

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. a. Affiant's Full Name (Initials Not Acceptable). **ROBERT DAVID KRETSCHMER**
2. a. Are you a citizen of the United States? **YES**
b. Are you a citizen of any other country, if so, what country? **NO**
3. Affiant's Occupation or Profession. **SENIOR VICE PRESIDENT, TREASURER AND CHIEF INVESTMENT OFFICER, WELLPOINT, INC.**
4. Affiant's business address. **120 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204**
Business telephone. **317.488.6000**
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 entity. **TREASURER**
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or

officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

SEE ATTACHMENT A FOR SUBSIDIARY DIRECTOR / OFFICER POSITIONS.

Beginning/Ending

Dates (MM/YY): 07/07 - 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: SENIOR VICE PRESIDENT, TREASURER, CHIEF INVESTMENT OFFICER
Supervisor/Contact: WAYNE S. DEVEYDT

Beginning/Ending

Dates (MM/YY): 11/04 - 07/07 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, TREASURER
Supervisor/Contact: CAROL BURT

Beginning/Ending

Dates (MM/YY): 09/91 - 11/04 Employers' 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
Supervisor/Contact: CAROL BURT

Beginning/Ending

Dates (MM/YY): 8/89 - 8/91 Employers' Name: GW FINANCIAL ADVISORS
Address: City: LOS ANGELES State/Province: CA
Country: USA Postal Code: 94105 Phone:
Offices/Positions Held: VICE PRESIDENT, PORTFOLIO MANAGEMENT
Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): 11/88 - 07/89 Employers' Name: FLYING TIGERS
Address: City: LOS ANGELES State/Province: CA
Country: USA Postal Code: Phone:
Offices/Positions Held: MANAGER, PENSION FINANCE/CORPORATE CASH
Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): 05/86 - 10/88 Employers' Name: TIMES MIRROR COMPANY
Address: City: LOS ANGELES State/Province: CA
Country: USA Postal Code: Phone:
Offices/Positions Held: MANAGER, INVESTMENT PROGRAMS
Supervisor/Contact:

Beginning/Ending

Dates (MM/YY): 07/82 – 04/86

Employers' Name: CHRYSLER CORPORATION

Address:

City: HIGHLAND PARK

State/Province: MI

Country: USA

Postal Code:

Phone:

Offices/Positions Held: VARIOUS, PORTFOLIO MANAGER

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?
If yes, give details. **NO**
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 ST., STE. 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 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 24th 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.

[Signature]
(Signature of Affiant)

July 24, 2012
Date

Applicant Name: ATH HOLDING COMPANY, LLC

NAIC No.
FEIN: [REDACTED]

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 24th day of July, 2012, at Indianapolis, Indiana, by **ROBERT DAVID KRETSCHMER**, and:

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

[SEAL]

Jami J. Meister

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

BIOGRAPHICAL AFFIDAVIT
Supplemental 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).

ATH HOLDING COMPANY, LLC
120 Monument Circle
Indianapolis, IN 46204
(317) 488-6000

1. Affiant's Full Name (Initials Not Acceptable). **ROBERT DAVID KRETSCHMER**
2. Have you ever used any other name including nickname, maiden name or aliases? **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>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 [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 **DUPAGE**
State/Province **IL** Country **USA**
7. Name of Affiant's Spouse (if applicable) **MARIA EMILIA KRETSCHMER**
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. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

Dated and signed this 24th 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.

[Signature]
(Signature of Affiant)

July 24, 2012
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 24th day of July, 2012 at Indianapolis, Indiana, by **ROBERT DAVID KRETSCHMER**, and:

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

[SEAL]

[Signature]
Notary Public: 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 Corporate Secretary, WellPoint, Inc., 120 Monument Circle, Indianapolis, IN 46204, Telephone: 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)

(Signature) *Robert David Kretschmer*

Date *July 24, 2012*

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 24th day of July, 2012 at Indianapolis, Indiana, by **ROBERT DAVID KRETSCHMER**, and:

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

[SEAL]

Jami J. Meister

Notary Public: Jami 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.

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

(Signature) *Robert Kretschmer*

Date *July 24, 2012*

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 24th day of July, 2012 by **ROBERT DAVID KRETSCHMER** 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
(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.

ROBERT DAVID KRETSCHMER, [REDACTED]

(Printed Full Name and Residence Address)

[Signature]
(Signature)

July 24, 2012
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 24th day of July, 2012 by **ROBERT DAVID KRETSCHMER** and:

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

[SEAL]

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

**ATTACHMENT A
DIRECTORATES AND OFFICERSHIPS
ROBERT DAVID KRETSCHMER**

Business Entity	Title	Role Start Date	Termination Date
1-800 CONTACTS PARENT CORP.	Treasurer	06-20-2012	--
1-800 CONTACTS PARENT HOLDINGS CORP.	Treasurer	06-20-2012	--
1-800 CONTACTS, INC.	Treasurer	06-20-2012	--
Affiliated Healthcare, Inc.	Treasurer	01-31-2005	05-13-2010
Affiliated Healthcare, Inc.	Vice President	06-30-2006	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	Treasurer	06-30-2006	05-01-2011
AHI Healthcare Corporation	Vice President	06-30-2006	05-01-2011
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	--
American Imaging Management Services, L.L.C.	Treasurer	08-01-2007	12-30-2009
American Imaging Management, Inc.	Treasurer	08-01-2007	--
American Managing Company	Treasurer	02-01-2004	05-13-2010
American Managing Company	Vice President	06-30-2006	05-13-2010
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Treasurer	03-07-2006	--
Anthem Blue Cross and Blue Shield Plan Administrator, LLC	Treasurer	02-15-2008	--
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Treasurer	10-04-2005	12-15-2009
Anthem Blue Cross Foundation, LLC	Treasurer	04-11-2005	--
Anthem Blue Cross Life and Health Insurance Company	Treasurer	10-30-1996	--
Anthem Credentialing Services, Inc.	Treasurer	09-01-2006	--
Anthem East, LLC	Treasurer	10-03-2005	12-28-2006
Anthem Financial, Inc.	Treasurer	01-31-2005	--
Anthem Foundation, Inc.	Treasurer	01-31-2005	--
Anthem Health Insurance Company of Nevada	Treasurer	11-13-2007	--
Anthem Health Plans of Kentucky, Inc.	Treasurer	01-31-2005	--
Anthem Health Plans of Maine, Inc.	Director	01-31-2005	--
Anthem Health Plans of Maine, Inc.	Treasurer	01-31-2005	--
Anthem Health Plans of New Hampshire, Inc.	Treasurer	01-31-2005	--
Anthem Health Plans of Virginia, Inc.	Treasurer	02-01-2005	--
Anthem Health Plans, Inc.	Treasurer	01-31-2005	--
Anthem HMO of Nevada	Treasurer	11-13-2007	11-01-2010
Anthem Holding Corp.	Treasurer	01-31-2005	--
Anthem Insurance Companies, Inc.	Treasurer	01-31-2005	--
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	--
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	--
Anthem UM Services, Inc.	Treasurer	10-05-2005	--
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	--

Arcus Enterprises, Inc.	Director	05-29-2009	--
Arcus Enterprises, Inc.	Treasurer	05-29-2003	--
Arcus Financial Holding Corp.	Director	05-29-2009	10-01-2010
Arcus Financial Holding Corp.	Treasurer	06-26-2007	10-01-2010
ARCUS Financial Services, Inc.	Director	05-29-2009	06-01-2012
ARCUS Financial Services, Inc.	Treasurer	11-02-2006	06-01-2012
ARCUS HealthyLiving Services, Inc.	Director	05-29-2009	--
ARCUS HealthyLiving Services, Inc.	Treasurer	04-12-2005	--
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	--
ATH Holding Company, LLC	Treasurer	01-31-2005	--
BCCHolding Corporation	Treasurer	05-27-2005	01-31-2008
Behavioral Health Network, Inc.	Treasurer	03-01-2007	--
Blue Cross and Blue Shield of Georgia, Inc.	Treasurer	05-27-2005	--
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Treasurer	12-10-2001	--
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Vice President	06-30-2006	--
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Treasurer	04-11-2005	--
Blue Cross Blue Shield of Wisconsin	Treasurer	01-31-2005	--
Blue Cross Blue Shield of Wisconsin	Vice President	06-30-2006	--
Blue Cross of California	Treasurer	01-31-2005	--
Blue Cross of California Partnership Plan, Inc.	Treasurer	06-10-2005	--
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 Health Group, Inc.	Treasurer	08-22-2011	--
CareMore Health Plan	Assistant Treasurer	10-01-2011	--
CareMore Health Plan	Treasurer	08-22-2011	10-01-2011
CareMore Health Plan of Arizona, Inc.	Treasurer	08-22-2011	--
CareMore Health Plan of Colorado, Inc.	Treasurer	08-22-2011	--
CareMore Health Plan of Nevada	Treasurer	08-22-2011	--
CareMore Health Plan of Texas, Inc.	Treasurer	08-22-2011	--
CareMore Holdings, Inc.	Treasurer	08-22-2011	--
CareMore IPA of New York, LLC	Treasurer	04-02-2012	--
CareMore Medical Enterprises	Treasurer	08-22-2011	--
CareMore, LLC	Treasurer	01-18-2012	--
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	--
CL I, Inc.	Treasurer	06-20-2012	--
CL II, inc.	Treasurer	06-20-2012	--
CL III, Inc.	Treasurer	06-20-2012	--
Claim Management Services, Inc.	Treasurer	01-01-2005	--
Claim Management Services, Inc.	Vice President	06-30-2006	--
CMMC Holding Company, LLC	Treasurer	08-22-2011	--
Community Insurance Company	Treasurer	01-31-2005	--
Community Insurance Company	Vice President	05-17-2006	--
CommunityConnect Health Plan of Pennsylvania, Inc.	Treasurer	11-19-2010	--
CompCare Health Services Insurance Corporation	Treasurer	12-01-2003	--
CompCare Health Services Insurance Corporation	Vice President	06-30-2006	--

Comprehensive Integrated Marketing Services	Assistant Treasurer	10-12-2005	06-30-2006
Comprehensive Integrated Marketing Services	Treasurer	06-30-2006	12-22-2009
Crossroads Acquisition Corp.	Treasurer	01-01-2005	--
CSRA Healthcare Partners, Inc.	Treasurer	01-31-2005	06-27-2008
DeCare Analytics, LLC	Treasurer	04-09-2009	--
DeCare Dental Health International, LLC	Treasurer	04-09-2009	--
DeCare Dental Networks, LLC	Treasurer	04-09-2009	--
DeCare Dental, LLC	Treasurer	04-09-2009	--
Dental Claims Administrative Services, Inc.	Treasurer	04-09-2009	04-01-2011
Designated Agent Company, Inc.	Treasurer	05-30-2008	--
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	--
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	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Assistant Treasurer	05-22-2002	01-31-2005
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Treasurer	01-31-2005	--
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Vice President	06-30-2006	--
Golden West Health Plan, Inc.	Treasurer	01-01-2005	--
Government Health Services, L.L.C.	Treasurer	05-16-2007	--
Greater Georgia Life Insurance Company	Treasurer	05-22-2002	--
Greater Georgia Life Insurance Company	Vice President	05-27-2005	--
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	--
Health Initiatives, Inc.	Treasurer	01-31-2005	10-02-2008
Health Management Corporation	Treasurer	01-31-2005	--
Health Management Systems, Inc.	Treasurer	01-31-2005	12-26-2006
Health Ventures Partner, L.L.C.	Treasurer	05-01-2007	--
HealthKeepers, Inc.	Treasurer	01-31-2005	--
HealthLink HMO, Inc.	Treasurer	01-31-2005	--
HealthLink, Inc.	Treasurer	01-31-2005	--
HealthReach Services, Inc.	Treasurer	01-31-2005	05-31-2006
HealthReach Services, Inc.	Vice President	05-31-2006	02-01-2011
Healthy Alliance Life Insurance Company	Treasurer	08-11-2003	--
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	--
HMO Missouri, Inc.	Treasurer	01-31-2005	--
HMO Missouri, Inc.	Vice President	06-30-2006	--
Imaging Management Holdings, L.L.C.	Treasurer	08-01-2007	--
Imaging Providers of Texas	Treasurer	08-01-2007	--
IMASIS, L.L.C.	Treasurer	08-01-2007	--
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	--
Lease Partners, Inc.	Treasurer	05-18-2005	08-01-2011

LENS 1ST HOLDING COMPANY	Treasurer	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	--
Meridian Resource Company, LLC	Treasurer	01-01-2005	--
Meridian Resource Company, LLC	Vice President	06-30-2006	--
Monticello Service Agency, Inc.	Treasurer	01-31-2005	12-01-2009
National Capital Preferred Provider Organization, Inc.	Treasurer	12-27-2002	04-11-2012
National Government Services, Inc.	Treasurer	01-31-2005	--
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	--
Park Square Holdings, Inc.	Treasurer	01-31-2005	--
Park Square Holdings, Inc.	Vice President	06-30-2006	--
Park Square I, Inc.	Treasurer	01-31-2005	--
Park Square II, Inc.	Treasurer	01-31-2005	--
Park Square II, Inc.	Vice President	06-30-2006	--
Peninsula Health Care, Inc.	Treasurer	01-31-2005	10-01-2010
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.	Assistant Treasurer	05-22-2002	01-31-2005
R & P Realty, Inc.	Treasurer	01-31-2005	--
R & P Realty, Inc.	Vice President	06-30-2006	--
Radiant Services, LLC	Treasurer	12-22-2010	--
Reliance Safeguard Solutions, Inc.	Treasurer	12-28-2005	02-13-2009
Resolution Health, Inc.	Treasurer	04-15-2008	--
RightCHOICE Insurance Company	Assistant Treasurer	05-01-2002	01-31-2005
RightCHOICE Insurance Company	Treasurer	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	--
Rocky Mountain Health Care Corporation	Treasurer	01-31-2005	05-19-2008
Rocky Mountain Hospital and Medical Service, Inc.	Treasurer	01-31-2005	--
SellCore, Inc.	Treasurer	01-31-2005	--
Southeast Services, Inc.	Treasurer	01-31-2005	--
State Sponsored Business UM Services, Inc.	Treasurer	12-15-2011	--
The WellPoint Companies of California, Inc.	Treasurer	05-08-2012	--
The WellPoint Companies, Inc.	Treasurer	01-31-2005	--
TriState, Inc.	Treasurer	06-30-2006	10-31-2007
TrustSolutions, LLC	Treasurer	05-16-2007	--
UNICARE Health Benefit Services of Texas, Inc.	Treasurer	01-31-2005	11-19-2009
UNICARE Health Insurance Company of Texas	Treasurer	10-14-2002	09-01-2011
UNICARE Health Insurance Company of the Midwest	Treasurer	11-30-2005	--

UNICARE Health Plan of Kansas, Inc.	Treasurer	04-14-2006	--
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	--
UNICARE Health Plans of Texas, Inc.	Treasurer	10-14-2002	--
UNICARE Health Plans of the Midwest, Inc.	Assistant Treasurer	12-19-2000	01-31-2005
UNICARE Health Plans of the Midwest, Inc.	Treasurer	02-11-2000	--
UNICARE Illinois Services, Inc.	Treasurer	05-01-2005	--
UniCare Life & Health Insurance Company	Treasurer	03-01-2002	--
UNICARE National Services, Inc.	Treasurer	02-03-1997	--
UNICARE National Services, Inc.	Vice President	06-30-2006	--
UNICARE of Texas Health Plans, Inc.	Treasurer	05-27-2005	03-21-2011
UniCARE Service Co.	Treasurer	06-30-2006	09-10-2007
UNICARE Specialty Services, Inc.	Treasurer	09-01-1998	--
UNICARE Specialty Services, Inc.	Vice President	09-01-1998	--
United Government Services, LLC	Treasurer	06-19-2006	--
UtiliMED IPA, Inc.	Treasurer	08-01-2007	--
WellPoint Acquisition, LLC	Treasurer	01-24-2006	--
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	--
WellPoint California Services, Inc.	Treasurer	01-01-2005	--
WellPoint California Services, Inc.	Vice President	06-30-2006	--
WellPoint Dental Services, Inc.	Treasurer	07-24-1997	--
WellPoint Dental Services, Inc.	Vice President	06-30-2006	--
WellPoint Development Company, Inc.	Treasurer	06-30-2006	05-18-2009
WellPoint Foundation, Inc.	Treasurer	02-01-2005	--
WellPoint Holding Corp.	Treasurer	08-05-2005	--
WellPoint Information Technology Services, Inc.	Treasurer	06-28-2011	--
WellPoint Insurance Services, Inc.	Treasurer	10-09-2006	--
WellPoint Partnership Plan, LLC	Treasurer	02-11-2000	--
WellPoint Pharmacy IPA, Inc.	Treasurer	09-09-2008	12-01-2009
WellPoint Pharmacy Management, Inc.	Treasurer	11-15-2005	09-20-2007
WellPoint, Inc.	Treasurer	11-30-2004	--
WPMI (Shanghai) Enterprise Service Co., Ltd.	Treasurer	08-20-2007	--
WPMI, LLC	Treasurer	03-01-2007	--

ATTACHMENT B
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 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.

August, 2001 - The Texas Department of Insurance fined UniCare Life and Health Insurance Company \$1.25 million plus restitution resulting from prompt pay complaints from healthcare providers.

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