

**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).

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

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable) **Angela Rose Fick Braly**
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. **Chair, President and Chief Executive Officer, WellPoint, Inc.**
4. Affiant's business address. **120 Monument Circle, Indianapolis, IN 46204**  
Business telephone. **317-488-6476**
5. Education and Training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	<b>Texas Tech University</b>	<b>Lubbock, Texas</b>	<b>1979-1982</b>	<b>BBA</b>
Graduate Studies	<b>Southern Methodist University School of Law</b>	<b>Dallas, Texas</b>	<b>1982-1985</b>	<b>JD</b>
Other Training				

(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
<b>American Society of Corporate Executives</b>	<b>Lee Lecours</b>	<b>630 Aspen Lane, P.O. Box 1049, Lebanon, PA 17042</b>	<b>717-277-7469</b>
<b>The Business Council</b>	<b>Phil Cassidy</b>	<b>P.O. Box 20147, Washington, DC 20041</b>	<b>202-298-7650</b>
<b>Business Roundtable</b>	<b>Johanna Schneider</b>	<b>1717 Rhode Island Ave., NW, Suite 800, Washington, DC 20036</b>	<b>202-872-1260</b>
<b>Harvard Medical School Healthcare Policy Advisory Council</b>	<b>Josh Butts, Dir. Dev, Principal &amp; Gifts Office of Resource Dev.</b>	<b>Harvard Medical School 401 Park Drive, Suite 22 West Boston, MA 02215</b>	<b>Ph: 617-384-8635 Fax: 617-384-8488</b>

7. Present or proposed position with the applicant entity. **Chair, President and Chief Executive Officer, WellPoint, Inc.**

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): **3/2010 - Present** Employer's Name: **WellPoint, Inc.**  
Address: **120 Monument Circle** City: **Indianapolis** State/Province: **IN**  
Country: **USA** Postal Code: **46204** Phone: **317-488-6476**  
Offices/Positions Held: **Chair of the Board of Directors**  
Supervisor/Contact: **Board of Directors**

**Beginning/Ending**

Dates (MM/YY): **6/2007 - Present** Employer's Name: **WellPoint, Inc.**  
Address: **120 Monument Circle** City: **Indianapolis** State/Province: **IN**  
Country: **USA** Postal Code: **46204** Phone: **317-488-6476**  
Offices/Positions Held: **Director, President and Chief Executive Officer**  
Supervisor/Contact: **Board of Directors**

**Beginning/Ending**

Dates (MM/YY): **4/2005 - 5/2007** Employer's Name: **WellPoint, Inc.**  
Address: **120 Monument Circle** City: **Indianapolis** State/Province: **IN**  
Country: **USA** Postal Code: **46204** Phone: **317-488-6476**  
Offices/Positions Held: **Executive Vice President, General Counsel and Chief Public Affairs Officer**  
Supervisor/Contact: **Larry C. Glasscock**

**Beginning/Ending**

Dates (MM/YY): **8/2003 - 4/2005** Employer's Name: **RightCHOICE Managed Care, Inc.**  
**aka Blue Cross Blue Shield of Missouri**  
Address: **1831 Chestnut Avenue** City: **St. Louis** State/Province: **MO**  
Country: **USA** Postal Code: **63103** Phone: **314-923-4430**  
Offices/Positions Held: **President and Chief Executive Officer**  
Supervisor/Contact: **John A. O'Rourke**

**Beginning/Ending**

Dates (MM/YY): **1/1999 - 8/2003** Employer's Name: **RightCHOICE Managed Care, Inc.**  
Address: **1831 Chestnut Avenue** City: **St. Louis** State/Province: **MO**  
Country: **USA** Postal Code: **63103** Phone: **314-923-4430**  
Offices/Positions Held: **Executive Vice President, General Counsel and Corporate Secretary**  
Supervisor/Contact: **John A. O'Rourke**

**Beginning/Ending**

Dates (MM/YY): **12/2009-Present**  
Address: **One Procter & Gamble Plaza**  
Country: **USA**  
Offices/Positions Held: **Director**  
Supervisor/Contact: **Board of Directors**

Employer's Name: **The Procter & Gamble Company**  
City: **Cincinnati** State/Province: **OH**  
Postal Code: **45202** Phone: **513-983-8698**

**Beginning/Ending**

Dates (MM/YY): **6/2007-Present**  
Address: **601 Pennsylvania Ave., NW, South Building, Suite 500**  
Country: **USA**  
Offices/Positions Held: **Director**  
Supervisor/Contact: **Board of Directors**

Employer's Name: **America's Health Insurance Plans**  
City: **Washington, DC** State/Province: **DC**  
Postal Code: **20004** Phone: **202-778-3200**

**Beginning/Ending**

Dates (MM/YY): **6/2007-Present**  
Address: **225 N. Michigan Ave.**  
Country: **USA**  
Offices/Positions Held: **Director**  
Supervisor/Contact: **Board of Directors**

Employer's Name: **Blue Cross Blue Shield Association**  
City: **Chicago** State/Province: **IL**  
Postal Code: **60601** Phone: **312-297-6000**

**Beginning/Ending**

Dates (MM/YY): **4/2007-Present**  
Address: **111 Monument Circle**  
Country: **USA**  
Offices/Positions Held: **Director**  
Supervisor/Contact: **Board of Directors**

Employer's Name: **Central Indiana Corporate Partnership, Inc.**  
City: **Indianapolis** State/Province: **IN**  
Postal Code: **46204** Phone: **317-532-4774**

**Beginning/Ending**

Dates (MM/YY): **6/2007-Present**  
Address: **1225 19<sup>th</sup> St., NW**  
Country: **USA**  
Offices/Positions Held: **Director**  
Supervisor/Contact: **Board of Directors**

Employer's Name: **National Institute for Health Care Mgmt.**  
City: **Washington, DC** State/Province: **DC**  
Postal Code: **20036** Phone: **202-296-4426**

**Beginning/Ending**

Dates (MM/YY): **7/2007-Present**

Address: **7220 N. College Ave.**

Country: **USA**

Offices/Positions Held: **Trustee**

Supervisor/Contact: **Board of Trustees**

Employer's Name: **Park Tudor School Board of Trustees**

City: **Indianapolis**

State/Province: **IN**

Postal Code: **46240**

Phone: **317-415-2700**

**Beginning/Ending**

Dates (MM/YY): **11/2010-Present**

Address: **49 Pineland Dr.**

Country: **USA**

Offices/Positions Held: **Trustee**

Supervisor/Contact: **Board of Trustees**

Employer's Name: **U.S. Biathlon Foundation**

City: **New Gloucester**

State/Province: **ME**

Postal Code: **04260**

Phone: **207-688-6500**

**Beginning/Ending**

Dates (MM/YY): **7/2007-11/2010**

Address: **601 Pennsylvania Ave.**

Country: **USA**

Offices/Positions Held: **Director**

Supervisor/Contact: **Board of Directors**

Employer's Name: **Council for Affordable Quality**

**Healthcare**

City: **Washington, DC**

State/Province: **DC**

Postal Code: **20004**

Phone: **202-861-1485**

**Beginning/Ending**

Dates (MM/YY): **1/1987-12/1998**

Address: **500 Broadway, Suite 2000**

Country: **USA**

Offices/Positions Held: **Attorney**

Supervisor/Contact:

Employer's Name: **Lewis, Rice & Fingersh, L.C.**

City: **St. Louis**

State/Province: **MO**

Postal Code: **63102**

Phone: **314-444-7600**

- 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: **Indiana Bar**

Address: **One Indiana Square**

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

License Type: **Attorney** License #: **46204**

Date Issued (MM/YY): **08/2006**

Date Expired (MM/YY): \* Reason for Termination: \*

Non-insurance Regulatory Phone Number (if known): \*

Organization/Issuer of License: **Missouri Bar (Inactive)**

Address: **326 Monroe**

City: **Jefferson City** State/Province: **MO** Country: **USA** Postal Code: **65102**

License Type: **Attorney** License #: **36469**

Date Issued (MM/YY): **4/1987**

Date Expired (MM/YY): \* Reason for Termination: \*

Non-insurance Regulatory Phone Number (if known): \*

Organization/Issuer of License: **Texas Bar (Inactive)**

Address: **1414 Colorado St.**

City: **Austin** State/Province: **TX** Country: **USA** Postal Code: **78701**

License Type: **Attorney** License #: **6955050**

Date Issued (MM/YY): **11/1985**

Date Expired (MM/YY): \* Reason for Termination: \*

Non-insurance Regulatory Phone Number (if known): \*

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

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

Applicant Name: **WellPoint, Inc.**

NAIC No.  
FEIN: XXXXXXXXXX

Dated and signed this 23rd 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.

Angela F Braly  
Angela Rose Fick Braly

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 23rd day of July, 2012 by Angela Rose Fick Braly, and:

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

[SEAL]

Judy A. Statom  
Judy A. Statom, Notary Public  
My Commission Expires: 2-13-2017

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

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

Full Name, Address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

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

1. Affiant's Full Name (Initials Not Acceptable). **Angela Rose Fick Braly**
2. Have you ever used any other name including nickname, maiden name or aliases? **Yes**
3. If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending Date(s) Used (MM/YY)	Name(s)	Reason (If None, indicated such)
	<b>Angela Rose Fick</b>	<b>Maiden Name</b>

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: \*
5. Foreign Student ID# (if applicable): \*
6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City: **Kansas City**  
State/Province: **MO** Country: **USA**
7. Name of Affiant's Spouse (if applicable): **Doug Braly**
8. List your residences for the last ten (10) years starting with your current address, giving:

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

Applicant Name: **WellPoint, Inc.**

NAIC No.  
FEIN: [REDACTED]

Dated and signed this 23rd 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.

Angela F Braly  
Angela Rose Fick Braly

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 23rd day of July, 2012 by Angela Rose Fick Braly, and:

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

[SEAL]

Judy A. Statom  
Judy A. Statom, Notary Public  
My Commission Expires: 2-13-2017

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

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

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

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

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

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.

**Angela Rose Fick Braly**

  
\_\_\_\_\_  
Angela Rose Fick Braly

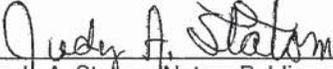
July 23, 2012  
\_\_\_\_\_  
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 23rd day of July, 2012 by Angela Rose Fick Braly, and:

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

[SEAL]

  
\_\_\_\_\_  
Judy A. Statom, Notary Public  
My Commission Expires: 2-13-2017

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of \* ("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.

**Angela Rose Fick Braly**

*Angela F Braly*  
\_\_\_\_\_  
Angela Rose Fick Braly

July 23, 2012  
\_\_\_\_\_  
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 23rd day of July, 2012 by Angela Rose Fick Braly, and:

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

[SEAL]

*Judy A. Statom*  
\_\_\_\_\_  
Judy A. Statom, Notary Public  
My Commission Expires: 2-13-2017

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

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

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Corporate Secretary, 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.

Angela Rose Fick Braly

Angela F Braly (handwritten signature)

July 23, 2012 Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 23rd day of July, 2012 by Angela Rose Fick Braly, and:

- [x] who is personally known to me, or [ ] who produced the following identification:

[SEAL]

Judy A. Statom (handwritten signature), Notary Public My Commission Expires 2-13-2017

## Attachment A to Question 8 - Angela Rose Fick Braly

Entity Name	Title	Role Start	Termination Date
Affiliated Healthcare, Inc.	Director	04/19/2005	04/01/2007
Affiliated Provider Systems, Inc.	Director	01/01/2005	04/01/2007
AHI Healthcare Corporation	Director	04/19/2005	04/01/2007
American Managing Company	Director	04/19/2005	04/01/2007
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Manager	03/07/2006	--
Anthem Blue Cross Blue Shield Partnership Plan, Inc.	Director	09/27/2005	04/01/2007
Anthem Blue Cross Foundation, LLC	Manager	03/31/2005	--
Anthem Blue Cross Life and Health Insurance Company	Director	04/19/2005	04/01/2007
Anthem Credentialing Services, Inc.	Director	09/01/2006	04/01/2007
Anthem East, LLC	Manager	10/03/2005	12/28/2006
Anthem Foundation, Inc.	Director	03/31/2005	--
Anthem Foundation, Inc.	Chairperson	05/21/2010	--
Anthem Health Plans of Maine, Inc.	Director	04/19/2005	04/01/2007
Anthem Health Plans of New Hampshire, Inc.	Director	04/19/2005	04/01/2007
Anthem Health Plans of Virginia, Inc.	Director	04/19/2005	04/01/2007
Anthem Health Plans, Inc.	Director	04/19/2005	04/01/2007
Anthem Holding Corp.	Director	04/19/2005	04/01/2007
Anthem Insurance Companies, Inc.	Director	04/19/2005	04/01/2007
Anthem Insurance Companies, Inc.	Executive Vice President	04/19/2005	04/01/2007
Anthem Life & Disability Insurance Company	Director	10/13/2006	04/01/2007
Anthem Life Insurance Company	Director	04/19/2005	04/01/2007
Anthem Midwest, LLC	Manager	10/01/2005	12/28/2006
Anthem Southeast, Inc.	Executive Vice President	04/19/2005	06/30/2006
Anthem Southeast, Inc.	Director	04/19/2005	04/01/2007
Anthem UM Services, Inc.	Director	10/05/2005	04/01/2007
Anthem West, LLC	Manager	10/03/2005	12/28/2006
Arcus Enterprises, Inc.	Director	12/08/2005	04/01/2007
ARCUS Financial Services, Inc.	Director	11/22/2006	04/01/2007
ARCUS HealthyLiving Services, Inc.	Director	04/08/2005	04/01/2007
Arison Insurance Services, Inc.	Director	04/19/2005	04/01/2007
ATH Holding Company, LLC	Manager	03/18/2005	04/01/2007
BCCHolding Corporation	Director	04/19/2005	04/01/2007
BCCHolding Corporation	Chairperson	04/19/2005	04/01/2007
BCCHolding Corporation	Chief Executive Officer	04/19/2005	06/30/2006

Entity Name	Title	Role Start	Termination Date
BCC Holding Corporation	President	04/19/2005	06/30/2006
Behavioral Health Network, Inc.	Director	03/01/2007	04/01/2007
Blue Cross and Blue Shield of Georgia, Inc.	Director	04/19/2005	04/01/2007
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Chairperson	06/30/2006	04/01/2007
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	Director	04/19/2005	04/01/2007
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Manager	11/01/2006	--
Blue Cross Blue Shield of Wisconsin	Director	04/19/2005	04/01/2007
Blue Cross of California	Chairperson	04/19/2005	04/01/2007
Blue Cross of California	Director	04/19/2005	04/01/2007
Blue Cross of California Partnership Plan, Inc.	Chairperson	06/30/2006	04/01/2007
Blue Cross of California Partnership Plan, Inc.	Director	06/10/2005	04/01/2007
C & S Properties, Inc.	Director	04/03/2001	04/01/2007
C & S Properties, Inc.	Chairperson	01/31/2005	04/01/2005
C & S Properties, Inc.	President	01/31/2005	04/01/2005
C & S Properties, Inc.	Secretary	04/03/2001	01/31/2005
CC Holdings, LLC	Manager	04/19/2005	04/01/2007
Cerulean Companies, Inc.	Director	04/19/2005	04/01/2007
Claim Management Services, Inc.	Director	04/19/2005	04/01/2007
Community Insurance Company	Director	04/19/2005	04/01/2007
Compcare Health Services Insurance Corporation	Director	04/19/2005	04/01/2007
Comprehensive Integrated Marketing Services	Chairperson	04/19/2005	04/01/2007
Comprehensive Integrated Marketing Services	Director	04/19/2005	04/01/2007
Crossroads Acquisition Corp.	Director	04/19/2005	04/01/2007
CSRA Healthcare Partners, Inc.	Director	04/19/2005	04/01/2007
Diversified Life Insurance Agency of Missouri, Inc.	Director	04/19/2005	04/01/2007
Diversified Life Insurance Agency of Missouri, Inc.	Chairperson	01/31/2005	04/01/2005
Diversified Life Insurance Agency of Missouri, Inc.	President	01/31/2005	04/01/2005
Diversified Life Insurance Agency of Missouri, Inc.	Secretary	05/28/1999	01/31/2005
Empire HealthChoice Assurance, Inc.	Director	01/23/2006	04/01/2007
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Director	01/31/2005	04/01/2007
Forty-Four Forty-Four Forest Park Redevelopment Corporation	Secretary	04/03/2001	01/31/2005
Forty-Four Forty-Four Forest Park Redevelopment Corporation	President	01/31/2005	04/01/2005
Golden West Health Plan, Inc.	Director	04/19/2005	04/01/2007

Entity Name	Title	Role Start	Termination Date
Greater Georgia Life Insurance Company	Director	04/19/2005	04/01/2007
Group Benefits of Georgia, Inc.	Director	04/19/2005	04/01/2007
Group Benefits Plus	Director	06/01/2006	04/01/2007
Health Core, Inc.	Director	11/02/2006	04/01/2007
Health Initiatives, Inc.	Director	05/27/2005	04/01/2007
Health Management Corporation	Director	04/19/2005	04/01/2007
Health Management Systems, Inc.	Director	04/19/2005	12/26/2006
HealthKeepers, Inc.	Director	01/31/2005	04/01/2007
HealthLink HMO, Inc.	Director	04/19/2005	04/01/2007
HealthLink, Inc.	Director	04/19/2005	04/01/2007
HealthReach Services, Inc.	Director	04/18/2005	04/01/2007
Healthy Alliance Life Insurance Company	Director	01/01/2005	04/01/2007
Healthy Homecomings, Inc.	Director	04/18/2005	04/01/2007
HMO Colorado, Inc.	Director	04/01/2005	04/01/2007
HMO Missouri, Inc.	Director	08/11/2003	04/01/2007
HMO Missouri, Inc.	President	08/11/2003	04/01/2005
Insurance4 Agency, Inc.	Director	04/19/2005	04/01/2007
Lumenos, Inc.	Director	05/03/2005	04/01/2007
Lumenos, Inc.	Vice President	05/03/2005	06/30/2006
Machigonne, Inc.	Director	04/18/2005	04/01/2007
Matthew Thornton Health Plan, Inc.	Director	04/19/2005	04/01/2007
Meridian Resource Company, LLC	Director	04/19/2005	04/01/2007
Monticello Service Agency, Inc.	Director	04/19/2005	04/01/2007
National Capital Preferred Provider Organization, Inc.	Director	04/19/2005	04/01/2007
National Government Services, Inc.	Director	10/26/2005	03/01/2007
National Government Services, Inc.	Chairperson	10/26/2005	03/01/2007
NextRx Services, Inc.	Director	04/19/2005	04/01/2007
NextRx, Inc.	Director	04/19/2005	04/01/2007
NextRx, LLC	Manager	08/15/2005	03/16/2007
Northeast Consolidated Services, Inc.	Director	05/27/2005	12/14/2006
OneNation Benefit Administrators, Inc.	Director	05/27/2005	04/01/2007
OneNation Insurance Company	Chairperson	04/19/2005	04/01/2007
OneNation Insurance Company	Director	04/19/2005	04/01/2007
Park Square Holdings, Inc.	Director	04/19/2005	04/01/2007
Park Square I, Inc.	Director	04/19/2005	04/01/2007
Park Square II, Inc.	Director	04/19/2005	04/01/2007
Preferred Health Plans of Missouri, Inc.	Director	01/31/2005	04/01/2007
Preferred Health Plans of Missouri, Inc.	Chairperson	01/31/2005	04/01/2005

Entity Name	Title	Role Start	Termination Date
Preferred Health Plans of Missouri, Inc.	President	01/31/2005	04/01/2005
Priority Health Care, Inc.	Director	04/19/2005	04/01/2007
Priority Insurance Agency, Inc.	Director	04/19/2005	04/01/2007
Priority, Inc.	Director	04/19/2005	04/01/2007
QualChoice Select, Inc.	Director	08/01/2006	04/01/2007
R & P Realty, Inc.	Secretary	09/27/2001	01/31/2005
R & P Realty, Inc.	President	01/31/2005	04/01/2005
R & P Realty, Inc.	Director	04/19/2005	04/01/2007
RightCHOICE Insurance Company	Director	04/19/2005	04/01/2007
RightCHOICE Managed Care, Inc.	President	08/11/2003	04/01/2005
RightCHOICE Managed Care, Inc.	Director	04/19/2005	04/01/2007
Rocky Mountain Health Care Corporation	Director	05/27/2005	04/01/2007
Rocky Mountain Hospital and Medical Service, Inc.	Director	04/01/2005	04/01/2007
SellCore, Inc.	Director	04/19/2005	04/01/2007
Southeast Services, Inc.	Director	04/19/2005	04/01/2007
The WellPoint Companies, Inc.	Director	04/19/2005	04/01/2007
TriState, Inc.	Director	04/19/2005	04/01/2007
TriState, Inc.	Chairperson	04/19/2005	04/01/2007
TriState, Inc.	President	06/30/2006	04/01/2007
UNICARE Health Benefit Services of Texas, Inc.	Director	11/15/2005	04/01/2007
UNICARE Health Insurance Company of Texas	Director	04/19/2005	04/01/2007
UNICARE Health Insurance Company of the Midwest	Director	04/19/2005	04/01/2007
UNICARE Health Plan of Kansas, Inc.	Director	04/14/2006	04/01/2007
UNICARE Health Plan of Oklahoma, Inc.	Director	04/19/2005	04/01/2007
UNICARE Health Plan of South Carolina, Inc.	Director	04/13/2006	04/01/2007
UNICARE Health Plan of West Virginia, Inc.	Director	04/19/2005	04/01/2007
UNICARE Health Plans of Texas, Inc.	Director	04/19/2005	04/01/2007
UNICARE Health Plans of the Midwest, Inc.	Director	04/19/2005	04/01/2007
UNICARE Illinois Services, Inc.	Director	05/01/2005	04/01/2007
UniCare Life & Health Insurance Company	Director	04/19/2005	04/01/2007
UNICARE National Services, Inc.	Director	04/19/2005	04/01/2007
UNICARE of Texas Health Plans, Inc.	Director	05/27/2005	04/01/2007
UniCARE Service Co.	Director	06/30/2006	04/01/2007
UNICARE Specialty Services, Inc.	Director	05/27/2005	04/01/2007
WellPoint Association Services Group, Inc.	Director	06/30/2006	04/01/2007

Entity Name	Title	Role Start	Termination Date
WellPoint Behavioral Health, Inc.	Director	04/19/2005	04/01/2007
WellPoint California Services, Inc.	Director	04/19/2005	04/01/2007
WellPoint Dental Services, Inc.	Director	04/19/2005	04/01/2007
WellPoint Development Company, Inc.	Director	04/19/2005	04/01/2007
WellPoint Foundation, Inc.	Director	03/31/2005	--
WellPoint Foundation, Inc.	Chairperson	05/21/2010	--
WellPoint Holding Corp.	Vice President	08/05/2005	04/01/2007
WellPoint Holding Corp.	Director	08/05/2005	04/01/2007
WellPoint Insurance Services, Inc.	Director	10/09/2006	04/01/2007
WellPoint Partnership Plan, LLC	Manager	04/19/2005	04/01/2007
WellPoint Pharmacy Management, Inc.	Director	11/15/2005	04/01/2007
WellPoint, Inc.	Director	06/01/2007	--
WellPoint, Inc.	President & CEO	06/01/2007	--
WellPoint, Inc.	Chairperson	03/01/2010	--

**Attachment B to Question 15(c)**  
**ANGELA F. BRALY**

c) 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.

Entity	Amount	Action	Documentation	Date	State
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