

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not applicable

FEIN: 41-1321939

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

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

that may from time to time result in fines.

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FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Gail Roggin Wilensky, Ph.D.

5. Education and training:

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Hahnemann University	Philadelphia, PA	1993	Honorary Degree
Rush University	Chicago, IL	1997	Honorary Degree
University of the Sciences	Philadelphia, PA	2002	Honorary Degree

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

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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	Ilisa 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: UMWA Health and Retirement Funds
 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: Health and Pension Plans 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: Chicago State: IL
 Country: USA Postal Code: 60603 Phone: 800-248-8640 Offices/Positions Held: Trustee
 Type of Business: Research Center Supervisor/Contact: Legal Department

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Beginning/Ending
Dates (MM/YY): 12/05-07/11 Employer's Name: SRA International, Inc.
Address: 4300 Fair Lakes Court City: Fairfax State: VA
Country: USA Postal Code: 22033 Phone: 703-803-1500 Offices/Positions Held: Director
Type of Business: Information Tech Services Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 01/02-10/11 Employer's Name: Cephalon, Inc.
Address: 145 Brandywine Avenue City: Baltimore State: Maryland
Country: USA Postal Code: 21215 Phone: 410-764-3460 Offices/Positions Held: Vice-Chair
Type of Business: Biopharmaceutical Company Supervisor/Contact: Bridget Zombro

Beginning/Ending
Dates (MM/YY): 1998-12/07 Employer's Name: HCR Manor Care, Inc.
Address: 333 N. Summit Street City: Toledo State: Ohio
Country: USA Postal Code: 43604 Phone: 419-252-5500 Offices/Positions Held: Director
Supervisor/Contact: Human Resources

Beginning/Ending
Dates (MM/YY): 2004-2008 Employer's Name: Maryland Health Care Commission
Address: 4160 Patterson Avenue City: Baltimore State: Maryland
Country: USA Postal Code: 21215 Phone: 410-764-3460 Offices/Positions Held: Vice-Chair
Supervisor/Contact: Bridget Zombro

Beginning/Ending
Dates (MM/YY): 05/01-05/03 Employer's Name: President's Task Force to Improve Health
Care for Our Nation's Veterans
Address: 1730 K Street NW City: Washington State: DC
Country: USA Postal Code: 20006 Phone: 202-653-7220 Offices/Positions Held: Co-Chair
Supervisor/Contact: President of the United States

Beginning/Ending
Dates (MM/YY): 2000-05/09 Employer's Name: Gentiva Health Services, Inc.
Address: 3 Huntington Quadrangle, 2S City: Melville State: New York
Country: USA Postal Code: 11747 Phone: 631-501-7000 Offices/Positions Held: Director
Supervisor/Contact: Human Resources

Beginning/Ending
Dates (MM/YY): 1998-12/07 Employer's Name: HCR Manor Care, Inc.
Address: 333 N. Summit Street City: Toledo State: Ohio
Country: USA Postal Code: 43604 Phone: 419-252-5500 Offices/Positions Held: Director
Supervisor/Contact: Human Resources

Beginning/Ending
Dates (MM/YY): 12/08-09/09 Employer's Name: Defense Health Board
Address: 5 Skyline Drive, 5111 Leesburg #810 City: Falls Church State: VA
Country: USA Postal Code: 22041 Phone: 703-681-8448 Offices/Positions Held: President; Chair,
Health Care Del Subcmtee
Supervisor/Contact: Asst Secretary of Defense

Beginning/Ending
Dates (MM/YY): 10/97-05/01 Employer's Name: Medicare Payment Advisory Commission
Address: 1730 K Street NW City: Washington State: DC
Country: USA Postal Code: 20006 Phone: 202-653-7220 Offices/Positions Held: Chair
Supervisor/Contact: Human Resources

Beginning/Ending
Dates (MM/YY): 03/07-08/07 Employer's Name: President's Commission on Care for
America's Returning Wounded Warriors
Address: 1730 K Street, NW City: Washington State: DC
Country: USA Postal Code: 20006 Phone: Unknown Offices/Positions Held: Commissioner
Supervisor/Contact: Human Resources

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Beginning/Ending
Dates (MM/YY): 12/06-12/07 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: Human Resources

Beginning/Ending
Dates (MM/YY): 2005-2008 Employer's Name: World Health Organization Commission on Social Determinants of Health
Address: 4300 Fair Lakes Ct. City: Fairfax State: Virginia
Country: USA Postal Code: 22033 Phone: 703-503-7731 Offices/Positions Held: Commissioner

Supervisor/Contact: Human Resources

Beginning/Ending
Dates (MM/YY): 1993-2003 Employer's Name: Advanced Tissue Sciences, Inc.
Address: 10933 N. Torrey Pines Road City: LaJolla State: California
Country: USA Postal Code: 92037 Phone: 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
Country: USA Postal Code: 91367 Phone: 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.

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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.

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

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

(Print or Type)

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

UnitedHealth Group Incorporated

9900 Bren Road East

Minnetonka, Minnesota 55343 (952) 936-1300

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

1. Affiant's Full Name (Initials Not Acceptable): First: Dorothy Middle: Ellen Last: Wilson

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343

Business telephone: 952-936-6688

Business Email: ellen.wilson@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Bryant University</u>	<u>Smithfield, RI</u>	<u>09/75 - 06/79</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Babson College</u>	<u>Wellesley, MA</u>	<u>1989</u>		<u>MBA</u>

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

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

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6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: Executive Vice President, Human Capital

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

Beginning/Ending Dates (MM/YY): 10/11 - Present Employer's Name: UnitedHealth Group Incorporated

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

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Executive Vice President, Human Capital

Type of Business: Holding Company Supervisor/Contact: David Wichmann

Beginning/Ending Dates (MM/YY): 07/09 - 09/11 Employer's Name: Retired

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 12/92 - 06/09 Employer's Name: Fidelity Investments

Address: 82 Devonshire City: Boston State/Province: MA

Country: USA Postal Code: Not Available Phone: Not Available Offices/Positions Held: Head of Human Resources

Type of Business: Investments Supervisor/Contact: Rodger Lawson / Edward C. Johnson III

Beginning/Ending Dates (MM/YY): 09/13 - Present Employer's Name: Walker Art Center

Address: 725 Vineland Place City: Minneapolis State/Province: MN

Country: USA Postal Code: 55403 Phone: 612-375-7600 Offices/Positions Held: Public member of the Board of Trustees

Type of Business: Museum Supervisor/Contact: Human Resources

*See attachment for additional employment history.

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

Yes No

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

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

Yes No

If yes, give details: Not Applicable

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.
None

Organization/Issuer of License: Not Applicable Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

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Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

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

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

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

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

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

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

**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/Ending Dates: 02/19 - Present Employer's Name: Boston Ballet

Address: 19 Clarendon Street City: Boston State/Province: MA

Country: USA Postal Code: 02116 Phone: 617-695-6950 Offices/Positions Held: Director

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

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

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

(Print or Type)

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

UnitedHealth Group Incorporated
9900 Bren Road East
Minnetonka, Minnesota 55343 (952) 936-1300

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

1. Affiant's Full Name (Initials Not Acceptable): First: Andrew Middle: Philip Last: Witty

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? United Kingdom

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 701 Pennsylvania Avenue NW, Suite 200, Washington D.C. 20004

Business telephone: (952) 936-6216 Business Email: andrew.witty@optum.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Nottingham</u>	<u>University Park Nottingham, U.K.</u>	<u>09/82 - 06/85</u>	<u>Joint Honours BA - Economics</u>

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

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

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

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
National Association of Corporate Directors	Alli O'Callaghan	2001 Pennsylvania Ave., #500 Washington DC 20006	202-955-6997

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

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): 07/18 - Present Employer's Name: UnitedHealth Group Incorporated

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

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: CEO, Optum

Type of Business: Holding Company Supervisor/Contact: David Wichmann

Beginning/Ending Dates (MM/YY): 08/17 - 03/18 Employer's Name: UnitedHealth Group Incorporated

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

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

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

Beginning/Ending Dates (MM/YY): 01/13 - 06/18 Employer's Name: University of Nottingham

Address: University Park City: Nottingham State/Province: England

Country: U.K. Postal Code: NG7 2RD Phone: 44 (0) 115 951 5151 Offices/Positions Held: Chancellor

Type of Business: College/University Supervisor/Contact: Human Resources Department

Beginning/Ending Dates (MM/YY): 2017 - Present Employer's Name: The London School of Hygiene & Tropical Medicine

Address: Keppel Street City: London State/Province: England

Country: U.K. Postal Code: WC1E 7HT Phone: 44 (0) 20 7636 8636 Offices/Positions Held: Council Member

Type of Business: College/University Supervisor/Contact: Legal Department

See attachment for additional information.

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

Yes No

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

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

Yes No

If yes, give details: Not Applicable

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

None

Organization/Issuer of License: Not Applicable Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable

FEIN: 41-1321939

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

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

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

Yes No

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

Not Applicable

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

Not applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not applicable.

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

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

Yes No

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

Yes No

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

Yes No

CONFIDENTIAL

Applicant Company Name: UnitedHealth Group Incorporated

NAIC No. Not Applicable
FEIN: 41-1321939

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

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

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

ATTACHMENT TO BIOGRAPHICAL AFFIDAVIT

Andrew Philip Witty

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

Beginning/Ending
 Dates (MM/YY): 05/08 – 04/17 Employer's Name: GlaxoSmithKline Plc
 Address: 980 Great West Road City: Brentford Middlesex State: England
 Country: UK Postal Code: TW8 9GS Phone: 44(0) 20 8047 5000 Offices/Positions Held: Chief Executive Officer; and Director
 Type of Business: Global Pharmaceutical Company Supervisor/Contact: Legal Department

GlaxoSmithKline (continued):

2003-2008 President, Pharmaceuticals Europe
 2000-2002 Senior Vice President, Asia Pacific Pharmaceuticals, International
 1999-2000 Regional Director, GlaxoWellcome East Asia
 1997-1999 Vice President and General Manager 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 City: Triangle Park State: NC
 Country: USA Postal Code: 27709 Phone: 919-213-8935 Offices/Positions Held: Director
 Type of Business: Medical Research and Treatment Supervisor/Contact: Legal Department

Beginning/Ending
 Dates (MM/YY): 2017 Employer's Name: UK Ministry of Defense External Innovation Panel
 Address: 5th Floor, Zone A Whitehall City: London State: England
 Country: UK Postal Code: SW1A 2HB Phone: 020 7218 9000 Offices/Positions Held: Advisor
 Type of Business: Government Supervisor/Contact: Human Resources Department

Beginning/Ending
 Dates (MM/YY): 2017-Present Employer's Name: Synthego Corporation
 Address: 3696 Haven Ave. City: Redwood City State: CA
 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): 2017-Present Employer's Name: 8VC Corporation
 Address: 501 2nd Street #300 City: San Francisco State: CA
 Country: USA Postal Code: 94107 Phone: 415-366-8422 Offices/Positions Held: Senior Advisor
 Type of Business: Investment Company Supervisor/Contact: Legal Department

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

Beginning/Ending
Dates (MM/YY): 2017-Present Employer's Name: Hatteras Venture Partners
Address: 280 South Mangum St. City: Durham State: NC
Country: USA Postal Code: 27701 Phone: 919-484-0730 Offices/Positions Held: Venture Partner
Type of Business: Consulting Company Supervisor/Contact: Legal Department

Beginning/Ending
Dates (MM/YY): 2017-Present Employer's Name: Bill and Melinda Gates Foundation
Address: 440 5th Ave. N. City: Seattle State: WA
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: 1 Victoria Street City: London State: England
Country: U.K. Postal Code: SW1H 0ET Phone: 020 7215 5000 Offices/Positions Held: Business Ambassador
Type of Business: Government Supervisor/Contact: Human Resources Department

Beginning/Ending
Dates (MM/YY): 2008 - 2018 Employer's Name: Singapore Economic Development
Board/International
Address: 250 North Bridge Road, #28-00
Raffles City Tower City: Singapore State: Not applicable
Country: Not applicable Postal Code: 179101 Phone: (65) 6832 6832 Offices/Positions Held: Advisory Committee
Member
Type of Business: Government Supervisor/Contact: Human Resources Department

Beginning/Ending
Dates (MM/YY): 2014-2015 Employer's Name: UN Panel on HIV/AIDS
Address: 20, Avenue Appia CH-1211 City: Geneva 27 State: Not applicable
Country: Switzerland Postal Code: Not applicable Phone: 41-22-791-36 66 Offices/Positions Held: Panel Member
Type of Business: Government Supervisor/Contact: Human Resource Department

Beginning/Ending
Dates (MM/YY): 2010-2015 Employer's Name: Prime Minister's Business Advisory
Group
Address: 1 Victoria Street City: London State: England
Country: U.K. Postal Code: SW1H 0ET Phone: 020 7215 5000 Offices/Positions Held: Member
Type of Business: Government Supervisor/Contact: Human Resources Department

Beginning/Ending
Dates (MM/YY): 2008-2011 Employer's Name: INSEAD UK Council - Health Innovation
Council
Address: Boulevard de Constance City: Fontainebleau State: Not applicable
Country: France Postal Code: 77305 Phone: 33 1 60 72 40 00 Offices/Positions Held: Council Member
Type of Business: Compliance Education Supervisor/Contact: Legal Department

Applicant Name: UnitedHealth Group Incorporated

NAIC No: Not Applicable
FEIN: 41-1321939

Beginning/Ending
Dates (MM/YY): 2006-2008 Employer's Name: Office for Strategic Coordination of
Medical Research Council Health Research
Address: 14th Floor, One Kemble Street City: London State: England
Country: U.K. Postal Code: WC2B 4AN Phone: 01793 416200 Offices/Positions Held: Director
Type of Business: Government – Research Funding Supervisor/Contact: Human Resources Department

Beginning/Ending
Dates (MM/YY): 2000-2003 Employer's Name: Economic Development Board
250 North Bridge Road #28-00
Address: Raffles City Tower City: Singapore State: Not applicable
Country: Not applicable Postal Code: 179101 Phone: 65 6832 6832 Offices/Positions Held: Audit Committee
Member
Type of Business: Governmental Agency Supervisor/Contact: Not applicable

Beginning/Ending
Dates (MM/YY): 2000-2003 Employer's Name: Singapore Land Authority Board
Address: 55 Newton Road, #12-01 Revenue House City: Singapore State: Not applicable
Country: Not applicable Postal Code: 307987 Phone: 6823 8929 Offices/Positions Held: Board Member
Type of Business: Government Supervisor/Contact: Not applicable

CONFIDENTIAL

**Biographical Affidavits for the
Managers and Executive Officers of Specialty Benefits**

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: James Middle: Francis Last: Bedard

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: 185 Asylum Street, City Place 1, Hartford, CT 06103

Business telephone: 860-702-6811 Business Email: james_f_bedard@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Western New England College</u>	<u>Springfield, MA</u>	<u>09/79 - 05/83</u>	<u>Bachelors</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Western New England College</u>	<u>Springfield, MA</u>	<u>09/84 - 05/87</u>	<u>Masters</u>

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

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

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

FEIN: 41-1921983

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	------------------------------------------------

None

7. Present or proposed position with the Applicant Company: Manager; and Chief Financial Officer

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

Beginning/Ending

Dates (MM/YY): 06/07 - 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: VP Finance

Type of Business: Holding Company Supervisor/Contact: Saurabh Kumar

Beginning/Ending

Dates (MM/YY): 04/06 - 06/07 Employer's Name: Hartford Financial Services

Address: Hartford Plaza City: Hartford State/Province: CT

Country: USA Postal Code: 06103 Phone: 860-547-5000 Offices/Positions Held: Controller

Type of Business: Insurance Supervisor/Contact: Barbara Perrijean

Beginning/Ending

Dates (MM/YY): 12/01 - 03/06 Employer's Name: Cigna Health Care

Address: 900 Cottage Grove Road City: Bloomfield State/Province: CT

Country: USA Postal Code: 06152 Phone: 800-345-9458 Offices/Positions Held: Financial Controller

Type of Business: Healthcare Supervisor/Contact: Frank Lucia, Tom DiGemmis

Beginning/Ending

Dates (MM/YY): 12/83 - 12/01 Employer's Name: Travelers Insurance Company

Address: One Tower Square City: Hartford State/Province: CT

Country: USA Postal Code: 06183 Phone: 860-277-0111 Offices/Positions Held: Budget Officer, Controller, VP Ops & Technology

Type of Business: Insurance Supervisor/Contact: Walt Gwise, John Davison, MaryJean Thornton

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 or revoked?

Yes No

If yes, give details: Not Applicable

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

None

Organization/Issuer of License: Not Applicable Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: Specialty Benefits, LLC

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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

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Applicant Company Name: 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.

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Charles Last: Brody

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: 680 Blair Mill Road, Horsham, PA 19044

Business telephone: 215-902-8023

Business Email: mbrody@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>The George Washington University</u>	<u>Washington, DC</u>	<u>09/87 - 05/91</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law Degree</u>	<u>Univ. of Baltimore School of Law</u>	<u>Baltimore, MD</u>	<u>08/91 - 05/94</u>	<u>J.D.</u>

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

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

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

FEIN: 41-1921983

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Association of Corporate Counsel	Member Services	1025 Connecticut Avenue, NW Washington, DC 20036	202-293-4103

7. Present or proposed position with the Applicant Company: Assistant 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): 08/03 - Present Employer's Name: UnitedHealth Group Incorporated

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

Country: USA Postal Code: 55343 Phone: 800-367-5690 Offices/Positions Held: Associ General Counsel

Type of Business: Holding Company Supervisor/Contact: Gavin Galimi

Beginning/Ending Dates (MM/YY): 06/03 - 08/03 Employer's Name: The Esquire Group

Address: 15 South 5th Street City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 757-459-5100 Offices/Positions Held: Contract Attorney placed with UnitedHealth Group

Type of Business: Healthcare Supervisor/Contact: Not Available

Beginning/Ending Dates (MM/YY): 02/01 - 04/03 Employer's Name: ValueOptions, Inc.

Address: 240 Corporate Boulevard City: Norfolk State/Province: VA

Country: USA Postal Code: 23502 Phone: 757-459-5100 Offices/Positions Held: Assistant Legal Counsel

Type of Business: Healthcare Supervisor/Contact: Lora Picini

Beginning/Ending Dates (MM/YY): 11/00 - 02/01 Employer's Name: United States Department of Labor

Address: 200 Constitution Avenue, NW City: Washington State/Province: DC

Country: USA Postal Code: 20210 Phone: 202-693-5000 Offices/Positions Held: Attorney-Adviser

Type of Business: Government Supervisor/Contact: Not Available

*See addendum for additional Employment history.

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 or revoked?

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: Maryland Court of Appeals Address: 361 Rowe Boulevard

City: Annapolis State/Province: MD Country: USA Postal Code: 21401

License Type: Law License License #: 9412130086 Date Issued (MM/YY): 12/94

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable; renewed

Non-Insurance Regulatory Phone Number (if known): 410-260-1500

Organization/Issuer of License: D.C. Court of Appeals Address: 430 E Street, NW

City: Washington State/Province: DC Country: USA Postal Code: 20001

License Type: Law License License #: 451159 Date Issued (MM/YY): 06/96

Date Expired (MM/YY): Inactive Reason for Termination: Not Applicable; renewed

Non-Insurance Regulatory Phone Number (if known): 202-879-1010

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: Specialty Benefits, LLC

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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Specialty Benefits, LLC

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/Ending Dates: 11/98 - 11/00 Employer's Name: Independent Insurance Agents & Brokers of America, Inc.

Address: 127 South Peyton Street City: Alexandria State/Province: VA

Country: USA Postal Code: 22314 Phone: 800-221-7917 Offices/Positions Held: Staff Attorney

Type of Business: Not-for-Profit Trade Assoc. Supervisor/Contact: Not Available

- 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

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.

1. Affiant's Full Name (Initials Not Acceptable): First: Gavin Middle: Guy Last: Galimi

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: 6701 Center Drive West, Suite 790, Los Angeles, CA 90045

Business telephone: 310-216-2303 Business Email: gavin_galimi@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Southern California</u>	<u>Los Angeles, CA</u>	<u>08/91 - 05/96</u>	<u>BS, BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Southern California Law School</u>	<u>Los Angeles, CA</u>	<u>08/97 - 05/00</u>	<u>JD</u>	

Other Training: 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.

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

FEIN: 41-1921983

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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: VP Gen Mgmt; Spec Benef General Counsel

Type of Business: Holding Company Supervisor/Contact: Daniel Mulligan

Beginning/Ending Dates (MM/YY): 11/17 - Present Employer's Name: Strategem Investments, LLC

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: Investment company Supervisor/Contact: Self

Beginning/Ending Dates (MM/YY): 05/17 - Present Employer's Name: GGGM Enterprises, LLC

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: Investment company Supervisor/Contact: Self

Beginning/Ending Dates (MM/YY): 11/06 - Present Employer's Name: USC Credit Union

Address: 3720 S. Flower St., CUB 4th Floor City: Los Angeles 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.

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 or revoked?

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: State Bar of California Address: 180 Howard Street

City: San Francisco State/Province: CA Country: USA Postal Code: 94105-1617

License Type: Law License #: 211577 Date Issued (MM/YY): 12/00

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 888-800-3400

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

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

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

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

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

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.

Applicant Company Name: Specialty Benefits, LLC

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/Ending Dates: 11/06 - 01/16 Employer's Name: March Vision Care, Inc. (acquired by UnitedHealth Group Incorporated)

Address: 6701 Center Drive West, Suite 790 City: Los Angeles State/Province: CA

Country: USA Postal Code: 90045 Phone: 310-216-2300 Offices/Positions Held: Exec. V.P., General Counsel, Chief Compliance Officer, Chief Financial Officer

Type of Business: Law Firm Supervisor/Contact: Glenville A. March, Jr., M.D.

Beginning/Ending Dates: 09/03 - 11/06 Employer's Name: Katten Muchin Rosenman, LLP

Address: 2029 Century Park East, Suite 2600 City: Los Angeles State/Province: CA

Country: USA Postal Code: 90067 Phone: 213-488-7700 Offices/Positions Held: Corporate & Healthcare Associate

Type of Business: Law Firm Supervisor/Contact: Nicole Callanan 310-788-4586

Beginning/Ending Dates: ~ 2002 - ~ 2011 Employer's Name: Technology Council of Southern California (fka Software Council of Southern California)

Address: 2537-D Pacific Coast Highway, #348 City: Torrance State/Province: CA

Country: USA Postal Code: 90505 Phone: 310-325-4000 Offices/Positions Held: Treas., Secty., Board Member & OC County Chapter Committee

Type of Business: Technology Trade Group Supervisor/Contact: Catrina Leudtke, Executive Director

Beginning/Ending Dates: 09/00 - 09/03 Employer's 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

Country: USA Postal Code: 90017 Phone: 213-488-7700 Offices/Positions Held: Corporate & Healthcare Associate

Type of Business: Law Firm Supervisor/Contact: Kimberly Thurgood 213-488-7100

Beginning/Ending Dates: ~ 06/00 - ~ 08/00 Employer's Name: U.S. Dist. Court, Central Dist. of California Jeffrey W. Johnson, Magistrate Judge

Address: 312 N. Spring St., Room 831 City: Los Angeles State/Province: CA

Country: USA Postal Code: 90012 Phone: 213-894-1565 Offices/Positions Held: Judicial Extern

Type of Business: U.S. Court Supervisor/Contact: Not Available

CONFIDENTIAL

Applicant Company Name: Specialty Benefits, LLC

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/Ending Dates: ~ 06/99 - ~ 08/99 Employer's Name: Los Angeles City Attorney's Office, General Counsel to The Community Redevelopment Agency

Address: 1200 W. 7th Street, 2nd Fl., Suite 200 City: Los Angeles State/Province: CA
 Postal Code: Not Available Offices/Positions Held: Not Available

Country: USA Code: 90017 Phone: Not Available Law Clerk

Type of Business: City Agency Supervisor/Contact: Not Available

Beginning/Ending Dates: ~ 09/98 - ~ 05/99 Employer's Name: University of Southern California

Address: USC Gould School of Law City: Los Angeles State/Province: CA
699 Exposition Blvd. Postal Code: Not Available Offices/Positions Held: Research Assistant

Country: USA Code: 90089 Phone: Not Available

Type of Business: Law School Supervisor/Contact: Not Available

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 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.

CONFIDENTIAL

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Peter Middle: Marshall Last: Gill

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343

Business telephone: 952-936-3203 Business Email: peter.gill@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Minnesota</u>	<u>Minneapolis, MN</u>	<u>09/75 - 06/80</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Minnesota</u>	<u>Minneapolis, MN</u>	<u>01/81 - 03/82</u>	<u>MBA</u>	

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

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

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

FEIN: 41-1921983

6. List of memberships in professional societies and associations:

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

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

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

Beginning/Ending Dates (MM/YY): 05/08 - 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: Sr. Vice Pres Treasurer & Chief Investment Officer

Type of Business: Holding Company Supervisor/Contact: John Rex

Beginning/Ending Dates (MM/YY): 06/06 - 05/08 Employer's Name: KPMG Corporate Finance

Address: 90 South Seventh Street City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 612-305-5000 Offices/Positions Held: Managing Director

Type of Business: Investment Bank Supervisor/Contact: Cheri Homa

Beginning/Ending Dates (MM/YY): 09/85 - 06/06 Employer's Name: Piper Jaffray

Address: 800 Nicollet Mall City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 800-333-6000 Offices/Positions Held: Associate Vice President; Managing Director

Type of Business: Investment Bank Supervisor/Contact: Robert Rinek

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

See Addendum for additional licenses.

Organization/Issuer of License: MN Comm Dept, Real Estate Bd Address: 85 7th Place East, Suite 280

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

License Type: Residential Real Estate Sales License #: 545646 Date Issued (MM/YY): 08/83

Date Expired (MM/YY): 06/84 Reason for Termination: No longer needed.

Non-Insurance Regulatory Phone Number (if known): 651-539-1500

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

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

License Type: Series 7 and 63 License #: Not Available Date Issued (MM/YY): 04/86

Date Expired (MM/YY): Not Available Reason for Termination: No longer needed.

Non-Insurance Regulatory Phone Number (if known): Not Available

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: Specialty Benefits, LLC

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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Specialty Benefits, LLC

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

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Heather Middle: Anastasia 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: 952-936-1949 Business Email: heather.lang@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Macalester College</u>	<u>St. Paul, MN</u>	<u>09/93 - 12/97</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Case Western Reserve University School of Law</u>	<u>Cleveland, OH</u>	<u>09/99 - 05/02</u>	<u>JD</u>	

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

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

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

FEIN: 41-1921983

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>Society for Corporate Governance</u>		<u>240 West 35th Street #400 New York, NY 10001</u>	<u>(212) 681-2000</u>

7. Present or proposed position with the Applicant Company: Assistant 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): 01/08 - 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: Deputy General Counsel

Type of Business: Holding Company Supervisor/Contact: Dannette Smith/952-936-1316

Beginning/Ending Dates (MM/YY): 08/03 - 01/08 Employer's Name: Mulligan & Bjornnes PLLP

Address: 401 Groveland Ave. City: Minneapolis State/Province: MN

Country: USA Postal Code: 55403 Phone: 612-871-1800 Offices/Positions Held: Associate Attorney

Type of Business: Law Firm Supervisor/Contact: John Mulligan

Beginning/Ending Dates (MM/YY): 08/02 - 07/03 Employer's Name: McElroy, Deutsch, Mulvaney & Carpenter, LLP

Address: 5600 South Quebec St., Suite C100 City: Greenwood Village State/Province: CO

Country: USA Postal Code: 80111 Phone: Not Available Offices/Positions Held: Associate Attorney

Type of Business: Law Firm Supervisor/Contact: Not Available

Beginning/Ending Dates (MM/YY): 05/02 - 08/02 Employer's Name: Unemployed; and studying for the Colorado Bar Exam

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

*See addendum for additional Employment history.

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 or revoked?

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: Minnesota Supreme Court Address: Minnesota Judicial Center, Room 305, 25 Rev. Martin Luther King Drive

City: St. Paul State/Province: MN Country: USA Postal Code: 55155

License Type: Law License #: 033151X Date Issued (MM/YY): 11/03

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 651-297-7650

Organization/Issuer of License: Colorado Supreme Court Address: 1300 Broadway, Suite 520

City: Denver State/Province: CO Country: USA Postal Code: 80203

License Type: Law License #: 34220 (inactive) Date Issued (MM/YY): 10/02

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

Non-Insurance 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 that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: Specialty Benefits, LLC

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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

~~CONFIDENTIAL~~

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.

Applicant Company Name: Specialty Benefits, LLC

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/Ending
 Dates: 06/01 - 08/01 Employer's Name: Dorsey & Whitney, LLP

Address: 50 S. 6th Street, Suite 1500 City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: Not Available Offices/
 Positions Held: Summer Associate

Type of Business: Law Firm Supervisor/Contact: Not Available

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.

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

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: 200 East Randolph, Suite 5300, Chicago, IL 60601

Business telephone: 312-348-7073

Business Email: thomas_p_wiffler@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Iona College</u>	<u>New Rochelle, NY</u>	<u>07/88 - 05/92</u>	<u>BBA - Finance</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Notre Dame</u>	<u>South Bend, IN</u>	<u>12/10 - 05/12</u>	<u>MBA</u>	

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

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

Applicant Company Name: Specialty Benefits, LLC

NAIC No. Not Applicable

FEIN: 41-1921983

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	------------------------------------------------

None

7. Present or proposed position with the Applicant Company: Manager; and Chief Executive Officer

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

Beginning/Ending

Dates (MM/YY): 11/99 - 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: Bus Unit CEO; CEO Specialty Benefits

Type of Business: Holding Company Supervisor/Contact: Matthew Peterson

Beginning/Ending

Dates (MM/YY): 06/97 - 11/99 Employer's Name: Aetna U.S. Healthcare

Address: Roseland Avenue City: Roseland State/Province: NJ

Country: USA Postal Code: 07068 Phone: Not Available Offices/Positions Held: Finance Manager

Type of Business: Insurance Supervisor/Contact: Robert Iskols

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

None

Organization/Issuer of License: Not Applicable Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: Specialty Benefits, LLC

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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

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

Applicant Company Name: Centurion Casualty Company

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: James Middle: Francis Last: Bedard

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: 185 Asylum Street, City Place 1, Hartford, CT 06103

Business telephone: 860-702-6811 Business Email: james_f_bedard@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Western New England College</u>	<u>Springfield, MA</u>	<u>09/79 - 05/83</u>	<u>Bachelors</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Western New England College</u>	<u>Springfield, MA</u>	<u>09/84 - 05/87</u>	<u>Masters</u>	

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

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

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

FEIN: 42-1194107

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	------------------------------------------------

None

7. Present or proposed position with the Applicant Company: Director; Chief Financial Officer; and Vice President

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

Beginning/Ending

Dates (MM/YY): 06/07 - 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: VP Finance

Type of Business: Holding Company Supervisor/Contact: Saurabh Kumar

Beginning/Ending

Dates (MM/YY): 04/06 - 06/07 Employer's Name: Hartford Financial Services

Address: Hartford Plaza City: Hartford State/Province: CT

Country: USA Postal Code: 06103 Phone: 860-547-5000 Offices/Positions Held: Controller

Type of Business: Insurance Supervisor/Contact: Barbara Perrijean

Beginning/Ending

Dates (MM/YY): 12/01 - 03/06 Employer's Name: Cigna Health Care

Address: 900 Cottage Grove Road City: Bloomfield State/Province: CT

Country: USA Postal Code: 06152 Phone: 800-345-9458 Offices/Positions Held: Financial Controller

Type of Business: Healthcare Supervisor/Contact: Frank Lucia, Tom DiGemmis

Beginning/Ending

Dates (MM/YY): 12/83 - 12/01 Employer's Name: Travelers Insurance Company

Address: One Tower Square City: Hartford State/Province: CT

Country: USA Postal Code: 06183 Phone: 860-277-0111 Offices/Positions Held: Budget Officer, Controller, VP Ops & Technology

Type of Business: Insurance Supervisor/Contact: Walt Gwise, John Davison, MaryJean Thomton

Applicant Company 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

None

Organization/Issuer of License: Not Applicable Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: 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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Centurion Casualty Company

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Charles Last: Brody

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: 680 Blair Mill Road, Horsham, PA 19044

Business telephone: 215-902-8023 Business Email: mbrody@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
The George Washington University	Washington, DC	09/87 - 05/91	B.A.

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Law Degree	Univ. of Baltimore School of Law	Baltimore, MD	08/91 - 05/94	J.D.

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

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

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

FEIN: 42-1194107

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Association of Corporate Counsel	Member Services	1025 Connecticut Avenue, NW Washington, DC 20036	202-293-4103

7. Present or proposed position with the Applicant Company: Assistant 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): 08/03 - Present Employer's Name: UnitedHealth Group Incorporated

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

Country: USA Postal Code: 55343 Phone: 800-367-5690 Offices/Positions Held: Associ General Counsel

Type of Business: Holding Company Supervisor/Contact: Gavin Galimi

Beginning/Ending Dates (MM/YY): 06/03 - 08/03 Employer's Name: The Esquire Group

Address: 15 South 5th Street City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 757-459-5100 Offices/Positions Held: Contract Attorney placed with UnitedHealth Group

Type of Business: Healthcare Supervisor/Contact: Not Available

Beginning/Ending Dates (MM/YY): 02/01 - 04/03 Employer's Name: ValueOptions, Inc.

Address: 240 Corporate Boulevard City: Norfolk State/Province: VA

Country: USA Postal Code: 23502 Phone: 757-459-5100 Offices/Positions Held: Assistant Legal Counsel

Type of Business: Healthcare Supervisor/Contact: Lora Picini

Beginning/Ending Dates (MM/YY): 11/00 - 02/01 Employer's Name: United States Department of Labor

Address: 200 Constitution Avenue, NW City: Washington State/Province: DC

Country: USA Postal Code: 20210 Phone: 202-693-5000 Offices/Positions Held: Attorney-Adviser

Type of Business: Government Supervisor/Contact: Not Available

*See addendum for additional Employment history.

Applicant Company 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

See Addendum for additional licenses.

Organization/Issuer of License: Maryland Court of Appeals Address: 361 Rowe Boulevard

City: Annapolis State/Province: MD Country: USA Postal Code: 21401

License Type: Law License License #: 9412130086 Date Issued (MM/YY): 12/94

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable; renewed

Non-Insurance Regulatory Phone Number (if known): 410-260-1500

Organization/Issuer of License: D.C. Court of Appeals Address: 430 E Street, NW

City: Washington State/Province: DC Country: USA Postal Code: 20001

License Type: Law License License #: 451159 Date Issued (MM/YY): 06/96

Date Expired (MM/YY): Inactive Reason for Termination: Not Applicable; renewed

Non-Insurance Regulatory Phone Number (if known): 202-879-1010

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: 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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

CONFIDENTIAL

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.

Applicant Company Name: Centurion Casualty Company

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.

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: 11/98 - 11/00 Employer's Name: Independent Insurance Agents & Brokers of America, Inc.

Address: 127 South Peyton Street City: Alexandria State/Province: VA

Country: USA Postal Code: 22314 Phone: 800-221-7917 Offices/ Positions Held: Staff Attorney

Type of Business: Not-for-Profit Trade Assoc. Supervisor/Contact: Not Available

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

Applicant Company Name: Centurion Casualty Company

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: Patrick Middle: Francis Last: Carr

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: 7440 Woodland Drive, Indianapolis, IN 46278

Business telephone: 317-715-7617 Business Email: pat.carr@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Indiana University</u>	<u>Bloomington, IN</u>	<u>09/69 - 05/73</u>	<u>BS-Accounting</u>

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

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

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

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

FEIN: 42-1194107

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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.

Beginning/Ending

Dates (MM/YY): 11/95 - 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: Business Unit CEO

Type of Business: Holding Company Supervisor/Contact: Matthew W. Peterson

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: Indiana Professional Licensing Agency Address: 402 W. Washington Street

City: Indianapolis State/Province: IN Country: USA Postal Code: 46204

License Type: Certified Public Accountant License #: CP18545937 Date Issued (MM/YY): 11/76

Date Expired (MM/YY): 06/21 Reason for Termination: Not Applicable; still active

Non-Insurance Regulatory Phone Number (if known): 317-232-2980

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: 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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Centurion Casualty Company

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): 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 yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 3100 AMS Boulevard, Green Bay, WI 54313

Business telephone: 920-661-3490 Business Email: james.gabriel@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Purdue University</u>	<u>West Lafayette, IN</u>	<u>08/85 - 05/91</u>	<u>BS</u>

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Society of Actuaries (SOA)</u>	<u>Schaumburg, IL</u>	<u>Not Available</u>	<u>FSA</u>

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

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

FEIN: 42-1194107

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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. 600 Schaumburg, IL 60173	847-706-3500

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.

Beginning/Ending Dates (MM/YY): 05/13 - Present Employer's Name: UnitedHealth Group Incorporated

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

Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: Vice President, Actuarial Services

Type of Business: Holding Company Supervisor/Contact: Patrick Carr

Beginning/Ending Dates (MM/YY): 9/96 - 05/13 Employer's Name: Golden Rule Financial Corporation; /Golden Rule Insurance Company (acquired by UnitedHeath Group Incorporated)

Address: 7440 Woodland Drive City: Indianapolis State/Province: Indiana

Country: USA Postal Code: 46278 Phone: 317-715-7111 Offices/Positions Held: Senior Vice President & Chief Actuary

Type of Business: Insurance Company Supervisor/Contact: Patrick F. Carr

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

None

Organization/Issuer of License: Not Applicable Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

Applicant Company Name: 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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Centurion Casualty Company

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Gavin Middle: Guy Last: Galimi

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: 6701 Center Drive West, Suite 790, Los Angeles, CA 90045

Business telephone: 310-216-2303 Business Email: gavin_galimi@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Southern California	Los Angeles, CA	08/91 - 05/96	BS, BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Southern California Law School	Los Angeles, CA	08/97 - 05/00		JD

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

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

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

FEIN: 42-1194107

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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: VP Gen Mgmt; Spec Benef General Counsel

Type of Business: Holding Company Supervisor/Contact: Daniel Mulligan

Beginning/Ending Dates (MM/YY): 11/17 - Present Employer's Name: Strategem Investments, LLC

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: Investment company Supervisor/Contact: Self

Beginning/Ending Dates (MM/YY): 05/17 - Present Employer's Name: GGGM Enterprises, LLC

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: Investment company Supervisor/Contact: Self

Beginning/Ending Dates (MM/YY): 11/06 - Present Employer's Name: USC Credit Union

Address: 3720 S. Flower St., CUB 4th Floor City: Los Angeles 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.

Applicant Company 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: State Bar of California Address: 180 Howard Street

City: San Francisco State/Province: CA Country: USA Postal Code: 94105-1617

License Type: Law License #: 211577 Date Issued (MM/YY): 12/00

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 888-800-3400

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Applicant Company Name: Centurion Casualty Company

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

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

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

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Centurion Casualty Company

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.

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: 11/06 - 01/16 Employer's Name: March Vision Care, Inc. (acquired by UnitedHealth Group Incorporated)

Address: 6701 Center Drive West, Suite 790 City: Los Angeles State/Province: CA

Country: USA Postal Code: 90045 Phone: 310-216-2300 Offices/Positions Held: Exec. V.P., General Counsel, Chief Compliance Officer, Chief Financial Officer

Type of Business: Law Firm Supervisor/Contact: Glenville A. March, Jr., M.D.

Beginning/Ending Dates: 09/03 - 11/06 Employer's Name: Katten Muchin Rosenman, LLP

Address: 2029 Century Park East, Suite 2600 City: Los Angeles State/Province: CA

Country: USA Postal Code: 90067 Phone: 213-488-7700 Offices/Positions Held: Corporate & Healthcare Associate

Type of Business: Law Firm Supervisor/Contact: Nicole Callanan 310-788-4586

Beginning/Ending Dates: ~ 2002 - ~ 2011 Employer's Name: Technology Council of Southern California (fka Software Council of Southern California)

Address: 2537-D Pacific Coast Highway, #348 City: Torrance State/Province: CA

Country: USA Postal Code: 90505 Phone: 310-325-4000 Offices/Positions Held: Treas., Secty., Board Member & OC County Chapter Committee

Type of Business: Technology Trade Group Supervisor/Contact: Catrina Leudtke, Executive Director

Beginning/Ending Dates: 09/00 - 09/03 Employer's 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

Country: USA Postal Code: 90017 Phone: 213-488-7700 Offices/Positions Held: Corporate & Healthcare Associate

Type of Business: Law Firm Supervisor/Contact: Kimberly Thurgood 213-488-7100

Beginning/Ending Dates: ~ 06/00 - ~ 08/00 Employer's Name: U.S. Dist. Court, Central Dist. of California Jeffrey W. Johnson, Magistrate Judge

Address: 312 N. Spring St., Room 831 City: Los Angeles State/Province: CA

Country: USA Postal Code: 90012 Phone: 213-894-1565 Offices/Positions Held: Judicial Extern

Type of Business: U.S. Court Supervisor/Contact: Not Available

Applicant Company Name: Centurion Casualty Company

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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/Ending Dates: ~ 06/99 - ~ 08/99 Employer's Name: Los Angeles City Attorney's Office, General Counsel to The Community Redevelopment Agency

Address: 1200 W. 7th Street, 2nd Fl., Suite 200 City: Los Angeles State/Province: CA
 Postal Code: 90017 Phone: Not Available Offices/Positions Held: Law Clerk

Country: USA Type of Business: City Agency Supervisor/Contact: Not Available

Beginning/Ending Dates: ~ 09/98 - ~ 05/99 Employer's Name: University of Southern California

Address: USC Gould School of Law City: Los Angeles State/Province: CA
699 Exposition Blvd. Postal Code: 90089 Phone: Not Available Offices/Positions Held: Research Assistant

Country: USA Type of Business: Law School Supervisor/Contact: Not Available

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 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.

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

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**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: Peter Middle: Marshall Last: Gill

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? Not Applicable

3. Affiant's occupation or profession: Executive

4. Affiant's business address: 9900 Bren Road East, Minnetonka, MN 55343

Business telephone: 952-936-3203 Business Email: peter.gill@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Minnesota	Minneapolis, MN	09/75 - 06/80	BS

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	University of Minnesota	Minneapolis, MN	01/81 - 03/82	MBA

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

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

Applicant Company Name: Centurion Casualty Company

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	------------------------------------------------

None

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

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

Beginning/Ending

Dates (MM/YY): 05/08 - 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: Sr. Vice Pres Treasurer & Chief Investment Officer

Type of Business: Holding Company Supervisor/Contact: John Rex

Beginning/Ending

Dates (MM/YY): 06/06 - 05/08 Employer's Name: KPMG Corporate Finance

Address: 90 South Seventh Street City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 612-305-5000 Offices/Positions Held: Managing Director

Type of Business: Investment Bank Supervisor/Contact: Cheri Homa

Beginning/Ending

Dates (MM/YY): 09/85 - 06/06 Employer's Name: Piper Jaffray

Address: 800 Nicollet Mall City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: 800-333-6000 Offices/Positions Held: Associate Vice President; Managing Director

Type of Business: Investment Bank Supervisor/Contact: Robert Rinek

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

See Addendum for additional licenses.

Organization/Issuer of License: MN Comm Dept, Real Estate Bd Address: 85 7th Place East, Suite 280

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

License Type: Residential Real Estate Sales License #: 545646 Date Issued (MM/YY): 08/83

Date Expired (MM/YY): 06/84 Reason for Termination: No longer needed.

Non-Insurance Regulatory Phone Number (if known): 651-539-1500

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

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

License Type: Series 7 and 63 License #: Not Available Date Issued (MM/YY): 04/86

Date Expired (MM/YY): Not Available Reason for Termination: No longer needed.

Non-Insurance Regulatory Phone Number (if known): Not Available

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

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

Yes No

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

Applicant Company Name: Centurion Casualty Company

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Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

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.

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: 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.

Applicant Company Name: Centurion Casualty Company

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

Applicant Company Name: Centurion Casualty Company

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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Heather Middle: Anastasia 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: 952-936-1949 Business Email: heather.lang@uhg.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Macalester College</u>	<u>St. Paul, MN</u>	<u>09/93 - 12/97</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Case Western Reserve University School of Law</u>	<u>Cleveland, OH</u>	<u>09/99 - 05/02</u>	<u>JD</u>	

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

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

Applicant Company Name: Centurion Casualty Company

NAIC No. 42765

FEIN: 42-1194107

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Society for Corporate Governance		240 West 35th Street #400 New York, NY 10001	(212) 681-2000

7. Present or proposed position with the Applicant Company: Assistant 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): 01/08 - 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: Deputy General Counsel

Type of Business: Holding Company Supervisor/Contact: Dannette Smith/952-936-1316

Beginning/Ending Dates (MM/YY): 08/03 - 01/08 Employer's Name: Mulligan & Bjornnes PLLP

Address: 401 Groveland Ave. City: Minneapolis State/Province: MN

Country: USA Postal Code: 55403 Phone: 612-871-1800 Offices/Positions Held: Associate Attorney

Type of Business: Law Firm Supervisor/Contact: John Mulligan

Beginning/Ending Dates (MM/YY): 08/02 - 07/03 Employer's Name: McElroy, Deutsch, Mulvaney & Carpenter, LLP

Address: 5600 South Quebec St., Suite C100 City: Greenwood Village State/Province: CO

Country: USA Postal Code: 80111 Phone: Not Available Offices/Positions Held: Associate Attorney

Type of Business: Law Firm Supervisor/Contact: Not Available

Beginning/Ending Dates (MM/YY): 05/02 - 08/02 Employer's Name: Unemployed; and studying for the Colorado Bar Exam

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

*See addendum for additional Employment history.

Applicant Company 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 position schedule fidelity bond, or had a bond canceled or revoked?

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: Minnesota Supreme Court Address: Minnesota Judicial Center, Room 305, 25 Rev. Martin Luther King Drive

City: St. Paul State/Province: MN Country: USA Postal Code: 55155

License Type: Law License #: 033151X Date Issued (MM/YY): 11/03

Date Expired (MM/YY): Still Active Reason for Termination: Not Applicable

Non-Insurance Regulatory Phone Number (if known): 651-297-7650

Organization/Issuer of License: Colorado Supreme Court Address: 1300 Broadway, Suite 520

City: Denver State/Province: CO Country: USA Postal Code: 80203

License Type: Law License #: 34220 (inactive) Date Issued (MM/YY): 10/02

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

Non-Insurance 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 that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

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

Yes No

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

Applicant Company Name: 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?

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Not Applicable

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

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

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

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

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

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

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

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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.

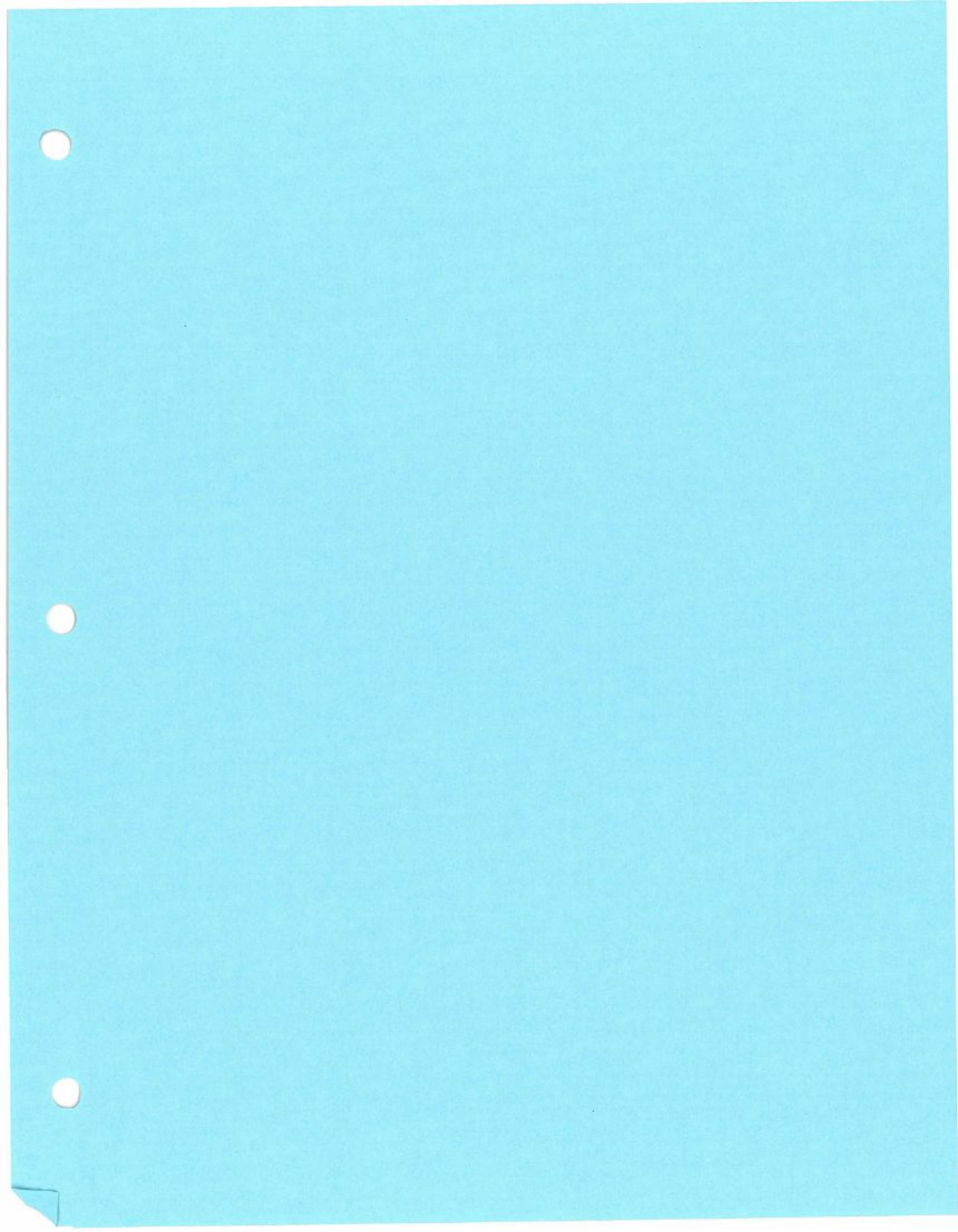
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages 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/Ending
Dates: 06/01 - 08/01 Employer's Name: Dorsey & Whitney, LLP

Address: 50 S. 6th Street, Suite 1500 City: Minneapolis State/Province: MN

Country: USA Postal Code: 55402 Phone: Not Available Offices/
Positions Held: Summer Associate

Type of Business: Law Firm Supervisor/Contact: Not Available



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**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 RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Troy Middle: Alan Last: McQuagge

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: 300 Burnett Street, Suite 200, Fort Worth, TX 76102

Business telephone: 817-878-3300 Business Email: mcquagget@ushealthgroup.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Central Florida</u>	<u>Orlando, FL</u>	<u>09/78 - 05/82</u>	<u>BS - Legal Studies</u>

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

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

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

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	------------------------------------------------

None

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

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): 07/19 - 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: Health Plan CEO

Type of Business: Holding Company Supervisor/Contact: Matthew Pederson

Beginning/Ending

Dates (MM/YY): 05/14 - 07/19 Employer's Name: USHEALTH Administrators, LLC (acquired by UnitedHealth Group Incorporated)

Address: 300 Burnett Street, Suite 200 City: Fort Worth State/Province: TX

Country: USA Postal Code: 76102 Phone: 817-878-3832 Offices/Positions Held: President; and CEO

Type of Business: Insurance Supervisor/Contact: Human Resources

Beginning/Ending

Dates (MM/YY): 07/10 - 05/14 Employer's Name: USHEALTH Advisors, LLC

Address: 2563 SW Grapevine Pkwy City: Grapevine State/Province: TX

Country: USA Postal Code: 76053 Phone: 817-848-3882 Offices/Positions Held: President; Exec. Vice Pres. Chief Marketing Officer

Type of Business: Insurance Sales Agency Supervisor/Contact: Benjamin Cutler

Beginning/Ending

Dates (MM/YY): 03/08 - 07/10 Employer's Name: Retired

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

*See addendum for additional Employment history.

Applicant Company Name: Centurion Casualty Company

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

Yes No

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

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

Yes No

If yes, give details: Not Applicable

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

Organization/Issuer of License: See above narrative Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Applicant Company Name: Centurion Casualty Company

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Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

11.h. On or about May 5, 2009 HealthMarkets, Inc. filed a lawsuit in Dallas County, Texas alleging breach of an employment severance agreement. The suit was vigorously defended, dismissed and mandatory arbitration of the dispute compelled. Ultimately the arbitration panel ruled in my favor, awarding damages, fees, and expenses, which were paid by HealthMarkets, Inc.

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

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

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

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

Yes No

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

Not Applicable

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: Not Applicable

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

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

Yes No

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

Yes No

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

Yes No

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. _____

Not Applicable

Applicant Company Name: Centurion Casualty Company

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.

- 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: 1996 ~ - 03/08 Employer's Name: HealthMarkets, Inc. (f/k/a UICI)

Address: 9151 Boulevard 26 City: North Richland Hills State/Province: TX

Country: USA Postal Code: 76109 Phone: 817-255-5200 Offices/ Positions Held: President/CEO of UGA; President/CEO of Cornerstone America; President of Agency Marketing Group (all subsidiaries of HealthMarkets, Inc.)

Type of Business: Insurance Supervisor/Contact: Not Available

- 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.

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.

Applicant Company Name: Centurion Casualty Company

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: Thomas Middle: Patrick Last: Wiffler

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: 200 East Randolph, Suite 5300, Chicago, IL 60601

Business telephone: 312-348-7073 Business Email: thomas_p_wiffler@uhc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Iona College</u>	<u>New Rochelle, NY</u>	<u>07/88 - 05/92</u>	<u>BBA - Finance</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Notre Dame</u>	<u>South Bend, IN</u>	<u>12/10 - 05/12</u>	<u>MBA</u>	

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

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