not Applicable
CEINI.	41-1321030

Uniform	Certificate of Authority Application (UCAA)
	RIOGRAPHICAL 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)

			UnitedHeal	th Group Incorp	orated		
			9900 Bren F	Road East			
			Minnetonka	a, Minnesota 553	43 (952) 936-130	0	
hereina ANSW	ofter set for ER IS 'N	orth. (Attach a IO" OR "NO	addendum or sepa NE," SO STATE	rate sheet if spac . ALL FIELDS	e hereon is insufficien	t to answer PONSE. IN	nation about myself as any question fully.) IF NCOMPLETE FORMS TION.
1.	Affiant's	Full Name (I	nitials Not Accept	able): First: Thom	nas Middle: Edward	Las	Roos
2.	a.	Are you a citi	izen of the United	States?			
	17	Yes 🗸	No				
	b.	Are you a citi	zen of any other c	ountry?			
	,	Yes	No 🗸				
		If yes, what co	ountry? Not Applica	able			
3.			r profession: Execu	-0-			
4.			ess: 9900 Bren Roa		MN 55343		
4.					<u>-</u>	ha oom	
		telephone: 95		Busi	ness Email: tom.roos@u	ng.com	
5.	Educatio	n and training	:				
College	/Universit	Y	City/State	<u> </u>	Dates Attended (M	M/YY)	Degree Obtained
St. Johns	University		Collegeville, M	N	09/91 - 05/95		BA - Accounting
Graduat	e Studies	Colle	ege/University	City/State	Dates Attended (M	M/YY)	Degree Obtained
None		****	_				
Other T	raining: N	ame (City/State	Dates Attende	ed (MM/YY)	Degree/	Certification Obtained

attendance to the Biographical Affidavit Personal Supplemental Information.



NAIC No. Not Applicable

				FEIN: 4	1-1321939
6.	List of memberships	in professional soci	eties and assoc	iations:	
	Name of Society/Association	Contact	Name	Address of Society/Association	Telephone Number of Society/Association
	Minnesota Society of Cl	PAs Member Serv	ces	1650 W. 82nd Street, Suite 60 Bloomington, MN 55431	952-831-2707
	American Institute of CF	PAs Member Serv	ices	1211 Ave of the Americas New York, NY 10036	212-596-6200
7.	Present or proposed p	position with the App	olicant Compa	ny: Senior Vice President; and C	hief Accounting Officer
8. Reginni	including present job officerships). Please necessary to provide	s, positions, partner list the most recent for telephone numbe	ships, owner of irst. Attach add rs and supervi	an entity, administrator, mar ditional pages if the space pro	ensated or otherwise (up to and nager, operator, directorates or ovided is insufficient. It is only past ten (10) years. Additional onal employers.
		Present Employ	yer's Name: U	nitedHealth Group Incorporated	
Address	9900 Bren Road East	City:	Minnetonka	State/Provin	ce: MN
Country Type of	Business: Holding Co	stal Code: 55343		2-936-1300 Offices/Position	s Held: Senior Vice President; Chief Accounting Officer
	ng/Ending MM/YY): <u>09/95</u> -		yer's Name: D	eloitte, LLP	
Address	50 S. 6th Street	City:	Minneapolis	State/Provin	ce: MN
Country	: USA Po	stal Code: 55402	Phone: 612	2-397-4000 Offices/Positions	Held: Partner
Type of	Business: <u>Profession</u>	al Services	Superviso	or/Contact: Scott Erickson	
	ng/Ending MM/YY):	Employ	/er's Name: _		
Address	:	City:		State/Province	ce:
Country	:Pos	stal Code:	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	
Beginni Dates (1	ng/Ending MM/YY):	Employ	/er's Name: _		
Address	:	City:		State/Province	ce:
Country	: Pos	stal Code:	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	

NAIC No. Not Applicable 41-1321939

FEIN:

0				
9.	a.	Have you ever been in a position which	ch 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 indivirevoked?	dual or position schedule	fidelity bond, or had a bond canceled or
		Yes No ✓		
		If yes, give details: Not Applicable		
10.	or government in the lice number are representations.	vernmental licensing agency or regulatory past. For any non-insurance regulatory is censing authority or regulatory body having its your Social Security Number (SSN) asonably identifiable as your SSN, then sented by your SSN. (For example, "SS if the space provided is insufficient.	y authority or licensing authority or licensing authority and provide to go jurisdiction over the lice or embeds your SSN or any write SSN for that portion N", "12-SSN-345" or "123"	nses to sell securities) issued by any public ority that you presently hold or have held he name, address and telephone number of nse (s) issued. If your professional license y sequence of more than five numbers that of the professional license number that is 34-SSN" (last 6 digits)). Attach additional
Organi	zation/Is			lace, Suite 125
City:_	St. Paul	State/Province: MN	Country: USA	Postal Code: 55101
Licens	e Type:	CPA License #: 20072	Date Issue	d (MM/YY): 04/00
Date E	xpired (MM/YY): Still Active Reason for	Termination: Not Applicable	e; Renewed Annually
Non-Ir	surance	Regulatory Phone Number (if known):		
		ssuer of License:		
City:		State/Province:	Country:	Postal Code:
Licens	e Type:	License #:		d (MM/YY):
11.	In resp		s been sealed or expunged,	and the affiant has personally verified that
	a.	Been refused an occupational, profess any public administrative, or governm		or permit by any regulatory authority, or
		Yes No 🗸		
	b.	Had any occupational, professional, o any judicial, administrative, regulatory		mit you hold or have held, been subject to

NAIC No. Not Applicable

	1 Liv. 41-1321939
	Yes No 🗸
С.	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 🗸
.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No 🗸
	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 civitraffic offenses?
	Yes No ✓
; .	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 🗸
	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No 🗸
	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 🗸
	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No V
	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 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 Been refused a permit, license, or certificate of authority by any regulatory authority, or governmentala. licensing agency? Yes No Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected b. 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 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?

No

Yes

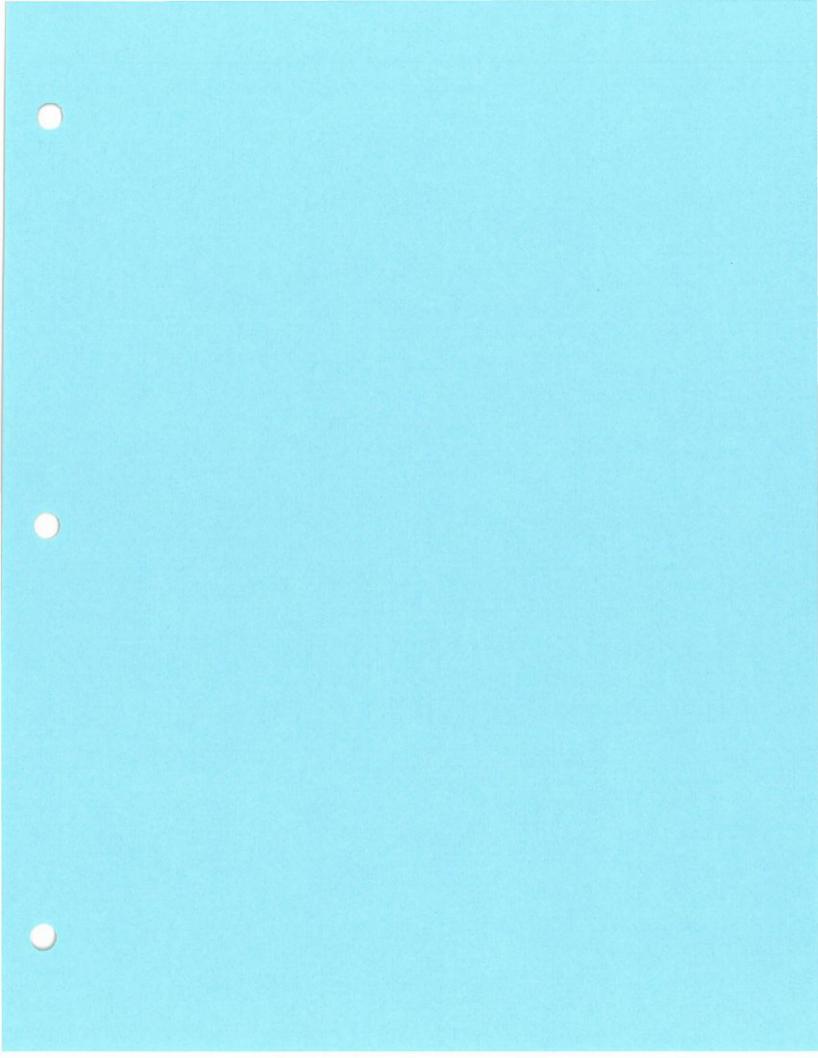
Applicant	Company	Name:	UnitedHealth	Group	Incorporated	

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
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	ONFIDENTIAL
NAICNA	Not Applicable

41-1321939

FEIN:

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)

	UnitedHealth Gr	oup Incorporated	
	9900 Bren Road	ast	
	Minnetonka, Mir	nesota 55343 (952) 936-130	00
hereir ANSV	nnection with the above-named entity, I hereven after set forth. (Attach addendum or separate set IS "NO" OR "NONE," SO STATE. ALL DELAY THE APPLICATION PROCESS or	heet if space hereon is insufficie. FIELDS MUST HAVE A RES	nt to answer any question fully.) IF SPONSE. INCOMPLETE FORMS
1.	Affiant's Full Name (Initials Not Acceptable)	First: Marianne Middle: Dolore	Last: Short
2.	a. Are you a citizen of the United States	?	
	Yes V No		
	b. Are you a citizen of any other country	/?	
	Yes No V		
	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.s	hort@uhg.com
5.	Education and training:	*	
Colleg	ge/University <u>City/State</u>	Dates Attended (M	MM/YY) Degree Obtained
Newton	College of the Sacred Heart Newton Centre, MA	09/69 - 06/73	Bachelor of Arts
Gradu	ate Studies College/University C	ty/State Dates Attended (N	MM/YY) Degree Obtained
Boston	College Law School Newton	, MA 09/73 - 06/76	Juris Doctor
Other None	Training: Name <u>City/State</u> <u>D</u>	ates Attended (MM/YY)	Degree/Certification Obtained

applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of Revised 04/08/19



Applic	ant Company Name: United	Health Group Incorporated	_ NAIC No. FEIN:	Not Applicable
			FEUN.	41-1321939
6.	List of memberships in pro	fessional societies and asso	ciations:	
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	See attachment			
				6
7.	Present or proposed position	on with the Applicant Comp	any: Executive Vice President;	and Chief Legal Officer
8.	including present jobs, pos officerships). Please list th necessary to provide tele	itions, partnerships, owner of e most recent first. Attach ac phone numbers and super	of an entity, administrator, m dditional pages if the space p	npensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only past ten (10) years. Additional tional employers.
Beginn	ning/Ending		United Health Crown Incorporate	d
Dates	(MM/YY): 01/13 - Pre	sent Employer's Name:	Onlied Health Group Incorporate	
Addres	s: 9900 Bren Road East	City: Minnetonka	State/Prov	vince: MN
Countr	y: USA Postal C	ode: 55343 Phone: 95	52-936-1300 Offices/Position	ons Held: Chief Legal Officer
Туре о	f Business: Holding Compan	y Supervi	sor/Contact: David Wichmann	
	ning/Ending (MM/YY): <u>02/00</u> - <u>12/</u>	Employer's Name:	Dorsey & Whitney LLP	
Addres	s: 50 South Sixth Street, Suite	City: Minneapolis	State/Prov	vince: MN
Countr	y: <u>USA</u> Postal C	ode: <u>55402</u> Phone: 6	12-340-2600 Offices/Position	ns Held: Managing Partner;
Туре о	f Business: <u>Law Firm</u>	Supervi	sor/Contact: Bill Berews	i attilei
	ing/Ending (MM/YY): <u>04/88</u> - <u>02/</u> 0	Employer's Name: N	Minnesota Court of Appeals	
Addres	s: _25 Rev. Dr. Martin Luther Kin	g Jr. Blvd.City: St. Paul	State/Prov	ince: MN
Countr	y: <u>usa</u> Postal C	ode: <u>55155</u> Phone: <u>6</u>	51-297-7650 Offices/Positio	ns Held: <u>Appellate Court Judge</u>
Type o	f Business: Law	Supervi	sor/Contact: Not Applicable	
Beginn Dates (ing/Ending (MM/YY):	Employer's Name:		
				ince:
Country	y: Postal C	ode:Phone:	Offices/Positio	ns Held:
Туре о	f Business:	Supervi	sor/Contact:	

Applicant Company Name: UnitedHealth Group Incorporated NAIC No. Not Applicable 41-1321939 FEIN: 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 Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or b. 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 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:

- - Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or 2. any public administrative, or governmental licensing agency?

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?

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 🗸
1.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No 🗸
٠.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traff offenses?
	Yes No 🗸
	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a senten suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than citraffic offenses?
	Yes No 🗸
	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 count regulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?
	Yes No 🗸
	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or financial dispute?
	Yes No 🗸
	Had a finding made by the Comptroller of any state or the Federal Government that you have violated a provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violation any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No 🗸
	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No 🗸
	f the response to any question above is yes, please provide details including dates, locations, disposition, et 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

NAIC No. Not Applicable

	FEIN: 41-1321939
holds	e held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any person. None
If any	of the stock is pledged or hypothecated in any way, give details. Not Applicable
or of regul direc	Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance atory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that tly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control the person specified.
the o	No
	of the shares of stock are pledged or hypothecated in any way, give details.
Yes	you ever been adjudged a bankrupt? No provide details: Not Applicable
were stock	ur knowledge has any company or entity (including entities controlled by the holding company) for which you an officer or director, trustee, investment committee member, key management employee or controlling holder, had any of the following events occur while you served in such capacity? If employed at the holding any 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 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

I DITT.
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

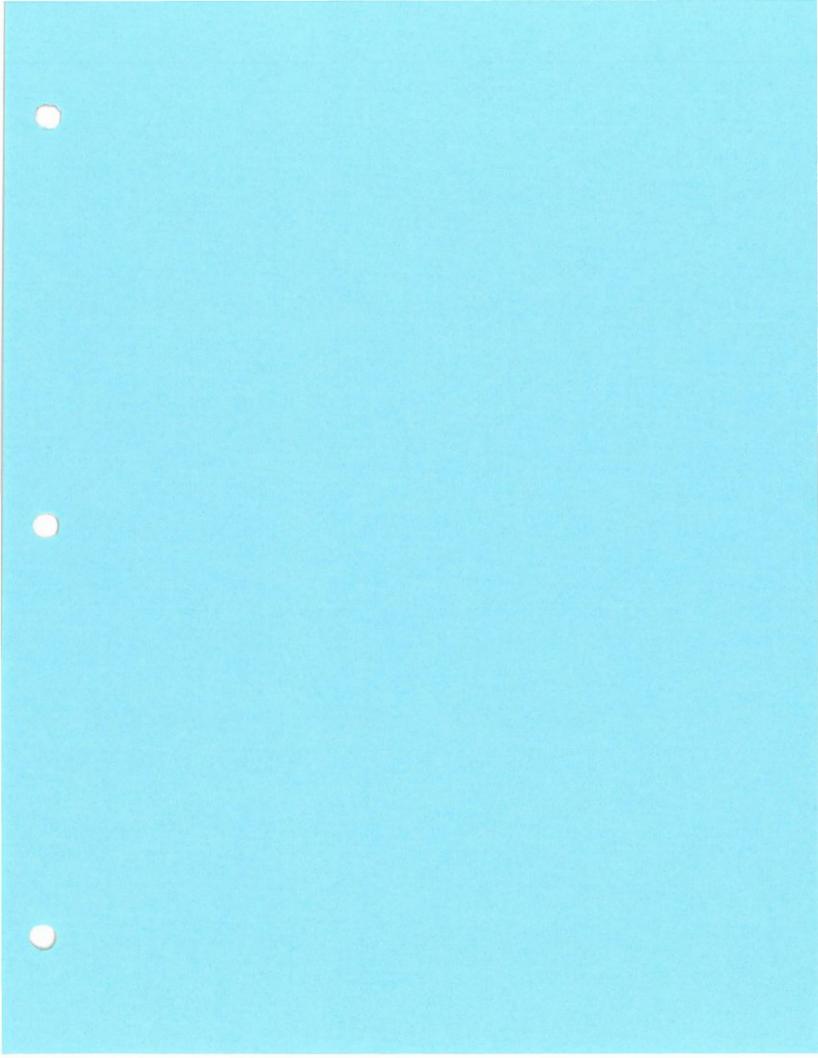
FEIN: <u>41-1321939</u>

ATTACHMENT TO NAIC BIOGRAPHICAL AFFIDAVIT

MARIANNE DOLORES SHORT

6. List of memberships in professional societies and associations:

<u>Name</u> <u>Co</u>		<u>Address</u>	<u>Telephone</u>
Hennepin County Bar Associa	tion 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 Associat	on Sarah Eyber	600 Nicollet Mall, Suite 380 Minneapolis, MN 55402	612-333-1183
American Bar Association	Laura Bellow	75 321 North Clark Street Chicago, IL 60654	312-988-5000
National Association of Corporate Directors	Paul Niermann 2	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



Applicant Company Name:	UnitedHealth	Group	Incorporated
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	CONFIDENTIAL
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)

	 	UnitedHeal	th Group Incorpo	prated	
		9900 Bren R	load East		
		Minnetonka	, Minnesota 553	43 (952) 936-1300	
hereinafter set ANSWER IS	forth. (Attach "NO" OR "NO	addendum or sepa DNE," SO STATE.	rate sheet if space	e hereon is insufficient to	information about myself a answer any question fully.) I ISE. INCOMPLETE FORM PLICATION.
1. Affian	t's Full Name (Initials Not Accept	able): First: David	Middle: Scott	Last: Wichmann
2. a.	Are you a cit	izen of the United S	States?		
	Yes 🗸	No			
b.	Are you a cit	izen of any other co	ountry?		
	Yes	No 🗸			
	If yes, what o	ountry? Not Applica	able		
3. Affian	t's occupation o	or profession: Execu	tive		
4. Affian	t's business add	ress: 9900 Bren Roa	d East, Minnetonka,	MN 55343	
Busine	ss telephone: 9	52-936-1300	Busir	ness Email: david_s_wichmar	nn@uhg.com
5. Educat	ion and training	g:			
College/Univer	sity	City/State	2	Dates Attended (MM/Y	Y) Degree Obtained
Illinois State Unive	ersity	Normal, IL		09/81 - 05/85	BS - Accounting
Graduate Studie	s <u>Coll</u>	ege/University	City/State	Dates Attended (MM/Y	Y) Degree Obtained
None					
Other Training:	<u>Name</u>	<u>City/State</u>	Dates Attende	d (MM/YY) <u>I</u>	Degree/Certification Obtained
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.

Applic	ant Company N	Name: UnitedHealth	Group Incorporated		Not Applicable
				FEIN:	41-1321939
6.	List of memb	perships in profession	onal societies and associ	ations:	
	Name o	√£		Address of	Telephone Number
	Society/Asso		Contact Name	Society/Association	of Society/Association
	None				
7.	Present or pr	oposed position wit	h the Applicant Compan	ny: Director; and Chief Execut	ive Officer
8.	including pre officerships) necessary to	esent jobs, positions Please list the mos provide telephone	, partnerships, owner of t recent first. Attach add e numbers and supervi	an entity, administrator, mitional pages if the space p	npensated or otherwise (up to and nanager, operator, directorates or provided is insufficient. It is only e past ten (10) years. Additional tional employers.
	ing/Ending				
Dates	(MM/YY): 03/	98 - Present	Employer's Name: Ur	nitedHealth Group Incorporate	ed
Addres	s: 9900 Bren Ro	pad East	City: Minnetonka	State/Prov	vince: MN
Countr	v USA	Postal Code:	55343 Phone: 952	-936-1300 Offices/Position	ons Held: Chief Executive Officer
Type o	fBusiness:	lolding Company	Superviso	or/Contact: Human Resource	98
	ing/Ending				
Dates ((MM/YY):	-	Employer's Name:		
Addres	s:		City:	State/Prov	vince:
Countr	y:	Postal Code:	Phone:	Offices/Positio	ons Held:
			Superviso	on/Contact.	
	ing/Ending		Davidson J. Marra		
Dates ((MIM/ Y Y):		Employer's Name:		
Addres	s:		City:	State/Prov	ince:
Country	y:	Postal Code:	Phone:	Offices/Positio	ns Held:
Type of	fBusiness:		Superviso	r/Contact:	
Beginni	ing/Ending				
Dates (MM/YY):		Employer's Name:		
Address	s:		City:	State/Prov	ince:
					ns Held:
Type of	Business.		Superviso	r/Contact:	

Applic	ant Comp	pany Name: UnitedHealth Group Incorporated	NAIC NO FEIN:	Not Applicable 41-1321939
9.	a.	Have you ever been in a position which required a fid	delity bond?	
		Yes No 🗸		
		If any claims were made on the bond, give details: No	ot Applicable	
	b.	Have you ever been denied an individual or positio revoked?	on schedule fidelit	y bond, or had a bond canceled or
		Yes No 🗸		
		If yes, give details: Not Applicable		
10.	or gove in the p the lice number are rear represe	y professional, occupational and vocational licenses (in ernmental licensing agency or regulatory authority or licenses. For any non-insurance regulatory issuer, identify an ensing authority or regulatory body having jurisdiction or is your Social Security Number (SSN) or embeds your sonably identifiable as your SSN, then write SSN for the ented by your SSN. (For example, "SSN", "12-SSN-34 of the space provided is insufficient.	censing authority the nd provide the name over the license (s) r SSN or any seque that portion of the	nat you presently hold or have held e, address and telephone number of issued. If your professional license nce of more than five numbers that professional license number that is
Organiz	zation/Iss	suer of License: State of MN Board of Accountancy Address	3: 85 East 7th Place,	Suite 125
City:	St. Paul	State/Province: MN Country	r: USA	Postal Code: 55101
License	Type: C	PA License #: 11931	Date Issued (MM	/YY): 1 <u>0</u> /88
Date Ex	opired (M	MM/YY): Inactive Reason for Termination:	Not Applicable	
Non-In:	surance R	Regulatory Phone Number (if known): 651-296-7938		
Organiz	zation/Iss	suer of License: Illinois Board of Examiners Address	: 100 Trade Centre	Drive, Suite 403
City:	Champai	gn State/Province: IL Country	: USA	Postal Code: 61820
License	Type: _C	CPA Certificate License #: 41046	Date Issued (MM	/YY): <u>09/85</u>
Date Ex	pired (M	IM/YY): 09/92 Reason for Termination:	Moved to Minnesota i	n 1988; not practicing in Illinois
Non-Ins	surance R	Regulatory Phone Number (if known): 217-531-0950	D.	
11.		onding to the following, if the record has been sealed or ord was sealed or expunged, an affiant may respond "no		
	a.	Been refused an occupational, professional, or vocational any public administrative, or governmental licensing a		nit by any regulatory authority, or
		Yes No 🗸		
	b.	Had any occupational, professional, or vocational lic any judicial, administrative, regulatory, or disciplinary		ı hold or have held, been subject to



41-1321939

FEIN:

	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 civi 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 V 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 V
	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

plicant Co	mpany Name: UnitedHealth Group Incorporated		Not Applicable
		FEIN:	41-1321939
hold	ce held by the person. Control shall be presumed to exists with the power to vote, or holds proxies representing, terperson. None	en percent (10%) or i	
If an	y of the stock is pledged or hypothecated in any way, give	e details. Not Applicat	ole
or o regu direc	[Will] you or members of your immediate family individed for record, 10% or more of the outstanding shares of sto latory authority, or its affiliates? An "affiliate" of, or persectly, or indirectly through one or more intermediaries, core, the person specified.	ck of any entity sub on "affiliated" with,	pject to regulation by an insurance a specific person, is a person that
Yes	No ✓		
the c	s, please identify the company or companies in which the outstanding voting securities. Applicable	cumulative stock ho	oldings represent 10% or more of
If an	y of the shares of stock are pledged or hypothecated in an	v wav. give details.	
	Applicable	,, g	
. Have	you ever been adjudged a bankrupt?		
Yes	No 🗸		
If ye	s, provide details: Not Applicable		
	/1		
were stock	our knowledge has any company or entity (including enti- an officer or director, trustee, investment committee kholder, had any of the following events occur while yo pany level provide the group code. 707	member, key man	agement employee or controlling
a.	Been refused a permit, license, or certificate of aulicensing agency?	ithority by any regu	latory authority, or governmental-
	Yes No ✓		
b.	Had its permit, license, or certificate of authority sus to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy p similar proceeding)?	iplinary action (inc	cluding rehabilitation, liquidation
	Yes 🗸 No 🔲		
c.	Been placed on probation or had a fine levied agai authority in any civil, criminal, administrative, regula		
	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 gi affiant should also include any events within twelve (12) month		
See Attachment.		



Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable

FEIN: 41-1321939

ATTACHMENT TO NAIC BIOGRAPHICAL AFFIDAVIT

David Scott Wichmann

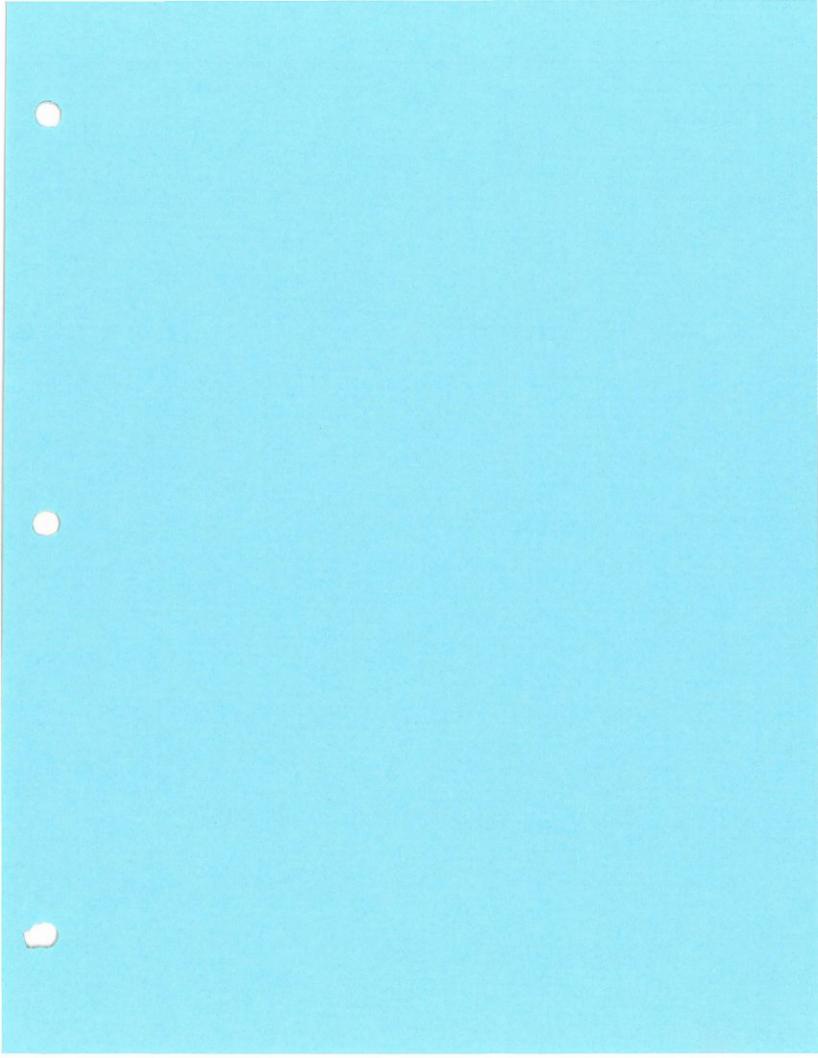
- 11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
 - h. Been, within the last ten (10) years, a party to any civil action involving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



		-				
1 7	BIAN	200		- 1	11	
Ji .			\cup	L N		

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)

		UnitedHealth	Group Incorporated		
		0000 Bron Po	ad East, Minnetonka	MN 55343	
				1, IVIIV 99949	
-		952-936-1300			
hereina ANSW	after set forth. (ER IS "NO" C	Attach addendum or sepa OR "NONE," SO STATE.	rate sheet if spac . ALL FIELDS !	e hereon is insufficient to	information about myself as answer any question fully.) If NSE. INCOMPLETE FORMS PLICATION.
1.	Affiant's Full	Name (Initials Not Accept	able): First: Gail	Middle: Roggin	Last: Wilensky, Ph.D.
2.	a. Are y	ou a citizen of the United S	States?		
	Yes	√ No		341	
	b. Are y	ou a citizen of any other c	ountry?		
	Yes	No 🗸			
	_				
	If yes	, what country? Not applic	able.		
3.	Affiant's occu	pation or profession: <u>Econ</u>	omist		
4.	Affiant's busin	ess address: Project HOPE,	7500 Old Georgeto	wn Road, Suite 600, Bethesda	, MD 20814
	Business telep	hone: 301-347-3902	Busin	ness Email: Not available.	
5.	Education and	training:			
College	e/University	City/State	2	Dates Attended (MM/	YY) Degree Obtained
Universi	ty of Michigan	Ann Arbor,	MI	1960-1964	BA
Gradua	te Studies	College/University	City/State	Dates Attended (MM/	YY) Degree Obtained
See atta	chment for addition	nal information.			
Other T	raining: Name	City/State	Dates Attende	d (MM/YY)	Degree/Certification Obtained
•	chment for addition	asl information			
See atta	Chinem for addition	iai illioilliatioli.			

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.

Appli	icant Company Name: <u>UnitedHea</u>	Ith Group Incorporated	NAIC No. <u>No</u> FEIN: <u>41</u> -	applicable 1321939
6.	List of memberships in profe	ssional societies and associ	ations:	
)	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	National Association of Corporate Directors	Alli O'Callaghan	1515 N. Courthouse Road, St 1200, Arlington, VA 22201	ite 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 Compar	y: Independent Outside Director	
8.	including present jobs, positi officerships). Please list the i necessary to provide telepl	ons, partnerships, owner of most recent first. Attach add none numbers and supervi	(20) years, whether compens an entity, administrator, managitional pages if the space provisory information for the pastication process for international	ger, operator, directorates or ded is insufficient. It is only it ten (10) years. Additional
	nning/Ending (MM/YY): <u>05/93</u> - <u>Present</u>	Employer's Name: <u>U</u>	nitedHealth Group Incorporated	
Addre	ess: 9900 Bren Road East	City: Minnetonka	State/Province	: MN
Count	try: USA Postal Coo	le: 55343 Phone: 952	2-936-1300 Offices/Positions H	Ield: Director
Туре	of Business: Holding Company	Superviso	or/Contact: Dannette L. Smith, Se	ecretary to the Board
	ning/Ending (MM/YY): <u>1993</u> - <u>Prese</u>	nt Employer's Name: P	roject HOPE	
Addre	SS: 7500 Old Georgetown Road, S	uite 600 City: <u>Bethesda</u>	State/Province	: MD
Count	ry: USA Postal Coc		-656-7401 Offices/Positions H	eld: Senior Fellow; Past John M. Olin Senior Fellow
Type	of Business: Care Organization		r/Contact: <u>Dr. John P. Howe, III</u>	
	ning/Ending (MM/YY): <u>1997</u> - <u>Preser</u>	nt Employer's Name: Q	uest Diagnostics Incorporated	
Addre	ss: 3 Giralda Farms	City: Madison	State/Province:	NJ
Count	ry: <u>USA</u> Postal Cod	e: <u>07940</u> Phone: <u>973</u>	-520-2170 Offices/Positions H	eld: <u>Director</u>
Type of	of Business: Clinical Laboratory S	Services Superviso	r/Contact: Human Resources	
	ning/Ending (MM/YY): 09/08 - Present	Employer's Name: <u>Un</u>	iformed Services University of the l	Health Sciences
Addre	SS: 4301 Jones Bridge Road	City: Bethesda	State/Province:	MD
Count	ry: <u>USA</u> Postal Cod	e: <u>20814</u> Phone: <u>800</u>	0-515-5257 Offices/Positions H	eld: <u>Trustee</u>
Type o	of Business: Health Science Univ	ersity Superviso	r/Contact: Human Resources	
See 21	ttachment for additional information			

9.	a.	Have you ever been in a position w	nich 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 ind revoked? Yes No ✓ If yes, give details: Not applicable.				
10.	or go in the the li numb are re repre	vernmental licensing agency or regulatory past. For any non-insurance regulatory censing authority or regulatory body haver is your Social Security Number (SSN easonably identifiable as your SSN, the sented by your SSN. (For example, "S if the space provided is insufficient.	cional licenses (including lice bry authority or licensing authorissuer, identify and provide to ving jurisdiction over the lice I) or embeds your SSN or any on write SSN for that portion SSN", "12-SSN-345" or "123	nses to sell securities) issued by any public pority that you presently hold or have held he name, address and telephone number of use (s) issued. If your professional license is sequence of more than five numbers that of the professional license number that is 4-SSN" (last 6 digits)). Attach additional		
Org	anization/I					
				Postal Code:		
Lice	ense Type:	License #:	Date Issue	d (MM/YY):		
		e Regulatory Phone Number (if known):				
				Postal Code:		
Lice	ense Type:	License #:	Date Issue	d (MM/YY):		
Date	e Expired (MM/YY): Reason f	or Termination:			
		Regulatory Phone Number (if known):				
11.		ponding to the following, if the record be cord was sealed or expunged, an affiant		and the affiant has personally verified that stion. Have you ever:		
	a.	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, any judicial, administrative, regulato		mit you hold or have held, been subject to		

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

FORM 11

Appli	cant Con	npany Name: UnitedHealth Group Incorporated	NAIC No. FEIN:	Not applicable 41-1321939		
	holds	e held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person. None.				
	If any	of the stock is pledged or hypothecated in any way, give of	details. Not applicab	le.		
13.	or of regula direct	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 controwith, the person specified.				
	Yes	No ✓				
	the ou	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			
	-	oplicable.	way, give details.			
14.	Have	Have you ever been adjudged a bankrupt?				
	Yes	Yes No ✓				
	If yes,	provide details: Not applicable.				
15.	were stockl	ur knowledge has any company or entity (including entitie an officer or director, trustee, investment committee molder, had any of the following events occur while you sany level provide the group code. 707	nember, key mana	gement employee or controlling		
	a.	Been refused a permit, license, or certificate of auth licensing agency?	nority by any regula	atory authority, or governmental-		
		Yes No ✓				
	b.	Had its permit, license, or certificate of authority suspe to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro similar proceeding)?	olinary action (incl	uding rehabilitation, liquidation,		
		Yes No 🗸				
	c.	Been placed on probation or had a fine levied agains authority in any civil, criminal, administrative, regulato				
		Yes ✓ No				