

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).

**ATH HOLDING COMPANY, LLC
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) **CATHERINE IRENE KELAGHAN**
2. a. Are you a citizen of the United States? **YES**
 b. Are you a citizen of any other country, if so, 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 6747**

5. Education and Training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	UNIVERSITY OF DAYTON	DAYTON, OH	08/80 – 04/84	BS
Graduate Studies	UNIVERSITY OF CINCINNATI	CINCINNATI, OH	08/87 – 05/90	JD
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
N/A			

7. Present or proposed position with the applicant entity. **MANAGER**

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): 03/08 TO PRESENT Employer's Name: WELLPOINT, INC.
Address: 120 MONUMENT CIRCLE City: INDIANAPOLIS State/Province: IN
Country: USA Postal Code: 46204 Phone: 317 488 6000
Offices/Positions Held: VICE PRESIDENT AND COUNSEL
Supervisor/Contact: JOHN CANNON (TO 12/10) / KAREN FRANCOLINI (FROM 01/11)

Beginning/Ending

Dates (MM/YY): 01/06 - 03/08 Employer's Name: WELLPOINT, INC.
Address: 120 MONUMENT CIRCLE City: INDIANAPOLIS State/Province: IN
Country: USA Postal Code: 46204 Phone: 317 488 6000
Offices/Positions Held: MANAGING ASSOCIATE GENERAL COUNSEL
Supervisor/Contact: SANDRA H. MILLER

Beginning/Ending

Dates (MM/YY): 03/05 TO 01/06 Employer's Name: WELLPOINT, INC.
Address: 120 MONUMENT CIRCLE City: INDIANAPOLIS State/Province: IN
Country: USA Postal Code: 46204 Phone: 317 488 6000
Offices/Positions Held: VICE PRESIDENT, LEGAL
Supervisor/Contact: ANGELA F. BRALY

Beginning/Ending

Dates (MM/YY): 05/02 TO 03/05 Employer's Name: ANTHEM, INC. (NOW WELLPOINT, INC.)
Address: 120 MONUMENT CIRCLE City: INDIANAPOLIS State/Province: IN
Country: USA Postal Code: 46204 Phone: 317 488 6000
Offices/Positions Held: DIRECTOR OF BENEFITS, STOCK & EXECUTIVE PROGRAMS
Supervisor/Contact: RANDAL L. BROWN

Beginning/Ending

Dates (MM/YY): 09/01 TO 05/02 Employer's Name: ANTHEM, INC. (NOW WELLPOINT, INC.)
Address: 120 MONUMENT CIRCLE City: INDIANAPOLIS State/Province: IN
Country: USA Postal Code: 46204 Phone: 317 488 6000
Offices/Positions Held: DIRECTOR OF BENEFITS & WORKPLACE BEST PRACTICES
Supervisor/Contact: RANDAL L. BROWN

Beginning/Ending

Dates (MM/YY): 09/96 TO 09/01 Employer's Name: ANTHEM INSURANCE COMPANIES, INC.
Address: 120 MONUMENT CIRCLE City: INDIANAPOLIS State/Province: IN
Country: USA Postal Code: 46204 Phone: 317 488 6000
Offices/Positions Held: CORPORATE COUNSEL

Supervisor/Contact: **RAYMOND L. UMSTEAD**

Beginning/Ending

Dates (MM/YY): **12/92 TO 09/96**
COMPANY

Employer's Name: **COMMUNITY MUTUAL INSURANCE**

Address: **1351 WILLIAM HOWARD TAFT ROAD**

City: **CINCINNATI**

State/Province: **OH**

Country: **USA**

Postal Code: **45206**

Phone: **317 488 6000**

Offices/Positions Held: **CORPORATE COUNSEL**

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **09/90 TO 12/92**

Employer's Name: **TOWERS PERRIN**

Address: **255 E. FIFTH STREET, SUITE 2120**

City: **CINCINNATI**

State/Province: **OH**

Country: **USA**

Postal Code: **45202**

Phone: **513 345 4200**

Offices/Positions Held: **BENEFITS SPECIALIST**

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **08/89 TO 05/90**

Employer's Name: **ALPHONSE A. GERHARDSTEIN, LLP**

Address: **1409 ENQUIRER BUILDING, 617 VINE ST.** City: **CINCINNATI**

State/Province: **OH**

Country: **USA**

Postal Code: **45202**

Phone: **513 621 9100**

Offices/Positions Held: **LAW CLERK**

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **05/89 TO 07/89**

Employer's Name: **PICKREL, SCHAEFFER & EBELING**

Address: **2700 KETTERING TOWER**

City: **DAYTON**

State/Province: **OH**

Country: **USA**

Postal Code: **45423**

Phone: **937 223 1130**

Offices/Positions Held: **LAW CLERK**

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **09/88 TO 04/89**

Employer's Name: **ALPHONSE A. GERHARDSTEIN, LLP**

Address: **1409 ENQUIRER BUILDING, 617 VINE ST.** City: **CINCINNATI**

State/Province: **OH**

Country: **USA**

Postal Code: **45202**

Phone: **513 621 9100**

Offices/Positions Held: **LAW CLERK**

Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): **06/88 TO 08/88**
OF LAW

Employer's Name: **UNIVERSITY OF CINCINNATI COLLEGE**

Address: **CLIFTON AVENUE & CALHOUN STREET** City: **CINCINNATI**

State/Province: **OH**

Country: **USA** Postal Code: **45221** Phone: **513 556 6805**

Offices/Positions Held: **RESEARCH ASSISTANT**

Supervisor/Contact:

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

Address: **402 W. WASHINGTON STREET, RM W062** City: **INDIANAPOLIS**

State/Province: **INDIANA**

Country: **USA**

Postal Code: **46204**

License Type: **LAW LICENSES**

License #: **19726-29**

Date Issued (MM/YY): **04/97**

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

Reason for Termination: **N/A**

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

Organization/Issuer of License: **SUPREME COURT OF OHIO**

Address: **65 SOUTH FRONT STREET**

City: **COLUMBUS**

State/Province: **OHIO**

Country: **USA**

Postal Code: **43215**

License Type: **LAW LICENSE**

License #: **0046859**

Date Issued (MM/YY): **11/90**

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

Reason for Termination: **N/A**

Non-insurance Regulatory Phone Number (if known): **614 387 9320**

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? **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? **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? **NO**
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **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? **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? **NO**
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? **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? **NO**
- j. had a lien or foreclosure action filed against you or any entity while you were associated with that entity? **NO**

If the response to any question above is answered "Yes", please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. **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. If the answer is "Yes", please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities. **NO**

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? **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? If 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.

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? **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)? **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? **SEE ATTACHMENT B**

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 27th day of July, 2012, 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.

Catherine Irene Kelaghan
CATHERINE IRENE KELAGHAN

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by CATHERINE IRENE KELAGHAN and:

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

[SEAL]

Jami J. Meister
Jami J. Meister
My Commission Expires: July 30, 2016

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 **ATH HOLDING COMPANY, LLC** ("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 Jami J. Meister, WellPoint, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317-488-6277.

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.

CATHERINE IRENE KELAGHAN, _____

(Printed Full Name and Residence Address)

Catherine Irene Kelaghan

(Signature)

July 27, 2012

Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by **CATHERINE IRENE KELAGHAN** and:

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

[SEAL]

Jami J. Meister

Jami J. Meister

My Commission Expires: 07/30/2016

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 **ATH HOLDING COMPANY, LLC** ("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 Jami J. Meister, WellPoint, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317-488-6277.

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.

CATHERINE IRENE KELAGHAN, _____
(Printed Full Name and Residence Address)

Catherine Irene Kelaghan
(Signature)

July 27, 2012
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by **CATHERINE IRENE KELAGHAN** and:

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

[SEAL]

Jami J. Meister
Jami J. Meister
My Commission Expires: 07/30/2016

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of **ATH HOLDING COMPANY, LLC** (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 "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 Jami J. Meister, WellPoint, Inc., 120 Monument Circle, Indianapolis, IN 46204, Phone: 317-488-6277.

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.

CATHERINE IRENE KELAGHAN, _____
(Printed Full Name and Residence Address)

Catherine Irene Kelaghan

(Signature)

July 27, 2012

Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by **CATHERINE IRENE KELAGHAN** and:

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

[SEAL]

Jami J. Meister

Jami J. Meister
My Commission Expires: 07/30/2016

Applicant Name: ATH HOLDING COMPANY, LLC

NAIC No. _____
FEIN: _____

**ATTACHMENT A
DIRECTORATES AND OFFICERSHIPS
CATHERINE IRENE KELAGHAN**

Business Entity	Domestic Jurisdiction	Title	Role Start Date	Termination Date
American Imaging Management East, L.L.C.	Delaware	Manager	05-30-2008	--
American Imaging Management, Inc.	Illinois	Director	05-30-2008	--
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Indiana	Manager	02-06-2012	--
Anthem Blue Cross Life and Health Insurance Company	California	Director	05-30-2008	--
Anthem Credentialing Services, Inc.	Delaware	Director	05-30-2008	--
Anthem Financial, Inc.	Delaware	Director	05-30-2008	--
Anthem Health Insurance Company of Nevada	Nevada	Director	05-30-2008	--
Anthem Health Plans of Maine, Inc.	Maine	Director	05-30-2008	--
Anthem Health Plans of New Hampshire, Inc.	New Hampshire	Director	05-30-2008	--
Anthem Health Plans of Virginia, Inc.	Virginia	Director	05-30-2008	--
Anthem Health Plans, Inc.	Connecticut	Director	05-30-2008	--
Anthem Holding Corp.	Indiana	Director	05-30-2008	--
Anthem Insurance Companies, Inc.	Indiana	Director	05-29-2009	--
Anthem Life Insurance Company	Indiana	Director	05-30-2008	--
Anthem Southeast, Inc.	Indiana	Director	05-30-2008	--
Anthem UM Services, Inc.	Indiana	Director	05-30-2008	--
Anthem Workers' Compensation, LLC	Indiana	Manager	01-01-2010	--
Arcus Enterprises, Inc.	Delaware	Director	05-30-2008	--
ARCUS HealthyLiving Services, Inc.	Indiana	Director	05-30-2008	--
Associated Group, Inc.	Indiana	Director	05-30-2008	--
ATH Holding Company, LLC	Indiana	Manager	05-30-2008	--
Behavioral Health Network, Inc.	New Hampshire	Director	05-30-2008	--
Blue Cross and Blue Shield of Georgia, Inc.	Georgia	Director	05-30-2008	--
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Georgia	Director	05-30-2008	--
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Georgia	Vice Chairperson	11-03-2009	--
Blue Cross Blue Shield of Wisconsin	Wisconsin	Director	05-30-2008	--
Blue Cross of California	California	Director	05-30-2008	--
Blue Cross of California Partnership Plan, Inc.	California	Director	05-30-2008	--
CareMore Health Group, Inc.	Delaware	Director	08-22-2011	--
CareMore Health Plan	California	Director	08-22-2011	--
CareMore Health Plan of Arizona, Inc.	Arizona	Director	08-22-2011	--
CareMore Health Plan of Colorado, Inc.	Colorado	Director	08-22-2011	--
CareMore Health Plan of Nevada	Nevada	Director	08-22-2011	--
CareMore Health Plan of Texas, Inc.	Texas	Director	08-22-2011	--
CareMore Holdings, Inc.	Delaware	Director	08-22-2011	--
CareMore IPA of New York, LLC	New York	Manager	04-02-2012	--
CareMore Medical Enterprises	California	Director	08-22-2011	--
CareMore Services Company, LLC	Indiana	Manager	07-20-2012	--
CareMore, LLC	Indiana	Manager	01-18-2012	--
Cerulean Companies, Inc.	Georgia	Director	05-30-2008	--
Claim Management Services, Inc.	Wisconsin	Director	05-30-2008	--
Community Insurance Company	Ohio	Director	05-30-2008	--
CommunityConnect Health Plan of Pennsylvania, Inc.	Pennsylvania	Director	11-12-2010	--
CompCare Health Services Insurance Corporation	Wisconsin	Director	05-30-2008	--
Crossroads Acquisition Corp.	Delaware	Director	05-30-2008	--
DeCare Analytics, LLC	Minnesota	Manager	04-09-2009	--

DeCare Dental Health International, LLC	Minnesota	Manager	04-09-2009	--
DeCare Dental Networks, LLC	Minnesota	Manager	04-09-2009	--
DeCare Dental, LLC	Minnesota	Manager	04-09-2009	--
Designated Agent Company, Inc.	Kentucky	Director	05-30-2008	--
EHC Benefits Agency, Inc.	New York	Director	05-30-2008	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Missouri	Director	05-30-2008	--
Golden West Health Plan, Inc.	California	Director	05-30-2008	--
Government Health Services, L.L.C.	Wisconsin	Manager	05-30-2008	--
Greater Georgia Life Insurance Company	Georgia	Director	05-30-2008	--
Health Core, Inc.	Delaware	Director	05-30-2008	--
Health Management Corporation	Virginia	Director	05-30-2008	--
HealthKeepers, Inc.	Virginia	Director	05-30-2008	--
HealthLink HMO, Inc.	Missouri	Director	05-30-2008	--
HealthLink, Inc.	Illinois	Director	05-30-2008	--
Healthy Alliance Life Insurance Company	Missouri	Director	05-30-2008	--
HMO Colorado, Inc.	Colorado	Director	05-30-2008	--
HMO Missouri, Inc.	Missouri	Director	05-30-2008	--
Imaging Management Holdings, L.L.C.	Delaware	Manager	05-30-2008	--
IMASIS, L.L.C.	Delaware	Manager	05-30-2008	--
Matthew Thornton Health Plan, Inc.	New Hampshire	Director	05-30-2008	--
Meridian Resource Company, LLC	Wisconsin	Director	05-30-2008	--
OneNation Insurance Company	Indiana	Director	05-30-2008	--
Park Square Holdings, Inc.	California	Director	05-30-2008	--
Park Square I, Inc.	California	Director	05-30-2008	--
Park Square II, Inc.	California	Director	05-30-2008	--
R & P Realty, Inc.	Missouri	Director	05-30-2008	--
Radiant Services, LLC	Indiana	Manager	12-22-2010	--
Resolution Health, Inc.	Delaware	Director	04-15-2008	--
RightCHOICE Insurance Company	Illinois - DOI	Director	05-30-2008	--
RightCHOICE Managed Care, Inc.	Delaware	Director	05-30-2008	--
Rocky Mountain Hospital and Medical Service, Inc.	Colorado	Director	05-30-2008	--
SellCore, Inc.	Delaware	Director	05-30-2008	--
Southeast Services, Inc.	Virginia	Director	05-30-2008	--
State Sponsored Business UM Services, Inc.	Indiana	Director	12-15-2011	--
The WellPoint Companies, Inc.	Indiana	Director	05-30-2008	--
TrustSolutions, LLC	Wisconsin	Manager	05-25-2012	--
UNICARE Health Insurance Company of the Midwest	Illinois - DOI	Director	05-30-2008	--
UNICARE Health Plan of Kansas, Inc.	Kansas	Director	05-30-2008	--
UNICARE Health Plan of West Virginia, Inc.	West Virginia	Director	05-30-2008	--
UNICARE Health Plans of Texas, Inc.	Texas	Director	05-30-2008	--
UNICARE Health Plans of the Midwest, Inc.	Illinois	Director	05-30-2008	--
UNICARE Illinois Services, Inc.	Illinois	Director	05-30-2008	--
UniCare Life & Health Insurance Company	Indiana	Director	05-30-2008	--
UNICARE National Services, Inc.	Delaware	Director	05-30-2008	--
UNICARE Specialty Services, Inc.	Delaware	Director	05-30-2008	--
United Government Services, LLC	Wisconsin	Manager	05-30-2008	--
UtiliMED IPA, Inc.	New York	Director	05-30-2008	--
WellPoint Acquisition, LLC	Indiana	Manager	05-30-2008	--
WellPoint Behavioral Health, Inc.	Delaware	Director	05-30-2008	--
WellPoint California Services, Inc.	Delaware	Director	05-30-2008	--

WellPoint Dental Services, Inc.	Delaware	Director	05-30-2008	--
WellPoint Holding Corp.	Delaware	Director	05-29-2009	--
WellPoint Information Technology Services, Inc.	California	Director	06-27-2011	--
WellPoint Insurance Services, Inc.	Hawaii	Director	05-29-2009	--
WellPoint Partnership Plan, LLC	Illinois	Manager	05-30-2008	--

ATTACHMENT B
CATHERINE IRENE KELAGHAN
Question 15c.

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 WellPoint, Inc. and its affiliates (collectively, the "WellPoint 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 WellPoint Companies with applicable insurance and other laws and regulations. One or more of the WellPoint Companies, during my tenure as a board member or officer of such WellPoint 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.

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