

NAIC No. <u>Not applicable</u> FEIN: <u>41-1321939</u>

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.

NAIC No: <u>Not Applicable</u> FEIN: <u>41-1321939</u>

ONFIDENT

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Gail Roggin Wilensky, Ph.D.

5. Education and training:

Graduate Studies: Name University of Michigan	<u>City/State</u> Ann Arbor, MI	Dates Attended (MM/YY) 1964-1965	Degree/Certification Obtained MA
University of Michigan	Ann Arbor, MI	1965-1968	Ph.D.
Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
Hahnemann University	Philadelphia, PA	1993	Honorary Degree
Hahnemann University Rush University			

6.

List of memberships in professional societies and associations (continued)

Name of		Address of	Telephone Number
Society/Association	Contact Name	Society/Association	of Society/Association
American Economic Association	Peter A. Diamond	2014 Broadway, Suite 305 Nashville, TN 37203	615-322-2595
National Academy of Sciences	John I. Brauman	500 Fifth Street, NW Washington, DC 20001	202-334-2000
American Public Health Association	llisa Halpern	1015 15 th St. NW, Suite 300 Washington, DC 20005	202-789-5600

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): 2010-Present	Employer's Name: Geisinger Health System Foundation
Address: 100 North Academy Avenue	City: Danville State: PA
Country: USA Postal Code: 17822 Phone:	570-271-6461 Offices/Positions Held: Medical Affairs &
	Compensation Committees - Director
Type of Business: Health and Medical Facilities	Supervisor/Contact: Human Resources
Beginning/Ending	
Dates (MM/YY): 1993-Present	Employer's Name: <u>UMWA Health and Retirement Funds</u>
Address: 470 Johnson Road, Suite 20	City: Washington State: DC
Country: USA Postal Code: 15301 Phone:	724-229-5400 Offices/Positions Held: Trustee, Combined
	Benefits Fund
Type of Business: <u>Health and Pension Plans</u>	Supervisor/Contact: Human Resources
Beginning/Ending	
Dates (MM/YY): 10/09-Present	Employer's Name:The BrainScope Company
Address: 8120 Woodmont Ave, Suite 250	City: Bethesda State: MD
Country: USA Postal Code: 20814 Phone:	240-752-7680 Offices/Positions Held: Director
Type of Business: Medical Neurotechnology	Supervisor/Contact: Human Resources
Beginning/Ending	
Dates (MM/YY): 2005-Present	Employer's Name: National Opinion Research Center
Address: 55 East Monroe Street	City: <u>Chicago</u> State: <u>IL</u>
Country: USA Postal Code: 60603 Phone:	800-248-8640 Offices/Positions Held: Trustee
Type of Business: <u>Research Center</u>	Supervisor/Contact: Legal Department

NAIC No: Not Applicable FEIN: 41-1321939

Beginning/Ending Dates (MM/YY): <u>12/05-07/11</u>	Employer's Name: SRA International, Inc.
Address: 4300 Fair Lakes Court	City: <u>Fairfax</u> State: <u>VA</u>
	703-803-1500 Offices/Positions Held: Director
Type of Business: Information Tech Services	Supervisor/Contact: Legal Department
	Employer's Name: Cephalon, Inc. City: Baltimore State: Maryland 410-764-3460 Offices/Positions Held: Vice-Chair
Type of Business: Biopharmaceutical Company	Supervisor/Contact: Bridget Zombro
Beginning/Ending Dates (MM/YY): <u>1998-12/07</u> Address: <u>333 N. Summit Street</u> Country: <u>USA</u> Postal Code: <u>43604</u> Phone: Supervisor/Contact: <u>Human Resources</u>	Employer's Name: HCR Manor Care, Inc. City: Toledo 419-252-5500 Offices/Positions Held:
Beginning/Ending Dates (MM/YY): 2004-2008 Address: 4160 Patterson Avenue Country: USA Postal Code: 21215 Supervisor/Contact: Bridget Zombro	Employer's Name: Maryland Health Care Commission City: Baltimore 410-764-3460 Offices/Positions Held:
Beginning/Ending Dates (MM/YY): <u>05/01-05/03</u>	Employer's Name: <u>President's Task Force to Improve Health</u> Care for Our Nation's Veterans
Address: <u>1730 K Street NW</u> Country: <u>USA</u> Postal Code: <u>20006</u> Phone: Supervisor/Contact: <u>President of the United State</u>	City:WashingtonState:DC202-653-7220Offices/Positions Held:Co-Chair
Address: <u>3 Huntington Quadrangle, 28</u>	Employer's Name: Gentiva Health Services, Inc. City: Melville State: New York 631-501-7000 Offices/Positions Held: Director
Beginning/Ending Dates (MM/YY): 1998-12/07 Address: 333 N. Summit Street Country: USA Postal Code: 43604 Supervisor/Contact: Human Resources	419-252-5500 Offices/Positions Held: Director
Beginning/Ending Dates (MM/YY): <u>12/08-09/09</u> Address: <u>5 Skyline Drive</u> , <u>5111 Leesburg #810</u> Country: <u>USA</u> Postal Code: <u>22041</u> Phone: Supervisor/Contact: <u>Asst Secretary of Defense</u>	Employer's Name: Defense Health Board City: Falls Church State: VA 703-681-8448 Offices/Positions Held: President: Chair, Health Care Del Subcmtee
Beginning/Ending Dates (MM/YY): 10/97-05/01 Address: 1730 K Street NW Country: USA Postal Code: 20006 Supervisor/Contact: Human Resources	Employer's Name: Medicare Payment Advisory Commission City: Washington State: DC 202-653-7220 Offices/Positions Held: Chair
Beginning/Ending Dates (MM/YY): 03/07-08/07	Employer's Name: <u>President's Commission on Care for</u> America's Returning Wounded Warriors
Address: <u>1730 K Street, NW</u> Country: <u>USA</u> Postal Code: <u>20006</u> Phone: Supervisor/Contact: <u>Human Resources</u>	City: <u>Washington</u> State: <u>DC</u> <u>Unknown</u> Offices/Positions Held: <u>Commissioner</u>

NAIC No: Not Applicable FEIN: <u>41-1321939</u>

Beginning/Ending	
Dates (MM/YY): <u>12/06-12/07</u>	Employer's Name: Department of Defense
Address: 4300 Fair Lakes Ct.	City: Fairfax State: Virginia
Country: USA Postal Code: 22033 Phone:	703-503-7731 Offices/Positions Held: Co-Chair, Task
	Force on the Future of Military Health Care
Supervisor/Contact: <u>Human Resources</u>	
Beginning/Ending	
Dates (MM/YY): _2005-2008	Employer's Name: _ World Health Organization Commission
	on Social Determinants of Health
Address: 4300 Fair Lakes Ct.	
	703-503-7731 Offices/Positions Held: Commissioner
Supervisor/Contact: <u>Human Resources</u>	
Beginning/Ending	
Dates (MM/YY): 1993-2003	Employer's Name:Advanced Tissue Sciences, Inc.
Address: 10933 N. Torrey Pines Road	City: LaJolla State: California
	858-713-7300 Offices/Positions Held: Director
Supervisor/Contact: Human Resources	
Beginning/Ending	
Dates (MM/YY): 1993-2003	Employer's Name: Syncor International Corporation
Address: 6464 Canoga Avenue	City: Woodland Hills State: California
	818-737-4000 Offices/Positions Held: Director
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

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.

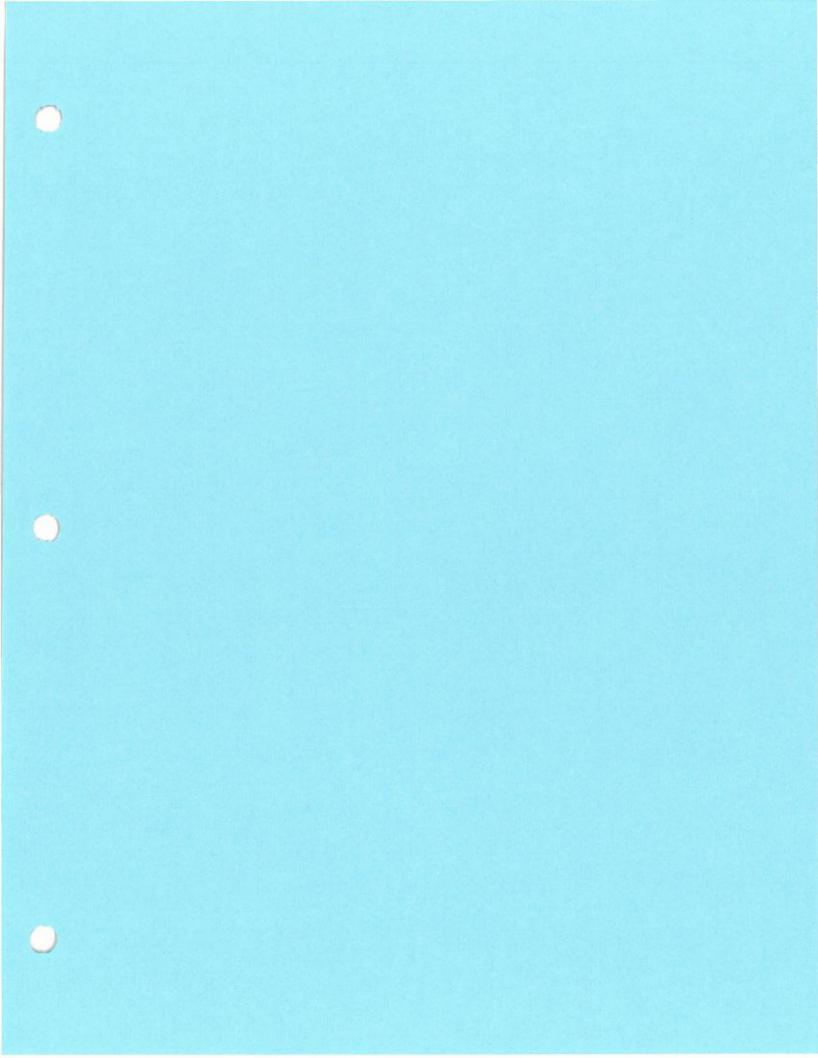


NAIC No: Not Applicable FEIN: 41-1321939

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 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.

Jerald King, Derivatively on behalf of Cephalon, Inc. v. Frank Baldino, Jr., et al., a shareholder derivative action relating to sales practices with respect to the drug Provigil, was filed in January 2008 in the United States District Court for the District of Delaware and subsequently, was appealed in the United States Court of Appeals for the Third Circuit. The suit named as defendants certain of the company's directors and executives, including me, as well as the Company as a nominal defendant. The trial court dismissed the case and in December 2010, the appeals court affirmed the dismissal.



UUNTIDENTA

Applicant Company Name: _____ UnitedHealth Group Incorporated

NAIC No. Not Applicable FEIN: 41-1321939

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

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

1.	Affiant	's Full N	ame (Initials Not Acce	eptabl	le): First: Dorotny	Middle: Ellen	Last:_	vviison
2.	a.	Are yo	u a citizen of the Unite	ed Sta	ites?			
		Yes	✓ No					
	b.	Are yo	u a citizen of any other	r cou	ntry?			
		Yes 🗌	No 🗸					
		If yes,	what country? Not App	licabl	e			
3.	Affiant	's occupa	ation or profession: Exe	ecutiv	e			
4.	Affiant	's busine	ss address: 9900 Bren R	load E	ast, Minnetonka, MN	55343		
	Busine	ss teleph	one: 952-936-6688		Business	Email: ellen.wilson@u	uhg.com	
5.	Educati	ion and ti	raining:					
College	e/Univers	sity	<u>City/St</u>	ate]	Dates Attended (MM	I/YY)	Degree Obtained
Bryant U	niversity		Smithfield, F	२।	(9/75 - 06/79		BS
Graduat	te Studie:	<u>s</u>	College/University		City/State	Dates Attended (MM	[/YY]	Degree Obtained
Babson	College			We	llesley, MA	1989		MBA
	raining:	Name	City/State		Dates Attended (M	<u>1M/YY)</u>	Degree/C	ertification 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.

Applica	ant Company Name: Unite	edHealth Group Incorporated		Not Applicable
			FEIN:	41-1321939
6.	List of memberships in p	professional societies and asso	ociations:	
	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
	National Association of	Holly Dreckman	1133 21st St. NW, Ste 700 Washington, DC 20036	202-775-0509
	Corporate Directors		Washington, DC 20030	
7.	Present or proposed posi	ition with the Applicant Com	pany: Executive Vice President,	Human Capital
8.	including present jobs, po officerships). Please list necessary to provide te	ositions, partnerships, owner the most recent first. Attach a	of an entity, administrator, m dditional pages if the space p rvisory information for the	npensated or otherwise (up to an nanager, operator, directorates o provided is insufficient. It is only past ten (10) years. Additiona tional employers.
	ing/Ending (MM/YY): 10/11 - P	resent Employer's Name:	UnitedHealth Group Incorporate	d
	s: 9900 Bren Road East	City: Minnetonka	State/Prov	
			State/110	vince.
Countr	y: USA Postal			ons Held: Executive Vice President, Human Capital
	y: USA Postal	Code: 55343 Phone: 9		ons Held: Executive Vice President, Human Capital
Туре о	f Business: Holding Comp	Code: 55343 Phone: 9	952-936-1300 Offices/Position	ons Held: Executive Vice President, Human Capital
Type o: Beginn		Code: <u>55343</u> Phone: <u>Superv</u>	952-936-1300 Offices/Position	ons Held: Executive Vice President, Human Capital
Type o: Beginn	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u>	Code: <u>55343</u> Phone: <u>Superv</u>	952-936-1300 Offices/Position	ons Held: Executive Vice President, Human Capital
Type o: Beginn Dates (Addres:	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s:	Code: <u>55343</u> Phone: <u>9</u> any Superv <u>9/11</u> Employer's Name: City:	252-936-1300 Offices/Position risor/Contact: David Wichmann Retired State/Prov	ons Held: Executive Vice President, Human Capital
Type of Beginn Dates (Address Country	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal	Code: 55343 Phone: 9 any Superv 9/11 Employer's Name: City: Code:	052-936-1300 Offices/Position isor/Contact: David Wichmann Retired State/Prov Offices/Positic	ons Held: Executive Vice President, Human Capital
Type of Beginn Dates (Addres: Country Type of	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal f Business:	Code: 55343 Phone: 9 any Superv 9/11 Employer's Name: City: Code:	052-936-1300 Offices/Position isor/Contact: David Wichmann Retired State/Prov Offices/Positic	ons Held: Executive Vice President, Human Capital vince:
Type of Beginn Dates (Address Country Type of Beginn	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal f Business: ing/Ending	Code: 55343 Phone: 9 any Superv 9/11 Employer's Name: City: Code: Phone: Superv	052-936-1300 Offices/Position risor/Contact: David Wichmann Retired State/Prov Offices/Positic risor/Contact:	ons Held: Executive Vice President, Human Capital
Type of Beginn Dates (Address Country Type of Beginn Dates (f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal f Business: ing/Ending (MM/YY): <u>12/92</u> - <u>0</u>	Code: 55343 Phone: any Superv 9/11 Employer's Name: City:	252-936-1300 Offices/Position risor/Contact: David Wichmann Retired State/Prov Offices/Positic risor/Contact: Fidelity Investments	ons Held: Executive Vice President, Human Capital
Type of Beginn Dates (Address Country Type of Beginn Dates (Address	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal f Business: ing/Ending (MM/YY): <u>12/92</u> - <u>0</u> s: <u>82 Devonshire</u>	Code: 55343 Phone: any Superv 9/11 Employer's Name: City:	252-936-1300 Offices/Position isor/Contact: David Wichmann Retired State/Prov Offices/Position isor/Contact: Fidelity InvestmentsState/Prov	ons Held: Executive Vice President, Human Capital
Type of Beginn Dates (Addres: Country Type of Beginn Dates (Addres: Country	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s:Postal f Business: ing/Ending (MM/YY): <u>12/92</u> - <u>0</u> s: <u>82 Devonshire</u> y: <u>USA</u> Postal	Code: 55343 Phone: any Superv 9/11 Employer's Name: City:	052-936-1300 Offices/Position risor/Contact: David Wichmann Retired State/Prov Offices/Position Offices/Position risor/Contact: State/Prov Fidelity Investments State/Prov State/Prov Offices/Position State/Prov Offices/Position Offices/Position State/Prov Offices/Position State/Prov Offices/Position State/Prov	ons Held: Executive Vice President, Human Capital vince:
Type of Beginn Dates (Addres: Country Type of Beginn Dates (Addres: Country Type of Beginni	f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal f Business: ing/Ending (MM/YY): <u>12/92</u> - <u>0</u> s: <u>82 Devonshire</u> y: <u>USA</u> Postal f Business: <u>Investments</u> ing/Ending	Code: 55343 Phone: any Superv 9/11 Employer's Name: City:	252-936-1300 Offices/Position isor/Contact: David Wichmann Retired State/Prov Offices/Position isor/Contact:	ons Held: Executive Vice President, Human Capital vince:
Type of Beginn Dates (Addres: Country Type of Beginn Dates (Addres: Country Type of Beginni Dates (f Business: <u>Holding Comp</u> ing/Ending (MM/YY): <u>07/09</u> - <u>0</u> s: y: Postal f Business: ing/Ending (MM/YY): <u>12/92</u> - <u>0</u> s: <u>82 Devonshire</u> y: <u>USA</u> Postal f Business: <u>Investments</u> ing/Ending (MM/YY): <u>09/13</u> P	Code: 55343 Phone: any Superv 9/11 Employer's Name: City: Phone: Code: Phone: Code: Phone: Superv Superv 6/09 Employer's Name: City: Boston Code: Not Available Phone: Superv Present Employer's Name:	052-936-1300 Offices/Position risor/Contact: David Wichmann Retired State/Prov Offices/Position Offices/Position risor/Contact: State/Prov Fidelity Investments State/Prov Not Available Offices/Position risor/Contact: Rodger Lawson / Walker Art Center Walker Art Center	ons Held: Executive Vice President, Human Capital vince:

				CC	DNFIDENTIAL
Applic	ant Com	pany Name: UnitedHealth Group Incorpor	ated		Not Applicable 41-1321939
9.	a.	Have you ever been in a position whi	ch required a fidelity b	ond?	
		Yes No 🖌			
		If any claims were made on the bond,	give details: Not Applie	cable	
	b.	Have you ever been denied an indiv revoked?	idual or position sche	dule fidelity	bond, or had a bond canceled on
		Yes No 🖌			
		If yes, give details: Not Applicable			
10.	or gove in the p the lice number are rea represe	y professional, occupational and vocatio ernmental licensing agency or regulator past. For any non-insurance regulatory is ensing authority or regulatory body havin r is your Social Security Number (SSN) sonably identifiable as your SSN, then ented by your SSN. (For example, "SS f the space provided is insufficient.	y authority or licensing ssuer, identify and pro- ng jurisdiction over the or embeds your SSN o write SSN for that po N", "12-SSN-345" or	g authority that vide the name, e license (s) is or any sequence rtion of the pr "1234-SSN"	you presently hold or have held address and telephone number of sued. If your professional license e of more than five numbers that ofessional license number that is (last 6 digits)). Attach additional
Organi	zation/Iss	suer of License: Not Applicable	Address:		
City:		State/Province:	Country:		Postal Code:
Licens	e Type: _	License #:	Date	Issued (MM/Y	Y):
Date E	xpired (N	IM/YY): Reason fo	r Termination:		
Non-In	surance F	Regulatory Phone Number (if known):			
Organi	zation/Iss	uer of License:	Address:		
City:		State/Province:	Country:		_Postal Code:
License	e Type: _	License #:	Date	Issued (MM/Y	Y):
Date E:	xpired (N	IM/YY): Reason fo	r Termination:		
Non-In	surance F	Regulatory Phone Number (if known):			
11.		onding to the following, if the record ha ord was sealed or expunged, an affiant n			
	a.	Been refused an occupational, profess any public administrative, or governm			t by any regulatory authority, or
		Yes No 🖌			
	b.	Had any occupational, professional, o any judicial, administrative, regulator			iold or have held, been subject to
					Revised 04/08/19

CONFIDENTIAL

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No.Not ApplicableFEIN:41-1321939

Yes	No	1

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?



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



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?



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?



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



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?



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

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	1

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

Yes		No	1	
-----	--	----	---	--

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 [1
-----	------	---

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



NAIC No. Not Applicable FEIN: 41-1321939

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

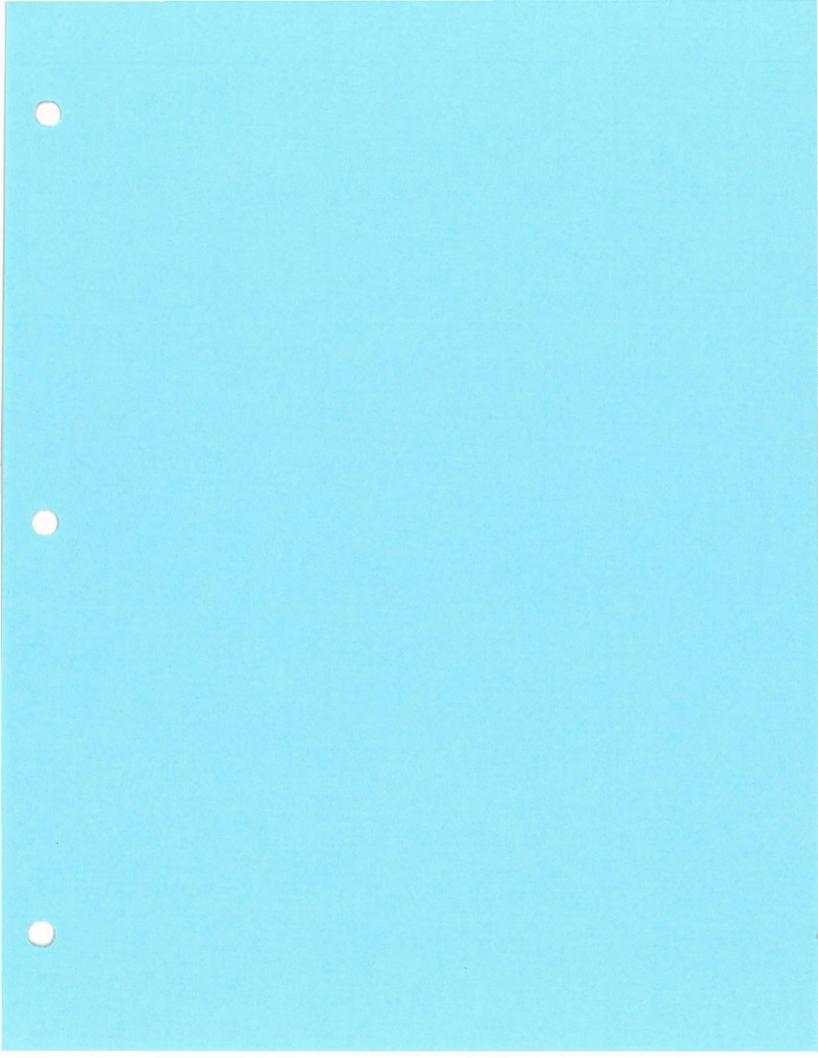
(c) UnitedHealth Group Incorporated and its affiliates operate in a highly regulated environment and engage in transactions

that may from time to time result in fines.

Attachment to NAIC Biographical Affidavit DOROTHY ELLEN WILSON

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/H Dates:	Ending -	02/19	- Prese		Employ Name:	ver's	Boston Ballet		
Address:	19 Cla	rendon Str	eet		City:	Boston	State/	Province:	MA
Country:	USA	Postal Code:	02116	Phone	: 61	7-695-6950	Offices/ Positions Held:	Director	
Type of Bus	siness:	Ballet C	Company			Supervisor/C	contact: Human	Resources	





NAIC No. Not Applicable FEIN: 41-1321939

Uniform Certificate of Authority Application (UCAA) BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

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

1.	Affiant's Full 1	Name (Initials Not Accept	able): First: <u>Andrew</u>	Middle: Philip	Last	VVitty
2.	a. Are y	ou a citizen of the United S	States?			
	Yes	No 🔽				
	b. Are y	ou a citizen of any other co	ountry?			
	Yes [✓ No				
	If yes	, what country? United King	gdom			
3.	Affiant's occu	pation or profession: Execu	tive			
4.	Affiant's busin	ess address: 701 Pennsylva	nia Avenue NW, Suite	200, Washington D.C. 2	0004	
	Business telep	hone: (952) 936-6216	Busine	ss Email: _andrew.witty@	optum.com	
5.	Education and	training:				
Colleg	e/University	City/State	1	Dates Attended (MN	<u>//YY)</u>	Degree Obtained
Universi	ty of Nottingham	University Park	Nottingham, U.K.	09/82 - 06/85		Joint Honours BA - Economics
<u>Gradua</u>	te Studies	College/University	City/State	Dates Attended (MN	<u>//YY)</u>	Degree Obtained
None						
<u>Other T</u>	<u>Training: Name</u>	<u>City/State</u>	Dates Attended	(MM/YY)	Degree/0	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 Applicable	
FEIN:	41-1321939	

6. List of memberships in professional societies and associations:

	<u>Name of</u> Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	National Association of Corporate Directors	Alli O'Callaghan	2001 Pennsylvania Ave., #500 Washington DC 20006	202-955-6997
_				
7.	Present or proposed posi	tion with the Applicant Com	pany: Executive Vice President; and C	Chief Executive Officer, Optum
8.	including present jobs, po officerships). Please list necessary to provide te	ositions, partnerships, owner the most recent first. Attach a lephone numbers and supe	nty (20) years, whether compen of an entity, administrator, manag additional pages if the space provi ervisory information for the pas rification process for internationa	ger, operator, directorates or ded is insufficient. It is only st ten (10) years. Additional
~	ng/Ending MM/YY): _07/18 P	resent Employer's Name:	UnitedHealth Group Incorporated	
Address	: 9900 Bren Road East	City: Minnetonka	State/Province	e: MN
Country	v: USA Postal	Code: 55343 Phone:	952-936-1300 Offices/Positions F	Held: <u>CEO, Optum</u>
Type of	Business: Holding Comp	any Superv	risor/Contact: David Wichmann	
	ng/Ending MM/YY): _08/1703	B/18 Employer's Name:	UnitedHealth Group Incorporated	
Address	: 9900 Bren Road East	City: Minnetonka	State/Province	e: MN
Country	v: USA Postal	Code: 55343 Phone:	952-936-1300 Offices/Positions H	leld: Independent Outside Director
Type of	Business: <u>Holding Comp</u>	any Superv	risor/Contact: Dannette L. Smith, Se	ecretary to the Board
	ng/Ending MM/YY): <u>01/13</u> - <u>0</u> 6	5/18 Employer's Name:	University of Nottingham	
Address	University Park	City: Nottingham	State/Province	: England
Country	": <u>U.K.</u> Postal	Code: <u>NG7 2RD</u> Phone: 9	44 (0) 115 951 5151 Offices/Positions H	leld: <u>Chancellor</u>
Type of	Business: <u>College/Univer</u>	sitySuperv	risor/Contact: <u>Human Resources De</u>	epartment
	ng/Ending MM/YY): <u>2017</u> - <u>P</u>	resent Employer's Name:	The London School of Hygiene & Tro	opical Medicine
Address	: Keppel Street	City: London	State/Province	England
Country	:U.KPostal	Code: <u>WC1E 7HT</u> Phone:	44 (0) 20 7636 8636 Offices/Positions H	eld: <u>Council Member</u>
	Business: <u>College/Univer</u>		isor/Contact: Legal Department	

						CONFIDENTIAL
Applic	ant Com	pany Name: _	nitedHealth Group Incorpora	ited	NAIC No FEIN:	Not Applicable 41-1321939
9.	a.	Have you ev	er been in a position whic	ch required a fidelity b	ond?	
		Yes	No 🖌			
		If any claim	s were made on the bond,	give details: Not Applic	cable	
	b.	Have you e revoked?	ver been denied an indivi	dual or position sche	dule fidelity	v bond, or had a bond canceled or
		Yes	No 🖌			
		If yes, give	details: <u>Not Applicable</u>			
10.	or gove in the p the lice number are rea represe	ernmental lice bast. For any mensing authorit r is your Social isonably identi ented by your f the space pro-	nsing agency or regulatory on-insurance regulatory is y or regulatory body havir l Security Number (SSN) fiable as your SSN, then SSN. (For example, "SS vided is insufficient.	authority or licensing souer, identify and proving jurisdiction over the or embeds your SSN of write SSN for that por N", "12-SSN-345" or	g authority the wide the name e license (s) is or any sequent rtion of the p "1234-SSN"	sell securities) issued by any public at 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
Organi	zation/Iss	suer of Licens	e: Not Applicable	Address:		
City:		Sta	te/Province:	Country:		Postal Code:
Licens	e Type: _		License #:	Date 1	Issued (MM/	/YY):
Date E	xpired (N	/IM/YY):	Reason for	Termination:		
Non-In	surance H	Regulatory Pho	one Number (if known): _			
Organiz	zation/Iss	suer of License		Address:		
City:		Sta	te/Province:	Country:		Postal Code:
License	e Type:		License #:	Date I	Issued (MM/	/YY):
Date E:	xpired (N	4M/YY):	Reason for	Termination:		
Non-In	surance F	Regulatory Pho	one Number (if known): _	2		
11.			ollowing, if the record ha or expunged, an affiant m			affiant has personally verified that lave you ever:
	a.		d an occupational, profess dministrative, or governm			nitby any regulatory authority, or
		Yes	No 🖌			
	b.		upational, professional, o administrative, regulator			hold or have held, been subject to
						Revised 04/08/19

CONFIDENTIAL

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No.	Not Applicable
FEIN:	41-1321939

Yes No 🗸

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

Yes No 🗸

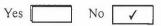
d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes	No	1

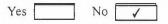
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?



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?



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?



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



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?

No Yes

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.

In my capacity as an employee of GSK, I have not been a party to any legitimate lawsuit alleging dishonesty, breach of trust,

or a financial dispute. As the CEO of a global pharmaceutical company, I was from time to time named in non-material complaints, all of which were dismissed.

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

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.



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

Not Applicable

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

Not applicable.

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

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

les [No	1
les	 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



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. GlaxoSmithKline plc and its subsidiaries, associates, joint ventures and joint arrangements also operate in a highly regulated environment and engage in transactions that may from time to time result in fines.



8.

NAIC No: Not Applicable FEIN: <u>41-1321939</u>

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Andrew Philip Witty

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

Beginning/Ending Dates (MM/YY): 05/08 - 04/17	
Address: <u>980 Great West Road</u>	Employer's Name: <u>GlaxoSmithKline Plc</u> City: <u>Brentford Middlesex</u> State: <u>England</u>
	44(0) 20 8047 5000 Offices/Positions Held: Chief Executive
103111 Court. 140 705 Thome.	Officer; and Director
Type of Business: Global Pharmaceutical Company	
57	superviser contact Begar Department
GlaxoSmithKline (continued):	
2003-2008 President, Pharmaceuticals Europe	2
2000-2002 Senior Vice President, Asia Pacifi	
1999-2000 Regional Director, GlaxoWellcom	ne East Asia
1997-1999 Vice President and General Manag	ger Marketing US, Glaxo Wellcome
Beginning/Ending	
Dates (MM/YY): 2017-Present	Employer's Name: G1 Therapeutics
Address: 79 T W Alexander Drive #4501, Suite 100	
	919-213-8935 Offices/Positions Held: Director
Type of Business: Medical Research and Treatment	Supervisor/Contact: Legal Department
Decision / Padian	
Beginning/Ending Dates (MM/YY): <u>2017</u>	Employer's Nemer LIK Ministry of Defense External
Dates (191191/ 1 1): 2017	Employer's Name: <u>UK Ministry of Defense External</u> Innovation Panel
Address: 5 th Floor, Zone A Whitehall	City: London State: England
	e:020 7218 9000 Offices/Positions Held: Advisor
Type of Business: <u>Government</u>	Supervisor/Contact: Human Resources Department
Type of Business. <u>Government</u>	Supervisor/Contact. Inuman Resources Department
Beginning/Ending	
Dates (MM/YY): 2017-Present	Employer's Name: Synthego Corporation
Address: <u>3696 Haven Ave.</u>	City: <u>Redwood City</u> State: <u>CA</u>
Country: USA Postal Code: 94063 Phone:	888-611-6883 Offices/Positions Held: Advisor
Type of Business: Biotechnology Company	Supervisor/Contact: Legal Department
Beginning/Ending	
Dates (MM/YY): <u>2017-Present</u> Address: <u>501</u> 2 nd Street #300	Employer's Name: <u>8VC Corporation</u>
	City: San Francisco State: CA
	415-366-8422 Offices/Positions Held: Senior Advisor
Type of Business: Investment Company	Supervisor/Contact: Legal Department

NAIC No: Not Applicable FEIN: <u>41-1321939</u>

Beginning/Ending Dates (MM/YY): 2017-Present Employer's Name: Hatteras Venture Partners	
Dates (MM/YY): 2017-Present Employer's Name: <u>Hatteras Venture Partners</u> Address: 280 South Mangum St. City: Durham State: NC	
Country: USA Postal Code: 27701 Phone: 919-484-0730 Offices/Positions Held: Venture Pa	rtner
Type of Business: <u>Consulting Company</u> Supervisor/Contact: Legal Department	
Beginning/Ending	
Dates (MM/YY): 2017-Present Employer's Name: Bill and Melinda Gates Foundation	on
Address: <u>440 5th Ave. N.</u> City: <u>Seattle</u> State: <u>WA</u>	
Country: USA Postal Code: 98109 Phone: 206-709-3100 Offices/Positions Held: Advisor Type of Business: Health Foundation Supervisor/Contact: Legal Department	
Beginning/Ending	
Dates (MM/YY): 2014-Present Employer's Name: UK Government	
Address: <u>1 Victoria Street</u> City: <u>London</u> State: <u>England</u>	1 1
Country: U.K. Postal Code: <u>SW1H 0ET</u> Phone: <u>020 7215 5000</u> Offices/Positions Held: <u>Business Ar</u>	nbassador
Type of Business: Government Supervisor/Contact: Human Resources Department	
Destinations/Endine	
Beginning/Ending Dates (MM/YY): 2008 - 2018 Employer's Name: Singapore Economic Development	nt
250 North Bridge Road, #28-00 Employer's Name. <u>Singapore Economic Developmen</u> Baces (MNV/ 1 1). <u>2008 - 2018</u> Board/International	III
Address: <u>Raffles City Tower</u> City: <u>Singapore</u> State: <u>Not applica</u>	hle
Country: <u>Not applicable</u> Postal Code: 1 <u>79101</u> Phone: (6 <u>5) 6832 6832</u> Offices/Positions Held: <u>Advisory (</u> Member	
Type of Business: <u>Government</u> Supervisor/Contact: <u>Human Resources Department</u>	
Beginning/Ending Dates (MM/YY): <u>2014-2015</u> Employer's Name: <u>UN Panel on HIV/AIDS</u>	
Address: 20, Avenue Appia CH-1211 City: Geneva 27 State: Not applica	hle
Country: <u>Switzerland</u> Postal Code: <u>Not applicable</u> Phone: <u>41-22-791-36 66 Offices</u> /Positions Held: <u>Panel 1</u>	
Type of Business: Government Supervisor/Contact: Human Resource Department	
Supervisor/Contact. Fruman Resource Department	
Beginning/Ending	
Dates (MM/YY): 2010-2015 Employer's Name: Prime Minister's Business Advise Group	ory
Address: <u>1 Victoria Street</u> City: <u>London</u> State: <u>England</u>	
Country: U.K. Postal Code: <u>SW1H 0ET</u> Phone: <u>020 7215 5000</u> Offices/Positions Held: <u>Member</u>	
Type of Business: <u>Government</u> Supervisor/Contact: H <u>uman Resources Department</u>	
Beginning/Ending Dates (MM/YY): <u>2008-2011</u> Employer's Name: <u>INSEAD UK Council - Health In</u>	novation
Council	1.1.
Address: Boulevard de Constance City: Fontainebleau State: Not applical	
Country: France Postal Code: 77305 Phone: <u>33 1 60 72 40 00</u> Offices/Positions Held: <u>Council Me</u>	ember
Type of Business: Compliance Education Supervisor/Contact: Legal Department	

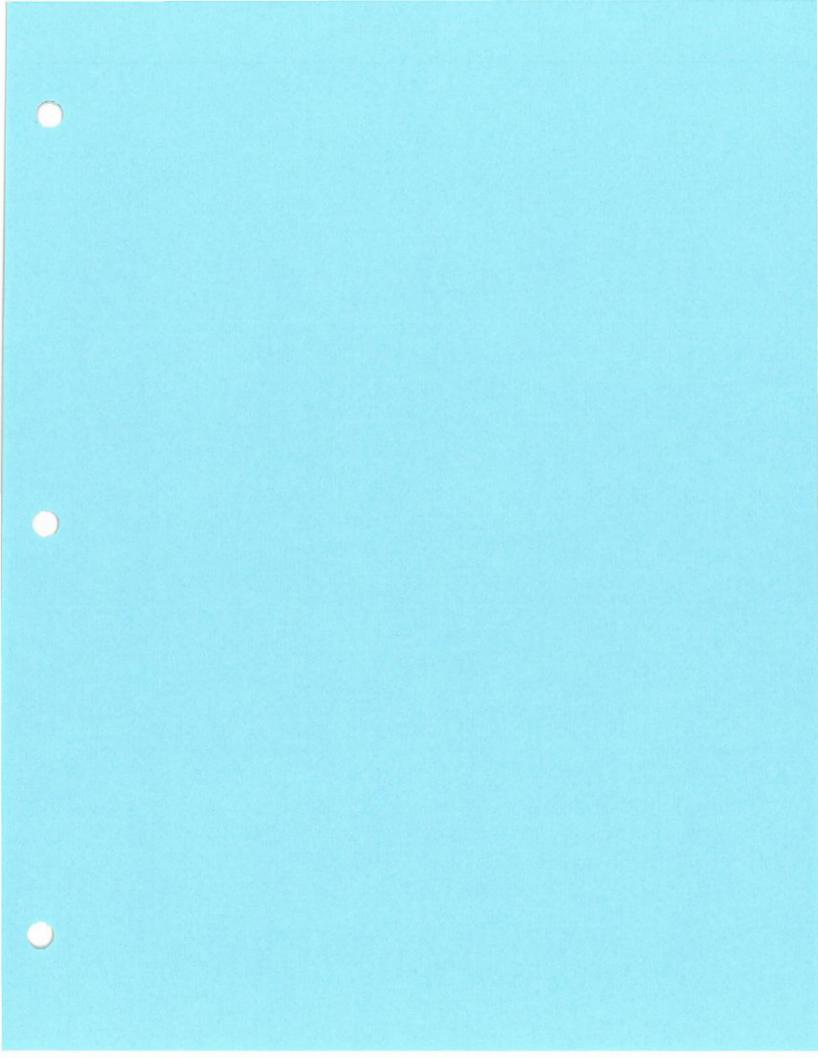


NAIC No: Not Applicable FEIN: 41-1321939

Employer's Name:	Office for Strategic Coordination of
	Health Research
City: London	State: England
ne: 01793 416200 Of	fices/Positions Held: Director
g Supervisor/Contact:	Human Resources Department
Employer's Name: F	Economic Development Board
City: Singapore	State: Not applicable
	ices/Positions Held: Audit Committee
	Member
	Tet evention lite
Supervisor/Contact: N	Not applicable
	City: <u>London</u> ne: 0 <u>1793 416200</u> Of <u>g</u> Supervisor/Contact: Employer's Name: <u>I</u> City: <u>Singapore</u>

Beginning/Ending

Dates (MM/YY): 2000-2003Employer's Name: Singapore Land Authority BoardAddress: 55 Newton Road, #12-01 Revenue HouseCity: SingaporeState: Not applicableCountry: Not applicablePostal Code: 307987Phone: 6823 8929Offices/Positions Held: Board MemberType of Business: GovernmentSupervisor/Contact: Not applicable





Biographical Affidavits for the Managers and Executive Officers of Specialty Benefits

				÷		See 13. 11		
1111	h			į.	1.1	4.21		
1.00 1	1	11	9	4	22	1.11 1.11	- A.	10 -

NAIC No. Not Applicable FEIN: 41-1921983

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)._____

requir	eu (Do Not Ose	Group (values).			
		Specialt	y Benefits, LLC		
		11000 O	ptum Circle		
		Eden Pr	airie, Minnesota 55	344	
herein ANSW	after set forth. VER IS "NO"	(Attach addendum or s OR "NONE," SO STA	eparate sheet if spac TE. ALL FIELDS	e hereon is insufficient to	y information about myself as o answer any question fully.) IF NSE. INCOMPLETE FORMS PPLICATION.
1.	Affiant's Ful	l Name (Initials Not Acc	eptable): First: Jame	Middle: Francis	Last: Bedard
2.	a. Are	you a citizen of the Unit	ed States?		
	Yes	✓ No			
	b. Are	you a citizen of any othe	er country?		
	Yes	No 🗸			
	If ye	es, what country? Not Ap	plicable		
3.	Affiant's occ	upation or profession: Ex	kecutive		
4.	Affiant's bus	iness address: 185 Asylum	Street, City Place 1, H	artford, CT 06103	
		phone: 860-702-6811		ness Email: james_f_bedard	d@uhc.com
5.	Education an				
	ge/University	<u>City/S</u>	tate	Dates Attended (MM/	(YY) Degree Obtained
Westerr	n New England Co	ollege Springfield	, MA	09/79 - 05/83	Bachelors
<u>Gradua</u>	ate Studies	College/University	City/State	Dates Attended (MM/	YY) Degree Obtained
Wester	n New England C	ollege	Springfield, MA	09/84 - 05/87	Masters
<u>Other</u>	Training: Name	<u>City/State</u>	Dates Attende	ed (MM/YY)	Degree/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.



Applicant	Company	Name:	Specialty	Benefits, LL	С

NAIC No. Not Applicable FEIN: 41-1921983

6.	List of memberships in professional societies and associations:						
	<u>Name of</u> <u>Society/Association</u> None	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association			
7.	Present or proposed position with	the Applicant Company: _	Manager; and Chief Financial Offi	cer			
8.	List complete employment recon including present jobs, positions, officerships). Please list the most necessary to provide telephone information may be required durin	partnerships, owner of an e recent first. Attach addition numbers and supervisory	nal pages if the space provide information for the past	, operator, directorates or d is insufficient. It is only ten (10) years. Additional			
Beginnin Dates (N	ing/Ending MM/YY): _06/07 Present	Employer's Name: United	Health Group Incorporated				
Address	s: _9900 Bren Road East	City: Minnetonka	State/Province:	MN			
Country	v: USA Postal Code: 5	5343 Phone: 800-367	-5690 Offices/Positions He	d: VP Finance			
Type of	Business: Holding Company	Supervisor/C	ontact: Saurabh Kumar				
	ng/Ending MM/YY): <u>04/06</u> - <u>06/07</u>	Employer's Name: Hartfo	rd Financial Services				
Address	: Hartford Plaza	City: Hartford	State/Province:	СТ			
Country	v: USA Postal Code: 0	6103 Phone: 860-547	7-5000 Offices/Positions Hel	d: <u>Controller</u>			
Type of	Business: <u>Insurance</u>	Supervisor/C	ontact: Barbara Perrijean				
	ng/Ending MM/YY): <u>12/01</u> - <u>03/06</u>	Employer's Name: <u>Cigna</u>	Health Care				
Address	3: 900 Cottage Grove Road	City: Bloomfield	State/Province:	СТ			
Country	V: USA Postal Code: _	16152 Phone: 800-348	5-9458 Offices/Positions Hel	d: Financial Controller			
Type of	Business: <u>Healthcare</u>	Supervisor/C	ontact: Frank Lucia, Tom DiGer	nmis			
	ng/Ending MM/YY): <u>12/83</u> - <u>12/01</u>	Employer's Name: <u>Trave</u>	lers Insurance Company				
Address:	: _ One Tower Square	City: Hartford	State/Province:	СТ			
Country:	: USA Postal Code: _	06183 Phone: 860-27	7-0111 Offices/Positions Hel	d: <u>Budget Officer, Controller, VP</u> Ops & Technology			
Type of I	Business: Insurance	Supervisor/C	ontact: <u>Walt Gwise, John Davis</u>				

				CC	DENTIAL
Applic	ant Com	pany Name: Specialty Benefits, LLC		NAIC No.	
				FEIN:	41-1921983
9.	a.	Have you ever been in a position whi	ch required a fidelity b	oond?	
		Yes No 🗸			
		If any claims were made on the bond	, give details: <u>Not Appli</u>	cable	
	b.	Have you ever been denied an indiv revoked?	vidual or position sche	edule 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 rea represe	y professional, occupational and vocati ernmental licensing agency or regulator past. For any non-insurance regulatory i ensing authority or regulatory body havi r is your Social Security Number (SSN) sonably identifiable as your SSN, then ented by your SSN. (For example, "SS f the space provided is insufficient.	y authority or licensing ssuer, identify and pro- ng jurisdiction over the or embeds your SSN write SSN for that po SN", "12-SSN-345" or	g authority tha vide the name e license (s) is or any sequen rtion of the p "1234-SSN"	t you presently hold or have held , address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organi	zation/Iss	suer of License: Not Applicable	Address:		
City:		State/Province:	Country:		Postal Code:
Licens	е Туре: _	License #:	Date	Issued (MM/	YY):
Date E	xpired (N	1M/YY): Reason for	r Termination:		
Non-In	isurance H	Regulatory Phone Number (if known):			
Organi	zation/Iss	uer of License:	Address:		
City:		State/Province:	Country:		Postal Code:
Licens	e Type: _	License #:	Date	Issued (MM/	YY):
Date E	xpired (N	IM/YY): Reason fo	r Termination:		
Non-In	surance F	Regulatory Phone Number (if known):			
11.		onding to the following, if the record ha			
	a.	Been refused an occupational, profes any public administrative, or governm			it by any regulatory authority, or
		Yes No 🗸			
	b.	Had any occupational, professional, any judicial, administrative, regulator			hold or have held, been subject to
					Revised 04/08/19

CONFIDENTIAL

ippiloune (Company Name: Specialty Benefits, LLC	NAIC No. FEIN:	Not Applicable 41-1921983
	Yes No 🖌		
с.	Been placed on probation or had a fine levied against y license or permit in any judicial, administrative, regular		
	Yes No 🗸		
d.	Been charged with, or indicted for, any criminal offens	se(s) other than civi	l traffic offenses?
	Yes No 🖌		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	of, any criminal of	offense(s) other than civil tra
	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, securiti	ating any federal, st ng, or from carryi	tate law or law of another cour
	Yes No 🗸		
h.	Been, within the last ten (10) years, a party to any civi financial dispute?	l action involving	dishonesty, breach of trust,
	Yes No 🗸		
i.	Had a finding made by the Comptroller of any state or t provisions of small loan laws, banking or trust company l any rule or regulation lawfully made by the Comptroller of	laws, or credit unio	on laws, or that you have viol
	Yes No 🖌		
j.	Had a lien or foreclosure action filed against you or any entit	ity while you were	associated with that entity?
	Yes No 🗸		
	If the response to any question above is yes, please provid Attach a copy of the complaint and filed adjudication or set		
	Not Applicable		

2. 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: 41-1921983

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.



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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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?



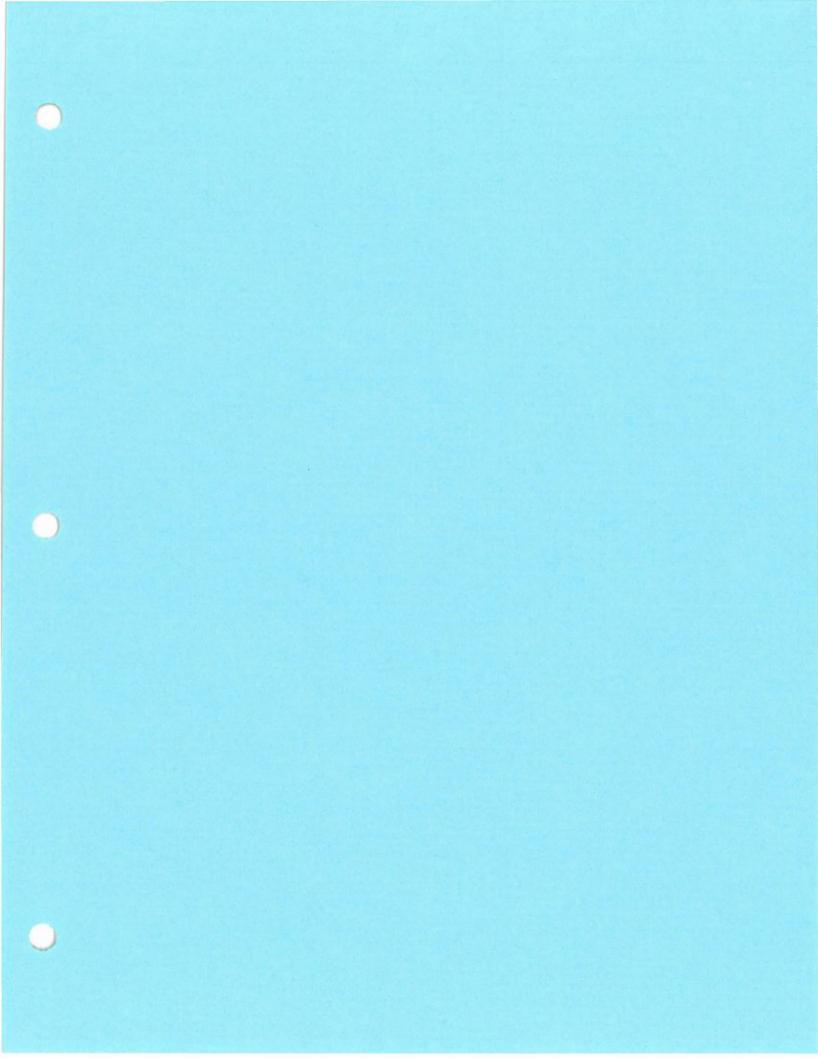
CONFIDENTIAL

NAIC No. Not Applicable FEIN: 41-1921983

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) United Health Group Incorporated 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: 41-1921983

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).

Specialty Benefits, LLC

11000 Optum Circle

Eden Prairie, Minnesota 55344

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 F	Full Name (In	tials Not Acce	ptable): First: Michae	Middle: Charles	Last: B	rody
2.	a. A	re you a citiz	en of the Unite	d States?			
	Ye	es 🗸	No				
	b. A	re you a citiz	en of any other	country?			
	Ye	es 🦳	No 🖌				
	If	yes, what co	untry? Not App	licable			
3.	Affiant's c	occupation or	profession: <u>Exe</u>	ecutive			
4.	Affiant's b	usiness addre	ss: <u>680 Blair Mill</u>	Road, Horsham, PA 190)44		
	Business to	elephone: 215	-902-8023	Busine	ss Email: mbrody@uhc.	com	
5.	Education	and training:					
Colleg	e/University		City/Sta	ate	Dates Attended (MM	1/YY)	Degree Obtained
The Geo	orge Washingt	on University	Washington	, DC	09/87 - 05/91	E	B.A
Gradua	ate Studies	Colles	ge/University	City/State	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Law De	gree Uni	v. of Baltimore	School of Law	Baltimore, MD	08/91 - 05/94		J.D.
Other 7	Training: Nar	ne <u>C</u>	ty/State	Dates Attended	(MM/YY)	Degree/Ce	rtification 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 C	ompany N	lame: S	Specialty	Benefits,	LLC	
-------------	----------	---------	-----------	-----------	-----	--

6.

NAIC No.	Not Applicable	
FEIN:	41-1921983	

List of memberships in professional societies and associations:

	Name of Society/Association Association of Corporate Counsel	Contact Name Member Services	<u>Address of</u> <u>Society/Association</u> 1025 Connecticut Avenue, NW Washington, DC 20036	<u>Telephone Number</u> of Society/Association 202-293-4103
7.	Present or proposed positi	on with the Applicant Comp	pany: Assistant Secretary	
8.	including present jobs, por officerships). Please list the necessary to provide tel	sitions, partnerships, owner he most recent first. Attach a ephone numbers and super	ity (20) years, whether compen- of an entity, administrator, manag dditional pages if the space provi visory information for the pas- rification process for internationa	ger, operator, directorates or ded is insufficient. It is only st ten (10) years. Additional
	ng/Ending MM/YY): <u>08/03</u> - Pr	esent Employer's Name:	UnitedHealth Group Incorporated	
Address	9900 Bren Road East	City: Minnetonka	State/Province	: <u>MN</u>
Country	: USA Postal C	Code: <u>55343</u> Phone: <u>8</u>	006-367-5690 Offices/Positions H	feld: Associ General Counsel
Type of	Business: Holding Compa	nySupervi	sor/Contact: Gavin Galimi	
-	ng/Ending MM/YY): <u>06/03 - 08</u>	103 Employer's Name:	The Esquire Group	
Address	: 15 South 5th Street	City: Minneapolis	State/Province	: <u>MN</u>
Country	: _USA Postal C	Code: <u>55402</u> Phone: 7	757-459-5100 Offices/Positions H	eld: <u>Contract Attorney placed</u> with UnitedHealth Group
Type of	Business: <u>Healthcare</u>	Supervi	sor/Contact: Not Available	
-	ng/Ending MM/YY): <u>02/01</u> - <u>04</u>	103 Employer's Name:	ValueOptions, Inc.	
Address	240 Corporate Boulevard	City: Norfolk	State/Province	VA
Country	:USAPostal C	Code: <u>23502</u> Phone: <u>7</u>	757-459-5100 Offices/Positions H	eld: Assistant Legal Counsel
Type of	Business: <u>Healthcare</u>	Supervi	sor/Contact: Lora Picini	
	ng/Ending MM/YY): <u>11/00</u> - <u>02</u>	<u>/01</u> Employer's Name:	United States Department of Labor	
Address	200 Constitution Avenue, N	WCity: Washington	State/Province	DC
Country	USA Postal C	Code: <u>20210</u> Phone: 2	202-693-5000 Offices/Positions H	eld: <u>Attorney-Adviser</u>
	Business: <u>Government</u> ddendum for additional Emplo		sor/Contact: Not Available	

				CONFIDENT		
Applica	ant Comp	any Name: Specialty Benefits, LLC		ot Applicable 921983		
9.	a.	Have you ever been in a position which requ	uired a fidelity bond?			
		Yes No 🖌				
		If any claims were made on the bond, give d	letails: Not Applicable			
	b.	Have you ever been denied an individual c revoked?	or position schedule fidelity bond	l, or had a bond canceled or		
	Yes No 🖌					
		If yes, give details:Not Applicable				
10.	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 hell 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 represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient. See Addendum for additional licenses.					
Organiz	ation/Iss	uer of License: Maryland Court of Appeals	Address: _361 Rowe Boulevard			
City:	Annapolis	State/Province: MD	Country: USA Po	ostal Code: <u>21401</u>		
License	Type: La	License #:9412130086	Date Issued (MM/YY):	12/94		
Date Ex	pired (M	M/YY): <u>Still Active</u> Reason for Term	ination: Not Applicable; renewed			
Non-Ins	surance R	egulatory Phone Number (if known): 410-26	0-1500			
Organiz	ation/Iss	uer of License: D.C. Court of Appeals	Address: 430 E Street, NW			
City:	Washingt	onState/Province: DC	Country: USA Po	ostal Code: 20001		
License	Type: L	aw License License #: _451159	Date Issued (MM/YY):	06/96		
Date Ex	pired (M	M/YY): <u>Inactive</u> Reason for Term	ination: Not Applicable; renewed			
Non-Ins	urance R	egulatory Phone Number (if known): 202-879	-1010			
11.		onding to the following, if the record has been ord was sealed or expunged, an affiant may res				
	a.	Been refused an occupational, professional, any public administrative, or governmental l		any regulatory authority, or		
		Yes No 🖌				
	b.	Had any occupational, professional, or voca any judicial, administrative, regulatory, or di		or have held, been subject to		

Applicant Company Name: Sp	becialty Benefits, LLC
----------------------------	------------------------

NAIC No.Not ApplicableFEIN:41-1921983

Yes	No	1

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?

'es	No	\checkmark
-----	----	--------------

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

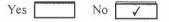
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?



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?



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?



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



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?



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

Yes No 1

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

ONFIDEN

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.

Ves	No	1
100	110	•

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

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 governmentallicensing agency?

Yes	No	1

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)?

les	No	
es	INU	

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	1	No		
-----	---	----	--	--

1

CONFIDENTIAL

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable FEIN: 41-1921983

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.



NAIC No. Not Applicable FEIN: 41-1921983

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

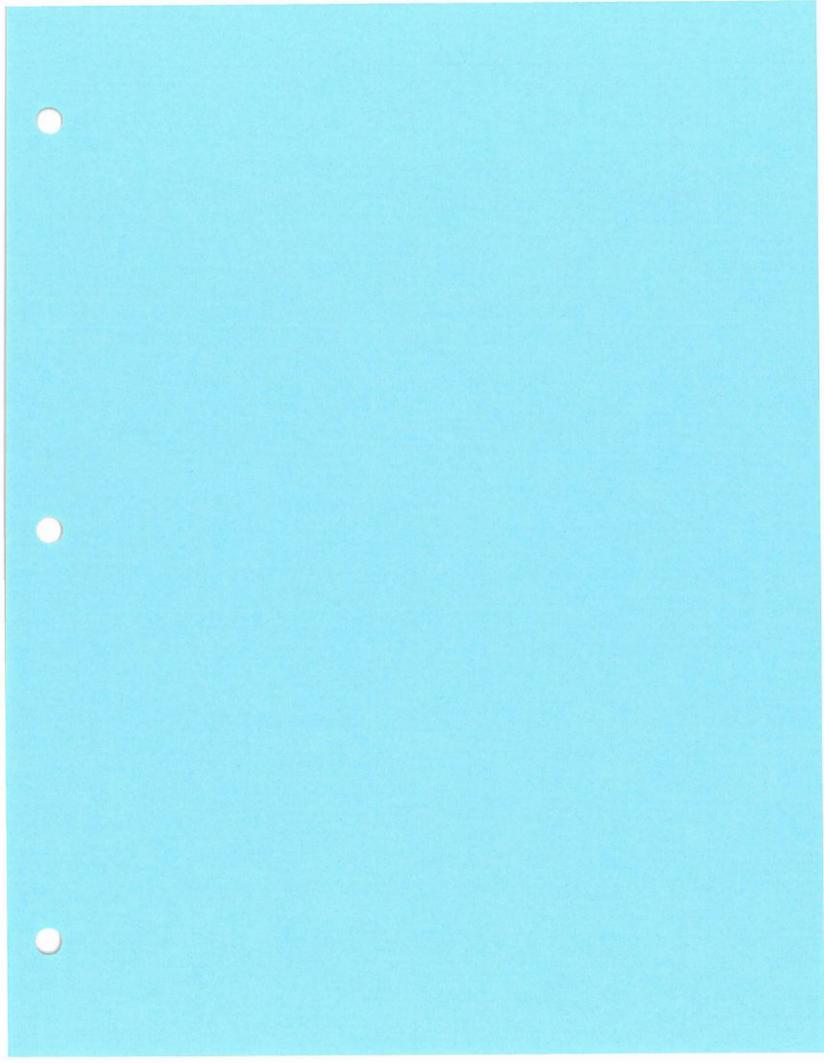
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages 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/Er Dates:	nding -	11/98	- 11/00		nployer's Name:	Independent Insur America, Inc.	ance Agents &	k Brokers of
Address:	127 So	uth Peyton S	Street	Ci	ty: Alexandria	State	Province:	VA
Country:	USA	Postal Code:	_22314	Phone:	800-221-7917	Offices/ _ Positions Held:	Staff Atto	rney
Type of Busi	ness:	Not-for-	Profit Trade	Assoc.	Supervisor/Co	ntact: Not A	vailable	

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	Address; City; State; Country	License Type; License #; Date Issued	Date Expired; Reason for Termination
Supreme Court of the State of New York	45 Monroe Place Brooklyn, NY 11201 USA	Law License 2687994 08/95	Still Active Not Applicable
Supreme Court of New Jersey	P.O. Box 970 Trenton, NJ 05625 USA	Law License 022991994 12/94	Still Active Not Applicable
Supreme Court of Pennsylvania	Pennsylvania Judicial Center 601 Commonwealth Ave.,Suite 4500 Harrisburg, PA 17106	Law License 322262 07/16	Still Active Not Applicable



	1	1 1				
		1. 1	1			
	11 11	1	-			
-		_	_	_	_	

0 - 1:----

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable FEIN: 41-1921983

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)._____

Specialty Benefits, LLC

11000 Optum Circle

Eden Prairie, Minnesota 55344

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.

Cauin

0....

1.	Affian	t's Full Name (Initials Not Acceptal	ole): First: Gavi	Middle: Guy	Last: Galimi
2.	a.	Are you a ci	tizen of the United St	ates?		
		Yes 🗸	No			
	b.	Are you a ci	tizen of any other co	untry?		
		Yes	No 🗸			
		If yes, what a	country? Not Applicab	le		
3.	Affiant	t's occupation	or profession: Executi	ve		
4.	Affiant	's business add	Iress: 6701 Center Driv	e West, Suite 790	Los Angeles, CA 90045	
	Busine	ss telephone: 3	10-216-2303	Busin	ness Email: gavin_galimi@)uhc.com
5.	Educat	ion and trainin	g:			
College	e/Univer	sity	City/State		Dates Attended (MM	1/YY) Degree Obtained
Universit	ty of South	nern California	Los Angeles, CA	1	08/91 - 05/96	BS, BA
Gradua	te Studie	<u>s</u> <u>Col</u>	lege/University	City/State	Dates Attended (MN	1/YY) Degree Obtained
Universi	ty of Sout	hern California La	aw School Lo	s Angeles, CA	08/97 - 05/00	JD
Other T	raining:	Name	<u>City/State</u>	Dates Attende	d (MM/VV)	Degree/Certification Obtained
None	<u>rannng.</u>					

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

NAIC No.	Not Applicable	
FEIN:	41-1921983	

	Name of		Address of	Telephone Number
	Society/Association	Contact Name	Society/Association	of Society/Association
	California State Bar Assoc.	Membership	180 Howard Street San Francisco, CA 94105-1617	888-800-3400
	Association of Corporate Counsel	Membership	1025 Connecticut Ave., N.W. #200, Washington, D.C. 20036	202-293-4103
7.	Present or proposed position	with the Applicant Corr	npany: Secretary	
8. Beginn	including present jobs, positi officerships). Please list the r necessary to provide teleph	ons, partnerships, owner nost recent first. Attach none numbers and supe	enty (20) years, whether compensa r of an entity, administrator, manage additional pages if the space provid ervisory information for the past erification process for international	er, operator, directorates or ed is insufficient. It is only ten (10) years. Additional
		ent Employer's Name	UnitedHealth Group Incorporated	
Addres	s: 9900 Bren Road East	City: Minnetonka	State/Province:	MN
Countr	y: _USA Postal Coo	le: <u>55343</u> Phone:	800-367-5690 Offices/Positions H	VP Gen Mgmt; Spec Benef General Counsel
Туре о	f Business: Holding Company	Super	visor/Contact: Daniel Mulligan	
	ing/Ending (MM/YY): <u>11/17</u> - <u>Prese</u>	ent Employer's Name:	Strategem Investments, LLC	
Addres	s: 410 S. Juanita Ave.	City: Redondo B	Beach State/Province:	СА
Country	y: USA Postal Coo	de: <u>90277</u> Phone:	310-210-7273 Offices/Positions He	ld: Manager/Owner
Type of	fBusiness: <u>Investment compa</u>	ny Super	visor/Contact: Self	
	ing/Ending MM/YY): <u>05/17</u> - <u>Prese</u>	ent Employer's Name:	GGGM Enterprises, LLC	
Addres	s: 410 S. Juanita Ave.	City: Redondo B	State/Province:	СА
Country	y: <u>USA</u> Postal Cod	le: <u>90277</u> Phone:	310-210-7273 Offices/Positions He	ld: Manager/Owner
Type of	fBusiness: <u>Investment compa</u>	ny Super	visor/Contact: <u>Self</u>	
	ing/Ending MM/YY): <u>11/06</u> - <u>Prese</u>	ent_ Employer's Name:	USC Credit Union	
Addres	s: <u>3720 S. Flower St., CUB 4th Fl</u>	oor City: Los Angele	State/Province:	СА
Country	v: _USA Postal Coc	le: <u>90089</u> Phone:	213-821-7100 Offices/Positions He	Board Member, Board Id: Treasurer, Committees
	Business: <u>Credit Union</u>		visor/Contact: <u>Gary Perez, C.E.O., (2</u>	13) 821-7122

						CONFIDENTIAL
Appli	cant Cor	npany Na	me: Specialty Benefits, LLC		NAIC No. FEIN:	Not Applicable 41-1921983
9.	a.	Have	you ever been in a position wh	ich required a fideli	ty bond?	
		Yes	✓ No			
		If any	claims were made on the bond	d, give details: Not A	pplicable	
	b.	Have revok		vidual or position s	chedule fidelity	bond, or had a bond canceled or
		Yes [No 🗸			
		If yes	, give details: Not Applicable			
10.	or go in the the li- numb are re repre	vernment past. For censing a er is your easonably sented by	al licensing agency or regulato any non-insurance regulatory uthority or regulatory body hav Social Security Number (SSN identifiable as your SSN, the	ry authority or licens issuer, identify and p ing jurisdiction over or embeds your SS n write SSN for that	sing authority that provide the name the license (s) i N or any sequer portion of the p	sell securities) issued by any public at you presently hold or have held a, address and telephone number of ssued. If your professional license nice of more than five numbers that professional license number that is ' (last 6 digits)). Attach additional
Organ	ization/I	ssuer of I	License: State Bar of California	Address: 1	80 Howard Street	
City:_	San Fra	ncisco	State/Province: CA	Country:	JSA	Postal Code: 94105-1617
Licens	se Type:	Law	License #: <u>211577</u>	Da	ate Issued (MM/	YY): 12/00
Date E	Expired (MM/YY)	: Still Active Reason f	or Termination: <u>Not</u>	t Applicable	- <u></u>
Non-I	nsurance	Regulato	ory Phone Number (if known):	888-800-3400		
Organ	ization/I	ssuer of I	license:	Address:		
City:_			State/Province:	Country:		Postal Code:
Licens	se Type:		License #:	Da	ate Issued (MM/	YY):
Date E	Expired (MM/YY)	: Reason f	or Termination:		
Non-Iı	nsurance	Regulato	ory Phone Number (if known):			
11.			o the following, if the record h sealed or expunged, an affiant			affiant has personally verified that ave you ever:
	a.		refused an occupational, profesublic administrative, or governme			it by any regulatory authority, or
		Yes	No 🗸			
	b.		ny occupational, professional, dicial, administrative, regulato			hold or have held, been subject to
						Revised 04/08/19

0

Applicant	Company	Name:	Specialty	Benefits,	LLC
-----------	---------	-------	-----------	-----------	-----

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?



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



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?



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?



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



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 1

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.

11.h. See addendum

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 ApplicableFEIN:41-1921983

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.



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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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



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

NAIC No. Not Applicable

41-1921983

FEIN:

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.

8.

NAIC No. Not Applicable FEIN: 41-1921983

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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/En Dates:	Iding	11/06 -	01/16	Emp	loyer's Name:	March Vision Care, Inc. (acquired by UnitedHealth Group Incorporated)
Address:	6701 Cen	ter Drive West	Suite 790	City	Los Angeles	State/Province: CA
Country:	USA	Postal Code:	90045	Phone:	310-216-2300	Offices/ Exec. V.P., General Counsel, Positions Chief Compliance Officer, Held: Chief Financial Officer
Type of Busin	ness:	Law Firm		Superviso	r/Contact:	Glenville A. March, Jr., M.D.
Beginning/En Dates:	ding	09/03 -	11/06	Emp	loyer's Name:	Katten Muchin Rosenman, LLP
Address:	2029 Cen	tury Park East,	Suite 2600	City:	Los Angeles	State/Province: CA
Country: Type of Busin	USA ness:	Postal Code: Law Firm	90067	Phone:	213-488-7700 Supervisor/Con	Offices/ Corporate & Healthcare Positions Held: Associate tact: Nicole Callanan 310-788-4586
Beginning/End Dates:	ding .	~ 2002	~ 2011		nployer's Ime:	Technology Council of Southern California (fka Software Council of Southern California)
Address:	2537-D P.	acific Coast Hi	ghway, #34	8 Cit	ty: Torrance	State/Province: CA
Country: Type of Busin	USA ness:	Postal Code: Technology	90505 7 Trade Gro		10-325-4000 Supervisor/Cor	Treas., Secty., Board Offices/Positions Member & OC County Held: Chapter Committee Itact: Catrina Leudtke, Executive Director
Beginning/End Dates:	ding .	- 09/00	09/03		mployer's lame:	Pillsbury Winthrop Shaw Pittman, LLP (fka Shaw Pittman, LLP and Klein & Martin, LLP)
Address:	725 Sc	outh Figueroa S	t., Suite 280	00 C	ity: Los Ange	les State/Province: CA
Country: Type of Busin	USA ess:	Postal Code: Law Firm	90017		213-488-7700 ervisor/Contact:	Corporate & Offices/Positions Healthcare Held: Associate Kimberly Thurgood 213-488-7100
Beginning/End Dates :	ding -	~ 06/00	~ 08/00	Emp	loyer's Name:	U.S. Dist. Court, Central Dist. of California Jeffrey W. Johnson, Magistrate Judge
Address:	312 N.	Spring St., Ro	om 831	City	Los Angeles	State/Province: CA
Country:	USA	Postal Code:	90012	Phone:	213-894-1565	Offices/Positions Held: Judicial Extern
Type of Busing	ess:	U.S. Court			Supervisor/Cor	ntact: Not Available



11.

NAIC No. Not Applicable FEIN: 41-1921983

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

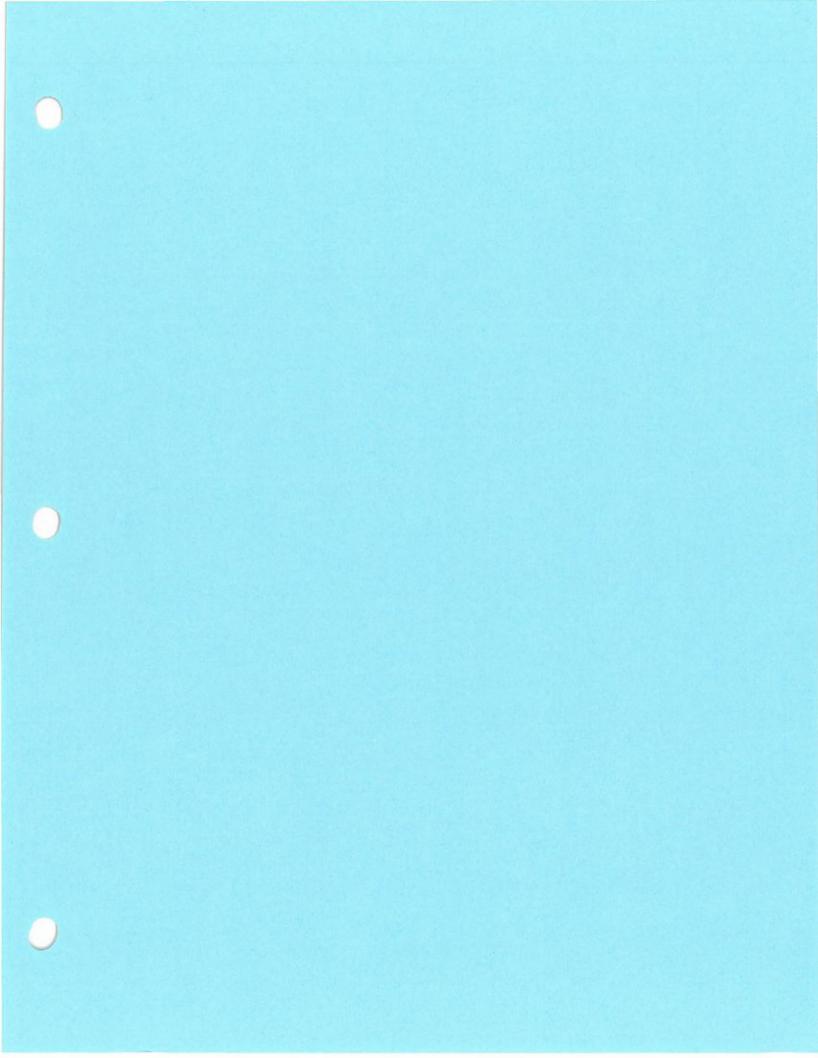
Beginning/End	ling			E.	nployer's	Los Ange General C	les City Attorney's	Office,
Ŷ Ŷ	ing	0.000						
Dates:	-	~ 06/99 - ~ 08	5/99	Na	ame:	The Com	munity Redevelopm	ent Agency
Address: 1	200 W. 7 ^t	^h Street, 2nd Fl.	, Suite 200	Ci	ity: Los Angele	es	State/Province:	СА
_		Postal			Not Available	Offices/P	ositions Held:	
Country:	USA	Code:	90017 F	hone:			L	aw Clerk
Type of Busine	ess:	City Agency			Supervisor/Co	ntact:	Not Available	
Beginning/End	ling			J	Employer's Name	ð:		
			05/00					
Dates:		~ 09/98	- ~ 05/99			Univer	rsity of Southern Ca	lifornia
Dates:	USC G	~ 09/98 iould School of				Univer	rsity of Southern Ca	lifornia
Dates: Address:					City: Los Ange		rsity of Southern Ca State/Province	
		ould School of	Law		City: <u>Los Ange</u> Not Availab	eles		
		iould School of position Blvd.	Law		Not Availab	eles	State/Province	: CA

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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

In regards to questions 11(h), a shareholder of a former client of Katten Muchin Rosenman, LLP ("Katten") filed a number of lawsuits starting in 2008 seeking money damages & other remedies against various people, incl. the former client, another shareholder of the former client ("Other Shareholder"), the spouse of the Other Shareholder, Katten and Katten attorneys who did work for the client, including me. The Other Shareholder also filed suit against Katten and various Katten attorneys, including me in the District Court of Los Angeles County, California on November 18, 2011 as Case No. BC473873, (copies attached hereto). All of these lawsuits were dismissed or settled. None of the lawsuits are related to the entity for which this biographical statement is submitted.



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).

Specialty Benefits, LLC

11000 Optum Circle

Eden Prairie, Minnesota 55344

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 F	ull Name (Initials Not Acce	eptable): First: Peter	Middle:_Warshall	Last: GIII
2.	a. A	re you a citizen of the Unite	ed States?		
	Ye	es 🖌 No 🚺			
	b. A	re you a citizen of any othe	r country?		
	Ye	s No 🗸			
	If	yes, what country? Not App	licable		
3.	Affiant's o	ccupation or profession: Ex	ecutive		
4.	Affiant's b	usiness address: 9900 Bren	Road East, Minnetonka,	MN 55343	
	Business te	elephone: 952-936-3203	Busine	ess Email: peter.gill@uhg	.com
5.	Education	and training:			
College	e/University	<u>City/St</u>	ate	Dates Attended (MM	I/YY) Degree Obtained
Universi	ty of Minnesota	a Minneapolis	s, MN	09/75 - 06/80	BS
Gradua	te Studies	College/University	City/State	Dates Attended (MM	I/YY) Degree Obtained
Universi	ty of Minnesot	a	Minneapolis, MN	01/81 - 03/82	MBA
Other T	<u>Fraining: Nan</u>	ne <u>City/State</u>	Dates Attended	(MM/YY)	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.

			CON	IFIDENTIAL
Appli	cant Company Name: Specialty Ben	efits, LLC		t Applicable 921983
6.	List of memberships in professio	onal societies and associa	ations:	
	Name of Society/Association None	<u>Contact Name</u>	Address of Society/Association	<u>Telephone Number</u> of Society/Association
7.	Present or proposed position with	h the Applicant Company	y: Treasurer	
8.	List complete employment reco including present jobs, positions, officerships). Please list the most necessary to provide telephone information may be required duri	, partnerships, owner of a t recent first. Attach addi numbers and supervis	an entity, administrator, manag tional pages if the space provie ory information for the pas	er, operator, directorates o ded is insufficient. It is only t ten (10) years. Additiona
Begin Dates	ning/Ending (MM/YY): <u>05/08</u> - <u>Present</u>	Employer's Name: Un	itedHealth Group Incorporated	
	ss: 9900 Bren Road East		State/Province	. MN
Count	ry: USA Postal Code:	55343 Phone: 800-	-367-5690 Offices/Positions H	eld: Sr. Vice Pres Treasurer & Chief Investment Officer-
Туре	of Business: Holding Company	Superviso	r/Contact: John Rex	
	ning/Ending (MM/YY): <u>06/06</u> - <u>05/08</u>	Employer's Name: KP	PMG Corporate Finance	
		City: Minneapolis	State/Province	: <u>MN</u>
Addre	ss: 90 South Seventh Street			
	ss: <u>90 South Seventh Street</u> ry: <u>USA</u> Postal Code:	55402 Phone: 612-	-305-5000 Offices/Positions H	eld: Managing Director
Count			-305-5000 Offices/Positions H r/Contact: Cheri Homa	
Count Type o Begin	ry: <u>USA</u> Postal Code:	Supervisor	r/Contact: <u>Cheri Homa</u>	
Count Type o Begin Dates	ry: <u>USA</u> Postal Code: of Business: <u>Investment Bank</u> ning/Ending	Supervison Employer's Name: Pir	r/Contact: <u>Cheri Homa</u> per Jaffray	
Count Type o Begin Dates Addre	ry: <u>USA</u> Postal Code: of Business: <u>Investment Bank</u> ning/Ending (MM/YY): <u>09/85</u> - <u>06/06</u>	Supervison Employer's Name: Pip City: Minneapolis	r/Contact: <u>Cheri Homa</u> per JaffrayState/Province:	MN eld: <u>Associate: Vice President:</u>
Count Type of Begin Dates Addre Count	ry: <u>USA</u> Postal Code: of Business: <u>Investment Bank</u> ning/Ending (MM/YY): <u>09/85</u> - <u>06/06</u> ss: <u>800 Nicollet Mall</u>	Supervison Employer's Name: Pir City: <u>Minneapolis</u> 55402 Phone: 800-	r/Contact: <u>Cheri Homa</u> oer JaffrayState/Province: -333-6000 Offices/Positions H	MN eld: <u>Associate: Vice President:</u> Managing Director
Count Type of Begin Dates Addre Count Type of Begin:	ry: <u>USA</u> Postal Code: of Business: <u>Investment Bank</u> ning/Ending (MM/YY): <u>09/85</u> - <u>06/06</u> ss: <u>800 Nicollet Mall</u> ry: <u>USA</u> Postal Code:	Supervison Employer's Name: Pig City: <u>Minneapolis</u> 55402 Phone: 800- Supervison	r/Contact: <u>Cheri Homa</u> oer JaffrayState/Province: - <u>333-6000</u> Offices/Positions H r/Contact: <u>Robert Rinek</u>	_MN eld: <u>Associate: Vice President:</u> Managing Director
Count Type of Begin Dates Addre Count Type of Begin Dates	ry: USA Postal Code: of Business:ning/Ending (MM/YY):978506/06 ss:00 Nicollet Mall ry: Postal Code: of Business: Postal Code: ning/Ending	Supervison Employer's Name: Pig City: Minneapolis 55402 Phone: 800 Supervison Employer's Name:	r/Contact: <u>Cheri Homa</u> oer Jaffray State/Province: . <u>333-6000</u> Offices/Positions H r/Contact: <u>Robert Rinek</u>	MN eld: <u>Associate: Vice President:</u> Managing Director
Count Type of Begin Dates Addre Count Type of Begin Dates Addre	ry: USA Postal Code: of Business:ning/Ending (MM/YY):9/8506/06 ss:800 Nicollet Mall ry:USA Postal Code: of Business:Postal Code: ning/Ending (MM/YY):	Supervisor Employer's Name: _Pir City:Ninneapolis Phone: _800 Supervisor Employer's Name: City:	r/Contact: <u>Cheri Homa</u> <u>ber Jaffray</u> <u>State/Province:</u> <u>333-6000</u> Offices/Positions H r/Contact: <u>Robert Rinek</u> <u>State/Province</u>	_MN eld: <u>Associate: Vice President:</u> Managing Director

		CONFIDENTIAL
Applic	cant Cor	npany Name: Specialty Benefits, LLC NAIC No. Not Applicable
		FEIN: 41-1921983
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 go in the the li numb are re repre pages	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.
0		
		ssuer of License: MN Comm Dept, Real Estate Bd Address: 85 7th Place East, Suite 280
		State/Province: MN Country: USA Postal Code: 55101
Licens	se Type:	Residential Real License #: 545646 Date Issued (MM/YY): 08/83
Date E	Expired (MM/YY):06/84 Reason for Termination: _No longer needed.
Non-II	nsurance	Regulatory Phone Number (if known): 651-539-1500
Organi	ization/I	ssuer of License: NASD/FINRA Address: 1735 K Street
	Washir	
		Series 7 and 63 License #: Not Available Date Issued (MM/YY): 04/86
Date E	Expired (MM/YY): Not Available Reason for Termination: No longer needed.
Non-Ir	nsurance	Regulatory Phone Number (if known): Not Available
11.		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:	Specialty	Benefits,	LLC

NAIC No. Not Applicable FEIN: 41-1921983

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?



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



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?



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?



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



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?



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



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: 41-1921983

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.



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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

Yes	No	\checkmark	
-----	----	--------------	--

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	1

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?



NAIC No. Not Applicable FEIN: 41-1921983

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.

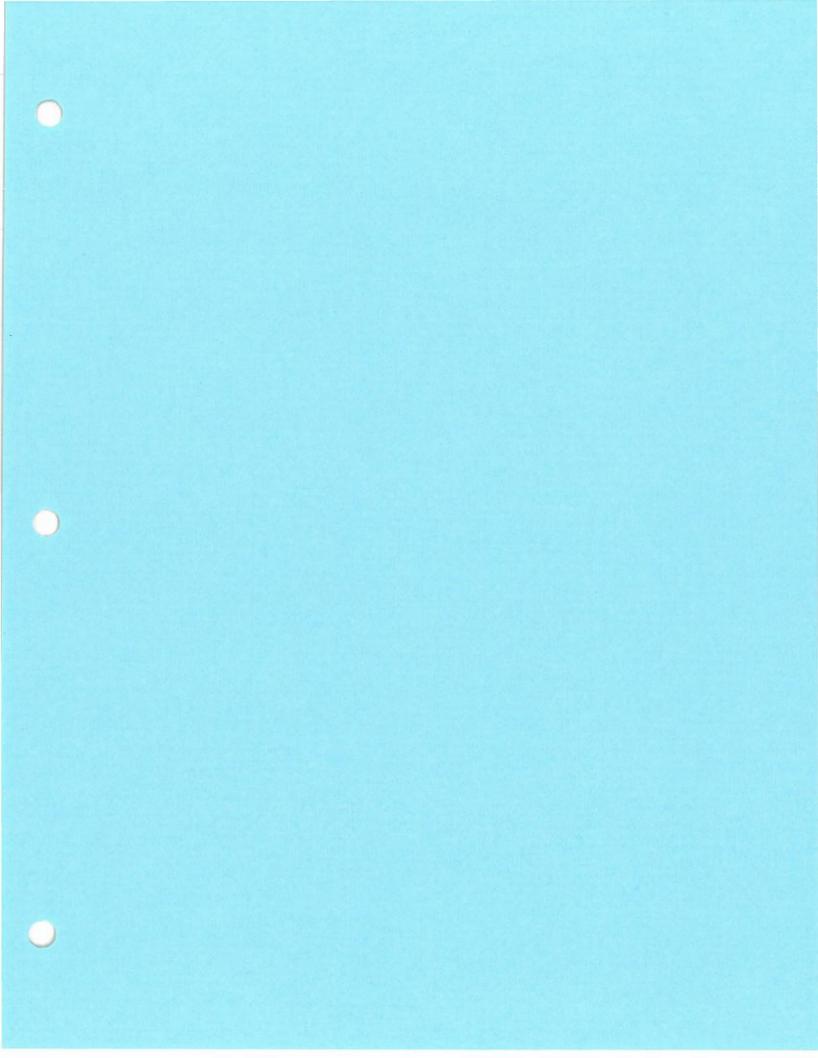


NAIC No. Not Applicable FEIN: 41-1921983

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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	Address; City; State; Country	License Type; License #; Date Issued	Date Expired; Reason for Termination
NASD/FINRA	1735 K Street Washington, D.C. 20006 USA	Series 24 Not Available 09/06	Not Available No longer needed



NAIC No.	Not Applicable
FEIN:	41-1921983

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)._____

Specialty Benefits, LLC

11000 Optum Circle

Eden Prairie, Minnesota 55344

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 Acce	ptable): First: Heathe	er Middle: Anastasia	Last: Lang
2.	a.	Are you a citizen of the Unite	ed States?		
		Yes 🖌 No 🚺			
	b.	Are you a citizen of any other	r country?		
		Yes No 🗸			
		If yes, what country? Not App	licable		
3.	Affiant'	s occupation or profession: <u>Exe</u>	ecutive		
4.	Affiant'	s business address: 9900 Bren R	oad East, Minnetonka, N	MN 55343	
	Busines	s telephone:	Busine	ess Email: <u>heather.lang@ut</u>	ig.com
5.	Educatio	on and training:			
Colleg	e/Univers	ty <u>City/St</u>	ate	Dates Attended (MM/)	(Y) Degree Obtained
Macales	ter College	St. Paul, MN	۱	09/93 - 12/97	BA
Gradua	te Studies	College/University	City/State	Dates Attended (MM/Y	(Y) Degree Obtained
Case W	estern Res	erve University School of Law	Cleveland, OH	09/99 - 05/02	JD
<u>Other 7</u> None	<u>Fraining: N</u>	lame <u>City/State</u>	Dates Attended	<u>I (MM/YY)</u> <u>I</u>	Degree/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.



Applicant Company Name:	Specialty Benefits, LLC
-------------------------	-------------------------

List of memberships in professional societies and associations:

NAIC No. Not Applicable FEIN: 41-1921983

6.

	<u>Name of</u> Society/Association	Contact Name	<u>Address of</u> <u>Society/Association</u>	<u>Telephone Number</u> of Society/Association
	Society for Corporate Governance		240 West 35th Street #400 New York, NY 10001	(212) 681-2000
7.	Present or proposed position	with the Applicant Com	pany: Assistant Secretary	
	including present jobs, posit officerships). Please list the necessary to provide telep	ions, partnerships, owner most recent first. Attach a hone numbers and supe	of an entity, administrator, mar additional 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 mal employers.
	ng/Ending /IM/YY): 01/08 - Prese	nt Employer's Name:	UnitedHealth Group Incorporated	
Address:	9900 Bren Road East	City: Minnetonka	State/Provin	ce: MN
Country:	USA Postal Co	de: 55343 Phone: 8	00-367-5690 Offices/Positions	s Held: Deputy General Counsel
Type of H	Business: Holding Company	Superv	isor/Contact: Dannette Smith/952	2-936-1316
	ng/Ending /[M/YY): _08/0301/08	Employer's Name:	Mulligan & Bjornnes PLLP	
Address:	401 Groveland Ave.	City: Minneapolis	State/Provin	ce: MN
Country:	USA Postal Co	de: <u>55403</u> Phone: 6	612-871-1800 Offices/Positions	Held: Associate Attorney
Type of E	Business: <u>Law Firm</u>	Superv	isor/Contact: John Mulligan	
Beginnin Dates (N	ng/Ending 1M/YY): <u>08/02</u> - <u>07/03</u>	Employer's Name:	McElroy, Deutsch, Mulvaney & Car	penter, LLP
Address:	5600 South Quebec St., Suite C	C100 City: Greenwood	Village State/Provinc	ce: <u>CO</u>
Country:	USA Postal Coo	de: <u>80111</u> Phone: M	Not Available Offices/Positions	Held: Associate Attorney
Type of E	Business: <u>Law Firm</u>	Superv	isor/Contact: Not Available	
Beginnin Dates (N	g/Ending 1M/YY): <u>05/02</u> - <u>08/02</u>	Employer's Name:	Unemployed; and studying for the	Colorado Bar Exam
Address:		City:	State/Provinc	ce:
Country:	Postal Coo	de:Phone:	Offices/Positions	Held:
			isor/Contact:	
	dendum for additional Employm		2	Revised 04/08/19 FORM 11

Applicant Company Name: Specialty Benefits, LLC NAIC No. Not Applicable FEIN: 41-1921983 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 revoked? Yes No Yes No If yes, give details: Not Applicable 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any put or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have he in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone numbe the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen number tha are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number thar prepresented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition pages if the space provided is insufficient.						CONFIDENTIAL
 Yes No Yes No Yes No Yes 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 revoked? Yes No Yes No Yes	Applic	cant Corr	npany Name: Specialty Benefits, LLC			
 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 revoked? Yes No Yes No Yes, give details: Not Applicable 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any put or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have h in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licens number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five number tha represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition 	9.	a.	Have you ever been in a position which requ	uired a fidelity bon	ıd?	
 b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled revoked? Yes No Yes No Yes, give details: Not Applicable 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any put or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have hin the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone numbe the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers thar represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition 			Yes No 🖌			
 revoked? Yes No Yes No Yes, give details: Not Applicable 10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any put or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have he in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen 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 represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition 			If any claims were made on the bond, give d	etails: Not Applicab	ble	
 If yes, give details: Not Applicable List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any put or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have he in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone numbe the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five number that represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition 		b.		or position schedu	le fidelity	bond, or had a bond canceled or
10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any put or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have he in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen 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 represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition			Yes No 🖌			
or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have him the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional licen 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 represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach addition is the security of the sec			If yes, give details: Not Applicable			
	10.	or gov in the the lic numbe are res repres	vernmental licensing agency or regulatory author past. For any non-insurance regulatory issuer, i censing authority or regulatory body having juri- er is your Social Security Number (SSN) or em- asonably identifiable as your SSN, then write sented by your SSN. (For example, "SSN", "1	ority or licensing an dentify and provid sdiction over the li beds your SSN or a SSN for that portion	uthority that e the name cense (s) i any sequer on of the p	at 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
Organization/Issuer of License: Minnesota Supreme Court Address: Minnesota Judicial Center, Room 305, 25 Rev. Martin Luther King Dri	Organi	ization/Is	ssuer of License: Minnesota Supreme Court	Address: Minnesota	a Judicial Cente	er, Room 305, 25 Rev. Martin Luther King Drive
City: <u>St. Paul</u> State/Province: MN Country: <u>USA</u> Postal Code: <u>55155</u>	City:_	St. Paul	State/Province: MN	Country: USA		Postal Code: 55155
License Type: Law License #: 033151X Date Issued (MM/YY): 11/03	Licens	e Type: I	Law License #: <u>033151X</u>	Date Iss	ued (MM/	/YY): <u>11/03</u>
Date Expired (MM/YY): Still Active Reason for Termination:Not Applicable	Date E	Expired (1	MM/YY): Reason for Term	ination: Not Applic	able	
Non-Insurance Regulatory Phone Number (if known): 651-297-7650	Non-Ir	nsurance	Regulatory Phone Number (if known): <u>651-29</u>	7-7650		
Organization/Issuer of License: _Colorado Supreme Court Address:1300 Broadway, Suite 520	Organi	zation/Is	ssuer of License: Colorado Supreme Court	Address: 1300 B	roadway, Su	uite 520
City: <u>Denver</u> State/Province: <u>CO</u> Country: <u>USA</u> Postal Code: <u>80203</u>	City:_	Denver	State/Province: CO	Country: USA		Postal Code: <u>80203</u>
License Type: Law License #: 34220 (inactive) Date Issued (MM/YY): 10/02	Licens	e Type: _	Law License #: 34220 (inactive)	Date Iss	ued (MM/	(YY): <u>10/02</u>
Date Expired (MM/YY): _Not Available Reason for Termination: _Not Applicable	Date E	xpired (MM/YY): <u>Not Available</u> Reason for Term	ination: Not Applic	able	
Non-Insurance Regulatory Phone Number (if known): 303-928-7770	Non-Ir	nsurance	Regulatory Phone Number (if known): 303-928	-7770		
11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified t the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:	11.	In resp the rec	ponding to the following, if the record has been cord was sealed or expunged, an affiant may res	sealed or expunge spond 'no" to the c	d, and the question. H	affiant has personally verified that lave you ever:
a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, any public administrative, or governmental licensing agency?		a.			nse or perm	nitby any regulatory authority, or

- 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:	Specialty	Benefits,	LLC
-------------------------	-----------	-----------	-----

NAIC No.	Not Applicable	
FEIN:	41-1921983	

No	1
	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?

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



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?



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?

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



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?



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



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



	Appli	cant Cor	npany Name: Specialty Benefits, LLC	NAIC No. FEIN:	Not Applicable
\cap		holds	e held by the person. Control shall be presumed to with the power to vote, or holds proxies representi- person. <u>None</u>	o exist if any person, dire	ctly or indirectly, owns, controls,
		 If any	v of the stock is pledged or hypothecated in any way	, give details. Not Applicab	e
					<u></u>
	13.	or of regul direc	Will] you or members of your immediate family in Frecord, 10% or more of the outstanding shares of atory authority, or its affiliates? An "affiliate" of, or tly, or indirectly through one or more intermediarie the person specified.	of stock of any entity sub person "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
		Yes	No 🗸		
		the or	s, please identify the company or companies in whic utstanding voting securities. pplicable	h the cumulative stock ho	ldings represent 10% or more of
			of the shares of stock are pledged or hypothecated	in any way, give details.	
		<u>Not A</u>	pplicable		· · · · · · · · · · · · · · · · · · ·
~	14.	Have	you ever been adjudged a bankrupt?	· · · · · ·	
_)		Yes	No 🖌		
		If yes	, provide details: Not Applicable		
	15.	were stock	our knowledge has any company or entity (including an officer or director, trustee, investment comp holder, had any of the following events occur whi any level provide the group code. <u>707</u>	nittee member, key mana	agement employee or controlling
		a.	Been refused a permit, license, or certificate licensing agency?	of authority by any regul	atory authority, or governmental-
			Yes No		
		b.	Had its permit, license, or certificate of authorit to any judicial, administrative, regulatory, or receivership, conservatorship, federal bankrup similar proceeding)?	disciplinary action (inc	luding rehabilitation, liquidation,
			Yes No		
		С.	Been placed on probation or had a fine levied authority in any civil, criminal, administrative, r		
20.00			Yes 🖌 No		
\bigcirc					Revised 04/08/19
	©2019	National	Association of Insurance Commissioners 5		FORM 11



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.



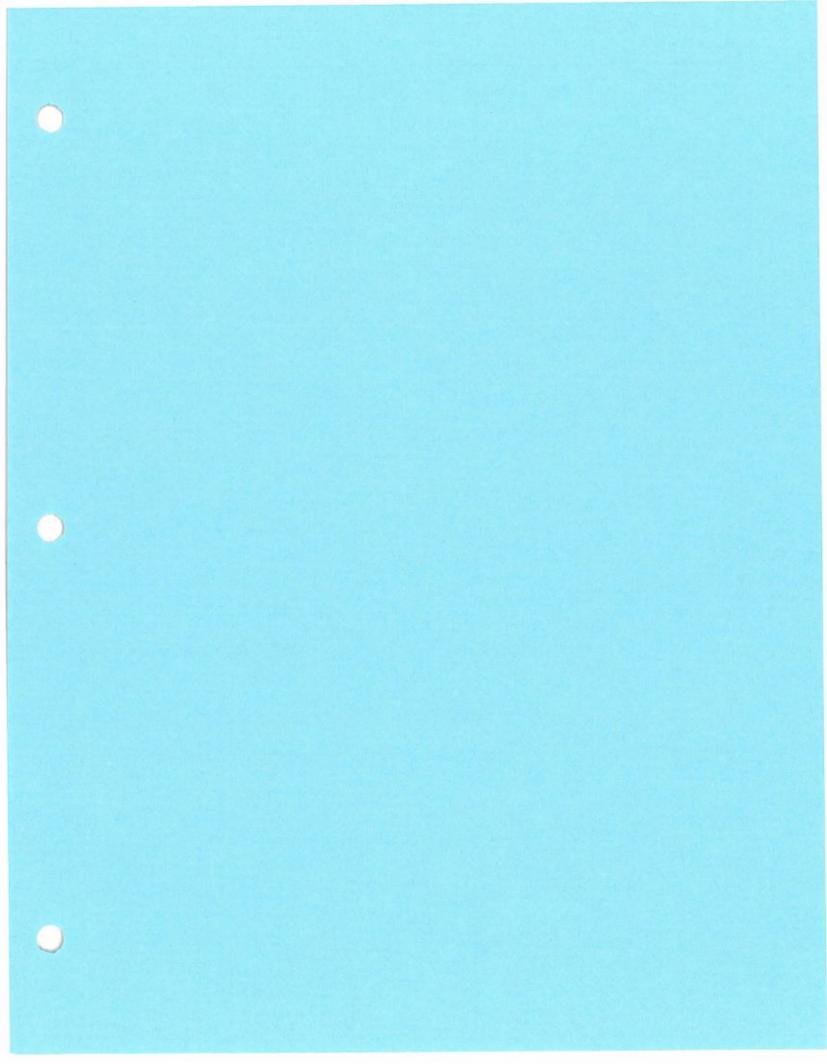
8.

NAIC No. Not Applicable FEIN: 41-1921983

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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/End Dates:	ding	06/01	- 08/01	Emp	loyer's Name:	Dorsey & Whitn	ey, LLP	
Address:	50 S. 6	5 th Street, Su	ite 1500	City:	Minneapolis	State	/Province:	MN
Country:	USA	Postal Code:	_55402	Phone:	Not Available	Offices/ Positions Held:	Summer A	Associate
Type of Busin	ess:	Law Firi	n		Supervisor/Co	ntact: Not A	vailable	



INFIDE

NAIC No.	Not Applicable	
FEIN:	41-1921983	

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)._____

Specialty Benefits, LLC

11000 Optum Circle

Eden Prairie, Minnesota 55344

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 Nan	ne (Initials Not Accep	ptable	e): First: Thomas	Middle: Patrick	k Last:	Wiffler
2.	a.	Are you a	a citizen of the United	d Stat	ces?			
		Yes 🗸	No					
	b.	Are you a	a citizen of any other	cour	ntry?			
		Yes	No 🗸					
		If yes, wł	nat country? Not Appl	licable				
3.	Affiant	's occupati	on or profession: Exe	cutive		· · · · · · · · · · · · · · · · · · ·		
4.	Affiant	's business	address: 200 East Rar	ndolph	n, Suite 5300, Chicago	, IL 60601		
	Busine	ss telephon	e: <u>312-348-7073</u>		Business	Email: <u>thomas_p</u>	wiffler@uhc.com	1
5.	Educati	ion and trai	ning:					
College	e/Univers	sity	City/Sta	ate	1	Dates Attended (N	MM/YY)	Degree Obtained
Iona Col	ege		New Rochell	le, NY	(7/88 - 05/92		BBA - Finance
Graduat	te Studie	<u>s</u>	College/University		City/State	Dates Attended (N	MM/YY)	Degree Obtained
Universi	ty of Notre	Dame		Sout	th Bend, IN	12/10 - 05/12		MBA
Other T None	raining: `	<u>Name</u>	<u>City/State</u>		Dates Attended (M	IM/YY)_	Degree/C	ertification 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.

Applic	ant Company Name: Special	y Benefits, LLC		Not Applicable
			FEIN:	41-1921983
6.	List of memberships in pro	fessional societies and associa	ations:	
	<u>Name of</u> <u>Society/Association</u> None	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
7.	Present or proposed positic	on with the Applicant Compan	y: Manager; and Chief Execut	tive Officer
8. Beginn	including present jobs, posi officerships). Please list the necessary to provide tele	tions, partnerships, owner of a most recent first. Attach addi phone numbers and supervis d during the third-party verifi	an entity, administrator, ma tional pages if the space pr sory information for the cation process for internati	
Dates ((MM/YY): 11/99 - Pres	Cont Employen's Nomer Ur	nitedHealth Group Incorporated	4
Dates		Employer's Name:		
	s: 9900 Bren Road East			nce: MN
Addres	s: 9900 Bren Road East y: USA Postal Co	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: <u>800</u>	-367-5690 Offices/Position	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits
Addres Countr Type o	s: 9900 Bren Road East y: USA Postal Co f Business: Holding Compan	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: <u>800</u>	State/Provi	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits
Addres Countr Type o Beginn	s: <u>9900 Bren Road East</u> y: <u>USA</u> Postal Co f Business: <u>Holding Compan</u> ing/Ending	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: 800 ySuperviso	-367-5690 Offices/Position r/Contact: Matthew Petersor	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits
Addres Countr Type o Beginn Dates (s: 9900 Bren Road East y: USA Postal Co f Business: <u>Holding Compan</u> ing/Ending MM/YY): <u>06/97</u> - <u>11/9</u>	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: <u>800</u> y Superviso <u>99</u> Employer's Name: <u>Ae</u>	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits
Addres Countr Type o Beginn Dates (Addres	s: _9900 Bren Road East y: _USA Postal Co f Business: _Holding Compan ing/Ending MM/YY): _06/9711/9 s: _Roseland Avenue	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: <u>800</u> y Superviso <u>99</u> Employer's Name: <u>Ae</u> City: <u>Roseland</u>	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ
Addres Countr Type o Beginn Dates (Addres Countr	s: _9900 Bren Road East y: _USA Postal Co f Business: _Holding Compan ing/Ending MM/YY):06/9711/S s: _Roseland Avenue y: _USA Postal Co	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: <u>800</u> y Superviso <u>99</u> Employer's Name: <u>Ae</u> City: <u>Roseland</u> ode: <u>07068</u> Phone: <u>Not</u>	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: <u>Finance Manager</u>
Addres Countr Type o Beginn Dates (Addres Countr Type o	s: 9900 Bren Road East y: USA Postal Co f Business: <u>Holding Compan</u> ing/Ending MM/YY): <u>06/97</u> - <u>11/5</u> s: <u>Roseland Avenue</u> y: <u>USA</u> Postal Co f Business: <u>Insurance</u>	City: <u>Minnetonka</u> ode: <u>55343</u> Phone: <u>800</u> y Superviso <u>99</u> Employer's Name: <u>Ae</u> City: <u>Roseland</u> ode: <u>07068</u> Phone: <u>Not</u>	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: <u>Finance Manager</u>
Addres Countr Type o Beginn Dates (Addres Countr Type o Beginn	s: <u>9900 Bren Road East</u> y: <u>USA</u> Postal Co f Business: <u>Holding Compan</u> ing/Ending MM/YY): <u>06/97</u> - <u>11/9</u> s: <u>Roseland Avenue</u> y: <u>USA</u> Postal Co f Business: <u>Insurance</u> ing/Ending	City: Minnetonka ode: 55343 Phone: 800 y Superviso 99 Employer's Name: Ae City: Roseland ode: 07068 Phone: Not Superviso	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: <u>Finance Manager</u>
Addres Country Type o Beginn Dates (Addres Country Type o Beginn Dates (s: 9900 Bren Road East y: USA Postal Co f Business: Holding Compan- ing/Ending MM/YY): 06/97 - 11/9 s: Roseland Avenue y: USA Postal Co f Business: Insurance ing/Ending MM/YY):	City: Minnetonka ode: 55343 Phone: 800 y Superviso 9 Employer's Name: Ae City: Roseland ode: 07068 Phone: Not Superviso Employer's Name:	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: Finance Manager
Addres Country Type o Beginn Dates (Addres Country Type o Beginn Dates (Addres	s:Postal Co y: _USAPostal Co f Business:Holding Compan ing/Ending MM/YY):6/9711/s s:Roseland Avenue y: _USAPostal Co f Business:Insurance ing/Ending MM/YY):	City: Minnetonka ode: 55343 Phone: 800 y Superviso 29 Employer's Name: Ae City: Roseland ode: 07068 Phone: Not Superviso Employer's Name: City:	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols State/Provin	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: Finance Manager nce:
Addres Country Type o Beginn Dates (Addres Country Type o Beginn Dates (Addres	s:Postal Co y: _USAPostal Co f Business:Holding Compan ing/Ending MM/YY):6/9711/s s:Roseland Avenue y: _USAPostal Co f Business:Insurance ing/Ending MM/YY):	City: Minnetonka ode: 55343 Phone: 800 y Superviso 29 Employer's Name: Ae City: Roseland ode: 07068 Phone: Not Superviso Employer's Name: City:	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols State/Provin	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: Finance Manager nce:
Addres Country Type o Beginn Dates (Addres Beginn Dates (Addres: Country	s: _9900 Bren Road East y: _USA Postal Co f Business: _Holding Compan ing/Ending MM/YY): _06/9711/s s: _Roseland Avenue y: _USA Postal Co f Business: _Insurance ing/Ending MM/YY): s: Postal Co	City: Minnetonka cde: 55343 Phone: 800 y Superviso g Employer's Name: Ac City: Roseland cde: 07068 Phone: Not Superviso Employer's Name: City: city:	State/Provi -367-5690 Offices/Position r/Contact: Matthew Petersor etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols State/Provin Offices/Position	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ nce: NJ ns Held: Finance Manager nce: ns Held:
Addres Country Type o Beginn Dates (Addres Country Type o Address Country Type of Beginn Beginn	s:Postal Co g:USAPostal Co f Business:Holding Compan ing/Ending MM/YY):06/9711/S s:Roseland Avenue y:USAPostal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co	City: Minnetonka City: Minnetonka City: Superviso City: Roseland City: Roseland City: Roseland City: City: Superviso Employer's Name: City: City: Phone: City: City: Superviso City: Superviso	State/Provi -367-5690 Offices/Position r/Contact: Matthew Peterson etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols State/Provin Offices/Position r/Contact:	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ ns Held: Finance Manager nce:
Addres Country Type o Beginn Dates (Addres Country Type of Address Country Type of Beginn Dates (Beginni Dates (s:Postal Co f Business:Holding Compan ing/Ending MM/YY):6/9711/5 s:Roseland Avenue y: _USAPostal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co	City: Minnetonka City: Minnetonka City: Superviso City: Roseland City: Roseland City: Roseland City: Superviso Employer's Name: City: City: Employer's Name: City:	State/Provi -367-5690 Offices/Position r/Contact: Matthew Peterson etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols State/Provin Offices/Position r/Contact:	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits n nce: NJ nce: NJ ns Held: Finance Manager nce:
Address Country Type o Beginn Dates (Address Country Type of Address Country Type of Beginni Dates (Address	s:Postal Co f Business:Holding Compan ing/Ending MM/YY):6/9711/5 s:Roseland Avenue y:USAPostal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co f Business:Postal Co	City: Minnetonka City: Minnetonka City: Superviso City: Roseland City: Roseland City: Roseland City: Superviso Employer's Name: City:	State/Provi -367-5690 Offices/Position r/Contact: Matthew Peterson etna U.S. Healthcare State/Provi Available Offices/Position r/Contact: Robert Iskols State/Provin Offices/Position r/Contact:	nce: MN ns Held: Bus Unit CEO; CEO Specialty Benefits

						CONFIDENTIA
Applic	cant Com	pany Name: Specialty	Benefits, LLC		NAIC No. FEIN:	Not Applicable 41-1921983
9.	a.	Have you ever beer	in a position which req	uired a fidelity be	ond?	
		Yes No	\checkmark			
		If any claims were	made on the bond, give	details: Not Applic	able	
	b.	Have you ever bee revoked?	n denied an individual	or position sche	dule fidelity	bond, or had a bond canceled or
		Yes No	\checkmark			
		If yes, give details:	Not Applicable			
10.	or gove in the the lic numbe are rea repres	ernmental licensing ag past. For any non-insu ensing authority or reg r is your Social Secur isonably identifiable a ented by your SSN. (f the space provided i	gency or regulatory auth rance regulatory issuer, gulatory body having jur ity Number (SSN) or en as your SSN, then write For example, "SSN", " s insufficient.	ority or licensing identify and prov isdiction over the isdeds your SSN of SSN for that por 2-SSN-345" or	authority tha ride the name license (s) i or any sequer rtion of the p "1234-SSN'	sell securities) issued by any public at you presently hold or have held a address and telephone number of ssued. If your professional license ace of more than five numbers that professional license number that is ' (last 6 digits)). Attach additional
Organi	zation/Is	suer of License: Not A	oplicable	Address:		
City:_		State/Prov	vince:	Country:		Postal Code:
Licens	e Type: _	L	icense #:	Date I	ssued (MM/	YY):
Date E	xpired (N	/M/YY):	Reason for Term	nination:		
Non-Ir	surance	Regulatory Phone Nur	nber (if known):			
Organi	zation/Is	suer of License:		Address:		
City:_		State/Prov	ince:	Country:		Postal Code:
Licens	e Type: _	Li	cense #:	Date I	ssued (MM/	YY):
Date E	xpired (N	4M/YY):	Reason for Term	nination:		
Non-Ir	isurance l	Regulatory Phone Nur	nber (if known):			
11.			ng, if the record has beer unged, an affiant may re			affiant has personally verified that ave you ever:
	a.		cupational, professional rative, or governmental			it by any regulatory authority, or
		Yes No	\checkmark			
	b.		al, professional, or voc strative, regulatory, or c			hold or have held, been subject to
						Revised 04/08/19

	Cardina and a second				
Applicant	Company	Name:	Specialty	Benefits,	LLC

NAIC No. Not Applicable FEIN: 41-1921983

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?



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



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?



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?



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



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?



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



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: 41-1921983

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.



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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

Yes		No	\checkmark
	President and a second		

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 🗸	res [No	1
----------	-------	--	----	---

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

MAISIN

NAIC No. Not Applicable FEIN: 41-1921983

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.



Exhibit 8: Biographical Affidavits for the Directors and Executive Officers of the Company Post-Transaction



NAIC No. 42765 FEIN: 42-119410

42-1194107

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).

Centurion Casualty Company

800 Walnut Street

Des Moines, Iowa 50309

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 Accept	able): First: James	Middle: Francis	Last: Bedard
2.	a.	Are you a d	citizen of the United	States?		
		Yes 🗸	No			
	b.	Are you a d	citizen of any other c	ountry?		
		Yes	No 🗸			
		If yes, what	t country? Not Applic	able		
3.	Affiant'	s occupation	nor profession: Exec	utive		
4.	Affiant'	s business a	ddress: 185 Asylum St	reet, City Place 1, Har	ford, CT 06103	
	Busines	s telephone:	860-702-6811	Busine	ss Email: james_f_beda	rd@uhc.com
5.	Educatio	on and traini	ng:			
College	e/Univers	ity	City/Stat	<u>e</u>	Dates Attended (MN	1/YY) Degree Obtained
Western	New Engla	and College	Springfield, M	۹	09/79 - 05/83	Bachelors
Gradua	te Studies	<u>Cc</u>	ollege/University	City/State	Dates Attended (MM	1/YY) Degree Obtained
Western	New Engla	and College		Springfield, MA	09/84 - 05/87	Masters
Other T	Training: N	Name	City/State	Dates Attended	(MM/YY)	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.



Applica	ant Company Name: <u>Centurion</u>	Casualty Company		42765
6.	List of memberships in profe	ssional societies and associ	ations:	
	<u>Name of</u> Society/Association None	<u>Contact Name</u>	<u>Address of</u> <u>Society/Association</u>	<u>Telephone Number</u> of Society/Association
7.	Present or proposed position	with the Applicant Compan	y: Director; Chief Financial Office	r; and Vice President
8.	including present jobs, position officerships). Please list the n	ons, partnerships, owner of nost recent first. Attach add one numbers and supervi	an entity, administrator, mana itional pages if the space prov sory information for the pa	nsated or otherwise (up to and ager, operator, directorates or ided is insufficient. It is only ast ten (10) years. Additional al employers.
Beginn	ing/Ending (MM/YY): _06/07 Prese	ot Employee's Norman III	nitedHealth Group Incorporated	
				MAL
	s: 9900 Bren Road East			
Country	y: USA Postal Cod			Held: VP Finance
Type of	f Business: <u>Holding Company</u>	Superviso	r/Contact: Saurabh Kumar	
Beginni Dates (ing/Ending (MM/YY): <u>04/06</u> - <u>06/07</u>	Employer's Name: _H	artford Financial Services	
Addres	s: Hartford Plaza	City: Hartford	State/Provinc	e: <u>CT</u>
Country	y: <u>USA</u> Postal Cod	e: <u>06103</u> Phone: <u>860</u>	-547-5000 Offices/Positions I	Held: Controlier
Type of	fBusiness: <u>Insurance</u>	Superviso	r/Contact: Barbara Perrijean	
0	ing/Ending (MM/YY): <u>12/01</u> - <u>03/06</u>	Employer's Name: <u>Ci</u>	gna Health Care	
Address	s: 900 Cottage Grove Road	City: Bloomfield	State/Province	e: <u>CT</u>
Country	y: <u>USA</u> Postal Cod	e: <u>06152</u> Phone: <u>800</u>	-345-9458 Offices/Positions I	Held: Financial Controller
Type of	fBusiness: <u>Healthcare</u>	Superviso	r/Contact: <u>Frank Lucia, Tom Di</u>	Gemmis
	ing/Ending MM/YY): <u>12/83</u> - <u>12/01</u>	Employer's Name:	avelers Insurance Company	
Address	s: <u>One Tower Square</u>	City: Hartford	State/Province	e:
	y: <u>USA</u> Postal Cod			Held: <u>Budget Officer, Controller, V</u> Ops & Technology
Type of	fBusiness: <u>Insurance</u>	Superviso	r/Contact: Walt Gwise, John D	avison, MaryJean Thomton

 \bigcirc

Revised 04/08/19 FORM 11

	1 1 2 - 1	D. C. D.	
UU	NEL	DEN	ITIAL
-		they have n . ?	C M M M M March

Appli	cant Cor	npany Name: <u>Centurion Casualty Company</u>	/	NAIC No. FEIN:	42765 42-1194107
9.	a.	Have you ever been in a position whi	ch required a fidelity b	oond?	
		Yes No 🗸			
		If any claims were made on the bond	, give details: Not Appl	icable	
	b.	Have you ever been denied an indiv revoked?	vidual or position sch	edule fidelity	bond, or had a bond canceled or
		Yes No 🖌			
		If yes, give details: <u>Not Applicable</u>			
10.	or go in the the li numb are re repre	any professional, occupational and vocati vernmental licensing agency or regulatory past. For any non-insurance regulatory is censing authority or regulatory body havi ber is your Social Security Number (SSN) easonably identifiable as your SSN, then sented by your SSN. (For example, "SS if the space provided is insufficient.	y authority or licensin ssuer, identify and pro ng jurisdiction over th or embeds your SSN write SSN for that po SN", "12-SSN-345" or	g authority tha wide the name, le license (s) is or any sequen ortion of the pr r "1234-SSN"	t you presently hold or have held , address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organ	nization/1	Issuer of License: Not Applicable	Address:		
City:		State/Province:	Country:		Postal Code:
Licen	se Type:	License #:	Date	Issued (MM/	YY):
Date I	Expired	(MM/YY): Reason fo	or Termination:		
Non-I	Insurance	e Regulatory Phone Number (if known):			
Organ	nization/l	ssuer of License:	Address:		
City:_		State/Province:	Country:		Postal Code:
Licen	se Type:	License #:	Date	Issued (MM/	YY):
Date I	Expired ((MM/YY): Reason fo	or Termination:		
Non-I	nsurance	e Regulatory Phone Number (if known):			
11.	In res the re	ponding to the following, if the record has cord was sealed or expunged, an affiant i	as been sealed or expur may respond ''no'' to th	nged, and the a ne question. Ha	affiant has personally verified that ave you ever:
	a.	Been refused an occupational, profes any public administrative, or governn			it by any regulatory authority, or
		Yes No 🗸			
	b.	Had any occupational, professional, any judicial, administrative, regulator			hold or have held, been subject to
					Revised 04/08/19

0	-		and the owner where the				
111	101	C##	100	1 8 -10		-	
		E 11	11-1				8
-	-				17		

Applicant Company	Name:	Centurion	Casualty	Company
-------------------	-------	-----------	----------	---------

NAIC No. <u>42765</u> FEIN: <u>42-1194107</u>

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?



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



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



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?



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?



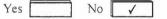
h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?



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?



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



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:	Centurion Casualty Company
-----------	---------------	----------------------------

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.



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	d in any way, give details.
-------------------------------	-----------------------------	-----------------------------

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

Yes		No	\checkmark
	(harrison and the second secon		

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)?



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

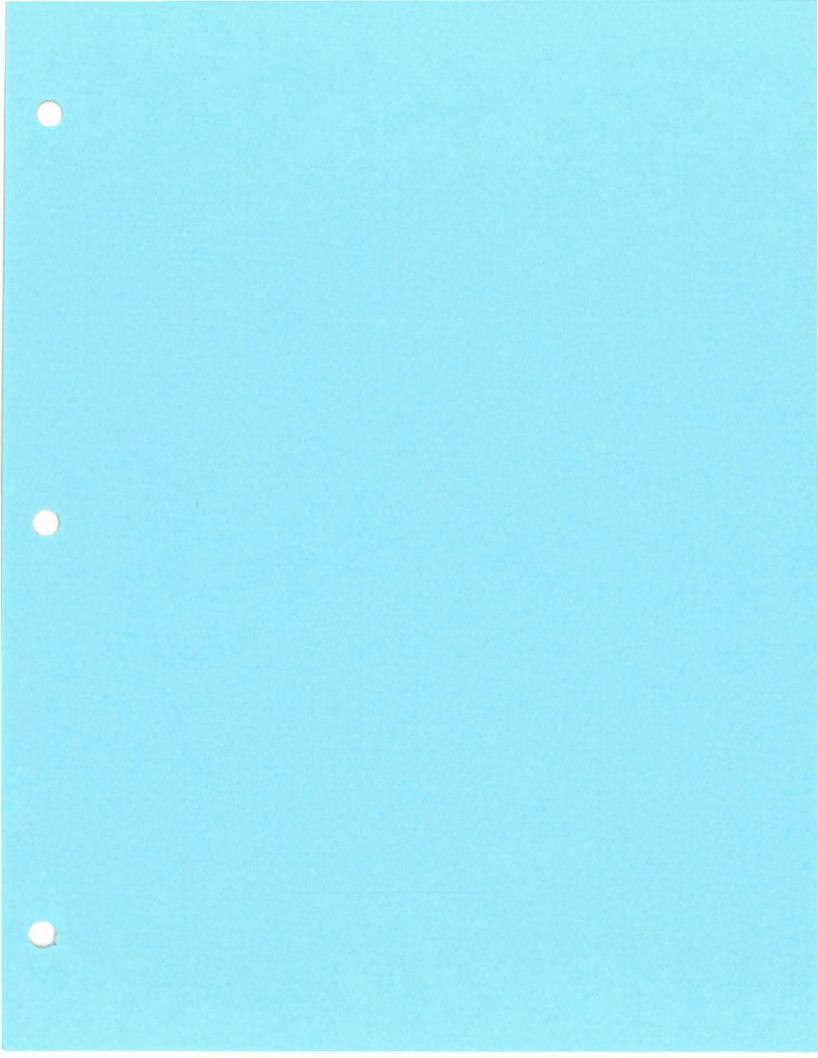
UUNTIDENTIAL

NAIC No. 42765 FEIN: 42-1194107

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.





42765 NAIC No. 42-1194107 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)

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

require	u (DU N	of Use GIU	ap Marines).							
			(Centurion (Casualty Comp	bany				
			8	300 Walnu	t Street					
]	Des Moine	s, Iowa 50309					
hereina ANSW	after set ER IS	forth. (Att NO" OR	ach addend "NONE,"	um or sep SO STAT	arate sheet if E. ALL FIEL	space her DS MUS	entations and s eon is insuffici T HAVE A RE ECTION OF TH	ent to answer ESPONSE. II	any questic	n fully.) IF
1.	Affiant	's Full Nar	ne (Initials	Not Accep	otable): First:_	Michael	Middle:_Char	les Las	t: Brody	
2.	a.	Are you	a citizen of	the United	d States?					
		Yes 🔽	/ No							
	b.	Are you	a citizen of	any other	country?					
		Yes	No	\checkmark						
		If yes, wl	nat country'	? Not Appli	cable					
3.	Affiant	's occupati	on or profe	ssion: <u>Exe</u>	cutive					
4.	Affiant	's business	address: 68	80 Blair Mill	Road, Horsham	, PA 19044				
	Busine	ss telephor	e: 215-902-8	3023		Business	Email: mbrody@	uhc.com		
5.	Educat	ion and tra	ning:							
College	e/Univers	sity		<u>City/Sta</u>	te	Ī	Dates Attended (MM/YY)	Degre	e Obtained
The Geo	orge Wash	ington Unive	rsity M	/ashington,	DC	0	9/87 - 05/91		B.A.	
Gradua	te Studie	<u>s</u>	College/Un	iversity	City/Stat	te I	Dates Attended (MM/YY)	Degree	e Obtained
Law Dec	gree	Univ. of Bal	timore Schoo	ol of Law	Baltimore, MD		08/91 - 05/94		J.D.	
<u>Other T</u> None	raining:	<u>Name</u>	<u>City/St</u>	<u>ate</u>	Dates At	tended (M	<u>M/YY)</u>	Degree	/Certificatio	n Obtained

If affiant attended a foreign school, please provide full address and telephone number of the college/university. If Note: 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. Containen Gasdaity Company	Applicant Company	Name:	Centurion Casualty Company	
--	-------------------	-------	----------------------------	--

6.

NAIC No. <u>42765</u> FEIN: <u>42-1194107</u>

List of memberships in professional societies and associations:

	<u>Name of</u> Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
	Association of Corporate Counsel	Member Services	1025 Connecticut Avenue, NW Washington, DC 20036	202-293-4103
7.	Present or proposed posit	ion with the Applicant Com	nany: Assistant Secretary	
			,,	
8.	including present jobs, po officerships). Please list t necessary to provide tel	sitions, partnerships, owner he most recent first. Attach ephone numbers and supe	enty (20) years, whether compen- of an entity, administrator, manage additional pages if the space provi- ervisory information for the pase erification process for internationa	ger, operator, directorates or ded is insufficient. It is only st ten (10) years. Additional
	ing/Ending (MM/YY): <u>08/03</u> - <u>P</u>	resent Employer's Name:	UnitedHealth Group Incorporated	
Addres	s: 9900 Bren Road East	City:Minnetonka	State/Province	: <u>MN</u>
Countr	y: USA Postal	Code: <u>55343</u> Phone:	800-367-5690 Offices/Positions H	feld: <u>Associ General Counsel</u>
Туре о	fBusiness: <u>Holding Compa</u>	any Super	visor/Contact: Gavin Galimi	
-	ing/Ending (MM/YY): <u>06/03</u> - <u>08</u>	3/03 Employer's Name:	The Esquire Group	
Addres	s: 15 South 5th Street	City: Minneapolis	State/Province	e: <u>MN</u>
Countr	y: USA Postal	Code: <u>55402</u> Phone:	757-459-5100 Offices/Positions H	leld: <u>Contract Attorney placed</u> with UnitedHealth Group
Type of	f Business: <u>Healthcare</u>	Super	visor/Contact: Not Available	
	ing/Ending [MM/YY): <u>02/01</u> - <u>0</u> 4	1/03 Employer's Name:	ValueOptions, Inc.	
Addres	s: _240 Corporate Boulevard	City: Norfolk	State/Province	:VA
Country	y: <u>USA</u> Postal (Code: <u>23502</u> Phone:	757-459-5100 Offices/Positions H	eld: Assistant Legal Counsel
Type of	fBusiness: <u>Healthcare</u>	Super	visor/Contact: Lora Picini	
	ing/Ending MM/YY): <u>11/00</u> - <u>0</u> 2	2/01 Employer's Name:	United States Department of Labor	
Address	s: <u>200 Constitution Avenue, N</u>	WCity:Washington	State/Province	:DC
Country	y: <u>USA</u> Postal (Code: <u>20210</u> Phone:	202-693-5000 Offices/Positions H	eld: <u>Attorney-Adviser</u>
	Business: <u>Government</u> addendum for additional Empl		visor/Contact: Not Available	

		Pro Pro La Carto	
00	NIL-I	DEN	
1.11	IN I	Long V	
00			

Appli	cant Cor	npany Name: Centurion Casualty Company	NAIC No. FEIN:	42765 42-1194107
9.	a.	Have you ever been in a position which required a fide	lity bond?	
).	u.	Yes No 🗸	inty bond:	
		If any claims were made on the bond, give details: Not	Applicable	
	b.	Have you ever been denied an individual or position revoked?	schedule fidelity	bond, or had a bond canceled or
		Yes No 🗸		
		If yes, give details: <u>Not Applicable</u>		
10.	or go in the the li numb are re repre pages	iny professional, occupational and vocational licenses (inc vernmental licensing agency or regulatory authority or lice past. For any non-insurance regulatory issuer, identify and censing authority or regulatory body having jurisdiction ov er is your Social Security Number (SSN) or embeds your s easonably identifiable as your SSN, then write SSN for the sented by your SSN. (For example, "SSN", "12-SSN-34 if the space provided is insufficient. ddendum for additional licenses.	ensing authority tha d provide the name ver the license (s) is SSN or any sequen nat portion of the p	t you presently hold or have held , address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is
Orgar	nization/I	ssuer of License: Maryland Court of Appeals Address:	361 Rowe Boulevan	d
City:	Annapo	lis State/Province: MD Country:	USA	Postal Code: 21401
Licen	se Type:	Law License #: 9412130086	Date Issued (MM/	YY): <u>12/94</u>
Date	Expired ((MM/YY): <u>Still Active</u> Reason for Termination: <u>M</u>	Not Applicable; renewe	d
Non-1	nsurance	e Regulatory Phone Number (if known): 410-260-1500		
Orgar	ization/I	ssuer of License: D.C. Court of Appeals Address:	430 E Street, NW	
City:	Washir	ngton State/Province: DC Country:	USA	Postal Code: 20001
Licen	se Type:	Law License #: 451159	Date Issued (MM/	YY): <u>06/96</u>
Date	Expired (MM/YY): Inactive Reason for Termination:	Not Applicable; renewe	d
Non-I	nsurance	Regulatory Phone Number (if known): 202-879-1010		
11.		ponding to the following, if the record has been sealed or cord was sealed or expunged, an affiant may respond "no"		
	a.	Been refused an occupational, professional, or vocation any public administrative, or governmental licensing ag		it by any regulatory authority, or

- 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?

<i>H</i> B		A ()		1		
			X	1 1		
	1.74	1.11		11	1	

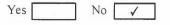
NAIC No.	42765
FEIN:	42-1194107

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?



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



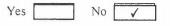
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?



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?



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?



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



Had a finding made by the Comptroller of any state or the Federal Government that you have violated any i. 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?



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



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:	Centurion Casualty Company	

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.



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	an	y	of	t	he	sl	har	es	of	st	ock	are	e pl	ec	lged	lor	hypo	oth	ecat	ed	in	any	way,	give	detai	ls.	

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

1

- 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 governmentallicensing agency?

Yes	No	\checkmark
-----	----	--------------

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)?

,	N I	1
es	 NO	

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

Yes 🖌	No	
-------	----	--

CONFIDENTIAL

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765 FEIN: 42-1194107

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.



NAIC No. <u>42765</u> FEIN: <u>42-1194107</u>

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

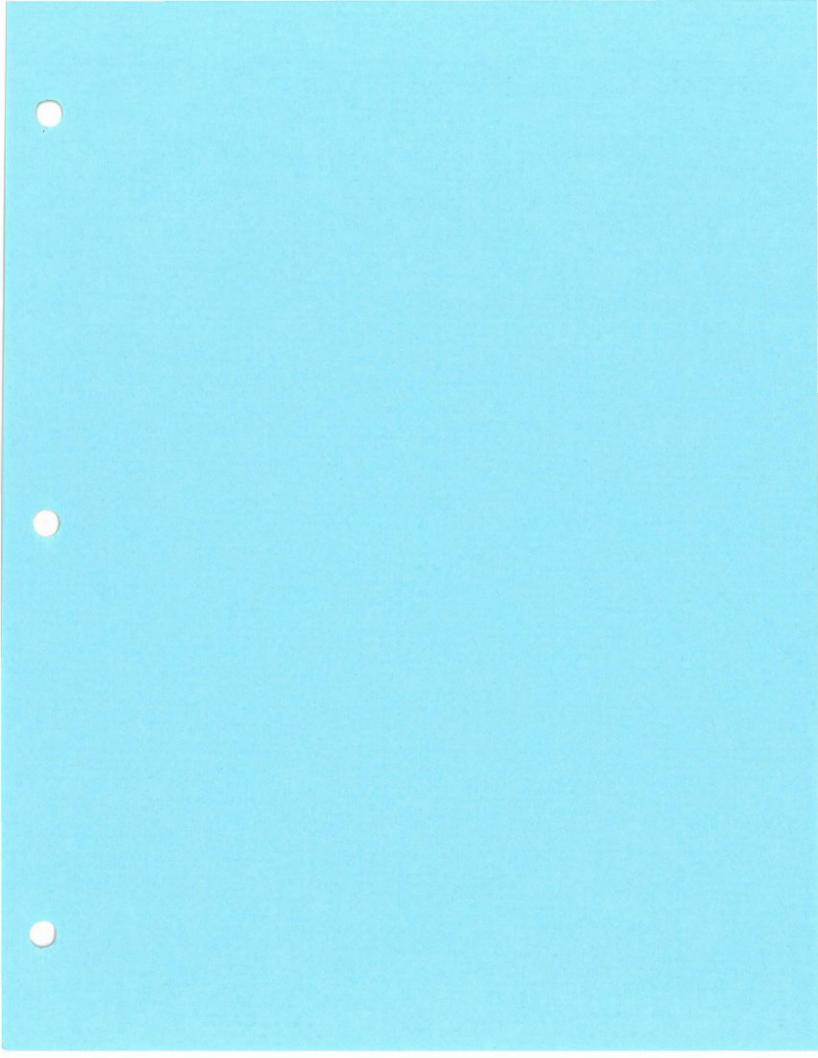
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages 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/Er Dates:	nding	11/98	- 11/00		mploy	er's Name:	Independent Insur America, Inc.	ance Agents a	& Brokers of	
Address:	127 So	uth Peyton S	Street	C	ity:	Alexandria	State/	Province:	VA	
Country:	USA	Postal Code:	22314	Phone:	80	0-221-7917	Offices/ Positions Held:	Staff Atto	orney	
Type of Busi	ness:	Not-for-	Profit Trade	Assoc.		Supervisor/Con	ntact:Not Av	ailable		

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 (SSN), "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/ Issuer of License	Address; City; State; Country	License Type; License #; Date Issued	Date Expired; Reason for Termination
Supreme Court of the State of New York	45 Monroe Place Brooklyn, NY 11201 USA	Law License 2687994 08/95	Still Active Not Applicable
Supreme Court of New Jersey	P.O. Box 970 Trenton, NJ 05625 USA	Law License 022991994 12/94	Still Active Not Applicable
Supreme Court of Pennsylvania	Pennsylvania Judicial Center 601 Commonwealth Ave.,Suite 4500 Harrisburg, PA 17106	Law License 322262 07/16	Still Active Not Applicable



FIDEN

42765	
42-1194107	

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)._____

require	ed (Do No	ot Use Gro	oup Names)		· · · · · ·		
			Centurion Ca	asualty Company			
			800 Walnut	Street	1900 UNILLY ALE		
			Des Moines,	lowa 50309			
herein: ANSW	after set ER IS "	forth. (At NO" OR	tach addendum or sepa "NONE," SO STATE.	rate sheet if spac ALL FIELDS	epresentations and suppl e hereon is insufficient t MUST HAVE A RESPC REJECTION OF THE A	o answer a NSE. IN(any question fully.) IF COMPLETE FORMS
1.	Affiant	's Full Na	me (Initials Not Accept	able): First: <u>Patr</u>	ick Middle: Francis	Last:	Carr
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, w	hat country? Not Applica	able			
3.	Affiant	's occupa	ion or profession: Execu	tive			
4.	Affiant	's busines	s address: 7440 Woodland	Drive, Indianapolis	IN 46278		
	Busines	ss telepho	ne: 317-715-7617	Busin	ness Email: pat.carr@uhc.c	om	
5.	Educati	on and tra	ining:				
Colleg	e/Univers	ity	City/State	2	Dates Attended (MM	<u>(YY)</u>	Degree Obtained
Indiana	University		Bloomington, I	N	09/69 - 05/73		BS-Accounting
	te Studies	8	College/University	City/State	Dates Attended (MM	<u>(YY)</u>	Degree Obtained
None							
Other 7	<u>Fraining: 1</u>	Name	<u>City/State</u>	Dates Attende	d (MM/YY)	Degree/C	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.

©2019 National Association of Insurance Commissioners



NAIC No.	42765	
FEIN:	42-1194107	

6.

List of memberships in professional societies and associations:

<u>Name of</u> Society/Association	Contact Name	<u>Address of</u> Society/Association	Telephone Number of Society/Association
Indiana CPA Society	Not available	8250 Woodfield Crossing Blvd. Indianapolis, IN 46240	317-726-5000
AICPA	Not available	P.O. Box 10069 Newark, NJ 07101	888-777-7077
Financial Executive Institute	Not available	P.O. Box 10408 Newark, NJ 07193	973-898-4625

7. Present or proposed position with the Applicant Company: 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.

1/95 - Present	Employer	's Name: UnitedHealth	Group Incorporated
oad East	City:	linnetonka	State/Province: MN
Postal Code:	55343	Phone: 800-367-5690	Offices/Positions Held: Business Unit CEO
Holding Company		Supervisor/Contact	Matthew W. Peterson
	Employer	's Name:	
	City:		State/Province:
Postal Code:		Phone:	Offices/Positions Held:
		Supervisor/Contact	
	Employer	's Name:	
	City:		State/Province:
Postal Code:		_Phone:	Offices/Positions Held:
		Supervisor/Contact:	
	Employer	's Name:	
	City:		State/Province:
Postal Code:		Phone:	Offices/Positions Held:
		Supervisor/Contact:	
	oad EastPostal Code: Holding CompanyPostal Code:Postal Code:Postal Code:Postal Code:Postal Code:	oad EastCity: M Postal Code: 55343 Holding Company Employer City: Postal Code: Postal Code: Postal Code: City:	1/95 - Present Employer's Name: UnitedHealth oad East City: Minnetonka Postal Code: 55343 Phone: 800-367-5690 Holding Company Supervisor/Contact - Employer's Name:

	2.57			
1 1 2 2	11-1	1 1 - 1		
UUI	111	1.1.1.1	N. 1 17	

Appli	icant Cor	npany Name: Centurion Casualty Company	NAIC No. FEIN:	42765 42-1194107
0				
9.	a.	Have you ever been in a position which required a fi	delity bond?	
		Yes No 🗸		
		If any claims were made on the bond, give details:	Not Applicable	
	b.	Have you ever been denied an individual or positi revoked?	on schedule fidelity	bond, or had a bond canceled or
		Yes No 🖌		
		If yes, give details: Not Applicable		
10.	or go in the the li- numb are re repre	iny professional, occupational and vocational licenses (invernmental licensing agency or regulatory authority or lise past. For any non-insurance regulatory issuer, identify a censing authority or regulatory body having jurisdiction are is your Social Security Number (SSN) or embeds you easonably identifiable as your SSN, then write SSN for sented by your SSN. (For example, "SSN", "12-SSN-2" if the space provided is insufficient.	icensing authority that and provide the name over the license (s) is ar SSN or any sequent that portion of the p	address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is
Organ	nization/I	ssuer of License: Indiana Professional Licensing Agency Addres	s: 402 W. Washingtor	Street
				Postal Code: 46204
Licen	se Type:	Certified Public Accountant License #: CP18545937	Date Issued (MM/	YY): <u>11/76</u>
		[MM/YY): _06/21 Reason for Termination:		
		Regulatory Phone Number (if known): 317-232-2980		
		ssuer of License: Addres	s:	
		State/Province:Countr		
Licen	se Type:	License #:	_ Date Issued (MM/	YY):
Date H	Expired (MM/YY): Reason for Termination:		
Non-I	nsurance	Regulatory Phone Number (if known):		
11.		ponding to the following, if the record has been sealed o cord was sealed or expunged, an affiant may respond "ne		
	a.	Been refused an occupational, professional, or vocational any public administrative, or governmental licensing		it by any regulatory authority, or
		Yes No 🗸		
	b.	Had any occupational, professional, or vocational li any judicial, administrative, regulatory, or disciplina		hold or have held, been subject to

COMERCENTIAL

Applicant	Company	Name:	Centurion	Casualty	Company	

NAIC No.	42765	
FEIN:	42-1194107	-

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?



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



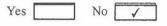
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?



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?



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?



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



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?



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

Yes No 🗸

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

Not Applicable

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



Applicant Company Name:	Centurion Casualty Company
-------------------------	----------------------------

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	1	

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

les	No	1	

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	\checkmark
--	-----	--	----	--------------

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?

No Yes

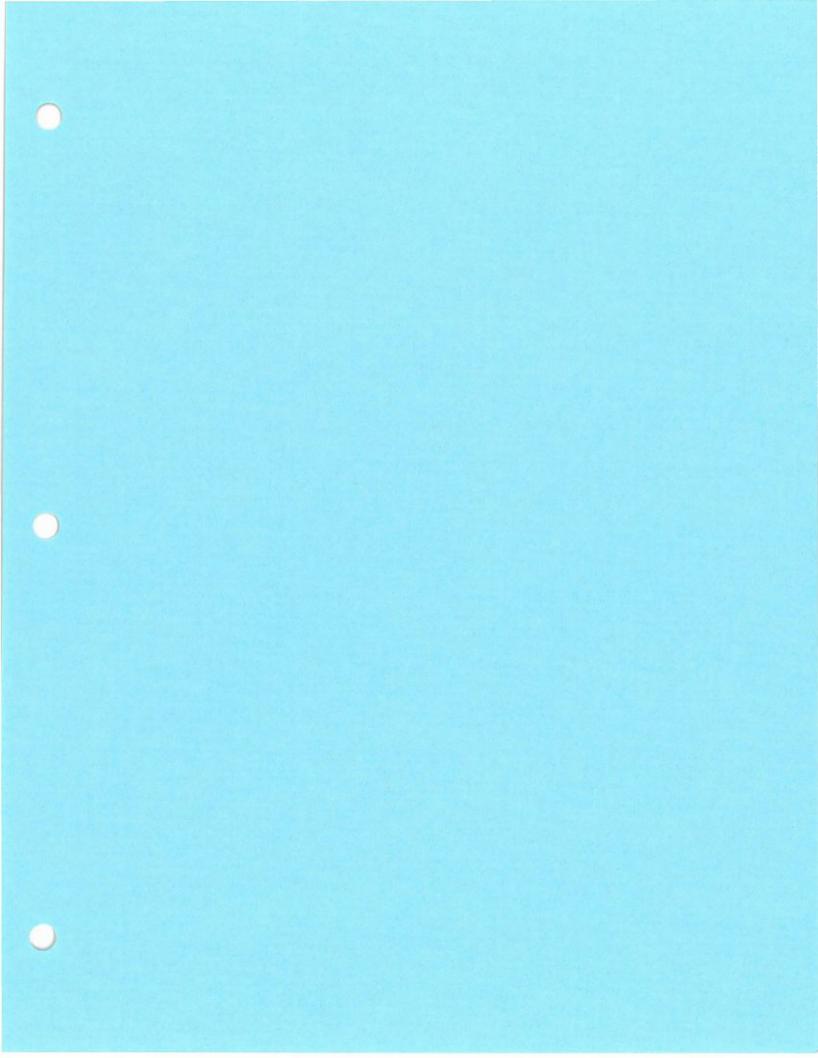


NAIC No. 42765 FEIN: 42-1194107

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.





42765 NAIC No. FEIN:

42-1194107

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).

	<u>.</u>	Centurion (Casualty Company			
		800 Walnut	t Street			
		Des Moine	s, Iowa 50309			
hereina ANSWI	fter set forth. ER IS "NO"	the above-named entity, I (Attach addendum or sep OR "NONE," SO STATI E APPLICATION PROCE	arate sheet if space E. ALL FIELDS N	hereon is insufficient AUST HAVE A RESP	to answer a ONSE. INC	ny question fully.) IF COMPLETE FORMS
1.	Affiant's Ful	l Name (Initials Not Accep	table): First: James	Middle: Mark	Last:	Gabriel
2.	a. Are	you a citizen of the United	States?			
	Yes	✓ No				
	b. Are	you a citizen of any other	country?			
	Yes	No 🗸				
	If ye	es, what country? Not Applic	cable			
3.	Affiant's occ	upation or profession: Exec	cutive			
4.	Affiant's bus	iness address: 3100 AMS Bo	ulevard, Green Bay, V	/ 54313		
	Business tele	ephone: 920-661-3490	Busin	ess Email: james.gabriel	@uhc.com	
5.	Education an	d training:				
College	/University	City/Stat	te	Dates Attended (MM	<u>1/YY)</u>	Degree Obtained
Purdue U	niversity	West Lafayet	te, IN	08/85 - 05/91		BS
Graduat	e Studies	College/University	City/State	Dates Attended (MM	<u>4/YY)</u>	Degree Obtained
None						
	raining: Name f Actuaries (SO)		Dates Attended	<u>1 (MM/YY)</u>	Degree/C	ertification Obtained

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

CONFIDENTIAL

Applic			EEDL	
			FEIN:	42-1194107
6.	List of memberships in p	professional societies and ass	sociations:	
	<u>Name of</u> Society/Association	Contact Name	<u>Address of</u> Society/Association	Telephone Number of Society/Association
	American Academy of Actuaries	Not Available	1850 M Street NW, Ste. 300 Washington, DC 20036	202-223-8196
	Society of Actuaries	Not Available	475 N. Martingale Rd., Ste. 6 Schaumburg, IL 60173	00 847-706-3500
7.	Present or proposed pos	ition with the Applicant Com	npany: Director	
8.	including present jobs, p officerships). Please list necessary to provide to	ositions, partnerships, owner the most recent first. Attach elephone numbers and supe	enty (20) years, whether comp r of an entity, administrator, ma additional pages if the space pro ervisory information for the erification process for internation	nager, operator, directorates o ovided is insufficient. It is onl past ten (10) years. Addition
	ning/Ending (MM/YY): _05/13 F	resent Employer's Name	UnitedHealth Group Incorporated	
				nce MN
Addres	ss: 9900 Bren Road East	City: Minnetonka	State/Provi	
Count	ry: <u>USA</u> Posta	I Code: 55343 Phone:	952-936-1300 Offices/Positior	
Count Type c Begini		l Code: <u>55343</u> Phone: pany Super		ns Held: Vice President, Actuarial Services
Count Type o Begin Dates	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending	l Code: <u>55343</u> Phone: <u>pany</u> Super <u>95/13</u> Employer's Name:	952-936-1300 Offices/Position	ns Held: Vice President, Actuarial Services n; /Golden Rule Insurance ath Group Incorporated)
Count Type of Beginn Dates Addres	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending (MM/YY): <u>9/96</u> - <u>C</u> ss: <u>7440 Woodland Drive</u>	l Code: <u>55343</u> Phone: <u>pany</u> Super <u>p5/13</u> Employer's Name: City: <u>Indianapolis</u>	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea	ns Held: Vice President, Actuarial Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana
Count Type of Beginn Dates Addres Count	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending (MM/YY): <u>9/96</u> - <u>C</u> ss: <u>7440 Woodland Drive</u>	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>05/13</u> Employer's Name: City: <u>Indianapolis</u> l Code: <u>46278</u> Phone:	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea State/Provin	ns Held: <u>Vice President, Actuarial</u> Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: <u>Senior Vice President &</u>
Count: Type c Beginn Dates Addres Counti Type c Beginn	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending (MM/YY): <u>9/96</u> - <u>C</u> ss: <u>7440 Woodland Drive</u> ry: <u>USA</u> Posta of Business: <u>Insurance Com</u> ning/Ending	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>05/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea State/Provin 317-715-7111 Offices/Position	ns Held: Vice President, Actuarial Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: <u>Senior Vice President &</u> Chief Actuary
Count Type of Begint Dates Addres Count Type of Begint Dates	ry: USA Posta of Business: Holding Comp ning/Ending (MM/YY): 9/96 - C ss: 7440 Woodland Drive ry: USA Posta of Business: Insurance Cor ning/Ending (MM/YY):	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>05/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super <u>Employer's Name</u> :	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea S State/Provin 317-715-7111 Offices/Position visor/Contact: Patrick F. Carr	ns Held: <u>Vice President, Actuarial</u> Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: <u>Senior Vice President &</u> Chief Actuary
Count Type of Begint Dates Addres Count Type of Begint Dates Addres	ry: USA Posta of Business: Holding Comp ning/Ending (MM/YY): 9/96 - C ss: 7440 Woodland Drive ry: USA Posta of Business: Insurance Com ning/Ending (MM/YY):	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>05/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super <u>Employer's Name:</u> <u>City:</u>	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea State/Provin 317-715-7111 Offices/Position visor/Contact: Patrick F. Carr	ns Held: <u>Vice President, Actuarial</u> Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: <u>Senior Vice President &</u> Chief Actuary
Count: Type c Beginn Dates Addres Countr Dates Addres Countr	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending (MM/YY): <u>9/96</u> - <u>C</u> ss: <u>7440 Woodland Drive</u> ry: <u>USA</u> Posta of Business: <u>Insurance Com</u> ning/Ending (MM/YY): <u>-</u> ss:Posta	l Code: <u>55343</u> Phone: <u>pany</u> Super <u>5/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super <u>City:</u> <u>City:</u> l Code: <u>City:</u> Phone:	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea State/Provin 317-715-7111 Offices/Position visor/Contact: Patrick F. Carr State/Provin	as Held: <u>Vice President, Actuarial</u> Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: <u>Senior Vice President &</u> Chief Actuary
Counti Type c Begini Dates Addres Counti Dates Addres Counti Type c Begini Type c	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending (MM/YY): <u>9/96</u> - <u>C</u> ss: <u>7440 Woodland Drive</u> ry: <u>USA</u> Posta of Business: <u>Insurance Com</u> ning/Ending (MM/YY): <u>-</u> ss: <u>Posta</u> of Business: <u>Posta</u> ning/Ending	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>b5/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super <u>City:</u> L Code: <u>City:</u> Super	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea State/Provin 317-715-7111 Offices/Position visor/Contact: Patrick F. Carr State/Provin Offices/Position	ns Held: Vice President, Actuarial Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: Senior Vice President & Chief Actuary
Counti Type c Begini Dates Addres Counti Dates Addres Counti Type c Begini Type c Begini	ry: USA Posta of Business: <u>Holding Comp</u> ning/Ending (MM/YY): <u>9/96</u> - <u>C</u> ss: <u>7440 Woodland Drive</u> ry: <u>USA</u> Posta of Business: <u>Insurance Com</u> ning/Ending (MM/YY): <u>-</u> ss: <u>Posta</u> of Business: <u>Posta</u> ning/Ending (MM/YY): <u>-</u>	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>b5/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super <u>City:</u> L Code: <u>City:</u> Super <u>City:</u> Super <u>City:</u>	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea SState/Provin 317-715-7111 Offices/Position visor/Contact: Patrick F. CarrState/ProvinOffices/Position visor/Contact:	ns Held: Vice President, Actuarial Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: Senior Vice President & Chief Actuary
Counti Type c Begini Dates Addres Counti Type c Begini Type c Begini Dates Addres Addres	ry: USA Posta of Business: Holding Comp ning/Ending (MM/YY): 9/96 ss: 7440 Woodland Drive ry: USA Posta of Business: Insurance Com ning/Ending (MM/YY): ss: of Business: ning/Ending (MM/YY): ss:	l Code: <u>55343</u> Phone: <u>bany</u> Super <u>05/13</u> Employer's Name: <u>City: Indianapolis</u> l Code: <u>46278</u> Phone: <u>mpany</u> Super <u>City:</u> I Code: <u>City:</u> Super <u>City:</u> <u>City:</u> <u>Super</u> <u>City:</u>	952-936-1300 Offices/Position visor/Contact: Patrick Carr Golden Rule Financial Corporatio Company (acquired by UnitedHea State/Provin 317-715-7111 Offices/Position visor/Contact: Patrick F. Carr State/Provin Offices/Position visor/Contact:	ns Held: Vice President, Actuarial Services n; /Golden Rule Insurance ath Group Incorporated) nce: Indiana s Held: Senior Vice President & Chief Actuary

J

					CONFIDENTIA
Appli	cant Con	npany Name: Centurion Casualty Company		NAIC No. FEIN:	42765 42-1194107
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 App	licable	
	b.	Have you ever been denied an indiv revoked?	idual or position sch	nedule fidelity	bond, or had a bond canceled or
		Yes No 🗸			
		If yes, give details: Not Applicable			
10.	or gov in the the lic numbe are re repres	ny professional, occupational and vocatio vernmental licensing agency or regulator past. For any non-insurance regulatory is censing authority or regulatory body havin er is 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 licensir ssuer, identify and pro- ng jurisdiction over th or embeds your SSN write SSN for that p N", "12-SSN-345" o	ng authority tha poide the name ne license (s) is or any sequen ortion of the p or "1234-SSN"	at you presently hold or have held , address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organ	ization/ls	ssuer of License: Not Applicable	Address:		
City:_		State/Province:	Country:		Postal Code:
Licens	se Type:	License #:	Date	Issued (MM/	YY):
Date E	Expired (MM/YY): Reason fo	r Termination:		
		Regulatory Phone Number (if known):			
Organ	ization/Is	ssuer of License:	Address:		
City:_		State/Province:	Country:		Postal Code:
Licens	se Type:	License #:	Date	Issued (MM/	YY):
Date E	Expired (i	MM/YY): Reason fo	r Termination:		
Non-II	nsurance	Regulatory Phone Number (if known):			
11.		conding to the following, if the record ha			
	a.	Been refused an occupational, profess any public administrative, or governm			it by any regulatory authority, or
		Yes No 🗸			
	b.	Had any occupational, professional, a any judicial, administrative, regulator			hold or have held, been subject to
					Revised 04/08/19

		-	_
111 11		A seres	
24 5 1 1	1 free	1 8 1 1	AF
	12	1.4 1.1	AL

Applicant Con	npany Name:	Centurion	Casualty	Company	

١

NAIC No. <u>42765</u> FEIN: <u>42-1194107</u>

les	No	\checkmark

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?



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



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



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?



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?

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



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?



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

Yes No 1

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

CONFIDENTIAL

Appli	cant Com	pany Name: <u>Centurion Casualty Company</u>	NAIC No. FEIN:	<u>42765</u> <u>42-1194107</u>
	holds	held by the person. Control shall be presumed to with the power to vote, or holds proxies representing person. None	g, ten percent (10%) or n	nore of the voting securities of an
	If any	of the stock is pledged or hypothecated in any way,	give details. <u>Not Applicab</u>	e
13.	or of regula direct	/ill] you or members of your immediate family indi record, 10% or more of the outstanding shares of tory authority, or its affiliates? An "affiliate" of, or p ly, or indirectly through one or more intermediaries, the person specified.	stock of any entity sub person "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
	Yes [No 🗸		
	the ou	please identify the company or companies in which tstanding voting securities. pplicable	the cumulative stock ho	ldings represent 10% or more o
	If any	of the shares of stock are pledged or hypothecated in	n any way, give details.	
		pplicable		
1.4				
14.		you ever been adjudged a bankrupt?		
	Yes	No 🗸		
	If yes,	provide details: Not Applicable		
15.	were a stockh	ur knowledge has any company or entity (including of an officer or director, trustee, investment comminal to the following events occur while any level provide the group code. 707	ttee member, key mana	igement employee or controllin
	a.	Been refused a permit, license, or certificate o licensing agency?	f authority by any regul	atory authority, or governmenta
		Yes No 🖌		
	b.	Had its permit, license, or certificate of authority to any judicial, administrative, regulatory, or receivership, conservatorship, federal bankruptc similar proceeding)?	disciplinary action (inc	luding rehabilitation, liquidation
		Yes No		
	C.	Been placed on probation or had a fine levied a authority in any civil, criminal, administrative, re		
		Yes 🖌 No		
				Revised 04/08/1
02019	National A	Association of Insurance Commissioners 5		FORM 1

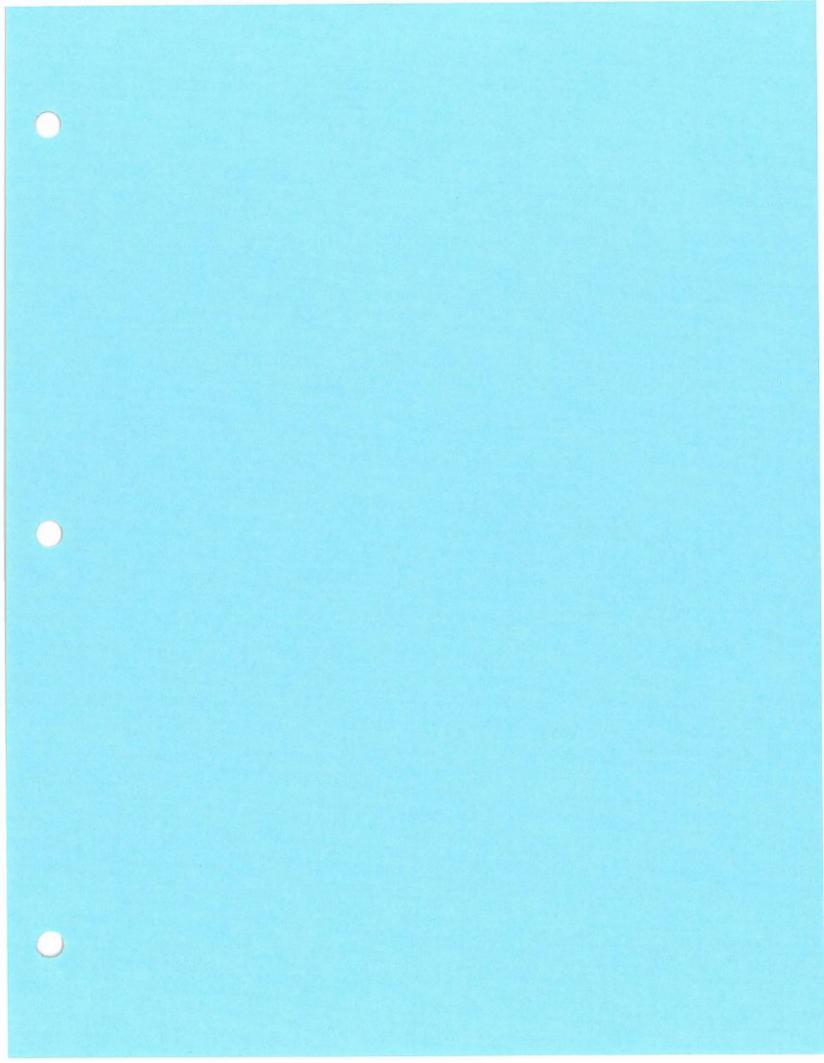


NAIC No. 42765 FEIN: 42-1194107

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.





42765 NAIC No. FEIN:

42-1194107

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).

Centurion Casualty Company

800 Walnut Street

Des Moines, Iowa 50309

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	t's Full Name (Initials Not Accep	ptable): First: Gavir	Middle: Guy	Las	t: Galimi
2.	a.	Are you a cit	izen of the United	d States?			
		Yes 🗸	No				
	b.	Are you a cit	izen of any other	country?			
		Yes	No 🖌				
		If yes, what c	ountry? Not Appl	icable			
3.	Affiant	's occupation of	or profession: Exe	cutive			
4.	Affiant	s business add	ress: 6701 Center	Drive West, Suite 790,	Los Angeles, CA 90045		
	Busine	ss telephone: 3	10-216-2303	Busir	ess Email: <u>gavin_galimi</u>	@uhc.com	
5.	Educat	ion and training	5.				
Colleg	e/Univers	sity	City/Sta	ate	Dates Attended (M	M/YY)	Degree Obtained
Universi	ty of South	nern California	Los Angeles	, CA	08/91 - 05/96		BS, BA
<u>Gradua</u>	te Studie	<u>s</u> <u>Coll</u>	ege/University	City/State	Dates Attended (M	<u>M/YY)</u>	Degree Obtained
Universi	ity of South	nern California La	w School	Los Angeles, CA	08/97 - 05/00		JD
Other 7	Fraining:	Name	City/State	Dates Attende	d (MM/YY)	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.



NAIC No.	42765
FEIN:	42-1194107

List of memberships in professional societies and associations:

6.

<u>Name of</u> Society/Association	Contact Name	<u>Address of</u> <u>Society/Association</u>	<u>Telephone Number</u> of Society/Association
California State Bar Assoc.	Membership	180 Howard Street San Francisco, CA 94105-1617	888-800-3400
Association of Corporate Counsel	Membership	1025 Connecticut Ave., N.W. #200, Washington, D.C. 20036	202-293-4103

7. Present or proposed position with the Applicant Company: Secretary

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

Beginning/Ending Dates (MM/YY): 01/16 - Present Employer's Name: UnitedHealth Group Incorporated
Address: 9900 Bren Road East City: Minnetonka State/Province: MN
Country: USA Postal Code: 55343 Phone: 800-367-5690 Offices/Positions Held: General Counsel General Counsel
Type of Business: Holding Company Supervisor/Contact: Daniel Mulligan
Beginning/Ending Dates (MM/YY): <u>11/17</u> - <u>Present</u> Employer's Name: <u>Strategem Investments, LLC</u>
Address:410 S. Juanita Ave. City:Redondo Beach State/Province: CA
Country: USA Postal Code: 90277 Phone: 310-210-7273 Offices/Positions Held: Manager/Owner
Type of Business: <u>Investment company</u> Supervisor/Contact: Self
Beginning/Ending Dates (MM/YY): <u>05/17</u> - <u>Present</u> Employer's Name: <u>GGGM Enterprises, LLC</u>
Address:
Country: USA Postal Code: 90277 Phone: 310-210-7273 Offices/Positions Held: Manager/Owner
Type of Business: <u>Investment company</u> Supervisor/Contact: <u>Self</u>
Beginning/Ending Dates (MM/YY): <u>11/06</u> - <u>Present</u> Employer's Name: <u>USC Credit Union</u>
Address:State/Province:CA
Country: USA Postal Code: 90089 Phone: 213-821-7100 Offices/Positions Held: Board Member, Board Treasurer, Committees
Type of Business: Credit Union Supervisor/Contact: Gary Perez, C.E.O., (213) 821-7122
*See addendum for additional Employment history.

				CONFIDENTIAL
Appli	icant Cor	mpany Name: Centurion Casualty Company		AIC No. 42765 EIN: 42-1194107
9.	a.	Have you ever been in a position which	required a fidelity bond?	
		Yes 🖌 No		
		If any claims were made on the bond, gi	ve details: Not Applicable	
	b.	Have you ever been denied an individu revoked?	al or position schedule	fidelity bond, or had a bond canceled or
		Yes No 🖌		
		If yes, give details: Not Applicable		
10.	or go in the the li numb are re repre	iny professional, occupational and vocational vernmental licensing agency or regulatory a past. For any non-insurance regulatory issu censing authority or regulatory body having ber is your Social Security Number (SSN) or easonably identifiable as your SSN, then w sented by your SSN. (For example, "SSN" if the space provided is insufficient.	uthority or licensing auth er, identify and provide t jurisdiction over the lice embeds your SSN or any ite SSN for that portion	ority that you presently hold or have held he name, address and telephone number of nse (s) issued. If your professional license sequence of more than five numbers that of the professional license number that is
Orgar	nization/I	ssuer of License: State Bar of California	Address: 180 Howar	d Street
City:	San Fra	ancisco State/Province: CA	Country: USA	Postal Code: 94105-1617
Licen	ise Type:	Law License #: 211577	Date Issue	d (MM/YY): 12/00
Date I	Expired ((MM/YY): <u>Still Active</u> Reason for T	ermination: Not Applicabl	e
Non-I	Insurance	e Regulatory Phone Number (if known):	3-800-3400	
Organ	nization/I	ssuer of License:	Address:	
City:_		State/Province:	Country:	Postal Code:
Licen	se Type:	License #:	Date Issue	d (MM/YY):
Date I	Expired (MM/YY): Reason for T	ermination:	
Non-I	Insurance	Regulatory Phone Number (if known):		
11.		ponding to the following, if the record has b cord was sealed or expunged, an affiant may		
	a.	Been refused an occupational, profession any public administrative, or governmen		or permitby any regulatory authority, or
		Yes No 🖌		
	b.	Had any occupational, professional, or any judicial, administrative, regulatory, o		mit you hold or have held, been subject to
				Revised 04/08/19



Applicant	Company	Name:	Centurion	Casualty	Company

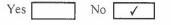
42765	
2-1194107	
	12100

F	 I	
Yes	NO	1
L		

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?



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



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



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?



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?



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



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?



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.

11.h. See addendum

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. <u>42765</u> FEIN: <u>42-1194107</u>

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.



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 1

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 governmentallicensing 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	\checkmark

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



NAIC No. 42765 FEIN: 42-1194107

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.

8.

NAIC No. <u>42765</u> FEIN: <u>42-1194107</u>

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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/EndingEmployer's NatDates:11/06	me: March Vision Care, Inc. (acquired by UnitedHealth Group Incorporated)
Address:6701 Center Drive West, Suite 790 City: Los A	ngeles State/Province: CA
Postal Country: USA Code: 90045 Phone: 310-216-2	Offices/ Exec. V.P., General Counsel, 2300 Positions Chief Compliance Officer, Held: Chief Financial Officer
Type of Business: Law Firm Supervisor/Contact:	Glenville A. March, Jr., M.D.
Beginning/Ending Employer's Nar Dates: 09/03 - 11/06	me: Katten Muchin Rosenman, LLP
Address:2029 Century Park East, Suite 2600 City:Los An	
Postal Country: USA Code: 90067 Phone: 213-488-7 Type of Business: Law Firm Supervise	Offices/ Corporate & Healthcare 700 Positions Held: Associate or/Contact: Nicole Callanan 310-788-4586
Beginning/Ending - Employer's Dates: <u>~2002</u> <u>~2011</u> Name:	Technology Council of Southern California (fka Software Council of Southern California)
Address:2537-D Pacific Coast Highway, #348 City: Tor	rance State/Province: CA
Postal Country: USA Code: 90505 Phone: 310-325-400 Type of Business: Technology Trade Group Supervise	Offices/Positions 00 Held: Chapter Committee 07/Contact: Catrina Leudtke, Executive Director
Beginning/Ending - Employer's Dates: 09/00 09/03 Name:	Pillsbury Winthrop Shaw Pittman, LLP (fka Shaw Pittman, LLP and Klein & Martin, LLP)
Address: 725 South Figueroa St., Suite 2800 City: Los	Angeles State/Province: CA
Postal Country: USA Code: 90017 Phone: 213-488-7 Type of Business: Law Firm Supervisor/Con	
Beginning/Ending Employer's Na Dates : 06/00 08/00	me: U.S. Dist. Court, Central Dist. of California Jeffrey W. Johnson, Magistrate Judge
Address:312 N. Spring St., Room 831 City:Los Ar	
Postal Country: USA Code: 90012 Phone: 213-894-1 Type of Business: U.S. Court Supervision	Offices/Positions 565 Held: Judicial Extern or/Contact: Not Available



11.

NAIC No. 42765 FEIN: 42-1194107

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

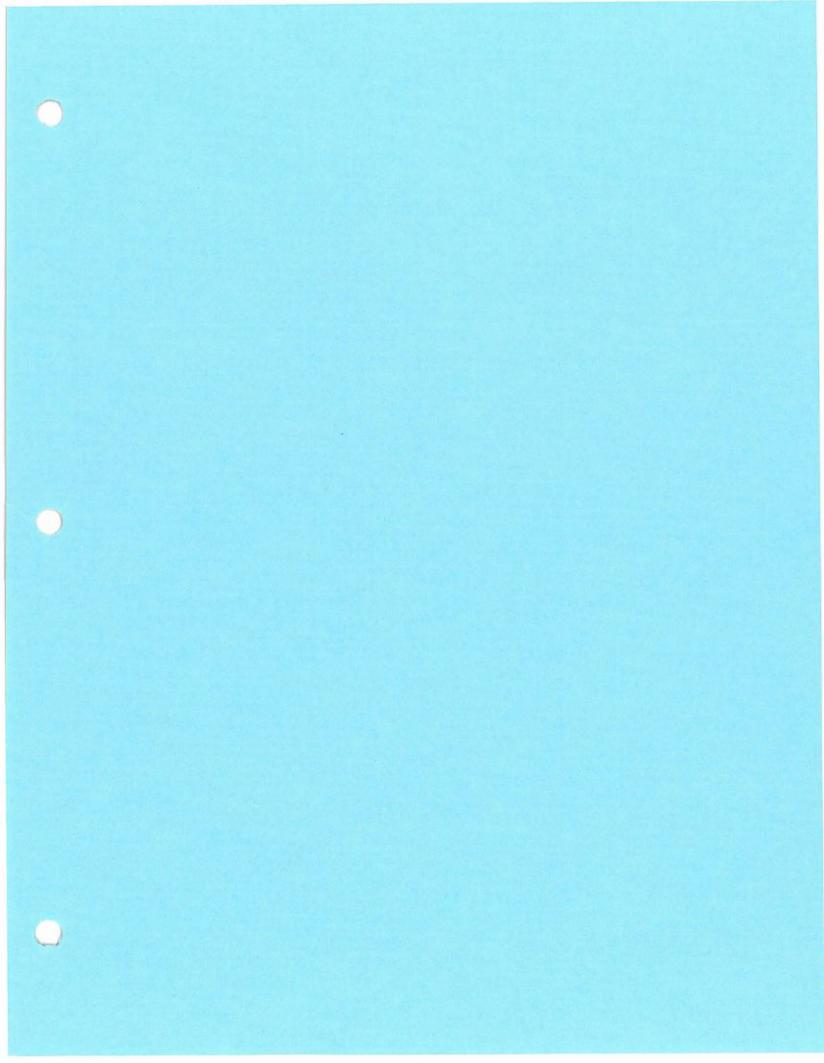
Beginning/E	Ending				Emplo			les City Attorney's Counsel to	Office,
Dates:	-	~ 06/99 - ~ 08	3/99		Name:	_	The Com	munity Redevelopm	ent Agency
Address:	1200 W. 7	^h Street, 2nd Fl.	, Suite 200	0	City:	Los Angeles		State/Province:	СА
		Postal			No	t Available	Offices/P	ositions Held:	
Country:	USA	Code:	90017	Phone:				L	aw Clerk
Type of Bus	iness:	City Agency			S	upervisor/Cont	act:	Not Available	
Beginning/E Dates:	Ending	~ 09/98	~ 05/9	99	Emp	loyer's Name:	Unive	rsity of Southern Ca	lifornia
	USC G	iould School of	Law						
Address:	699 Ex	position Blvd.			City:	Los Angele	s	State/Province	CA
		Postal Code	:			Not Available	Office	s/Positions Held:	Research Assistant
Country:	USA		90089	Pho:	ne:				
Type of Bus	iness:	Law School				Supervisor/C	ontact:	Not Available	

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 yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

In regards to questions 11(h), a shareholder of a former client of Katten Muchin Rosenman, LLP ("Katten") filed a number of lawsuits starting in 2008 seeking money damages & other remedies against various people, incl. the former client, another shareholder of the former client ("Other Shareholder"), the spouse of the Other Shareholder, Katten and Katten attorneys who did work for the client, including me. The Other Shareholder also filed suit against Katten and various Katten attorneys, including me in the District Court of Los Angeles County, California on November 18, 2011 as Case No. BC473873, (copies attached hereto). All of these lawsuits were dismissed or settled. None of the lawsuits are related to the entity for which this biographical statement is submitted.





NAIC No. <u>42765</u> FEIN: <u>42-1194107</u>

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)._____

		Centurion C	asualty Company		
		800 Walnut	Street		
		Des Moines	s, Iowa 50309		
hereina ANSW	after set forth ER IS "NO"	. (Attach addendum or se OR "NONE," SO STAT	parate sheet if spac E. ALL FIELDS	e hereon is insufficient to	information about myself as answer any question fully.) IF ISE. INCOMPLETE FORMS PLICATION.
1.	Affiant's Fu	Il Name (Initials Not Acce	ptable): First: Peter	Middle: Marshall	Last: Gill
2.	a. Ar	e you a citizen of the Unite	d States?		
	Yes	✓ No			
	b. Are	e you a citizen of any other	country?		
	Yes	No 🗸			
	Ify	es, what country? Not Appl	licable		
3.	Affiant's oc	cupation or profession: <u>Exe</u>	cutive		
4.	Affiant's bu	siness address:_9900 Bren F	Road East, Minnetonka	, MN 55343	
	Business tel	ephone: 952-936-3203	Busi	ness Email: peter.gill@uhg.co	m
5.	Education a	nd training:			
College	e/University	<u>City/Sta</u>	ate	Dates Attended (MM/Y	Y) Degree Obtained
Universit	ty of Minnesota	Minneapolis	, MN	09/75 - 06/80	BS
Gradua	te Studies	College/University	City/State	Dates Attended (MM/Y	Y) Degree Obtained
Universi	ty of Minnesota		Minneapolis, MN	01/81 - 03/82	МВА
Other T	raining: Nam	e <u>City/State</u>	Dates Attende	:d (MM/YY) <u>Г</u>	Degree/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.

	cant Company Name: Centuri	on Casualty Company	_ NAIC No. FEIN:	42765 42-1194107
6.	List of memberships in pro	fessional societies and asso		
	Name of Society/Association None	Contact Name	<u>Address of</u> <u>Society/Association</u>	<u>Telephone Number</u> of Society/Association
7.	Present or proposed position	on with the Applicant Comp	any: Treasurer	
8.	including present jobs, pos officerships). Please list the necessary to provide tele	itions, partnerships, owner c e most recent first. Attach ac phone numbers and super	of an entity, administrator, m dditional pages if the space p	pensated or otherwise (up to a anager, operator, directorates o rovided is insufficient. It is on past ten (10) years. Addition ional employers.
Begin Dates	nning/Ending (MM/YY): _05/08Pre	sent Employer's Name:	UnitedHealth Group Incorporate	d
			State/Prov	
			00-367-5690 Offices/Positio	Sr. Vice Pres Treasurer Chief Investment Officer
Type .	or business. <u>Holding compar</u>	<u>y</u>	501/ Contact.	
Begin Dates	nning/Ending (MM/YY): <u>06/06</u> - <u>05/</u> 0	Employer's Name:	KPMG Corporate Finance	
Dates	nning/Ending (MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u>			ince: MN
Dates Addre	(MM/YY): <u>06/06</u> - <u>05/</u>	City: Minneapolis	State/Prov	
Dates Addre Count	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C	City: Minneapolis	State/ProvState/Prov	ns Held: Managing Director
Dates Addre Count Type Begin	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> ning/Ending	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi	State/Prov 12-305-5000 Offices/Positio sor/Contact: <u>Cheri Homa</u>	ns Held: <u>Managing Director</u>
Dates Addre Count Type Begin Dates	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> ning/Ending (MM/YY): <u>09/85</u> - <u>06/</u>	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi 06 Employer's Name:	State/Prov 12-305-5000 Offices/Positio sor/Contact: <u>Cheri Homa</u> Piper Jaffray	ns Held: <u>Managing Director</u>
Dates Addre Count Type Begin Dates Addre	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> uning/Ending (MM/YY): <u>09/85</u> - <u>06/</u> ess: <u>800 Nicollet Mall</u>	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi 06City: <u>Minneapolis</u>	State/Prov 12-305-5000 Offices/Positio sor/Contact: <u>Cheri Homa</u> <u>Piper Jaffray</u> State/Provi	ns Held: <u>Managing Director</u> nce: <u>MN</u> ns Held: <u>Associate: Vice Presiden</u>
Dates Addre Count Type Begin Dates Addre Count	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> uning/Ending (MM/YY): <u>09/85</u> - <u>06/</u> ess: <u>800 Nicollet Mall</u>	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi <u>06</u> Employer's Name: <u>City: Minneapolis</u> ode: <u>55402</u> Phone: <u>8</u>	State/Prov State/Prov Sor/Contact: Cheri Homa Piper Jaffray State/Provi 00-333-6000 Offices/Positio	ns Held: <u>Managing Director</u> nce: <u>MN</u> ns Held: <u>Associate: Vice Presiden</u> Managing Director
Dates Addre Count Type o Begin Dates Addre Count Type o Begin	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> uning/Ending (MM/YY): <u>09/85</u> - <u>06/</u> ess: <u>800 Nicollet Mall</u> ery: <u>USA</u> Postal C of Business: <u>Investment Bank</u> ning/Ending	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi <u>06</u> Employer's Name: <u>City: Minneapolis</u> ode: <u>55402</u> Phone: <u>8</u> Supervi	State/Prov 12-305-5000 Offices/Positio sor/Contact: Cheri Homa Piper Jaffray State/Prov 00-333-6000 Offices/Positio sor/Contact: Robert Rinek	ns Held: <u>Managing Director</u> nce: <u>MN</u> ns Held: <u>Associate: Vice Presiden</u> Managing Director
Dates Addre Count Type o Begin Dates Addre Count Type o Begin Dates	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> uning/Ending (MM/YY): <u>09/85</u> - <u>06/</u> ess: <u>800 Nicollet Mall</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> ning/Ending (MM/YY): <u></u>	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi <u>06</u> Employer's Name: <u>City: Minneapolis</u> ode: <u>55402</u> Phone: <u>8</u> Supervi Employer's Name:	State/Prov 12-305-5000 Offices/Positio sor/Contact: Cheri Homa Piper Jaffray State/Provi 00-333-6000 Offices/Positio sor/Contact: Robert Rinek	ns Held: <u>Managing Director</u> nce: <u>MN</u> ns Held: <u>Associate: Vice Presiden</u> Managing Director
Dates Addre Count Type Begin Dates Addre Degin Dates Addre	(MM/YY): <u>06/06</u> - <u>05/</u> ess: <u>90 South Seventh Street</u> try: <u>USA</u> Postal C of Business: <u>Investment Bank</u> ining/Ending (MM/YY): <u>09/85</u> - <u>06/</u> ess: <u>800 Nicollet Mall</u> ery: <u>USA</u> Postal C of Business: <u>Investment Bank</u> ining/Ending (MM/YY): <u>-</u> -	City: <u>Minneapolis</u> ode: <u>55402</u> Phone: <u>6</u> Supervi <u>06</u> Employer's Name: <u>City: Minneapolis</u> ode: <u>55402</u> Phone: <u>8</u> Supervi Employer's Name: <u>City:</u>	State/Prov 12-305-5000 Offices/Positio sor/Contact: Cheri Homa Piper Jaffray State/Provi 00-333-6000 Offices/Positio sor/Contact:Robert Rinek State/Provi	ns Held: <u>Managing Director</u> nce: <u>MN</u> ns Held: <u>Associate: Vice Presiden</u>

CONSIDERTING

				CONFIDENTIA
Appli	icant Cor	npany Name: Centurion Casualty Company	NAIC No. FEIN:	42765 42-1194107
9.	a.	Have you ever been in a position which required a f	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 posit revoked?	ion schedule fidelity	bond, or had a bond canceled or
		Yes No 🖌		
		If yes, give details: Not Applicable		
10.	or go in the the lie numb are re repres pages	ny professional, occupational and vocational licenses (vernmental licensing agency or regulatory authority or past. For any non-insurance regulatory issuer, identify censing authority or regulatory body having jurisdiction er is your Social Security Number (SSN) or embeds yo easonably identifiable as your SSN, then write SSN fo sented by your SSN. (For example, "SSN", "12-SSN- if the space provided is insufficient. ddendum for additional licenses.	licensing authority that and provide the name n over the license (s) i our SSN or any sequer or that portion of the p	at you presently hold or have held , address and telephone number of ssued. If your professional license ace of more than five numbers that rofessional license number that is
Organ	nization/I	ssuer of License: <u>MN Comm Dept, Real Estate Bd</u> Addre	ss: <u>85</u> 7th Place East, S	uite 280
City:	St. Paul	State/Province: MN Count	ry:_USA	Postal Code: 55101
Licen	ise Type:	Residential Real License #: 545646	Date Issued (MM/	YY): <u>08/83</u>
Date	Expired (MM/YY): <u>06/84</u> Reason for Termination	: No longer needed.	
Non-1	Insurance	Regulatory Phone Number (if known): 651-539-1500		
Orgar	nization/I	ssuer of License: NASD/FINRA Addre	ss: 1735 K Street	
City:	Washin	gton State/Province: DC Count	ry: USA	Postal Code: 20006
Licen	ise Type:	Series 7 and 63 License #: Not Available	Date Issued (MM/	YY):04/86
Date	Expired (MM/YY): <u>Not Available</u> Reason for Termination	: No longer needed.	
Non-l	Insurance	Regulatory Phone Number (if known): Not Available		
11.		ponding to the following, if the record has been sealed cord was sealed or expunged, an affiant may respond "h		
	a.	Been refused an occupational, professional, or voca any public administrative, or governmental licensin		it by any regulatory authority, or
		Yes No 🖌		
	b.	Had any occupational, professional, or vocational any judicial, administrative, regulatory, or disciplination of the second seco		hold or have held, been subject to

Yes	No	
1.62	140	V

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?



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



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



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?



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?



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



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?



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



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. <u>42765</u> FEIN: <u>42-1194107</u>

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.



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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

Yes	No	1	

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	
103		

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	1	No	
100		110	



NAIC No. 42765 FEIN: 42-1194107

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.

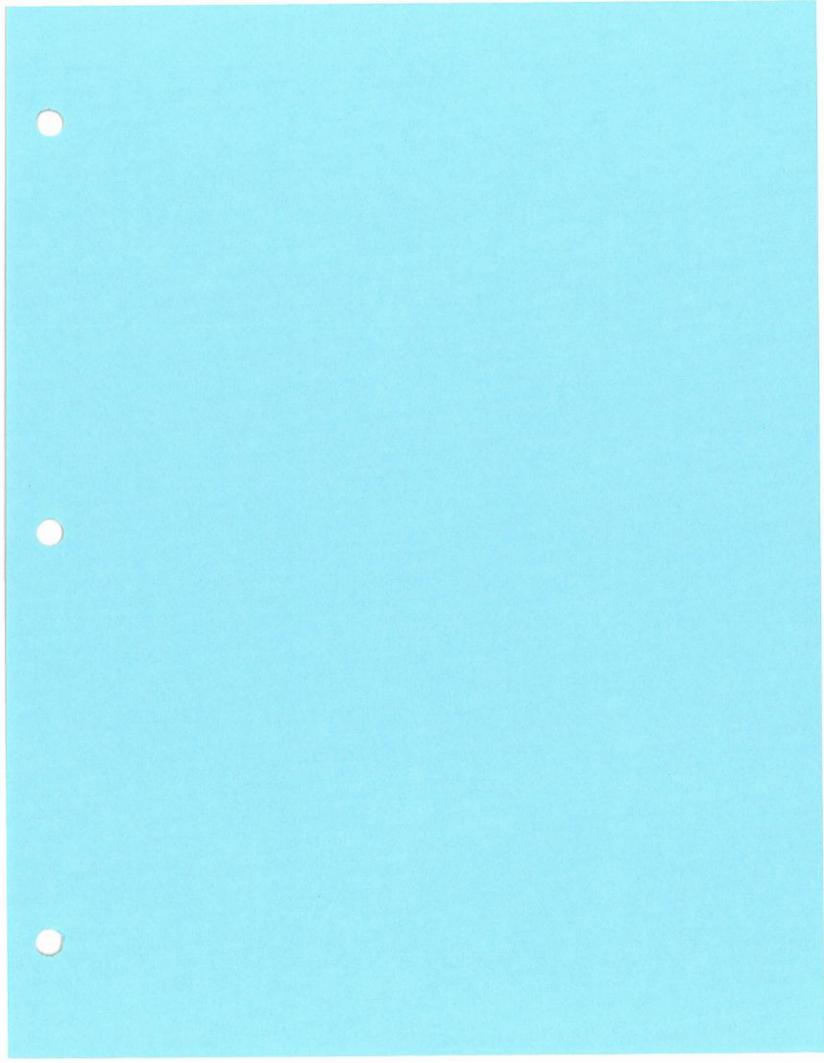


NAIC No. 42765 FEIN: 42-1194107

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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	Address; City; State; Country	License Type; License #; Date Issued	Date Expired; Reason for Termination
NASD/FINRA	1735 K Street Washington, D.C. 20006 USA	Series 24 Not Available 09/06	Not Available No longer needed





NAIC No. 42765 FEIN: 42-1194107

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)._____

Centurion Casualty Company

800 Walnut Street

Des Moines, Iowa 50309

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: <u>Heather</u> Middle: <u>Anastasia</u> Last: Lang
2. a. Are you a citizen of the United States?
Yes 🖌 No [
b. Are you a citizen of any other country?
Yes No 🗸
If yes, what country? Not Applicable
3. Affiant's occupation or profession: Executive
4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343
Business telephone:Business Email: _heather.lang@uhg.com
5. Education and training:
College/University City/State Dates Attended (MM/YY) Degree Obtained
Macalester College St. Paul, MN 09/93 - 12/97 BA
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained
Case Western Reserve University School of Law Cleveland, OH 09/99 - 05/02 JD
Other Training: Name <u>City/State</u> <u>Dates Attended (MM/YY)</u> <u>Degree/Certification Obtaine</u>
None

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



Applicant C	Company	Name:	Centurion	Casualty	Company	

List of memberships in professional societies and associations:

42765	
42-1194107	

6.

	<u>Name of</u> Society/Association	Contact Name	<u>Address of</u> <u>Society/Association</u>	<u>Telephone Number</u> of Society/Association
	Society for Corporate Governance		240 West 35th Street #400 New York, NY 10001	(212) 681-2000
	·			
7.	Present or proposed position	on with the Applicant Com	pany: Assistant Secretary	
8.	including present jobs, post officerships). Please list the necessary to provide tele	itions, partnerships, owner e most recent first. Attach a phone numbers and supe	of an entity, administrator, mar additional pages if the space pro	ensated or otherwise (up to and nager, operator, directorates or vided is insufficient. It is only past ten (10) years. Additional nal employers.
Beginni Dates (1	ng/Ending MM/YY): <u>01/08</u> - <u>Pres</u>	sent Employer's Name:	UnitedHealth Group Incorporated	
Address	: 9900 Bren Road East	City: Minnetonka	State/Provin	ce: MN
Country	: USA Postal C	ode: 55343 Phone:	800-367-5690 Offices/Positions	s Held: Deputy General Counsel
Type of	Business: Holding Company	y Superv	visor/Contact: Dannette Smith/952	2-936-1316
Beginni Dates (1	ng/Ending MM/YY): <u>08/03</u> - <u>01/0</u>	Employer's Name:	Mulligan & Bjornnes PLLP	
Address	: 401 Groveland Ave.	City: Minneapolis	State/Provin	ce: MN
Country	. USA Postal Co	ode: <u>55403</u> Phone:	612-871-1800 Offices/Positions	Held: Associate Attorney
Type of	Business: Law Firm	Superv	visor/Contact: John Mulligan	
	ng/Ending MM/YY): <u>08/02</u> - <u>07/0</u>	Employer's Name:	McElroy, Deutsch, Mulvaney & Car	penter, LLP
Address	5600 South Quebec St., Suite	C100 City: Greenwood	Village State/Provinc	ce: <u>CO</u>
Country	: USA Postal Co	ode: <u>80111</u> Phone:	Not Available Offices/Positions	Held: Associate Attorney
Type of	Business: Law Firm	Superv	visor/Contact: Not Available	
Beginni Dates (1	ng/Ending MM/YY): <u>05/02</u> - <u>08/0</u>	2 Employer's Name:	Unemployed; and studying for the	Colorado Bar Exam
Address	:	City:	State/Provinc	ce:
Country	Postal Co	ode:Phone: _	Offices/Positions	Held:
			/isor/Contact:	
	ddendum for additional Employ		2	Revised 04/08/19 FORM 11

			CONFIDENTIAL
Applic	cant Cor	npany Name: Centurion Casualty Company	NAIC No. 42765 FEIN: 42-1194107
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 posit revoked?	tion schedule fidelity bond, or had a bond canceled or
		Yes No 🖌	
		If yes, give details:Not Applicable	
	numb are re repre pages	per is your Social Security Number (SSN) or embeds your easonably identifiable as your SSN, then write SSN for sented by your SSN. (For example, "SSN", "12-SSN if the space provided is insufficient.	n over the license (s) issued. If your professional license our SSN or any sequence of more than five numbers that or that portion of the professional license number that is -345" or "1234-SSN" (last 6 digits)). Attach additiona
-		.ssuer of License: Minnesota Supreme Court Addre I State/Province: MN Count	try: USA Postal Code: 55155
		Law License #:033151X	
		(MM/YY): Still Active Reason for Termination	
		Regulatory Phone Number (if known): 651-297-7650	
		ssuer of License: Colorado Supreme Court Addre	ss: 1300 Broadway, Suite 520
City: _	Denve	State/Province: <u>CO</u> Count	try: USA Postal Code: 80203
Licens	se Type:	Law License #: 34220 (inactive)	Date Issued (MM/YY): 10/02
Date E	Expired (MM/YY): <u>Not Available</u> Reason for Termination	: Not Applicable
Non-Ir	nsurance	Regulatory Phone Number (if known): <u>303-928-7770</u>	
11.		ponding to the following, if the record has been sealed cord was sealed or expunged, an affiant may respond "	or expunged, and the affiant has personally verified that no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or voca any public administrative, or governmental licensin	ational license or permit by any regulatory authority, or ag agency?
		Yes No 🖌	
	b.	Had any occupational, professional, or vocational any judicial, administrative, regulatory, or disciplin	license or permit you hold or have held, been subject to ary action?



	Company Name: <u>Centurion Casualty Company</u>	NAIC No. FEIN:	42765
		reun.	42-1194107
	Yes No 🗸		
C.	Been placed on probation or had a fine levied against license or permit in any judicial, administrative, regul		
	Yes No 🗸		
d.	Been charged with, or indicted for, any criminal offer	nse(s) other than civi	traffic offenses?
	Yes No 🖌		
e.	Pled guilty, or nolo contendere, or been convicted offenses?	d of, any criminal c	ffense(s) other than civil traffic
	Yes No 🖌		
f.	Had adjudication of guilt withheld, had a sentence im suspended, or been pardoned, fined, or placed on p traffic offenses?		
	Yes No 🗸		
g.	Been subject to a cease and desist letter or order, or enjoir administrative, regulatory, or disciplinary action, from vio regulating the business of insurance, securities or bank practices in the course of the business of insurance, securi	lating any federal, st king, or from carryi	ate law or law of another country
	Yes No 🖌		
h.	Been, within the last ten (10) years, a party to any civ financial dispute?	vil action involving	dishonesty, breach of trust, or a
	Yes No 🖌		
i.	Had a finding made by the Comptroller of any state or provisions of small loan laws, banking or trust company any rule or regulation lawfully made by the Comptroller o	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 er	ntity while you were	associated with that entity?
	Yes No 🗸		
	If the response to any question above is yes, please provi Attach a copy of the complaint and filed adjudication or se		
	Not Applicable		

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:	Centurion Casualty Company
-------------------------	----------------------------

NAIC No. 42765 FEIN: 42-1194107

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.



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?

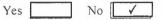
Yes No 1

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 governmentallicensing agency?

Yes No 1

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)?



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?

Vac	1	No	
165	. v	INU	



NAIC No. 42765 FEIN: 42-1194107

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.

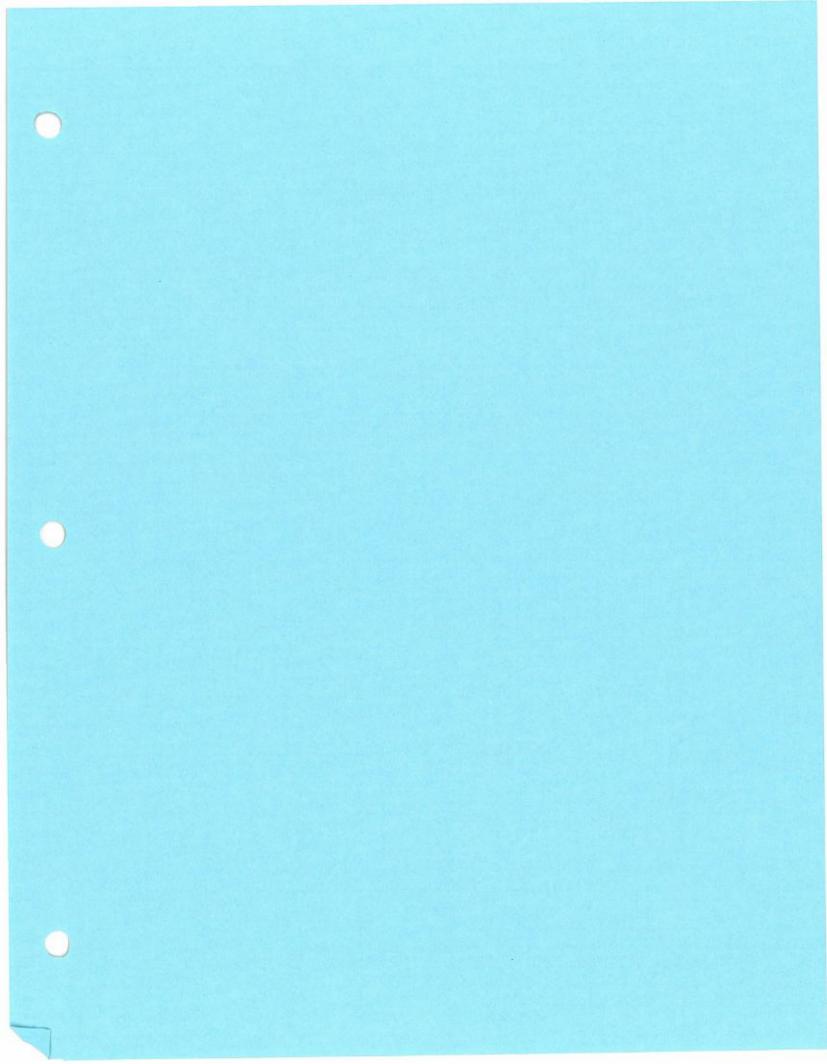
8.

NAIC No. 42765 FEIN: 42-1194107

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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/End Dates:	ing -	06/01	- 08/01	Emp	loyer's Name:	Dorsey & W	/hitney, LLP	
Address:	50 S. 6	th Street, Sui	ite 1500	City:	Minneapolis		State/Province:	MN
Country:	USA	Postal Code:	55402	Phone:	Not Available	Offices/ Positions He	eld: Summer	Associate
Type of Busine	SS:	Law Firm	n		Supervisor/Cor	ntact: N	lot Available	





42765 NAIC No. 42-1194107 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)

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).____

			Centurion Cas	ualty Company					
			800 Walnut St	reet					
			Des Moines, Io	owa 50309					
hereina ANSWI	fter set fort ER IS "NO	h. (Attach ad " OR "NON	named entity, I h ddendum or separ NE," SO STATE. ATION PROCES	ate sheet if s ALL FIELD	pace her S MUS	eon is insuffici T HAVE A RI	ent to answer ESPONSE. IN	any quest	tion fully.) IF
1.	Affiant's F	ull Name (In	itials Not Accepta	uble): First:	оу	Middle:Alan	Las	t: McQuag	ge
2.	a. Ai Ye	· · · · · · · · · · · · · · · · · · ·	zen of the United S	States?					
	b. Ar Ye		no [√]	ountry?					
	If	yes, what co	untry? Not Applica	ble					
3.	Affiant's o	ccupation or	profession: Execut	live					
4.	Affiant's b	usiness addre	ess: 300 Burnett Str	eet, Suite 200, I	Fort Wortl	n, TX 76102			
	Business te	elephone: 81	7-878-3300	В	usiness l	Email: _mcquagg	et@ushealthgro	oup.com	
5.	Education a	and training:							
College	/University		City/State		Ī	Dates Attended (MM/YY)	Deg	ree Obtained
University	of Central Fl	orida	Orlando, FL		0	9/78 - 05/82		BS - Leg	al Studies
Graduat	e Studies	Colle	ge/University	City/State	<u> </u>	Dates Attended (MM/YY)	Deg	ree Obtained
None									
Other Tr	aining: Nan	<u>ne C</u>	<u>ity/State</u>	Dates Atte	nded (M	<u>M/YY)</u>	Degree/	/Certificat	ion 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.



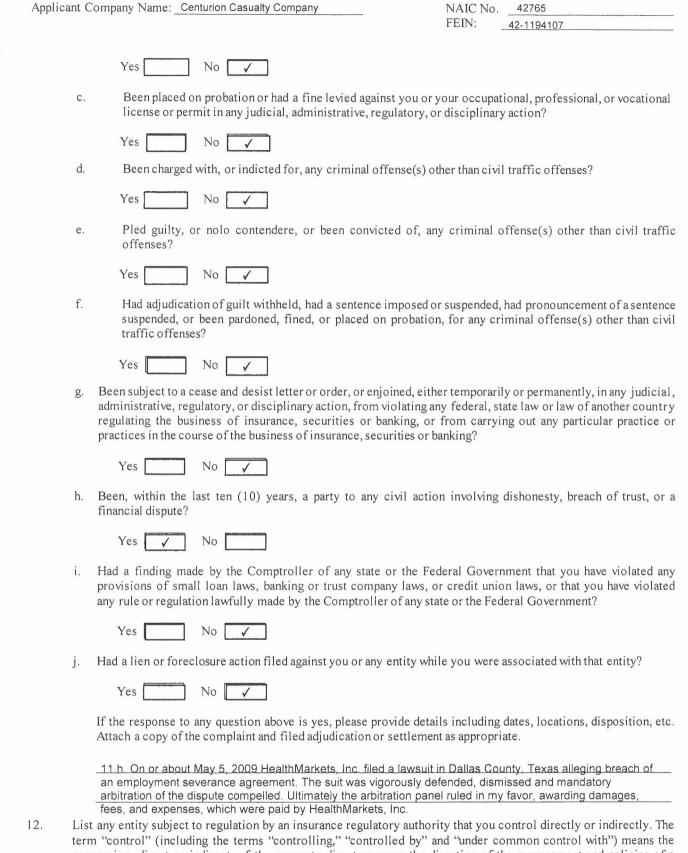
	ant Company Name: Centur	ion Casualty Company	NAIC No. FEIN:	42765 42-1194107
6.	List of memberships in pro	fessional societies and ass		42 1134107
0.	Name of Society/Association None	Contact Name	<u>Address of</u> Society/Association	<u>Telephone Number</u> of Society/Association
7.	Present or proposed positi	on with the Applicant Com	pany: Director; Chief Executive C	fficer; and President
8.	including present jobs, pos officerships). Please list th	sitions, partnerships, owner e most recent first. Attach	of an entity, administrator, m additional pages if the space p	pensated or otherwise (up to ar anager, operator, directorates c rovided is insufficient. It is onl
Beginni			rrification process for internat	past ten (10) years. Addition ional employers.
Dates (MM/YY): 07/19 - Pre	sent Employer's Name:	UnitedHealth Group Incorporate	t
Address	3: 9900 Bren Road East	City: Minnetonka	State/Prov	ince: MN
Country	/: USA Postal C	Code: 55343 Phone:	800-367-5690 Offices/Positic	ns Held: <u>Health Plan CEO</u>
			visor/Contact: Matthew Peders	
		Super-	ison/Contact.	
Beginni Dates (ng/Ending MM/YY): <u>05/14</u> - <u>07/</u>	19 Employer's Name:	USHEALTH Administrators, LLC (acq	uired by UnitedHealth Group Incorporated)
			State/Prov	ince: TX
Address	300 Burnett Street, Suite 200	CILV: FOIL VVOILI		
	S: <u>300 Burnett Street, Suite 200</u>			
Country	v: <u>USA</u> Postal C	Code: <u>76102</u> Phone:	817-878-3832 Offices/Positio	ns Held: President; and CEO
Country		Code: <u>76102</u> Phone:		ns Held: President; and CEO
Country Type of Beginni	v: <u>USA</u> Postal C Business: <u>Insurance</u> ng/Ending	Code: <u>76102</u> Phone: Super	817-878-3832_Offices/Positio visor/Contact: <u>Human Resourc</u>	ns Held: <u>President; and CEO</u>
Country Type of Beginni Dates (1	r: <u>USA</u> Postal C Business: <u>Insurance</u> ng/Ending MM/YY): <u>07/10</u> - <u>05/</u>	Code: <u>76102</u> Phone: Superv <u>14</u> Employer's Name:	817-878-3832 Offices/Positio visor/Contact: <u>Human Resourc</u> <u>USHEALTH Advisors, LLC</u>	ns Held: <u>President; and CEO</u> es
Country Type of Beginni Dates (1 Address	7: USA Postal C Business: <u>Insurance</u> ng/Ending MM/YY): <u>07/10</u> - <u>05/</u> S: <u>2563 SW Grapevine Pkwy</u>	Code: <u>76102</u> Phone: Super <u>14</u> Employer's Name: City: <u>Grapevine</u>	817-878-3832 Offices/Positio visor/Contact: <u>Human Resource</u> <u>USHEALTH Advisors, LLC</u> State/Provi	ns Held: <u>President; and CEO</u> es nce: <u>TX</u>
Country Type of Beginni Dates (Address Country	 /: USA Postal C Business: <u>Insurance</u> ng/Ending MM/YY): <u>07/10</u> - <u>05/</u> :: <u>2563 SW Grapevine Pkwy</u> :: <u>USA</u> Postal C 	Code: <u>76102</u> Phone: Super <u>14</u> Employer's Name: City: <u>Grapevine</u> Code: <u>76053</u> Phone:	817-878-3832 Offices/Positio visor/Contact: <u>Human Resource</u> <u>USHEALTH Advisors, LLC</u> State/Provi	ns Held: <u>President; and CEO</u> es nce: <u>TX</u> ns Held: <u>President; Exec. Vice Pres</u> Chief Marketing Officer
Country Type of Beginni Dates (1 Address Country Type of Beginni	 /: USA Postal C Business: <u>Insurance</u> ng/Ending MM/YY): <u>07/10</u> - <u>05/</u> : <u>2563 SW Grapevine Pkwy</u> :: <u>USA</u> Postal C Business: <u>Insurance Sales</u> ng/Ending 	Code: <u>76102</u> Phone: Superv <u>14</u> Employer's Name: City: <u>Grapevine</u> Code: <u>76053</u> Phone: Agency Superv	817-878-3832 Offices/Positio visor/Contact: <u>Human Resourc</u> <u>USHEALTH Advisors, LLC</u> State/Provi 817-848-3882 Offices/Positio visor/Contact: <u>Benjamin Cutler</u>	ns Held: <u>President; and CEO</u> es nce: <u>TX</u> ns Held: <u>President; Exec. Vice Pres</u> Chief Marketing Officer
Country Type of Beginni Dates (1 Address Country Type of Beginni Dates (1	 /: USAPostal C Business:Insurance ng/Ending MM/YY):07/1005/ S:2563 SW Grapevine Pkwy :2563 SW Grapevine Pkwy :Postal C Business:Postal C Business:Postal C Business:Postal C Business:Postal C MM/YY):03/0807/ 	Code: 76102 Phone: 14 Employer's Name: City: Grapevine Code: 76053 Phone: Agency Supervine 10 Employer's Name:	817-878-3832 Offices/Positio visor/Contact: <u>Human Resourc</u> <u>USHEALTH Advisors, LLC</u> State/Provi 817-848-3882 Offices/Positio visor/Contact: <u>Benjamin Cutler</u> <u>Retired</u>	ns Held: <u>President; and CEO</u> es nce: <u>TX</u> ns Held: <u>President; Exec. Vice Pres</u> Chief Marketing Officer
Country Type of Beginni Dates (1 Address Country Type of Beginni Dates (1 Address	<pre>/: USAPostal C `Business:Insurance ng/Ending MM/YY):07/1005/ S:2563 SW Grapevine Pkwy /:Postal C `Business:Postal C `Business:POST</pre>	Code: 76102 Phone: 14 Employer's Name: City: Grapevine Code: 76053 Phone: Agency Superv 10 Employer's Name: City: City: Superv 10 Employer's Name: City:	817-878-3832 Offices/Positio visor/Contact: <u>Human Resource</u> <u>USHEALTH Advisors, LLC</u> <u>State/Provi</u> 817-848-3882 Offices/Positio visor/Contact: <u>Benjamin Cutler</u> <u>Retired</u> <u>State/Provi</u>	ns Held: <u>President; and CEO</u> es nce: <u>TX</u> ns Held: <u>President; Exec. Vice Pres</u> Chief Marketing Officer

©2019 National Association of Insurance Commissioners 2

FORM 11

						CONFIDENTI
Applicar	nt Comj	pany Name: _C	enturion Casualty Comp	bany	NAIC No. FEIN:	42765 42-1194107
9.	a.	Have you ev	er been in a position	which required a fide	lity bond?	
		Yes	No 🗸			
		If any claim	s were made on the bo	nd, give details: Not	Applicable	
	b.	Have you ev revoked?	ver been denied an in	dividual or position	schedule fidelity	bond, or had a bond canceled of
		Yes	No 🖌			
		If yes, give o	letails: Not Applicable			
	or gove in the p the lice number are reas represe pages in	ernmental licer past. For any no ensing authority is your Social sonably identi- ented by your f the space pro	nsing agency or regula on-insurance regulator y or regulatory body h l Security Number (SS fiable as your SSN, th	tory authority or lice ry issuer, identify and aving jurisdiction ov SN) or embeds your S hen write SSN for the SSN", "12-SSN-345	nsing authority tha l provide the name er the license (s) is SSN or any sequen at portion of the pr	ell securities) issued by any publi t you presently hold or have hel , address and telephone number of ssued. If your professional licens ce of more than five numbers that rofessional license number that (last 6 digits)). Attach additional
_						
- Organiza	ation/Iss	ueroflicense	e: See above parrative	Address:		
City:		Sta	te/Province:	Country:_		Postal Code:
City:	Туре:	Sta	te/Province: License#:	Country:	Date Issued (MM/Y	Postal Code:
City: License 7 Date Exp	Type:	Sta IM/YY):	te/Province: License#: Reasor	Country: I	Date Issued (MM/	Postal Code: YY):
City: License 7 Date Exp Non-Insu	Type: bired (M urance R	IM/YY): Regulatory Pho	te/Province: License #: Reasor ne Number (if known	Country: [[for Termination:]):	Date Issued (MM/Y	Postal Code: YY):
City: License T Date Exp Non-Insu Organizat	Type: pired (M grance F tion/Iss	IM/YY): Regulatory Pho uer of License	te/Province: License #: Reasor one Number (if known	Country: [[for Termination:]): Address:	Date Issued (MM/	Postal Code: YY):
City: License 7 Date Exp Non-Insu Organizat City:	Type: bired (M urance R tion/Iss	IM/YY): Regulatory Pho uer of License Sta	te/Province: License #: Reasor ne Number (if known :: te/Province:	Country: I I for Termination:): Address: Country:	Date Issued (MM/	Postal Code: YY): Postal Code:
City: License 7 Date Exp Non-Insu Organizat City: License 7	Type: bired (M urance F tion/Iss Type:	IM/YY): Regulatory Pho uer of License Sta	te/Province: License #: Reasor one Number (if known :: te/Province: License #:	Country: I I for Termination:): Address: Country: [Date Issued (MM/Y	Postal Code: YY): Postal Code: YY):
City: License 7 Date Exp Non-Insu Organizat City: License 7 Date Exp	Type: bired (M trance F tion/Iss Type: bired (M	IM/YY): Regulatory Pho uer of License Sta IM/YY):	te/Province: License #: Reasor one Number (if known :: te/Province: License #: Reason	Country: I for Termination:): Address: Country: I for Termination: I	Date Issued (MM/	Postal Code: YY): Postal Code: YY):
City: License T Date Exp Non-Insu Organizat City: License T Date Exp Non-Insu 11. I	Type: bired (M urance R tion/Iss Type: bired (M urance R In respo	Sta IM/YY): Regulatory Pho uer of License Sta IM/YY): Regulatory Pho onding to the fo	te/Province: License #: Reasor one Number (if known :: te/Province: License #: Reason ne Number (if known)	Country: I for Termination:): Address: Country: I for Termination: I has been sealed or e	Date Issued (MM/ Date Issued (MM/ Date Issued (MM/ xpunged, and the a	Postal Code: YY): Postal Code: YY): ffiant has personally verified that ave you ever:
City: License T Date Exp Non-Insu Organizat City: License T Date Exp Non-Insu 11. I t	Type: bired (M urance R tion/Iss Type: bired (M urance R In respo	Sta IM/YY): Regulatory Pho uer of License Sta IM/YY): Regulatory Pho onding to the fo ord was sealed Been refused	te/Province: License #: Reasor one Number (if known e: te/Province: License #: Reason ne Number (if known) ollowing, if the record or expunged, an affiar	Country: I for Termination:): Address:): Country: I for Termination:):I has been sealed or e nt may respond "no" cessional, or vocation	Date Issued (MM/ Date Issued (MM/ Date Issued (MM/ xpunged, and the a to the question. Ha al license or permi	Postal Code: YY): Postal Code: YY): iffiant has personally verified tha
City: License T Date Exp Non-Insu Organizat City: License T Date Exp Non-Insu 11. I t	Type: bired (M urance F tion/Iss Type: bired (M urance R In respo the reco	Sta IM/YY): Regulatory Pho uer of License Sta IM/YY): Regulatory Pho onding to the fo ord was sealed Been refused	te/Province: License #: Reasor ne Number (if known :: te/Province: License #: Reason ne Number (if known) ollowing, if the record or expunged, an affiar lan occupational, prof	Country: I for Termination:): Address:): Country: I for Termination:):I has been sealed or e nt may respond "no" cessional, or vocation	Date Issued (MM/ Date Issued (MM/ Date Issued (MM/ xpunged, and the a to the question. Ha al license or permi	Postal Code: YY): Postal Code: YY): iffiant has personally verified that ave you ever:
City: License T Date Exp Non-Insu Organizat City: License T Date Exp Non-Insu 11. I t	Type: bired (M urance F tion/Iss Type: bired (M urance R In respo the reco	Sta IM/YY): Regulatory Pho uer of License Sta IM/YY): Regulatory Pho onding to the fo ord was sealed Been refused any public ad Yes Had any occu	te/Province: License #: Reasor one Number (if known) :: te/Province: License #: Reason ne Number (if known) ollowing, if the record or expunged, an affiar lan occupational, prof lministrative, or gover No	Country: I a for Termination: I b; Address: Country: Country: Country: I for Termination: I has been sealed or e nt may respond "no" cessional, or vocation nmental licensing ag al, or vocational licen	Date Issued (MM/ Date Issued (MM/ Date Issued (MM/ xpunged, and the a to the question. Ha al license or permi ency?	Postal Code: YY): Postal Code: YY): iffiant has personally verified that ave you ever:
City: License T Date Exp Non-Insu Organizat City: License T Date Exp Non-Insu 11. I t a	Type: pired (M urance F tion/Iss Type: pired (M urance R In respo the reco a.	Sta IM/YY): Regulatory Pho uer of License Sta IM/YY): Regulatory Pho onding to the fo ord was sealed Been refused any public ad Yes Had any occu any judicial,	te/Province: License #: Reasor one Number (if known) :: te/Province: License #: Reason ne Number (if known) ollowing, if the record or expunged, an affiar lan occupational, prof lministrative, or gover No upational, professiona	Country: I a for Termination: I b; Address: Country: Country: Country: I for Termination: I has been sealed or e nt may respond "no" cessional, or vocation nmental licensing ag al, or vocational licen	Date Issued (MM/ Date Issued (MM/ Date Issued (MM/ xpunged, and the a to the question. Ha al license or permi ency?	Postal Code: Postal Code: Postal Code: YY): affiant has personally verified that ave you ever: it by any regulatory authority, o





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. <u>42765</u> FEIN: <u>42-1194107</u>

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.



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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

Yes	No	\checkmark

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)?

les	No	\checkmark	

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	1



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.

Not Applicable



NAIC No. 42765 FEIN: 42-1194107

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

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.

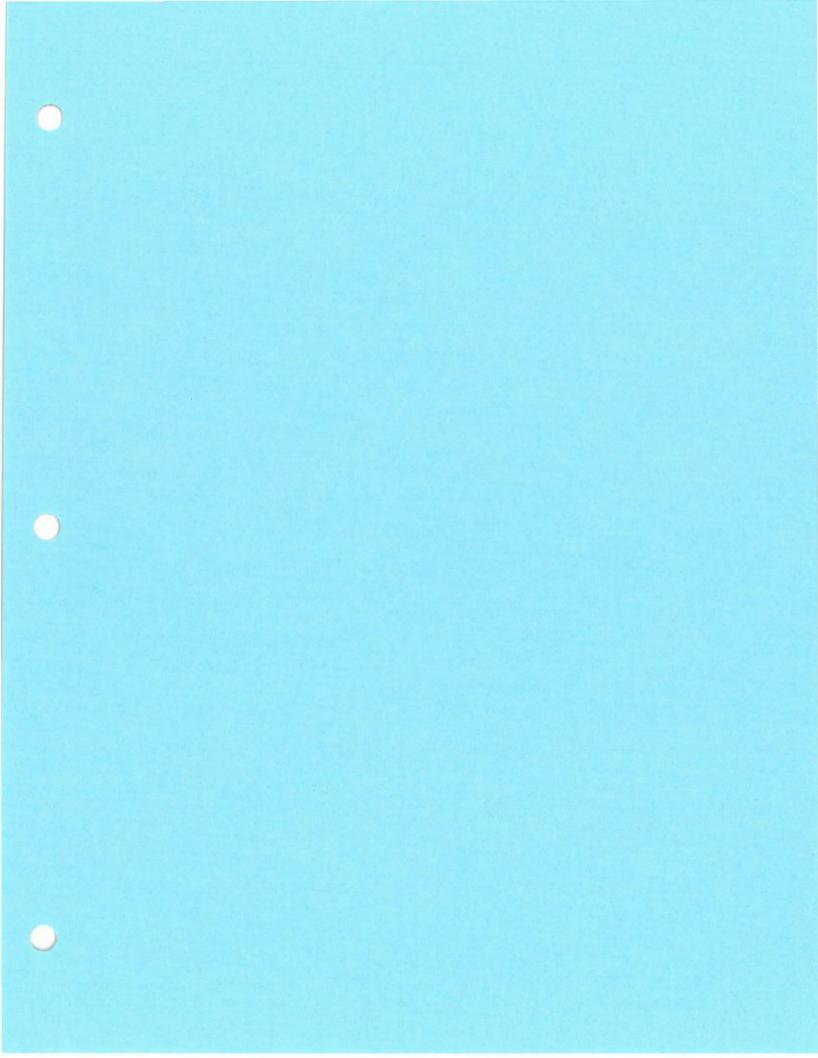
Beginning/Ending Dates: 1996 ~ - 03/08					Employer's Name: HealthMarkets, Inc. (f/k/a UICI)					
Address:	9151	Boulevard	26		City:	North Richl	and Hills	State	e/Province:	ТХ
Country:	USA	Postal Code:	76109	_ Phone	: 817	-255-5200	Offices/ Positions	s Held:	of Cornerstone Agency Marke	D of UGA, President/CEO e America; President of ting Group (all F HealthMarkets, Inc.)
Type of Bu	siness:	Insurance	ce			Supervisor/C	ontact:	Not A	vailable	

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.

In the early 1980s I held a Property & Casualty Adjuster issued in Florida while employed by Allstate Insurance Company ("Allstate"). In approximately 1986, I became an Agent for Allstate and secured the appropriate L&H license and P&C license, both issued by the state of Florida. I resigned from Allstate in 1996. While with a life and health insurance company I was issued non-resident Life and Health Insurance licenses by several other states. In 1996, I moved to Texas and my resident life and health insurance license was changed from Florida to Texas. All other non-resident licenses were also maintained for a few years. In approximately 1999, I was no longer required to maintain life and health insurance licenses in any state in connection with my employment and positions at the Texas life and health insurance company and allowed them to expire.

10.

8.





	No.	NAICN
		FEIN:
_	-	L'EILA.

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).______

Centurion	Casualty	Company	
-----------	----------	---------	--

800 Walnut Street

Des Moines, Iowa 50309

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: <u>Thomas</u> Middle: <u>Patrick</u> Last	Wiffler								
a. Are you a citizen of the United States?									
Yes 🖌 No									
b. Are you a citizen of any other country?	b. Are you a citizen of any other country?								
Yes No 🗸									
If yes, what country? Not Applicable									
3. Affiant's occupation or profession: Executive	Affiant's occupation or profession: Executive								
4. Affiant's business address: 200 East Randolph, Suite 5300, Chicago, IL 60601	Affiant's business address: 200 East Randolph, Suite 5300, Chicago, IL 60601								
Business telephone: <u>312-348-7073</u> Business Email: <u>thomas_p_wiffler@uhc.cc</u>	Business telephone: <u>312-348-7073</u> Business Email: <u>thomas_p_wiffler@uhc.com</u>								
5. Education and training:									
College/University City/State Dates Attended (MM/YY)	Degree Obtained								
Iona College New Rochelle, NY 07/88 - 05/92	BBA - Finance								
Graduate Studies College/University City/State Dates Attended (MM/YY)	Degree Obtained								
University of Notre Dame South Bend, IN 12/10 - 05/12	MBA								
Other Training: Name <u>City/State</u> <u>Dates Attended (MM/YY)</u> <u>Degree/</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.