

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Ronald Kerry Clark**

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? **Canada (by birth)**

3. Affiant's occupation or profession: **Retired Businessman**

4. Affiant's business address: **N/A**

Business telephone: **N/A** Business Email: **N/A**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Queens University	Kingston, Ontario Canada	1970-1974	BA-Commerce

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

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

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

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.

See attachment for additional Directorates

Beginning/Ending
 Dates (MM/YY): **2007-2009** Employer's Name: **Cardinal Health, Inc.**
 Address: **7000 Cardinal Place** City: **Dublin** State/Province: **Ohio**
 Country: **USA** Postal Code: **43017** Phone: **614-757-5000**
 Offices/Positions Held: **Chairman and CEO**
 Type of Business: **Healthcare System** Supervisor/Contact: **Board of Directors/Shareholders**

Beginning/Ending
 Dates (MM/YY): **2006-2007** Employer's Name: **Cardinal Health, Inc.**
 Address: **7000 Cardinal Place** City: **Dublin** State/Province: **Ohio**
 Country: **USA** Postal Code: **43017** Phone: **614-757-5000**
 Offices/Positions Held: **President & CEO**
 Type of Business: **Healthcare System** Supervisor/Contact: **Board of Directors/Shareholders**

Beginning/Ending
 Dates (MM/YY): **1974-2006** Employer's Name: **Procter & Gamble Company**
 Address: **1 Procter & Gamble Plaza** City: **Cincinnati** State/Province: **Ohio**
 Country: **USA** Postal Code: **45202** Phone: **502-596-7172**
 Offices/Positions Held: **Vice Chairman, Global Health, Baby & Family Care (2004-2006), Vice Chairman & President, Global Market Development (2002-2004), President, Global Market Development (2000-2002), President, Global Feminine Protection and Asia (1999-2000), EVP and President, Asia (1998-1999), Group VP and President, Laundry & Cleaning Products, North America (1997-1998), Group VP & President, Laundry & Cleaning Products, U.S. (1995-1997), VP & General Manager, Laundry Products (1991-1995)**
 Type of Business: **Consumer Products Company** Supervisor/Contact: **AG Lafley**

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?

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 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 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?

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

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 25 day of August 20 15 at Indianapolis, IN. 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.

(Signature of Affiant)

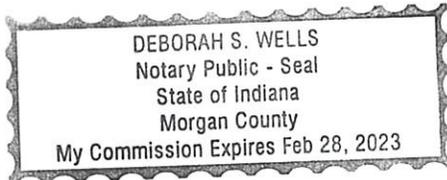
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 20 15 by Ronald Kerry Clark, and:

who is personally known to me, or

who produced the following identification: _____.

[SEAL]



Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 20 15 at Indianapolis, IN. 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.

[Signature]
(Signature of Affiant)

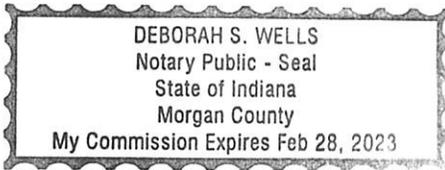
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 20 15 by Ronald Kerry Clark, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

R. Kerry Clark, [Redacted]

[Handwritten Signature]

(Signature)

8/17/2015

(Date)

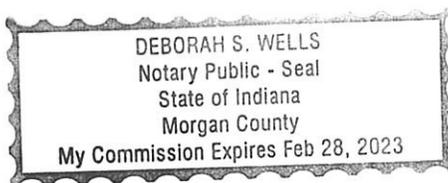
State of: Indiana County of: Marian

The foregoing instrument was acknowledged before me this 17 day of August, 2015 by Ronald Kerry Clark, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



[Handwritten Signature]

Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

R. Kerry Clark, [Redacted]

[Signature]
(Signature)

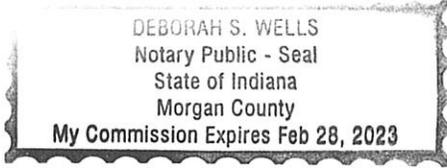
8/17/2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 17 day of August, 20 15 by Ronald Kerry Clark, and:

X who is personally known to me, or who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

R. Kerry Clark, [Redacted]

[Signature]
(Signature)

8/17/2015
(Date)

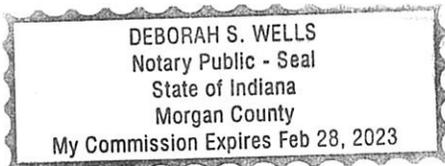
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 17 day of August, 2015 by Ronald Kerry Clark, and:

X who is personally known to me, or who produced the following identification: _____

[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

[SEAL]



R. Kerry Clark
Attachment to the NAIC Biographical Affidavit

8. Additional Directorates:

<u>DATES</u>	<u>EMPLOYER</u>	<u>TITLE</u>
2/2013-Present	Avnet, Inc.	Director
3/2013-Present	Textron, Inc.	Director
2012-Present	Hauser Capital Partners LLC	Director
5/2009-Present	General Mills	Director
2012-Present	Hauser Private Equity LLC	Director
2009 - Present	The Christ Hospital (Cincinnati)	Director
2010 - Present	Global BrightLight Foundation	Founding Director
2009 - 2014	Cincinnati Zoo Foundation	Director
2009-2013	Bausch & Lomb	Director
Former	Council of Chief Executives	Member
Former	Elizabeth Gamble Deaconess Home Assoc.	Trustee
Former	Business Council	Member
Former	Healthcare Leadership Council	Trustee
Former	Ohio Business Roundtable	Member
Former	Columbus Partnership	Member
Former	Cincinnati Zoo	Chair
Former	Dean's Advisory Council for Ohio State University's Fisher College of Business	Member

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **Wayne** Middle: **Scott** Last: **DeVeydt**

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. **Executive Vice President and Chief Financial Officer**

4. Affiant's business address. **120 Monument Circle, Indianapolis, IN 46204**

Business telephone. **317-488-6770**

Business Email: **wayne.deveydt@anthem.com**

5. Education and Training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	University of Missouri – St. Louis	St. Louis, MO	01/90-12/92	BSBA - Emphasis Accounting
	University of Missouri – Columbia	Columbia, MO	09/89-12/90	
Graduate Studies	n/a			
Other Training	n/a			

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the Applicant Company. **Executive 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.

See attached for directorates.

Beginning/Ending

Dates (MM/YY): **05/07 – PRESENT** Employer's Name: **ANTHEM, INC.**
Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6770**
Offices/Positions Held: **EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER**
Supervisor/Contact: **JOSEPH SWEDISH**

Beginning/Ending

Dates (MM/YY): **11/06 – 05/07** Employer's Name: **ANTHEM, INC.**
Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6770**
Offices/Positions Held: **SENIOR VICE PRESIDENT, CHIEF OF STAFF AND CHIEF ACCOUNTING OFFICER**
Supervisor/Contact: **DAVID C. COLBY**

Beginning/Ending

Dates (MM/YY): **03/05 – 11/06** Employer's Name: **ANTHEM, INC.**
Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6770**
Offices/Positions Held: **SENIOR VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER**
Supervisor/Contact: **DAVID C. COLBY**

Beginning/Ending

Dates (MM/YY): **01/93 – 02/05** Employer's Name: **PRICEWATERHOUSECOOPERS LLP**
Address: **350 SOUTH GRAND AVENUE** City: **LOS ANGELES** State/Province: **CA**
Country: **USA** Postal Code: **90071** Phone: **213-356-6046**
Offices/Positions Held: **PARTNER**
Supervisor/Contact: **BRAD OLTMANS**

Beginning/Ending

Dates (MM/YY): **04/96 – 10/96** Employer's Name: **BAR PLAN MUTUAL INSURANCE COMPANY**
Address: **1717 HIDDEN CREEK COURT** City: **ST. LOUIS** State/Province: **MO**
Country: **USA** Postal Code: **63131** Phone: **314-965-3333**
Offices/Positions Held: **CHIEF FINANCIAL OFFICER**
Supervisor/Contact: **KAREN MCCARTHY**

Beginning/Ending

Dates (MM/YY): **01/86 – 12/92** Employer's Name: **GLOBE DRUGS WAREHOUSE**
Address: **100 SOUTH BROADWAY** City: **ST. LOUIS** State/Province: **MO**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. None
FEIN: **35-2145715**

Country: **USA**

Postal Code:

Phone:

Offices/Positions Held: **REGISTER CLERK**

Supervisor/Contact:

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: **INDIANA BOARD OF ACCOUNTANCY**

Address: **302 W. Washington Street, Room E034**

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

License Type: **CPA** License #: **CP10400053**

Date Issued (MM/YY): **02/04**

Date Expired (MM/YY): **06/15**

Reason for Termination: **Did not renew**

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

Organization/Issuer of License: **CALIFORNIA BOARD OF ACCOUNTANCY**

Address: **2000 EVERGREEN ST., SUITE 250** City: **SACRAMENTO**

State/Province: **CA** Country: **USA** Postal Code: **95815-3832**

License Type: **CPA** License #: **82705** Date Issued (MM/YY): **03/02**

Date Expired (MM/YY): **01/08**

Reason for Termination: **Did not renew**

Non-insurance Regulatory Phone Number (if known) **916-263-3680**

Organization/Issuer of License: **MISSOURI STATE BOARD OF ACCOUNTANCY**

Address: **3605 MISSOURI BLVD, PO BOX 613** City: **JEFFERSON CITY**

State/Province: **MO** Country: **USA** Postal Code: **65102-0613**

License Type: **CPA** License #: **018002** Date Issued (MM/YY):

Date Expired (MM/YY):

Reason for Termination:

Non-insurance Regulatory Phone Number (if known) **573-751-0012**

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?
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 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 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?

- 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

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. **SEE ATTACHMENT**

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.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. None
FEIN: **35-2145715**

Dated and signed this 25 day of August, 2015, at Indianapolis, IN. 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.



WAYNE SCOTT DEVEYDT

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **WAYNE SCOTT DEVEYDT**, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]





Notary Public : Deborah S. Wells

My Commission Expires: February 28, 2023

Applicant Name (Company): **Anthem, Inc.**

NAIC No. None
FEIN: **35-2145715**

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **WAYNE** Middle: **SCOTT** Last: **DEVEYDT**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: **[REDACTED]**

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable): **N/A**

6. Date of Birth: (MM/DD/YY): **[REDACTED]** Place of Birth: City: **ST. LOUIS**
State/Province: **MO** Country: **USA**

7. Name of Affiant's Spouse (if applicable): **[REDACTED]**

8. List your residences for the last ten (10) years starting with your current address, giving:

Applicant Name (Company): **Anthem, Inc.**

NAIC No. None
FEIN: **35-2145715**

<u>Beginning/Ending</u> Dates (MM/YY)	Address	City	<u>State/</u> Province	Country	Postal Code
--	---------	------	---------------------------	---------	-------------



Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, Indiana. 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.



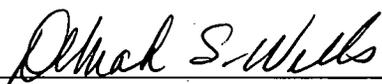
 WAYNE SCOTT DEVEYDT

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **WAYNE SCOTT DEVEYDT**, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



 Notary Public: Deborah S. Wells
 My Commission Expires: February 28, 2023



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

WAYNE SCOTT DEVEYDT, [Redacted]
(Printed Full Name and Residence Address)



WAYNE SCOTT DEVEYDT

August 25, 2015

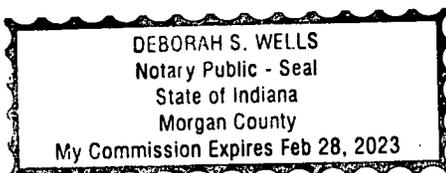
Date

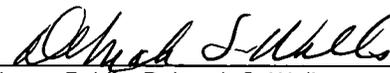
State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **WAYNE SCOTT DEVEYDT**, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]





Notary Public :Deborah S. Wells
My Commission Expires: February 28, 2023

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

WAYNE SCOTT DEVEYDT, [Redacted]

Wayne Scott Deveydt
(Signature)

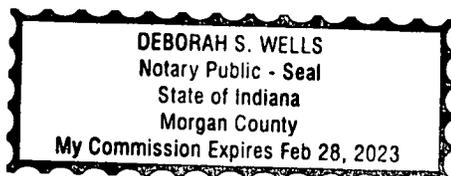
August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **WAYNE SCOTT DEVEYDT**, and:

X who is personally known to me, or who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. None
FEIN: **35-2145715**

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

WAYNE SCOTT DEVEYDT, [REDACTED]



(Signature)

August 25, 2015

(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **WAYNE SCOTT DEVEYDT**, and:

who is personally known to me, or
who produced the following identification: _____

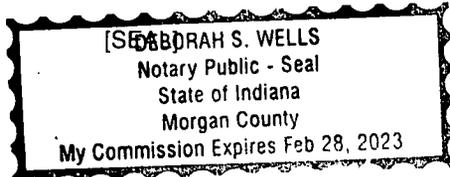


Notary Public

Deborah S. Wells

Printed Notary Name
February 28, 2023

My Commission Expires



ATTACHMENT IN RESPONSE TO QUESTION 15 c.

Attachment to Question 8 - Wayne Scott DeVeydt

Entity Name	Title	Role Start	Termination Date	Last Elected
1-800 Contacts Foundation L.L.C.	Manager	06/17/2013	03/13/2014	06/17/2013
1-800 CONTACTS PARENT CORP.	Director	06/20/2012	01/31/2014	06/20/2013
1-800 CONTACTS PARENT HOLDINGS CORP.	Director	06/20/2012	01/31/2014	06/20/2013
1-800 CONTACTS, INC.	Director	06/20/2012	01/31/2014	06/20/2013
Affiliated Healthcare, Inc.	Chief Financial Officer	05/30/2007	05/13/2010	--
Affiliated Healthcare, Inc.	Director	05/30/2007	05/13/2010	--
Affiliated Provider Systems, Inc.	Director	05/30/2007	06/26/2009	--
Affiliated Provider Systems, Inc.	Chief Financial Officer	05/30/2007	06/26/2009	--
AHI Healthcare Corporation	Chief Financial Officer	05/30/2007	05/01/2011	05/21/2010
AHI Healthcare Corporation	Director	05/30/2007	05/01/2011	05/21/2010
American Imaging Management Connecticut, L.L.C.	Manager	08/01/2007	12/30/2009	--
American Imaging Management East, L.L.C.	Manager	08/01/2007	08/01/2014	05/31/2013
American Imaging Management Services, L.L.C.	Manager	08/01/2007	12/30/2009	--
American Imaging Management, Inc.	Director	08/01/2007	--	05/29/2015
American Managing Company	Chief Financial Officer	05/30/2007	05/13/2010	--
American Managing Company	Director	05/30/2007	05/13/2010	--
AMERIGROUP Community Care of New Mexico, Inc.	Director	12/24/2012	--	05/29/2015
AMERIGROUP Corporation	Director	12/24/2012	12/24/2012	--
AMERIGROUP Corporation	President	12/24/2012	12/24/2012	--
AMERIGROUP Florida, Inc.	Director	12/24/2012	--	06/22/2015
Amerigroup Foundation L.L.C.	Manager	06/17/2013	--	05/29/2015
Amerigroup Insurance Company	Director	12/24/2012	--	06/03/2015
AMERIGROUP Maryland, Inc.	Director	12/24/2012	--	06/29/2015
AMERIGROUP New Jersey, Inc.	Director	12/24/2012	--	06/26/2015
AMERIGROUP Ohio, Inc.	Director	12/24/2012	--	06/06/2014
Amerigroup Services, Inc.	Director	01/25/2013	--	05/29/2015
AMERIGROUP Tennessee, Inc.	Director	12/24/2012	--	06/02/2015
AMGP Georgia Managed Care Company, Inc.	Director	12/24/2012	01/25/2013	--
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Manager	06/04/2007	--	05/29/2015
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Director	05/30/2007	12/15/2009	--
Anthem Blue Cross Foundation, LLC	Chief Financial Officer	06/04/2007	--	05/29/2015
Anthem Blue Cross Foundation, LLC	Manager	06/04/2007	--	05/29/2015
Anthem Blue Cross Life and Health Insurance Company	Director	05/30/2007	05/29/2015	05/27/2014
Anthem Blue Cross Life and Health Insurance Company	Chief Financial Officer	05/30/2007	02/15/2010	--
Anthem Credentialing Services, Inc.	Director	05/30/2007	05/01/2013	05/25/2012
Anthem Financial, Inc.	Chairperson	10/02/2007	--	05/29/2015
Anthem Financial, Inc.	Director	05/30/2007	--	05/29/2015
Anthem Financial, Inc.	President	10/20/2007	--	05/29/2015
Anthem Foundation, Inc.	Director	06/04/2007	--	05/29/2015
Anthem Foundation, Inc.	Chief Financial Officer	06/04/2007	--	05/29/2015
Anthem Foundation, Inc. (KY)	Director	06/04/2007	--	05/29/2015

Anthem Health Insurance Company of Nevada	Director	11/13/2007	--	05/29/2015
Anthem Health Plans of Maine, Inc.	Director	05/30/2007	--	05/29/2015
Anthem Health Plans of New Hampshire, Inc.	Director	05/30/2007	--	05/29/2015
Anthem Health Plans of Virginia, Inc.	Director	05/30/2007	--	05/29/2015
Anthem Health Plans, Inc.	Director	05/30/2007	--	05/29/2015
Anthem HMO of Nevada	Director	11/13/2007	11/01/2010	05/21/2010
Anthem Holding Corp.	President	06/01/2007	--	05/29/2015
Anthem Holding Corp.	Director	05/30/2007	--	05/29/2015
Anthem Insurance Companies, Inc.	Executive Vice President	05/30/2007	05/21/2010	--
Anthem Insurance Companies, Inc.	Director	05/30/2007	--	05/29/2015
Anthem Life & Disability Insurance Company	Director	05/30/2007	03/21/2008	--
Anthem Life Insurance Company	Director	05/30/2007	--	05/29/2015
Anthem Southeast, Inc.	Director	05/30/2007	--	05/29/2015
Anthem UM Services, Inc.	Director	05/30/2007	--	05/29/2015
Anthem Workers' Compensation, LLC	Manager	01/01/2010	--	05/29/2015
Anthem, Inc.	Chief Financial Officer	05/21/2008	--	05/12/2015
Arcus Enterprises, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
Arcus Enterprises, Inc.	Director	05/30/2007	--	05/29/2015
Arcus Enterprises, Inc.	President	05/30/2007	--	05/29/2015
Arcus Financial Holding Corp.	Director	06/26/2007	10/01/2010	05/21/2010
Arcus Financial Holding Corp.	President	06/26/2007	10/01/2010	05/21/2010
ARCUS Financial Services, Inc.	Director	05/30/2007	06/01/2012	05/27/2011
ARCUS Financial Services, Inc.	Chairperson	05/30/2007	06/01/2012	05/27/2011
ARCUS Financial Services, Inc.	Chief Financial Officer	05/30/2007	06/01/2012	05/27/2011
ARCUS Financial Services, Inc.	President	05/27/2011	06/01/2012	05/27/2011
ARCUS HealthyLiving Services, Inc.	President	05/27/2011	--	05/29/2015
ARCUS HealthyLiving Services, Inc.	Director	05/30/2007	--	05/29/2015
ARCUS HealthyLiving Services, Inc.	Chairperson	05/30/2007	--	05/29/2015
ARCUS HealthyLiving Services, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
Arison Insurance Services, Inc.	Director	05/30/2007	06/30/2008	--
Associated Group, Inc.	Director	05/30/2007	--	05/29/2015
Associated Group, Inc.	Chairperson	10/02/2007	--	05/29/2015
Associated Group, Inc.	President	10/02/2007	--	05/29/2015
ATH Holding Company, LLC	Chairperson	06/01/2007	--	05/29/2015
ATH Holding Company, LLC	Manager	05/30/2007	--	05/29/2015
ATH Holding Company, LLC	President	06/01/2007	--	05/29/2015
BCCHolding Corporation	Director	05/30/2007	01/31/2008	--
BCCHolding Corporation	Chief Financial Officer	05/30/2007	01/31/2008	--
BCS Financial Corporation	Director	05/19/2014	--	--
Behavioral Health Network, Inc.	Director	05/30/2007	03/08/2013	05/27/2011
Blue Cross and Blue Shield of Georgia, Inc.	Director	05/30/2007	--	05/29/2015
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Director	05/30/2007	07/01/2014	05/27/2014
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Manager	06/04/2007	--	05/29/2015
Blue Cross Blue Shield of Wisconsin	Director	05/30/2007	--	05/29/2015
Blue Cross of California	Chief Financial Officer	05/30/2007	02/15/2010	--
Blue Cross of California	Director	05/30/2007	06/23/2015	--

Blue Cross of California Partnership Plan, Inc.	Chief Financial Officer	05/30/2007	02/15/2010	--
Blue Cross of California Partnership Plan, Inc.	Director	05/30/2007	--	06/23/2015
C & S Properties, Inc.	Director	05/30/2007	10/30/2006	--
CareMore Foundation L.L.C.	Manager	06/17/2013	--	05/29/2015
CareMore Health Plan	Director	08/22/2011	--	05/29/2015
CareMore Health Plan of Arizona, Inc.	Director	08/22/2011	--	05/29/2015
CC Holdings, LLC	Manager	05/30/2007	01/31/2008	--
Cerulean Companies, Inc.	Director	05/30/2007	--	05/29/2015
Claim Management Services, Inc.	Director	05/30/2007	--	05/29/2015
Claim Management Services, Inc.	Executive Vice President	05/30/2007	--	05/29/2015
Community Insurance Company	Director	05/30/2007	--	05/29/2015
CommunityConnect Health Plan of Pennsylvania, Inc.	Director	11/12/2010	05/15/2013	05/25/2012
Compcare Health Services Insurance Corporation	Director	05/30/2007	05/29/2015	04/30/2015
Comprehensive Integrated Marketing Services	Director	05/30/2007	12/22/2009	--
Crossroads Acquisition Corp.	Director	05/30/2007	--	05/29/2015
CSRA Healthcare Partners, Inc.	Director	05/30/2007	06/27/2008	--
DeCare Analytics, LLC	Governor	04/09/2009	--	05/29/2015
DeCare Dental Health International, LLC	Governor	04/09/2009	--	05/29/2015
DeCare Dental Networks, LLC	Governor	04/09/2009	--	05/29/2015
DeCare Dental, LLC	Governor	04/09/2009	--	05/29/2015
Dental Claims Administrative Services, Inc.	Director	04/09/2009	04/01/2011	05/27/2011
Designated Agent Company, Inc.	Director	05/30/2008	--	05/29/2015
Diversified Life Insurance Agency of Missouri, Inc.	Director	05/30/2007	10/01/2009	--
EHC Benefits Agency, Inc.	Director	05/30/2007	--	05/29/2015
Empire HealthChoice Assurance, Inc.	Director	05/30/2007	01/01/2008	--
Empire HealthChoice HMO, Inc.	Director	05/30/2007	01/01/2008	--
Empire Medicare Services, Inc.	Director	05/30/2007	02/07/2008	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Director	05/30/2007	--	05/29/2015
Golden West Health Plan, Inc.	Director	05/30/2007	--	12/17/2014
Golden West Health Plan, Inc.	Chief Financial Officer	05/30/2007	02/15/2010	--
Government Health Services, L.L.C.	Manager	06/19/2007	--	05/29/2015
Greater Georgia Life Insurance Company	Director	05/30/2007	--	05/29/2015
Group Benefits of Georgia, Inc.	Director	05/30/2007	06/27/2008	--
Group Benefits Plus	Director	05/30/2007	02/23/2009	--
Health Core, Inc.	Director	05/30/2007	--	05/29/2015
Health Initiatives, Inc.	Director	05/30/2007	10/02/2008	--
Health Management Corporation	Director	05/30/2007	--	05/29/2015
Health Management Systems, Inc.	Director	05/30/2007	12/26/2006	--
HealthKeepers, Inc.	Director	05/30/2007	--	05/29/2015
HealthLink HMO, Inc.	Director	05/30/2007	--	05/29/2015
HealthLink, Inc.	Director	05/30/2007	--	05/29/2015
HealthReach Services, Inc.	Director	05/30/2007	02/01/2011	05/21/2010
Healthy Alliance Life Insurance Company	Chief Financial Officer	05/30/2007	--	05/29/2015
Healthy Alliance Life Insurance Company	Director	05/30/2007	--	05/29/2015

Healthy Homecomings, Inc.	Director	05/30/2007	09/23/2009	--
HMO Colorado, Inc.	Director	05/30/2007	--	05/29/2015
HMO Missouri, Inc.	Director	05/30/2007	--	05/29/2015
Imaging Management Holdings, LLC	Manager	08/01/2007	--	05/29/2015
IMASIS, L.L.C.	Manager	08/01/2007	03/01/2013	05/25/2012
Insurance4 Agency, Inc.	Director	05/30/2007	08/01/2010	--
Lease Partners, Inc.	President	10/02/2007	08/01/2011	05/27/2011
Lease Partners, Inc.	Director	05/30/2007	08/01/2011	05/27/2011
Lease Partners, Inc.	Chairperson	10/02/2007	08/01/2011	05/27/2011
Lumenos, Inc.	Director	05/30/2007	12/19/2007	--
Machigonne, Inc.	Director	05/30/2007	01/01/2009	--
Matthew Thornton Health Plan, Inc.	Director	05/30/2007	--	05/29/2015
Meridian Resource Company, LLC	Director	05/30/2007	--	05/29/2015
Monticello Service Agency, Inc.	Director	05/30/2007	12/01/2009	--
National Capital Preferred Provider Organization, Inc.	Director	06/27/2007	04/11/2012	05/27/2011
National Government Services Foundation, L.L.C.	Manager	07/29/2013	--	05/29/2015
National Government Services, Inc.	Chairperson	10/07/2009	12/05/2011	06/06/2011
National Government Services, Inc.	Director	08/21/2009	10/14/2011	05/27/2011
National Government Services, Inc.	Director	07/16/2013	--	05/29/2015
National Government Services, Inc.	Chairperson	07/16/2013	--	05/29/2015
NextRx Services, Inc.	Director	05/30/2007	12/01/2009	--
NextRx Services, Inc.	Chief Financial Officer	05/30/2007	03/24/2008	--
NextRx, Inc.	Chief Financial Officer	05/30/2007	03/24/2008	--
NextRx, Inc.	Director	05/30/2007	12/01/2009	--
NextRx, LLC	Manager	05/30/2007	12/01/2009	--
OneNation Benefit Administrators, Inc.	Director	05/30/2007	06/01/2010	--
OneNation Insurance Company	Director	05/30/2007	05/15/2015	05/27/2014
Park Square Holdings, Inc.	Chief Financial Officer	05/30/2007	09/19/2011	--
Park Square Holdings, Inc.	Director	05/30/2007	--	05/29/2015
Park Square I, Inc.	Chief Financial Officer	05/30/2007	09/19/2011	--
Park Square I, Inc.	Director	05/30/2007	--	05/29/2015
Park Square II, Inc.	Chief Financial Officer	05/30/2007	09/19/2011	--
Park Square II, Inc.	Director	05/30/2007	--	05/29/2015
Peninsula Health Care, Inc.	Director	08/20/2008	10/01/2010	--
PHP Holdings, Inc.	Director	01/25/2013	--	05/29/2015
Preferred Health Plans of Missouri, Inc.	Director	05/30/2007	10/01/2009	--
Preferred Health Plans of Missouri, Inc.	Chief Financial Officer	05/30/2007	10/01/2009	--
Priority Health Care, Inc.	Director	05/30/2007	10/01/2010	--
Priority Insurance Agency, Inc.	Director	05/30/2007	11/14/2008	--
Priority, Inc.	Director	05/30/2007	10/01/2010	--
QualChoice Select, Inc.	Director	05/30/2007	12/31/2007	--
R & P Realty, Inc.	Director	05/30/2007	--	05/29/2015
Radiant Services, LLC	Manager	12/22/2010	02/13/2014	05/31/2013
Reliance Safeguard Solutions, Inc.	Director	05/30/2007	02/13/2009	--
Resolution Health, Inc.	Director	04/15/2008	--	05/29/2015
RightCHOICE Insurance Company	Director	05/30/2007	08/05/2014	12/23/2013
RightCHOICE Managed Care, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
RightCHOICE Managed Care, Inc.	Director	05/30/2007	--	05/29/2015
Rocky Mountain Health Care Corporation	Director	05/30/2007	05/19/2008	--

Rocky Mountain Hospital and Medical Service, Inc.	Director	05/30/2007	--	05/29/2015
SellCore, Inc.	Director	05/30/2007	--	05/29/2015
Simply Healthcare Holdings, Inc.	President	02/17/2015	--	05/29/2015
Simply Healthcare Holdings, Inc.	Director	02/17/2015	--	05/29/2015
Simply Healthcare Holdings, Inc.	Chief Executive Officer	02/17/2015	--	05/29/2015
Simply Healthcare Plans, Inc.	Director	02/17/2015	--	02/17/2015
Southeast Services, Inc.	Director	05/30/2007	--	05/29/2015
State Sponsored Business UM Services, Inc.	Director	12/15/2011	--	05/29/2015
Texas Managed Care Administrative Services, Inc	Director	05/30/2007	05/29/2009	05/30/2007
The Anthem Companies of California, Inc.	Director	05/08/2012	--	05/30/2014
The Anthem Companies, Inc.	President	06/01/2007	--	04/29/2015
The Anthem Companies, Inc.	Chairperson	06/01/2007	--	04/29/2015
The Anthem Companies, Inc.	Director	05/30/2007	--	04/29/2015
TriState, Inc.	Director	05/30/2007	10/31/2007	--
TrustSolutions, LLC	Manager	05/25/2012	--	05/29/2015
UNICARE Health Benefit Services of Texas, Inc.	Director	05/30/2007	11/19/2009	05/21/2010
UNICARE Health Insurance Company of Texas	Director	05/30/2007	09/01/2011	04/04/2011
UNICARE Health Insurance Company of the Midwest	Director	05/30/2007	07/08/2014	05/27/2014
UNICARE Health Plan of Kansas, Inc.	Director	05/30/2007	--	05/29/2015
UNICARE Health Plan of Oklahoma, Inc.	Director	05/30/2007	12/12/2007	--
UNICARE Health Plan of Oklahoma, Inc.	Chief Financial Officer	05/30/2007	12/12/2007	--
UNICARE Health Plan of South Carolina, Inc.	Director	05/30/2007	09/15/2008	--
UNICARE Health Plan of West Virginia, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
UNICARE Health Plan of West Virginia, Inc.	Director	05/30/2007	--	05/29/2015
UNICARE Health Plans of Texas, Inc.	Director	05/30/2007	--	05/29/2015
UNICARE Health Plans of the Midwest, Inc.	Director	05/30/2007	02/28/2014	05/31/2013
UNICARE Illinois Services, Inc.	Director	05/30/2007	--	05/29/2015
UniCare Life & Health Insurance Company	Director	05/30/2007	--	05/29/2015
UNICARE National Services, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
UNICARE National Services, Inc.	Director	05/30/2007	--	05/29/2015
UNICARE of Texas Health Plans, Inc.	Director	05/30/2007	03/21/2011	05/21/2010
UNICARE of Texas Health Plans, Inc.	Chief Financial Officer	05/30/2007	03/21/2011	05/21/2010
UniCARE Service Co.	Director	05/30/2007	09/10/2007	--
UniCARE Service Co.	Chief Financial Officer	05/30/2007	09/10/2007	--
UniCare Specialty Services, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
UniCare Specialty Services, Inc.	Director	05/30/2007	--	05/29/2015
United Government Services, LLC	Manager	06/19/2007	03/01/2013	09/18/2012
UtiliMED IPA, Inc.	Director	08/01/2007	--	05/29/2015
WellPoint Acquisition, LLC	President	05/30/2007	--	05/29/2015
WellPoint Acquisition, LLC	Manager	05/30/2007	--	05/29/2015
WellPoint Association Services Group, Inc.	Director	05/30/2007	11/15/2007	--
WellPoint Behavioral Health, Inc.	Director	05/30/2007	--	05/29/2015

WellPoint California Services, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
WellPoint California Services, Inc.	Director	05/30/2007	--	05/29/2015
WellPoint Dental Services, Inc.	Chief Financial Officer	05/30/2007	--	05/29/2015
WellPoint Dental Services, Inc.	Director	05/30/2007	--	05/29/2015
WellPoint Development Company, Inc.	Director	05/30/2007	05/18/2009	--
WellPoint Holding Corp.	Director	05/30/2007	--	05/29/2015
WellPoint Information Technology Services, Inc.	Director	06/27/2011	--	05/29/2015
WellPoint Insurance Services, Inc.	Director	05/30/2007	--	05/29/2015
WellPoint Insurance Services, Inc.	President	05/30/2007	--	05/29/2015
WellPoint Merger Sub, Inc.	Director	--	12/24/2012	--
WellPoint Merger Sub, Inc.	President	07/09/2012	12/24/2012	--
WellPoint Military Care Corporation	Director	12/08/2014	--	05/29/2015
WellPoint Partnership Plan, LLC	Manager	05/30/2007	09/17/2007	--
WellPoint Partnership Plan, LLC	Manager	09/17/2007	--	05/29/2015
WellPoint Pharmacy IPA, Inc.	Director	09/09/2008	12/01/2009	--
WellPoint Pharmacy Management, Inc.	Director	05/30/2007	09/20/2007	--
WellPoint Pharmacy Management, Inc.	Chief Financial Officer	05/30/2007	09/20/2007	--
WPMI, LLC	Chairperson	07/11/2007	05/01/2009	--
WPMI, LLC	Director	07/11/2007	05/01/2009	--

WAYNE SCOTT DEVEYDT

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to Anthem, Inc. and its affiliates (collectively, the "Anthem Companies"), state regulators, including state insurance commissioners; state attorneys general or other state governmental authorities; federal regulators, including the Securities Exchange Commission; and federal governmental authorities, including congressional committees, regularly make inquiries and conduct investigations concerning compliance by the Anthem Companies with applicable insurance and other laws and regulations. One or more of the Anthem Companies, during my tenure as a board member or officer of such Anthem Companies, may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

Rocky Mountain Hospital and Medical Service, Inc.	\$290,000	civil penalty to the Colorado Division of Insurance in connection with various issues raised following a routine market conduct examination	final agency order	2008-07	CO
HMO Colorado, Inc.	\$252,000	civil penalty to the Colorado Division of Insurance in connection with various issues raised following a routine market conduct examination	final agency order	2008-07	CO
Blue Cross of California	\$10,000,000	administrative fine for engaging in the practice of post-claims underwriting	stipulated settlement agreement	2008-08	CA
Rocky Mountain Hospital and Medical Service, Inc.	\$500,000	administrative assessment for failure to meet deadlines to correct deficiencies in its claim processing procedures	stipulation and supplemental order	2008-08	NV
Anthem Blue Cross Life and Health Insurance Company	\$1,000,000	penalty in connection with findings from a market conduct examination that alleged violations of the California Insurance Code	stipulation and waiver; order	2009-02	CA
Blue Cross of California	\$2,500,000	settlement re: undertakings entered at time of change in control associated with WellPoint/Anthem merger	stipulated settlement agreement	2009-11	CA
Blue Cross of California	\$500,000	failure to pay claims timely, to pay interest on late claims, and to include fee for failing to include interest; failure to establish and maintain a dispute resolution mechanism; time limits for reimbursement, contest, or denial of certain claims (matter 10-002)	letter of agreement	2010-11	CA
WellPoint, Inc. (n/k/a Anthem, Inc.)	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	2013-07	federal govt.
Blue Cross and Blue Shield of Georgia, Inc. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Greater Georgia Life Insurance Company	\$718,540	fine in connection with findings from a targeted examination of Medicare Supplement business that alleged violations in connection with renewal practices, mailing of cancellation notices, and producer licensing	consent order	2014-12	GA
Anthem Health Plans, Inc.	\$306,500	fine resulting from a market conduct examination findings that alleged failure to follow established practices and procedures to ensure compliance with statutory requirements regarding producer licensing and appointments, and claims handling	stipulation and consent order	2015-04	CT

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Robert Lee Dixon, Jr.**

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: **Sr. Vice President & Global Chief Information Officer**

4. Affiant's business address: **PepsiCo, Inc., 5600 Headquarters, Plano, TX 75024**

Business telephone: **972-963-6642** Business Email: **robert.dixon@pepsico.com**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Georgia Institute of Technology	Atlanta, GA	1977	BS/Electrical Engineering

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</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>
Executive Leadership Program, Procter & Gamble	Cincinnati, OH	2005	
General Manager College, Procter & Gamble	Cincinnati, OH	2003	
Executive Management Program, Harvard Business School	Cambridge, MA	1991	

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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

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>
Academy of Distinguished Engineering Alumni		Georgia Institute of Technology Atlanta, GA	202-508-5000

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.

See attachment

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: _____

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

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?

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 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 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?

- 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

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. _____

See attachment

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 25 day of August, 20 15 at Indianapolis, IN. 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.

Robert Lee Dixon Jr
(Signature of Affiant)

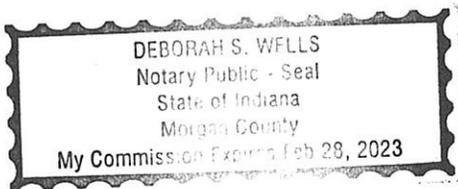
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 20 15 by Robert Lee Dixon, Jr., and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **Robert** Middle: **Lee** Last: **Dixon, Jr.**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: **[REDACTED]**

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) : **[REDACTED]** Place of Birth, City: **Atlanta**
State/Province: **Georgia** Country: **USA**

7. Name of Affiant's Spouse (if applicable) : **[REDACTED]**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
--------------------------------	---------	------	----------------	---------	-------------



Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indiansville, TN. 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.

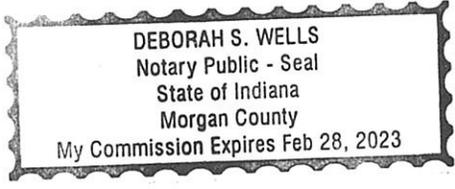
Robert Lee Dixon Jr
(Signature of Affiant)

State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Robert Lee Dixon, Jr., and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Robert Lee Dixon, Jr., [Redacted]
Robert Lee Dixon Jr. (Signature) August 25, 2015 (Date)

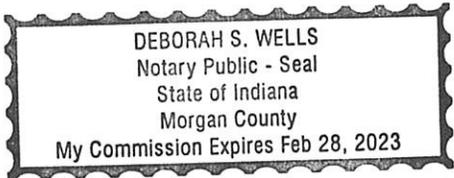
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Robert Lee Dixon, Jr., and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Robert Lee Dixon, Jr. [REDACTED]
Robert Lee Dixon Jr. (Signature) August 25, 2015 (Date)

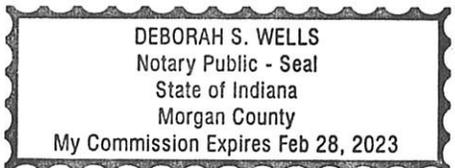
State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Robert Lee Dixon, Jr., and:

X who is personally known to me, or
who produced the following identification: _____

Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

[SEAL]



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Robert Lee Dixon, Jr.
Robert Lee Dixon Jr.
(Signature)

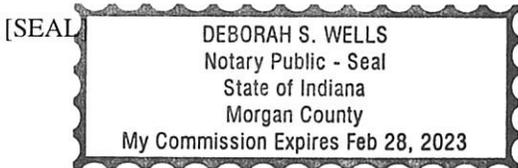
August 25, 2015
(Date)

State of: Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Robert Lee Dixon, Jr., and:

who is personally known to me, or who produced the following identification: _____

Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires



Robert Lee Dixon, Jr.

Attachment for question #8:

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
7/2011-Present	Anthem, Inc. 120 Monument Circle, Indianapolis, IN 46204 Phone: 317-488-6000	Director
2007-Present	PepsiCo, Inc. 5600 Headquarters Plano, TX 75024 Phone: 972-963-6642	SVP & Global Chief Information Officer
1977-2007	Procter & Gamble Company 1 Procter and Gamble Plaza, Cincinnati, OH Phone 513-983-1100	(2005-07) VP, Global Services (2004-05) VP, Global Bus. Svcs. (1999-05) VP, Information Tech (1996-98) Dir. Global SAP (1993-96) Dir. Information Tech (P&G Europe) (1988-93) Assoc. Dir. North American Sales IT (1987-88) Asst. Brand Manager (1983-87) Jr. IT Manager (1977-82) Manager, Albany Paper
2003-2009	Georgia Institute of Technology	President's Advisory Board
Former	United Way of Cincinnati	Advisory Position
Current	IBM	Advisory Board

Response to question #15c:

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **JOHN** Middle: **EDWARD** Last: **GALLINA**

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: **SENIOR VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER, ANTHEM, INC.**

4. Affiant's business address: **120 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204**

Business telephone: **317 488 6109**

Business Email: **john.gallina@anthem.com**

5. Education and training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	THE OHIO STATE UNIVERSITY	COLUMBUS, OH	09/78-06/82	BSBA
Graduate Studies	NONE			
Other Training	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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
N/A			

7. Present or proposed position with the Applicant Company: **SENIOR VICE PRESIDENT AND CHIEF ACCOUNTING 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.

SEE ATTACHMENT A FOR SUBSIDIARY DIRECTOR / OFFICER POSITIONS.

Beginning/Ending

Dates (MM/YY): **11/98 - PRESENT** Employer's Name: **ANTHEM, INC. (f/k/a/WELLPOINT, INC.)**

Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6109**

Offices/Positions Held: **VARIOUS, INCLUDING SENIOR VICE PRESIDENT, AND CHIEF ACCOUNTING OFFICER; SR. VICE PRESIDENT, CHIEF ACCOUNTING OFFICER, CONTROLLER & CHIEF RISK OFFICER; SR. VICE PRESIDENT, INTERNAL AUDIT AND CONTINUOUS IMPROVEMENT, CHIEF COMPLIANCE OFFICER; VICE PRESIDENT, CHIEF ACCOUNTING OFFICER; CHIEF FINANCIAL OFFICER, COMPREHENSIVE HEALTH SOLUTIONS; VICE PRESIDENT, CORPORATE FINANCIAL PLANNING AND ANALYSIS; VICE PRESIDENT, FINANCIAL ANALYSIS AND REPORTING; VICE PRESIDENT, COST AND BUDGET; DIRECTOR COST AND BUDGET**

Type of Business: **INSURANCE** Supervisor/Contact: **WAYNE DEVEYDT**

Beginning/Ending

Dates (MM/YY): **06/94 - 11/98** Employer's Name: **COMMUNITY NATIONAL ASSURANCE COMPANY/ANTHEM LIFE INSURANCE COMPANY**

Address: **6740 NORTH HIGH STREET** City: **WORTHINGTON** State/Province: **OH**
Country: **USA** Postal Code: **43085** Phone: **614-433-8359**

Offices/Positions Held: **DIRECTOR, ASSISTANT TREASURER AND CHIEF FINANCIAL OFFICER/DIRECTOR OF FINANCE AND ASSISTANT TREASURER**

Type of Business: **INSURANCE** Supervisor/Contact: **JOHN GAINOR**

Beginning/Ending

Dates (MM/YY): **07/82 - 05/95** Employer's Name: **COOPERS & LYBRAND**

Address: **1500 ATRIUM ONE** City: **CINCINNATI** State/Province: **OH**
Country: **USA** Postal Code: **45201** Phone: **513-651-4000**

Offices/Positions Held: **SENIOR MANAGER, SUPERVISOR, SENIOR, STAFF A, STAFF B**

Type of Business: **ACCOUNTING** Supervisor/Contact: **PETER D. GOMSAK**

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

Yes No

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: **N/A**

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
 - b. 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?
 - c. Yes No
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
 - d. Yes No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
 - e. Yes No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
 - f. 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?
 - g. 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?
 - h. 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.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. **NONE**

If any of the stock is pledged or hypothecated in any way, give details: **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 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?

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 SEE ATTACHMENT

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.

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 25 day of August, 2015, at Indianapolis, Indiana. 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.

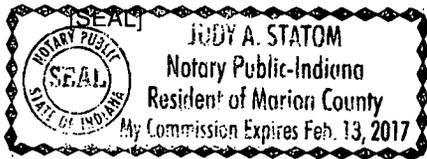
John Edward Gallina

JOHN EDWARD GALLINA

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, at Indianapolis, Indiana, by JOHN EDWARD GALLINA, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom

Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

Applicant Name: **Anthem, Inc.**

NAIC No. None
FEIN: 35-2145715

Beginning/Ending
Dates
(MM/YY)

Address

City

State/
Province

Country

Postal Code



Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015, at Indianapolis, Indiana. 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.

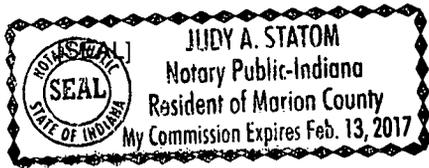
John Edward Gallina

JOHN EDWARD GALLINA

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, at Indianapolis, Indiana, by **JOHN EDWARD GALLINA**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom

Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **ANTHEM, INC.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

JOHN EDWARD GALLINA, [Redacted]
(Printed Full Name and Residence Address)

John Edward Gallina

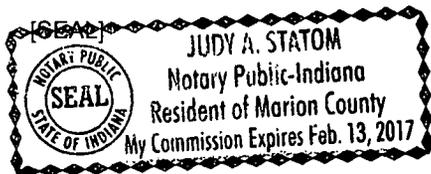
JOHN EDWARD GALLINA

August 25, 2015
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 at Indianapolis, Indiana, by **JOHN EDWARD GALLINA**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom

Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Anthem, Inc.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

JOHN EDWARD GALLINA, [Redacted]
(Printed Full Name and Residence Address)

John Edward Gallina

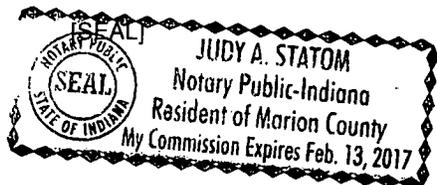
JOHN EDWARD GALLINA (Signature)

August 25 . 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **JOHN EDWARD GALLINA**, and:

X who is personally known to me, or who produced the following identification: _____



Judy A. Statom

Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of **Anthem, Inc.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

JOHN EDWARD GALLINA, [Redacted]

(Printed Full Name and Residence Address)

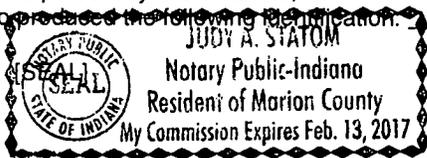
John Edward Gallina
JOHN EDWARD GALLINA (Signature)

August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **JOHN EDWARD GALLINA**, and:

X who is personally known to me, or who produced the following identification:



Judy A. Statom
Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

Answer to Question 8 - John Edward Gallina

Entity Name	Title Role	Role Start	Termination Date	Last Elected
Anthem Financial, Inc.	Director	04/04/2008	--	05/29/2015
Anthem Health Plans of Maine, Inc.	Director	04/22/2008	--	05/29/2015
Anthem Life Insurance Company	Officer	12/18/1995	01/20/1999	--
Anthem Life Insurance Company of California	Officer	12/08/1995	01/20/1999	--
Anthem Life Insurance Company of California	Staff	12/08/1995	06/01/1998	--
Anthem, Inc.	Officer	05/21/2008	09/15/2008	--
Anthem, Inc.	Officer	05/26/2011	--	05/12/2015
Associated Group, Inc.	Director	04/04/2008	--	03/29/2015
Community National Assurance Company	Officer	06/01/1994	12/31/1996	--
Community National Assurance Company	Staff	12/08/1995	12/31/1996	--
Lease Partners, Inc.	Director	04/04/2008	08/01/2011	05/27/2011
TrustSolutions, LLC	Manager	02/13/2009	--	05/29/2015
TrustSolutions, LLC	Officer	02/13/2009	--	05/29/2015

ATTACHMENT – QUESTION 15 c.
JOHN EDWARD GALLINA

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to Anthem, Inc. and its affiliates (collectively, the "Anthem Companies"), state regulators, including state insurance commissioners; state attorneys general or other state governmental authorities; federal regulators, including the Securities Exchange Commission; and federal governmental authorities, including congressional committees, regularly make inquiries and conduct investigations concerning compliance by the Anthem Companies with applicable insurance and other laws and regulations. One or more of the Anthem Companies, during my tenure as a board member or officer of such Anthem Companies, may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.)	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **BRIAN** Middle: **THOMAS** Last: **GRIFFIN**

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: **EXECUTIVE VICE PRESIDENT, PRESIDENT, COMMERCIAL AND SPECIALTY DIVISION**

4. Affiant's business address: **1 LIBERTY PLAZA, NEW YORK, NY 10006**

Business telephone: **212 476 2712**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
SETON HALL UNIVERSITY	SOUTH ORANGE, NJ	09/77 - 06/81	BA

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</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 in the space provided in the Biographical Affidavit Supplemental Information.

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>
N/A			

7. Present or proposed position with the Applicant Company: **EXECUTIVE VICE PRESIDENT, PRESIDENT, COMMERCIAL AND SPECIALTY DIVISION**

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.

SEE ATTACHMENT A FOR DIRECTORATES AND OFFICERSHIPS

Dates of Employment: September 1, 2015 - Present
Employer's Name: Anthem, Inc.
Address/City/State/ZIP: 1 Liberty Plaza
Telephone: 212-476-2712
Position/Office Held: EVP, President, Commercial and Specialty Division
Supervisor: Joseph Swedish

Dates of Employment: January 21, 2013 – September 1, 2015
Employer's Name: Empire BlueCross BlueShield
Address/City/State/ZIP: 1 Liberty Plaza
Telephone: 212-476-2712
Position/Office Held: President & CEO
Supervisor: Dennis Casey

Dates of Employment: June 1987 – August 2012
Employer's Name: Medco Health Solutions, Inc.
Address/City/State/ZIP: Franklin Lakes, New Jersey
Telephone:
Position/Office Held: President
Supervisor:

Dates of Employment: April 2012 – July 2012
Employer's Name: Express Scripts Holding Company, Inc.
Address/City/State/ZIP: St. Louis, Missouri
Telephone:
Position/Office Held: President, International and Subsidiaries
Supervisor:

Dates of Employment: October 2011 – August 2012
Employer's Name: Medco Health Solutions, Inc.
Address/City/State/ZIP: Amsterdam, Netherlands
Telephone:
Position/Office Held: Chief Executive Officer, Medco International B.V.
Supervisor:

Dates of Employment: December 2010 – October 2011
Employer’s Name: Medco Celesio, B.V.
Address/City/State/ZIP: Amsterdam, Netherlands
Telephone:
Position/Office Held: Chief Executive Officer
Supervisor:

Dates of Employment: September 2003 – October 2010
Employer’s Name: Medco Health Solutions, Inc.
Address/City/State/ZIP: Franklin Lakes, New Jersey
Telephone:
Position/Office Held: President, Health Plan Division
Supervisor:

Dates of Employment: January 1999 – September 2003
Employer’s Name: Medco Health Solutions, Inc.
Address/City/State/ZIP: Franklin Lakes, New Jersey
Telephone:
Position/Office Held: Senior Vice President & Chief Sales Officer
Supervisor:

Dates of Employment: January 1995 – December 1998
Employer’s Name: Medco Health Solutions, Inc.
Address/City/State/ZIP: Montvale, New Jersey
Telephone:
Position/Office Held: Vice President, Segment Head
Supervisor:

Dates of Employment: June 1987 – January 1995
Employer’s Name: Medco Health Solutions, Inc.
Address/City/State/ZIP: Montvale, New Jersey
Telephone:
Position/Office Held: Various Medco Sales Leadership Positions
Supervisor:

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**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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?

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 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. **NONE**

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 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?

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

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 9th day of September, 2015, at Indianapolis, Indiana. 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.


BRIAN THOMAS GRIFFIN

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 9th day of September, 2015 by **BRIAN THOMAS GRIFFIN**, and:

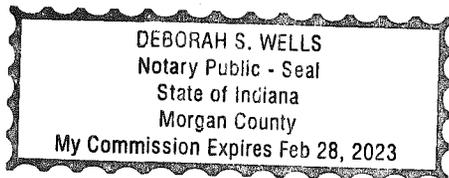
- who is personally known to me, or
- who produced the following identification: _____

[SEAL]



Notary Public: Deborah S. Wells

My Commission Expires: February 28, 2023



BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000

- Affiant's Full Name (Initials Not Acceptable): First: **BRIAN** Middle: **THOMAS** Last: **GRIFFIN**
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: **[REDACTED]**
- Government Identification Number if not a U.S. Citizen: **N/A**
- Foreign Student ID# (if applicable) : **N/A**
- Date of Birth: (MM/DD/YY) : **[REDACTED]** Place of Birth, City: **ENGLEWOOD**
State/Province: **NJ** Country: **USA**
- Name of Affiant's Spouse (if applicable): **[REDACTED]**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
---	----------------	-------------	----------------------------	----------------	--------------------



Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 9th day of September, 2015, at Indianapolis, Indiana. 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.



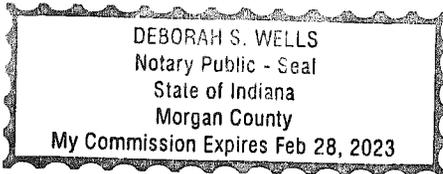
BRIAN THOMAS GRIFFIN

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 9th day of September, 2015 by **BRIAN THOMAS GRIFFIN**, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]





Notary Public: Deborah S. Wells

My Commission Expires: February 28, 2028

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, WellPoint, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

BRIAN THOMAS GRIFFIN, [Redacted]

(Printed Full Name and Residence Address)


(Signature)

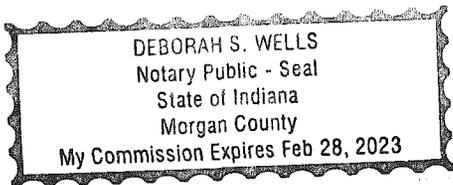
September 9, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 9th day of September, 2015 by **BRIAN THOMAS GRIFFIN**, and:

- who is personally known to me, or
- who produced the following identification: _____

[SEAL]





Notary Public: Deborah S. Wells

My Commission Expires: February 28, 2023

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

BRIAN THOMAS GRIFFIN, [REDACTED]

Brian T. Griffin
(Signature)

September 9, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 9th day of September, 2015 by **BRIAN THOMAS GRIFFIN**, and:

- who is personally known to me, or
- who produced the following identification: _____

Deborah S. Wells

Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

[SEAL]



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Brian Thomas Griffin
(Signature)

BRIAN THOMAS GRIFFIN, [REDACTED]

September 9, 2015
(Date)

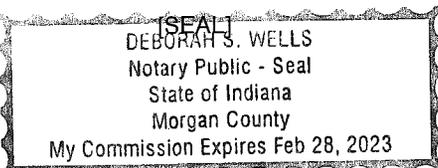
State of Indiana County of Marion

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- who is personally known to me, or
- who produced the following identification: _____

Deborah S. Wells

Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires



Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
 FEIN: **35-2145715**

**ATTACHMENT A
 BRIAN THOMAS GRIFFIN
 DIRECTORATES AND OFFICERSHIPS**

Entity Name	Title	Role Start	Termination Date
AMERIGROUP New York, LLC	Manager	01/25/2013	9/1/2015
Anthem Life & Disability Insurance Company	Director	01/25/2013	9/1/2015
Anthem Southeast, Inc.	Director	09/01/2015	
Anthem, Inc.	Authority to Sign	10/10/2013	9/1/2015
EHC Benefits Agency, Inc.	Chairperson	01/21/2013	9/1/2015
EHC Benefits Agency, Inc.	Director	01/21/2013	9/1/2015
Empire HealthChoice Assurance, Inc.	Director	01/21/2013	9/1/2015
Empire HealthChoice Assurance, Inc.	Chairperson	01/21/2013	9/1/2015
Empire HealthChoice Assurance, Inc.	President	01/21/2013	9/1/2015
Empire HealthChoice Assurance, Inc.	Chief Executive Officer	01/21/2013	9/1/2015
Empire HealthChoice HMO, Inc.	Director	01/21/2013	9/1/2015
Empire HealthChoice HMO, Inc.	Chairperson	01/21/2013	9/1/2015
Empire HealthChoice HMO, Inc.	President	01/21/2013	9/1/2015
Empire HealthChoice HMO, Inc.	Chief Executive Officer	01/21/2013	9/1/2015
Rayant Insurance Company of New York	Director	01/21/2013	12/30/2013
Rayant Insurance Company of New York	Chairperson	01/21/2013	12/30/2013
Rayant Insurance Company of New York	President	01/21/2013	12/30/2013
Rayant Insurance Company of New York	Chief Executive Officer	01/21/2013	12/30/2013
WellPoint Behavioral Health, Inc.	Director	09/01/2015	
WellPoint Acquisition, LLC	Manager	9/1/2015	
WellPoint Acquisition, LLC	Vice President	9/1/2015	
WellPoint Holding Corp.	President	01/17/2013	9/1/2015
WellPoint Holding Corp.	Director	9/1/2015	

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Lewis Hay, III**

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: **Operating Advisor, Clayton, Dubilier & Rice, LLC**

4. Affiant's business address: **11770 US Hwy 1, Suite 310, Palm Beach Gardens, FL 33408**

Business telephone: **561/694-4705** Business Email: **lew.hay@nee.com**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Lehigh University	Bethlehem, PA	8/1973-5/1977	BS

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Industrial Administration	Carnegie Mellon	Pittsburgh, PA	8/1980-5/1982	Master of Science

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

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>
Edison Electric Institute	Tom Kuhn	701 Pennsylvania Ave, N.W. Washington, D.C. 20004	202-508-5000

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.

See attachment for additional Directorates

Beginning/Ending

Dates (MM/YY): **2014 - Present** Employer's Name: **Clayton, Dubilier & Rice, LLC**

Address: **375 Park Avenue, 18th Floor** City: **New York** State/Province: **New York**

Country: **USA** Postal Code: **10152** Phone: **212-407-5200** Offices/Positions Held: **Operating Advisor**

Supervisor/Contact: **Senior Management**

Beginning/Ending

Dates (MM/YY): **2002-2013** Employer's Name: **NextEra Energy, Inc.**

Address: **700 Universe Boulevard** City: **Juno Beach** State/Province: **Florida**

Country: **USA** Postal Code: **33408** Phone: **561-694-4705** Offices/Positions Held: **Chairman**

Supervisor/Contact: **Board of Directors**

Beginning/Ending

Dates (MM/YY): **2001-2012** Employer's Name: **NextEra Energy, Inc.**

Address: **700 Universe Boulevard** City: **Juno Beach** State/Province: **Florida**

Country: **USA** Postal Code: **33408** Phone: **561-694-4705** Offices/Positions Held: **President & CEO**

Supervisor/Contact: **Board of Directors**

Beginning/Ending

Dates (MM/YY): **2000-2001** Employer's Name: **NextEra Energy Resources**

Address: **700 Universe Boulevard** City: **Juno Beach** State/Province: **Florida**

Country: **USA** Postal Code: **33408** Phone: **561-694-4705** Offices/Positions Held: **VP, CFO and President**

Supervisor/Contact: **Chief Executive Officer**

Beginning/Ending

Dates (MM/YY): **1999-2001** Employer's Name: **NextEra Energy, Inc.**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

Address: **700 Universe Boulevard** City: **Juno Beach** State/Province: **Florida**

Country: **USA** Postal Code: **33408** Phone: **561-694-4705** Offices/Positions Held: **VP, Finance and CFO**

Supervisor/Contact: **Chief Executive Officer**

Beginning/Ending
Dates (MM/YY): **1992-2000** Employer's Name: **U.S. Foodservice, Inc. (n/k/a U.S. Foods, Inc.)**

Address: **9399 West Higgins Road, Ste 500** City: **Rosemont** State/Province: **Illinois**

Country: **USA** Postal Code: **60018** Phone: **847-720-8000** Offices/Positions Held: **Director**

Supervisor/Contact: **Chief Executive Officer**

Beginning/Ending
Dates (MM/YY): **1991-1999** Employer's Name: **U.S. Foodservice, Inc. (n/k/a U.S. Foods, Inc.)**

Address: **9399 West Higgins Road, Ste 500** City: **Rosemont** State/Province: **Illinois**

Country: **USA** Postal Code: **60018** Phone: **847-720-8000** Offices/Positions Held: **EVP and CFO**

Supervisor/Contact: **Chief Executive Officer**

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?

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 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

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 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?

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

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. _____

See Attached

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 25 day of August 20 15 at Indianapolis, IN. 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.



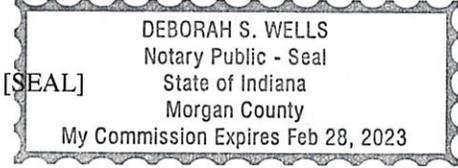
(Signature of Affiant)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 20 15 by Lewis Hay, III, and:

who is personally known to me, or

who produced the following identification: _____





Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204**

- Affiant's Full Name (Initials Not Acceptable): First: **Lewis** Middle: Last: **Hay, III**
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: **[REDACTED]**
- Government Identification Number if not a U.S. Citizen: **N/A**
- Foreign Student ID# (if applicable) : **N/A**
- Date of Birth: (MM/DD/YY) : **[REDACTED]** Place of Birth, City: Grove City
State/Province: Pennsylvania Country: USA
- Name of Affiant's Spouse (if applicable) : **[REDACTED]**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
--------------------------------	---------	------	----------------	---------	-------------

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

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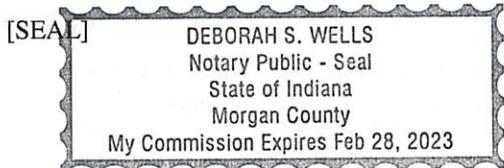
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who is personally known to me, or

who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Lewis Hay, III, [Redacted]

[Signature]
(Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Lewis Hay, III, and:

who is personally known to me, or

who produced the following identification: _____



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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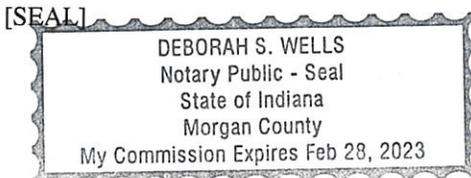
Lewis Hay, III, [Redacted]
[Signature]
(Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Lewis Hay, III, and:

X who is personally known to me, or
who produced the following identification: _____



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Lewis Hay, III, [Redacted]
[Signature]
(Signature)

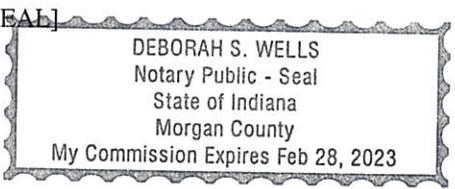
August 25, 2015
(Date)

State of: Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 20 by Lewis Hay, III, and:

who is personally known to me, or
who produced the following identification: _____

Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires



Lew Hay III
Attachment to the NAIC Biographical Affidavit

8. Additional Directorates:

<u>DATES</u>	<u>Affiliation</u>	<u>TITLE</u>
2003-Present	Capital One Financial Corporation	Director
2002-Present	Harris Corporation	Director
Present	Business Board of Advisors at Carnegie Mellon University Tepper School of Business	Member
Present	Carnegie Mellon University's Scott Institute for Energy Innovation	Member
Present	American Heart Association (Palm Beach County)	Chairman of Board
Present	Children's Healthcare Charity (sponsors Honda Classic on PGA Tour)	Director
7/2014-2015	VECO, LLC (formerly RTO Energy Trading, LLC)	Chairman of Board and 30% Owner

Response to question #15c:

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000

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.

1. Affiant's Full Name (Initials Not Acceptable): **Peter David Haytaian**

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: **Executive Vice President, President Government Business Division**

4. Affiant's business address: **101 Wood Avenue South, Ste. 800, Iselin, NJ 08830**

Business telephone: **732-452-6001** Business Email: **peter.haytaian@anthem.com**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Clarkson University	Potsdam, NY	1987-1991	BS

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
St. John's University School of Law	Queens, NY	1991-1994		JD

<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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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: **Executive Vice President, President Government Business Division**

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.

See attachment

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: **NYS Unified Court System, Office of Court Administration**
Address: **25 Beaver Street, Room 840**

City: **New York** State/Province: **New York** Country: **USA** Postal Code: **10004**

License Type: **Law** License #: **2676948** Date Issued (MM/YY): **1995**

Date Expired (MM/YY): **7/2013** Reason for Termination: **N/A**

Non-Insurance Regulatory Phone Number (if known): **212-428-2800**

Organization/Issuer of License: **New Jersey Board of Bar Examiners**
Address: **25 Market St., 8th Fl., North Wing** City: **Trenton** State/Province: **New Jersey** Country: **USA** Postal Code: **08611**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

License Type: **Law** License #: **042571994** Date Issued (MM/YY): **01/10/95**

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

Non-Insurance Regulatory Phone Number (if known): **609-984-2111**

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?

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 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 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?

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

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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

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. _____

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 25 day of August, 2015 at Indianapolis, IN. 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.

PETER DAVID HAYTAIAN (Signature of Affiant)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Peter David Haytaian, and:

who is personally known to me, or

who produced the following identification: _____



Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **Peter** Middle: **David** Last: **Haytaian**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) :  Place of Birth, City: **Manhattan**
State/Province: **New York** Country: **USA**

7. Name of Affiant's Spouse (if applicable) : 

8. List your residences for the last ten (10) years starting with your current address, giving:

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, IN. 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.

Peter David Haytaian (Signature of Affiant)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Peter David Haytaian, and:

who is personally known to me, or

who produced the following identification: _____



Judy A. Statom
Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

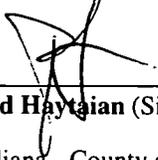
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Peter David Haytaian, [Redacted]



Peter David Haytaian (Signature)

August 25, 2015

(Date)

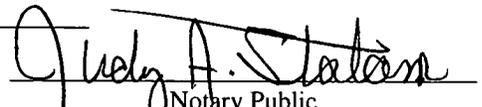
State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Peter David Haytaian, and:

who is personally known to me, or

who produced the following identification: _____





Notary Public
Judy A. Statom

Printed Notary Name
February 13, 2017

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.


Peter David Haytaian, _____
Peter David Haytaian (Signature)

August 25 2015

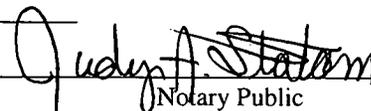
(Date)

State of Indiana County of Marion

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who is personally known to me, or
who produced the following identification: _____





Judy A. Statom
Notary Public
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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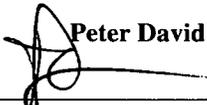
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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

 Peter David Haytaian, [REDACTED]

Peter David Haytaian (Signature)

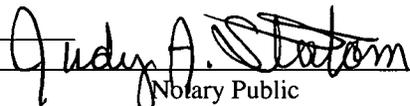
August 25 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Peter David Haytaian, and:

who is personally known to me, or
 who produced the following identification:





Judy A. Statom
Notary Public

Printed Notary Name

February 13, 2017

My Commission Expires

Offices/Positions Held: OWNER/SOLE PROPRIETOR

Type of Business: CONSULTING

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): 02/05 - 07/05

Employer's Name: MEDCO HEALTH SOLUTIONS, INC.

Address: 100 PARSONS POND DRIVE

City: FRANKLIN LAKE

State/Province: NJ

Country: USA

Postal Code: 07417

Phone: 800 631 7780

Offices/Positions Held: VICE PRESIDENT AND GENERAL MANAGER, MEDICARE

Type of Business: INSURANCE

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): 1994 - 2004

Employer's Name: OXFORD HEALTH PLANS, INC..

Address: 48 Monroe Turnpike

City: Trumbull

State/Province: CT

Country: USA

Postal Code: 06611

Phone: 203 459-6000

Offices/Positions Held: CORPORATE VICE PRESIDENT, GOVERNMENT PROGRAM AND SPECIALTY BUSINESS

Type of Business: INSURANCE

Attachment to Question 8 - Peter David Haytaian

Entity Name	Title	Role Start	Termination Date	Last Elected
AMERIGROUP Community Care of South Carolina, Inc.	Chairman of the Board	12/31/2009	10/01/2010	--
AMERIGROUP Corporation	Director	05/31/2014	--	05/29/2015
AMERIGROUP Corporation	Chairperson	05/31/2014	--	05/29/2015
AMERIGROUP Corporation	Chief Executive Officer	05/31/2014	--	05/29/2015
AMERIGROUP Corporation	President	05/31/2014	--	05/29/2015
AMERIGROUP Delaware, Inc.	Director	12/31/2009	08/26/2014	06/06/2014
AMERIGROUP Delaware, Inc.	Chairperson	12/31/2009	08/26/2014	06/06/2014
AMERIGROUP Delaware, Inc.	Chief Executive Officer	12/31/2009	08/26/2014	06/06/2014
AMERIGROUP Delaware, Inc.	President	12/31/2009	08/26/2014	06/06/2014
AMERIGROUP Hawaii, Inc.	Chairperson	05/31/2014	09/18/2014	06/06/2014
AMERIGROUP Hawaii, Inc.	Chief Executive Officer	05/31/2014	09/18/2014	06/06/2014
AMERIGROUP Hawaii, Inc.	President	05/31/2014	09/18/2014	06/06/2014
AMERIGROUP Hawaii, Inc.	Director	05/31/2014	09/18/2014	06/06/2014
AMERIGROUP Health Solutions, Inc.	Director	05/31/2014	09/26/2014	06/06/2014
AMERIGROUP Health Solutions, Inc.	President	05/31/2014	09/26/2014	06/06/2014
AMERIGROUP Health Solutions, Inc.	Chief Executive Officer	05/31/2014	09/26/2014	06/06/2014
AMERIGROUP Health Solutions, Inc.	Chairperson	05/31/2014	09/26/2014	06/06/2014
AMERIGROUP Maine, Inc.	President	07/16/2010	04/14/2014	05/31/2013
AMERIGROUP Maine, Inc.	Chief Executive Officer	07/16/2010	04/14/2014	05/31/2013
AMERIGROUP Maine, Inc.	Chairperson	07/16/2010	04/14/2014	05/31/2013
AMERIGROUP Maine, Inc.	Director	07/16/2010	04/14/2014	05/31/2013
AMERIGROUP Maryland, Inc.	Director	12/31/2009	09/06/2013	06/07/2013
AMERIGROUP Maryland, Inc.	Chairperson	12/31/2009	09/06/2013	06/07/2013
AMERIGROUP Michigan, Inc.	Chairperson	12/31/2009	04/15/2014	05/31/2013
AMERIGROUP Michigan, Inc.	Chief Executive Officer	12/31/2009	04/15/2014	05/31/2013
AMERIGROUP Michigan, Inc.	Director	12/31/2009	04/15/2014	05/31/2013
AMERIGROUP Michigan, Inc.	President	12/31/2009	04/15/2014	05/31/2013
AMERIGROUP New Jersey, Inc.	President	09/08/2005	04/01/2009	--
AMERIGROUP New Jersey, Inc.	President	09/08/2005	04/01/2009	--
AMERIGROUP New Jersey, Inc.	Chief Executive Officer	09/08/2005	04/01/2009	--
AMERIGROUP New Jersey, Inc.	Chief Executive Officer	09/08/2005	04/01/2009	--
AMERIGROUP New Jersey, Inc.	Director	09/08/2005	08/05/2007	--
AMERIGROUP New Jersey, Inc.	Director	09/08/2005	09/06/2013	06/04/2013
AMERIGROUP New Jersey, Inc.	Chairperson	08/06/2007	09/06/2013	06/04/2013
AMERIGROUP New York, LLC	Chairman of the Board	10/16/2006	12/24/2012	--
AMERIGROUP New York, LLC	Manager	10/16/2006	12/24/2012	--
AMERIGROUP New York, LLC	Chief Executive Officer	10/16/2006	05/05/2008	--
AMERIGROUP New York, LLC	President	10/16/2006	05/05/2008	--
AMERIGROUP Ohio, Inc.	Vice President	08/06/2007	06/02/2008	--
AMERIGROUP Ohio, Inc.	Chairperson	08/06/2007	09/06/2013	06/07/2013
AMERIGROUP Ohio, Inc.	Director	08/06/2007	09/06/2013	06/07/2013
AMERIGROUP Pennsylvania, Inc.	Chairperson	05/31/2014	02/23/2015	06/06/2014
AMERIGROUP Pennsylvania, Inc.	Director	05/31/2014	02/23/2015	06/06/2014
AMERIGROUP Pennsylvania, Inc.	Chief Executive Officer	05/31/2014	02/23/2015	06/06/2014

AMERIGROUP Pennsylvania, Inc.	President	05/31/2014	02/23/2015	06/06/2014
AMERIGROUP Puerto Rico, Inc.	President	05/31/2014	07/22/2014	06/06/2014
AMERIGROUP Puerto Rico, Inc.	Chief Executive Officer	05/31/2014	07/22/2014	06/06/2014
AMERIGROUP Puerto Rico, Inc.	Director	05/31/2014	07/22/2014	06/06/2014
AMERIGROUP Puerto Rico, Inc.	Chairperson	05/31/2014	07/22/2014	06/06/2014
Amerigroup Services, Inc.	Chairperson	05/31/2014	--	05/29/2015
Amerigroup Services, Inc.	President	05/31/2014	--	05/29/2015
AMERIGROUP Virginia, Inc.	Chairman of the Board	12/31/2009	11/30/2012	--
AMERIGROUP Virginia, Inc.	Director	12/31/2009	11/30/2012	--
AMERIGROUP Virginia, Inc.	Chief Executive Officer	12/31/2009	09/20/2010	12/31/2009
AMERIGROUP Virginia, Inc.	President	12/31/2009	11/18/2011	--
AMERIGROUP Washington, Inc.	Chairperson	09/13/2010	12/31/2010	09/13/2010
AMERIGROUP Washington, Inc.	Director	09/13/2010	12/31/2010	09/13/2010
AMERIGROUP Wisconsin, Inc.	Director	12/31/2009	04/21/2014	05/31/2013
AMERIGROUP Wisconsin, Inc.	Chairperson	12/31/2009	04/21/2014	05/31/2013
AMERIGROUP Wisconsin, Inc.	Chief Executive Officer	12/31/2009	04/21/2014	05/31/2013
AMERIGROUP Wisconsin, Inc.	President	12/31/2009	04/21/2014	05/31/2013
AMGP Georgia, Inc.	Chairperson	05/31/2014	09/04/2014	06/06/2014
AMGP Georgia, Inc.	Chief Executive Officer	05/31/2014	09/04/2014	06/06/2014
AMGP Georgia, Inc.	President	05/31/2014	09/04/2014	06/06/2014
AMGP Georgia, Inc.	Director	05/31/2014	09/04/2014	06/06/2014
Intelli-dent IPA, Inc.	Chairman of the Board	08/06/2007	05/14/2009	--
Intelli-dent IPA, Inc.	Chief Executive Officer	08/06/2007	05/14/2009	--
UNICARE Health Plan of West Virginia, Inc.	Director	03/29/2013	09/06/2013	05/31/2013
UNICARE Health Plan of West Virginia, Inc.	Executive Director	03/29/2013	09/06/2013	05/31/2013
WellPoint Military Care Corporation	Director	12/08/2014	--	05/29/2015

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Julie Anne Hill**

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: **Owner, The Hill Companies**

4. Affiant's business address: **21 Offshore, Newport Beach, CA 92657**

Business telephone: **949-640-7999** Business Email: **N/A**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of California	Los Angeles, CA	1964-1968	BBA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Georgia	Athens, GA	1973-1975	MA	

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

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

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

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.

See attached

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?

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 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 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?

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?

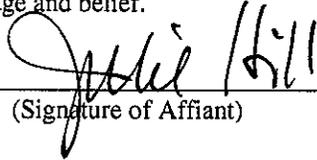
Yes No

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.

See attachment

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 15 day of August, 2015 at Indianapolis, IN. 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.



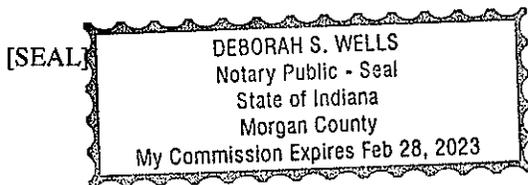
(Signature of Affiant)

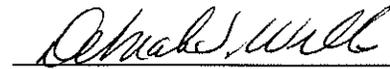
State of: Indiana County of: Morgan

The foregoing instrument was acknowledged before me this 15 day of August, 2015 by Julie Anne Hill, and:

who is personally known to me, or

who produced the following identification: _____.





Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires

February 28, 2023

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **Julie** Middle: **Anne** Last: **Hill**
IF ANSWER IS "NONE," SO STATE.

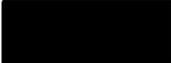
2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
	Julie Kincaid	Maiden
1969-1974	Julie Rand	Marriage
1974-1984	Julie Barnett	Marriage
1985-1992	Julie Newcomb	Marriage

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

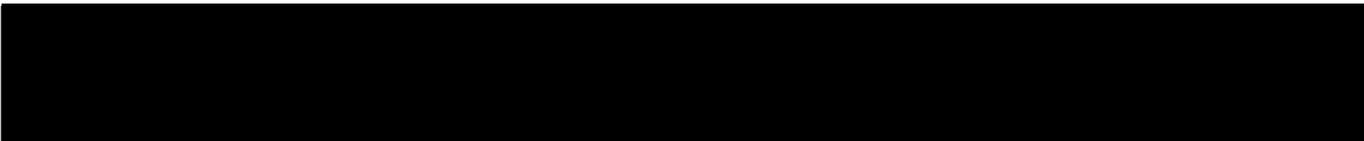
5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) :  Place of Birth, City: **Loma Linda**
State/Province: **California** Country: **USA**

7. Name of Affiant's Spouse (if applicable) : 

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 15 day of August, 2015 at Indianapolis, IN. 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.

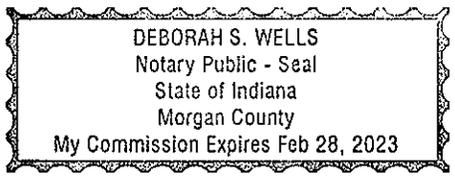
Julie Hill
(Signature of Affiant)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 15 day of August, 2015 by Julie Anne Hill, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Anne Hill, [Redacted]

Julie Anne Hill
(Signature)

8/15/15
(Date)

State of: Indiana County of: Morgan

The foregoing instrument was acknowledged before me this 15 day of August, 20 15 by Julie Anne Hill, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Anne Hill, [REDACTED]

Julie Hill
(Signature)

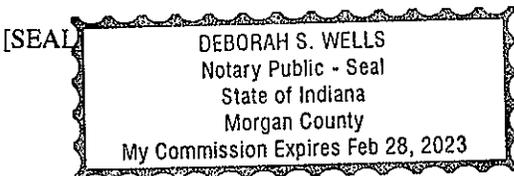
8/15/15
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 15 day of August, 2015 by Julie Anne Hill, and:

X who is personally known to me, or

who produced the following identification: _____



Deborah S. Wells
Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Julie Anne Hill
(Signature)

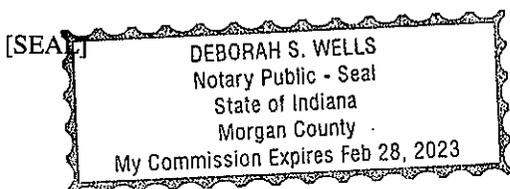
Julie Anne Hill, [REDACTED]

8/15/15
(Date)

State of: Indiana County of Morgan

The foregoing instrument was acknowledged before me this 15 day of August, 20 by Julie Anne Hill, and:

who is personally known to me, or
who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

Julie Anne Hill**Attachment for question #8:**

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
2004-Present	Anthem, Inc. (f/k/a WellPoint, Inc.) 120 Monument Circle Indianapolis, IN 46204 Phone: 317-488-6000	Director
1994-2004	WellPoint Health Networks Inc. 1 WellPoint Way, Thousand Oaks, CA 91362	Director
12/2002 - Present	The Hill Companies 1280 Bison Avenue Newport Beach, CA 92660 Phone: 949-640-7999	Owner
2005-Present	Lord Abbott Family of Mutual Funds 790 Hudson Street, Jersey City, NJ 07302	Director
Varying-Present	University of California at Irvine 380 University Dr. Tower, Irvine, CA 92612 Phone: (949) 824-7295	Director of Foundation Board & Trustee; Paul Merage School of Business, Dean's Advisory Council and Center for Real Estate Advisory Board; Medical School Dean's Advisory Board; and, School of Social Ecology, Dean's Leadership Council
2005-11/2012	LendLease, Ltd. 30 Hickson Rd., Millerspoint NSW, Australia	Director
2000-2010	Orange County Community Foundation Board 4041 MacArthur Blvd., Newport Beach, CA 92660	Director

Response to question #15c:

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
(317) 488-6000

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **KATHLEEN** Middle: **SUSAN** Last: **KIEFER**

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**

4. Affiant's business address: **120 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204**

Business telephone: **317 488 6562**

Business Email: **Kathy.kiefer@wellpoint.com**

5. Education and training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	VANDERBILT UNIVERSITY	NASHVILLE, TN	09/84 - 05/88	B.A. (Mathematics)
Graduate Studies	CORNELL LAW SCHOOL	ITHACA, NY	09/88 - 05/91	J.D.
Other Training	N/A	N/A	N/A	N/A

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
INDIANA STATE BAR ASSOCIATION	KEVIN MOHL	107 N PENNSYLVANIA ST. INDIANAPOLIS, IN 46204	(317) 639-5465

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

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

SEE ATTACHMENT FOR SUBSIDIARY DIRECTOR / OFFICER POSITIONS.

Beginning/Ending

Dates (MM/YY): **11/05 – PRESENT** Employer's Name: **ANTHEM, INC. (f/k/a WELLPOINT, INC.)**

Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6000**

Offices/Positions Held: **VARIOUS, INCLUDING VICE PRESIDENT AND CORPORATE SECRETARY**

Type of Business: **INSURANCE** Supervisor/Contact: **THOMAS ZIELINSKI**

Beginning/Ending

Dates (MM/YY): **12/04 – 11/05** Employer's Name: **ICE MILLER**

Address: **ONE AMERICAN SQUARE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46282** Phone: **317 236 1000**

Offices/Positions Held: **SENIOR COUNSEL**

Type of Business: **LAW FIRM** Supervisor/Contact: **STEVE HACKMAN**

Beginning/Ending

Dates (MM/YY): **07/96 – 12/03** Employer's Name: **CONSECO, INC.**

Address: **111 CONGRESSIONAL BLVD.** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46032** Phone: **317 817 6400**

Offices/Positions Held: **SENIOR VICE PRESIDENT, LEGAL**

Type of Business: **FINANCIAL SERVICES** Supervisor/Contact: **KARL KINDIG**

Beginning/Ending

Dates (MM/YY): **08/91 – 97/96** Employer's Name: **ICE MILLER**

Address: **ONE AMERICAN SQUARE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46282** Phone: **317 236 1000**

Offices/Positions Held: **ASSOCIATE ATTORNEY**

Type of Business: **LAW FIRM** Supervisor/Contact: **STEVE HACKMAN**

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

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: **INDIANA SUPREME COURT**

Address: **402 W. WASHINGTON ST., RM W062**

City: **INDIANAPOLIS**

State/Province: **IN**

Country: **USA**

Postal Code: **46204**

License Type: **LAW LICENSE**

License #: **16236-82-A**

Date Issued (MM/YY): **10/91**

Date Expired (MM/YY): **N/A**

Reason for Termination: **N/A**

Non-insurance Regulatory Phone Number (if known): **(317) 232-5861**

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
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?
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

INDIANA DEPARTMENT OF STATE REVENUE ISSUED A LIEN IN THE AMOUNT OF \$597.27 IN JULY, 2004 FOR STATE TAXES THAT WERE DUE AND OWING. THE LIEN WAS SATISFIED ON JULY 19, 2004 AND THEREBY RELEASED.

ON MAY 22, 2008, THE HEALTH AND HOSPITAL CORPORATION FILED A CLAIM IN MARION COUNTY, INDIANA, REGARDING RENTAL PROPERTY OWNED BY MARK A. KIEFER, THE AFFIANT'S HUSBAND. THE CLAIM WAS DISMISSED ON JUNE 3, 2008.

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.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. **NONE**

If any of the stock is pledged or hypothecated in any way, give details: **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 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?

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

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

CONSECO, INC. FILED FOR BANKRUPTCY IN 2002 AND EMERGED FROM BANKRUPTCY IN 2003 – NONE OF ITS REGULATED SUBSIDIARIES FILED FOR BANKRUPTCY. I WAS ASSISTANT CORPORATE SECRETARY OF CONSECO, INC.

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 **SEE ATTACHMENT**

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.

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 25th day of August, 2015, at Indianapolis, Indiana. 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.

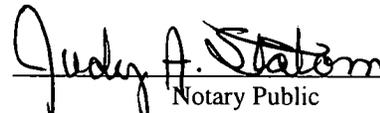

KATHLEEN SUSAN KIEFER

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015, at Indianapolis, Indiana, by **KATHLEEN SUSAN KIEFER**, and:

- who is personally known to me, or
- who produced the following identification: _____




Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

Beginning/Ending
Dates
(MM/YY)

Address

City

State/
Province

Country

Postal Code



Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

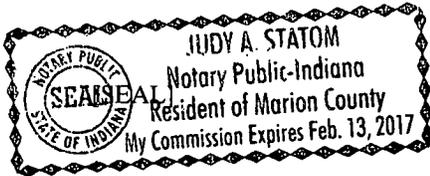
Dated and signed this 25th day of August, 2015, at Indianapolis, Indiana. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

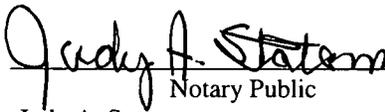

KATHLEEN SUSAN KIEFER

State of Indiana County of Marion

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- who is personally known to me, or
- who produced the following identification: _____




Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

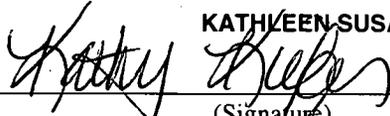
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.


KATHLEEN SUSAN KIEFER, 

(Signature) August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Kathleen S. Kiefer and:

who is personally known to me, or

who produced the following identification: _____





Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

KATHLEEN SUSAN KIEFER, _____
Kathleen Kiefer (Signature) August 25, 2015 (Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Kathleen S. Kiefer, and:

X who is personally known to me, or who produced the following identification: _____



Judy A. Statom

Notary Public
Judy A. Statom

Printed Notary Name
February 13, 2017

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Kathleen Susan Kiefer
KATHLEEN SUSAN KIEFER, _____
(Signature)

August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Kathleen S. Kiefer, and:

X who is personally known to me, or who produced the following identification: _____

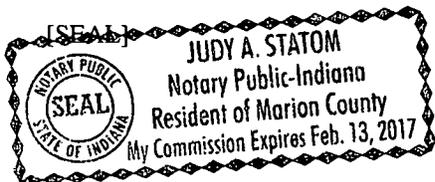
Judy A. Statom
Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires



Answer to Question 8 - Kathleen Susan Kiefer

Entity Name	Title	Role Start	Termination Date	Last Elected
1-800 Contacts Foundation L.L.C.	Secretary	06/17/2013	03/13/2014	06/17/2013
1-800 CONTACTS PARENT CORP.	Secretary	07/01/2013	01/31/2014	07/01/2013
1-800 CONTACTS PARENT CORP.	Assistant Secretary	06/20/2012	07/01/2013	06/20/2012
1-800 CONTACTS PARENT HOLDINGS CORP.	Assistant Secretary	06/20/2012	07/01/2013	06/20/2012
1-800 CONTACTS PARENT HOLDINGS CORP.	Secretary	07/01/2013	01/31/2014	07/01/2013
1-800 CONTACTS, INC.	Secretary	07/01/2013	01/31/2014	07/01/2013
1-800 CONTACTS, INC.	Assistant Secretary	06/20/2012	07/01/2013	06/20/2012
Affiliated Healthcare, Inc.	Secretary	03/09/2009	05/13/2010	--
Affiliated Healthcare, Inc.	Vice President	03/09/2009	05/13/2010	--
Affiliated Provider Systems, Inc.	Secretary	03/09/2009	06/26/2009	--
Affiliated Provider Systems, Inc.	Vice President	03/09/2009	06/26/2009	--
AHI Healthcare Corporation	Vice President	03/09/2009	05/01/2011	05/21/2010
AHI Healthcare Corporation	Secretary	03/09/2009	05/01/2011	05/21/2010
American Imaging Management Connecticut, L.L.C.	Secretary	03/09/2009	12/30/2009	--
American Imaging Management East, L.L.C.	Secretary	03/09/2009	08/01/2014	05/31/2013
American Imaging Management Services, L.L.C.	Secretary	03/09/2009	12/30/2009	--
American Imaging Management, Inc.	Secretary	03/09/2009	--	05/29/2015
American Managing Company	Vice President	03/09/2009	05/13/2010	--
American Managing Company	Secretary	03/09/2009	05/13/2010	--
AMERIGROUP Arizona, Inc.	Secretary	12/24/2012	06/24/2015	05/29/2015
AMERIGROUP California, Inc.	Secretary	12/24/2012	12/31/2014	06/06/2014
AMERIGROUP Community Care of Arizona, Inc.	Secretary	12/24/2012	09/26/2014	06/06/2014
AMERIGROUP Community Care of Mississippi, Inc.	Secretary	12/24/2012	07/28/2014	06/06/2014
AMERIGROUP Community Care of New Mexico, Inc.	Secretary	12/24/2012	--	04/15/2015
AMERIGROUP Connecticut, Inc.	Secretary	12/24/2012	07/28/2014	06/06/2014
AMERIGROUP Corporation	Secretary	12/24/2012	--	05/29/2015
AMERIGROUP Delaware, Inc.	Secretary	12/24/2012	08/26/2014	06/06/2014
AMERIGROUP Florida, Inc.	Secretary	12/24/2012	--	06/22/2015
Amerigroup Foundation L.L.C.	Secretary	06/17/2013	--	05/29/2015
AMERIGROUP Hawaii, Inc.	Secretary	12/24/2012	09/18/2014	06/06/2014
AMERIGROUP Health Solutions, Inc.	Secretary	12/24/2012	09/26/2014	06/06/2014
AMERIGROUP Indiana, Inc.	Secretary	12/24/2012	09/16/2014	06/06/2014
Amerigroup Insurance Company	Secretary	12/24/2012	--	06/03/2015
Amerigroup Iowa, Inc.	Secretary	04/28/2015	--	04/28/2015
Amerigroup Kansas, Inc.	Secretary	12/24/2012	--	06/19/2015
AMERIGROUP Louisiana, Inc.	Secretary	12/24/2012	--	06/02/2015
AMERIGROUP Maine, Inc.	Secretary	12/24/2012	04/14/2014	05/31/2013
AMERIGROUP Maryland, Inc.	Secretary	12/24/2012	--	06/29/2015
AMERIGROUP Massachusetts, Inc.	Secretary	12/24/2012	12/31/2014	06/06/2014
AMERIGROUP Michigan, Inc.	Secretary	12/24/2012	04/15/2014	05/31/2013
AMERIGROUP Nevada, Inc.	Secretary	12/24/2012	--	06/03/2015
AMERIGROUP New Jersey, Inc.	Secretary	12/24/2012	--	06/26/2015
AMERIGROUP Ohio, Inc.	Secretary	12/24/2012	--	05/31/2015
AMERIGROUP Pennsylvania, Inc.	Secretary	12/24/2012	02/23/2015	06/06/2014

AMERIGROUP Puerto Rico, Inc.	Secretary	12/24/2012	07/22/2014	06/06/2014
Amerigroup Services, Inc.	Secretary	12/24/2012	--	05/29/2015
AMERIGROUP Tennessee, Inc.	Secretary	12/24/2012	--	06/02/2015
AMERIGROUP Texas, Inc.	Secretary	12/24/2012	--	06/03/2015
AMERIGROUP Washington, Inc.	Secretary	12/24/2012	--	06/19/2015
AMERIGROUP Wisconsin, Inc.	Secretary	12/24/2012	04/21/2014	05/31/2013
AMERIVANTAGE, Inc.	Secretary	12/24/2012	12/12/2013	05/31/2013
AMGP Georgia Managed Care Company, Inc.	Secretary	12/24/2012	--	06/10/2015
AMGP Georgia, Inc.	Secretary	12/24/2012	09/04/2014	06/06/2014
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Secretary	03/09/2009	--	05/29/2015
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Manager	03/09/2009	05/09/2013	05/25/2012
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Secretary	03/09/2009	05/09/2013	05/25/2012
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Director	03/09/2009	12/15/2009	--
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Secretary	03/09/2009	12/15/2009	--
Anthem Blue Cross Foundation, LLC	Secretary	03/09/2009	--	05/29/2015
Anthem Blue Cross Life and Health Insurance Company	Secretary	03/09/2009	--	05/29/2015
Anthem Credentialing Services, Inc.	Secretary	03/09/2009	05/01/2013	05/25/2012
Anthem Financial, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Foundation, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Foundation, Inc. (KY)	Secretary	03/09/2009	--	05/29/2015
Anthem Health Insurance Company of Nevada	Secretary	03/09/2009	--	05/29/2015
Anthem Health Plans of Kentucky, Inc.	Secretary	03/09/2009	--	04/29/2015
Anthem Health Plans of Maine, Inc.	Director	03/09/2009	--	05/29/2015
Anthem Health Plans of Maine, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Health Plans of New Hampshire, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Health Plans of Virginia, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Health Plans, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem HMO of Nevada	Secretary	03/09/2009	11/01/2010	05/21/2010
Anthem Holding Corp.	Secretary	03/09/2009	--	05/29/2015
Anthem Insurance Companies, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Insurance Companies, Inc.	Director	03/09/2009	05/29/2015	05/27/2014
Anthem Kentucky Managed Care Plan, Inc.	Secretary	06/05/2014	--	06/29/2015
Anthem Life Insurance Company	Secretary	03/09/2009	--	04/29/2015
Anthem Life Insurance Company	Director	03/09/2009	--	04/29/2015
Anthem Southeast, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem UM Services, Inc.	Secretary	03/09/2009	--	05/29/2015
Anthem Workers' Compensation, LLC	Secretary	01/01/2010	--	05/29/2015
Anthem, Inc.	Assistant Secretary	02/05/2009	02/20/2013	05/16/2012
Anthem, Inc.	Corporate Secretary	02/20/2013	--	05/12/2015
AQUASOFT, LLC	Secretary	06/20/2012	01/31/2014	07/01/2013
ARCUS Bank	Secretary	03/09/2009	09/20/2010	--
Arcus Enterprises, Inc.	Secretary	03/09/2009	--	05/29/2015
Arcus Financial Holding Corp.	Secretary	03/09/2009	10/01/2010	05/21/2010
ARCUS Financial Services, Inc.	Secretary	03/09/2009	06/01/2012	05/27/2011
ARCUS HealthyLiving Services, Inc.	Secretary	03/09/2009	--	05/29/2015

Associated Group, Inc.	Secretary	03/09/2009	--	03/29/2015
ATH Holding Company, LLC	Secretary	03/09/2009	--	05/29/2015
Behavioral Health Network, Inc.	Secretary	03/09/2009	03/08/2013	05/27/2011
Better Health, Inc.	Secretary	02/17/2015	--	06/01/2015
Blue Cross and Blue Shield of Georgia, Inc.	Secretary	03/09/2009	--	05/29/2015
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Vice President	03/09/2009	05/31/2013	05/25/2012
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Secretary	03/09/2009	--	05/29/2015
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Secretary	03/09/2009	--	05/29/2015
Blue Cross Blue Shield of Wisconsin	Secretary	03/09/2009	--	05/29/2015
Blue Cross Blue Shield of Wisconsin	Vice President	03/09/2009	--	05/29/2015
Blue Cross of California	Secretary	03/09/2009	--	06/23/2015
Blue Cross of California Partnership Plan, Inc.	Secretary	03/09/2009	--	06/23/2015
CareMore Foundation L.L.C.	Secretary	06/17/2013	--	05/29/2015
CareMore Health Group, Inc.	Secretary	08/22/2011	--	05/29/2015
CareMore Health Plan	Secretary	08/22/2011	--	07/02/2014
CareMore Health Plan of Arizona, Inc.	Secretary	08/22/2011	--	05/29/2015
CareMore Health Plan of Colorado, Inc.	Secretary	08/22/2011	06/01/2015	07/02/2014
CareMore Health Plan of Georgia, Inc.	Secretary	03/11/2013	--	05/29/2015
CareMore Health Plan of Nevada	Secretary	08/22/2011	--	05/29/2015
CareMore Health Plan of Texas, Inc.	Secretary	08/22/2011	--	05/29/2015
CareMore Health System	Secretary	08/22/2011	--	05/29/2015
CareMore Holdings, Inc.	Secretary	08/22/2011	--	05/29/2015
CareMore IPA of New York, LLC	Secretary	04/02/2012	--	05/29/2015
CareMore Services Company, LLC	Secretary	07/20/2012	--	05/29/2015
CareMore, LLC	Secretary	01/18/2012	--	05/29/2015
Cerulean Companies, Inc.	Secretary	03/09/2009	--	05/29/2015
CL I, INC.	Secretary	06/20/2012	07/25/2013	06/20/2012
CL II, INC.	Secretary	06/20/2012	07/25/2013	06/20/2012
CL III, INC.	Secretary	06/20/2012	07/25/2013	06/20/2012
CL4, LLC	Secretary	06/20/2012	01/31/2014	07/01/2013
Claim Management Services, Inc.	Secretary	03/09/2009	--	05/29/2015
Claim Management Services, Inc.	Vice President	03/09/2009	--	05/29/2015
CMMC Holding Company, LLC	Secretary	08/22/2011	--	05/29/2015
Community Insurance Company	Secretary	03/09/2009	--	05/20/2015
Community Insurance Company	Director	03/09/2009	--	05/20/2015
Community Insurance Company	Vice President	05/21/2010	--	05/20/2015
CommunityConnect Health Plan of Pennsylvania, Inc.	Secretary	11/19/2010	05/15/2013	05/25/2012
Compcare Health Services Insurance Corporation	Vice President	03/09/2009	--	04/30/2015
Compcare Health Services Insurance Corporation	Secretary	03/09/2009	--	04/30/2015
Comprehensive Integrated Marketing Services	Secretary	03/09/2009	12/22/2009	--
Crossroads Acquisition Corp.	Secretary	03/09/2009	--	05/29/2015
DeCare Analytics, LLC	Secretary	04/09/2009	--	05/29/2015
DeCare Dental Health International, LLC	Secretary	04/09/2009	--	05/29/2015
DeCare Dental Networks, LLC	Secretary	04/09/2009	--	05/29/2015

DeCare Dental, LLC	Secretary	04/09/2009	--	05/29/2015
Dental Claims Administrative Services, Inc.	Secretary	04/09/2009	04/01/2011	05/27/2011
Designated Agent Company, Inc.	Secretary	03/09/2009	--	05/29/2015
Diversified Life Insurance Agency of Missouri, Inc.	Secretary	03/09/2009	10/01/2009	--
EHC Benefits Agency, Inc.	Secretary	03/09/2009	--	05/29/2015
EVISION, INC.	Assistant Secretary	06/20/2012	07/01/2013	06/20/2012
EVISION, INC.	Secretary	07/01/2013	01/31/2014	07/01/2013
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Vice President	03/09/2009	--	09/01/2011
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Secretary	03/09/2009	--	05/29/2015
Golden West Health Plan, Inc.	Secretary	03/09/2009	--	12/17/2014
Government Health Services, L.L.C.	Secretary	03/09/2009	--	05/29/2015
Greater Georgia Life Insurance Company	Vice President	03/09/2009	05/31/2013	05/25/2012
Greater Georgia Life Insurance Company	Secretary	03/09/2009	--	05/29/2015
Health Core, Inc.	Secretary	03/09/2009	--	05/29/2015
Health Management Corporation	Secretary	03/09/2009	--	05/29/2015
Health Management Corporation	Vice President	09/20/2013	--	05/29/2015
Health Ventures Partner, L.L.C.	Secretary	03/09/2009	--	05/29/2015
HealthKeepers, Inc.	Secretary	03/09/2009	--	05/27/2014
HealthLink HMO, Inc.	Secretary	03/09/2009	--	05/29/2015
HealthLink, Inc.	Secretary	03/09/2009	--	05/29/2015
HealthLink, Inc.	Director	05/21/2010	--	05/29/2015
HealthReach Services, Inc.	Vice President	03/09/2009	02/01/2011	05/21/2010
Healthy Alliance Life Insurance Company	Secretary	03/09/2009	--	05/29/2015
Healthy Alliance Life Insurance Company	Director	03/09/2009	--	05/29/2015
Healthy Homecomings, Inc.	Secretary	03/09/2009	09/23/2009	--
HMO Colorado, Inc.	Secretary	03/09/2009	--	05/29/2015
HMO Missouri, Inc.	Vice President	03/09/2009	--	05/27/2014
HMO Missouri, Inc.	Secretary	03/09/2009	--	05/27/2014
Imaging Management Holdings, LLC	Secretary	02/23/2009	--	05/29/2015
Imaging Providers of Texas	Secretary	03/09/2009	--	05/29/2015
IMASIS, L.L.C.	Secretary	03/09/2009	03/01/2013	10/17/2012
Insurance4 Agency, Inc.	Secretary	03/09/2009	08/01/2010	--
Insurance4 Agency, Inc.	Vice President	03/09/2009	08/01/2010	--
Landmark Solutions, LLC	Secretary	03/09/2009	08/31/2012	05/25/2012
Lease Partners, Inc.	Secretary	03/09/2009	08/01/2011	05/27/2011
Lens 1st Holding Company	Assistant Secretary	06/20/2012	07/25/2013	06/20/2012
Matthew Thornton Health Plan, Inc.	Secretary	03/09/2009	--	05/29/2015
Meridian Resource Company, LLC	Vice President	03/09/2009	--	05/29/2015
Meridian Resource Company, LLC	Secretary	03/09/2009	--	05/29/2015
Monticello Service Agency, Inc.	Secretary	03/09/2009	12/01/2009	--
National Capital Preferred Provider Organization, Inc.	Director	03/09/2009	04/11/2012	05/27/2011
National Capital Preferred Provider Organization, Inc.	Secretary	03/09/2009	04/11/2012	05/27/2011
National Government Services Foundation, L.L.C.	Secretary	07/29/2013	--	05/29/2015
National Government Services, Inc.	Secretary	03/09/2009	--	05/29/2015
NextRx Services, Inc.	Secretary	03/09/2009	12/01/2009	--
NextRx, Inc.	Secretary	03/09/2009	12/01/2009	--

NextRx, LLC	Secretary	03/09/2009	12/01/2009	--
OneNation Benefit Administrators, Inc.	Secretary	03/09/2009	06/01/2010	--
OneNation Insurance Company	Director	03/09/2009	05/15/2015	05/27/2014
OneNation Insurance Company	Secretary	03/09/2009	05/15/2015	05/27/2014
Park Square Holdings, Inc.	Secretary	03/09/2009	--	05/29/2015
Park Square Holdings, Inc.	Vice President	03/09/2009	--	05/29/2015
Park Square I, Inc.	Secretary	03/09/2009	--	05/29/2015
Park Square II, Inc.	Vice President	03/09/2009	--	05/29/2015
Park Square II, Inc.	Secretary	03/09/2009	--	05/29/2015
Peninsula Health Care, Inc.	Secretary	03/09/2009	10/01/2010	--
PHP Holdings, Inc.	Secretary	12/24/2012	--	05/29/2015
Preferred Health Plans of Missouri, Inc.	Secretary	03/09/2009	10/01/2009	--
Priority Health Care, Inc.	Secretary	03/09/2009	10/01/2010	--
Priority Insurance Agency, Inc.	Secretary	03/09/2009	11/14/2008	--
Priority, Inc.	Secretary	03/09/2009	10/01/2010	--
R & P Realty, Inc.	Vice President	03/09/2009	--	05/29/2015
R & P Realty, Inc.	Secretary	03/09/2009	--	05/29/2015
Radiant Services, LLC	Secretary	12/22/2010	02/13/2014	05/31/2013
Reliance Safeguard Solutions, Inc.	Secretary	03/09/2009	02/13/2009	--
Resolution Health, Inc.	Secretary	02/23/2009	--	05/29/2015
RightCHOICE Insurance Company	Secretary	03/09/2009	08/05/2014	12/23/2013
RightCHOICE Managed Care, Inc.	Secretary	03/09/2009	--	05/29/2015
Rocky Mountain Hospital and Medical Service, Inc.	Secretary	03/09/2009	--	05/29/2015
SellCore, Inc.	Secretary	03/09/2009	--	05/29/2015
Simply Healthcare Holdings, Inc.	Secretary	02/17/2015	--	05/29/2015
Simply Healthcare Plans, Inc.	Secretary	02/17/2015	--	06/01/2015
Southeast Services, Inc.	Secretary	03/09/2009	--	05/29/2015
State Sponsored Business UM Services, Inc.	Secretary	12/15/2011	--	05/29/2015
Summit Administrative Services, L.L.C.	Secretary	03/09/2009	04/27/2012	05/27/2011
Texas Managed Care Administrative Services, Inc.	Director	03/09/2009	05/29/2009	05/21/2009
Texas Managed Care Administrative Services, Inc.	Secretary	03/09/2009	05/29/2009	03/09/2009
The Anthem Companies of California, Inc.	Secretary	05/08/2012	--	05/29/2015
The Anthem Companies, Inc.	Secretary	03/09/2009	--	04/29/2015
TrustSolutions, LLC	Secretary	03/09/2009	--	05/29/2015
UNICARE Health Benefit Services of Texas, Inc.	Secretary	03/09/2009	11/19/2009	05/21/2010
UNICARE Health Benefit Services of Texas, Inc.	Director	03/09/2009	11/19/2009	05/21/2010
UNICARE Health Insurance Company of Texas	Secretary	03/09/2009	09/01/2011	04/04/2011
UNICARE Health Insurance Company of Texas	Director	03/09/2009	09/01/2011	04/04/2011
UNICARE Health Insurance Company of the Midwest	Secretary	03/09/2009	07/08/2014	05/27/2014
UNICARE Health Plan of Kansas, Inc.	Secretary	03/09/2009	--	05/29/2015
UNICARE Health Plan of West Virginia, Inc.	Secretary	03/09/2009	--	04/10/2015
UNICARE Health Plans of Texas, Inc.	Secretary	03/09/2009	--	04/10/2015
UNICARE Health Plans of the Midwest, Inc.	Secretary	03/09/2009	02/28/2014	05/31/2013

UNICARE Illinois Services, Inc.	Secretary	03/09/2009	--	05/29/2015
UniCare Life & Health Insurance Company	Secretary	03/09/2009	--	05/29/2015
UniCare Life & Health Insurance Company	Director	03/09/2009	05/29/2015	05/27/2014
UNICARE National Services, Inc.	Vice President	05/29/2009	--	05/29/2015
UNICARE National Services, Inc.	Secretary	03/09/2009	--	05/29/2015
UNICARE of Texas Health Plans, Inc.	Secretary	03/09/2009	03/21/2011	05/21/2010
UniCare Specialty Services, Inc.	Vice President	03/09/2009	--	05/29/2015
UniCare Specialty Services, Inc.	Secretary	03/09/2009	--	05/29/2015
United Government Services, LLC	Secretary	03/09/2009	03/01/2013	09/18/2012
UtiliMED IPA, Inc.	Secretary	03/09/2009	--	05/29/2015
WellPoint Acquisition, LLC	Secretary	03/09/2009	--	05/29/2015
WellPoint Behavioral Health, Inc.	Secretary	03/09/2009	--	05/29/2015
WellPoint California Services, Inc.	Vice President	03/09/2009	--	05/29/2015
WellPoint California Services, Inc.	Secretary	03/09/2009	--	05/29/2015
WellPoint Dental Services, Inc.	Vice President	03/09/2009	--	05/29/2015
WellPoint Dental Services, Inc.	Secretary	03/09/2009	--	05/29/2015
WellPoint Development Company, Inc.	Secretary	03/09/2009	05/18/2009	--
WellPoint Holding Corp.	Secretary	03/09/2009	--	05/29/2015
WellPoint Information Technology Services, Inc.	Secretary	06/28/2011	--	05/29/2015
WellPoint Insurance Services, Inc.	Secretary	03/09/2009	--	05/29/2015
WellPoint Military Care Corporation	Secretary	12/08/2014	--	05/29/2015
WellPoint Partnership Plan, LLC	Secretary	03/09/2009	--	05/29/2015
WellPoint Pharmacy IPA, Inc.	Secretary	03/09/2009	12/01/2009	--
WPMI (Shanghai) Enterprise Service Co., Ltd.	Secretary	03/09/2009	--	--
WPMI, LLC	Secretary	03/09/2009	--	--

**ATTACHMENT – QUESTION 15 c.
KATHLEEN SUSAN KIEFER**

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to Anthem, Inc. and its affiliates (collectively, the “Anthem Companies”), state regulators, including state insurance commissioners; state attorneys general or other state governmental authorities; federal regulators, including the Securities Exchange Commission; and federal governmental authorities, including congressional committees, regularly make inquiries and conduct investigations concerning compliance by the Anthem Companies with applicable insurance and other laws and regulations. One or more of the Anthem Companies, during my tenure as a board member or officer of such Anthem Companies, may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state’s interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
Blue Cross of California	\$2,500,000	settlement re: undertakings entered at time of change in control associated with WellPoint/Anthem merger	stipulated settlement agreement	2009-11	CA
AMERIGROUP Maryland, Inc.	\$2,113,966	disincentives for the following three measures: ambulatory care services for SSI adults, childhood immunizations status (combo 3), and eye exams for diabetics		2014-12	MD
WellPoint, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	2013-07	federal govt.
Blue Cross and Blue Shield of Georgia, Inc. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Greater Georgia Life Insurance Company	\$718,540	fine in connection with findings from a targeted examination of Medicare Supplement business that alleged violations in connection with renewal practices, mailing of cancellation notices, and producer licensing	consent order	2014-12	GA
Blue Cross of California	\$500,000	failure to pay claims timely, to pay interest on late claims, and to include fee for failing to include interest; failure to establish and maintain a dispute resolution mechanism; time limits for reimbursement, contest, or denial of certain claims (matter 10-002)	letter of agreement	2010-11	CA
Anthem Health Plans, Inc.	\$306,500	fine resulting from a market conduct examination findings that alleged failure to follow established practices and procedures to ensure compliance with statutory requirements regarding producer licensing and appointments, and claims handling	stipulation and consent order	2015-04	
Anthem Health Plans of Kentucky, Inc.	\$300,000	civil penalty in connection with findings from a market conduct exam that alleged violations of the Kentucky Insurance Code (fined \$500,000 but \$200,000 deferred pending a follow-up exam)	agreed order	2010-12	KY

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **ROBERT** Middle: **DAVID** Last: **KRETSCHMER**
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: **SENIOR VICE PRESIDENT, TREASURER AND CHIEF INVESTMENT OFFICER, ANTHEM. INC.**
4. Affiant's business address: **120 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204**
Business telephone: **317 488 6422** Business Email: **david.kretschmer@anthem.com**

5. Education and training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	BRADLEY UNIVERSITY	PEORIA, IL	1976-1978	NONE
	GEORGE WASHINGTON	WASHINGTON, DC	1978-1980	BA
Graduate Studies	UNIVERSITY OF CHICAGO	CHICAGO, IL	1980-1982	MBA
Other Training	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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
AMERICAN FINANCE ASSOCIATION	NONE	HASS SCHOOL OF BUSINESS UNIVERSITY OF CALIFORNIA BERKELEY, CA 94729	800.835.6770

- 7. Present or proposed position with the Applicant Company: **SENIOR VICE PRESIDENT, TREASURER AND CHIEF INVESTMENT 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.

SEE ATTACHMENT A FOR SUBSIDIARY DIRECTOR / OFFICER POSITIONS.

Beginning/Ending

Dates (MM/YY): **11/04 - PRESENT** Employer's Name: **ANTHEM, INC. (f/k/a/WELLPOINT, INC.)**

Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6000**

Offices/Positions Held: **VARIOUS, INCLUDING SENIOR VICE PRESIDENT, TREASURER AND CHIEF INVESTMENT OFFICER**

Type of Business: **INSURANCE** Supervisor/Contact: **WAYNE DEVEYDT**

Beginning/Ending

Dates (MM/YY): **09/91 - 11/04** Employer's Name: **WELLPOINT HEALTH NETWORKS INC.**

Address: **1 WELLPOINT WAY** City: **THOUSAND OAKS** State/Province: **CA**
Country: **USA** Postal Code: **91362** Phone: **805 557 6070**

Offices/Positions Held: **VICE PRESIDENT, TREASURER**

Type of Business: **INSURANCE** Supervisor/Contact: **CAROL BURT**

- 9. a. Have you ever been in a position which required a fidelity bond?
Yes No
- 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: **NATIONAL ASSOCIATION SECURITIES DEALERS**
Address: **525 MARKET STREET, SUITE 300**
City: **SAN FRANCISCO** State/Province: **CA** Country: **USA** Postal Code: **94105**
License Type: **SERIES 7** License #: **N/A** Date Issued (MM/YY): **11/89**
Date Expired (MM/YY): **08/91** Reason for Termination: **CAREER CHANGE**

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
b. Yes No
 - c. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
 - d. 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
 - e. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
 - f. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
 - g. 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
 - h. 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
 - i. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
 - j. 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
 - k. 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.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. **NONE**

If any of the stock is pledged or hypothecated in any way, give details: **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 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?

- 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 **SEE ATTACHMENT**

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.

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.

Applicant Name: **Anthem, Inc.**

NAIC No. **None**
FEIN: 35-2145715

Dated and signed this 25 day of August, 2015, at Indianapolis, Indiana. 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.

Robert David Kretschmer

ROBERT DAVID KRETSCHMER

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, at Indianapolis, Indiana, by **ROBERT DAVID KRETSCHMER**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom

Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000**

- Affiant's Full Name (Initials Not Acceptable): First: **ROBERT** Middle: **DAVID** Last: **KRETSCHMER**
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: **[REDACTED]**
- Government Identification Number if not a U.S. Citizen **N/A**
- Foreign Student ID# (if applicable): **N/A**
- Date of Birth: (MM/DD/YY): **[REDACTED]** Place of Birth: City **DUPAGE**
State/Province: **IL** Country **USA**
- Name of Affiant's Spouse (if applicable): **[REDACTED]**
- List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

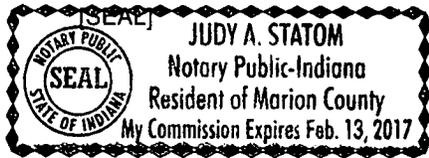
Dated and signed this 25 day of August, 2015, at Indianapolis, Indiana. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

ROBERT DAVID KRETSCHMER

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, at Indianapolis, Indiana, by **ROBERT DAVID KRETSCHMER**, and:

- who is personally known to me, or
- who produced the following identification: _____



Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **ANTHEM, INC.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

ROBERT DAVID KRETSCHMER, [REDACTED]
(Printed Full Name and Residence Address)



ROBERT DAVID KRETSCHMER

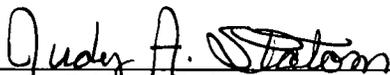
August ²⁵ 2015
Date _____

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 at Indianapolis, Indiana, by **ROBERT DAVID KRETSCHMER**, and:

- who is personally known to me, or
- who produced the following identification: _____





Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

ROBERT DAVID KRETSCHMER, [Redacted]
(Printed Full Name and Residence Address)

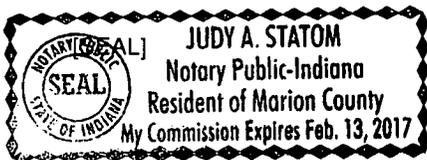
[Signature]
ROBERT DAVID KRETSCHMER (Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **ROBERT DAVID KRETSCHMER**, and:

who is personally known to me, or who produced the following identification: _____



[Signature]
Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

ROBERT DAVID KRETSCHMER, [Redacted]
(Printed Full Name and Residence Address)



ROBERT DAVID KRETSCHMER (Signature)

August 25, 2015

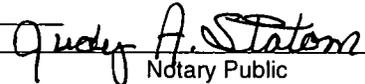
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **ROBERT DAVID KRETSCHMER**, and:

X who is personally known to me, or who produced the following identification:





Judy A. Statom
Notary Public

Printed Notary Name
February 13, 2017

My Commission Expires

Answer to Question 8 - Robert David Kretschmer

Entity Name	Title	Role Start	Termination Date	Last Elected
1-800 Contacts Foundation L.L.C.	Treasurer	06/17/2013	03/13/2014	06/17/2013
1-800 CONTACTS PARENT CORP.	Treasurer	06/20/2012	01/31/2014	07/01/2013
1-800 CONTACTS PARENT HOLDINGS CORP.	Treasurer	06/20/2012	01/31/2014	07/01/2013
1-800 CONTACTS, INC.	Treasurer	06/20/2012	01/31/2014	07/01/2013
Affiliated Healthcare, Inc.	Vice President	06/30/2006	05/13/2010	--
Affiliated Healthcare, Inc.	Treasurer	01/31/2005	05/13/2010	--
Affiliated Provider Systems, Inc.	Treasurer	06/30/2006	06/26/2009	--
Affiliated Provider Systems, Inc.	Vice President	06/30/2006	06/26/2009	--
AHI Healthcare Corporation	Vice President	06/30/2006	05/01/2011	05/21/2010
AHI Healthcare Corporation	Treasurer	06/30/2006	05/01/2011	05/21/2010
American Imaging Management Connecticut, L.L.C.	Treasurer	08/01/2007	12/30/2009	--
American Imaging Management East, L.L.C.	Treasurer	08/01/2007	08/01/2014	05/31/2013
American Imaging Management Services, L.L.C.	Treasurer	08/01/2007	12/30/2009	--
American Imaging Management, Inc.	Treasurer	08/01/2007	--	05/29/2015
American Managing Company	Vice President	06/30/2006	05/13/2010	--
American Managing Company	Treasurer	02/01/2004	05/13/2010	--
AMERIGROUP Arizona, Inc.	Treasurer	12/24/2012	06/24/2015	05/29/2015
AMERIGROUP California, Inc.	Treasurer	12/24/2012	12/31/2014	06/06/2014
AMERIGROUP Community Care of Arizona, Inc.	Treasurer	12/24/2012	09/26/2014	06/06/2014
AMERIGROUP Community Care of Mississippi, Inc.	Treasurer	12/24/2012	07/28/2014	06/06/2014
AMERIGROUP Community Care of New Mexico, Inc.	Treasurer	12/24/2012	--	04/15/2015
AMERIGROUP Connecticut, Inc.	Treasurer	12/24/2012	07/28/2014	06/06/2014
AMERIGROUP Corporation	Treasurer	12/24/2012	--	05/29/2015
AMERIGROUP Corporation	Director	12/24/2012	12/24/2012	--
AMERIGROUP Corporation	Vice President	12/24/2012	12/24/2012	--
AMERIGROUP Delaware, Inc.	Treasurer	12/24/2012	08/26/2014	06/06/2014
AMERIGROUP Florida, Inc.	Treasurer	12/24/2012	--	06/22/2015
Amerigroup Foundation L.L.C.	Treasurer	06/17/2013	--	05/29/2015
AMERIGROUP Hawaii, Inc.	Treasurer	12/24/2012	09/18/2014	06/06/2014
AMERIGROUP Health Solutions, Inc.	Treasurer	12/24/2012	09/26/2014	06/06/2014
AMERIGROUP Indiana, Inc.	Treasurer	12/24/2012	09/16/2014	06/06/2014
Amerigroup Insurance Company	Treasurer	12/24/2012	--	06/03/2015
Amerigroup Iowa, Inc.	Treasurer	04/28/2015	--	04/28/2015
Amerigroup Kansas, Inc.	Treasurer	12/24/2012	--	06/19/2015
AMERIGROUP Louisiana, Inc.	Treasurer	12/24/2012	--	06/02/2015
AMERIGROUP Maine, Inc.	Treasurer	12/24/2012	04/14/2014	05/31/2013
AMERIGROUP Maryland, Inc.	Treasurer	12/24/2012	--	06/29/2015
AMERIGROUP Massachusetts, Inc.	Treasurer	12/24/2012	12/31/2014	06/06/2014
AMERIGROUP Michigan, Inc.	Treasurer	12/24/2012	04/15/2014	05/31/2013
AMERIGROUP Nevada, Inc.	Treasurer	12/24/2012	--	06/03/2015
AMERIGROUP New Jersey, Inc.	Treasurer	12/24/2012	--	06/26/2015
AMERIGROUP Ohio, Inc.	Treasurer	12/24/2012	--	05/31/2015
AMERIGROUP Pennsylvania, Inc.	Treasurer	12/24/2012	02/23/2015	06/06/2014
AMERIGROUP Puerto Rico, Inc.	Treasurer	12/24/2012	07/22/2014	06/06/2014

Amerigroup Services, Inc.	Treasurer	12/24/2012	--	05/29/2015
AMERIGROUP Tennessee, Inc.	Treasurer	12/24/2012	--	06/02/2015
AMERIGROUP Texas, Inc.	Treasurer	12/24/2012	--	06/03/2015
AMERIGROUP Washington, Inc.	Treasurer	12/24/2012	--	06/19/2015
AMERIGROUP Wisconsin, Inc.	Treasurer	12/24/2012	04/21/2014	05/31/2013
AMERIVANTAGE, Inc.	Treasurer	12/24/2012	12/12/2013	05/31/2013
AMGP Georgia Managed Care Company, Inc.	Treasurer	12/24/2012	--	06/10/2015
AMGP Georgia, Inc.	Treasurer	12/24/2012	09/04/2014	06/06/2014
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Treasurer	03/07/2006	--	05/29/2015
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Treasurer	02/15/2008	05/09/2013	05/25/2012
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Treasurer	10/04/2005	12/15/2009	--
Anthem Blue Cross Foundation, LLC	Treasurer	04/11/2005	--	05/29/2015
Anthem Blue Cross Life and Health Insurance Company	Treasurer	10/30/1996	--	05/29/2015
Anthem Credentialing Services, Inc.	Treasurer	09/01/2006	05/01/2013	05/25/2012
Anthem East, LLC	Treasurer	10/03/2005	12/28/2006	--
Anthem Financial, Inc.	Treasurer	01/31/2005	--	05/29/2015
Anthem Foundation, Inc.	Treasurer	02/01/2005	--	05/29/2015
Anthem Foundation, Inc. (KY)	Treasurer	01/31/2005	--	05/29/2015
Anthem Health Insurance Company of Nevada	Treasurer	11/13/2007	--	05/29/2015
Anthem Health Plans of Kentucky, Inc.	Treasurer	01/31/2005	--	04/29/2015
Anthem Health Plans of Maine, Inc.	Treasurer	01/31/2005	--	05/29/2015
Anthem Health Plans of Maine, Inc.	Director	01/31/2005	--	05/29/2015
Anthem Health Plans of New Hampshire, Inc.	Treasurer	01/31/2005	--	05/29/2015
Anthem Health Plans of Virginia, Inc.	Treasurer	02/01/2005	--	05/29/2015
Anthem Health Plans, Inc.	Treasurer	01/31/2005	--	05/29/2015
Anthem HMO of Nevada	Treasurer	11/13/2007	11/01/2010	05/21/2010
Anthem Holding Corp.	Treasurer	01/31/2005	--	05/29/2015
Anthem Insurance Companies, Inc.	Treasurer	01/31/2005	--	05/29/2015
Anthem Kentucky Managed Care Plan, Inc.	Treasurer	06/05/2014	--	06/29/2015
Anthem Life & Disability Insurance Company	Director	10/13/2006	03/21/2008	--
Anthem Life & Disability Insurance Company	Treasurer	11/03/2006	03/26/2008	--
Anthem Life Insurance Company	Treasurer	01/31/2005	--	04/29/2015
Anthem Midwest, Inc.	Treasurer	01/31/2005	10/03/2005	--
Anthem Midwest, LLC	Treasurer	10/01/2005	12/28/2006	--
Anthem Southeast, Inc.	Treasurer	01/31/2005	--	05/29/2015
Anthem UM Services, Inc.	Treasurer	10/05/2005	--	05/29/2015
Anthem West, LLC	Treasurer	10/03/2005	10/03/2005	--
Anthem West, LLC	Treasurer	10/03/2005	12/28/2006	--
Anthem Workers' Compensation, LLC	Treasurer	01/01/2010	--	05/29/2015
Anthem, Inc.	Treasurer	11/30/2004	--	05/12/2015
AQUASOFT, LLC	Treasurer	06/20/2012	01/31/2014	07/01/2013
Arcus Enterprises, Inc.	Treasurer	05/29/2003	--	05/29/2015
Arcus Enterprises, Inc.	Director	05/29/2009	--	05/29/2015
Arcus Financial Holding Corp.	Director	05/29/2009	10/01/2010	05/21/2010
Arcus Financial Holding Corp.	Treasurer	06/26/2007	10/01/2010	05/21/2010

ARCUS Financial Services, Inc.	Treasurer	11/02/2006	06/01/2012	05/27/2011
ARCUS Financial Services, Inc.	Director	05/29/2009	06/01/2012	05/27/2011
ARCUS HealthyLiving Services, Inc.	Treasurer	04/12/2005	--	05/29/2015
ARCUS HealthyLiving Services, Inc.	Director	05/29/2009	--	05/29/2015
Arison Insurance Services, Inc.	Treasurer	01/31/2005	06/30/2008	--
Arison Insurance Services, Inc.	Vice President	06/30/2006	06/30/2008	--
Associated Group, Inc.	Treasurer	01/31/2005	--	03/29/2015
ATH Holding Company, LLC	Treasurer	01/31/2005	--	05/29/2015
BCCHolding Corporation	Treasurer	05/27/2005	01/31/2008	--
Behavioral Health Network, Inc.	Treasurer	03/01/2007	03/08/2013	05/27/2011
Better Health, Inc.	Treasurer	02/17/2015	--	06/01/2015
Blue Cross and Blue Shield of Georgia, Inc.	Treasurer	05/27/2005	--	05/29/2015
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Vice President	06/30/2006	05/31/2013	05/25/2012
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Treasurer	12/10/2001	--	05/29/2015
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Treasurer	04/11/2005	--	05/29/2015
Blue Cross Blue Shield of Wisconsin	Vice President	06/30/2006	--	05/29/2015
Blue Cross Blue Shield of Wisconsin	Treasurer	01/31/2005	--	05/29/2015
Blue Cross of California	Treasurer	01/31/2005	--	06/23/2015
Blue Cross of California Partnership Plan, Inc.	Treasurer	06/10/2005	--	06/23/2015
C & S Properties, Inc.	Assistant Treasurer	05/22/2002	01/31/2005	--
C & S Properties, Inc.	Treasurer	01/31/2005	10/30/2006	--
C & S Properties, Inc.	Vice President	06/30/2006	10/30/2006	--
CareMore Foundation L.L.C.	Treasurer	06/17/2013	--	05/29/2015
CareMore Health Group, Inc.	Treasurer	08/22/2011	--	05/29/2015
CareMore Health Plan	Assistant Treasurer	10/01/2011	03/28/2013	06/14/2012
CareMore Health Plan	Treasurer	08/22/2011	10/01/2011	08/22/2011
CareMore Health Plan	Treasurer	03/28/2013	--	07/02/2014
CareMore Health Plan of Arizona, Inc.	Treasurer	08/22/2011	--	05/29/2015
CareMore Health Plan of Colorado, Inc.	Treasurer	08/22/2011	06/01/2015	07/02/2014
CareMore Health Plan of Georgia, Inc.	Treasurer	03/11/2013	--	05/29/2015
CareMore Health Plan of Nevada	Treasurer	08/22/2011	--	05/29/2015
CareMore Health Plan of Texas, Inc.	Treasurer	08/22/2011	--	05/29/2015
CareMore Health System	Treasurer	08/22/2011	--	05/29/2015
CareMore Holdings, Inc.	Treasurer	08/22/2011	--	05/29/2015
CareMore IPA of New York, LLC	Treasurer	04/02/2012	--	05/29/2015
CareMore Services Company, LLC	Treasurer	07/20/2012	--	05/29/2015
CareMore, LLC	Treasurer	01/18/2012	--	05/29/2015
CC Holdings, LLC	Treasurer	01/01/2005	01/31/2008	--
CC Holdings, LLC	Vice President	06/30/2006	01/31/2008	--
Cerulean Companies, Inc.	Treasurer	05/27/2005	--	05/29/2015
CL I, INC.	Treasurer	06/20/2012	07/25/2013	06/20/2012
CL II, INC.	Treasurer	06/20/2012	07/25/2013	06/20/2012
CL III, INC.	Treasurer	06/20/2012	07/25/2013	06/20/2012
CL4, LLC	Treasurer	06/20/2012	01/31/2014	07/01/2013
Claim Management Services, Inc.	Treasurer	01/01/2005	--	05/29/2015

Claim Management Services, Inc.	Vice President	06/30/2006	--	05/29/2015
CMMC Holding Company, LLC	Treasurer	08/22/2011	--	05/29/2015
Community Insurance Company	Vice President	05/17/2006	--	05/20/2015
Community Insurance Company	Treasurer	01/31/2005	--	05/20/2015
CommunityConnect Health Plan of Pennsylvania, Inc.	Treasurer	11/19/2010	05/15/2013	05/25/2012
Compcare Health Services Insurance Corporation	Treasurer	12/01/2003	--	04/30/2015
Compcare Health Services Insurance Corporation	Vice President	06/30/2006	--	04/30/2015
Comprehensive Integrated Marketing Services	Treasurer	06/30/2006	12/22/2009	--
Comprehensive Integrated Marketing Services	Assistant Treasurer	10/12/2005	06/30/2006	--
Crossroads Acquisition Corp.	Treasurer	01/01/2005	--	05/29/2015
CSRA Healthcare Partners, Inc.	Treasurer	01/31/2005	06/27/2008	--
DeCare Analytics, LLC	Treasurer	04/09/2009	--	05/29/2015
DeCare Dental Health International, LLC	Treasurer	04/09/2009	--	05/29/2015
DeCare Dental Networks, LLC	Treasurer	04/09/2009	--	05/29/2015
DeCare Dental, LLC	Treasurer	04/09/2009	--	05/29/2015
Dental Claims Administrative Services, Inc.	Treasurer	04/09/2009	04/01/2011	05/27/2011
Designated Agent Company, Inc.	Treasurer	05/30/2008	--	05/29/2015
Diversified Life Insurance Agency of Missouri, Inc.	Assistant Treasurer	05/22/2002	01/31/2005	--
Diversified Life Insurance Agency of Missouri, Inc.	Treasurer	01/31/2005	10/01/2009	--
EHC Benefits Agency, Inc.	Treasurer	12/29/2007	--	05/29/2015
Empire HealthChoice Assurance, Inc.	Treasurer	01/23/2006	01/01/2008	--
Empire HealthChoice HMO, Inc.	Treasurer	01/23/2006	01/01/2008	--
Empire Medicare Services, Inc.	Treasurer	01/23/2006	02/07/2008	--
EVISION, INC.	Treasurer	06/20/2012	01/31/2014	07/01/2013
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Assistant Treasurer	05/22/2002	01/31/2005	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Vice President	06/30/2006	--	05/29/2015
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Treasurer	01/31/2005	--	05/29/2015
Golden West Health Plan, Inc.	Treasurer	01/01/2005	--	12/17/2014
Government Health Services, L.L.C.	Treasurer	05/16/2007	--	05/29/2015
Greater Georgia Life Insurance Company	Vice President	05/27/2005	05/31/2013	05/25/2012
Greater Georgia Life Insurance Company	Treasurer	05/22/2002	--	05/29/2015
Group Benefits of Georgia, Inc.	Treasurer	01/31/2005	06/27/2008	--
Group Benefits Plus	Treasurer	06/01/2006	02/23/2009	--
Group Benefits Plus	Vice President	06/01/2006	02/23/2009	--
Health Core, Inc.	Treasurer	11/14/2003	--	05/29/2015
Health Initiatives, Inc.	Treasurer	01/31/2005	10/02/2008	--
Health Management Corporation	Treasurer	01/31/2005	--	05/29/2015
Health Management Systems, Inc.	Treasurer	01/31/2005	12/26/2006	--
Health Ventures Partner, L.L.C.	Treasurer	05/01/2007	--	05/29/2015
HealthKeepers, Inc.	Treasurer	01/31/2005	--	05/27/2014
HealthLink HMO, Inc.	Treasurer	01/31/2005	--	05/29/2015
HealthLink, Inc.	Treasurer	01/31/2005	--	05/29/2015
HealthReach Services, Inc.	Vice President	05/31/2006	02/01/2011	05/21/2010
HealthReach Services, Inc.	Treasurer	01/31/2005	05/31/2006	--

Healthy Alliance Life Insurance Company	Treasurer	08/11/2003	--	05/29/2015
Healthy Homecomings, Inc.	Treasurer	01/31/2005	09/23/2009	--
Healthy Homecomings, Inc.	Vice President	08/16/2006	09/23/2009	--
HMO Colorado, Inc.	Treasurer	01/31/2005	--	05/29/2015
HMO Missouri, Inc.	Vice President	06/30/2006	--	05/27/2014
HMO Missouri, Inc.	Treasurer	01/31/2005	--	05/27/2014
Imaging Management Holdings, LLC	Treasurer	08/01/2007	--	05/29/2015
Imaging Providers of Texas	Treasurer	08/01/2007	--	05/29/2015
IMASIS, L.L.C.	Treasurer	08/01/2007	03/01/2013	10/17/2012
Insurance4 Agency, Inc.	Treasurer	01/31/2005	08/01/2010	--
Insurance4 Agency, Inc.	Vice President	06/30/2006	08/01/2010	--
Landmark Solutions, LLC	Treasurer	05/01/2007	08/31/2012	05/25/2012
Lease Partners, Inc.	Treasurer	05/18/2005	08/01/2011	05/27/2011
Lens 1st Holding Company	Treasurer	06/20/2012	07/25/2013	06/20/2012
Lumenos, Inc.	Treasurer	05/03/2005	12/19/2007	--
Machigonne, Inc.	Treasurer	01/31/2005	01/01/2009	--
Matthew Thornton Health Plan, Inc.	Treasurer	01/31/2005	--	05/29/2015
Meridian Resource Company, LLC	Treasurer	01/01/2005	--	05/29/2015
Meridian Resource Company, LLC	Vice President	06/30/2006	--	05/29/2015
Monticello Service Agency, Inc.	Treasurer	01/31/2005	12/01/2009	--
National Capital Preferred Provider Organization, Inc.	Treasurer	12/27/2002	04/11/2012	05/27/2011
National Government Services Foundation, L.L.C.	Treasurer	07/29/2013	--	05/29/2015
National Government Services, Inc.	Treasurer	01/31/2005	--	05/29/2015
NextRx Services, Inc.	Treasurer	01/31/2005	12/01/2009	--
NextRx, Inc.	Treasurer	01/31/2005	12/01/2009	--
NextRx, LLC	Treasurer	01/31/2005	12/01/2009	--
Northeast Consolidated Services, Inc.	Treasurer	01/31/2005	12/14/2006	--
OneNation Benefit Administrators, Inc.	Treasurer	01/31/2005	06/01/2010	--
OneNation Insurance Company	Treasurer	11/30/2005	05/15/2015	05/27/2014
Park Square Holdings, Inc.	Vice President	06/30/2006	--	05/29/2015
Park Square Holdings, Inc.	Treasurer	01/31/2005	--	05/29/2015
Park Square I, Inc.	Treasurer	01/31/2005	--	05/29/2015
Park Square II, Inc.	Treasurer	01/31/2005	--	05/29/2015
Park Square II, Inc.	Vice President	06/30/2006	--	05/29/2015
Peninsula Health Care, Inc.	Treasurer	01/31/2005	10/01/2010	--
PHP Holdings, Inc.	Treasurer	12/24/2012	--	05/29/2015
Preferred Health Plans of Missouri, Inc.	Assistant Treasurer	05/22/2002	01/31/2005	--
Preferred Health Plans of Missouri, Inc.	Treasurer	01/31/2005	10/01/2009	--
Priority Health Care, Inc.	Treasurer	01/31/2005	10/01/2010	--
Priority Insurance Agency, Inc.	Treasurer	01/31/2005	11/14/2008	--
Priority, Inc.	Treasurer	01/31/2005	10/01/2010	--
QualChoice Select, Inc.	Treasurer	08/01/2006	12/31/2007	--
R & P Realty, Inc.	Treasurer	01/31/2005	--	05/29/2015
R & P Realty, Inc.	Vice President	06/30/2006	--	05/29/2015
R & P Realty, Inc.	Assistant Treasurer	05/22/2002	01/31/2005	--
Radiant Services, LLC	Treasurer	12/22/2010	02/13/2014	05/31/2013
Reliance Safeguard Solutions, Inc.	Treasurer	12/28/2005	02/13/2009	--
Resolution Health, Inc.	Treasurer	04/15/2008	--	05/29/2015

RightCHOICE Insurance Company	Treasurer	01/31/2005	08/05/2014	12/23/2013
RightCHOICE Insurance Company	Assistant Treasurer	05/01/2002	01/31/2005	--
RightCHOICE Managed Care, Inc.	Assistant Secretary	05/22/2002	01/01/2005	--
RightCHOICE Managed Care, Inc.	Assistant Secretary	05/22/2002	01/01/2005	--
RightCHOICE Managed Care, Inc.	Treasurer	01/01/2005	--	05/29/2015
Rocky Mountain Health Care Corporation	Treasurer	01/31/2005	05/19/2008	--
Rocky Mountain Hospital and Medical Service, Inc.	Treasurer	01/31/2005	--	05/29/2015
SellCore, Inc.	Treasurer	01/31/2005	--	05/29/2015
Simply Healthcare Holdings, Inc.	Treasurer	02/17/2015	--	05/29/2015
Simply Healthcare Holdings, Inc.	Vice President	02/17/2015	--	05/29/2015
Simply Healthcare Plans, Inc.	Treasurer	02/17/2015	--	06/01/2015
Southeast Services, Inc.	Treasurer	01/31/2005	--	05/29/2015
State Sponsored Business UM Services, Inc.	Treasurer	12/15/2011	--	05/29/2015
Texas Managed Care Administrative Services, Inc.	Treasurer	06/30/2006	--	06/30/2006
The Anthem Companies of California, Inc.	Treasurer	05/08/2012	--	05/29/2015
The Anthem Companies, Inc.	Treasurer	01/31/2005	--	04/29/2015
TriState, Inc.	Treasurer	06/30/2006	10/31/2007	--
TrustSolutions, LLC	Treasurer	05/16/2007	--	05/29/2015
UNICARE Health Benefit Services of Texas, Inc.	Treasurer	01/31/2005	11/19/2009	05/21/2010
UNICARE Health Insurance Company of Texas	Treasurer	10/14/2002	09/01/2011	04/04/2011
UNICARE Health Insurance Company of the Midwest	Treasurer	11/30/2005	07/08/2014	05/27/2014
UNICARE Health Plan of Kansas, Inc.	Treasurer	04/14/2006	--	05/29/2015
UNICARE Health Plan of Oklahoma, Inc.	Treasurer	02/11/2000	12/12/2007	--
UNICARE Health Plan of South Carolina, Inc.	Treasurer	04/13/2006	09/15/2008	--
UNICARE Health Plan of West Virginia, Inc.	Treasurer	06/16/2003	--	04/10/2015
UNICARE Health Plans of Texas, Inc.	Treasurer	10/14/2002	--	04/10/2015
UNICARE Health Plans of the Midwest, Inc.	Treasurer	02/11/2000	02/28/2014	05/31/2013
UNICARE Health Plans of the Midwest, Inc.	Assistant Treasurer	12/19/2000	01/31/2005	--
UNICARE Illinois Services, Inc.	Treasurer	05/01/2005	--	05/29/2015
UniCare Life & Health Insurance Company	Treasurer	03/01/2002	--	05/29/2015
UNICARE National Services, Inc.	Vice President	06/30/2006	--	05/29/2015
UNICARE National Services, Inc.	Treasurer	02/03/1997	--	05/29/2015
UNICARE of Texas Health Plans, Inc.	Treasurer	05/27/2005	03/21/2011	05/21/2010
Unicare Service Co.	Treasurer	06/30/2006	09/10/2007	--
UniCare Specialty Services, Inc.	Vice President	09/01/1998	--	05/29/2015
UniCare Specialty Services, Inc.	Treasurer	09/01/1998	--	05/29/2015
United Government Services, LLC	Treasurer	06/19/2006	03/01/2013	09/18/2012
UtiliMED IPA, Inc.	Treasurer	08/01/2007	--	05/29/2015
WellPoint Acquisition, LLC	Treasurer	01/24/2006	--	05/29/2015
WellPoint Association Services Group, Inc.	Treasurer	06/30/2006	11/15/2007	--

WellPoint Association Services Group, Inc.	Vice President	06/30/2006	11/15/2007	--
WellPoint Behavioral Health, Inc.	Treasurer	01/31/2005	--	05/29/2015
WellPoint California Services, Inc.	Vice President	06/30/2006	--	05/29/2015
WellPoint California Services, Inc.	Treasurer	01/01/2005	--	05/29/2015
WellPoint Dental Services, Inc.	Vice President	06/30/2006	--	05/29/2015
WellPoint Dental Services, Inc.	Treasurer	07/24/1997	--	05/29/2015
WellPoint Development Company, Inc.	Treasurer	06/30/2006	05/18/2009	--
WellPoint Holding Corp.	Treasurer	08/05/2005	--	05/29/2015
WellPoint Information Technology Services, Inc.	Treasurer	06/28/2011	--	05/29/2015
WellPoint Insurance Services, Inc.	Treasurer	10/09/2006	--	05/29/2015
WellPoint Merger Sub, Inc.	Director	--	12/24/2012	--
WellPoint Merger Sub, Inc.	Vice President	07/09/2012	12/24/2012	--
WellPoint Merger Sub, Inc.	Treasurer	07/09/2012	12/24/2012	--
WellPoint Military Care Corporation	Treasurer	12/08/2014	--	05/29/2015
WellPoint Partnership Plan, LLC	Treasurer	02/11/2000	--	05/29/2015
WellPoint Pharmacy IPA, Inc.	Treasurer	09/09/2008	12/01/2009	--
WellPoint Pharmacy Management, Inc.	Treasurer	11/15/2005	09/20/2007	--
WPMI (Shanghai) Enterprise Service Co., Ltd.	Treasurer	08/20/2007	--	--
WPMI, LLC	Treasurer	03/01/2007	--	--

ATTACHMENT – QUESTION 15 c.
ROBERT DAVID KRETSCHMER

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to Anthem, Inc. and its affiliates (collectively, the "Anthem Companies"), state regulators, including state insurance commissioners; state attorneys general or other state governmental authorities; federal regulators, including the Securities Exchange Commission; and federal governmental authorities, including congressional committees, regularly make inquiries and conduct investigations concerning compliance by the Anthem Companies with applicable insurance and other laws and regulations. One or more of the Anthem Companies, during my tenure as a board member or officer of such Anthem Companies, may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
Anthem Health Plans of Kentucky, Inc.	\$500,000	civil penalty in connection with findings from a market conduct exam that alleged violations of the Kentucky Insurance Code	agreed order	2010-12	KY
Blue Cross of California	\$500,000	failure to pay claims timely, to pay interest on late claims, and to include fee for failing to include interest; failure to establish and maintain a dispute resolution mechanism; time limits for reimbursement, contest, or denial of certain claims (matter 10-002)	letter of agreement	2010-11	CA
Blue Cross of California	\$2,500,000	settlement re: undertakings entered at time of change in control associated with WellPoint/Anthem merger	stipulated settlement agreement	2009-11	CA
Anthem Blue Cross Life and Health Insurance Company	\$1,000,000	penalty in connection with findings from a market conduct examination that alleged violations of the California Insurance Code	stipulation and waiver; order	2009-02	CA
Blue Cross of California	\$10,000,000	administrative fine for engaging in the practice of post-claims underwriting	stipulated settlement agreement	2008-08	CA
Rocky Mountain Hospital and Medical Service, Inc.	\$500,000	administrative assessment for failure to meet deadlines to correct deficiencies in its claim processing procedures	stipulation and supplemental order	2008-08	NV
Rocky Mountain Hospital and Medical Service, Inc.	\$290,000	civil penalty to the Colorado Division of Insurance in connection with various issues raised following a routine market conduct examination	final agency order	2008-07	CO
HMO Colorado, Inc.	\$252,000	civil penalty to the Colorado Division of Insurance in connection with various issues raised following a routine market conduct examination	final agency order	2008-07	CO
Rocky Mountain Hospital and Medical Service, Inc.	\$1,000,000	administrative assessment for record keeping, claim processing and notice deficiencies related to a claims system conversion	consent order	2008-01	NV
Blue Cross and Blue Shield of Georgia, Inc.	\$300,000	penalty in connection with market conduct examination findings	consent order	2006-10	GA
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	\$300,000	penalty in connection with market conduct examination findings	consent order	2006-10	GA
Empire HealthChoice Assurance, Inc. and Empire HealthChoice HMO, Inc.	\$500,000	civil penalty in connection with examination findings that alleged violations of NY insurance laws	stipulation	2006-03	NY

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.)	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	2013-07	federal govt.
Blue Cross and Blue Shield of Georgia, Inc. Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Greater Georgia Life Insurance Company	\$718,540	fine in connection with findings from a targeted examination of Medicare Supplement business that alleged violations in connection with renewal practices, mailing of cancellation notices, and producer licensing	consent order	2014-12	GA
Anthem Health Plans, Inc.	\$306,500	fine resulting from a market conduct examination findings that alleged failure to follow established practices and procedures to ensure compliance with statutory requirements regarding producer licensing and appointments, and claims handling	stipulation and consent order	2015-04	CT

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **GLORIA** Middle: **MARIE** Last: **MCCARTHY**

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. **Executive Vice President & Chief Administrative Officer**

4. Affiant's business address. **165 Broadway, New York, NY 10006**

Business telephone. **212-476-2330**

Business Email: **gloria.mccarthy@anthem.com**

5. Education and Training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	Herbert H. Lehman College	Bronx, NY	9/70-6/74	BS Economics
Graduate Studies	Iona College	New Rochelle, NY	5/83	MBA
Other Training	n/a			

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			

7. Present or proposed position with the Applicant Company. **Executive Vice President & Chief Administrative 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.

See attached for additional directorates/officerships.

Beginning/Ending

Dates (MM/YY): **5/13-CURRENT** Employer's Name: **ANTHEM, INC. (f/k/a WELLPOINT, INC.)**
 Address **165 BROADWAY** City: **NEW YORK** State/Province: **NY**
 Country: **USA** Postal Code: **10006** Phone: **212-476-2330**
 Offices/Positions Held: **EXECUTIVE VICE PRESIDENT & CHIEF ADMINISTRATIVE OFFICER**
 Supervisor/Contact: **JOSEPH SWEDISH**

Beginning/Ending

Dates (MM/YY): **10/12-5/13** Employer's Name: **ANTHEM, INC. (f/k/a WELLPOINT, INC.)**
 Address: **90 PARK AVENUE** City: **NEW YORK** State/Province: **NY**
 Country: **USA** Postal Code: **10036** Phone: **212-476-2330**
 Offices/Positions Held: **EXECUTIVE VICE PRESIDENT, ENTERPRISE EXECUTION & EFFICIENCY**
 Supervisor/Contact: **JOHN CANNON, JOSEPH SWEDISH**

Beginning/Ending

Dates (MM/YY): **2/12-10/12** Employer's Name: **ANTHEM, INC. (f/k/a WELLPOINT, INC.)**
 Address: **90 PARK AVENUE** City: **NEW YORK** State/Province: **NY**
 Country: **USA** Postal Code: **10036** Phone: **212-476-2330**
 Offices/Positions Held: **EXECUTIVE VICE PRESIDENT, OFFICE OF THE CEO**
 Supervisor/Contact: **ANGELA BRALY**

Beginning/Ending

Dates (MM/YY): **6/08-2/12** Employer's Name: **ANTHEM, INC. (f/k/a WELLPOINT, INC.)**
 Address: **90 PARK AVENUE** City: **NEW YORK** State/Province: **NY**
 Country: **USA** Postal Code: **10036** Phone: **212-476-2330**
 Offices/Positions Held: **SENIOR VICE PRESIDENT, OPERATIONAL EXCELLENCE**
 Supervisor/Contact: **LORI BEER**

Beginning/Ending

Dates (MM/YY): **12/05-6/08** Employer's Name: **ANTHEM, INC. (f/k/a WELLPOINT, INC.)**
 Address: **90 PARK AVENUE** City: **NEW YORK** State/Province: **NY**
 Country: **USA** Postal Code: **10036** Phone: **212-476-2330**
 Offices/Positions Held: **SENIOR VICE PRESIDENT, OPERATIONS**
 Supervisor/Contact: **KEN GOULET**

Beginning/Ending

Dates (MM/YY): **06/74-12/05** Employer's Name: **WELLCHOICE, INC.**

Address: **11 WEST 42ND STREET**

City: **NEW YORK**

State/Province: **NY**

Country: **USA**

Postal Code: **10036**

Phone: **212-476-2330**

Offices/Positions Held: **VARIOUS MANAGEMENT POSITIONS THRU THIS PERIOD**

Supervisor/Contact: **MICHAEL STOCKER, MD**

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): _____

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?

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 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 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?

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

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. **SEE ATTACHMENT**

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 25 day of August, 2015, at Indianapolis, IN. 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.

Gloria M. McCarthy
GLORIA MARIE McCARTHY

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **GLORIA MARIE McCARTHY**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
 Notary Public: Judy A. Statom
 My Commission Expires: February 13, 2017

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**ANTHEM, INC.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000.**

1. Affiant's Full Name (Initials Not Acceptable): First: **GLORIA** Middle: **MARIE** Last: **McCARTHY**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>09/29/1952-8/23/1975</u>	<u>DeBellis</u>	<u>Maiden Name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable): **N/A**

6. Date of Birth: (MM/DD/YY):  Place of Birth: City: **NEW YORK**
State/Province: **NY** Country: **USA**

7. Name of Affiant's Spouse (if applicable): 

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> Dates (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

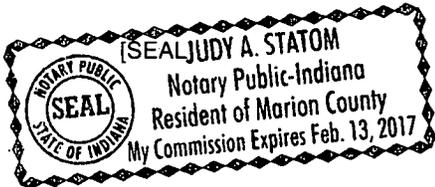
Dated and signed this 25 day of August, 2015 at Indianapolis, IN. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Gloria M. McCarthy
GLORIA MARIE McCARTHY

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by GLORIA MARIE McCARTHY, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
Notary Public Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

GLORIA MARIE MCCARTHY, [Redacted]
(Printed Full Name and Residence Address)

Gloria M. McCarthy

GLORIA MARIE MCCARTHY

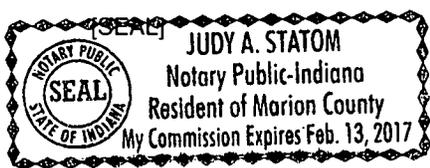
August 25, 2015

Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **GLORIA MARIE MCCARTHY**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom

Notary Public, Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

GLORIA MARIE MCCARTHY, [Redacted]

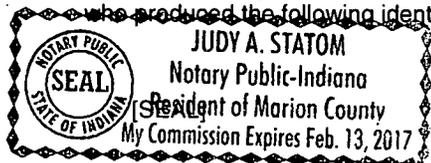
Gloria M. McCarthy
(Signature)

August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **GLORIA MARIE MCCARTHY**, and:

who is personally known to me, or who produced the following identification:



Judy A. Statom
Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

GLORIA MARIE MCCARTHY, [REDACTED]

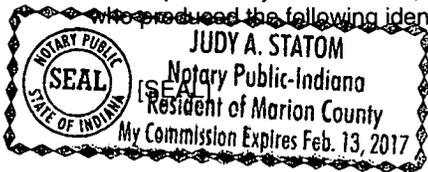
Georgia M. McCarty
GLORIA MARIE MCCARTHY (Signature)

August 25, 2015
(Date)

State of Marion County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by GLORIA MARIE MCCARTHY, and:

X who is personally known to me, or who produced the following identification: _____



Judy A. Statom
Notary Public
Judy A. Statom
Printed Notary Name
My Commission Expires: February 13, 2017

Attachment to Question 8 - Gloria Marie McCarthy

Entity Name	Title	Role Start	Termination Date	Last Elected
Anthem Life & Disability Insurance Company	Director	10/13/2006	10/09/2008	--
EHC Benefits Agency, Inc.	Director	12/28/2005	07/06/2012	05/25/2012
Empire HealthChoice Assurance, Inc.	Director	01/23/2006	05/16/2015	06/05/2014
Rayant Insurance Company of New York	Director	12/30/2011	12/30/2013	06/06/2013
Reliance Safeguard Solutions, Inc.	Director	12/28/2006	02/13/2009	--

ATTACHMENT – Question 15 c.
Gloria Marie McCarthy

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
Anthem, Inc. (f/k/a WellPoint, Inc.)	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.
Empire HealthChoice Assurance, Inc.	\$500,000	civil penalty in connection with examination findings that alleged violations of NY insurance laws	stipulation	March, 2006	NY
Empire HealthChoice Assurance, Inc.	\$296,200	violation of Timothy's law - requires insurers tell small businesses the option of purchasing extended mental health benefits when they buy or renew their basic health insurance plans	stipulation	February, 2012	NY

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **SAMUEL** Middle: **ROBERT** Last: **NUSSBAUM, M.D.**
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. **Executive Vice President, Clinical Health Policy and Chief Medical Officer**
4. Affiant's business address. **120 Monument Circle, Indianapolis, IN 46204**
Business telephone. **317-488-6111**
5. Education and Training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College/ University	UNIVERSITY COLLEGE, NEW YORK UNIVERSITY	BRONX, NY	1969	B.A.
Graduate Studies	MOUNT SINAI SCHOOL OF MEDICINE	NYC, NY	1973	M.D.
	STANFORD UNIVERSITY	STANFORD, CA	1973-1975	INTERNSHIP RESIDENCY
Other Training	HARVARD MEDICAL SCHOOL MASSACHUSETTS GENERAL HOSPITAL	BOSTON, MA	1977-1980	FELLOWSHIP IN ENDOCRINOLOGY & METABOLISM
	MASSACHUSETTS GENERAL	BOSTON, MA	1975 - 1977	SR ASST RESIDENT IN MEDICINE

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 in the space provided in the Biographical Affidavit Supplemental Information.

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 ATTACHED**

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?

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 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 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?

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

SEE ATTACHED

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.

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.

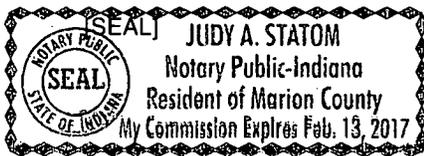
Dated and signed this 25 day of August, 2015, at Indianapolis, IN. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **SAMUEL ROBERT NUSSBAUM, M.D.**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
Notary Public : Judy A. Statom
My Commission Expires: February 13, 2017

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**ANTHEM, INC.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **SAMUEL** Middle: **ROBERT** Last: **NUSSBAUM, M.D.**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

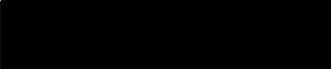
Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable): **N/A**

6. Date of Birth: (MM/DD/YY)  Place of Birth: City: **KINGSTON**
State/Province: **NY** Country: **USA**

7. Name of Affiant's Spouse (if applicable): 

8. List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, Indiana. 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.

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **SAMUEL ROBERT NUSSBAUM, M.D.**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

SAMUEL ROBERT NUSSBAUM, M.D., [Redacted]
(Printed Full Name and Residence Address)

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

August 25, 2015
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015, by **SAMUEL ROBERT NUSSBAUM, M.D.**, and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
Notary Public Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

SAMUEL ROBERT NUSSBAUM, M.D., [Redacted]

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D. (Signature)

August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **SAMUEL ROBERT NUSSBAUM, M.D.**, and:

X who is personally known to me, or who produced the following identification: _____



Judy A. Statom
Notary Public: Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

SAMUEL ROBERT NUSSBAUM, M.D., [Redacted]

Samuel Robert Numba
SAMUEL ROBERT NUSSBAUM, M.D. (Signature)

August 25, 2015
(Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **SAMUEL ROBERT NUSSBAUM, M.D.**, and:

X who is personally known to me, or who produced the following identification: _____



Judy A. Statom
Notary Public
Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

**ATTACHMENT –Question 6
MEMBERSHIPS IN PROFESSIONAL SOCIETIES AND ASSOCIATIONS
SAMUEL ROBERT NUSSBAUM, M.D.**

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Representative, Association of American Medical Colleges, Council of Teaching Hospitals and Health Systems, 1996-2001	Kevin Serrin	2450 N Street, NW Washington, DC 20037-1126	202 828-0541
Member, National Physician Leadership Council of VHA, Inc., 1996-2001		220 E. Las Colinas Blvd. Irving, TX 75039-5500	972 830-0422
Member, Physician-Hospital Institute, Illinois Hospital and Health System Association, 1996-2000		1151 East Warrenville Road Suite M Naperville, IL 60563	630-505-0570
Massachusetts Medical Society, 1992-2000		860 Winter Street Waltham Woods Corp. Center Waltham, MA 02451-1411	800 322-2303
American Federation for Clinical Research, 1990-1997		900 Cummings Center Suite 221-U Beverly, MA 01915	978 927-8330
American Society for Bone and Mineral Research, 1985-1997		2025 M Street, NW, Suite 800 Washington, DC 20036-3309	202 367-1161
Endocrine Society, 1983-1997		8401 Connecticut Ave. Suite 900 Chevy Chase, MD 20815	301 941-0200

**ATTACHMENT – QUESTION 8
SAMUEL ROBERT NUSSBAUM, M.D.**

Beginning/Ending

Dates (MM/YY) 1996 – 2001 Employers' Name VHA Foundation Board

Address 220 E. Las Colinas Blvd. City Irving State/Province TX

Country USA Postal Code 75039 Phone 972-830-0422

Offices/Positions Held Member

Supervisor / Contact Linda K. DeWolf, President

Beginning/Ending

Dates (MM/YY) 1996 – 2000 Employers' Name Batelle Advisory Board

Address 505 King Avenue City Columbus State/Province OH

Country USA Postal Code 43201 Phone 614-424-6424

Offices/Positions Held Member

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1996 – 2000 Employers' Name BJC Health System

Address 4444 Forest Park Avenue City St. Louis State/Province MO

Country USA Postal Code 63108 Phone 314-747-9322

Offices/Positions Held EVP

Supervisor / Contact Steven H. Lipstein, President/CEO

Beginning/Ending

Dates (MM/YY) 1994 – 1996 Employers' Name Physician Partners of New England

Address The Landmark Center, 401 Park Drive City Boston State/Province MA

Country USA Postal Code 02215-3326 Phone 617-246-5000

Offices/Positions Held President and CEO

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1994 – 1996 Employers' Name Blue Cross and Blue Shield of Massachusetts

Address The Landmark Center, 401 Park Drive City Boston State/Province MA

Country USA Postal Code 02215-3326 Phone 617-246-5000

Offices/Positions Held SVP

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1992 – 1994 Employers' Name Blue Cross and Blue Shield of Massachusetts

Address The Landmark Center, 401 Park Drive City Boston State/Province MA

Country USA Postal Code 02215-3326 Phone 617-246-5000

Offices/Positions Held Member, Board of Directors

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1991 – 1992 Employers' Name Bay State Health Care

Address 280 Chestnut Street City Springfield State/Province MA

Country USA Postal Code 01199 Phone 413-794-0000

Offices/Positions Held Chairman of the Board

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1978 – 1994 Employers' Name Massachusetts General Hospital, Harvard Medical School

Address 55 Fruit Street City Boston State/Province MA

Country USA Postal Code 02114 Phone 617-726-2000

Offices/Positions Held Director, Endocrine Associates / Associate Professor of Medicine

Supervisor / Contact

Attachment to Question 8 - Samuel Robert Nussbaum

Entity Name	Title	Role Start	Termination Date	Last Elected
1-800 Contacts Foundation L.L.C.	Manager	06/17/2013	03/13/2014	06/17/2013
Amerigroup Foundation L.L.C.	Manager	06/17/2013	--	05/29/2015
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Manager	11/01/2006	--	05/29/2015
Anthem Blue Cross Foundation, LLC	Manager	11/01/2006	--	05/29/2015
Anthem Foundation, Inc.	Director	11/01/2006	--	05/29/2015
Anthem Foundation, Inc. (KY)	Director	11/01/2006	--	05/29/2015
Anthem Insurance Companies, Inc.	Executive Vice President	03/22/2001	05/31/2006	--
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Manager	11/01/2006	--	05/29/2015
CareMore Foundation L.L.C.	Manager	06/17/2013	--	05/29/2015
Health Core, Inc.	Director	11/02/2006	--	05/29/2015
National Government Services Foundation, L.L.C.	Manager	07/29/2013	--	05/29/2015

**ATTACHMENT – QUESTION 10
SAMUEL ROBERT NUSSBAUM, M.D.**

Organization/Issuer of License State of Missouri

Address P.O. Box 7001

City Jefferson City State/Province MO Country US Postal Code 65102
License Type Medical License # MD 114505 Date Issued (MM/YY) 1998
Date Expired (MM/YY) Active Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License State of Illinois

Address Division of Professional Regulation, P.O. Box 7086

City Springfield State/Province IL Country US Postal Code 62791-7086
License Type Medical License # 0036-097130 Date Issued (MM/YY) 12/26/97
Date Expired (MM/YY) Active Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License American Board of Internal Medicine (Certification in Endocrinology and Metabolism)

Address 510 Walnut Street, Suite 1700

City Philadelphia State/Province PA Country US Postal Code 19106
License Type Board Certification License # _____ Date Issued (MM/YY) 1979
Date Expired (MM/YY) Certificate valid indefinitely Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License American Board of Internal Medicine (Certification in Internal Medicine)

Address 510 Walnut Street, Suite 1700

City Philadelphia State/Province PA Country US Postal Code 19106
License Type Board Certification License # _____ Date Issued (MM/YY) 1976
Date Expired (MM/YY) Certificate valid indefinitely Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License Commonwealth of Massachusetts Board of Registration in Medicine

Address 200 Harvard Mill Sq., Ste. 330

City Wakefield State/Province MA Country US Postal Code 01880
License Type Medical License # _____ Date Issued (MM/YY) 1975
Date Expired (MM/YY) 05/30/01 Reason for Termination No longer providing services in MA
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License State of California Board of Medical Quality Assurance

Address 2005 Evergreen Street., Ste. 1200

City Sacramento State/Province CA Country US Postal Code 95815
License Type Medical License # _____ Date Issued (MM/YY) 1974
Date Issued (MM/YY) 1974
Date Expired (MM/YY) 5/31/80 Reason for Termination No longer providing services in CA
Non-insurance Regulatory Phone Number (if known) _____

ATTACHMENT – QUESTION 15 c.
SAMUEL ROBERT NUSSBAUM, M.D.

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to Anthem, Inc. and its affiliates (collectively, the "Anthem Companies"), state regulators, including state insurance commissioners; state attorneys general or other state governmental authorities; federal regulators, including the Securities Exchange Commission; and federal governmental authorities, including congressional committees, regularly make inquiries and conduct investigations concerning compliance by the Anthem Companies with applicable insurance and other laws and regulations. One or more of the Anthem Companies, during my tenure as a board member or officer of such Anthem Companies, may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.)	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
(317) 488-6000

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **Ronald** Middle: **William** Last: **Penczek**

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: **Vice President & Controller**

4. Affiant's business address: **120 Monument Circle, Indianapolis, IN 46204**

Business telephone: **317-488-6693**

Business Email: **ronald.penczek@anthem.com**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Illinois State University</u>	<u>Normal, IL</u>	<u>8/89-6/92</u>	<u>BS Acct</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>N/A</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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name : **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Indiana CPA Society	N/A	8250 Woodfield Crossing, Indianapolis, IN 46240	317-726-5000

7. Present or proposed position with the Applicant Company: **Vice President & Controller**

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.

Beginning/Ending Dates (MM/YY): **5/05 - Present** Employer's Name: **Anthem, Inc. (f/k/a WellPoint, Inc.)**
Address: **120 Monument Circle** City: **Indianapolis** State/Province: **IN**

Country: **USA** Postal Code: **46204** Phone: **317-488-6000** Offices/Positions Held: **Various, including Vice President & Corporate Controller (8/2013-present); Vice President & Assistant Controller; Staff Vice President; Director**

Type of Business: **Health Insurance** Supervisor/Contact: **John Gallina**

Beginning/Ending Dates (MM/YY): **12/00- 5/05** Employer's Name: **CNA Insurance**

Address: **333 South Wabash** City: **Chicago** State/Province: **IL**

Country: **USA** Postal Code: **60604** Phone: **312-822-5000** Offices/Positions Held: **Staff Vice President**

Type of Business: **Insurance** Supervisor/Contact: **Larry Boysen**

Beginning/Ending Dates (MM/YY): **6/92- 12/00** Employer's Name: **PricewaterhouseCoopers**

Address: **800 Market St.** City: **St.Louis** State/Province: **MO**

Country: **USA** Postal Code: **63101** Phone: **314-206-8500** Offices/Positions Held: **Manager**

Type of Business: **Public Accounting** Supervisor/Contact: **John Tvrdik**

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: **Illinois Dept. of Financial & Professional Regulation** Address: **320 West Washington St.**

City: **Springfield** State/Province: **IL** Country: **USA** Postal Code: **62786**

License Type: **CPA** License #: **065024960** Date Issued (MM/YY): **10/97**

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

Non-Insurance Regulatory Phone Number (if known): **217-785-0820**

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?

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 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 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?

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

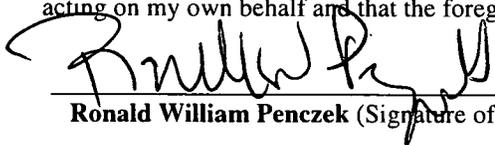
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

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.

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 25 day of August, 2015 at Indianapolis, IN. 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.



Ronald William Penczek (Signature of Affiant)

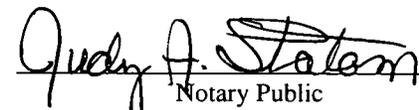
State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **Ronald William Penczek**, and:

X who is personally known to me, or

who produced the following identification: Driver's License.





Notary Public
Judy A. Statom

Printed Notary Name
2-13-2017

My Commission Expires

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

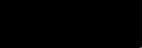
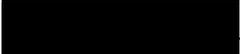
Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
(317) 488-6000

- Affiant's Full Name (Initials Not Acceptable): First: **Ronald** Middle: **William** Last: **Penczek**
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
N/A		

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: 
- Government Identification Number if not a U.S. Citizen: **N/A**
- Foreign Student ID# (if applicable) : **N/A**
- Date of Birth: (MM/DD/YY) :  Place of Birth, City: **Chicago**
State/Province: **IL** Country: **USA**
- Name of Affiant's Spouse (if applicable): 
- List your residences for the last ten (10) years starting with your current address, giving:

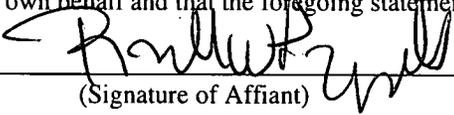
<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
					

Applicant Company Name : **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, IN. 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.

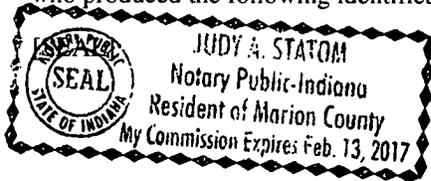


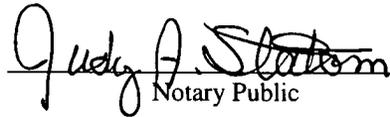
(Signature of Affiant)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **Ronald William Penczek**, and:
 who is personally known to me, or

who produced the following identification: Driver's License





Notary Public

Judy A. Statom
Printed Notary Name
2-13-2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Anthem, Inc.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, **contact Judy A. Statom, 120 Monument Circle, Indianapolis, IN 46204 (317) 488-6321.**

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Ronald William Penczek, [Redacted]
(Printed Full Name and Residence Address)

[Handwritten Signature]
(Signature)

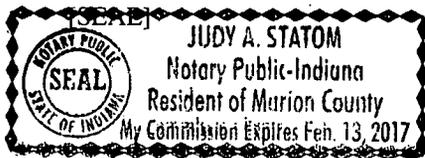
August 25 2015 _____
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **Ronald William Penczek**, and:

who is personally known to me, or

who produced the following identification: Driver's License



[Handwritten Signature]
Notary Public
Judy A. Statom
Printed Notary Name
2-13-2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of **Anthem, Inc.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Judy A. Statom, 120 Monument Circle, Indianapolis, IN 46204 (317) 488-6321.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Ronald William Penczek, [Redacted]
(Printed Full Name and Residence Address)

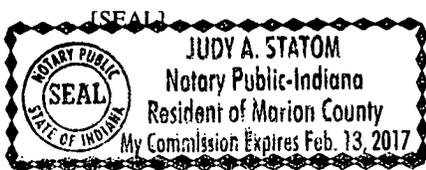
[Handwritten Signature]
(Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **Ronald William Penczek**, and:

X who is personally known to me, or
who produced the following identification: Driver's License



Judy A. Statom
Notary Public
Judy A. Statom
Printed Notary Name
2-13-2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of **Anthem, Inc.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Judy A. Statom, 120 Monument Circle, Indianapolis, IN 46204 (317) 488-6321.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

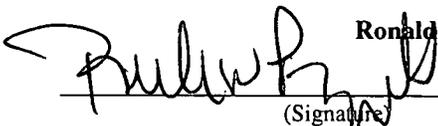
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

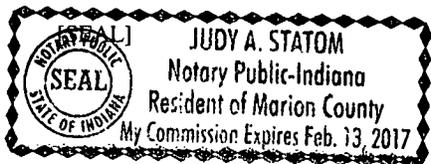


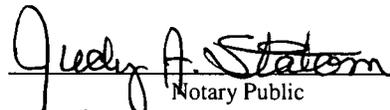
(Signature)
Ronald William Penczek, _____
(Printed Full Name and Residence Address)
August 25, 2015

(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **Ronald William Penczek**, and:
X who is personally known to me, or
who produced the following identification: Driver's License





Judy A. Statom
Notary Public

Printed Notary Name
2-13-2017

My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Ramiro Gomez Peru**

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: **Retired Businessman**

4. Affiant's business address: **N/A**

Business telephone: **N/A** Business Email: **N/A**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Arizona	Tucson, AZ	1974-1978	BSBA

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
University of Arizona	Tucson, AZ	1987	Executive Development Program
Duke University	Raleigh, NC	1991	Advanced Management Program
University of Michigan	Ann Arbor, MI	1997	Advanced HR Executive Program
Northwestern University	Evanston, IL	1998	Value Based Management Program

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

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

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

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.

See attached

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?

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 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 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?

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

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.

See attachment

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 25 day of August 2015 at Indianapolis, IN. 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.

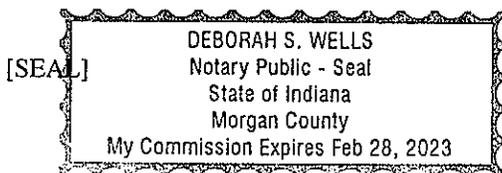
[Signature]
(Signature of Affiant)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Ramiro Peru, and:

who is personally known to me, or

who produced the following identification: _____.



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-600**

1. Affiant's Full Name (Initials Not Acceptable): First: **Ramiro** Middle: **Gomez** Last: **Peru**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

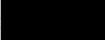
<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
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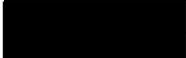
Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) :  Place of Birth, City: **Morenci**
State/Province: **Arizona** Country: **USA**

7. Name of Affiant's Spouse (if applicable) : 

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, IN. 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.

(Signature of Affiant)

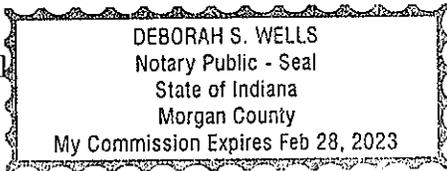
State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Ramiro Peru, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Ramiro Peru, [Redacted]

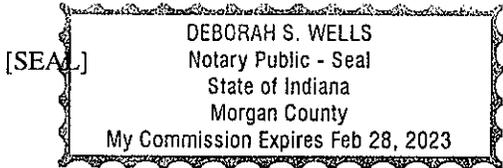
[Signature]
(Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Ramiro Peru, and:

who is personally known to me, or
who produced the following identification:



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Ramiro Peru, [Redacted]

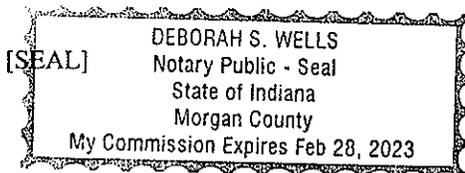
[Signature]
(Signature)

August 25, 2015
(Date)

State of: Indiana County of: Merion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Ramiro Peru, and:

X who is personally known to me, or
who produced the following identification: _____



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Ramiro Peru, [Redacted]

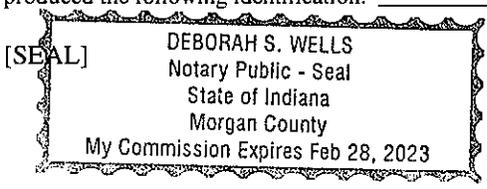
[Signature]
(Signature)

August 25, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Ramiro Peru, and:

who is personally known to me, or who produced the following identification:



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

Ramiro Peru

Attachment to Question #8:

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
2004-Present	Anthem, Inc. 120 Monument Circle Indianapolis, IN Phone: 317-488-6000	Director
1/12-Present	Fiesta Bowl 7135 Camelback Rd., #190, Scottsdale, AZ, 85251	Director
8/14-Present	SM Energy Denver, Colorado	Director
5/03-11/04	WellPoint Health Networks Inc. 1 WellPoint Way, Thousand Oaks, CA 91362	Director
12/07-Present	UNS Energy, a Fortis, Inc. Company 1 South Church, Tucson, Arizona 85702 Phone 520-571-4000	Director
2005-2009	University of Arizona Foundation 1111 N. Cherry Ave., Tucson, AZ	Director
1998-2009	Eller Graduate School of Management University of Arizona 1130 E. Helen St., Tucson, AZ	Member (Advisory Board)
6/07-12/07	Swift Transportation 2200 South 75 th Ave., Phoenix, AZ	EVP & Chief Financial Officer
8/02-1/04	Southern Peru Copper Corp. 2575 Camelback Road, Phoenix, AZ	Director
1979-2007	Phelps Dodge Corporation One North Central Avenue Phoenix, AZ 85004 Phone: 602-366-8178	Various positions, including EVP, Chief Financial Officer and SVP, Information Technology

Response to question #15c:

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **William Joseph Ryan**

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: **Retired Businessman**

4. Affiant's business address: **N/A**

Business telephone: **N/A** Business Email: **N/A**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
St. Francis College	Brooklyn, NY	1965	BBA

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Stonier Graduate School of Banking at Rutgers University		1978	

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

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

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

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.

See attached

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?

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 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 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?

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

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.

See attachment

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 25 day of August, 20 15 at Indianapolis, IN. 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.

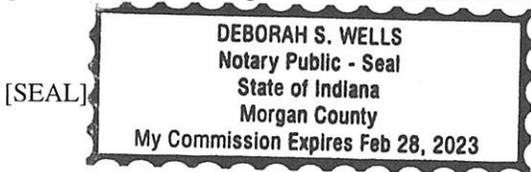
William Joseph Ryan
(Signature of Affiant)

State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 20 15 by William Joseph Ryan, and:

who is personally known to me, or

who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **William** Middle: **Joseph** Last: **Ryan**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: **[REDACTED]**

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) : **[REDACTED]** Place of Birth, City: **Portland**
State/Province: **Maine** Country: **USA**

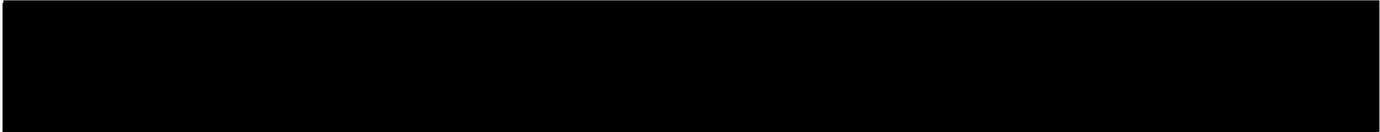
7. Name of Affiant's Spouse (if applicable) : **[REDACTED]**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, IN. 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.

William J Ryan
(Signature of Affiant)

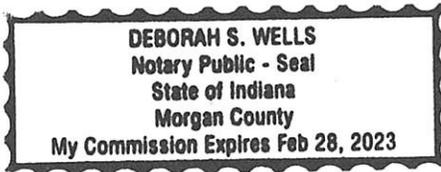
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by William Joseph Ryan, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William J. Ryan, [Redacted]

William J. Ryan
(Signature)

August 25, 2015
(Date)

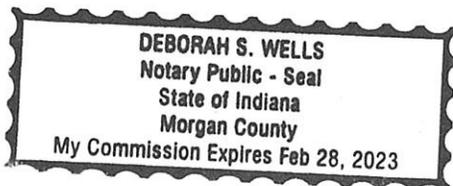
State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by William Joseph Ryan, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William J. Ryan, [REDACTED]

William J. Ryan
(Signature)

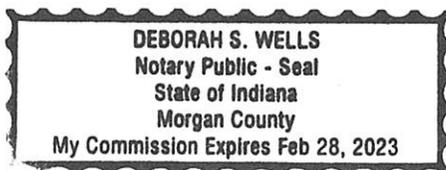
August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by William Joseph Ryan, and:

X who is personally known to me, or
who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William J. Ryan, [Redacted]

William J. Ryan
(Signature)

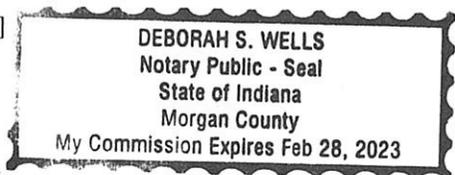
August 25, 2015
(Date)

State of: Indiana County of Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by William Joseph Ryan, and:

X who is personally known to me, or who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

William Joseph Ryan
Attachment to Question #8:

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
7/01-Present	Anthem, Inc. (f/k/a WellPoint, Inc.) 120 Monument Circle, Indianapolis, IN 46204 Phone: 317-488-6000	Director
8/04-Present	Unum Group (fka UnumProvident Corporation) 1 Fountain Square, Chattanooga, TN 37402 Phone:423-294-1011	Director & Non-Executive Chairman
5/12-Present	Beech Tree Labs 545 Westfall Road, Delanson, NY 12053 Phone: 518-872-1144	Director
6/04-Present	Libra Foundation 3 Canal Plaza, Portland, ME 04112 207-879-6280	Trustee
2005-Present	Portland Museum of Art Seven Congress Square Portland, Maine 04101 Phone: 207-775-6148	Trustee and Assistant Treasurer
2010-Present	US Biathlon Association 49 Pineland Dr., New Gloucester, ME 04260 Phone: 207-688-6500	Trustee
2001 -Present	University of New England 716 Stevens Avenue Portland, Maine 04103 Phone: 207-797-7261	Board of Advisors
6/14-Present	Berkshire Hills Bancorp Pittsfield, MA	Chairman & Director
7/00-5/03	Anthem Insurance Companies, Inc. 120 Monument Circle Indianapolis, IN Phone: 317-488-6000	Director
1996-2000	Blue Cross and Blue Shield of Maine 2 Gannett Drive South Portland, ME	Director
1996- 2000	Machigonne, Inc. 2 Gannett Drive South Portland, ME	Director
3/07-3/10 6/90-3/07	TD Banknorth Inc. (formerly Peoples Heritage Savings Bank 1990-2000) Two Portland Square Portland, Maine 04101 Phone: 207-761-8503	Chairman Chairman & President/CEO
9/04-6/07	eFunds Corporation 8501 North Scottsdale Road, Suite 300 Scottsdale, Arizona 85253 Phone: (480) 629-7700	Director
To 8/2004	Maine Machine Products 79 Prospect Ave., S Paris, ME	Director

Response to question #15c:

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **Craig** Middle: **Evan** Last: **Samitt, M.D.**

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: **Executive Vice President, Chief Clinical Officer**

4. Affiant's business address: **120 Monument Circle, Indianapolis, IN 46204**

Business telephone: **317-488-6378**

5. Education and training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College/ University	Tufts University	Medford, MA	1986	B.A. Biology
Graduate Studies	Columbia University College of Physicians and Surgeons	New York, NY	1990	M.D.
Other Training	The Wharton School, University of Pennsylvania	Philadelphia, PA	1995	MBA, Healthcare Management

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 in the space provided in the Biographical Affidavit Supplemental Information.

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: **Executive Vice President, Chief Clinical 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.

Beginning/Ending

Dates (MM/YY): **09/2015-Present** Employer's Name: **Anthem, Inc.**
Address: **120 Monument Circle** City: **Indianapolis** State/Province: **Indiana**
Country: **USA** Postal Code: **46204** Phone: **317-488-6378** Offices/Positions Held: **Executive Vice President, Chief Clinical Officer**
Type of Business: **Insurance** Supervisor/Contact: **CEO, Joseph Swedish**

Beginning/Ending

Dates (MM/YY): **2012-Present** Employer's Name: **Medicare Payment Advisory Commission (MedPAC)**
Address: **601 New Jersey Avenue, NW, Suite 9000** City: **Washington** State/Province: **District of Columbia**
Country: **USA** Postal Code: **20001** Phone: **(202) 220-3700** Offices/Positions Held: **Member**
Type of Business: **Congressional Agency** Supervisor/Contact: **Chairman, Jay Crossen**

Beginning/Ending

Dates (MM/YY): **01/2015-09/2015** Employer's Name: **Oliver Wyman**
Address: **1166 Avenue of the Americas** City: **New York** State/Province: **New York**
Country: **USA** Postal Code: **10036** Phone: **(212) 345 8000** Offices/Positions Held: **Partner, Global Provider Practice Leader, Health & Life Sciences**
Type of Business: **Consulting Firm** Supervisor/Contact: **HLS Practice Lead, Terry Stone**

Beginning/Ending

Dates (MM/YY): **2013-2014** Employer's Name: **Davita Healthcare Partners**
Address: **2000 16th Street** City: **Denver** State/Province: **Colorado**
Country: **USA** Postal Code: **80202** Phone: **(303) 405-2100** Offices/Positions Held: **President and CEO, HealthCare Partners/EVP, HealthCare Partners**
Type of Business: **Healthcare delivery system** Supervisor/Contact: **CEO, Davita Healthcare Partners, Kent Thiry**

Beginning/Ending

Dates (MM/YY): **2006-2013** Employer's Name: **Dean Health Systems, Inc.**
Address: **1808 W Beltline Hwy** City: **Madison** State/Province: **Wisconsin**
Country: **USA** Postal Code: **53713** Phone: **(608) 250-1500** Offices/Positions Held: **President and CEO**
Type of Business: **Healthcare delivery system** Supervisor/Contact: **Board of Directors, Dr. David Sorber**

Beginning/Ending

Dates (MM/YY): **2002-2006** Employer's Name: **Fallon Clinic, Inc.**
Address: **407 Main St** City: **Spencer** State/Province: **Massachusetts**
Country: **USA** Postal Code: **01562** Phone: **(508) 885-9737** Offices/Positions Held: **Chief Operating Officer**
Type of Business: **Healthcare Provider** Supervisor/Contact: **CEO, Dr. Baltej Maini**

Applicant Company Name : **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

Beginning/Ending

Dates (MM/YY): **2001-2002** Employer's Name: **Southwind Health Partners, Inc.**
Address **210 25th Ave N #1200** City: **Nashville** State/Province: **Tennessee**
Country: **USA** Postal Code: **37203** Phone: **(615) 385-2126** Offices/Positions Held: **Consultant/Interim Executive**
Type of Business: **Healthcare Management and Consulting Firm** Supervisor/Contact: **CFO, John Deane**

Beginning/Ending

Dates (MM/YY): **1999-2001** Employer's Name: **Harvard Pilgrim HealthCare**
Address **1600 Crown Colony Drive** City: **Quincy** State/Province: **Massachusetts**
Country: **USA** Postal Code: **02169** Phone: **617-509-1000** Offices/Positions Held: **Senior Vice President, Marketing, Sales and Customer Service**
Type of Business: **Health Services Company** Supervisor/Contact: **COO, Bruce Bullon**

Beginning/Ending

Dates (MM/YY): **1995-1999** Employer's Name: **Harvard Vanguard Medical Associates**
Address **133 Brookline Avenue** City: **Boston** State/Province: **Massachusetts**
Country: **USA** Postal Code: **02215** Phone: **617-421-1000** Offices/Positions Held: **Executive Director**
Type of Business: **Health Services Company** Supervisor/Contact: **Chairman, Dr. Anita Feins**

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: **Massachusetts Board of Registration of Medicine** Address: **200 Mill Square Ste. 330**

City: **Wakefield** State/Province: **Massachusetts** Country: **USA** Postal Code: **01880**

License Type: **M.D.** License #: **76042** Date Issued (MM/YY): **05/1992**

Date Expired (MM/YY): **05/2007** Reason for Termination: **Lapse due to administration transition**

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?

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 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 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?

- 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

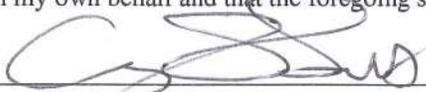
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. **N/A**

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.

Applicant Company Name : **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

Dated and signed this 30th day of September, 2015 at Indianapolis, Indiana. 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.



(Signature of Affiant)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 30th day of September, 2015 by Craig Samitt, M.D., and:

who is personally known to me, or

who produced the following identification: _____.

[SEAL]



Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

- Affiant's Full Name (Initials Not Acceptable): First: **Craig** Middle: **Evan** Last: **Samitt, M.D.**
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?
Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: **REDACTED**
- Government Identification Number if not a U.S. Citizen: **N/A**
- Foreign Student ID# (if applicable) : **N/A**
- Date of Birth: (MM/DD/YY) : **REDACTED** Place of Birth, City: **Belleville**
State/Province: **New Jersey** Country: **USA**
- Name of Affiant's Spouse (if applicable) : **REDACTED**

Applicant Company Name : **Anthem, Inc.**

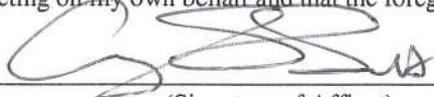
NAIC No. **None**
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
10/13-Present	REDACTED				
6/07-10/13					
8/06-6/07					
5/05-8/06					

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 30th day of September, 2015 at Indianapolis, Indiana. 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.



(Signature of Affiant)

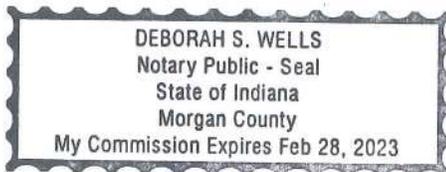
State of: Indiana County of: Marion

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who is personally known to me, or

who produced the following identification: _____.

[SEAL]



Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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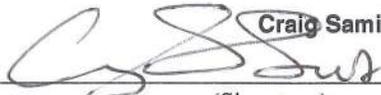
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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.



(Signature)

Craig Samitt, M.D., **REDACTED**

September 30, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 30th day of September, 2015 by Craig Samitt, M.D., and:

who is personally known to me, or

who produced the following identification: _____.

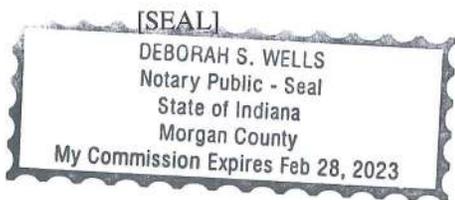


Notary Public

Deborah S. Wells

Printed Notary Name
February 28, 2023

My Commission Expires



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204.

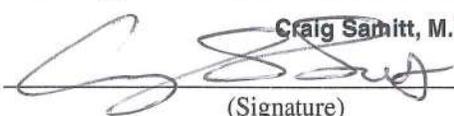
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Craig Samitt, M.D., **REDACTED**

(Signature)

September 30, 2015
(Date)

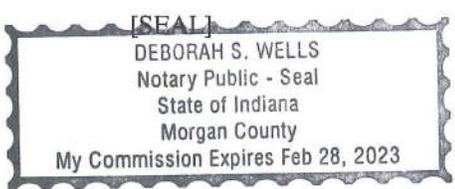
State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 30th day of September, 2015 by Craig Samitt, M.D., and:

who is personally known to me, or

who produced the following identification: _____

Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204.

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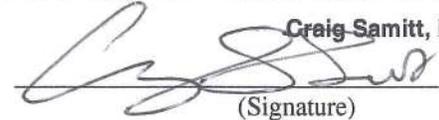
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.



(Signature)

Craig Samitt, M.D., **REDACTED**

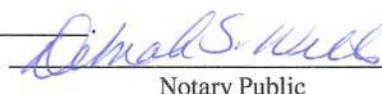
September 30, 2015

(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 30th day of September, 2015 by Craig Samitt, M.D., and:

who is personally known to me, or
who produced the following identification: _____

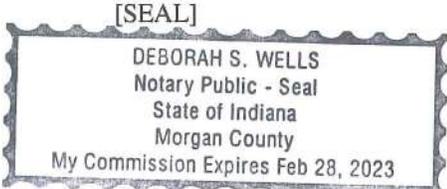


Notary Public

Deborah S. Wells

Printed Notary Name
February 28, 2023

My Commission Expires



BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204**

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.

1. Affiant's Full Name (Initials Not Acceptable): **George Alphonse Schaefer, Jr.**

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: **Retired Businessman**

4. Affiant's business address: **N/A**

Business telephone: **N/A** Business Email: **N/A**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
U.S. Military Academy	West Point, NY	1967	BS

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Xavier University	Cincinnati, OH	1974		MBA

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

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

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

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.

See attached

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: **All officers of Fifth Third Banks are covered by fidelity bonds, as required by banking regulation.**

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?

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 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 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?

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

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.

See attachment

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 25 day of August 2015 at Indianapolis, IN. 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.

George Alphonse Schaefer Jr
(Signature of Affiant)

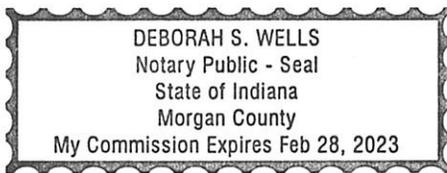
State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by George Alphonse Schaefer, Jr., and:

who is personally known to me, or

who produced the following identification: _____.

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204**

1. Affiant's Full Name (Initials Not Acceptable): First: **George** Middle: **Alphonse** Last: **Schaefer, Jr.**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: **[REDACTED]**

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) : **[REDACTED]** Place of Birth, City: **Cincinnati**
State/Province: **Ohio** Country: **USA**

7. Name of Affiant's Spouse (if applicable) : **[REDACTED]**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

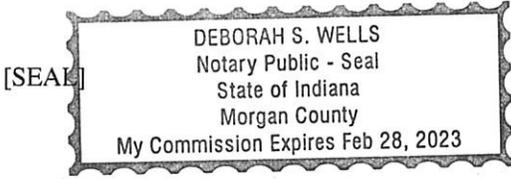
Dated and signed this 25 day of August, 2015 at Indianapolis, IN. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

George Alphonse Schaefer, Jr.
(Signature of Affiant)

State of: Indiana County of: Maine

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by George Alphonse Schaefer, Jr., and:

who is personally known to me, or
who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

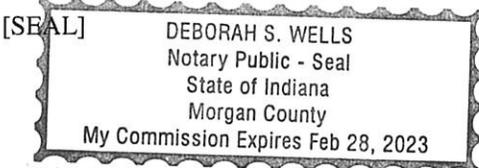
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

George A. Schaefer, Jr., [Redacted]
George Schaefer Jr
(Signature) August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by George Alphonse Schaefer, Jr., and:

who is personally known to me, or
who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

George A. Schaefer, Jr., [REDACTED]
George A. Schaefer, Jr. (Signature) August 25, 2015 (Date)

State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by George Alphonse Schaefer, Jr., and:

X who is personally known to me, or
who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

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Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

George A. Schaefer, Jr., [Redacted]

George A. Schaefer, Jr.
(Signature)

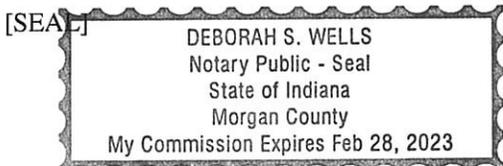
August 25, 2015
(Date)

State of: Indiana County of Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by George Alphonse Schaefer, Jr., and:

X who is personally known to me, or who produced the following identification: _____

Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires



George Alphonse Schaefer, Jr.
Attachment to the NAIC Biographical Affidavit

<u>DATES</u>	<u>EMPLOYER AND ADDRESS</u>	<u>TITLE</u>
7/01-Present	Anthem, Inc. (fka WellPoint, Inc.) 120 Monument Circle Indianapolis, IN Phone: 317-488-6000	Director
5/13-Present	Anthem, Inc. (fka WellPoint, Inc.) 120 Monument Circle Indianapolis, IN Phone: 317-488-6000	Chairman
10/95-5/03	Anthem Insurance Companies, Inc. 120 Monument Circle Indianapolis, IN Phone: 317-488-6000 Fax: 317-488-6863	Director
4/07-6/08 1990-4/07	Fifth Third Bancorp 38 Fountain Square Cincinnati, Ohio 45263 Phone: 513-579-5491	Chairman President & CEO
2003-Present	Ashland, Inc. 50 E. RiverCenter Blvd., Covington, KY 41012 Phone: 859-815-3333	Director
10/10-Present	University of Cincinnati Healthcare System Cincinnati OH	Director
Former	University of Cincinnati Medical School Advisory Board 231 Albert Sabin Way, Cincinnati, OH	Member (Advisory Board)
Former	Greater Cincinnati Chamber of Commerce 441 Vine Street, Cincinnati, OH 45202 Phone: 513-579-3111	Board Chairman
Former	Cincinnati Institute of Fine Arts 316 Pike St., Cincinnati, OH 45202 Phone: 513-241-0343	Trustee
Former	Kenton County Airport/ (aka Greater Cincinnati Airport) 2939 Terminal Dr. Hebron KY	Director
1994-12/05	University of Cincinnati P.O. Box 210091 Cincinnati, Ohio Phone: 513-556-1100	Trustee
To 2010	Health Alliance of Greater Cincinnati (nka CIC Health)	Director
To 2010	University of Cincinnati Physicians Cincinnati OH	Director
Former	College of Mount St. Joseph 5701 Delhi Rd. Cincinnati OH	Director
Former	Xavier University School of Business 3800 Victory Parkway, Cincinnati, OH	Member Advisory Board
Former	University of Cincinnati Foundation 2600 Clifton Ave. Cincinnati OH	Director
Former	United Way of Cincinnati 2400 Reading Rd., Cincinnati, OH 45202 Phone: 513-762-7146	Director

Response to question #15c:

Companies for which affiant has been a board member may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

ENTITY	AMOUNT	ACTION	DOCUMENTATION	DATE	STATE
WellPoint, Inc. (n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the Internet	resolution agreement	July, 2013	Federal Gov't.

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): First: **MARTIN** Middle: **BRUCE** Last: **SILVERSTEIN**

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: **EXECUTIVE VICE PRESIDENT AND CHIEF STRATEGY OFFICER**

4. Affiant's business address: **1155 ELM STREET, STE. 200, MANCHESTER, NH 03101**

Business telephone: **317 488 6526**

Business Email: **MARTIN.SILVERSTEIN@ANTHEM.COM**

5. Education and training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	UNIVERSITY OF PENNSYLVANIA	PHILADELPHIA, PA	05/76	BS
Graduate Studies	YALE UNIVERSITY SCHOOL OF MEDICINE	NEW HAVEN, CT	06/80	MD
	HARVARD BUSINESS SCHOOL	BOSTON, MA	05/86	MBA

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
N/A			

7. Present or proposed position with the Applicant Company: **EXECUTIVE VICE PRESIDENT AND CHIEF STRATEGY 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.

Beginning/Ending

Dates (MM/YY): **04/14 - PRESENT** Employer's Name: **ANTHEM, INC. (FKA WELLPOINT, INC.)**

Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**

Country: **USA** Postal Code: **46204** Phone: **317 488 6000**

Offices/Positions Held: **EXECUTIVE VICE PRESIDENT AND CHIEF STRATEGY OFFICER**

Type of Business: **INSURANCE** Supervisor/Contact: **JOE SWEDISH**

Beginning/Ending

Dates (MM/YY): **06/86 - 04/14** Employer's Name: **THE BOSTON CONSULTING GROUP**

Address: **53 STATE STREET, 3RD FL** City: **BOSTON** State/Province: **MA**

Country: **USA** Postal Code: **02109** Phone: **617-973-1200**

Offices/Positions Held: **SENIOR PARTNER AND MANAGING DIRECTOR**

Type of Business: **MANAGEMENT CONSULTING** Supervisor/Contact: **HOLLY FALZONE**

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: **N/A**

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
 - b. Yes No
 - c. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
 - b. 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?
 - b. Yes No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
 - b. Yes No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
 - b. 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?
 - b. 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?
 - b. 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?
 - b. 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?
 - b. Yes No
 - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
 - b. 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.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a

person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. **NONE**

If any of the stock is pledged or hypothecated in any way, give details: **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 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?

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

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.

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.

Applicant Name: ANTHEM, INC.

NAIC No. None
FEIN: 35-2145715

Dated and signed this 18th day of August, 2015 at Indianapolis, Indiana. 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.

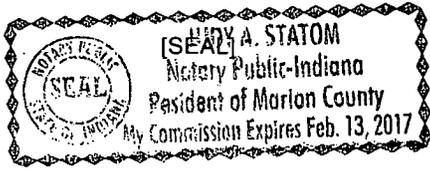
Martin Bruce Silverstein

MARTIN BRUCE SILVERSTEIN

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 18th day of August, 2015 by **MARTIN BRUCE SILVERSTEIN** and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom

Judy A. Statom
My Commission Expires: February 13, 2017

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**ANTHEM, INC.
120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204
317-488-6000**

- Affiant's Full Name (Initials Not Acceptable): First: **MARTIN** Middle: **BRUCE** Last: **SILVERSTEIN**
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **N/A**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____
_____ - _____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: **[REDACTED]**
- Government Identification Number if not a U.S. Citizen **N/A**
- Foreign Student ID# (if applicable): **N/A**
- Date of Birth: (MM/DD/YY): **[REDACTED]** Place of Birth: City **NEW YORK**
State/Province **NEW YORK** Country **USA**
- Name of Affiant's Spouse (if applicable) : **[REDACTED]**
- List your residences for the last ten (10) years starting with your current address, giving:

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
--------------------------------------	---------	------	--------------------	---------	-------------



Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 18 day of August, 2015 at Indianapolis, Indiana. 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.

Martin Bruce Silverstein

MARTIN BRUCE SILVERSTEIN

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 18th day of August, 2015 by **MARTIN BRUCE SILVERSTEIN** and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
 Judy A. Statom
 My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of ANTHEM, INC. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

MARTIN BRUCE SILVERSTEIN, [REDACTED]
(Printed Full Name and Residence Address)

Martin B. Silverstein

August 18, 2015
Date

MARTIN BRUCE SILVERSTEIN (Signature)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 18th day of August, 2015 by MARTIN BRUCE SILVERSTEIN and:

- who is personally known to me, or
- who produced the following identification: _____



Judy A. Statom
Judy A. Statom
My Commission Expires: February 13, 2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

MARTIN BRUCE SILVERSTEIN, [REDACTED]

(Printed Full Name and Residence Address)

Martin B. Silverstein

MARTIN BRUCE SILVERSTEIN (Signature)

August 18, 2015

(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 18th day of August, 2015 by MARTIN BRUCE SILVERSTEIN, and:

X who is personally known to me, or who produced the following identification: _____



Judy A. Statom
Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

MARTIN BRUCE SILVERSTEIN, [REDACTED]

(Printed Full Name and Residence Address)

Martin B. Silverstein

MARTIN BRUCE SILVERSTEIN (Signature)

August 18, 2015 (Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 18th day of August, 2015 MARTIN BRUCE SILVERTSEIN, and:

X who is personally known to me, or who produced the following identification:



Judy A. Statom
Notary Public

Judy A. Statom
Printed Notary Name

February 13, 2017
My Commission Expires

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Joseph Robert Swedish, MHA, FACHE**

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: **President and CEO**

4. Affiant's business address: **120 Monument Circle, Indianapolis, IN 46204**

Business telephone: **317-488-6000** Business Email: **N/A**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of North Carolina	Charlotte, NC	1973	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Health Administration	Duke University	Durham, NC	1979	Master

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
American College of Healthcare Executives	Chicago, IL		Fellow

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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

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>
See Attachment			

7. Present or proposed position with the Applicant Company: **President, CEO 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.

See attached for directorates.

Beginning/Ending

Dates (MM/YY): **3/13-5/13/14** Employer's Name: **Anthem, Inc.**

Address: **120 Monument Circle** City: **Indianapolis** State/Province: **Indiana**

Country: **USA** Postal Code: **46204** Phone: **317-488-6000** Offices/Positions Held: **CEO & Director**

Supervisor/Contact: **Board of Directors**

Beginning/Ending

Dates (MM/YY): **5/14/14-Present** Employer's Name: **Anthem, Inc.**

Address: **120 Monument Circle** City: **Indianapolis** State/Province: **Indiana**

Country: **USA** Postal Code: **46204** Phone: **317-488-6000** Offices/Positions Held: **President, CEO & Director**

Supervisor/Contact: **Board of Directors**

Beginning/Ending

Dates (MM/YY): **12/04-3/13** Employer's Name: **Trinity Health**

Address: **20555 Victor Parkway** City: **Livonia** State/Province: **Michigan**

Country: **USA** Postal Code: **48152** Phone: **734-343-1396** Offices/Positions Held: **President, CEO & Director**

Supervisor/Contact: **Board of Directors**

Beginning/Ending

Dates (MM/YY): **1/99-12/04** Employer's Name: **Centura Health**

Address: **188 Inverness Drive West, Suite 500** City: **Englewood** State/Province: **Colorado**

Country: **USA** Postal Code: **80112** Phone: **303-290-6500** Offices/Positions Held: **President, CEO & Director**

Supervisor/Contact: **Board of Directors**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

Beginning/Ending

Dates (MM/YY): **3/94-12/98** Employer's Name: **Hospital Corporation of America**

Address: **One Park Plaza City: Nashville**

State/Province: **Tennessee**

Country: **USA** Postal Code: **37203** Phone: **866-442-2362** Offices/Positions Held: **President & CEO (E. Florida Div.)**

Supervisor/Contact: **Chief Executive Officer**

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?
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 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 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?

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 Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

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.
See Attachment

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 25th day of August 20 15 at Indianapolis. 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.

Joseph R. Swedish
(Signature of Affiant)

State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Joseph Robert Swedish and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **Joseph** Middle: **Robert** Last: **Swedish**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: **[REDACTED]**

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) **[REDACTED]** Place of Birth, City: **Richmond**
State/Province: **Virginia** Country: **USA**

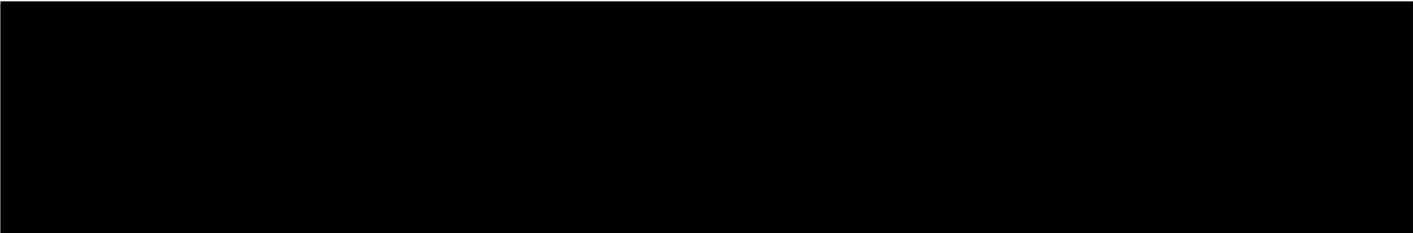
7. Name of Affiant's Spouse (if applicable) : **[REDACTED]**

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25th day of August, 2015 at Indianapolis. 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.

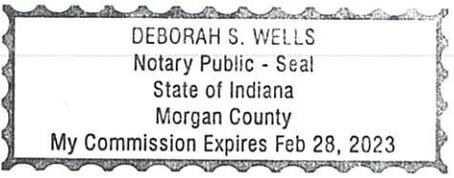
Joseph R. Swedish
(Signature of Affiant)

State of: Indiana County of: Morgan

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Joseph Robert Swedish, and:

who is personally known to me, or
who produced the following identification: _____

[SEAL]



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Joseph Robert Swedish, [Redacted]

Joseph R. Swedish
(Signature)

8/25/15
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Joseph Robert Swedish, and:

who is personally known to me, or
who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Joseph Robert Swedish, [Redacted]

Joseph R. Swedish
(Signature)

8/25/15
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Joseph Robert Swedish, and:

who is personally known to me, or
who produced the following identification: _____

Deborah S. Wells

Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires



DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Joseph Robert Swedish, [Redacted]

Joseph R Swedish
(Signature)

8/25/15

(Date)

State of: Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by Joseph Robert Swedish, and:

who is personally known to me, or who produced the following identification: _____

Deborah S Wells

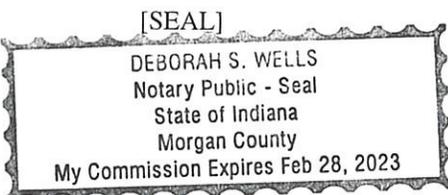
Notary Public

Deborah S. Wells

Printed Notary Name

February 28, 2023

My Commission Expires



Joseph Robert Swedish
Attachment to the NAIC Biographical Affidavit
Questions 6 and 8

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>
Health Research & Educational Trust	Debbie Pierce Senior Program Manager American Hospital Association	155 N. Wacker, 4 th Floor Chicago, IL 60606	(312) 422-2635 dpierce@aha.org

8. Additional Directorates:

<u>DATES</u>	<u>EMPLOYER</u>	<u>TITLE</u>
8/2015-Present	CDW Corporation	Director
5/2014-Present	The Business Council	Member
3/2013-Present	The Business Roundtable	Member
3/2013-Present	Blue Cross Blue Shield Association	Director
3/2013-Present	Blue Cross Blue Shield Foundation on Health Care	Director
3/2013-Present	Health Services Foundation	Director
3/2013-Present	National Institute for Health Care Management	Director
3/2013-Present	America's Health Insurance Plans	Director
3/2013-Present	Central Indiana Corporate Partnership, Inc.	Director
8/2014-Present	Board of Visitors of Duke University's Fuqua School of Business	Director
2006-3/2013	Catholic Health Association	Trustee & Member (Chairman until 3/13)
2007-3/2013	National Quality Forum	Member
2004-3/2013	Venzke Insurance Services, Ltd.	Director and Chairman
2010-2/2013	Coventry Health Care, Inc.	Director
2005-2010	Deloitte Center for Health Solution	Advisory Council
2003-2005	RehabCare Group, Inc.	Director
2002-2005	Public Education and Business Coalition	Chairman
2002-2005	Cross Country, Inc.	Director
1999-2005	United Premier Medical Group Ltd	Director
1995-1999	BankFIRST Winter Park, FL	Director
1994-1999	Winter Park Healthcare Group, Ltd Winter Park, FL	Director
1994-1999	Winter Park Health Foundation	Director
1996-1997	Heart of Florida United Way Campaign Winter Park, FL	Director

Joseph Robert Swedish
Attachment to the NAIC Biographical Affidavit
Questions 6 and 8

Former	Colorado Forum	Director
Former	Colorado Association of Commerce and Industry	Director
Former	Metro Denver Chamber of Commerce	Director
<u>DATES</u>	<u>EMPLOYER</u>	<u>TITLE</u>
Former	Colorado Concern	Director
Former	Boy Scouts of America – Denver Council	Director
Former	University of Central Florida Foundation	Director
Former	University of Central Florida	Dean's Executive Council
Former	Rollins College, Crummer School for Executive Education	Director
Former	Juvenile Diabetes Foundation International Annual Walk for the Cure Campaign – Central Florida	Chairman
Former	Orlando Health Care Center for the Homeless Orlando, FL	Director
Former	The National Conference for Community and Justice (NCCJ) – Central Florida	Director
Former	University of Colorado	Advisory Board Member: Center for Bioethics and Humanities, Center for Health Administration and Center for Global Health
Former	Duke University	Advisory Council for the Fuqua School of Business Health Sector

Attachment to Question 8 - Joseph Robert Swedish

Entity Name	Title	Role Start	Termination Date	Last Elected
1-800 Contacts Foundation L.L.C.	Manager	06/17/2013	03/13/2014	06/17/2013
Amerigroup Foundation L.L.C.	Manager	06/17/2013	--	05/29/2015
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Manager	05/16/2013	--	05/29/2015
Anthem Blue Cross Foundation, LLC	Manager	05/16/2013	--	05/29/2015
Anthem Foundation, Inc.	Director	05/10/2013	--	05/29/2015
Anthem Foundation, Inc.	Chair	07/23/2013	--	05/29/2015
Anthem Foundation, Inc. (KY)	Chair	07/23/2013	--	05/29/2015
Anthem Foundation, Inc. (KY)	Director	05/16/2013	--	05/29/2015
Anthem, Inc.	President	05/14/2014	--	05/12/2015
Anthem, Inc.	Director	03/25/2013	--	05/15/2013
Anthem, Inc.	Chief Executive Officer	03/25/2013	--	05/12/2015
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Manager	05/16/2013	--	05/29/2015
CareMore Foundation L.L.C.	Manager	06/17/2013	--	05/29/2015
National Government Services Foundation, L.L.C.	Manager	07/29/2013	--	05/29/2015

**ATTACHMENT – Question 15c.
JOSEPH ROBERT SWEDISH**

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to Anthem, Inc. and its affiliates (collectively, the "Anthem Companies"), state regulators, including state insurance commissioners; state attorneys general or other state governmental authorities; federal regulators, including the Securities Exchange Commission; and federal governmental authorities, including congressional committees, regularly make inquiries and conduct investigations concerning compliance by the Anthem Companies with applicable insurance and other laws and regulations. One or more of the Anthem Companies, during my tenure as a board member or officer of such Anthem Company, may have paid a settlement or a small penalty (less than \$250,000) for technical deficiencies, e.g., not including the correct bar code on a filing, late filing of forms or certifications, or a business practice that did not fully comply with a state's interpretation of its laws.

WellPoint, Inc. n/k/a Anthem, Inc.	\$1,700,000	HHS fine relating to security weaknesses in an online application database that left the electronic protected health information of 612,402 individuals accessible to unauthorized individuals over the internet	resolution agreement	2013-07	federal govt.
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BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **Elizabeth Edith Tallett (Wavle)**

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? **United Kingdom**

3. Affiant's occupation or profession: **Consultant - Healthcare Industry**

4. Affiant's business address: **12 Windswept Circle, Thornton, NH 03285**

Business telephone: **609-577-4270**

Business Email: **dioscor@comcast.net**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Nottingham	Nottingham, England	1967-1970	BSc-Mth & Economics

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

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 in the space provided in the Biographical Affidavit Supplemental Information.

6. List of memberships in professional societies and associations:

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

None

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

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.

See attachment for additional Directorates

Beginning/Ending

Dates (MM/YY): **2001-___/2015** Employer's Name: **Hunter Partners LLC**
 Address: **12 Windswept Circle** City: **Thornton** State/Province: **New Hampshire**
 Country: **USA** Postal Code: **03285** Phone: **609-577-4270**
 Offices/Positions Held: **Principal**
 Type of Business: **Consulting** Supervisor/Contact: **N/A – Joint Owner**

Beginning/Ending

Dates (MM/YY): **11/2000-1/2003** Employer's Name: **Marshall Pharmaceuticals, Inc.**
 Address: **P.O. Box 103** City: **Morris Plains** State/Province: **NJ**
 Country: **USA** Postal Code: **07950** Phone: **973-984-1667**
 Offices/Positions Held: **President and CEO**
 Type of Business: Supervisor/Contact: **N/A**

Beginning/Ending

Dates (MM/YY): **1999-2000** Employer's Name: **Galenor, Inc.**
 Address: **48 Federal Twist Road** City: **Stockton** State/Province: **NJ**
 Country: **USA** Postal Code: **07950** Phone: **973-984-1667**
 Offices/Positions Held: **President and CEO**
 Type of Business: Supervisor/Contact: **N/A**

Beginning/Ending

Dates (MM/YY): **1997-2000** Employer's Name: **Ellard Pharmaceuticals**
 Address: **P.O. Box 103** City: **Morris Plains** State/Province: **NJ**
 Country: **USA** Postal Code: **07950** Phone: **973-984-1667**
 Offices/Positions Held: **CEO**
 Type of Business: **Pharmaceuticals** Supervisor/Contact: **N/A**

Beginning/Ending

Dates (MM/YY): **5/1996-7/2003** Employer's Name: **Dioscor, Inc.**
 Address: **48 Federal Twist Road** City: **Stockton** State/Province: **NJ**
 Country: **USA** Postal Code: **08559** Phone: **609-397-4876**
 Offices/Positions Held: **President and CEO**
 Type of Business: Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **1992-1996** Employer's Name: **Transcell Technologies, Inc.**
 Address: **Cumberland Road** City: **Princeton** State/Province: **NJ**
 Country: **USA** Postal Code: ----- Phone: _____
 Offices/Positions Held: **President and CEO**
 Type of Business: **Biotechnology** Supervisor/Contact:

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): _____

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?

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 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 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?

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

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 25 day of August, 20 15 at Indianapolis, IN. 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.

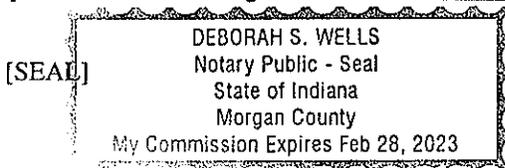
[Signature]
(Signature of Affiant)

State of: Indiana County of: Main

The foregoing instrument was acknowledged before me this 25 day of August, 20 15 by Elizabeth Edith Tallett (Wavle), and:

who is personally known to me, or

who produced the following identification:



[Signature]
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **Elizabeth** Middle: **Edith** Last: **Tallett**
IF ANSWER IS "NONE," SO STATE.

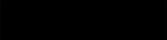
2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

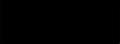
<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
1949-1970 _____	Elizabeth Edith Symons _____	Maiden Name _____
Present _____	Elizabeth Edith Wavle _____	Married Name _____

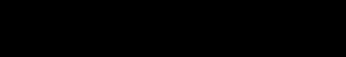
Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY) :  Place of Birth, City: **London**
State/Province: _____ Country: **England**

7. Name of Affiant's Spouse (if applicable) : 

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Applicant Name (Company): **Anthem, Inc.**

NAIC No. *
FEIN: **35-2145715**

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis, IN. 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.

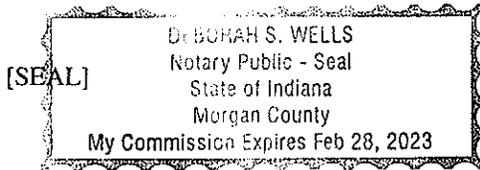
(Signature of Affiant)

State of: Indiana County of: Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Elizabeth Edith Tallett (Wavle), and:

who is personally known to me, or

who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Elizabeth Edith Tallett (Wavle)
Elizabeth Edith Tallett
(Signature)

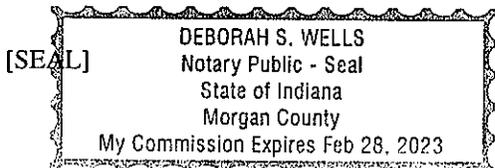
August 25, 2015
(Date)

State of: Indiana County of: Main

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Elizabeth Edith Tallett (Wavle), and:

who is personally known to me, or

who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Elizabeth Edith Tallett (Wavle), [REDACTED]

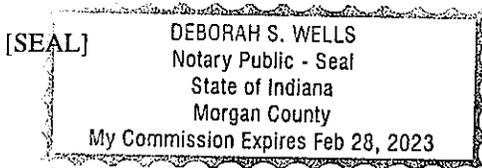
Elizabeth Edith Tallett
(Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Elizabeth Edith Tallett (Wavle), and:

X who is personally known to me, or who produced the following identification: _____



Deborah S. Wells
Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

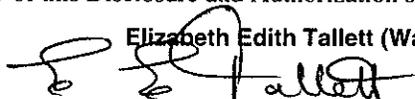
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.


Elizabeth Edith Tallett (Wavle), 
(Signature)

August 25, 2015
(Date)

State of: Indiana County of Martin

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by Elizabeth Edith Tallett (Wavle), and:

who is personally known to me, or
who produced the following identification:




Notary Public
Deborah S. Wells
Printed Notary Name
February 28, 2023
My Commission Expires

Elizabeth E. Tallett
Attachment to the NAIC Biographical Affidavit

8. Additional Directorates:

<u>DATES</u>	<u>EMPLOYER</u>	<u>TITLE</u>
1992-Present	Principal Financial Group (f/k/a Principal Life Insurance Company 1992-2001) 611 High Street Des Moines, IA 50392	Director
2008-Present	Meredith Corp. 1716 Locust Street Des Moines, IA 50309	Director
2011-Present	Qiagen, Inc. Qiagen Strasse 1 40724 Hilden, Germany	Director
Present	Solebury School Trustee	Trustee
Former	Hepregen Corporation	Director
2001-2008	VSEA Inc.	Director
1998-2013	Coventry Health Care, Inc. 6720 Rockledge Drive, Ste. 700 Bethesda, MD 20817	Director
1998-2012	Integrated America, Inc. 2 Manhattanville Road Purchase, NY 10577	Director
1999-2010	Varian Inc. 3100 Hansen Way Palo Alto, CA 94304	Director
1998-2009	Immunicon, Inc.	Director

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000

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.

1. Affiant's Full Name (Initials Not Acceptable): **JOSE DeJESUS TOMAS**

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? _____

3. Affiant's occupation or profession: **Executive Vice President & Chief Human Resources Officer**

4. Affiant's business address: **120 Monument Circle**

Business telephone: **317-488-6471** Business Email: **jose.tomas@anthem.com**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Florida International University	Miami, FL	1992	BA

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Florida International University	Miami, FL		2003	Masters

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
Society for Human Resource Management	Alexandria, VA	12/2014	Sr. Certified Professional

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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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>
SHRM	Henry Hart	1800 Duke Street Alexandria, VA 22314	(800) 283-7476

7. Present or proposed position with the Applicant Company: **Executive Vice President & Chief Human Resources 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.

SEE ATTACHMENT FOR ADDITIONAL DIRECTORATES

Beginning/Ending

Dates (MM/YY): **12/13 – PRESENT** Employer's Name: **ANTHEM, INC. (f/k/a WellPoint, Inc.)**
Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6000**
Offices/Positions Held: **EXECUTIVE VICE PRESIDENT & CHIEF HUMAN RESOURCES OFFICER**
Supervisor/Contact: **JOSEPH SWEDISH**

Beginning/Ending

Dates (MM/YY): **2004-2013** Employer's Name: **BURGER KING CORPORATION**
Address: **5505 BLUE LAGOON DRIVE** City: **MIAMI** State/Province: **FL**
Country: **USA** Postal Code: **33126** Phone: **305-378-3416**
Offices/Positions Held: **VARIOUS: GLOBAL CHIEF PEOPLE OFFICER; PRESIDENT LATIN AMERICA & CARIBBEAN; EXECUTIVE VICE PRESIDENT HUMAN RESOURCES & COMMUNICATIONS; VICE PRESIDENT, HUMAN RESOURCES; SENIOR DIRECTOR HUMAN RESOURCES**
Supervisor/Contact: **BERNARD HESS**

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** _____

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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?

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 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 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?

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

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.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

Dated and signed this 25th day of August, 2015 at Indianapolis, IN. 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.



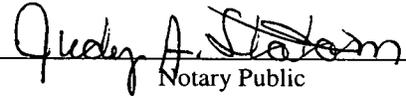
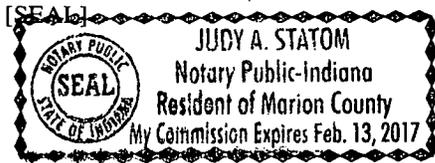
JOSE DeJESUS TOMAS (Signature of Affiant)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by **JOSE DeJESUS TOMAS**, and:

who is personally known to me, or

who produced the following identification: _____



Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **JOSE** Middle: **DeJesus** Last: **TOMAS**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **None**

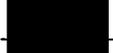
<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable): **N/A**

6. Date of Birth: (MM/DD/YY)  Place of Birth, City: **Santurce**
State/Province: **Puerto Rico** Country: **USA**

7. Name of Affiant's Spouse (if applicable): 

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25th day of August, 2015 at Indianapolis, IN. 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.

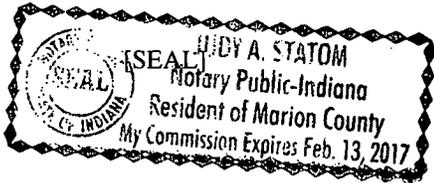
JOSE DeJESUS TOMAS (Signature of Affiant)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by **JOSE DeJESUS TOMAS**, and:

who is personally known to me, or

who produced the following identification: _____



Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

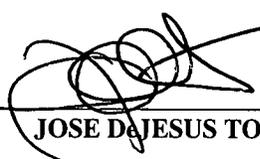
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

JOSE DeJESUS TOMAS, [Redacted]
(Printed Full Name and Residence Address)



JOSE DeJESUS TOMAS (Signature)

JS
August, 2015

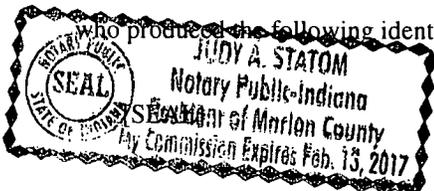
(Date)

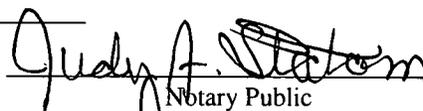
State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by **JOSE DeJESUS TOMAS**, and:

who is personally known to me, or

who produced the following identification: _____





Judy A. Statom
Notary Public
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

JOSE DeJESUS TOMAS, [Redacted]

(Printed Full Name and Residence Address)

[Handwritten Signature]

JOSE DeJESUS TOMAS (Signature)

25
August, 2015
(Date)

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of August, 2015 by **JOSE DeJESUS TOMAS**, and:

X who is personally known to me, or
who produced the following identification: _____



[Handwritten Signature]
Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

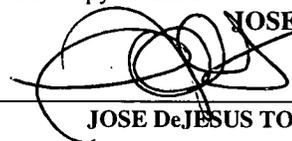
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.



JOSE DeJESUS TOMAS (Signature)

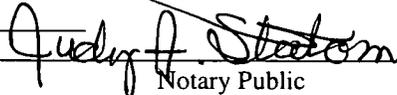
JOSE DeJESUS TOMAS, [Redacted]
(Printed Full Name and Residence Address)

25
August, 2015
(Date)

State of Indiana County of Marion

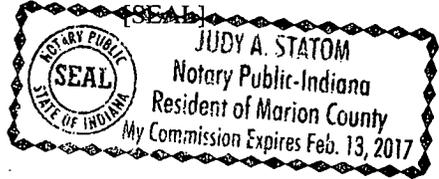
The foregoing instrument was acknowledged before me this 25th day of August, 2015 by **JOSE DeJESUS TOMAS**, and:

who is personally known to me, or
who produced the following identification: _____



Notary Public

Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires



Attachment to Question 8 - Jose Tomas

Entity Name	Title	Role Start	Termination Date	Last Elected
Amerigroup Foundation L.L.C.	Manager	02/19/2014	--	05/29/2015
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Manager	02/19/2014	--	05/29/2015
Anthem Blue Cross Foundation, LLC	Manager	02/19/2014	--	05/29/2015
Anthem Foundation, Inc.	Director	02/19/2014	--	05/29/2015
Anthem Foundation, Inc. (KY)	Director	02/19/2014	--	05/29/2015
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Manager	02/19/2014	--	05/29/2015
CareMore Foundation L.L.C.	Manager	02/19/2014	--	05/29/2015
National Government Services Foundation, L.L.C.	Manager	02/19/2014	--	05/29/2015

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

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.

1. Affiant's Full Name (Initials Not Acceptable): **THOMAS CASIMIR ZIELINSKI**

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: **Executive Vice President & General Counsel**

4. Affiant's business address: **120 Monument Circle**

Business telephone: **317-488-6834** Business Email: **thomas.zielinski@anthem.com**

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Albright College	Reading, PA	09/1970-05/1974	BS

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Beasley School of Law	Temple University	Philadelphia, PA	09/1975-05/1978	J.D.

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
N/A			

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 in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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>
N/A			

7. Present or proposed position with the Applicant Company: **Executive Vice President & General Counsel**

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.

SEE ATTACHMENT

Beginning/Ending

Dates (MM/YY): **6/2014 – PRESENT** Employer's Name: **ANTHEM, INC. (f/k/a WellPoint, Inc.)**
Address: **120 MONUMENT CIRCLE** City: **INDIANAPOLIS** State/Province: **IN**
Country: **USA** Postal Code: **46204** Phone: **317 488 6000**
Offices/Positions Held: **EXECUTIVE VICE PRESIDENT & GENERAL COUNSEL**
Supervisor/Contact: **JOSEPH SWEDISH**

Beginning/Ending

Dates (MM/YY): **8/2013 - 6/2014** Employer's Name: **MORGAN, LEWIS & BOCKIUS, LLP**
Address: **1701 MARKET ST.** City: **PHILADELPHIA** State/Province: **PA**
Country: **USA** Postal Code: **19103** Phone: **215 963 5000**
Offices/Positions Held: **PARTNER, LITIGATION AND HEALTH CARE PRACTICE GROUPS**
Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **09/2001-05/2013** Employer's Name: **COVENTRY HEALTH CARE, INC.**
Address: **6720 - B ROCKLEDGE DRIVE, SUITE 700** City: **BETHESDA** State/Province: **MD**
Country: **USA** Postal Code: **20817** Phone: **301 581 0600**
Offices/Positions Held: **EXECUTIVE VICE PRESIDENT AND GENERAL COUNSEL**
Supervisor/Contact: **ALLEN F. WISE**

Beginning/Ending

Dates (MM/YY): **5/1982-08/2001** Employer's Name: **COZEN O'CONNOR P.C.**
Address: **1900 MARKET STREET** City: **PHILADELPHIA** State/Province: **PA**
Country: **USA** Postal Code: **19103** Phone: **215-665-2000**
Offices/Positions Held: **SENIOR PARTNER/SHAREHOLDER**
Supervisor/Contact:

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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: **SUPREME COURT OF PENNSYLVANIA**

Address: **100 SOUTH STREET** City: **HARRISBURG** State/Province: **PA** Country: **USA** Postal Code: **17101**

License Type: **ATTORNEY'S LICENSE** License #: **28814** Date Issued (MM/YY): **7/1/2014**

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

Non-Insurance Regulatory Phone Number (if known): **800-932-0311**

Organization/Issuer of License: **Indiana Supreme Court**

Address: **30 S. Meridian St., #875** City: **Indianapolis** State/Province: **IN** Country: **USA** Postal Code: **46204**

License Type: **Business Counseling License** #: **32298-49** Date Issued (MM/YY): **4-16-2015**

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

Non-Insurance Regulatory Phone Number (if known): **317-232-2552**

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?
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 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 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?

- 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 Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

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 25 day of August, 2015 at Indianapolis. 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.

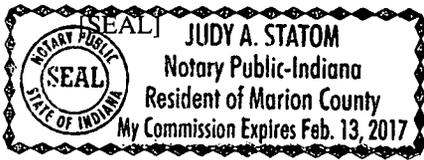
THOMAS CASIMIR ZIELINSKI (Signature of Affiant)

State of: **Indiana** County of: **Marion**

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **THOMAS CASIMIR ZIELINSKI**, and:

who is personally known to me, or

who produced the following identification: _____



Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

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).

**Anthem, Inc.
120 Monument Circle
Indianapolis, IN 46204
317-488-6000**

1. Affiant's Full Name (Initials Not Acceptable): First: **THOMAS** Middle: **CASIMIR** Last: **ZIELINSKI**
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used. **NONE**

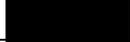
<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: 

4. Government Identification Number if not a U.S. Citizen: **N/A**

5. Foreign Student ID# (if applicable) : **N/A**

6. Date of Birth: (MM/DD/YY)  Place of Birth, City: **READING**
State/Province: **PENNSYLVANIA** Country: **USA**

7. Name of Affiant's Spouse (if applicable) : 

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

8. List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 25 day of August, 2015 at Indianapolis. 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.

THOMAS CASIMIR ZIELINSKI (Signature of Affiant)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 **THOMAS CASIMIR ZIELINSKI**, and:

who is personally known to me, or

who produced the following identification: _____



Notary Public

Judy A. Statom

Printed Notary Name

February 13, 2017

My Commission Expires

Applicant Name (Company): **Anthem, Inc.**

NAIC No. **None**
FEIN: **35-2145715**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

THOMAS CASIMIR ZIELINSKI, [Redacted]

[Handwritten Signature]

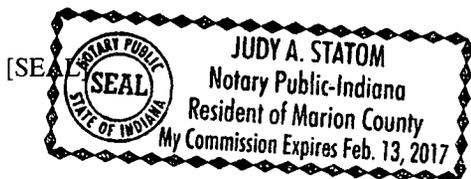
THOMAS CASIMIR ZIELINSKI (Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **THOMAS CASIMIR ZIELINSKI**, and:

who is personally known to me, or
who produced the following identification: _____



[Handwritten Signature]

Judy A. Statom
Notary Public
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

THOMAS CASIMIR ZIELINSKI, [Redacted]

[Handwritten Signature]

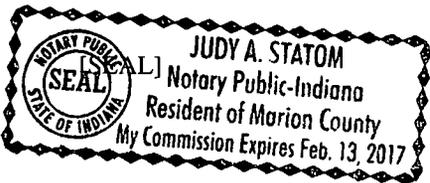
THOMAS CASIMIR ZIELINSKI (Signature)

August 25, 2015
(Date)

State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **THOMAS CASIMIR ZIELINSKI**, and:

X who is personally known to me, or who produced the following identification:



[Handwritten Signature]
Notary Public

Judy A. Statom
Printed Notary Name
February 13, 2017
My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of Anthem, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through Owens Online ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, Anthem, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317 488 6000.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

THOMAS CASIMIR ZIELINSKI, [Redacted]

[Handwritten Signature]

August 25, 2015

(Date)

THOMAS CASIMIR ZIELINSKI (Signature)

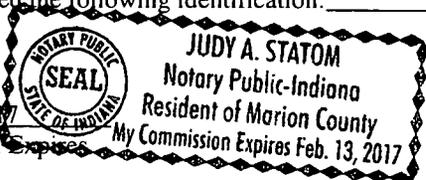
State of: Indiana County of: Marion

The foregoing instrument was acknowledged before me this 25 day of August, 2015 by **THOMAS CASIMIR ZIELINSKI**, and:

X who is personally known to me, or who produced the following identification:

[SEAL]

February 13, 2017
My Commission Expires



[Handwritten Signature]

Notary Public

Judy A. Statom

Printed Notary Name

Attachment – Question 8 – Thomas C. Zielinski

Member of the Board of Directors since 9/05/14

STREET LAW, INC.
1010 Wayne Avenue
Suite 870
Silver Spring, MD 20910
301-589-1130

Contact: Lee Arbetman
Executive Director