

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

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

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Healthcare Executive

4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634

Business telephone: 813-290-6200

Business Email: drew.asher@wellcare.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Florida	Gainesville, FL	06/86 - 12/90	B.S. in Accounting

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Tax	University of Central Florida	Orlando, FL	04/91 - 12/92	Masters in Tax

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

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

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6. List of memberships in professional societies and associations:

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

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

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

SEE EXHIBITS A, A-1 and A-2

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

Organization/Issuer of License: Florida DBPR Address: 1940 N. Monroe Street
City: Tallahassee State/Province: Florida Country: USA Postal Code: 32303
License Type: Current-Inactive License #: AC0026290 Date Issued (MM/YY): 01/94
Date Expired (MM/YY): N/A Reason for Termination: N/A

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

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Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

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

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office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1199

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 18th day of April, 2019 at Tampa, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☐ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]

(Signature of Affiant)

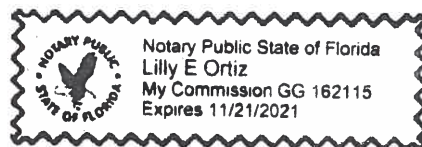
State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 18th day of April, 2019 by Andrew Lynn Asher, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Lilly E. Ortiz
Printed Notary Name
11/21/2021
My Commission Expires

EXHIBIT A

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

EXHIBIT A-1

Andrew Lynn Asher

(WellCare - Current Officerships and Directorates)

Entity Name	Title	Role Start
American Progressive Life and Health Insurance Company of New York	Director	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

EXHIBIT A-1

Andrew Lynn Asher

(WellCare - Current Officerships and Directorates)

Entity Name	Title	Role Start
WellCare of Connecticut, Inc.	Director	11-14-2014
WellCare of Florida, Inc.	Director	11-14-2014
WellCare of Indiana, Inc.	Director	01-16-2019
WellCare of Kansas, Inc.	Director	11-14-2014
WellCare of Maine, Inc.	Director	10-18-2017
WellCare of Mississippi, Inc.	Director	02-22-2017
WellCare of Missouri Health Insurance Company, Inc.	Director	02-11-2019
WellCare of Nebraska, Inc.	Director	10-20-2015
WellCare of New Hampshire, Inc.	Director	12-21-2018
WellCare of North Carolina, Inc.	Director	05-18-2018
WellCare of Ohio, Inc.	Director	11-14-2014
WellCare of Oklahoma, Inc.	Director	07-13-2016
WellCare of Pennsylvania, Inc.	Director	02-24-2016
WellCare of Puerto Rico, Inc.	Director	11-15-2017
WellCare of South Carolina, Inc.	Director	04-18-2016
WellCare of Texas, Inc.	Director	11-14-2014
WellCare of Virginia, Inc.	Director	03-06-2017
WellCare of Washington, Inc.	Director	09-27-2018
WellCare Pharmacy Benefits Management, Inc.	Director	04-18-2016
WellCare Prescription Insurance, Inc.	Director	04-18-2016
Windsor Health Group, Inc.	Director	04-18-2016
American Progressive Life and Health Insurance Company of New York	Chief Financial Officer	05-16-2017
American Progressive Life and Health Insurance Company of New York	Treasurer	05-16-2017
America's 1st Choice California Holdings, LLC	Chief Financial Officer	11-14-2014
America's 1st Choice California Holdings, LLC	President	04-18-2016
APS Healthcare Holdings, Inc.	President	08-15-2017
APS 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	04-18-2016
Harmony Health Management, Inc.	Chief Financial Officer	11-14-2014
Harmony Health Management, Inc.	President	04-18-2016
Harmony Health Systems, Inc.	Chief Financial Officer	11-14-2014
Harmony Health Systems, Inc.	President	04-18-2016
Heritage Health Systems, Inc.	Chief Financial Officer	05-16-2017
Heritage Health Systems, Inc.	President	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
UAM/APS Holding Corp.	President	08-15-2017
Universal American Corp.	President & Chief Financial Officer	11-15-2016

EXHIBIT A-1

Andrew Lynn Asher

(WellCare - Current Officerships and Directorates)

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

EXHIBIT A-2

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	630-797-7900	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.	2110 Fox Drive Champaign, IL 61820	217-366-1226	Director	Healthcare	Shawn Guertin
01/05 – 05/10	Coventry Health Care of Kansas, Inc.	8320 Ward Parkway Kansas City, MO 64114	866-705-3995	Treasurer	Healthcare	Shawn Guertin
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

EXHIBIT A-2

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)

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**

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc. 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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

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

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? 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:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Saint Louis University	St. Louis, MO	08/04- 05/08	Bachelors in Business

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
MBA	Rice University	Houston, TX	09/12 - 05/14	Masters in Business Administration

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

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

6. List of memberships in professional societies and associations:

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

None

7. Present or proposed position with the Applicant Company: **President and Director**

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

See Exhibits A and A-1

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

None

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1199

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Applicant Company Name: 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 details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 14 day of April, 20 19 at Tampa, FL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 14 day of April, 20 19 by Andrew Wayne Clifton, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Lilly E. Ortiz
Printed Notary Name
11.21.2021
My Commission Expires

EXHIBIT A

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

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.

EXHIBIT A-1

Andrew Clifton

(WellCare - Current Officerships and Directorates)

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc. 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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

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

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Healthcare Executive

4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634

Business telephone: 813-206-1544 Business Email: richard.fisher@wellcare.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Florida</u>	<u>Gainesville, Florida</u>	<u>08/99 - 06/03</u>	<u>BSBA, Marketing</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>N/A</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Certified Health Insurance Executive (through AHIP)</u>		<u>06/16 - 06/17</u>	<u>CHIE</u>

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

6. List of memberships in professional societies and associations:

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

None

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

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

See Exhibits A AND EXHIBIT A-1

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

Organization/Issuer of License: Florida Dept. of Financial Services Address: 200 East Gaines Street

City: Tallahassee State/Province: Florida Country: USA Postal Code: 32399

License Type: Life and Variable Annuity License #: E098815 Date Issued (MM/YY): 12/03

Date Expired (MM/YY): 12/07 Reason for Termination: Non-usage

Non-Insurance Regulatory Phone Number (if known): 850-413-3137

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

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FEIN: **83-2126269**

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

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1199

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Applicant Company Name: 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 details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17th day of April, 20 19 at Tampa, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

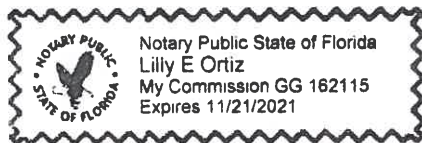
State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 17th day of April, 20 19 by Richard Charles Fisher, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Lilly E. Ortiz
Printed Notary Name
11.21.2021
My Commission Expires

EXHIBIT A

Richard Charles Fisher

(Employment History)

Beginning / Ending Dates	Employer's Name	Address and Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
06/06 - Present	Comprehensive Health Management, Inc. (a subsidiary of WellCare Health Plans, Inc.	8735 Henderson Road Tampa, FL 33634 813-290-6200	Vice President, Medicare CFO (09/17 - Present); VP, Regional Finance (01/15 - 09/17); Sr. Director, Finance (02/14 01/15); Director, Finance (02/12 - 02/14); Sr. Manager, Medical Economics (02/10 - 02/12); Manager, Finance (11/08 - 02/10); Sr. Financial Analyst (02/08 - 11/08); and Financial Analyst (06/06 - 02/08)	Healthcare	Andrew Asher 813-206-4421
03/04 - 06/06	Metropolitan Life Insurance Company	18210 Crane Nest Drive, #5 Tampa, FL 33647 813-903-0192	Financial Analyst	Insurance	Dalton Cross
09/02 -03/04	N/A - Finished college, took some time off after college, and began looking for employment.	N/A	N/A	N/A	N/A
03/01 - 09/02	United Parcel Service	1941 NW 67th Place Gainesville, FL 32653 800-742-5877	Revenue Reconciliation	Shipping	Unknown

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.

EXHIBIT A-1**Richard Charles Fisher****(WellCare - Current Officerships and Directorates)**

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

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

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Healthcare Executive

4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634

Business telephone: 813-206-1490

Business Email: michael.haber@wellcare.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
Stetson University	Deland, Florida	09/86 - 05/91	BBA	
Daytona Beach Community College	Daytona, Florida	09/90 - 05/91	N/A	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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 School	Florida State University	Tallahassee, FL	08/96 - 05/97	N/A
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
None				

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

6. List of memberships in professional societies and associations:

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

None

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

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

SEE EXHIBIT A, A-1 and A-2

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

SEE EXHIBIT B

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
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Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☒ No ☐

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

Yes ☐ No ☒

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

Yes ☒ No ☐

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

SEE EXHIBIT C

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513

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

If any of the stock is pledged or hypothecated in any way, give details. N/A

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 1199

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☒ No ☐

Applicant Company Name: 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 details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

I served as an officer and/or director for a subsidiary of WellCare Health Plans, Inc. and/or for WellCare Health

Plans, Inc. (the ultimate parent company) during the events described in the attached EXHIBIT D.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of April, 20 19 at Tampa, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

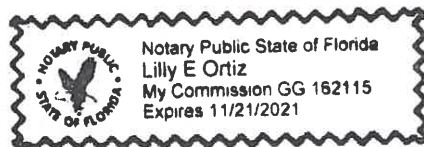
State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 16th day of April, 20 19 by Michael Warren Haber, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Lilly E. Ortiz
Printed Notary Name
11.21.2021
My Commission Expires

EXHIBIT A

Michael Warren Haber

(Employment History)

Beginning - Ending Dates	Employer's Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/ Contact
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 (02/04 - 02/06)	Healthcare	Anat Hakim 813-206-2529
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 - 09/02	Morris, Manning & Martin, LLP	3343 Peachtree Road Suite 1600 Atlanta, Georgia 30326	404-233-7000	Associate Attorney	Law Firm	Jim Walker
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	Supreme Court of Florida	500 S. Duval Street Tallahassee, FL 33399	850-488-0125	Judicial Extern	Government	Michael Ufferman

EXHIBIT A-1**Michael Warren Haber****(WellCare - Current Officerships and Directorates)**

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
Harmony Health Systems, Inc.	Assistant Secretary	04-18-2016

EXHIBIT A-1

Michael Warren Haber

(WellCare - Current Officerships and Directorates)

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
Heritage 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
UAM Agent Services Corp.	Assistant Secretary	05-16-2017
UAM Agent Services Corp.	Vice President	05-16-2017
UAM/APS Holding Corp.	Vice President & Assistant Secretary	08-15-2017
Universal American Corp.	VP & Asst. Secretary	11-15-2016
Universal American Financial Services, Inc.	Vice President	05-16-2017
Universal 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
WCG 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

EXHIBIT A-1**Michael Warren Haber****(WellCare - Current Officerships and Directorates)**

Entity Name	Title	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
WellCare of New York, Inc.	Vice President	04-18-2016

EXHIBIT A-1**Michael Warren Haber****(WellCare - Current Officerships and Directorates)**

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

EXHIBIT A-2

Michael Warren Haber

(Ownership of Entities)

Beginning - Ending Dates	Entity Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/ Contact
02/24/15 - Present	JAYHAB1 Investments, LLC (a Florida LLC)	502 S. Dakota Avenue Tampa, Florida 33606	813-841-5786	Owner (50%). This is an active company; however, I am not a board member, officer, or employee of this company.	Holding Company - previously owned a 49% interest in a men's health clinic	Jay Green
01/27/04 - 02/14/05	Tam-Bay Title, Inc. (a Florida corporation)	419 S. Albany Avenue Tampa, Florida 33606	None	Owner (100%). This corporation was voluntarily dissolved	Did not conduct any business	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**
License Type: **Law**
License #: **0176729**
Date Issued (MM/YY): **09/99**
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.

COURT DOCKET NO. 15

USE SEPARATE FORMS FOR EACH DEFENDANT AND FOR MULTIPLE
OFFENSES OCCURRING AT DIFFERENT TIME, DATE OR LOCATION1. _____
2. _____

ARREST AFFIDAVIT

FBI NO. _____ FILE NO. _____

Fingerprinted <input type="checkbox"/> Identification Only <input type="checkbox"/> Criminal	By <input type="checkbox"/> AFIS	<input checked="" type="checkbox"/> CHECK TRUE NAME <input type="checkbox"/> →	DEFENDANT NAME (LAST, FIRST, MIDDLE) HABER, MICHAEL WARREN	ARR. AGENCY ORI. NO.				
BOOKING OFFICER	JAIL NUMBER 82321	AKA	DOB NO. 00028141640					
LOCAL CASE NO. 92-10072	DATE OF BIRTH 0322/68	PERMANENT ADDRESS (STREET NO. STREET NAME CITY) 10600 4th St. Petersburg FL 33711	PHONE (813) 576-4843	STATE FL				
DEFENDANT REQUIRED TO APPEAR IN CIRCUIT COURT	HEIGHT 5'09"	WEIGHT 155	RACE W	SEX M				
ON	SOCIAL SECURITY NUMBER 270 664131510	OCCUPATION OR EMPLOYER C.P.A. KPMG Penn Housh	DISTINGUISHING MARKS NONE					
AT	ARREST DATA DATE 0710792	MILITARY TIME 00:10	SECTOR 2	STREET N.E. Dixie Hwy Jensen Beach				
ON	OFFENSE DATA DATE 71692	MILITARY TIME 23:40	SECTOR 2	STREET RICK'S DRAFT HOUSE				
AT								
Weapons Seized/Type 1. Yes 2. No	Residence Type 1. City 2. County 3. Mobile 4. Out-of-State	Activity N/A F Possess	B Sell B Buy T Traffic	R Smuggle D Deliver E Use				
Indication of: Alcohol Influence Drug Influence		Citizenship YES	Activity N/A A Amphetamine	B Barbiturate C Cocaine E Heroin				
CHARGE STATUS <input type="checkbox"/> PC <input type="checkbox"/> CAPAS <input type="checkbox"/> BW <input type="checkbox"/> FW <input type="checkbox"/> PW <input type="checkbox"/> Juv <input type="checkbox"/> PU <input type="checkbox"/> CITATION		CHARGE/STATUTE NO. F85 856.011		IF DRUGS				
SEQ. NO.	FELONY	FEL TRAF	MISD	MISD TRAF	ORD	OTHER	ACTIVITY	TYPE
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

DEFENDANT'S COPY	PRINCIPAL ARRESTING OFFICER / AGENCY (PRINT) A.J. Minella	OFFICER ID NO. 11031710	BONDSMEN / SURETY NAME	BOND AMOUNT \$532
CO-DEFENDANT'S (LAST, FIRST, MIDDLE) GILLION, JOHN / GOUGH, MATTHEW / PLATTRETT, BRUCE			VICTIM'S NAME	

SUMMARY OF OFFENSES AND PROBABLE CAUSE AFFIDAVIT

The above named defendant was arrested for the following reasons:

PROBABLE CAUSE

The preceding is true to the best of my present knowledge or belief.

Sworn & Subscribed before me this _____ day of _____

Signature _____

NOTARY / ASA _____

*Sequence number taken from fingerprint card containing
this OBTS number for this arrest.

My commission expires _____

Agency _____

CASH APPEARANCE BOND

No. 1730990 A

STATE OF FLORIDA, COUNTY OF MartinDefendant Michael HaberAddress: 10600 4th Street, N. ST Petersburg,
FL 33176

KNOW ALL MEN BY THESE PRESENTS THAT I,

Michael HaberDepositor, Address: 10600 4th St N. ST Petersburghave deposited with the Sheriff of Martin County, Florida, the sum of Fifty ThreeDollars (\$ 53.00) as security for the appearance of the defendant upon the conditions hereinafter set forth. If the saiddefendant shall appear before the CIRCUIT OR COUNTY Court, in and for MartinCounty, Stuart, Florida at 830 A M. on the 23 day of JulyA.D. 19 92 to answer to (a) charge(s) of #1 Dis Intox or such Bond \$ 53.00#2 _____ Bond \$ _____; #3 _____ Bond \$ _____

and shall appear in said court from day to day and term to term and shall not depart the same without leave, said money so deposited shall be returned to the undersigned depositor, else to be forfeited or estreated by order of the above court.

The above sum received and this bond taken and approved by me this

7 day of July 19 92James D Holt SheriffMartin County, FloridaBy Karl Rodert 453 D.S.Location where taken: Jail

x Michael Haber Defendant

x Michael Haber Depositor

Section 939.17, Florida Statutes, authorizes the Clerk, under the direction of the Court, to deduct any court fines 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

BENJAMIN GOLDNER

Attorney at Law

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.

July 23rd, 1992

Richard Johnston acknowledges
receipt of check in sum of \$48.00
in full payment and satisfaction
of all claims for damages caused
by or about July 7th, 1992 against
Michael Warren Hahn and Kathleen Smith
at Premises 2285 N.E. Dife Hwy
Ft. Green Beach, Fla.



COPY - FOR YOUR INFORMATION

IN THE COUNTY COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR MARTIN COUNTY, FLORIDA

STATE OF FLORIDA

VS.

MICHAEL HABER

Defendant(s))

CASE NO. 92-3867MMA

NO INFORMATION

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 28th day of July, 1992.

RESPECTFULLY SUBMITTED,
Bruce H. Colton, State Attorney

By:

THOMAS BAKKEDAHN
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.

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Goran Middle: None Last: Jankovic

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☒ No ☐

If yes, what country? Bosnia & Herzegovina

3. Affiant's occupation or profession: Healthcare Executive

4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634

Business telephone: 813-206-3658

Business Email: goran.jankovic@wellcare.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Central Florida	Orlando, FL	08/95 - 05/97	Bachelor of Science, Finance

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Master of Business Administration	UCF	Orlando, FL	05/97 - 08/98	MBA

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

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Association for Finance Professionals (AFP)		4520 East-West Highway, Suite 750, Bethesda, MD 20814	301-907-2862
Risk and Insurance Management Society (RIMS)		5 Bryant Park, 13th Floor, New York, NY 10018	212-286-9292
Financial Executives International (FEI)		1250 Headquarters Plaza, W. Tower, 7th Fl., Morristown, NJ 07960	973-765-1000

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

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

SEE EXHIBIT A AND EXHIBIT A-1

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

Organization/Issuer of License: Association for Finance Professionals Address: 4520 East-West Highway, Suite 750

City: Bethesda State/Province: Maryland Country: USA Postal Code: 20814

License Type: Certified Treasury License #: 215852 Date Issued (MM/YY): 08/04

Date Expired (MM/YY): Professional N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 301-907-2862

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

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

If any of the stock is pledged or hypothecated in any way, give details. **N/A**

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: **N/A**

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. **1199**

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Applicant Company Name: 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 details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of April, 20 19 at Tampa, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

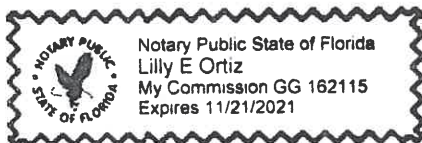
State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 16th day of April, 20 19 by Goran Jankovic, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Lilly E. Ortiz
Printed Notary Name
11.21.2021
My Commission Expires

EXHIBIT A

Goran Jankovic

(Employment History)

Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/Contact
06/2007 - Present	Comprehensive Health Management, Inc. (a subsidiary of WellCare Health Plans, Inc.)	8735 Henderson Road Tampa, FL 33634	813-206-3658	Senior Vice President Corporate Finance and Treasury (10/18-Present) Vice President, Corporate Finance & Treasurer (01/16 - 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
09/2004 - 06/2007	WCI Communities, Inc.	24301 Walden Center Drive Bonita Springs, FL 34134	239-947-2600	Director Treasury; Manager Finance	Real Estate Development	Ernest Scheidemann, Treasurer 239-947-2600
01/2004 - 09/2004	Universal Weather and Aviation, Inc.	1150 Gemini Street Houston, TX 77058	713-944-1622	Financial Analyst	Aviation Services	Varah Outcalt Director, Finance
04/2003-01/2004	Studying for CTP exam. Also, conducted a speech therapy market study while considering a related business venture.	N/A	N/A	N/A	N/A	N/A

EXHIBIT 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	Sr. Financial Analyst	Industrial Gas	Wayne Bowman Manager, Corporate Finance
09/1998 - 04/2001	Sterling Bank (now Comerica)	15000 Northwest Freeway Houston, TX 77040	713- 507-7070	Assistant Vice President; Credit Analyst	Banking	Mike Wells, Jr. CEO, 290 Office

EXHIBIT A-1

Goran Jankovic

(WellCare - Current Officerships and Directorates)

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

EXHIBIT A-1

Goran Jankovic

(WellCare - Current Officerships and Directorates)

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.	Vice President	04-18-2016

EXHIBIT A-1**Goran Jankovic****(WellCare - Current Officerships and Directorates)**

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

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

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? 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:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Purdue University	West Lafayette, Indiana	08/92 - 05/99	BS, Business and Management

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

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

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

6. List of memberships in professional societies and associations:

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

None

7. Present or proposed position with the Applicant Company: Vice President, Chief Accounting Officer,
Assistant Treasurer and Director

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

SEE EXHIBIT A AND EXHIBIT A-1

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

None

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

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

If any of the stock is pledged or hypothecated in any way, give details. **N/A**

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: **N/A**

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. **1199**

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Applicant Company Name: 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 details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of April, 2019 at Tampa, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

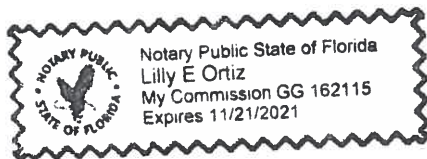
State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 16th day of April, 2019 by Michael Troy Meyer, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Lilly E. Ortiz
Printed Notary Name
11.21.2021
My Commission Expires

EXHIBIT A
MICHAEL TROY MEYER
EMPLOYMENT HISTORY

Beginning Dates - Ending Dates	Employer's Name	Address	Telephone	Offices/Positions Held	Type of Business	Supervisor/Contact
05/2015 - Present	Comprehensive Health Management, Inc. (a subsidiary of WellCare Health Plans, Inc.)	8735 Henderson Road Tampa, FL 33634	813-290-6200	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 - 04/16)	Healthcare	Andrew Asher, EVP and CFO 813-290-6200
04/2015 - 05/2015	Sabbatical	N/A	N/A	N/A	N/A	N/A
05/2013 - 04/2015	Aetna, Inc. (Aetna Health Management, LLC)	151 Farmington Avenue Hartford, CT 06156	860-273-0123	Executive Director, Regulatory and Financial Reporting	Healthcare	Rajan Parmeswar, CAO 813-273-0123
06/1999 - 05/2013	Coventry Health Care, Inc. (acquired by Aetna, Inc. in May 2013)	6705 Rockledge Drive, Bethesda, MD 20817	301-581-0600	Director, Financial Reporting, Corporate Accounting and Internal Control (Last Title)	Healthcare	John Ruhlmann, CAO 301-581-0600
08/1992 - 06/1999	Multiple part-time jobs during college	N/A	N/A	N/A	N/A	N/A

EXHIBIT A-1

Michael Troy Meyer

(WellCare - Current Officerships and Directorates)

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
Harmony Behavioral Health IPA, Inc.	Assistant Treasurer	04-18-2016
Harmony Behavioral Health IPA, Inc.	Chief Accounting Officer	07-23-2018
Harmony Behavioral Health IPA, Inc.	Vice President	04-18-2016
Harmony Behavioral Health, Inc.	Assistant Treasurer	04-18-2016
Harmony Behavioral Health, Inc.	Chief Accounting Officer	07-23-2018
Harmony Behavioral Health, Inc.	Vice President	04-18-2016
Harmony Health Management, Inc.	Assistant Treasurer	04-18-2016
Harmony Health Management, Inc.	Chief Accounting Officer	07-23-2018
Harmony Health Management, Inc.	Vice President	04-18-2016
Harmony Health Plan, Inc.	Director	04-18-2016
Harmony Health Plan, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
Harmony Health Systems, Inc.	Assistant Treasurer	04-18-2016
Harmony Health Systems, Inc.	Chief Accounting Officer	07-23-2018
Harmony Health Systems, Inc.	Vice President	04-18-2016

EXHIBIT A-1

Michael Troy Meyer

(WellCare - Current Officerships and Directorates)

Entity Name	Title	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	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	11-01-2017
HHS Texas Management, Inc.	Director	08-08-2017
HHS Texas Management, Inc.	Vice President, Chief Financial Officer, Corporate Controller and Assistant Treasurer	08-08-2017
HHS Texas Management, L.P.	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	07-16-2018
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	07-16-2018
SelectCare Health Plans, Inc.	Director	05-16-2017
SelectCare Health Plans, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
SelectCare of Texas, Inc.	Director	05-16-2017
SelectCare of Texas, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017
The WellCare Community Foundation	Assistant Treasurer	04-18-2016
The WellCare Management Group, Inc.	Assistant Treasurer	04-18-2016
The WellCare Management Group, Inc.	Corporate Controller	04-18-2016
The WellCare Management Group, Inc.	Vice President	04-18-2016
UAM Agent Services Corp.	Director	05-16-2017
UAM Agent Services Corp.	Assistant Treasurer	05-16-2017
UAM Agent Services Corp.	Chief Financial Officer	05-16-2017
UAM Agent Services Corp.	Corporate Controller	05-16-2017
UAM Agent Services Corp.	Vice President	05-16-2017
UAM/APS Holding Corp.	Director	08-15-2017
UAM/APS Holding Corp.	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	07-12-2018
Universal American Corp.	Vice President, Chief Accounting Officer, Assistant Treasurer	07-23-2018
Universal American Financial Services, Inc.	Director	05-16-2017
Universal American Financial Services, Inc.	Assistant Treasurer	05-16-2017
Universal American Financial Services, Inc.	Corporate Controller	05-16-2017
Universal American Financial Services, Inc.	Vice President	05-16-2017
Universal American Holdings, LLC	Assistant Treasurer	04-28-2017
Universal American Holdings, LLC	Chief Accounting Officer	07-06-2018
Universal American Holdings, LLC	Vice President	04-28-2017
WCG Health Management, Inc.	Assistant Treasurer	04-18-2016
WCG Health Management, Inc.	Corporate Controller	04-18-2016
WCG Health Management, Inc.	Vice President	04-18-2016
WellCare Associate Assistance Fund, Inc.	Assistant Treasurer	03-12-2018
WellCare Health Insurance Company of America	Director	01-23-2018
WellCare Health Insurance Company of America	Vice President, Corporate Controller & Assistant Treasurer	02-06-2018
WellCare Health Insurance Company of Kentucky, Inc.	Director	04-18-2016
WellCare Health Insurance Company of Kentucky, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018

EXHIBIT A-1

Michael Troy Meyer

(WellCare - Current Officerships and Directorates)

Entity Name	Title	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	10-22-2018
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.	Director	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	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	2/1/2019
WellCare of Nebraska, Inc.	Vice President, Chief Accounting Officer, Assistant Treasurer	12-31-2018
WellCare of New Hampshire, Inc.	Director	12-21-2018
WellCare of New Hampshire, Inc.	Vice President, Chief Financial Officer, Chief Accounting Officer & Assistant Treasurer	12-21-2018
WellCare of New York, Inc.	Vice President, Corporate Controller, Assistant Treasurer	09-05-2017

EXHIBIT A-1

Michael Troy Meyer

(WellCare - Current Officerships and Directorates)

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

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.

(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 as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or REUSLT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Tammy Middle: Lynn Last: Meyer

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

Yes ☒ No ☐

b. Are you a citizen of any other country?

Yes ☐ No ☒

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney/Healthcare Executive

4. Affiant's business address: 8735 Henderson Road, Tampa, Florida 33634

Business telephone: 813-206-2028 Business Email: tamara.meyer@wellcare.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Loyola University</u>	<u>Chicago, Illinois</u>	<u>08/81 - 05/82; 08/84 - 01/87</u>	<u>BBA, Public Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Taxation</u>	<u>DePaul University</u>	<u>Chicago, Illinois</u>	<u>10/88 - 05/90</u>	<u>MST</u>

<u>Law</u>	<u>Northwestern University Law School</u>	<u>Chicago, Illinois</u>	<u>08/90 - 05/93</u>	<u>JD</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Bar Association	William Adams	321 N. Clark St., Chicago, IL 60654	312-988-5000
American Health Lawyers Assoc.	Kerry Beth Hoggard	1620 Eye St., NW, Washington, DC 20006	202-833-1100

7. Present or proposed position with the Applicant Company: Vice President and Assistant Secretary

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

See Exhibit A AND EXHIBIT A-1

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. 16513
FEIN: 83-2126269

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

Yes ☐ No ☒

If any claims were made on the bond, give details: N/A

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

Yes ☐ No ☒

If yes, give details: N/A

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

SEE EXHIBIT B

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes ☐ No ☒

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

N/A

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

Applicant Company Name: WellCare Health Insurance of Connecticut, Inc.

NAIC No. **16513**
FEIN: **83-2126269**

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

If any of the stock is pledged or hypothecated in any way, give details. **N/A**

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

Yes ☐ No ☒

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes ☐ No ☒

If yes, provide details: **N/A**

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. **1199**

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

Yes ☐ No ☒

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

Yes ☐ No ☒

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

Yes ☐ No ☒

Applicant Company Name: 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 details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

N/A

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of April, 20 19 at Tampa, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

☒ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Tammy Lynn Meyer
(Signature of Affiant)

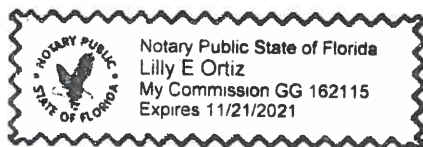
State of: Florida County of: Hillsborough

The foregoing instrument was acknowledged before me this 16th day of April, 20 19 by Tammy Lynn Meyer, and:

☒ who is personally known to me, or

☐ who produced the following identification: _____

[SEAL]



Lilly E. Ortiz
Notary Public
Printed Notary Name
11.21.2021
My Commission Expires

EXHIBIT A

Tammy Lynn Meyer

(Employment History)

Beginning / Ending Dates	Employer's Name	Address and Telephone	Offices / Positions Held	Type of Business	Supervisor / Contact
06/17 - Present	Comprehensive Health Management, Inc. (a subsidiary of WellCare Health Plans, Inc.)	8735 Henderson Road Tampa, Florida 33634 813-290-6200	VP, Assistant General Counsel, Litigation, Regulatory, and Operations	Healthcare	Anat Hakim SVP, General Counsel & Secretary 813-206-2529
03/15 - 05/17	Catalina Marketing	200 Carillon Parkway St. Petersburg, Florida 33716 727-579-5000	EVP, General Counsel, and Corporate Secretary	Marketing	Andrew Heyman 727-579-5000
07/09 - 03/15	Health Care Service Corporation	300 E. Randolph Street Chicago, Illinois 60601 773-631-5829	Division Sr. VP, Chief Litigation Counsel (07/09 - 03/15); General Counsel BCBSIL (07/09 - 11/12)	Health Insurance	Deborah Dorman Rodriguez 312-533-9206
06/04 - 07/09	Kellogg Company	One Kellogg Square Battle Creek, Michigan 49017 269-961-2000	Corporate Counsel (06/04 - 11/05); Sr. Corp. Counsel/Sr. Dir. Global Public Affairs (11/05 - 04/08); VP, Litigation and Global Public Affairs (04/08 - 01/09); VP, Litigation, Global Public Affairs, and Government Relations (01/09 - 07/09)	Food Manufacturing	Gary Plinick 269-961-2000
06/98 - 06/04	Sonnenschein, Nath & Rosenthal, LLP (now Dentons, LLP)	233 S. Wacker Drive Chicago, Illinois 60606 312-876-8000	Associate (06/98 - 10/99); Of Counsel (10/99 - 10/01); Partner (10/01 - 06/04)	Law Firm	Richard Fenton 312-876-7442

EXHIBIT A-1

Tammy Lynn Meyer

(WellCare - Current Officerships and Directorates)

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

EXHIBIT A-1**Tammy Lynn Meyer****(WellCare - Current Officerships and Directorates)**

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

EXHIBIT A-1

Tammy Lynn Meyer

(WellCare - Current Officerships and Directorates)

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): **N/A**
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: **Michigan**
Country: **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:	Law
License #:	51625
Date Issued (MM/YY):	04/00
Date Expired (MM/YY):	12/01
Reason for Termination:	Inactive
Non-Insurance Regulatory Phone Number:	573-635-4128