NAIC No.	16513	
EEINI:	83-2126269	

#### 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

2011001	or lived and v	worked fille	mationary.	(Print or Typ	oe)		
Full na require	ume, address a ed (Do Not Us	and telephose Group N	one number of the pre ames)	esent or propose	d entity under which th	is biographic	al statement is being
WellC	are Health	Insurance	of Connecticut, I	nc.			
8735	Henderson	Road, Ta	mpa, Florida 3363	4			
Telep	hone: 813-	290-6200	<i>J</i>				
hereina ANSW	after set forti ER IS "NO"	h. (Attach a "OR "NO	addendum or separat NE," SO STATE. A	e sheet if space ALL FIELDS M	presentations and supplementations and supplementations and supplementations are supplementations. The supplementation of the supplementation of the supplementations are supplementations.	to answer an	y question fully.) IF DMPLETE FORMS
1.	Affiant's F	ull Name (I	nitials Not Acceptabl	e): First: Andre	Middle: Lynn	Last:	sher
2.	a. Ar	e you a cit	izen of the United Sta	tes?			
	Ye	s X	No				
	b. Ar	e you a cit	izen of any other cou	ntry?			
	Ye	s	No X		N N	*	
	If	yes, what c	ountry? N/A				
3.		•	r profession: Health	ncare Executiv	/e		
4.	Affiant's b	usiness add	ress: 8735 Henders	on Road, Tam	pa, Florida 33634		
			13-290-6200		ess Email: drew.asher	@wellcare.co	om
5.	Education			Dusin	oss Eman.	MI	
		and training			Datas Attandad (MI)	4/3/3/5	Danna Oltaina I
	e/University rsity of Florid	da	<u>City/State</u> <b>Gainesville, FL</b>		<u>Dates Attended (MN</u> <b>06/86 - 12/90</b>		Degree Obtained  n Accounting
Gradua	ate Studies	Call	ege/University	City/State	Datas Attanded (MI)	4/3/3/3	Danier Oldeine I
Tax	ate Studies		y of Central Florida	City/State Orlando, FL	<u>Dates Attended (MN</u> <b>04/91 - 12/92</b>	<u>VI/ Y Y )</u>	Degree Obtained  Masters in Tax
Other 7	Training: Nan	<u>ne</u>	City/State	Dates Attended	i (MM/YY)	Degree/Ce	rtification Obtained
Note:					dress and telephone nu umber and/or attach f		

attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company Na	WellCare Heal	th Insurance of Connecti	NAIC No.	6513 -2126269
6.	List of member	erships in professio	onal societies and associ	iations:	
	Name of Society/Assoc		Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
	·		100		
7.	Present or pro	posed position wit	h the Applicant Compar	DIRECTOR	
8.  Beginni	including pres officerships). necessary to information m SEE EXH ng/Ending	ent jobs, positions Please list the mos provide telephone ay be required dur IBITS A, A-1 and	, partnerships, owner of t recent first. Attach add e numbers and supervi ing the third-party verift d A-2	an entity, administrator, mana litional pages if the space prov	
					e:
					Held:
Beginni	ng/Ending				
Address	s:		City:	State/Provinc	e:
Country	/:	Postal Code:	Phone:	Offices/Positions I	Held:
Type of	Business:		Superviso	or/Contact:	
	ng/Ending MM/YY):		Employer's Name:		,
Address	s:		City:	State/Province	e:
Country	v:	Postal Code:	Phone:	Offices/Positions I	Held:
Type of	Business:		Superviso	or/Contact:	
Beginni Dates (1	ng/Ending MM/YY):		Employer's Name:		
Address	:		City:	State/Province	o:
Country	<i>"</i> :	Postal Code:	Phone:	Offices/Positions I	Held:
Type of	Business:		Superviso	or/Contact	

Applica	ant Com	pany Name:	icut, Inc.	NAIC No. FEIN:	16513 83-2126269	
9.	a.	Have you ever been in a position which require	ed a fidelity bo	ond?		
		Yes No X				
		If any claims were made on the bond, give deta	nils:			
	b.	Have you ever been denied an individual or prevoked?	oosition sched	dule fidelity	bond, or had a	bond canceled or
		Yes No X				
		If yes, give details: N/A				
	in the p the lice numbe are rea represe	ernmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, idea ensing authority or regulatory body having jurisdient is your Social Security Number (SSN) or embed asonably identifiable as your SSN, then write SSI ented by your SSN. (For example, "SSN", "12-Sif the space provided is insufficient.	ntify and prov ction over the Is your SSN o N for that por	ide the name license (s) is r any sequen tion of the p	, address and tele ssued. If your pro ice of more than f rofessional licen	ephone number of of sessional license five numbers that use number that is
Organi	zation/Is	suer of License: Florida DBPR A	ddress: 1940	N. Monro	e Street	
		ssee State/Province: Florida C				
Licens	e Type: _	Current-Inactive License #: AC0026290	Date Is	ssued (MM/	YY): <b>01/94</b>	
Date E	xpired (N	MM/YY): N/A Reason for Termina	ntion: N/A			
		Regulatory Phone Number (if known):				
Organi	zation/Is	suer of License: A	ddress:			
City:_		State/Province: C	ountry:		Postal Code:	
License	е Туре: _	License #:	Date Is	ssued (MM/	YY):	
		MM/YY): Reason for Termina				
		Regulatory Phone Number (if known):				
11.	In resp	conding to the following, if the record has been sec cord was sealed or expunged, an affiant may respo	aled or expung	ged, and the	affiant has person	
	a.	Been refused an occupational, professional, or any public administrative, or governmental lice			it by any regulato	ory authority, or
		Yes No X				
	b.	Had any occupational, professional, or vocatio any judicial, administrative, regulatory, or disci			hold or have held	d, been subject to

ican co	mpany Name:	NAIC No. FEIN:	33-2126269
hold	te held by the person. Control shall be presumed to exists with the power to vote, or holds proxies representing, terr person. N/A	t if any person, direc n percent (10%) or mo	tly or indirectly, owns, controls, ore of the voting securities of any
If any	y of the stock is pledged or hypothecated in any way, give	details. <b>N/A</b>	
or of regul direct with,	Will] you or members of your immediate family individued for record, 10% or more of the outstanding shares of stocklatory authority, or its affiliates? An "affiliate" of, or personal	ck of any entity subje on "affiliated" with, a	ect to regulation by an insurance specific person, is a person that
Yes If yes the o	s, please identify the company or companies in which the outstanding voting securities.		lings represent 10% or more of
If any	y of the shares of stock are pledged or hypothecated in any		
Yes	you ever been adjudged a bankrupt?  No X  s, provide details: N/A		
were			
	our knowledge has any company or entity (including entity an officer or director, trustee, investment committee cholder, had any of the following events occur while you pany level provide the group code. 1199	member, key manag	ement employee or controlling
	an officer or director, trustee, investment committee cholder, had any of the following events occur while you	member, key manag a served in such capa	ement employee or controlling city? If employed at the holding
com	an officer or director, trustee, investment committee cholder, had any of the following events occur while you pany level provide the group code. 1199  Been refused a permit, license, or certificate of au	member, key manag a served in such capa	ement employee or controlling city? If employed at the holding
com	an officer or director, trustee, investment committee cholder, had any of the following events occur while you pany level provide the group code. 1199  Been refused a permit, license, or certificate of au licensing agency?	member, key managu served in such capa thority by any regular bended, revoked, canciplinary action (inclu	ement employee or controlling city? If employed at the holding tory authority, or governmental-eled, non-renewed, or subjected ading rehabilitation, liquidation,
a.	an officer or director, trustee, investment committee cholder, had any of the following events occur while you pany level provide the group code. 1199  Been refused a permit, license, or certificate of audicensing agency?  Yes No X  Had its permit, license, or certificate of authority suspense to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy presented the suspense of the su	member, key managu served in such capa thority by any regular bended, revoked, canciplinary action (inclu	ement employee or controlling city? If employed at the holding tory authority, or governmental-eled, non-renewed, or subjected ading rehabilitation, liquidation,
a.	an officer or director, trustee, investment committee cholder, had any of the following events occur while you pany level provide the group code. 1199  Been refused a permit, license, or certificate of aurlicensing agency?  Yes No X  Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy pr similar proceeding)?	member, key managu served in such capa thority by any regular thority by any regular pended, revoked, canciplinary action (inclusoceeding, state insomest it or against its p	ement employee or controlling city? If employed at the holding cory authority, or governmental- eled, non-renewed, or subjected ading rehabilitation, liquidation, livency, supervision or any other ermit, license, or certificate of
a.	an officer or director, trustee, investment committee cholder, had any of the following events occur while you pany level provide the group code. 1199  Been refused a permit, license, or certificate of aurlicensing agency?  Yes No X  Had its permit, license, or certificate of authority susp to any judicial, administrative, regulatory, or disc receivership, conservatorship, federal bankruptcy pr similar proceeding)?  Yes No X  Been placed on probation or had a fine levied again	member, key managu served in such capa thority by any regular thority by any regular pended, revoked, canciplinary action (inclusoceeding, state insomest it or against its p	ement employee or controlling city? If employed at the holding cory authority, or governmental- eled, non-renewed, or subjected ading rehabilitation, liquidation, livency, supervision or any other ermit, license, or certificate of

Applicant Company Name:	WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513
11 1 2		FEIN:	83-2126269
If the answer to an affiant should also	y of the above is yes, please indicate and give de include any events within twelve (12) months after	tails. When re	esponding to questions (b) and (c), eparture from the entity.
Note: If an affia and an exp	nt has any doubt about the accuracy of an answer, planation provided.	the question s	should be answered in the positive
of my knowledge and belief	nat I may be contacted to provide additional infor		
(Signature of State of:	of Affiant)  County of: Hillsborough		
The foregoing instrument wand:	as acknowledged before me this Hay of	ril ,20_	Andrew Lynn Asher
who is personally know	m to me, or		
who produced the follo	wing identification:	·	
[SEAL]			Notary Public LILLY E- OCT Printed Notary Name
	Notary Public State of Florida Lilly E Ortiz My Commission GG 162115 Expires 11/21/2021	N	My Commission Expires

# **Andrew Lynn Asher**

# (Employment History)

Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
08/14 - Present	Comprehensive Health Management, Inc., a subsidiary of WellCare Health Plans, Inc.	8735 Henderson Road Tampa, FL 33634	813-290-6200	Executive Vice President & Chief Financial Officer (10/16 - Present); Senior Vice President & Chief Financial Officer (11/14 - 10/16); and Senior Vice President (08/14 - 11/14)	Healthcare	Ken Burdick, CEO
05/13 - 08/14	Aetna	6720-B Rockledge Drive Suite 700 Bethesda, MD 20817	301-581-0600	CFO, Local and Regional Business	Healthcare	Shawn Guertin
05/98 – 05/13	Coventry Health Care, Inc.	6720-B Rockledge Drive Suite 700 Bethesda, MD 20817	301-581-0600	SVP, Corporate Finance	Healthcare	Randy Giles

#### Andrew Lynn Asher

Entity Name	Title	Role Start
American Progressive Life and Health Insurance Company of New York		05-16-2017
America's 1st Choice California Holdings, LLC	Manager	04-18-2016
Caidan Holding Company	Director	09-01-2018
Caidan Management Company, LLC	Director	09-01-2018
Care 1st Health Plan Arizona, Inc.	Director	01-01-2017
Care1st Health Plan Administrative Services, Inc.	Director	01-01-2017
Comprehensive Health Management, Inc.	Director	04-18-2016
Easy Choice Health Plan, Inc.	Director	11-14-2014
Exactus Pharmacy Solutions, Inc.	Director	07-25-2017
Harmony Behavioral Health IPA, Inc.	Director	04-18-2016
Harmony Behavioral Health, Inc.	Director	04-18-2016
Harmony Health Management, Inc.	Director	04-18-2016
Harmony Health Plan, Inc.	Director	04-18-2016
Harmony Health Systems, Inc.	Director	04-18-2016
Heritage Health Systems of Texas, Inc.	Director	07-25-2017
Heritage Health Systems, Inc.	Director	05-16-2017
HHS Texas Management, Inc.	Director	08-08-2017
Meridian Health Plan of Illinois, Inc.	Director	09-01-2018
Meridian Health Plan of Michigan, Inc.	Director	09-01-2018
MeridianRx, LLC	Director	09-01-2018
Missouri Care, Incorporated	Director	04-18-2016
Ohana Health Plan, Inc.	Director	04-18-2016
One Care by Care1st Health Plan of Arizona, Inc.	Director	01-01-2017
SelectCare Health Plans, Inc.	Director	05-16-2017
SelectCare of Texas, Inc.	Director	05-16-2017
The WellCare Community Foundation	Director	11-14-2014
The WellCare Management Group, Inc.	Director	04-18-2016
Universal American Financial Services, Inc.	Director	05-16-2017
WCG Health Management, Inc.	Director	04-18-2016
WellCare Associate Assistance Fund, Inc.	Director	02-28-2018
WellCare Health Insurance Company of America	Director	01-23-2018
WellCare Health Insurance Company of Kentucky, Inc.	Director	11-14-2014
WellCare Health Insurance Company of Louisiana, Inc.	Director	02-04-2019
WellCare Health Insurance Company of New Hampshire, Inc.	Director	01-31-2019
WellCare Health Insurance Company of Washington, Inc.	Director	01-10-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Director	01-29-2019
WellCare Health Insurance of Arizona, Inc.	Director	11-14-2014
WellCare Health Insurance of Connecticut, Inc.	Director	10-02-2018
WellCare Health Insurance of New York, Inc.	Director	12-16-2014
WellCare Health Insurance of North Carolina, Inc.	Director	02-11-2019
WellCare Health Insurance of Tennessee, Inc.	Director	10-22-2018
WellCare Health Plans of Arizona, Inc.	Director	10-24-2017
WellCare Health Plans of California, Inc.	Director	04-18-2016
WellCare Health Plans of Kentucky, Inc.	Director	04-18-2016
WellCare Health Plans of New Jersey, Inc.	Director	11-14-2014
WellCare Health Plans of Tennessee, Inc.	Director	11-14-2014
WellCare Health Plans of Vermont, Inc.	Director	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	Director	01-31-2019
WellCare National Health Insurance Company	Director	04-06-2018
WellCare of Alabama, Inc.	Director	09-30-2018
WellCare of Arkansas, Inc.	Director	11-21-2018

#### **Andrew Lynn Asher**

Entity Name	Title	Role Start
NellCare of Connecticut, Inc.	Director	11-14-2014
VellCare of Florida, Inc.	Director	11-14-2014
VellCare of Indiana, Inc.	Director	01-16-2019
VellCare of Kansas, Inc.	Director	11-14-2014
VellCare of Maine, Inc.	Director	10-18-2017
VellCare of Mississippi, Inc.	Director	02-22-2017
VellCare of Missouri Health Insurance Company, Inc.	Director	02-11-2019
VellCare of Nebraska, Inc.	Director	10-20-2015
VellCare of New Hampshire, Inc.	Director	12-21-2018
VellCare of North Carolina, Inc.	Director	05-18-2018
VellCare of Ohio, Inc.	Director	11-14-2014
VellCare of Oklahoma, Inc.	Director	07-13-2016
VellCare of Pennsylvania, Inc.	Director	02-24-2016
VellCare of Puerto Rico, Inc.	Director	11-15-2017
VellCare of South Carolina, Inc.	Director	04-18-2016
VellCare of Texas, Inc.	Director	11-14-2014
VellCare of Virginia, Inc.	Director	03-06-2017
VellCare of Washington, Inc.	Director	09-27-2018
VellCare Pharmacy Benefits Management, Inc.	Director	04-18-2016
VellCare Prescription Insurance, Inc.	Director	04-18-2016
Vindsor Health Group, Inc.	Director	04-18-2016
American Progressive Life and Health Insurance Company of New York	Chief Financial Officer	05-16-2017
merican Progressive Life and Health Insurance Company of New York	Treasurer	05-16-2017
merica's 1st Choice California Holdings, LLC	Chief Financial Officer	11-14-2014
merica's 1st Choice California Holdings, LLC	President	04-18-2016
NPS Healthcare Holdings, Inc.	President	08-15-2017
NPS Healthcare, Inc.	President	08-15-2017
APS Parent, Inc.	President	08-15-2017
Caidan Holding Company	President	09-01-2018
Caidan Management Company, LLC	President	09-01-2018
Comprehensive Health Management, Inc.	Executive Vice President and Chief Financial Officer	07-25-2017
Harmony Behavioral Health IPA, Inc.	Chief Financial Officer	11-14-2014
Harmony Behavioral Health IPA, Inc.	President	04-18-2016
Harmony Behavioral Health, Inc.	Chief Financial Officer	11-14-2014
Harmony Behavioral Health, Inc.	President	
Harmony Health Management, Inc.	Chief Financial Officer	04-18-2016
Harmony Health Management, Inc.	President	11-14-2014
		04-18-2016
Harmony Health Systems, Inc.	Chief Financial Officer	11-14-2014
Harmony Health Systems, Inc.	President Chief Financial Officer	04-18-2016
Heritage Health Systems, Inc.	Chief Financial Officer	05-16-2017
Heritage Health Systems, Inc.	President Chief Circumstal Officer	05-16-2017
Ohana Health Plan, Inc.	Chief Financial Officer	11-14-2014
Ohana Health Plan, Inc.	President	04-18-2016
Penn Marketing America, LLC	President	08-14-2017
Premier Marketing Group, LLC	President	08-14-2017
Quincy Coverage Corporation	President	08-14-2017
The WellCare Community Foundation	Treasurer	11-14-2014
The WellCare Management Group, Inc.	Chief Financial Officer	11-14-2014
The WellCare Management Group, Inc.	Executive Vice President	07-25-2017
JAM/APS Holding Corp.	President	08-15-2017
Universal American Corp.	President & Chief Financial Officer	11-15-2016

#### **Andrew Lynn Asher**

Entity Name	Title	Role Start
Universal American Financial Services, Inc.	Chief Financial Officer	05-16-2017
Universal American Financial Services, Inc.	President	05-16-2017
Universal American Holdings, LLC	Chief Financial Officer	04-28-2017
Universal American Holdings, LLC	President	04-28-2017
WCG Health Management, Inc.	Chief Financial Officer	11-14-2014
WCG Health Management, Inc.	Executive Vice President	07-25-2017
WellCare Associate Assistance Fund, Inc.	Treasurer	03-12-2018
WellCare Health insurance of New York, Inc.	Chief Financial Officer	11-14-2014
WellCare Health Insurance of New York, Inc.	Treasurer	11-14-2014
WellCare Health Plans of California, Inc.	Chief Financial Officer	11-14-2014
WellCare Health Plans of California, Inc.	President	04-18-2016
WellCare Health Plans, Inc.	Chief Financial Officer	11-14-2014
WellCare Health Plans, Inc.	Executive Vice President	10-15-2016
WellCare Pharmacy Benefits Management, Inc.	Chief Financial Officer	11-14-2014
WellCare Pharmacy Benefits Management, Inc.	President	04-18-2016
Windsor Health Group, Inc.	Chief Financial Officer	11-14-2014
Windsor Health Group, Inc.	President	04-18-2016

# **Andrew Lynn Asher**

# (Aetna and Coventry Health Care, Inc. Board/Subsidiary History)

Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
11/09 – 8/14	Cambridge Life Insurance Company	3200 Highland Avenue Downers Grove, IL 60515	030-797-7900	Director	Healthcare	Shawn Guertin
06/13 - 08/14	Coventry Consumer Advantage, Inc.	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin
06/13 - 08/14	Coventry Health and Life Insurance Company	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin
01/05 - 05/10	Coventry Health Care of Georgia, Inc.	1100 Circle 75 Parkway Suite 1400 Atlanta, Georgia 30339	800-470-2004	Treasurer	Healthcare	Shawn Guertin
01/05 - 08/14	Coventry Health Care of Georgia, Inc.	1100 Circle 75 Parkway Suite 1400 Atlanta, Georgia 30339	800-470-2004	Director	Healthcare	Shawn Guertin
01/05 - 04/14	Coventry Health Care of Illinois, Inc. Coventry Health Care of	Champaign, IL 61820 8320 Ward Parkway	217-366-1226	Director Treasurer	Healthcare Healthcare	Shawn Guertin Shawn
01/05 - 08/14	Coventry Health Care of Kansas, Inc.	8320 Ward Parkway Kansas City, MO 64114	866-705-3995	Director	Healthcare	Shawn Guertin
08/06 - 05/10	Coventry Health Care of Pennsylvania, Inc.	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Treasurer	Healthcare	Shawn Guertin
01/05 - 08/14	Coventry Health Care of Pennsylvania, Inc.	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin

# **Andrew Lynn Asher**

# (Aetna and Coventry Health Care, Inc. Board/Subsidiary History)

Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
06/13-08/14	Coventry Health Care of Texas, Inc.	3900 Rogers Road San Antonio, TX 78251	210-366-6000	Director	Healthcare	Shawn Guertin
09/07 – 05/10	Coventry Health Care Workers Compensation, Inc.	6720-B Rockledge Drive Suite 700 Bethesda, MD 20817	301-581-0600	Vice President	Healthcare	Not Known
06/13 - 08/14	Coventry Healthcare Management Corporation	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director & President	Management	Shawn Guertin
06/13-01/14	Coventry Management Services, Inc.	3721 TecPort Drive Harrisburg, PA 17111	800-788-6445	Director & President	Management	Shawn Guertin
06/13-05/14	First Health Life & Health Insurance Company	3200 Highland Avenue Downers Grove, IL 60515	630-737-7900	Director	Healthcare	Shawn Guertin
09/07 – 05/10	First Script Network Services, Inc.	6720-B Rockledge Drive Suite 700 Bethesda, MD 20817	301-581-0600	Vice President	Healthcare	Not Known
09/07 - 05/10	FOCUS HealthCare Management, Inc.	6720-B Rockledge Drive Suite 700 Bethesda, MD 20817	301-581-0600	Vice President	Healthcare	Not Known
03/08 – 08/14	Group Dental Services of Maryland, Inc.	111 Rockville Pike Suite 700 Rockville, MD 20850	240-283-3500	Director	Healthcare	Shawn Guertin
03/08 - 08/14	Group Dental Services, Inc.	111 Rockville Pike Suite 700 Rockville, MD 20850	240-283-3500	Director	Healthcare	Shawn Guertin

**EXHIBIT A-2** 

## **Andrew Lynn Asher**

(Aetna and Coventry Health Care, Inc. Board/Subsidiary History)

					1	
Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
06/13 - 08/14	Group Health Plan of Delaware, LLC	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Manager	Healthcare	Shawn Guertin
06/13 - 08/14	Group Health Plan of Delaware, LLC	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	President	Healthcare	Shawn Guertin
05/13 - 08/14	Innovation Health Holdings, LLC	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin
05/13 - 08/14	Innovation Health Insurance Company	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin
05/13 - 08/14	Innovation Health Plan, Inc.	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin
06/13 - 08/14	WellPath of South Carolina, Inc.	6705 Rockledge Drive Suite 900 Bethesda, MD 20817	301-581-0600	Director	Healthcare	Shawn Guertin

\*\*Aetna bought Coventry Health Care, Inc. on May 7, 2013

FEIN:

83-2126269

### 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 affi may be required to provide additional information during the third-party verification process if they have attended a fore 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 be required (Do Not Use Group Names).
WellCare Health Insurance of Connecticut, Inc.
8735 Henderson Road, Tampa, Florida 33634
Telephone: 813-290-6200
In connection with the above-named entity, I herewith make representations and supply information about myself hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORM COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.
1. Affiant's Full Name (Initials Not Acceptable): First: Andrew Middle: Wayne Last:
2. a. Are you a citizen of the United States?
Yes X No
b. Are you a citizen of any other country?
Yes No X
If yes, what country? N/A
3. Affiant's occupation or profession: Healthcare Executive
4. Affiant's business address: 4888 Loop Central Drive, Suite 300, Houston, TX 77081
Business telephone: 713-770-1013 Business Email: andrew.clifton@wellcare.com
5. Education and training:
College/University City/State Dates Attended (MM/YY) Degree Obtained
Saint Louis University St. Louis, MO 08/04- 05/08 Bachelors in Business
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained
MBA Rice University Houston, TX 09/12 - 05/14 Masters in Business Administration
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 applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate

attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	int Company N	WellCare Health I ame:	nsurance of Connecticut, Inc.	NAIC No. FEIN:	16513 83-2126269
6.	List of members	erships in professio	onal societies and associ	ations:	
	Name of Society/Associated		Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
	1				1000
7.	Present or pro	posed position with	n the Applicant Compan	President and Directly:	ctor
8.	including presofficerships). necessary to information n See Exhibit	sent jobs, positions Please list the mos provide telephone	, partnerships, owner of t recent first. Attach add e numbers and supervising the third-party verifi	an entity, administrator, m itional pages if the space p	pensated or otherwise (up to and anager, operator, directorates or rovided is insufficient. It is only past ten (10) years. Additional ional employers.
Beginni Dates (	ng/Ending MM/YY):	-	Employer's Name:		2.0
					ince:
Country	/:	Postal Code:	Phone:	Offices/Position	ons Held:
Type of	Business:		Superviso	or/Contact:	
Beginni Dates (	ng/Ending MM/YY):	-	Employer's Name:		
Address	s:		City:	State/Prov	ince:
Country	/:	Postal Code:	Phone:	Offices/Position	ns Held:
Type of	Business:	***	Superviso	or/Contact:	
	ng/Ending MM/YY):		Employer's Name:		
Address	s:		City:	State/Provi	nce:
Country	/:	Postal Code:	Phone:	Offices/Position	ns Held:
Type of	Business:		Superviso	or/Contact:	
Beginni Dates (	ing/Ending MM/YY):	-	Employer's Name:	-	
Address	s:		City:	State/Provi	nce:
Country	/:	Postal Code:	Phone:	Offices/Position	ns Held:
Type of	Rusiness		Superviso	or/Contact:	

Applica	ant Comi	pany Name:	Inc.	NAIC No.	16513
тфриос	an com	outy Nume.	<del></del>	FEIN:	83-2126269
9.	a.	Have you ever been in a position which req	wired a fidelit	v hond?	
		Yes No X	an od a maom,	y bona.	
			N/A		
		If any claims were made on the bond, give	details:		
	b.	Have you ever been denied an individual revoked?	or position so	chedule fidelity	bond, or had a bond canceled or
		Yes No X			
		If yes, give details: N/A			
10.					
	number are rea represe	ensing authority or regulatory body having jur r is your Social Security Number (SSN) or em sonably identifiable as your SSN, then write ented by your SSN. (For example, "SSN", " f the space provided is insufficient.	nbeds your SSI SSN for that 12-SSN-345"	N or any sequen portion of the proor "1234-SSN"	ce of more than five numbers that rofessional license number that is (last 6 digits)). Attach additional
Organia	zation/Iss	suer of License:	Address:		
City:_		State/Province:	Country:		Postal Code:
License	e Type: _	License#:	Da	te Issued (MM/	YY):
Date Ex	kpired (N	/IM/YY): Reason for Term	nination:		
Non-In	surance I	Regulatory Phone Number (if known):			
Organiz	zation/Iss	suer of License:	Address:		
		State/Province:			
License	e Type: _	License #:	Da	te Issued (MM/	YY):
Date Ex	kpired (N	/IM/YY): Reason for Term	nination:		
Non-In	surance l	Regulatory Phone Number (if known):			
11.	In resp	onding to the following, if the record has been ord was sealed or expunged, an affiant may re	n sealed or exp espond "no" to	ounged, and the a	affiant has personally verified that ave you ever:
	a.	Been refused an occupational, professional any public administrative, or governmental			it by any regulatory authority, or
		Yes No X			
	b.	Had any occupational, professional, or vocany judicial, administrative, regulatory, or o	ational licens lisciplinary ac	e or permit you tion?	hold or have held, been subject to

icant Co	ompany Name:
	Yes No X
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 X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No X
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 X
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 X
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 X
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 X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	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.
	N/A

eant Com	WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513
		FEIN:	83-2126269
holds	held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten poerson. <b>N/A</b>		
If any	of the stock is pledged or hypothecated in any way, give d	letails. <b>N/A</b>	
or of regula direct	/ill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stock tory authority, or its affiliates? An "affiliate" of, or person ly, or indirectly through one or more intermediaries, controlled the person specified.	of any entity sub "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
Yes	No X		
If yes, the ou N/A	please identify the company or companies in which the cutstanding voting securities.		ldings represent 10% or more of
	of the shares of stock are pledged or hypothecated in any v		
N/A			
Have y	ou ever been adjudged a bankrupt?		
Yes [	No X		
16	manufal decition NVA		
ii yes,	provide details: N/A		
were a	ur knowledge has any company or entity (including entitie an officer or director, trustee, investment committee nolder, had any of the following events occur while you say level provide the group code. 1199	nember, key mana	agement employee or controlling
a.	Been refused a permit, license, or certificate of auth licensing agency?	ority by any regul	atory authority, or governmental-
	Yes No X		
b.	Had its permit, license, or certificate of authority susper to any judicial, administrative, regulatory, or discip receivership, conservatorship, federal bankruptcy pro- similar proceeding)?	linary action (inc	luding rehabilitation, liquidation,
	Yes No X		
c.	Been placed on probation or had a fine levied agains authority in any civil, criminal, administrative, regulato		
	Yes No X		
	<u> </u>		

Applicant Company Nan	WellCare Health Insurance of Connecticut, Inc.	NAIC No. FEIN:	16513 83-2126269
	any of the above is yes, please indicate and givelso include any events within twelve (12) months		
Note: If an af and an	ffiant has any doubt about the accuracy of an answexplanation provided.	wer, the question s	should be answered in the positive
of my knowledge and be  I hereby acknowledge	that I am acting on my own behalf and that the fallief.  ge that I may be contacted to provide additional in the of Affiant)		
State of: Florida		_	
The foregoing instrumen and:	nt was acknowledged before me this day of	<b>April</b> ,20_1	by Andrew Wayne Clifton
who is personally kn	own to me, or		
who produced the fo	ollowing identification:	·	hei
[SEAL]	Notary Public State of Florida Lilly E Ortiz My Commission GG 162115 Expires 11/21/2021		Notary Public  Notary Public  Printed Notary Name  1.21.2021  My Commission Expires

## **Andrew Clifton**

## (Employment History)

Beginning / Ending Dates	Employer's Name	Address and Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
08/17 - Present	Comprehensive Health	8735 Henderson Road	Medicare Executive Director	Healthcare	Mike Polen
	Management, Inc.	Tampa, FL 33634	of CT, ME, NC		
	(A subsidiary of WellCare Health Plans, Inc.)	813-290-6200			
12/16 - 08/17	Comprehensive Health	8735 Henderson Road	Chief Operating Officer of	Healthcare	Mike Polen
	Management, Inc.	Tampa, FL 33634	Texas and Louisiana		
	(A subsidiary of WellCare Health	813-290-6200			
	Plans, Inc.)				
10/15 - 12/16	Comprehensive Health	8735 Henderson Road	Sr. Director, Strategic	Healthcare	Mike Radu
	Management, Inc.	Tampa, FL 33634	Initiatives		
	(A subsidiary of WellCare Health Plans, Inc.)	813-290-6200		2	
09/15 - 10/15	KPMG Healthcare Advisory	60 South Street	Director	Consultant	Joe Parente
		Boston, MA 02111			
		617-988-1000			
09/14 - 09/15	KPMG Healthcare Advisory	60 South Street	Manager	Consultant	Joe Parente
		Boston, MA 02111			
		617-988-1000	1000		
05/13 - 09/14	KPMG Healthcare Advisory	60 South Street	Senior Associate	Consultant	Gillie Mcreath
		Boston, MA 02111			
		617-988-1000			
10/12 - 05/13	Healthspring (A Cigna	2900 North Loop West	Institutional Network	Health Plan	Katherine Gregory
	Company)	Houston, TX 77092	Administrator, Network		
		713-681-0478	Operations		
03/12 - 10/12	Healthspring (A Cigna	2900 North Loop West	Contract Specialist	Health Plan	Katherine Gregory
	Company)	Houston, TX 77092			1
		713-681-0478			
10/10 - 03/12	Weingarten Realty Investors	2040 West Gray Street	Leasing Executive	Realty	Blane O'Banion
		Houston, TX 77019			
		713-527-8746		2	
09/09 - 10/10	Weingarten Realty Investors	2040 West Gray Street	Leasing Representative	Realty	Patrick Manchi
		Houston, TX 77019			
		713-527-8746			
60/60 - 60/50	Volunteered in Peru for the summer	<b>V/N</b>	N/A	N/A	N/A
60/90 - 80/80	Strake Jesuit College Prepatory	8900 Bellaire Boulevard	Alumni Service Corps	Education	NJ Santarcangelo
		Houston, TX 77036	Member		ı
		713-490-8108			

NOTE: I am aware that this employment history does not represent twenty (20) years as required, but this Exhibit A represents my complete professional employment history.

## **Andrew Clifton**

Entity Name	Title	Role Start
American Progressive Life and Health Insurance Company of New York	Director	09-30-2018
WellCare Health Insurance Company of Louisiana, Inc.	Director	02-04-2019
WellCare Health Insurance Company of Louisiana, Inc.	President	02-11-2019
WellCare Health Insurance Company of New Hampshire, Inc.	Director	01-31-2019
WellCare Health Insurance Company of New Hampshire, Inc.	President	01-31-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Director	01-29-2019
WellCare Health Insurance Company of Wisconsin, Inc.	President	01-31-2019
WellCare Health Insurance of Connecticut, Inc.	Director	10-02-2018
WellCare Health Insurance of Connecticut, Inc.	President	10-10-2018
WellCare Health Insurance of New York, Inc.	Director	09-30-2018
WellCare Health Insurance of North Carolina, Inc.	Director	02-11-2019
WellCare Health Insurance of North Carolina, Inc.	President	02-11-2019
WellCare Health Plans of Vermont, Inc.	Director	10-18-2018
WellCare Health Plans of Vermont, Inc.	President	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	Director	01-31-2019
WellCare Health Plans of Wisconsin, Inc.	President	01-31-2019
WellCare of Connecticut, Inc.	Director	09-30-2018
WellCare of Connecticut, Inc.	President	09-30-2018
WellCare of Maine, Inc.	President	10-18-2017

NAIC No.	16513	
FEIN:	83-2126269	

## 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.

schoo	ol or lived an	ıd worked	internationally.	(Prin	t or Type)				
Full n	name, addre red (Do Not	ss and tele Use Grou	phone number of the pp Names)	resent or p	proposed e	ntity unde	r which this	biographic	al statement is being
Wel	ICare Hea	lth Insura	ance of Connecticut	, Inc.					-
8735	Henderso	on Road,	Tampa, Florida 336	334					
Tele	phone: 81	13-290-62	200						
hereir ANSV	nafter set fo WER IS 'N	orth. (Atta NO" OR'	ove-named entity, I haddendum or separ NONE," SO STATE. PLICATION PROCESS	ate sheet i	if space her LDS MUS	reon is in: ST HAVE	sufficient to A RESPO	answer an	ny question fully.) IF OMPLETE FORMS
1.	Affiant's	s Full Nam	ne (Initials Not Accepta	ble): First	Richard	Middle	Charles	Last:_	isher
2.	a.	Are you a	citizen of the United S	tates?					
		Yes X	No						
	b.	Are you a	citizen of any other co	untry?				II.	
		Yes	No X						
		If yes, wh	at country? N/A						
3.	Affiant's		on or profession:	thcare E	xecutive		·		
4.			address: 8735 Hend			a, Florid	a 33634		
			813-206-1544 e:				ichard.fishe	r@wellca	re.com
5.		on and trai							
Colle	ge/Universi	ity	City/State			Dates Atte	ended (MM/	<u>YY)</u>	Degree Obtained
Univ	versity of F	lorida	Gainesville, Flori	da		08/99 - 00	6/03		BSBA, Marketing
Gradu N/A	uate Studies	. 9	College/University	<u>City/St</u>	tate	Dates Atte	ended (MM/	<u>YY)</u>	Degree Obtained
	Training: N		City/State		Attended (N				ertification Obtained
Cert			e Executive (through		06/16 - 06/			CHIE	
Note:	: If affian	t attended	a foreign school, plea	se provide	full addres	ss and tele	ephone num	ber of the	college/university. If

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

Applica	nt Company Nan	WellCare Health I ne:	nsurance of Connecticut, Inc.	NAIC No.	-2126269
6.	List of member	ships in professio	onal societies and associ	ations:	
	Name of Society/Associa	<u>tion</u>	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
7.	Present or prop	osed position with	n the Applicant Compan	y: Vice President and Ch	nief Financial Officer
8.	including preser officerships). P necessary to p information ma	nt jobs, positions lease list the mos rovide telephone	, partnerships, owner of t recent first. Attach add e numbers and supervi- ing the third-party verifi	an entity, administrator, mana itional pages if the space prov	nsated or otherwise (up to and ager, operator, directorates or vided is insufficient. It is only ast ten (10) years. Additional all employers.
Dates (	MM/YY):		Employer's Name:	199	
Address	S:		City:	State/Provinc	e:
Country	/:	_ Postal Code:	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	
Beginni	ng/Ending				
Address	3:		City:	State/Province	ee:
Country	/:	Postal Code:	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	
	ng/Ending MM/YY):		Employer's Name:		
Address	s:	10.14	City:	State/Province	e:
Country	/:	Postal Code:	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	H CONTRACTOR
Beginni Dates (	ng/Ending MM/YY):		Employer's Name:		
Address	3:		City:	State/Province	e:
Country	/:	Postal Code:	Phone:	Offices/Positions	Held:
Type of	Rusiness:		Supervice	ur/Contact:	

Applica	ant Comp	WellCare Health Insurance of Connecticut, In	nc. NAIO	C No. <b>16513</b> N: <b>83-2126269</b>					
9.	a.	Have you ever been in a position which requ	ired a fidelity bond?						
<i>7</i> .	1545	a. Have you ever been in a position which required a fidelity bond?  Yes No X							
		If any claims were made on the bond, give de	etails: N/A						
	b.	Have you ever been denied an individual o revoked?	r position schedule fi	delity bond, or had a	bond canceled or				
		Yes No X							
		If yes, give details: N/A		****					
	the lice number are rea represe pages i	past. For any non-insurance regulatory issuer, is ensing authority or regulatory body having juris it is your Social Security Number (SSN) or embeds as your SSN, then write sented by your SSN. (For example, "SSN", "12 of the space provided is insufficient.	sdiction over the license beds your SSN or any s SSN for that portion of 2-SSN-345" or "1234-	e (s) issued. If your pro equence of more than f the professional lice -SSN" (last 6 digits)).	ofessional license five numbers that nse number that is . Attach additional				
		suer of License:							
		State/Province: Florida							
License	e Type: _	ife and Variable Annuity License #:	Date Issued (	(MM/YY): <u>12/03</u>					
Date E	xpired (N	MM/YY): Reason for Term	ination: Non-usage						
Non-In	surance I	Regulatory Phone Number (if known): 850-413	3-3137						
Organi	zation/Iss	suer of License:	Address:						
City:_		State/Province:	Country:	Postal Code:					
Licens	e Type: _	License #:	Date Issued (	(MM/YY):					
Date E	xpired (N	MM/YY): Reason for Term	ination:						
Non-In	surance I	Regulatory Phone Number (if known):							
11.		onding to the following, if the record has been ord was sealed or expunged, an affiant may res			onally verified that				
	a.	Been refused an occupational, professional, any public administrative, or governmental li		permit by any regulat	ory authority, or				
		Yes No X							
	b.	Had any occupational, professional, or voca any judicial, administrative, regulatory, or di		it you hold or have he	ld, been subject to				

cant Co	ompany Name: WellCare Health Insurance of Connecticut, Inc.  NAIC No. FEIN: 83-2126269
	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocation license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traf offenses?
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a senter suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than citraffic offenses?
	Yes No X
1	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judici administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another count regulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?
	Yes No X
h. 1	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, o financial dispute?
	Yes No X
1	Had a finding made by the Comptroller of any state or the Federal Government that you have violated a provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j l	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, e Attach a copy of the complaint and filed adjudication or settlement as appropriate.

nt Com	ompany Name: WellCare Health Insurance of Connecticut, Inc.  NAIC No.  FEIN: 83-2126269	
holds	ce held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, c ls with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities person. <b>None</b>	ontrols, es of any
If any	ny of the stock is pledged or hypothecated in any way, give details. <b>N/A</b>	
or of regula direct with, t	[Will] you or members of your immediate family individually or cumulatively subscribe to or own, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an in alatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a persor ctly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common on, the person specified.	eficially surance on that
	es, please identify the company or companies in which the cumulative stock holdings represent 10% or moutstanding voting securities.	nore of
If any	ny of the shares of stock are pledged or hypothecated in any way, give details.	
N/A		
Have y	e you ever been adjudged a bankrupt?	
Yes [	No X	
If yes,	es, provide details: N/A	
were		
	your knowledge has any company or entity (including entities controlled by the holding company) for while an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the apany level provide the group code. 1199	ntrolling
	e an officer or director, trustee, investment committee member, key management employee or con kholder, had any of the following events occur while you served in such capacity? If employed at the	ntrolling holding
compa	e an officer or director, trustee, investment committee member, key management employee or concluded, had any of the following events occur while you served in such capacity? If employed at the appany level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or govern	ntrolling holding
compa	e an officer or director, trustee, investment committee member, key management employee or concluded, had any of the following events occur while you served in such capacity? If employed at the apany level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency?	ntrolling holding mental- bjected idation,
a.	e an officer or director, trustee, investment committee member, key management employee or concleholder, had any of the following events occur while you served in such capacity? If employed at the apany level provide the group code.  1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or sulto any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any	ntrolling holding mental- bjected idation,
a.	e an officer or director, trustee, investment committee member, key management employee or concluded, had any of the following events occur while you served in such capacity? If employed at the apany level provide the group code.  1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or sult to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or ar similar proceeding)?	ntrolling holding nmental- bjected hidation, ny other
a. b.	e an officer or director, trustee, investment committee member, key management employee or concleholder, had any of the following events occur while you served in such capacity? If employed at the apany level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or govern licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or sult to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or ar similar proceeding)?  Yes No X  Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or sult to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquing receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or ar similar proceeding)?  Yes No X	ntrolling holding nmental- bjected hidation, ny other

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.	NAIC No. 16513
	FEIN: <b>83-2126269</b>
If the answer to any of the above is yes, please indicate affiant should also include any events within twelve (12) N/A	and give details. When responding to questions (b) and (c), months after his or her departure from the entity.
Note: If an affiant has any doubt about the accuracy of and an explanation provided.	an answer, the question should be answered in the positive
Dated and signed this day of 20 under penalty of perjury that I am acting on my own behalf and the of my knowledge and belief.	
I hereby acknowledge that I may be contacted to provide addit	ional information regarding international searches.
State of: Florida County of: Hillsborough	
The foregoing instrument was acknowledged before me this 174 and:	ay of April, 2019 by Richard Charles Fisher
who is personally known to me, or	
who produced the following identification:	·
[SEAL]	Notary Public Notary Public Notary Name Notary Name Notary Name
Lilly E Ortiz  My Commission GG 162115  Expires 11/21/2021	My Commission Expires

# Richard Charles Fisher

# (Employment History)

Comprehensive Health Rangement, Inc. Tampa, FL 33634 (a subsidiary of WellCare Health 813-290-6200
18210 Crane Nest Drive, #5 Tampa, FL 33647 813-903-0192
N/A
1941 NW 67th Place Gainesville, FL 32653 800-742-5877

NOTE: I am aware that this employment history does not represent twenty (20) years as required, but this Exhibit A represents my complete professional employment history.

## **Richard Charles Fisher**

Entity Name	Title	Role Start
Caidan Holding Company	Vice President & Chief Financial Officer	09-01-2018
Caidan Management Company, LLC	VP & Chief Financial Officer	09-01-2018
Collaborative Health Systems of Maryland, LLC	Treasurer	05-01-2018
Collaborative Health Systems of Virginia, LLC	Treasurer	04-25-2018
Easy Choice Health Plan, Inc.	VP & Chief Financial Officer	09-05-2017
Exactus Pharmacy Solutions, Inc.	VP & Chief Financial Officer	09-05-2017
Harmony Health Plan, Inc.	VP & Chief Financial Officer	09-05-2017
MeridianRx of Indiana, LLC	Vice President & Chief Financial Officer	02-15-2019
MeridianRx, LLC	Vice President & Chief Financial Officer	09-01-2018
SelectCare Health Plans, Inc.	VP & Chief Financial Officer	09-05-2017
SelectCare of Texas, Inc.	VP & Chief Financial Officer	09-05-2017
WellCare Health Insurance Company of America	Vice President & Chief Financial Officer	02-06-2018
WellCare Health Insurance Company of Louisiana, Inc.	Director	02-04-2019
WellCare Health Insurance Company of Louisiana, Inc.	Vice President & Chief Financial Officer	02-11-2019
WellCare Health Insurance Company of New Hampshire, Inc.	VP & Chief Financial Officer	01-31-2019
WellCare Health Insurance Company of Washington, Inc.	Director	01-10-2019
WellCare Health Insurance Company of Washington, Inc.	Vice President & Chief Financial Officer	02-05-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Vice President & Chief Financial Officer	01-31-2019
WellCare Health Insurance of Arizona, Inc.	VP & Chief Financial Officer	09-05-2017
WellCare Health Insurance of Connecticut, Inc.	Vice President & Chief Financial Officer	10-10-2018
WellCare Health Insurance of North Carolina, Inc.	Vice President & Chief Financial Officer	02-11-2019
WellCare Health Insurance of Tennessee, Inc.	Vice President & Chief Financial Officer	11-09-2018
WellCare Health Plans of Kentucky, Inc.	VP & Chief Financial Officer	09-05-2017
WellCare Health Plans of Tennessee, Inc.	Vice President & Chief Financial Officer	09-24-2018
WellCare Health Plans of Vermont, Inc.	Vice President & Chief Financial Officer	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	VP & Chief Financial Officer	01-31-2019
WellCare National Health Insurance Company	Vice President & Chief Financial Officer	04-06-2018

NAIC No.	16513	
FEIN:	83-2126269	

## 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.

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 starequired (Do Not Use Group Names)	tement is being
8735 Henderson Road, Tampa, Florida 33634	
Telephone: 813-290-6200	
In connection with the above-named entity, I herewith make representations and supply information a hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any que ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMP COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.	estion fully.) IF
1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Warren Last: Habe	r
2. a. Are you a citizen of the United States?	
Yes X No	
b. Are you a citizen of any other country?	
Yes No X	
If yes, what country? N/A	
3. Affiant's occupation or profession: Healthcare Executive	
4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634	
Business telephone:  Business Email:  michael.haber@wellcare.co	
5. Education and training:	
College/University City/State Dates Attended (MM/YY) Details of the College (MM/YY) Details o	egree Obtained
Stetson University Deland, Florida 09/86 - 05/91	BBA
Daytona Beach Community College Daytona, Florida 09/90 - 05/91 N/A	
Graduate Studies College/University City/State Dates Attended (MM/YY) Details	egree Obtained
Law School Florida State University Tallahassee, FL 08/97 - 05/99	J.D.
Law School Tulane University New Orleans, LA 06/97 - 07/97	N/A
Law SchoolFlorida State UniversityTallahassee, FL08/96 - 05/97Other Training: NameCity/StateDates Attended (MM/YY)Degree/Certific	N/A
	anon Oblamed
None	

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

attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company Nam	WellCare Healt	th Insurance of Connection	NAIC No.	6513 -2126269
6.	List of members	ships in professio	nal societies and associa		
	Name of Society/Associa	tion	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None				
7.	Present or propo	osed position with	the Applicant Compan	y: Vice President and Se	ecretary
8.	including preser officerships). Pl necessary to pr information may SEE EXHIBIT	nt jobs, positions, ease list the most rovide telephone by be required duri A, A-1 and A-2	partnerships, owner of recent first. Attach addinumbers and supervising the third-party verifice.	an entity, administrator, mana itional pages if the space prov sory information for the pa ication process for internation	
Dates (	ng/Ending MM/YY):		Employer's Name:		
Address	S:		City:	State/Province	e:
Country	/:	_ Postal Code: _	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	2
Beginni Dates (	ing/Ending MM/YY):		Employer's Name:		
Address	s:	8.747	City:	State/Province	e:
Country	/:	Postal Code: _	Phone:	Offices/Positions	Held:
Type of	Business:		Superviso	or/Contact:	
	ing/Ending MM/YY):		Employer's Name:		
Address	s:		City:	State/Provinc	e:
Country	y: <u>*</u>	Postal Code:	Phone:	Offices/Positions	Held:
Type of	Business:	- 1 - <del>- 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 </del>	Superviso	or/Contact:	
Beginni	ing/Ending				-
Address	s:		City:	State/Provinc	e:
Country	y:	Postal Code:	Phone:	Offices/Positions	Held:
Time of	f Ruciness:		Supervice	or/Contact:	

Applica	nt Comp	any Name:	Connecticut, Inc.	NAIC No. 16513 FEIN: 83-2126269	
9.	a.	Have you ever been in a position which	nrequired a fidelity b	oond?	
		Yes No X			
		If any claims were made on the bond, g	give details: N/A		
	b.	Have you ever been denied an individuely revoked?	lual or position sche	edule fidelity bond, or had a bond canceled or	
		Yes No X			
		If yes, give details: N/A			
10.	or gove in the pa the lice number are reas represe pages if SEE EX	rnmental licensing agency or regulatory ast. For any non-insurance regulatory issusing authority or regulatory body having is your Social Security Number (SSN) conably identifiable as your SSN, then writed by your SSN. (For example, "SSN the space provided is insufficient.  (HIBIT B	authority or licensing suer, identify and pro- g jurisdiction over the or embeds your SSN write SSN for that po l'", "12-SSN-345" or	g licenses to sell securities) issued by any public g authority that you presently hold or have held vide the name, address and telephone number of e license (s) issued. If your professional license or any sequence of more than five numbers that ortion of the professional license number that is: "1234-SSN" (last 6 digits)). Attach additional	
Organiz	ation/Iss	uer of License:	Address:		
City:		State/Province:	Country:	Postal Code:	
License	Туре: _	License #:	Date	Issued (MM/YY):	
Date Ex	pired (M	IM/YY): Reason for	Termination:		
Non-Ins	surance R	Regulatory Phone Number (if known):			
Organiz	ation/Iss	uer of License:	Address:		
City:		State/Province:	Country:	Postal Code:	
License	Туре: _	License #:	Date	Issued (MM/YY):	
Date Ex	xpired (M	fM/YY): Reason for	Termination:	AT HERE	
Non-Ins	surance F	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, profess any public administrative, or government		cense or permit by any regulatory authority, or y?	
		Yes No X			
	b.	Had any occupational, professional, o any judicial, administrative, regulatory		or permit you hold or have held, been subject to on?	

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 No  Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  Yes No  Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  Yes No  No  Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a senten suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?  Yes No  Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicia administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another countingulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?  Yes No  No  No  No  Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?  Yes No  No  No  Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?	pplicant Co	ompany Name: WellCare Health Insurance of Connecticut, Inc. NAIC 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		FEIN: <b>83-2126269</b>
license or permit in any judicial, administrative, regulatory, or disciplinary action?  Yes No X  d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  Yes X No  e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traff offenses?  Yes No X  f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civitraffic offenses?  Yes X No  g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicia administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another countingulating the business of insurance, securities or banking, or from carrying out any particular practice practices in the course of the business of insurance, securities or banking?  Yes No X  h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or financial dispute?  Yes No X  i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated and 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 X  j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?		Yes No X
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j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?	i.	provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated
		Yes No X
Voc No W	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No X		Yes No X
If the response to any question above is yes, please provide details including dates, locations, disposition, et Attach a copy of the complaint and filed adjudication or settlement as appropriate.		If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
SEE EXHIBIT C		SEE EXHIBIT C

Applica	ant Comp	any Name:	NAIC No. FEIN:	16513 83-2126269
	holds w	neld by the person. Control shall be presumed to exist if any ith the power to vote, or holds proxies representing, ten percererson. None	person, dire	ectly or indirectly, owns, controls,
	If any o	f the stock is pledged or hypothecated in any way, give details	. N/A	
13.	or of regulate directly	II] you or members of your immediate family individually or ecord, 10% or more of the outstanding shares of stock of an ory authority, or its affiliates? An "affiliate" of, or person "affil, or indirectly through one or more intermediaries, controls, or e person specified.	ny entity sub iated" with,	ject to regulation by an insurance a specific person, is a person that
		No X  please identify the company or companies in which the cumular standing voting securities.		
	If any o	f the shares of stock are pledged or hypothecated in any way, g		
14.	Have yo	ou ever been adjudged a bankrupt?		
	Yes [	No X		
	If yes, p	provide details: N/A		
15.	were a	r knowledge has any company or entity (including entities company or entity) (including entities composition of director, trustee, investment committee members) and any of the following events occur while you served by level provide the group code. 1199	er, key mana	agement employee or controlling
	a.	Been refused a permit, license, or certificate of authority licensing agency?	by any regul	latory authority, or governmental-
		Yes No X		
	b.	Had its permit, license, or certificate of authority suspended, to any judicial, administrative, regulatory, or disciplinary receivership, conservatorship, federal bankruptcy proceedisimilar proceeding)?	action (inc	cluding rehabilitation, liquidation,
		Yes No X		
	c.	Been placed on probation or had a fine levied against it of authority in any civil, criminal, administrative, regulatory, or		
		Yes X No		

Applicant Company Name	WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513					
4,		FEIN:	83-2126269					
	any of the above is yes, please indicate and give on include any events within twelve (12) months a							
I served as an o	I served as an officer and/or director for a subsidiary of WellCare Health Plans, Inc. and/or for WellCare Health							
Plans, Inc. (the u	ultimate parent company) during the events describe	ed in the attached	EXHIBIT D.					
	iant has any doubt about the accuracy of an answersplanation provided.	er, the question	should be answered in the positive					
Dated and signed this under penalty of perjury to fmy knowledge and beli	day of Alul 20 19 at 1 that I am acting on my own behalf and that the forest.	Tampa, Floridate egoing statement	a . I hereby certify nts are true and correct to the best					
I hereby acknowledge	that I may be contacted to provide additional info	ormation regard	ing international searches.					
(Signature	e of Affiant)							
			ĕ					
State of: Florida	County of: Hillsborough							
		10:00	Michael Warren Haber					
and:	was acknowledged before me this \( \ldots \) day of \( \ldots \)	4 mil , 20_						
✓ who is personally kno	own to me, or							
who produced the fol	lowing identification:							
			heal					
[SEAL]		-	Notary Public					
[]	••••••		My E. OloHe					
	Notary Public State of Florida		Printed Notary Name					
	My Commission GG 162115 Expires 11/21/2021	1	My Commission Expires					
	£							

# Michael Warren Haber

# (Employment History)

Beginning - Ending Dates	Employer's Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/ Contact
02/04 - Present	02/04 - Present Comprehensive Health Management, Inc. (a subsidiary of WellCare Health Plans, Inc.)	8735 Henderson Road Tampa, Florida 33634	813-290-6200	VP, Corporate and Securities Counsel (02/13-Present); VP, Corporate Transactions and Executive Compensation (07/09 - 02/13); Associate General Counsel (08/08 - 07/09); Sr. Corporate Counsel (02/06 - 08/08); and Corporate Counsel (02/06 - 08/08); and Corporate Counsel (02/04 - 02/06)	Healthcare	Anat Hakim 813-206-2529
10/02 - 02/04	10/02 - 02/04 Holland & Knight, LLP	100 N. Tampa Street Tampa, Florida 33602	813-227-8500	Associate Attorney	Law Firm	Chet Bacheller
09/00 - 09/05	09/00 - 09/02 Morris, Manning & Martin, LLP	3343 Peachtree Road Suite 1600 Atlanta, Georgia 30326	404-233-7000	Associate Attorney	Law Firm	Jim Walker
00/60 - 66/80	08/99 - 09/00 Fowler White Boggs Banker, P.A.	501 E. Kennedy Blvd. Suite 1700 Tampa, Florida 33602	813-228-7411	Associate Attorney	Law Firm	Alan Higbee
01/99 - 08/99	Not Employed	N/A	N/A	N/A	N/A	N/A
08/98 - 12/98	08/98 - 12/98 Supreme Court of Florida	500 S. Duval Street Tallahassee, FL 33399	850-488-0125	Judicial Extern	Government	Michael Ufferman

# Michael Warren Haber

Entity Name	Title	Role Start
Accountable Care Coalition of Arizona, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Chesapeake, LLC	Vice President & Assistant Secretary	05-30-2017
Accountable Care Coalition of Coastal Georgia, LLC	Vice President & Secretary	04-13-2018
Accountable Care Coalition of Community Health Centers, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Georgia, LLC	Vice President & Secretary	04-13-2013
Accountable Care Coalition of Mississippi, LLC	Vice President & Secretary	05-17-2018
Accountable Care Coalition of New Jersey LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of North Texas, LLC	Vice President & Secretary	05-04-2018
Accountable Care Coalition of Northeast Georgia, LLC	Vice President & Assistant Secretary	05-23-2017
Accountable Care Coalition of Northeast Partners, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Southeast Partners, LLC	Vice President & Secretary	05-24-2018
Accountable Care Coalition of Southeast Texas, Inc.	Vice President & Secretary	05-04-2018
Accountable Care Coalition of Southeast Wisconsin, LLC	Vice President & Assistant Secretary	10-24-2017
Accountable Care Coalition of Syracuse, LLC	Vice President & Assistant Secretary	10-24-2017
Accountable Care Coalition of Tennessee, LLC	Vice President & Secretary	04-13-2018
Accountable Care Coalition of Texas, Inc.	Vice President & Assistant Secretary	12-18-2017
Accountable Care Coalition of the Tri-Counties, LLC	Vice President & Assistant Secretary	05-23-2017
Accountable Care Coalition of Western Georgia, LLC	Vice President & Assistant Secretary	05-23-2017
American Progressive Life and Health Insurance Company of New York	Director	09-30-2018
America's 1st Choice California Holdings, LLC	Assistant Secretary	04-18-2016
America's 1st Choice California Holdings, LLC	Vice President	04-18-2016
APS Healthcare Holdings, Inc.	Vice President & Assistant Secretary	08-15-2017
APS Healthcare, Inc.	Vice President & Assistant Secretary	08-15-2017
APS Parent, Inc.	Vice President & Assistant Secretary	08-15-2017
Caidan Holding Company	Vice President & Secretary	09-01-2018
Caidan Management Company, LLC	Director	09-01-2018
Caidan Management Company, LLC	Vice President & Secretary	09-01-2018
Care 1st Health Plan Arizona, Inc.	Vice President & Secretary	07-25-2017
Care1st Health Plan Administrative Services, Inc.	Vice President & Secretary	07-25-2017
Chrysalis Medical Services, LLC	Vice President & Assistant Secretary	05-23-2017
Collaborative Health Systems of Maryland, LLC	Assistant Secretary	05-01-2018
Collaborative Health Systems of Virginia, LLC	Secretary	04-25-2018
Collaborative Health Systems, LLC	Vice President & Assistant Secretary	08-28-2017
Easy Choice Health Plan, Inc.	Secretary	04-18-2016
Easy Choice Health Plan, Inc.	Vice President	04-18-2016
Essential Care Partners, LLC	Vice President & Assistant Secretary	03-08-2018
Exactus Pharmacy Solutions, Inc.	Vice President & Secretary	07-25-2017
Harmony Behavioral Health IPA, Inc.	Assistant Secretary	04-18-2016
Harmony Behavioral Health IPA, Inc.	Vice President	04-18-2016
Harmony Behavioral Health, Inc.	Assistant Secretary	04-18-2016
Harmony Behavioral Health, Inc.	Vice President	04-18-2016
Harmony Health Management, Inc.	Assistant Secretary	04-18-2016
Harmony Health Management, Inc.	Vice President	04-18-2016
Harmony Health Plan, Inc.	Secretary	04-18-2016
Harmony Health Plan, Inc.	Vice President	04-18-2016

# Michael Warren Haber

Entity Name	Title	Role Start
Harmony Health Systems, Inc.	Vice President	04-18-2016
Heritage Health Systems of Texas, Inc.	Vice President & Assistant Secretary	07-25-2017
Heritage Health Systems, Inc.	Assistant Secretary	05-16-2017
leritage Health Systems, Inc.	Vice President	05-16-2017
Heritage Physician Networks	Vice President & Assistant Secretary	11-01-2017
HHS Texas Management, Inc.	Vice President & Secretary	08-08-2017
HHS Texas Management, L.P.	Secretary	05-08-2017
HHS Texas Management, L.P.	Vice President	05-08-2017
Hudson Accountable Care, LLC	Vice President & Assistant Secretary	10-24-2017
Maine Primary Care Holdings, LLC	Vice President & Secretary	04-25-2018
Maryland Collaborative Care Transformation Organization, Inc.	Vice President & Secretary	
Meridian Health Plan of Illinois, Inc.	Vice President & Secretary	09-01-2018
Meridian Health Plan of Michigan, Inc.	Vice President & Secretary	09-01-2018
MeridianRx of Indiana, LLC	Vice President & Secretary	02-15-2019
MeridianRx, LLC	Director	09-01-2018
MeridianRx, LLC	Vice President & Secretary	09-01-2018
Mid-Atlantic Collaborative Care, LLC	Vice President & Assistant Secretary	06-06-2017
Missouri Care, Incorporated	Secretary	04-18-2016
Missouri Care, Incorporated	Vice President	04-18-2016
Ohana Health Plan, Inc.	Assistant Secretary	04-18-2016
Ohana Health Plan, Inc.	Vice President	04-18-2016
One Care by Care1st Health Plan of Arizona, Inc.	Vice President & Secretary	07-25-2017
Penn Marketing America, LLC	Director	08-14-2017
Penn Marketing America, LLC	Vice President & Assistant Secretary	08-14-2017
Premier Marketing Group, LLC	Vice President & Assistant Secretary	08-14-2017
Quincy Coverage Corporation	Director	08-14-2017
Quincy Coverage Corporation	Vice President & Assistant Secretary	08-14-2017
SelectCare Health Plans, Inc.	Secretary	07-25-2017
SelectCare of Texas, Inc.	Secretary	07-25-2017
SelectCare of Texas, Inc.	Vice President	05-16-2017
The WellCare Community Foundation	Secretary	01-31-2019
The WellCare Management Group, Inc.	Assistant Secretary	04-18-2016
The WellCare Management Group, Inc.	Vice President	04-18-2016
UAM Agent Services Corp.	Director	05-16-2017
JAM Agent Services Corp.	Assistant Secretary	05-16-2017
UAM Agent Services Corp.		
UAM/APS Holding Corp.	Vice President Vice President & Assistant Secretary	05-16-2017 08-15-2017
Universal American Corp.	VP & Asst. Secretary	
Universal American Corp.  Jniversal American Financial Services, Inc.		11-15-2016
	Vice President	05-16-2017
Jniversal American Financial Services, Inc.	Assistant Secretary	05-16-2017
Universal American Holdings, LLC	Assistant Secretary	04-28-2017
Universal American Holdings, LLC	Vice President	04-28-2017
NCG Health Management, Inc.	Assistant Secretary	04-18-2016
WCG Health Management, Inc.	Vice President	04-18-2016
WellCare Associate Assistance Fund, Inc.	Assistant Secretary	03-12-2018
WellCare Health Insurance Company of America	Vice President & Secretary	02-06-2018

# Michael Warren Haber

Entity Name	Titie	Role Start
WellCare Health Insurance Company of Kentucky, Inc.	Secretary	04-18-2016
WellCare Health Insurance Company of Kentucky, Inc.	Vice President	04-18-2016
WellCare Health Insurance Company of Louisiana, Inc.	Director	02-04-2019
WellCare Health Insurance Company of Louisiana, Inc.	Vice President & Secretary	02-11-2019
WellCare Health Insurance Company of New Hampshire, Inc.	Vice President & Secretary	01-31-2019
WellCare Health Insurance Company of Washington, Inc.	Director	01-10-2019
WellCare Health Insurance Company of Washington, Inc.	Vice President & Secretary	02-05-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Vice President & Secretary	01-31-2019
WellCare Health Insurance of Arizona, Inc.	Secretary	04-18-2016
WellCare Health Insurance of Arizona, Inc.	Vice President	04-18-2016
WellCare Health Insurance of New York, Inc.	Director	09-30-2018
WellCare Health Insurance of North Carolina, Inc.	Vice President & Secretary	02-11-2019
WellCare Health Insurance of Tennessee, Inc.	Vice President & Secretary	11-09-2018
WellCare Health Plans of Arizona, Inc.	Vice President & Secretary	10-24-2017
WellCare Health Plans of California, Inc.	Assistant Secretary	04-18-2016
WellCare Health Plans of California, Inc.	Vice President	04-18-2016
WellCare Health Plans of Kentucky, Inc.	Secretary	04-18-2016
WellCare Health Plans of Kentucky, Inc.	Vice President	04-18-2016
WellCare Health Plans of New Jersey, Inc.	Secretary	04-18-2016
WellCare Health Plans of New Jersey, Inc.	Vice President	04-18-2016
WellCare Health Plans of Tennessee, Inc.	Secretary	09-24-2018
WellCare Health Plans of Tennessee, Inc.	Vice President	04-18-2016
WellCare Health Plans of Vermont, Inc.	Vice President & Secretary	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	Vice President & Secretary	01-31-2019
WellCare National Health Insurance Company	Director	09-30-2018
WellCare National Health Insurance Company	Vice President & Secretary	04-06-2018
WellCare of Alabama, Inc.	Vice President & Secretary	07-25-2017
WellCare of Arkansas, Inc.	Vice President & Secretary	11-21-2018
WellCare of Connecticut, Inc.	Assistant Secretary	04-18-2016
WellCare of Connecticut, Inc.	Vice President	04-18-2016
WellCare of Florida, Inc.	Secretary	04-18-2016
WellCare of Florida, Inc.	Vice President	04-18-2016
WellCare of Georgia, Inc.	Secretary	04-18-2016
WellCare of Georgia, Inc.	Vice President	04-18-2016
WellCare of Indiana, Inc.	Vice President & Secretary	01-16-2019
WellCare of Kansas, Inc.	Secretary	04-18-2016
WellCare of Kansas, Inc.	Vice President	04-18-2016
WellCare of Maine, Inc.	Vice President & Secretary	10-18-2017
WellCare of Mississippi, Inc.	Vice President & Secretary	02-23-2017
WellCare of Missouri Health Insurance Company, Inc.	Director	02-11-2019
WellCare of Missouri Health Insurance Company, Inc.	Vice President & Secretary	02-11-2019
WellCare of Nebraska, Inc.	Secretary	04-18-2016
WellCare of Nebraska, Inc.	Vice President	04-18-2016
WellCare of New Hampshire, Inc.	Vice President & Secretary	12-21-2018
WellCare of New York, Inc.	Secretary	04-18-2016

# Michael Warren Haber

Entity Name	Title	Role Start
WellCare of North Carolina, Inc.	Vice President & Secretary	05-18-2018
WellCare of Ohio, Inc.	Director	04-18-2016
WellCare of Ohio, Inc.	Secretary	04-18-2016
WellCare of Ohio, Inc.	Vice President	04-18-2016
WellCare of Oklahoma, Inc.	Secretary	07-19-2016
WellCare of Oklahoma, Inc.	Vice President	07-19-2016
WellCare of Pennsylvania, Inc.	Secretary	03-11-2016
WellCare of Pennsylvania, Inc.	Vice President	03-11-2016
WellCare of Pennsylvania, Inc.	Vice President	03-11-2016
WellCare of Puerto Rico, Inc.	Vice President & Secretary	11-27-2017
WellCare of South Carolina, Inc.	Secretary	04-18-2016
WellCare of South Carolina, Inc.	Vice President	04-18-2016
WellCare of Texas, Inc.	Secretary	04-18-2016
WellCare of Texas, Inc.	Vice President	04-18-2016
WellCare of Virginia, Inc.	Secretary	03-06-2017
WellCare of Virginia, Inc.	Vice President	03-06-2017
WellCare of Washington, Inc.	Vice President & Secretary	10-04-2018
WellCare Pharmacy Benefits Management, Inc.	Assistant Secretary	04-18-2016
WellCare Pharmacy Benefits Management, Inc.	Vice President	04-18-2016
WellCare Prescription Insurance, Inc.	Director	07-25-2017
WellCare Prescription Insurance, Inc.	Secretary	04-18-2016
WellCare Prescription Insurance, Inc.	Vice President	04-18-2016
Windsor Health Group, Inc.	Assistant Secretary	04-18-2016
Windsor Health Group, Inc.	Vice President	04-18-2016
Worlco Management Services, Inc.	Director	05-16-2017
Worlco Management Services, Inc.	Assistant Secretary	05-16-2017
Worlco Management Services, Inc.	Vice President	05-16-2017

# Michael Warren Haber

# (Ownership of Entities)

Beginning - Ending Dates	Entity Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/ Contact	
	JAYHAB1 Investments, LLC (a Florida LLC)	502 S. Dakota Avenue Tampa, Florida 33606	813-841-5786	Owner (50%). This is an active company; however, lam not a board member, previously officer, or employee of this company.  Holding  Company - Previously at 49% interest in a men's health clinic	Holding Company - previously owned a 49% interest in a men's health clinic	Jay Green	
	Tam-Bay Title, Inc. (a Florida corporation)	419 S. Albany Avenue Tampa, Florida 33606	None	Owner (100%). This Did not corporation was voluntarily conduct any dissolved	Did not conduct any	Self	

## **EXHIBIT B**

# Michael Warren Haber

## (Licenses)

Organization/Issuer of License:

State Bar of Georgia

Address:

104 Marietta Street NW, Suite 100

City:

**Atlanta** 

State/Province:

Georgia

Country:

USA

Postal Code:

30303

License Type:

Law

License #:

316256

Date Issued (MM/YY):

06/01

Date Expired (MM/YY):

N/A

Reason for Termination:

N/A

Non-Insurance Regulatory Phone Number:

404-527-8700

Organization/Issuer of License:

The Florida Bar

Address:

651 E. Jefferson Street

City:

Tallahassee

State/Province:

Florida

Country:

USA

Postal Code:

32399 Law

License Type: License #:

0176729

Data Januari (MI

09/99

Date Issued (MM/YY): Date Expired (MM/YY):

N/A

Reason for Termination:

N/A

Non-Insurance Regulatory Phone Number:

850-561-5600

Organization/Issuer of License:

Florida Board of Accountancy\*

Address:

240 NE 76th Drive, Suite A

City:

Gainesville

State/Province:

**Florida** 

Country:

USA

Postal Code:

32607

License Type:

**Certified Public Accountant** 

License #:

AC0024072

Date Issued (MM/YY):

04/92

Date Expired (MM/YY):

N/A

Reason for Termination:

N/A

Non-Insurance Regulatory Phone Number:

850-487-1395

## \*NOTE:

Although I have not practiced as a Certified Public Accountant since May 1996, I maintain my Certified Public Accountant license.

I received a letter from the Florida Department of Professional Regulation, Division of Certified Public Accounting (the "Department"), dated February 21, 2005, notifying me that my license was reverted to delinquent status (effective January 1, 2005) for failure to submit my continuing professional education reporting form prior to the end of the re-establishment period on June 30, 2004.

I subsequently completed all requirements to reactivate my license and received a letter from the Department, dated June 14, 2006, notifying me that my license was reactivated.

## **EXHIBIT C**

# **Michael Warren Haber**

# (Criminal Offense)

I was arrested with three other people on July 6, 1992. The incident occurred in Jensen Beach, Florida (Martin County). We were each charged with "Disorderly Intoxication," Case No. 92-3867MMA. At the arraignment, the Assistant State Attorney dismissed the charges. The case was filed "No Information."

The following events led to my arrest. I spilled a beer on a pool table at a bar. The owner of the bar demanded \$148.00 for damages. We felt that his demand was excessive and refused to pay the full amount. The bar owner called the police. When the police arrived, they were informed of what happened. We acknowledged that we were at fault, but maintained that \$148.00 was excessive and refused to pay the full amount. We were then taken into custody and detained overnight.

At the arraignment, the Assistant State Attorney agreed to dismiss the charges if we paid the owner \$148.00. We paid the amount and the charges were dismissed.

Attached are copies of the following documents regarding the above matter:

- Arrest Affidavit
- Cash Appearance Bond
- Correspondence between my attorney and the court
- Adjudication dismissing the charges.

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# CASH APPEARANCE BOND

STATE OF FLORIDA, COUNTY OF	Martin:	No.1730990 A
Defendant Michael	Haber	, Address: 10600 4th Street MST Petersber,
KNOW ALL MEN BY THESE PRESE		positor, Address: 10600 4th St N. ST Peters borb
have deposited with the Sheriff of	Martin	_County, Florida, the sum ofFifty Three
	security for the appearance	of the defendant upon the conditions hereinafter set forth. If the said
defendant shall appear before the County, 57447	TESTANDAN REGIONAL MARKO	Court, in and for Turting  M. on the 23 day of July 300
91	t) charge(s) of #1Bond \$	other charges as may result therefrom.  Bond \$
and shall appear in said court from creturned to the undersigned deposito		and shall not depart the same without laws, said money so deposited shall be
The above sum received and this borby me this	nd taken and approved	I The Despotant
Jumes 0 1	Sheriff County, Florida	) Depositor
Eocation where taken: Ja	<u>「ダジ3</u> p.s. 〕	Section 939.17, Florida Statutes, authorizes the Clerk, under the direction of the Court, to deduct any court lines and costs from the Cash Bond.

Bond no: 1730990A Case no: 92--3867M-MA Reference no: 4627

CLERK OF THE CIRCUIT COURT — MARTIN COUNTY, FL 34995

1509-D NORTH STATE ROAD 7
MARGATE, FLORIDA 33063
TELEPHONE (305) 974-8020
FAX NO. (305) 974-8021

COPY—FOR YOUR INFORMATION

July 24, 1992

TO:

The Honorable Tom Bakkedahl

FROM:

BENJAMIN GOLDNER, ESQ.

RE:

MICHAEL WARREN HABER MATTHEW W. GOUGH

MESSAGE:

Reference is made to our conversation in Court yesterday, re the above matter.

Attached you will find a receipt from the Complainant, RICHARD JOHNSTON, acknowledging receipt of \$148.00 in full payment and satisfaction of all claims, etc.

The Defendants' pleaded not guilty at Court and were advised to be back in Court on September 8, 1992, at 9:30 a.m. for trial.

You advised me that upon payment to the Complainant, you would dispose of this matter and we would not have to appear in Court on September 8.

Kindly advise that the case against the above mentioned Defendants has been disposed of and that we do not have to be in Court on September 8, 1992.

Your cooperation in this matter is greatly appreciated,

Number of pages including coversheet -2-

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COPY - FOR YOUR INFORMATION

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STATE OF FLORIDA		
VS. ) MICHAEL HABER )	CASE NO. 92-3867MMA	28 PH 1
) Defendant(s)		Figure 1
	NO INFORMATION	<b>7</b>

COMES NOW the State of Florida, by and through Bruce H. Colton, its undersigned State Attorney and files this, its NO INFORMATION, in the above-styled cause wherein the Defendant is charged with DISORDERLY INTOXICATION.

Dated this 284. day of

1992.

RESPECTFULLY SUBMITTED, Bruce H. Colton, State Attorney

By

THOMAS BAKKEDAHL

Assistant State Attorney
Florida Bar No. 896012
120 East Ocean Boulevard
Third Floor, Constitutional Bldg.
Stuart, Florida 34994

Phone (407) 288-5646

### **EXHIBIT D**

# **Michael Warren Haber**

(Disclosure)

# **Government Investigations**

WellCare Health Plans, Inc. and its subsidiaries (collectively the "Company") were investigated by federal and state authorities beginning in 2007. Subsequently, these investigations have been successfully resolved. The following is a brief description and current status of the legal matters that flowed from those investigations.

- From May 2009 until April 2012, the Company operated under a Deferred Prosecution Agreement (the "DPA") with the United States Attorney's Office for the Middle District of Florida (the "USAO") and the Florida Attorney General's Office. Effective March 30, 2012, the USAO and the Florida Attorney General's Office agreed to an early termination of the DPA.
- In May 2009, an investigation by the U.S. Securities and Exchange Commission ("SEC") was resolved through a Consent and Final Judgment, with no admission of liability. The SEC investigation resulted from the government investigations initiated in 2007.
- On April 26, 2011, the Company entered into settlement agreements with the various government entities that were parties to the investigation. The settlement agreements also covered four whistleblower complaints which had been filed alleging violations of the federal False Claims Act. As part of the settlement, the Company entered into a Corporate Integrity Agreement with the Office of the Inspector General US Department of Health & Human Services ("OIG-HHS"). In March 2012, the settlement agreements were finalized. On April 30, 2012, the Federal Court entered an order dismissing this action, and the case was over.

## **Corporate Integrity Agreement**

The Company's Corporate Integrity Agreement has a term of five years (2011-2016) and concludes the matters under review by OIG-HHS. The Corporate Integrity Agreement requires that various ethics and compliance programs be in place. To date, the Company has complied with all material terms of the Corporate Integrity Agreement. On January 27, 2017, the Company received notification from OIG-HHS that the Corporate Integrity Agreement had concluded and the Company's name would be removed from the current listing of Corporate Integrity Agreements posted on the OIG-HHS's website.

NAIC No.	16513	
FFIN:	83-2126269	

# 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

	or lived and worked internationally.	Ü		ss if they have attended a foreign
require	ume, address and telephone number of the ed (Do Not Use Group Names)		• 1	s biographical statement is being
Well	Care Health Insurance of Connecticu	ut, Inc.	R.	
8735	Henderson Road, Tampa, Florida 3	3634		
Telep	hone: 813-290-6200	-		
herein: ANSW	nection with the above-named entity, I after set forth. (Attach addendum or separeter IS "NO" OR "NONE," SO STATE D DELAY THE APPLICATION PROCE	arate sheet if space.  ALL FIELDS	e hereon is insufficient to MUST HAVE A RESPO	to answer any question fully.) IF ONSE. INCOMPLETE FORMS
1.	Affiant's Full Name (Initials Not Accep	table): First: Gor	an Middle: None	Last: Jankovic
2.	a. Are you a citizen of the United	States?		
	Yes X No			
	b. Are you a citizen of any other of	country?		
	Yes X No			
	If yes, what country? Bosnia	& Herzegovina		
3.	Affiant's occupation or profession: He	althcare Execut	ive	
4.	Affiant's business address: 8735 Hen	derson Road, T	ampa, Florida 33634	
	Business telephone: 813-206-3658	Busi	ness Email: <b>goran.jank</b> o	ovic@wellcare.com
5.	Education and training:			
	<u>ce/University</u> <u>City/Star</u> ersity of Central Florida Orlando	_	<u>Dates Attended (MN</u> <b>08/95 - 05/97</b>	Degree Obtained  Bachelor of Science, Finance
	ate Studies College/University er of Business Administration UCF	<u>City/State</u> <b>Orlando, F</b> L	<u>Dates Attended (MN</u> <b>05/97 - 08/98</b>	1/YY) Degree Obtained MBA
Other None	Training: Name City/State	Dates Attend	ed (MM/YY)	Degree/Certification Obtained
Note:	If affiant attended a foreign school, ple applicable, provide the foreign student attendance to the Biographical Affidacia	nt Identification	Number and/or attach for	

attendance to the Biographical Affidavit Personal Supplemental Information.

Applica	nt Company Name	WellCare Health In:	surance of Connecticut, Inc.	NAIC No.	3513 2126269
6.	List of membersh	ips in profession	al societies and associa		2126269
		,			
	Name of Society/Association	on (	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
				est Highway, Suite 750, Bethese	
	Risk and Insurance	e Management Sc	ociety (RIMS) 5 Bryant	Park, 13th Floor, New York, NY	10018 212-286-9292
	Financial Executive	es International (I	FEI) 1250 Headquarters P	laza, W. Tower, 7th Fl., Morristo	own, NJ 07960 973-765-1000
7.	Present or propos	ed position with	the Applicant Company	Vice President and Tre	asurer
8.  Beginni Dates (I	including present officerships). Plea necessary to pro information may b SEE EXHIBIT A ng/Ending	jobs, positions, pase list the most wide telephone be required during AND EXHIBIT A	partnerships, owner of a recent first. Attach addit numbers and supervisor og the third-party verifice.	n entity, administrator, managional pages if the space provi	
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Address	Si		_City:	State/Province	:
Country	<b>7</b> :	Postal Code: _	Phone:	Offices/Positions H	leld:
Type of	Business:	<del></del>	Supervisor	/Contact:	
Beginni Dates (1	ng/Ending MM/YY):		Employer's Name:		
Address	: <u> </u>	100	_City:	State/Province	:
Country	<i>y</i> :	Postal Code: _	Phone:	Offices/Positions H	leld:
Type of	Rucinece		Supervicer	/Contact:	

Applie	ant Comr	WellCare Health Insurance of Connecticut, In	c. NAIC No.	16513
л фрио	an comp	July Ivano.	FEIN:	83-2126269
9.	a.	Have you ever been in a position which requi	ired a fidelity bond?	
		Yes No X		
		If any claims were made on the bond, give de	etails:	
	b.	Have you ever been denied an individual or revoked?	r position schedule fidelity	bond, or had a bond canceled or
		Yes No X  If yes, give details: N/A		
	in the p the lice number are rea represe	ernmental licensing agency or regulatory author past. For any non-insurance regulatory issuer, it ensing authority or regulatory body having juris it is your Social Security Number (SSN) or emb sonably identifiable as your SSN, then write Sented by your SSN. (For example, "SSN", "12 of the space provided is insufficient.	dentify and provide the name ediction over the license (s) is seds your SSN or any sequen SSN for that portion of the p	, address and telephone number of ssued. If your professional license ce of more than five numbers that rofessional license number that is
Organi	zation/Iss	Association for Finance Professionals	Address: 4520 East-West Hig	hway, Suite 750
City: _	ethesda	State/Province: Maryland		
Licens	e Type:	Certified Treasury License #: 215852	Date Issued (MM/	YY): 08/04
Date E	<u>F</u> xpired (N	Professional N/A Reason for Termi	nation: N/A	
Non-In	surance I	Regulatory Phone Number (if known):	7-2862	
		suer of License:		
City:_		State/Province:	Country:	Postal Code:
Licens	е Туре: _	License #:	Date Issued (MM/	YY):
Date E	xpired (N	//M/YY): Reason for Termi	ination:	
		Regulatory Phone Number (if known):		
11.		onding to the following, if the record has been ord was sealed or expunged, an affiant may res		
	a.	Been refused an occupational, professional, any public administrative, or governmental li		nit by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or voca any judicial, administrative, regulatory, or dis		hold or have held, been subject to

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

t Com	WellCare Health Insurance of Connecticut, Inc.  ipany Name:	NAIC No FEIN:	. 16513 83-2126269	
holds	e held by the person. Control shall be presumed to exist with the power to vote, or holds proxies representing, ten person. None	if any person, dir	ectly or indirectly, owr	
If any	of the stock is pledged or hypothecated in any way, give	details. <b>N/A</b>		
or of regula direct	Vill] you or members of your immediate family individual record, 10% or more of the outstanding shares of stocktory authority, or its affiliates? An "affiliate" of, or persoly, or indirectly through one or more intermediaries, contribe person specified.	k of any entity sul n "affiliated" with,	bject to regulation by a a specific person, is a p	n insurance person that
If yes,	please identify the company or companies in which the contract that the contract is the contract of the contra	cumulative stock ho	oldings represent 10% o	or more of
N/A	of the shares of stock are pledged or hypothecated in any			
N/A Have y Yes [	,			
Yes [ If yes, To you were a stockly	you ever been adjudged a bankrupt?	es controlled by th member, key man	e holding company) for	controlling
Yes [ If yes, To you were a stockly	you ever been adjudged a bankrupt?  No X  provide details: N/A  ur knowledge has any company or entity (including entiti an officer or director, trustee, investment committee holder, had any of the following events occur while you	es controlled by th member, key man served in such ca	e holding company) for lagement employee or pacity? If employed at	controlling the holding
Have y Yes [ If yes, To you were a stockh compa	you ever been adjudged a bankrupt?  No X  provide details: N/A  ur knowledge has any company or entity (including entiti an officer or director, trustee, investment committee holder, had any of the following events occur while you any level provide the group code. 1199  Been refused a permit, license, or certificate of aut	es controlled by th member, key man served in such ca	e holding company) for lagement employee or pacity? If employed at	controlling the holding
Have y Yes [ If yes, To you were a stockh compa	you ever been adjudged a bankrupt?  No X  provide details: N/A  ur knowledge has any company or entity (including entiti an officer or director, trustee, investment committee holder, had any of the following events occur while you any level provide the group code. 1199  Been refused a permit, license, or certificate of aut licensing agency?	es controlled by th member, key man served in such ca hority by any regu ended, revoked, ca plinary action (in	e holding company) for nagement employee or pacity? If employed at alatory authority, or governeed, or cluding rehabilitation,	controlling the holding vernmental- r subjected liquidation,
Yes [ If yes,  To you were a stockh compa	you ever been adjudged a bankrupt?  No X  provide details: N/A  ur knowledge has any company or entity (including entiti an officer or director, trustee, investment committee holder, had any of the following events occur while you any level provide the group code. 1199  Been refused a permit, license, or certificate of aut licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspet to any judicial, administrative, regulatory, or discireceivership, conservatorship, federal bankruptcy pro	es controlled by th member, key man served in such ca hority by any regu ended, revoked, ca plinary action (in	e holding company) for nagement employee or pacity? If employed at alatory authority, or governeed, or cluding rehabilitation,	controlling the holding vernmental- r subjected liquidation,
Yes [ If yes,  To you were a stockh compa	you ever been adjudged a bankrupt?  No X  provide details: N/A  ur knowledge has any company or entity (including entiti an officer or director, trustee, investment committee holder, had any of the following events occur while you any level provide the group code. 1199  Been refused a permit, license, or certificate of autilicensing agency?  Yes No X  Had its permit, license, or certificate of authority suspet to any judicial, administrative, regulatory, or discireceivership, conservatorship, federal bankruptcy prosimilar proceeding)?	es controlled by th member, key man served in such ca hority by any regu ended, revoked, ca plinary action (in occeding, state ins	e holding company) for lagement employee or pacity? If employed at allatory authority, or governceled, non-renewed, or cluding rehabilitation, solvency, supervision of spermit, license, or celestical entire that is permit, license, or celestical entire that is permit.	controlling the holding vernmental- r subjected liquidation, or any other

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513
	FEIN:	83-2126269
If the answer to any of the above is yes, please indicate and give affiant should also include any events within twelve (12) months N/A		
Note: If an affiant has any doubt about the accuracy of an ans and an explanation provided.	wer, the question s	should be answered in the positive
Dated and signed this 2 day of 20 19 a under penalty of perjury that I am acting on my own behalf and that the fof my knowledge and belief.	t <b>Tampa, Florida</b> oregoing statemen	a . I hereby certify nts are true and correct to the best
I hereby acknowledge that I may be contacted to provide additional in	nformation regard	ing international searches.
(Signature of Affiant)  Florida Hillsborough	*	
State of: Florida County of: Hillsborough	- 	Goran Jankovio
The foregoing instrument was acknowledged before me this <u>lot</u> day of and:	ASU ,20_	by Goran Jankovic
who is personally known to me, or		
who produced the following identification:	·	
[SEAL]  Notary Public State of Florida Lilly E Ortiz My Commission GG 162115 Expires 11/21/2021		Notary Public LINLY E. ON W Printed Notary Name 11. 21. 200 My Commission Expires

# Goran Jankovic

# (Employment History)

				Offices/Positions		Supervisor/
Employer's Name Address	Addres	S	Telephone		Type of Business	Contact
Health	Fampa, FL 33634 Tampa, FL 33634	oad		Senior Vice President Corporate Finance and Treasury (10/18- President, Corporate Finance & Treasurer (10/16 - 10/18); Vice President, Corporate Finance (05/15 - 01/16); Vice President, Treasury (07/09 - 05/15); Sr. Director, Treasury (08/08 - 07/09); and Director, Treasury (06/07 - 08/08)	Health Plan	Drew Asher, EVP & CFO 813-290-6200
WCI Communities, Inc. 24301 Walden Center Drive Bonita Springs, FL 34134	24301 Walden Cen Bonita Springs, FL	34134	239-947-2600	Director Treasury; Manager Finance	Real Estate Development	Ernest Scheidemann, Treasurer 239-947-2600
Universal Weather and 1150 Gemini Street Aviation, Inc. Houston, TX 77058	1150 Gemini Street Houston, TX 77058	-	713-944-1622	Financial Analyst	Aviation Services	Varah Outcalt Director, Finance
Studying for CTP exam. Also, N/A conducted a speech therapy market study while considering a related business venture.	N/A	•	N/A	N/A	N/A	N/A

# Goran Jankovic

# (Employment History)

Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/ Contact
04/2001 - 04/2003	Air Liquide USA	2700 Post Oak, Suite 325 Houston, TX 77056	713- 624-8000	713- 624-8000 Sr. Financial Analyst	Industrial Gas	Wayne Bowman Manager, Corporate Finance
09/1998 - 04/2001	Sterling Bank (now Comerica) 15000 Northwest Freeway Houston, TX 77040	15000 Northwest Freeway Houston, TX 77040	713- 507-7070	Assistant Vice President; Credit Analyst	Banking	Mike Wells, Jr. CEO, 290 Office

# **Goran Jankovic**

Entity Name	Title	Role Start
Accountable Care Coalition of Arizona, LLC	Vice President & Treasurer	07-26-2017
Accountable Care Coalition of Chesapeake, LLC	Vice President & Treasurer	05-30-2017
Accountable Care Coalition of Coastal Georgia, LLC	Vice President & Treasurer	10-24-2017
Accountable Care Coalition of Community Health Centers, LLC	Vice President & Treasurer	07-26-2017
Accountable Care Coalition of Georgia, LLC	Vice President & Treasurer	05-23-2017
Accountable Care Coalition of Mississippi, LLC	Vice President & Treasurer	05-23-2017
Accountable Care Coalition of New Jersey LLC	Vice President & Treasurer	07-26-2017
Accountable Care Coalition of North Texas, LLC	Vice President & Treasurer	02-20-2018
Accountable Care Coalition of Northeast Georgia, LLC	Vice President & Treasurer	05-23-2017
Accountable Care Coalition of Northeast Partners, LLC	Vice President & Treasurer	07-26-2017
Accountable Care Coalition of Southeast Partners, LLC	Vice President & Treasurer	05-24-2018
Accountable Care Coalition of Southeast Texas, Inc.	Vice President & Treasurer	05-04-2018
Accountable Care Coalition of Southeast Wisconsin, LLC	Vice President & Treasurer	10-24-2017
Accountable Care Coalition of Syracuse, LLC	Vice President & Treasurer	10-24-2017
Accountable Care Coalition of Tennessee, LLC	Vice President & Treasurer	07-26-2017
Accountable Care Coalition of Texas, Inc.	Vice President & Treasurer	12-18-2017
Accountable Care Coalition of the Tri-Counties, LLC	Vice President & Treasurer	05-23-2017
Accountable Care Coalition of Western Georgia, LLC	Vice President & Treasurer	05-23-2017
America's 1st Choice California Holdings, LLC	Treasurer	07-25-2017
America's 1st Choice California Holdings, LLC	Vice President	04-18-2016
APS Healthcare Holdings, Inc.	Vice President & Treasurer	08-15-2017
APS Healthcare, Inc.	Vice President & Treasurer	08-15-2017
APS Parent, Inc.	Vice President & Treasurer	08-15-2017
Caidan Holding Company	Vice President & Treasurer	09-01-2018
Caidan Management Company, LLC	VP & Treasurer	09-01-2018
Care 1st Health Plan Arizona, Inc.	VP & Treasurer	09-05-2017
Care1st Health Plan Administrative Services, Inc.	VP & Treasurer	09-05-2017
Chrysalis Medical Services, LLC	Vice President & Treasurer	05-23-2017
Collaborative Health Systems, LLC	Vice President & Treasurer	08-28-2017
Comprehensive Health Management, Inc.	Vice President & Treasurer	07-25-2017
Easy Choice Health Plan, Inc.	VP & Treasurer	09-05-2017
Essential Care Partners, LLC	Vice President & Treasurer	03-08-2018
Exactus Pharmacy Solutions, Inc.	VP & Treasurer	09-05-2017
Harmony Behavioral Health IPA, Inc.	Treasurer	07-25-2017
Harmony Behavioral Health IPA, Inc.	Vice President	04-18-2016
Harmony Behavioral Health, Inc.	Treasurer	07-25-2017
Harmony Behavioral Health, Inc.	Vice President	04-18-2016
Harmony Health Management, Inc.	Treasurer	07-25-2017
Harmony Health Management, Inc.	Vice President	04-18-2016
Harmony Health Plan, Inc.	VP & Treasurer	09-05-2017
Harmony Health Systems, Inc.	Treasurer	07-25-2017
Harmony Health Systems, Inc.	Vice President	04-18-2016
Heritage Health Systems, Inc.	Treasurer	05-16-2017
Heritage Health Systems, Inc.	Vice President	05-16-2017

# Goran Jankovic

Entity Name	Title	Role Start
Heritage Physician Networks	Vice President & Treasurer	11-01-2017
HHS Texas Management, Inc.	Vice President & Treasurer	08-08-2017
Hudson Accountable Care, LLC	Vice President & Treasurer	10-24-2017
Maine Primary Care Holdings, LLC	Vice President & Treasurer	04-25-2018
Maryland Collaborative Care Transformation Organization, Inc.	Vice President & Treasurer	07-19-2018
Meridian Health Plan of Illinois, Inc.	Vice President & Treasurer	09-01-2018
Meridian Health Plan of Michigan, Inc.	Vice President & Treasurer	09-01-2018
MeridianRx of Indiana, LLC	Vice President & Treasurer	02-15-2019
MeridianRx, LLC	Vice President & Treasurer	09-01-2018
Mid-Atlantic Collaborative Care, LLC	Vice President & Treasurer	06-06-2017
Missouri Care, Incorporated	VP & Treasurer	09-05-2017
'Ohana Health Plan, Inc.	Treasurer	07-25-2017
'Ohana Health Plan, Inc.	Vice President	04-18-2016
One Care by Care1st Health Plan of Arizona, Inc.	VP & Treasurer	09-05-2017
Penn Marketing America, LLC	Vice President & Treasurer	08-14-2017
Premier Marketing Group, LLC	Vice President & Treasurer	08-14-2017
Quincy Coverage Corporation	Vice President & Treasurer	08-14-2017
SelectCare Health Plans, Inc.	VP & Treasurer	09-05-2017
SelectCare of Texas, Inc.	VP & Treasurer	09-05-2017
The WellCare Community Foundation	Assistant Treasurer	01-31-2019
The WellCare Management Group, Inc.	Treasurer	07-25-2017
The WellCare Management Group, Inc.	Vice President	04-18-2016
UAM Agent Services Corp.	Treasurer	05-16-2017
UAM Agent Services Corp.	Vice President	05-16-2017
UAM/APS Holding Corp.	Vice President & Treasurer	08-15-2017
Universal American Corp.	Vice President & Treasurer	11-15-2016
Universal American Financial Services, Inc.	Treasurer	05-16-2017
Universal American Financial Services, Inc.	Vice President	05-16-2017
Universal American Holdings, LLC	Vice President & Treasurer	04-28-2017
WCG Health Management, Inc.	Vice President & Treasurer	07-25-2017
WellCare Associate Assistance Fund, Inc.	Assistant Treasurer	03-12-2018
WellCare Health Insurance Company of America	Vice President & Treasurer	
WellCare Health Insurance Company of Kentucky, Inc.	VP & Treasurer	09-05-2017
WellCare Health Insurance Company of Louisiana, Inc.	Vice President & Treasurer	02-11-2019
WellCare Health Insurance Company of New Hampshire, Inc.	VP & Treasurer	01-31-2019
WellCare Health Insurance Company of Washington, Inc.	Vice President & Treasurer	02-05-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Vice President & Treasurer	01-31-2019
WellCare Health Insurance of Arizona, Inc.	VP & Treasurer	09-05-2017
WellCare Health Insurance of Connecticut, Inc.	Vice President & Treasurer	10-10-2018
WellCare Health Insurance of North Carolina, Inc.	Vice President & Treasurer	02-11-2019
WellCare Health Insurance of Tennessee, Inc.	Vice President & Treasurer	11-09-2018
WellCare Health Plans of Arizona, Inc.	Vice President & Treasurer	10-24-2017
WellCare Health Plans of California, Inc.	Treasurer	07-25-2017
WellCare Health Plans of California, Inc.		

# Goran Jankovic

Entity Name	Title	Role Start
WellCare Health Plans of Kentucky, Inc.	VP & Treasurer	09-05-2017
WellCare Health Plans of New Jersey, Inc.	VP & Treasurer	09-05-2017
WellCare Health Plans of Tennessee, Inc.	Treasurer	07-25-2017
WellCare Health Plans of Tennessee, Inc.	Vice President	04-18-2016
WellCare Health Plans of Vermont, Inc.	Vice President & Treasurer	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	Vice President & Treasurer	01-31-2019
WellCare National Health Insurance Company	VP & Treasurer	04-06-2018
WellCare of Alabama, Inc.	Vice President & Treasurer	12-31-2018
WellCare of Arkansas, Inc.	VP & Treasurer	11-21-2018
WellCare of Connecticut, Inc.	VP & Treasurer	09-05-2017
WellCare of Florida, Inc.	VP & Treasurer	09-05-2017
WellCare of Georgia, Inc.	VP & Treasurer	09-05-2017
WellCare of Indiana, Inc.	VP & Treasurer	01-16-2019
WellCare of Kansas, Inc.	VP & Treasurer	09-05-2017
WellCare of Maine, Inc.	Vice President & Treasurer	10-18-2017
WellCare of Missouri Health Insurance Company, Inc.	Director	02-11-2019
WellCare of Missouri Health Insurance Company, Inc.	Vice President & Treasurer	02-11-2019
WellCare of Nebraska, Inc.	VP & Treasurer	09-05-2017
WellCare of New Hampshire, Inc.	VP & Treasurer	12-21-2018
WellCare of New York, Inc.	VP & Treasurer	09-05-2017
WellCare of North Carolina, Inc.	Treasurer	05-18-2018
WellCare of Ohio, Inc.	VP & Treasurer	09-05-2017
WellCare of Puerto Rico, Inc.	Vice President & Treasurer	11-27-2017

# 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 affia 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)
WellCare Health Insurance of Connecticut, Inc.
8735 Henderson Road, Tampa, Florida 33634
Telephone: 813-290-6200
In connection with the above-named entity, I herewith make representations and supply information about myself a hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORM COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.
1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Troy Last: Meyer
2. a. Are you a citizen of the United States?
Yes X No No
b. Are you a citizen of any other country?
Yes No X
If yes, what country? N/A
3. Affiant's occupation or profession: Healthcare Executive
4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634
Business telephone:  813-206-4758  Business Email:  Michael.Meyer@WellCare.com
5. Education and training:
College/University City/State Dates Attended (MM/YY) Degree Obtained
Purdue University West Lafayette, Indiana 08/92 - 05/99 BS, Business and Management
Graduate Studies College/University City/State Dates Attended (MM/YY) Degree Obtained None
Other Training: Name
Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university.

applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicar	nt Company Nam	WellCare Health Insura	nce of Connecticut, Inc.	NAIC No.	6513			
				FEIN: <b>83</b> -	-2126269			
6.	List of memberships in professional societies and associations:							
	Name of Society/Associat	ion <u>Cor</u>	ntact Name	Address of Society/Association	Telephone Number of Society/Association			
	None							
-				Vice President, Chief	Accounting Officer.			
7.		sed position with the		y: Vice President, Chief A				
8.	including presen officerships). Plo necessary to prinformation may SEE EXHIBIT	t jobs, positions, par ease list the most rec ovide telephone nu	tnerships, owner of ent first. Attach add mbers and supervi he third-party verifi	an entity, administrator, mana itional pages if the space prov	nsated or otherwise (up to and ager, operator, directorates or ided is insufficient. It is only set ten (10) years. Additional al employers.			
Dates (N	ng/Ending MM/YY):	En	nployer's Name:					
					e:			
					Held:			
Type of	Business:		Superviso	or/Contact:				
Beginnii Dates (M	ng/Ending MM/YY):	En	nployer's Name:					
Address			City:	State/Provinc	e:			
Country	•	_ Postal Code:	Phone:	Offices/Positions I	Held:			
Type of	Business:	19.4	Superviso	or/Contact:	-			
	ng/Ending MM/YY):	En	nployer's Name:					
Address	:		City:	State/Province	e:			
Country	·	_ Postal Code:	Phone:	Offices/Positions I	Held:			
Type of	Business:		Superviso	or/Contact:				
Beginnin Dates (I	ng/Ending MM/YY):	En	nployer's Name:					
Address	:	(	City:	State/Province	e:			
Country	•	_ Postal Code:	Phone:	Offices/Positions I	Held:			
Type of	Business:		Superviso	or/Contact:				

Annlica	ent Comr	wellCare Health Insurance of Connecticut, In	c. NAIC 1	No. 16513
прриос	an Comp	any ivano.	FEIN:	83-2126269
0		Harmon and have been as 20 and 12 hours	. 1 6.1 1. 1	
9.	a.	Have you ever been in a position which requ	ired a fidelity bond?	
		Yes No X		
		If any claims were made on the bond, give de	etails: N/A	
	b.	Have you ever been denied an individual o revoked?	r position schedule fidel	ity bond, or had a bond canceled or
		Yes No X		
		If yes, give details: N/A		
10.	or gove in the p the lice number are rear represe	y professional, occupational and vocational licernmental licensing agency or regulatory authonast. For any non-insurance regulatory issuer, is ensing authority or regulatory body having juristic is your Social Security Number (SSN) or embounded in the sonably identifiable as your SSN, then write sented by your SSN. (For example, "SSN", "12 of the space provided is insufficient.	rity or licensing authority dentify and provide the na ediction over the license (seeds your SSN or any sequence of the second o	that you presently hold or have held me, address and telephone number of s) issued. If your professional license uence of more than five numbers that he professional license number that is SN" (last 6 digits)). Attach additional
Organiz	zation/Iss	suer of License:		
		State/Province:		
License	е Туре: _	License #:	Date Issued (M	M/YY):
Date Ex	kpired (M	MM/YY): Reason for Term	ination:	
Non-In	surance F	Regulatory Phone Number (if known):	-	
Organiz	zation/Iss	suer of License:	Address:	
City:		State/Province:	Country:	Postal Code:
License	е Туре: _	License #:	Date Issued (M	M/YY):
Date Ex	kpired (M	MM/YY): Reason for Term	ination:	
Non-In	surance F	Regulatory Phone Number (if known):		
11.		onding to the following, if the record has been ord was sealed or expunged, an affiant may res		
	a.	Been refused an occupational, professional, any public administrative, or governmental l		ermit by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or voca any judicial, administrative, regulatory, or di		ou hold or have held, been subject to

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

	npany Name: NAIC No. FEIN: 83-2126269	
holds	e held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, con with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities person. <b>None</b>	
If any	of the stock is pledged or hypothecated in any way, give details. N/A	
or of regula direct	Will] you or members of your immediate family individually or cumulatively subscribe to or own, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insuratory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person tly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common conthe person specified.  No X	rance that
If yes,	s, please identify the company or companies in which the cumulative stock holdings represent 10% or moutstanding voting securities.	re of
10		
N/A	you ever been adjudged a bankrupt?	
N/A Have y Yes [		
Yes [ If yes, To yowere stockl	you ever been adjudged a bankrupt?  No X	olling
Yes [ If yes, To yowere stockl	you ever been adjudged a bankrupt?  No X  s, provide details: N/A  Dur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding the holding events occur while you served in such capacity? If employed at the holding the holding events occur while you served in such capacity?	olling olding
Have y Yes [ If yes, To you were a stockly	you ever been adjudged a bankrupt?  No X  s, provide details: N/A  our knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlledr, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or government of the service of the service of authority by any regulatory authority, or government of the service of the service of the service of authority by any regulatory authority, or government of the service of the serv	olling olding
Have y Yes [ If yes, To you were a stockly	you ever been adjudged a bankrupt?  No X  s, provide details: N/A  Dur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or governme licensing agency?	olling olding ental- ected lation,
Have y Yes [ If yes, To you were stockhoompa a.	you ever been adjudged a bankrupt?  No X  In provide details: N/A  Sour knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the heavy level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject of any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquic receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any	olling olding ental- ected lation,
Have y Yes [ If yes, To you were stockhoompa a.	you ever been adjudged a bankrupt?  No X  s, provide details: N/A  Dur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the holding level provide the group code. 1199  Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject or any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquic receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?	olling olding ental- ected lation, other
N/A  Have y Yes [ If yes, To you were stockly compara.	you ever been adjudged a bankrupt?  No X  s, provide details: N/A  Dur knowledge has any company or entity (including entities controlled by the holding company) for which an officer or director, trustee, investment committee member, key management employee or controlled, had any of the following events occur while you served in such capacity? If employed at the horaly level provide the group code.  Been refused a permit, license, or certificate of authority by any regulatory authority, or governm licensing agency?  Yes No X  Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subject or any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquic receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any similar proceeding)?  Yes No X  Been placed on probation or had a fine levied against it or against its permit, license, or certificate or certificate against it or against its permit, license, or certificate of authority suspended in such capacity?	olling olding ental- ected lation, other

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513
	FEIN:	83-2126269
If the answer to any of the above is yes, please indicate a affiant should also include any events within twelve (12) to N/A		
Note: If an affiant has any doubt about the accuracy of and an explanation provided.	an answer, the question	should be answered in the positive
Dated and signed this day of 20 1 under penalty of perjury that I am acting on my own behalf and the of my knowledge and belief.	at Tampa, Floridate at the foregoing statement	a . I hereby certify nts are true and correct to the best
I hereby acknowledge that I may be contacted to provide addit	ional information regard	ing international searches.
(Signature of Affiant)		
State of: Florida County of: Hillsborough		
The foregoing instrument was acknowledged before me this	lay of AAAII 201	A hy Michael Troy Meyer
and:	,20 <u>,</u>	,
who is personally known to me, or		
who produced the following identification:		
[SEAL]	~~	Motary Public Lilly E, ORHZ Printed Notary Name
Lilly E Ortiz  My Commission GG 162115  Expires 11/21/2021	\ \frac{1}{2}	My Commission Expires

# EXHIBIT A MICHAEL TROY MEYER EMPLOYMENT HISTORY

Supervisor/ Contact	Andrew Asher, EVP and CFO 813-290-6200	N/A	Rajan Parmeswar, CAO 813-273-0123	John Ruhlmann, CAO 301-581-0600	N/A
Type of Business	Healthcare	N/A	Healthcare	Healthcare	N/A
Offices/Positions Held	Vice President and Chief Accounting Officer (03/18 - Present); Vice President and Corporate Controller (04/16 - 03/18); Vice President, Financial Reporting and Analysis (05/15 -	N/A	Executive Director, Regulatory and Financial Reporting	Director, Financial Reporting, Corporate Accounting and Internal Control (Last Title)	N/A
Telephone	813-290-6200	N/A	860-273-0123	301-581-0600	N/A
Address	8735 Henderson Road Tampa, FL 33634	N/A	151 Farmington Avenue Hartford, CT 06156	6705 Rockledge Drive, Bethesda, MD 20817	N/A
Employer's Name	Comprehensive Health Management, Inc. (a subsidiary of WellCare Health Plans, Inc.)	Sabbatical	Aetna, Inc. (Aetna Health Management, LLC)	Coventry Health Care, Inc. (acquired by Aetna, Inc. in May 2013)	Multiple part-time jobs during college
Beginning Dates - Ending Dates	05/2015 - Present	04/2015 - 05/2015	05/2013 - 04/2015	06/1999 - 05/2013	08/1999 - 06/1999

## Michael Troy Meyer

Entity Name	Title	Role Start
Accountable Care Coalition of Arizona, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	07-26-2017
Accountable Care Coalition of Chesapeake, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-30-2017
Accountable Care Coalition of Coastal Georgia, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	10-24-2017
Accountable Care Coalition of Community Health Centers, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	07-26-2017
Accountable Care Coalition of Georgia, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-23-2017
Accountable Care Coalition of Mississippi, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-23-2017
Accountable Care Coalition of New Jersey LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	07-26-2017
Accountable Care Coalition of North Texas, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	02-20-2018
Accountable Care Coalition of Northeast Georgia, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-23-2017
Accountable Care Coalition of Northeast Partners, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	07-26-2017
Accountable Care Coalition of Southeast Partners, LLC	Vice President & Assistant Treasurer	05-24-2018
Accountable Care Coalition of Southeast Texas, Inc.	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-04-2018
Accountable Care Coalition of Southeast Wisconsin, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	10-24-2017
Accountable Care Coalition of Syracuse, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	10-24-2017
Accountable Care Coalition of Tennessee, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	07-26-2017
Accountable Care Coalition of Texas, Inc.	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	12-18-2017
Accountable Care Coalition of the Tri-Counties, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-23-2017
Accountable Care Coalition of Western Georgia, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-23-2017
American Progressive Life and Health Insurance Company of New York	Director	
		05-16-2017
American Progressive Life and Health Insurance Company of New York	Assistant Treasurer	05-16-2017
American Progressive Life and Health Insurance Company of New York	Corporate Controller	05-16-2017
American Progressive Life and Health Insurance Company of New York	Vice President	05-16-2017
America's 1st Choice California Holdings, LLC	Assistant Treasurer	04-18-2016
America's 1st Choice California Holdings, LLC	Corporate Controller	04-18-2016
America's 1st Choice California Holdings, LLC	Vice President	04-18-2016
APS Healthcare Holdings, Inc.	Director	08-15-2017
APS Healthcare Holdings, Inc.	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-12-2018
APS Healthcare, Inc.	Director	08-15-2017
APS Healthcare, Inc.	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-12-2018
APS Parent, Inc.	Director	08-15-2017
APS Parent, Inc.	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-12-2018
Caidan Holding Company	Director	09-01-2018
Caidan Holding Company	Vice President, Chief Accounting Officer, Assistant Treasurer	09-01-2018
Caidan Management Company, LLC	Director	09-01-2018
Caidan Management Company, LLC	Vice President, Chief Accounting Officer, Assistant Treasurer	09-01-2018
Care 1st Health Plan Arizona, Inc.	Director	01-01-2017
Care 1st Health Plan Arizona, Inc.	Vice President & Corporate Controller	01-01-2017
Care1st Health Plan Administrative Services, Inc.	Director	01-01-2017
Care1st Health Plan Administrative Services, Inc.	Vice President & Corporate Controller	01-01-2017
Chrysalis Medical Services, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	05-23-2017
Collaborative Health Systems, LLC	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-06-2018
Comprehensive Health Management, Inc.	Director	04-18-2016
Comprehensive Health Management, Inc.	Vice President, Corporate Controller, Assistant Treasurer	04-18-2016
Comprehensive Reinsurance, Ltd.	Director	10-03-2016
Easy Choice Health Plan, Inc.	Director	04-18-2016
Easy Choice Health Plan, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
Exactus Pharmacy Solutions, Inc.	Director	04-18-2016
Exactus Pharmacy Solutions, Inc.	Assistant Treasurer	04-18-2016
Exactus Pharmacy Solutions, Inc.	Corporate Controller	04-18-2016
Exactus Pharmacy Solutions, Inc.	Vice President	04-18-2016
	Assistant Treasurer	04-18-2016
Harmony Behavioral Health IPA, Inc.		<del></del>
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc.	Chief Accounting Officer	07-23-2018
		07-23-2018 04-18-2016
Harmony Behavioral Health IPA, Inc.	Chief Accounting Officer	
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc.	Chief Accounting Officer Vice President Assistant Treasurer	04-18-2016 04-18-2016
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer	04-18-2016 04-18-2016 07-23-2018
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President	04-18-2016 04-18-2016 07-23-2018 04-18-2016
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Health Management, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer	04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Health Management, Inc. Harmony Health Management, Inc. Harmony Health Management, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Chief Accounting Officer	04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016 07-23-2018
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Health Management, Inc. Harmony Health Management, Inc. Harmony Health Management, Inc. Harmony Health Management, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Vice President Vice President	04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016 07-23-2018 04-18-2016
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Health Management, Inc. Harmony Health Plan, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Director	04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Health Management, Inc. Harmony Health Plan, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Vice President Director Vice President, Corporate Controller, Assistant Treasurer	04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016 09-05-2017
Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health IPA, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Behavioral Health, Inc. Harmony Health Management, Inc. Harmony Health Plan, Inc.	Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Director	04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016 07-23-2018 04-18-2016 04-18-2016

## Michael Troy Meyer

Entity Name	True	Role Start
Heritage Health Systems of Texas, Inc.	Director	07-25-2017
Heritage Health Systems of Texas, Inc.	Vice President, Chief Financial Officer, Treasurer & Corporate Controller	07-25-2017
Heritage Health Systems, Inc.	Director	05-16-2017
Heritage Health Systems, Inc.	Assistant Treasurer	05-16-2017
Heritage Health Systems, Inc.	Corporate Controller	05-16-2017
Heritage Health Systems, Inc.	Vice President	05-16-2017
Heritage Physician Networks		
HHS Texas Management, Inc.	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer  Director	11-01-2017
HHS Texas Management, Inc.	The state of the s	08-08-2017
HHS Texas Management, Inc.	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	08-08-2017
	President, Chief Financial Officer, Corporate Controller and Treasurer	05-08-2017
Hudson Accountable Care, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	10-24-2017
Maine Primary Care Holdings, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	04-25-2018
Maryland Collaborative Care Transformation Organization, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	07-19-2018
Meridian Health Plan of Illinois, Inc.	Director	09-01-2018
Meridian Health Plan of Illinois, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	09-01-2018
Meridian Health Plan of Michigan, Inc.	Director	09-01-2018
Meridian Health Plan of Michigan, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	09-01-2018
MeridianRx of Indiana, LLC	Vice President, Chief Accounting Officer, Assistant Treasurer	02-15-2019
MeridianRx, LLC	Director	09-01-2018
MeridianRx, LLC	Vice President, Chief Accounting Officer, Assistant Treasurer	09-01-2018
Mid-Atlantic Collaborative Care, LLC	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	06-06-2017
Missouri Care, Incorporated	Director	04-18-2016
Missouri Care, Incorporated	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
'Ohana Health Plan, Inc.	Assistant Treasurer	07-23-2018
'Ohana Health Plan, Inc.	Chief Accounting Officer	07-23-2018
'Ohana Health Plan, Inc.	Vice President	04-18-2016
One Care by Care1st Health Plan of Arizona, Inc.	Director	01-01-2017
One Care by Care1st Health Plan of Arizona, Inc.	Vice President & Corporate Controller	01-01-2017
Penn Marketing America, LLC	Director	08-14-2017
Penn Marketing America, LLC	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	
Premier Marketing Group, LLC	Manager	08-14-2017
Premier Marketing Group, LLC	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-12-2018
Quincy Coverage Corporation	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer  Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-12-2018
SelectCare Health Plans, Inc.	Director	<del></del>
SelectCare Health Plans, Inc.		05-16-2017
	Vice President, Corporate Controller, Assistant Treasurer  Director	09-05-2017
INDIGOTION OF Towns Inc.		05-16-2017
SelectCare of Texas, Inc.		00.05.0045
SelectCare of Texas, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
SelectCare of Texas, Inc. The WellCare Community Foundation	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer	04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer	04-18-2016 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller	04-18-2016 04-18-2016 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President	04-18-2016 04-18-2016 04-18-2016 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM Agent Services Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President	04-18-2016 04-18-2016 04-18-2016 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM Agent Services Corp. UAM Agent Services Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President Director	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 08-15-2017 08-15-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 08-15-2017 07-12-2018
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp. Universal American Financial Services, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Director	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 08-15-2017 07-12-2018 07-23-2018
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp. Universal American Financial Services, Inc. Universal American Financial Services, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Foundation Officer, Assistant Treasurer Director Assistant Treasurer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 08-15-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. The WellCare Management Group, Inc. The WellCare Management Group, Inc. UMA Magent Services Corp. UMAM Agent Services Corp. UMAM/APS Holding Corp. UMAM/APS Holding Corp. Universal American Corp. Universal American Financial Services, Inc. Universal American Financial Services, Inc. Universal American Financial Services, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Coief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Corporate Controller Vice President	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 08-15-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. UINIVERSAL American Corp. Universal American Financial Services, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Financial Services, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Director Vice President, Chief Accounting Officer, Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC Universal American Holdings, LLC Universal American Holdings, LLC	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 06-16-2017 04-28-2018
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Corporate Controller	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017 04-28-2017 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC WCG Health Management, Inc. WCG Health Management, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017 04-18-2016 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp. Universal American Financial Services, Inc. Universal American Financial Services, Inc. Universal American Financial Services, Inc. Universal American Holdings, LLC Universal American Holdings, LLC Universal American Holdings, LLC Universal American Holdings, LLC WCG Health Management, Inc. WCG Health Management, Inc. WCG Health Management, Inc.	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Chief Financial Officer Corporate Controller Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017 04-28-2017 04-18-2016 04-18-2016 04-18-2016
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC WCG Health Management, Inc. WCG Health Management, Inc. WellCare Associate Assistance Fund, Inc. WellCare Health Insurance Company of America	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Director	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017 04-18-2016 04-18-2016 04-18-2016 03-12-2018
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC Universal American Holdings, LLC Universal American Holdings, LLC WCG Health Management, Inc. WCG Health Management, Inc. WellCare Associate Assistance Fund, Inc. WellCare Health Insurance Company of America	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Corporate Controller Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Director Vice President, Corporate Controller & Assistant Treasurer	04-18-2016 04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017 04-18-2016 04-18-2016 04-18-2016 03-12-2018 01-23-2018
SelectCare of Texas, Inc. The WellCare Community Foundation The WellCare Management Group, Inc. UAM Agent Services Corp. UAM/APS Holding Corp. UAM/APS Holding Corp. Universal American Financial Services, Inc. Universal American Holdings, LLC WCG Health Management, Inc. WCG Health Management, Inc. WellCare Associate Assistance Fund, Inc. WellCare Health Insurance Company of America	Vice President, Corporate Controller, Assistant Treasurer Assistant Treasurer Corporate Controller Vice President Director Assistant Treasurer Corporate Controller Vice President Director Vice President Director Vice President Director Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer Vice President, Chief Financial Officer, Assistant Treasurer Vice President, Chief Accounting Officer, Assistant Treasurer Director Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Chief Accounting Officer Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Corporate Controller Vice President Assistant Treasurer Director	04-18-2016 04-18-2016 04-18-2016 04-18-2016 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 07-12-2018 07-23-2018 05-16-2017 05-16-2017 05-16-2017 05-16-2017 05-16-2017 04-28-2017 04-28-2017 04-18-2016 04-18-2016 04-18-2016 03-12-2018

## Michael Troy Meyer

Entity Name		Role Start
WellCare Health Insurance Company of Louisiana, Inc.	Director	02-04-2019
WellCare Health Insurance Company of Louisiana, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	02-11-2019
WellCare Health Insurance Company of New Hampshire, Inc.	Director	01-31-2019
WellCare Health Insurance Company of New Hampshire, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	01-31-2019
WellCare Health Insurance Company of Washington, Inc.	Director	01-10-2019
WellCare Health Insurance Company of Washington, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	02-05-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Director	01-29-2019
WellCare Health Insurance Company of Wisconsin, Inc.	Vice President, Chief Accounting Officer & Assistant Treasurer	01-31-2019
WellCare Health Insurance of Arizona, Inc.	Director	04-18-2016
WellCare Health Insurance of Arizona, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
WellCare Health Insurance of Connecticut, Inc.	Director	10-02-2018
WellCare Health Insurance of Connecticut, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	10-10-2018
WellCare Health Insurance of New York, Inc.	Director	04-18-2016
WellCare Health Insurance of New York, Inc.	Assistant Treasurer	04-18-2016
WellCare Health Insurance of New York, Inc.	Corporate Controller	04-18-2016
WellCare Health Insurance of New York, Inc.	Vice President	04-18-2016
WellCare Health Insurance of North Carolina, Inc.	Director	02-11-2019
WellCare Health Insurance of North Carolina, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	02-11-2019
WellCare Health Insurance of Tennessee, Inc.	Director	10-22-2018
WellCare Health Insurance of Tennessee, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	11-09-2018
WellCare Health Plans of Arizona, Inc.	Director	10-24-2017
WellCare Health Plans of Arizona, Inc.	VP & Corporate Controller	10-24-2017
WellCare Health Plans of California, Inc.	Director	04-18-2016
WellCare Health Plans of California, Inc.	Assistant Treasurer	04-18-2016
WellCare Health Plans of California, Inc.	Chief Accounting Officer	07-23-2018
WellCare Health Plans of California, Inc.	Vice President	04-18-2016
WellCare Health Plans of Kentucky, Inc.	Director	04-18-2016
WellCare Health Plans of Kentucky, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
WellCare Health Plans of New Jersey, Inc.	Director	04-18-2016
WellCare Health Plans of New Jersey, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
WellCare Health Plans of Tennessee, Inc.	Director	04-18-2016
WellCare Health Plans of Tennessee, Inc.	Assistant Treasurer	04-18-2016
WellCare Health Plans of Tennessee, Inc.	Chief Accounting Officer	07-23-2018
WellCare Health Plans of Tennessee, Inc.	Vice President	04-18-2016
WellCare Health Plans of Vermont, Inc.	Director	10-18-2018
WellCare Health Plans of Vermont, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	Director	01-31-2019
WellCare Health Plans of Wisconsin, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	01-31-2019
WellCare Health Plans, Inc.	Chief Accounting Officer	05-23-2018
WellCare National Health Insurance Company	Director	04-06-2018
WellCare National Health Insurance Company	Vice President, Corporate Controller & Assistant Treasurer	04-06-2018
WellCare of Alabama, Inc.	Director	04-07-2017
WellCare of Alabama, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
WellCare of Arkansas, Inc.	Director	11-21-2018
WellCare of Arkansas, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	11-21-2018
WellCare of Connecticut, Inc.	Director	04-18-2016
WellCare of Connecticut, Inc.	VP, Corporate Controller, Secretary & Assistant Treasurer	09-05-2017
WellCare of Florida, Inc.		04-18-2016
WellCare of Florida, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
WellCare of Georgia, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
WellCare of Indiana, Inc.	Director	01-16-2019
WellCare of Indiana, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	01-16-2019
WellCare of Kansas, Inc.	Director No. 20 and 10	04-18-2016
WellCare of Kansas, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
WellCare of Maine, Inc.	Director	10-18-2017
WellCare of Maine, Inc.	Vice President, Corporate Controller & Assistant Treasurer	10-18-2017
WellCare of Mississippi, Inc.	Director	02-22-2017
WellCare of Mississippi, Inc.	Vice President, Chief Financial Officer, Treasurer & Corporate Controller	02-23-2017
WellCare of Missouri Health Insurance Company, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	02-23-2017
WellCare of Nebraska, Inc.	Director	2/11/2019
\\A/=  C=== =6 \  =  ==  ==  ==	IV/on Broadant Chief Associating Officer Assistant Transceres	12-31-2018
WellCare of Nebraska, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	
WellCare of New Hampshire, Inc.	Director	12-21-2018

## Michael Troy Meyer

Entity Name	Title	Role Start
WellCare of North Carolina, Inc.	Director	05-18-2018
WellCare of North Carolina, Inc.	Chief Accounting Officer	05-18-2018
WellCare of North Carolina, Inc.	Vice President & Assistant Treasurer	05-18-2018
WellCare of Ohio, Inc.	Director	04-18-2016
WellCare of Ohio, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
WellCare of Oklahoma, Inc.	Director	07-13-2016
WellCare of Oklahoma, Inc.	Chief Financial Officer	07-19-2016
WellCare of Oklahoma, Inc.	Corporate Controller	07-19-2016
WellCare of Oklahoma, Inc.	Treasurer	07-19-2016
WellCare of Oklahoma, Inc.	Vice President	07-19-2016
WellCare of Pennsylvania, Inc.	Director	04-07-2016
WellCare of Pennsylvania, Inc.	Chief Financial Officer	04-07-2016
WellCare of Pennsylvania, Inc.	Treasurer	04-07-2016
WellCare of Pennsylvania, Inc.	Vice President	04-07-2016
WellCare of Puerto Rico, Inc.	Director	11-15-2017
WellCare of Puerto Rico, Inc.	Vice President, Corporate Controller & Assistant Treasurer	11-27-2017
WellCare of South Carolina, Inc.	Director	04-18-2016
WellCare of South Carolina, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
WellCare of Texas, Inc.	Director	04-18-2016
WellCare of Texas, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
WellCare of Virginia, Inc.	Director	03-06-2017
WellCare of Virginia, Inc.	Chief Financial Officer	03-06-2017
WellCare of Virginia, Inc.	Corporate Controller	03-06-2017
WellCare of Virginia, Inc.	Treasurer	03-06-2017
WellCare of Virginia, Inc.	Vice President	03-06-2017
WellCare of Washington, Inc.	Director	09-27-2018
WellCare of Washington, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	10-04-2018
WellCare Pharmacy Benefits Management, Inc.	Director	04-18-2016
WellCare Pharmacy Benefits Management, Inc.	Assistant Treasurer	04-18-2016

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

To the extent permitted by law, this a may be required to provide additiona school or lived and worked internation	al information during the third-	al by the state insurance regu party verification process if t	latory authority. The affiant they have attended a foreign
	(Print or Typ	pe)	
Full name, address and telephone nur required (Do Not Use Group Names)	mber of the present or propose	ed entity under which this biog	graphical statement is being
WellCare Health Insurance of C	Connecticut, Inc.		
8735 Henderson Road, Tampa,	Florida 33634		
Telephone: 813-290-6200			
In connection with the above-name hereinafter set forth. (Attach addendanswer is "No" or "None," COULD DELAY THE APPLICATION	lum or separate sheet if space SO STATE. ALL FIELDS M ON PROCESS or REUSLT IN I	hereon is insufficient to ans MUST HAVE A RESPONSE REJECTION OF THE APPLI	swer any question fully.) IF E. INCOMPLETE FORMS CATION.
1. Affiant's Full Name (Initials	Not Acceptable): First:	Middle: Lynn	Last: Meyer
2. a. Are you a citizen of	fthe United States?		
Yes X No			
b. Are you a citizen of	fany other country?		
Yes No	X		
If yes, what country			
3. Affiant's occupation or profe	ession: Attorney/Healthcare	e Executive	
4. Affiant's business address:	8735 Henderson Road, Ta	mpa, Florida 33634	
Business telephone:		ess Email:tamara.meyer@	wellcare.com
	Busin	ess Email:	
5. Education and training:			
College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Loyola University Ch	icago, Illinois 08/81 - 05/8	2; 08/84 - 01/87 BBA, Public	Accounting
Graduate Studies College/U	niversity City/State	Dates Attended (MM/YY)	Degree Obtained
Taxation DePaul Uni	versity Chicago, Illinois	10/88 - 05/90	MST
Law Northwestern University I	_aw School Chicago, Illinois	08/90 - 05/93	JD
Other Training: Name City/S	State Dates Attended	d (MM/YY) Deg	ree/Certification Obtained
None			
Note: If affiant attended a foreign	school, please provide full ad	dress and telephone number	of the college/university. If

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	WellCare Health I	nsurance of Connecticut, Inc.	NAIC No. <b>16513</b> FEIN: <b>83-2126269</b>
6. List of mem	nberships in professio	onal societies and associa	ions:
Name Society/Ass		Contact Name	Address of Telephone Number Society/Association of Society/Association
American E	ar Association Will	iam Adams	321 N. Clark St., Chicago, IL 60654 312-988-5000
American Health Lawyers Assoc. Kerry Beth Ho		Kerry Beth Hoggard	1620 Eye St., NW, Washington, DC 20006 202-833-1100
7. Present or p	proposed position with	h the Applicant Company	Vice President and Assistant Secretary
including proficerships necessary to information See Exhibiting Profined Pr	esent jobs, positions  a). Please list the mos  o provide telephone  may be required dur  bit A AND EXHIBIT	, partnerships, owner of a t recent first. Attach addit e numbers and supervise ing the third-party verific A-1	(20) years, whether compensated or otherwise (up to an entity, administrator, manager, operator, directorates ional pages if the space provided is insufficient. It is one ory information for the past ten (10) years. Additionation process for international employers.
			State/Province:
			Offices/Positions Held:
Type of Business: _		Supervisor	/Contact:
Beginning/Ending			
Address:		City:	State/Province:
Country:	Postal Code:	Phone:	Offices/Positions Held:
Type of Business: _		Supervisor	/Contact:
Beginning/Ending			
			State/Province:
			Offices/Positions Held:
			/Contact:
Beginning/Ending			
			State/Province:
			Offices/Positions Held:
		Supervisor	

Annlic	ant Com	WellCare Health Insurance of Connecticut, In-	c. NAIC No	16513
. фрис	out Com	outy Nume.	FEIN:	83-2126269
9.	a.	Have you ever been in a position which requi	ired a fidelity bond?	
		Yes No X		
		If any claims were made on the bond, give de	etails: N/A	
	b.	Have you ever been denied an individual or revoked?	position schedule fidelity	bond, or had a bond canceled or
		Yes No X		
		N/A		
	or gove in the p the lice number are rea represe pages i	y professional, occupational and vocational lice ernmental licensing agency or regulatory author bast. For any non-insurance regulatory issuer, it ensing authority or regulatory body having juris r is your Social Security Number (SSN) or emb sonably identifiable as your SSN, then write Sented by your SSN. (For example, "SSN", "12 of the space provided is insufficient.  XHIBIT B	rity or licensing authority the dentify and provide the name diction over the license (s) eds your SSN or any sequents of that portion of the part of	at you presently hold or have held e, address and telephone number of issued. If your professional license nce of more than five numbers that professional license number that is " (last 6 digits)). Attach additional
Organi	zation/Iss	suer of License:		
		State/Province:		
Licens	e Type: _	License #:	Date Issued (MM/	/YY):
Date E	expired (N	MM/YY): Reason for Termi	nation:	
		Regulatory Phone Number (if known):		
		suer of License:		
City: _		State/Province:	Country:	Postal Code:
Licens	е Туре: _	License #:	Date Issued (MM/	/YY):
		MM/YY): Reason for Termi		
		Regulatory Phone Number (if known):		
11.		onding to the following, if the record has been s ord was sealed or expunged, an affiant may res		
	a.	Been refused an occupational, professional, or any public administrative, or governmental lie	or vocational license or pern censing agency?	nit by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, or vocat any judicial, administrative, regulatory, or dis	tional license or permit you ciplinary action?	ı hold or have held, been subject to

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

Applica	ant Comp	WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513
••				83-2126269
	holds w	neld by the person. Control shall be presumed to ith the power to vote, or holds proxies representing erson. None	exist if any person, dire g, ten percent (10%) or n	nore of the voting securities of any
	If any o	f the stock is pledged or hypothecated in any way,	give details. <b>N/A</b>	
13.	or of regulate directly	II] you or members of your immediate family indiccord, 10% or more of the outstanding shares of ory authority, or its affiliates? An "affiliate" of, or portion, or indirectly through one or more intermediaries, e person specified.	stock of any entity subjects on "affiliated" with,	ject to regulation by an insurance a specific person, is a person that
	Yes	No X		
	If yes, p the outs N/A	elease identify the company or companies in which standing voting securities.	the cumulative stock ho	ldings represent 10% or more of
	If any o	falso shows a first show all do all and a show all a show a life shows a first show a life	• 1	
	N/A	f the shares of stock are pledged or hypothecated in		
	14/74		- 18 - 1	
14.	_	ou ever been adjudged a bankrupt?		
	Yes _	No X		
	If yes, p	provide details: N/A		
15.	were ar	knowledge has any company or entity (including on officer or director, trustee, investment committee, had any of the following events occur while y level provide the group code. 1199	ttee member, key mana	gement employee or controlling
	a.	Been refused a permit, license, or certificate o licensing agency?	f authority by any regul	atory authority, or governmental-
		Yes No X		
	b.	Had its permit, license, or certificate of authority to any judicial, administrative, regulatory, or receivership, conservatorship, federal bankrupto similar proceeding)?	disciplinary action (inc	luding rehabilitation, liquidation,
		Yes No X		
	c.	Been placed on probation or had a fine levied authority in any civil, criminal, administrative, re		
		Yes No X		

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.	NAIC No.	16513
	FEIN:	83-2126269
If the answer to any of the above is yes, please indicate and g affiant should also include any events within twelve (12) month N/A		
Note: If an affiant has any doubt about the accuracy of an arand an explanation provided.	nswer, the question	should be answered in the positive
Dated and signed this under penalty of perjury that I am acting on my own behalf and that the of my knowledge and belief.		
I hereby acknowledge that I may be contacted to provide additional (Signature of Affigure)	information regard	ling international searches.
State of: Florida County of: Hillsborough		
The foregoing instrument was acknowledged before me this day o	f April, 20	ງ <sub>by</sub> Tammy Lynn Meyer
and:		
✓ who is personally known to me, or		
who produced the following identification:		
[SEAL]  Notary Public State of Florida Lilly E Ortiz My Commission GG 162115 Expires 11/21/2021		Notary Public Lily & OAHX  Printed Notary Name [1.2]. 2021  My Commission Expires

## Tammy Lynn Meyer

## (Employment History)

Dates					
	Employer's Name	Address and Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
06/17 - Present C	Comprehensive Health	8735 Henderson Road	VP, Assistant General	Healthcare	Anat Hakim
_	Management, Inc.	Tampa, Florida 33634	Counsel, Litigation,		SVP, General Counsel &
<u> </u>	(a subsidiary of WellCare Health	h 813-290-6200	Regulatory, and Operations		Secretary
<u> </u>	Plans, Inc.)				813-206-2529
03/15 - 05/17	Catalina Marketing	200 Carillon Parkway	EVP, General Counsel, and	Marketing	Andrew Heyman
		l, Florida 33716	Corporate Secretary		727-579-5000
		727-579-5000			
07/09 - 03/15 F	Health Care Service Corporation 300 E. Randolph Street		Division Sr. VP, Chief	Health Insurance	Deborah Dorman
		Chicago, Illinois 60601	Litigation Counsel (07/09 -		Rodriguez
		773-631-5829	03/15);		312-533-9206
			General Counsel BCBSIL		
			(07/09 - 11/12)		
06/04 - 07/09  k	Kellogg Company		Corporate Counsel (06/04 -	Food Manufacturing	Gary Pilnick
		Michigan 49017	11/05);		269-961-2000
		269-961-2000	Sr. Corp. Counsel/Sr. Dir.		
			Global Public Affairs (11/05 -		
			04/08);		
			VP, Lititgation and Global		
			Public Affairs (04/08 -		
			01/09);		•
			VP, Litigation, Global Public		
			Affiars, and Government		
			Relations (01/09 - 07/09)		
			(2012) 2012)	7.5	
06/98 - 06/04 S	Sonnenschein, Nath &	233 S. Wacker Drive	Associate (06/98 - 10/99);	Law Firm	Richard Fenton
Ľ	Rosenthal, LLP	Chicago, Illinois 60606	Of Counsel (10/99 - 10/01);		312-876-7442
<u> </u>	LLP)		Partner (10/01 - 06/04)		

## **Tammy Lynn Meyer**

Entity Name	Title	Role Start
Accountable Care Coalition of Arizona, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Coastal Georgia, LLC	Vice President & Assistant Secretary	10-24-2017
Accountable Care Coalition of Community Health Centers, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Georgia, LLC	Vice President & Assistant Secretary	07-24-2017
Accountable Care Coalition of Mississippi, LLC	Vice President & Assistant Secretary	09-21-2017
Accountable Care Coalition of New Jersey LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of North Texas, LLC	Vice President & Assistant Secretary	02-20-2018
Accountable Care Coalition of Northeast Partners, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Southeast Partners, LLC	Vice President & Assistant Secretary	05-24-2018
Accountable Care Coalition of Southeast Texas, Inc.	Vice President & Assistant Secretary	05-04-2018
Accountable Care Coalition of Southeast Wisconsin, LLC	Vice President & Assistant Secretary	10-24-2017
Accountable Care Coalition of Syracuse, LLC	Vice President & Assistant Secretary	
Accountable Care Coalition of Tennessee, LLC	Vice President & Assistant Secretary	07-26-2017
Accountable Care Coalition of Texas, Inc.	Vice President & Assistant Secretary	12-18-2017
Accountable Care Coalition of the Tri-Counties, LLC	Vice President & Assistant Secretary	05-23-2017
America's 1st Choice California Holdings, LLC	Vice President & Secretary	07-25-2017
APS Healthcare Holdings, Inc.	Vice President & Secretary	08-15-2017
APS Healthcare, Inc.	Vice President & Secretary	08-15-2017
APS Parent, Inc.	Vice President & Secretary	08-15-2017
Caidan Holding Company	Vice President & Assistant Secretary	09-01-2018
Caidan Management Company, LLC	VP & Asst. Secretary	09-01-2018
Care 1st Health Plan Arizona, Inc.	Vice President & Assistant Secretary	09-05-2017
Care1st Health Plan Administrative Services, Inc.	Vice President & Assistant Secretary	09-05-2017
Collaborative Health Systems of Virginia, LLC	Assistant Secretary	04-25-2018
Collaborative Health Systems, LLC	Vice President & Secretary	08-28-2017
Easy Choice Health Plan, Inc.	Vice President & Assistant Secretary	09-05-2017
Essential Care Partners, LLC	Vice President & Assistant Secretary	03-08-2018
Exactus Pharmacy Solutions, Inc.	Vice President & Assistant Secretary	09-05-2017
Harmony Behavioral Health IPA, Inc.	Vice President & Secretary	07-25-2017
Harmony Behavioral Health, Inc.	Vice President & Secretary	07-25-2017
Harmony Health Management, Inc.	Vice President & Secretary	07-25-2017
Harmony Health Plan, Inc.	Vice President & Assistant Secretary	09-05-2017
Harmony Health Systems, Inc.	Vice President & Secretary	07-25-2017
Heritage Health Systems of Texas, Inc.	Vice President & Secretary	07-25-2017
Heritage Health Systems, Inc.	Vice President & Secretary	07-25-2017
Heritage Physician Networks	Vice President & Assistant Secretary	11-01-2017
HHS Texas Management, Inc.	Vice President & Assistant Secretary	08-08-2017
Hudson Accountable Care, LLC	Vice President & Assistant Secretary	10-24-2017
Maine Primary Care Holdings, LLC	Vice President & Assistant Secretary	04-25-2018
Maryland Collaborative Care Transformation Organization, Inc.	Vice President & Assistant Secretary	07-19-2018
Meridian Health Plan of Illinois, Inc.	VP & Asst. Secretary	09-01-2018
Meridian Health Plan of Michigan, Inc.	Vice President & Assistant Secretary	09-01-2018
MeridianRx of Indiana, LLC	Vice President & Assistant Secretary	02-15-2019
MeridianRx, LLC	Vice President & Assistant Secretary	09-01-2018

## **Tammy Lynn Meyer**

Entity Name	Title	Role Start
Missouri Care, Incorporated	Vice President & Assistant Secretary	09-05-2017
'Ohana Health Plan, Inc.	Vice President & Secretary	07-25-2017
One Care by Care1st Health Plan of Arizona, Inc.	Vice President & Assistant Secretary	09-05-2017
Penn Marketing America, LLC	Director	08-14-2017
Penn Marketing America, LLC	Vice President & Secretary	08-14-2017
Premier Marketing Group, LLC	Vice President & Secretary	08-14-2017
Quincy Coverage Corporation	Director	08-14-2017
Quincy Coverage Corporation	Vice President & Secretary	08-14-2017
SelectCare Health Plans, Inc.	Vice President & Assistant Secretary	09-05-2017
SelectCare of Texas, Inc.	Vice President & Assistant Secretary	09-05-2017
UAM Agent Services Corp.	Vice President & Secretary	07-25-2017
UAM/APS Holding Corp.	Vice President & Secretary	08-15-2017
Universal American Financial Services, Inc.	Vice President & Secretary	07-25-2017
Universal American Holdings, LLC	Vice President & Secretary	07-25-2017
WellCare Health Insurance Company of America	Vice President & Assistant Secretary	02-06-2018
WellCare Health Insurance Company of Kentucky, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare Health Insurance Company of Louisiana, Inc.	Vice President & Assistant Secretary	02-11-2019
WellCare Health Insurance Company of New Hampshire, Inc.	Vice President & Assistant Secretary	01-31-2019
WellCare Health Insurance Company of Washington, Inc.	Vice President & Assistant Secretary	02-05-2019
WellCare Health Insurance Company of Wisconsin, Inc.	VP & Asst. Secretary	01-31-2019
WellCare Health Insurance of Arizona, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare Health Insurance of Connecticut, Inc.	Vice President & Assistant Secretary	10-10-2018
WellCare Health Insurance of North Carolina, Inc.	Vice President & Assistant Secretary	02-11-2019
WellCare Health Insurance of Tennessee, Inc.	Vice President & Assistant Secretary	11-09-2018
WellCare Health Plans of Arizona, Inc.	Vice President & Assistant Secretary	10-24-2017
WellCare Health Plans of California, Inc.	Vice President & Secretary	07-25-2017
WellCare Health Plans of Kentucky, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare Health Plans of New Jersey, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare Health Plans of Tennessee, Inc.	Vice President & Assistant Secretary	09-24-2018
WellCare Health Plans of Vermont, Inc.	Vice President & Assistant Secretary	10-18-2018
WellCare Health Plans of Wisconsin, Inc.	Vice President & Assistant Secretary	01-31-2019
WellCare National Health Insurance Company	Vice President & Assistant Secretary	04-06-2018
WellCare of Alabama, Inc.	Vice President & Assistant Secretary	12-31-2018
WellCare of Arkansas, Inc.	Vice President & Assistant Secretary	11-21-2018
WellCare of Connecticut, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Florida, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Georgia, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Indiana, Inc.	VP & Asst. Secretary	01-16-2019
WellCare of Kansas, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Maine, Inc.	Vice President & Assistant Secretary	10-18-2017
WellCare of Missouri Health Insurance Company, Inc.	Director	02-11-2019
WellCare of Missouri Health Insurance Company, Inc.	Vice President & Assistant Secretary	02-11-2019
WellCare of Nebraska, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of New Hampshire, Inc.	Vice President & Assistant Secretary	12-21-2018

## **Tammy Lynn Meyer**

Entity Name	Title .	Role Start
WellCare of New York, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of North Carolina, Inc.	Vice President & Assistant Secretary	05-18-2018
WellCare of Ohio, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Puerto Rico, Inc.	Vice President & Assistant Secretary	11-27-2017
WellCare of South Carolina, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Texas, Inc.	Vice President & Assistant Secretary	09-05-2017
WellCare of Washington, Inc.	Vice President & Assistant Secretary	10-04-2018
WellCare Pharmacy Benefits Management, Inc.	Vice President & Secretary	07-25-2017
WellCare Prescription Insurance, Inc.	Vice President & Assistant Secretary	09-05-2017
Windsor Health Group, Inc.	Vice President & Secretary	07-25-2017
Worlco Management Services, Inc.	Vice President & Secretary	07-25-2017

### **EXHIBIT B**

## **Tammy Lynn Meyer**

## (Licenses)

Organization/Issuer of License: Florida Bar Association
Address: 651 E. Jefferson Street

City: Tallahassee

State/Province: Florida Country: **USA** Postal Code: 32399 License Type: Law License #: 114892 Date Issued (MM/YY): 04/15 Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number: 850-561-5600

Organization/Issuer of License: Illinois Attorney Registration and Disciplinary

Commission

Address: 130 E. Randolph Drive, Suite 1500

City: Chicago
State/Province: Illinois
Country: USA
Postal Code: 60601

License Type:
Law
License #:
6210689
Date Issued (MM/YY):
11/93
Date Expired (MM/YY):
Reason for Termination:
N/A

Non-Insurance Regulatory Phone Number: 312-565-2600

Organization/Issuer of License: State Bar of Michigan Address: 306 Townsend Street

City: Lansing

State/Province:
Country:
Lansing
Michigan
USA

 Postal Code:
 48933

 License Type:
 Law

 License #:
 P67429

 Date Issued (MM/YY):
 10/04

 Date Expired (MM/YY):
 10/10

Reason for Termination: Resigned Voluntarily

Non-Insurance Regulatory Phone Number: 517-346-6300

Organization/Issuer of License:

The Missouri Bar

Address:

326 Monroe, P.O. Box 119

City:

**Jefferson City** 

State/Province:

Missouri

Country:

USA

Postal Code:

65102

License Type:

License #:

Law 51625

Date Issued (MM/YY):

04/00

Date Expired (MM/YY):

12/01 Inactive

Reason for Termination:

Non-Insurance Regulatory Phone Number:

573-635-4128