

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). **KATHLEEN SUSAN KIEFER**
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) 488-6562**

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 entity. **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 A FOR SUBSIDIARY DIRECTOR / OFFICER POSITIONS.

Beginning/Ending

Dates (MM/YY): **05/09 to PRESENT**Address: **120 MONUMENT CIRCLE**Country: **USA**Offices/Positions Held: **VICE-PRESIDENT, ASSISTANT SECRETARY AND COUNSEL**Supervisor/Contact: **JOHN CANNON****Beginning/Ending**Dates (MM/YY): **11/05 to 05/09**Address: **120 MONUMENT CIRCLE**Country: **USA**Offices/Positions Held: **STAFF VICE-PRESIDENT AND COUNSEL**Supervisor/Contact: **JOHN CANNON****Beginning/Ending**Dates (MM/YY): **12/04 – 11/05**Address: **ONE AMERICAN SQUARE**Country: **USA**Offices/Positions Held: **SENIOR COUNSEL**Supervisor/Contact: **STEVE HACKMAN****Beginning/Ending**Dates (MM/YY): **07/96 – 12/03**Address: **111 CONGRESSIONAL BOULEVARD**Country: **USA**Offices/Positions Held: **SENIOR VICE PRESIDENT, LEGAL**Supervisor/Contact: **KARL KINDIG****Beginning/Ending**Dates (MM/YY): **08/91 – 07/96**Address: **ONE AMERICAN SQUARE**Country: **USA**Offices/Positions Held: **ASSOCIATE ATTORNEY**Supervisor/Contact: **STEVE HACKMAN**Employer's Name: **WELLPOINT, INC.**City: **INDIANAPOLIS**State/Province: **IN**Postal Code: **46204**Phone: **(317) 488-6562**Employer's Name: **WELLPOINT, INC.**City: **INDIANAPOLIS**State/Province: **IN**Postal Code: **46204**Phone: **(317) 488-6562**Employer's Name: **ICE MILLER**City: **INDIANAPOLIS**State/Province: **IN**Postal Code: **46282**Phone: **(317)-236-1000**Employer's Name: **CONSECO, INC.**City: **CARMEL**State/Province: **IN**Postal Code: **46032**Phone: **(317) 817-6400**Employer's Name: **ICE MILLER**City: **INDIANAPOLIS**State/Province: **IN**Postal Code: **46282**Phone: **(317)-236-1000**

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 the 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:
- Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **NO**
 - 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**
 - 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**
 - Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? **NO**
 - Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? **NO**
 - 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**
 - 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**
 - Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? **NO**
 - Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government? **NO**
 - Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? **YES – INDIANA DEPARTMENT OF STATE REVENUE ISSUED A LIEN IN THE AMOUNT OF \$597.27 IN JULY, 2004. THE LIEN WAS SATISFIED ON JULY 19, 2004.**

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)? **YES, 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? **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 25th 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.

Kathleen Susan Kiefer
KATHLEEN SUSAN KIEFER

July 25, 2012
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of July, 2012, at Indianapolis, Indiana, by **KATHLEEN SUSAN KIEFER**, and:

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

[SEAL]

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

Dated and signed this 25th 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.

Kathleen Susan Kiefer
KATHLEEN SUSAN KIEFER

July 25, 2012
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of July, 2012, at Indianapolis, Indiana, by KATHLEEN SUSAN KIEFER, and:

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

[SEAL]

Jamie J. Meister
Jamie 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 Corporate Secretary, WellPoint, 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.

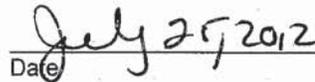
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

KATHLEEN SUSAN KIEFER, _____

(Printed Full Name and Residence Address)



KATHLEEN SUSAN KIEFER



Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of July, 2012, at Indianapolis, Indiana, by **KATHLEEN SUSAN KIEFER**, and:

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

[SEAL]


Jamie J. Meister
My Commission Expires: July 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 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." 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.

KATHLEEN SUSAN KIEFER, _____

(Printed Full Name and Residence Address)

Kathleen Kiefer

KATHLEEN SUSAN KIEFER

July 25, 2012

Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of July, 2012 by **KATHLEEN SUSAN KIEFER** 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
(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 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." 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.

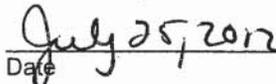
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, 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.

KATHLEEN SUSAN KIEFER, _____
(Printed Full Name and Residence Address)





KATHLEEN SUSAN KIEFER

Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 25th day of July, 2012 by **KATHLEEN SUSAN KIEFER** and:
 who is personally known to me, or
 who produced the following identification: _____

[SEAL]


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

Applicant Name: ATH HOLDING COMPANY, LLC

NAIC No. _____
FEIN: _____

ATTACHMENT A
KATHLEEN SUSAN KIEFER
SUBSIDIARY DIRECTOR / OFFICER POSITIONS

Business Entity	Domestic Jurisdiction	Title	Role Start Date	Termination Date
1-800 CONTACTS PARENT CORP.	Delaware	Assistant Secretary	06-20-2012	--
1-800 CONTACTS PARENT HOLDINGS CORP.	Delaware	Assistant Secretary	06-20-2012	--
1-800 CONTACTS, INC.	Delaware	Secretary	06-20-2012	--
American Imaging Management East, L.L.C.	Delaware	Secretary	03-09-2009	--
American Imaging Management, Inc.	Illinois	Secretary	03-09-2009	--
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Indiana	Manager	03-09-2009	--
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Indiana	Secretary	03-09-2009	--
Anthem Blue Cross Life and Health Insurance Company	California	Secretary	03-09-2009	--
Anthem Credentialing Services, Inc.	Delaware	Secretary	03-09-2009	--
Anthem Financial, Inc.	Delaware	Secretary	03-09-2009	--
Anthem Health Insurance Company of Nevada	Nevada	Secretary	03-09-2009	--
Anthem Health Plans of Kentucky, Inc.	Kentucky	Secretary	03-09-2009	--
Anthem Health Plans of Maine, Inc.	Maine	Director	03-09-2009	--
Anthem Health Plans of Maine, Inc.	Maine	Secretary	03-09-2009	--
Anthem Health Plans of New Hampshire, Inc.	New Hampshire	Secretary	03-09-2009	--
Anthem Health Plans of Virginia, Inc.	Virginia	Secretary	03-09-2009	--
Anthem Health Plans, Inc.	Connecticut	Secretary	03-09-2009	--
Anthem Holding Corp.	Indiana	Secretary	03-09-2009	--
Anthem Insurance Companies, Inc.	Indiana	Director	03-09-2009	--
Anthem Insurance Companies, Inc.	Indiana	Secretary	03-09-2009	--
Anthem Life Insurance Company	Indiana	Director	03-09-2009	--
Anthem Life Insurance Company	Indiana	Secretary	03-09-2009	--
Anthem Southeast, Inc.	Indiana	Secretary	03-09-2009	--
Anthem UM Services, Inc.	Indiana	Secretary	03-09-2009	--
Anthem Workers' Compensation, LLC	Indiana	Secretary	01-01-2010	--
AQUASOFT, LLC	Utah	Secretary	06-20-2012	--
Arcus Enterprises, Inc.	Delaware	Secretary	03-09-2009	--
ARCUS HealthyLiving Services, Inc.	Indiana	Secretary	03-09-2009	--
Associated Group, Inc.	Indiana	Secretary	03-09-2009	--
ATH Holding Company, LLC	Indiana	Secretary	03-09-2009	--
Behavioral Health Network, Inc.	New Hampshire	Secretary	03-09-2009	--
Blue Cross and Blue Shield of Georgia, Inc.	Georgia	Secretary	03-09-2009	--
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Georgia	Secretary	03-09-2009	--
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Georgia	Vice President	03-09-2009	--
Blue Cross Blue Shield of Wisconsin	Wisconsin	Secretary	03-09-2009	--
Blue Cross Blue Shield of Wisconsin	Wisconsin	Vice President	03-09-2009	--
Blue Cross of California	California	Secretary	03-09-2009	--
Blue Cross of California Partnership Plan, Inc.	California	Secretary	03-09-2009	--
CareMore Health Group, Inc.	Delaware	Secretary	08-22-2011	--
CareMore Health Plan	California	Secretary	08-22-2011	--
CareMore Health Plan of Arizona, Inc.	Arizona	Secretary	08-22-2011	--
CareMore Health Plan of Colorado, Inc.	Colorado	Secretary	08-22-2011	--
CareMore Health Plan of Nevada	Nevada	Secretary	08-22-2011	--
CareMore Health Plan of Texas, Inc.	Texas	Secretary	08-22-2011	--

CareMore Holdings, Inc.	Delaware	Secretary	08-22-2011	--
CareMore IPA of New York, LLC	New York	Secretary	04-02-2012	--
CareMore Medical Enterprises	California	Secretary	08-22-2011	--
CareMore Services Company, LLC	Indiana	Secretary	07-20-2012	--
CareMore, LLC	Indiana	Secretary	01-18-2012	--
Cerulean Companies, Inc.	Georgia	Secretary	03-09-2009	--
CL I, Inc.	Utah	Secretary	06-20-2012	--
CL II, inc.	Utah	Secretary	06-20-2012	--
CL III, Inc.	Utah	Secretary	06-20-2012	--
CL4, LLC	Utah	Secretary	06-20-2012	--
Claim Management Services, Inc.	Wisconsin	Secretary	03-09-2009	--
Claim Management Services, Inc.	Wisconsin	Vice President	03-09-2009	--
CMMC Holding Company, LLC	Delaware	Secretary	08-22-2011	--
Community Insurance Company	Ohio	Director	03-09-2009	--
Community Insurance Company	Ohio	Secretary	03-09-2009	--
Community Insurance Company	Ohio	Vice President	05-21-2010	--
CommunityConnect Health Plan of Pennsylvania, Inc.	Pennsylvania	Secretary	11-19-2010	--
Compcare Health Services Insurance Corporation	Wisconsin	Secretary	03-09-2009	--
Compcare Health Services Insurance Corporation	Wisconsin	Vice President	03-09-2009	--
Crossroads Acquisition Corp.	Delaware	Secretary	03-09-2009	--
DeCare Analytics, LLC	Minnesota	Secretary	04-09-2009	--
DeCare Dental Health International, LLC	Minnesota	Secretary	04-09-2009	--
DeCare Dental Networks, LLC	Minnesota	Secretary	04-09-2009	--
DeCare Dental, LLC	Minnesota	Secretary	04-09-2009	--
Designated Agent Company, Inc.	Kentucky	Secretary	03-09-2009	--
EHC Benefits Agency, Inc.	New York	Secretary	03-09-2009	--
		Assistant		
EVISION, INC.	Oregon	Secretary	06-20-2012	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Missouri	Secretary	03-09-2009	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Missouri	Vice President	03-09-2009	--
Golden West Health Plan, Inc.	California	Secretary	03-09-2009	--
Government Health Services, L.L.C.	Wisconsin	Secretary	03-09-2009	--
Greater Georgia Life Insurance Company	Georgia	Secretary	03-09-2009	--
Greater Georgia Life Insurance Company	Georgia	Vice President	03-09-2009	--
Health Core, Inc.	Delaware	Secretary	03-09-2009	--
Health Management Corporation	Virginia	Secretary	03-09-2009	--
Health Ventures Partner, L.L.C.	Illinois	Secretary	03-09-2009	--
HealthKeepers, Inc.	Virginia	Secretary	03-09-2009	--
HealthLink HMO, Inc.	Missouri	Secretary	03-09-2009	--
HealthLink, Inc.	Illinois	Director	05-21-2010	--
HealthLink, Inc.	Illinois	Secretary	03-09-2009	--
Healthy Alliance Life Insurance Company	Missouri	Director	03-09-2009	--
Healthy Alliance Life Insurance Company	Missouri	Secretary	03-09-2009	--
HMO Colorado, Inc.	Colorado	Secretary	03-09-2009	--
HMO Missouri, Inc.	Missouri	Secretary	03-09-2009	--
HMO Missouri, Inc.	Missouri	Vice President	03-09-2009	--
Imaging Management Holdings, L.L.C.	Delaware	Secretary	02-23-2009	--
Imaging Providers of Texas	Texas	Secretary	03-09-2009	--
IMASIS, L.L.C.	Delaware	Secretary	03-09-2009	--
Landmark Solutions, LLC	New Hampshire	Secretary	03-09-2009	--

LENS 1ST HOLDING COMPANY	Utah	Assistant Secretary	06-20-2012	--
Matthew Thornton Health Plan, Inc.	New Hampshire	Secretary	03-09-2009	--
Meridian Resource Company, LLC	Wisconsin	Secretary	03-09-2009	--
Meridian Resource Company, LLC	Wisconsin	Vice President	03-09-2009	--
National Government Services, Inc.	Indiana	Secretary	03-09-2009	--
OneNation Insurance Company	Indiana	Director	03-09-2009	--
OneNation Insurance Company	Indiana	Secretary	03-09-2009	--
Park Square Holdings, Inc.	California	Secretary	03-09-2009	--
Park Square Holdings, Inc.	California	Vice President	03-09-2009	--
Park Square I, Inc.	California	Secretary	03-09-2009	--
Park Square II, Inc.	California	Secretary	03-09-2009	--
Park Square II, Inc.	California	Vice President	03-09-2009	--
R & P Realty, Inc.	Missouri	Secretary	03-09-2009	--
R & P Realty, Inc.	Missouri	Vice President	03-09-2009	--
Radiant Services, LLC	Indiana	Secretary	12-22-2010	--
Resolution Health, Inc.	Delaware	Secretary	02-23-2009	--
RightCHOICE Insurance Company	Illinois - DOI	Secretary	03-09-2009	--
RightCHOICE Managed Care, Inc.	Delaware	Secretary	03-09-2009	--
Rocky Mountain Hospital and Medical Service, Inc.	Colorado	Secretary	03-09-2009	--
SellCore, Inc.	Delaware	Secretary	03-09-2009	--
Southeast Services, Inc.	Virginia	Secretary	03-09-2009	--
State Sponsored Business UM Services, Inc.	Indiana	Secretary	12-15-2011	--
The WellPoint Companies of California, Inc.	California	Secretary	05-08-2012	--
The WellPoint Companies, Inc.	Indiana	Secretary	03-09-2009	--
TrustSolutions, LLC	Wisconsin	Secretary	03-09-2009	--
UNICARE Health Insurance Company of the Midwest	Illinois - DOI	Secretary	03-09-2009	--
UNICARE Health Plan of Kansas, Inc.	Kansas	Secretary	03-09-2009	--
UNICARE Health Plan of West Virginia, Inc.	West Virginia	Secretary	03-09-2009	--
UNICARE Health Plans of Texas, Inc.	Texas	Secretary	03-09-2009	--
UNICARE Health Plans of the Midwest, Inc.	Illinois	Secretary	03-09-2009	--
UNICARE Illinois Services, Inc.	Illinois	Secretary	03-09-2009	--
UniCare Life & Health Insurance Company	Indiana	Director	03-09-2009	--
UniCare Life & Health Insurance Company	Indiana	Secretary	03-09-2009	--
UNICARE National Services, Inc.	Delaware	Secretary	03-09-2009	--
UNICARE National Services, Inc.	Delaware	Vice President	05-29-2009	--
UNICARE Specialty Services, Inc.	Delaware	Secretary	03-09-2009	--
UNICARE Specialty Services, Inc.	Delaware	Vice President	03-09-2009	--
United Government Services, LLC	Wisconsin	Secretary	03-09-2009	--
UtiliMED IPA, Inc.	New York	Secretary	03-09-2009	--
WellPoint Acquisition, LLC	Indiana	Secretary	03-09-2009	--
WellPoint Behavioral Health, Inc.	Delaware	Secretary	03-09-2009	--
WellPoint California Services, Inc.	Delaware	Secretary	03-09-2009	--
WellPoint California Services, Inc.	Delaware	Vice President	03-09-2009	--
WellPoint Dental Services, Inc.	Delaware	Secretary	03-09-2009	--
WellPoint Dental Services, Inc.	Delaware	Vice President	03-09-2009	--
WellPoint Holding Corp.	Delaware	Secretary	03-09-2009	--
WellPoint Information Technology Services, Inc.	California	Secretary	06-28-2011	--
WellPoint Insurance Services, Inc.	Hawaii	Secretary	03-09-2009	--
WellPoint Partnership Plan, LLC	Illinois	Secretary	03-09-2009	--

WellPoint, Inc.	Indiana	Assistant Secretary	02-05-2009	--
WPMI (Shanghai) Enterprise Service Co., Ltd.	China	Secretary	03-09-2009	--
WPMI, LLC	Delaware	Secretary	03-09-2009	--

ATTACHMENT B
KATHLEEN USAN KIEFER
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.

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
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