

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
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) **SAMUEL ROBERT NUSSBAUM, M.D.**
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. **PHYSICIAN**
4. Affiant's business address. **120 MONUMENT CIRCLE, INDIANAPOLIS, IN 46204**
Business telephone. **317-488-6111**
5. Education and Training:

	Name	City / State	Dates Attended (MM/YY)	Degree Obtained
College / University	UNIVERSITY COLLEGE, NEW YORK UNIVERSITY	BRONX, NY	1969	B.A.
Graduate Studies	MOUNT SINAI SCHOOL OF MEDICINE	NYC, NY	1973	M.D.
	STANFORD UNIVERSITY	STANFORD, CA	1973-1975	INTERNSHIP RESIDENCY
Other Training	HARVARD MEDICAL SCHOOL MASSACHUSETTS GENERAL HOSPITAL	BOSTON, MA	1977-1980	FELLOWSHIP IN ENDOCRINOLOGY & METABOLISM
	MASSACHUSETTS GENERAL	BOSTON, MA	1975 - 1977	SR ASST RESIDENT IN MEDICINE

(Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.)

6. List of memberships in professional societies and associations.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
SEE ATTACHMENT A			

7. Present or proposed position with the applicant entity. **EXECUTIVE VICE PRESIDENT, CLINICAL HEALTH POLICY, CHIEF MEDICAL OFFICER**
8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

SEE ATTACHMENTS B & C FOR ADDITIONAL INFORMATION**Beginning/Ending**Dates (MM/YY): **2001-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: **VARIOUS, CURRENTLY EXECUTIVE VICE PRESIDENT, CLINICAL HEALTH POLICY, CHIEF MEDICAL OFFICER**Supervisor/Contact: **ANGELA BRALY****Beginning/Ending**Dates (MM/YY): **1997-PRESENT**Employer's Name: **WASHINGTON UNIVERSITY SCHOOL OF MEDICINE**Address: **660 S. EUCLID AVE.**City: **SAINT LOUIS**State/Province: **MO**Country: **USA**Postal Code: **63110**Phone: **314-362-5000**Offices/Positions Held: **PROFESSOR OF CLINICAL MEDICINE**Supervisor/Contact: **MARK S. WRIGHTTON, CHANCELLOR****Beginning/Ending**Dates (MM/YY): **1998 - PRESENT**Employer's Name: **OLIN SCHOOL OF BUSINESS, WASHINGTON UNIVERSITY**Address: **1 BROOKINGS DRIVE**City: **SAINT LOUIS**State/Province: **MO**Country: **USA**Postal Code: **63130**Phone: **314-935-4572**Offices/Positions Held: **ADJUNCT PROFESSOR**Supervisor/Contact: **MAHENDRA GUPTA, PHD, DEAN**

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: **SEE ATTACHMENT D**

Address:

City: _____ State/Province: _____ Country: _____ Postal Code: _____

License Type: _____ License #: _____

Date Issued (MM/YY): _____

Date Expired (MM/YY): _____

Reason for Termination: _____

Non-insurance Regulatory Phone Number (if known): _____

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

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency? **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. **NO**

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 "E"**

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 27 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.

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by **SAMUEL ROBERT NUSSBAUM, M.D.**, and:

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

[SEAL]

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

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
317 488 6000

1. Affiant's Full Name (Initials Not Acceptable). **SAMUEL ROBERT NUSSBAUM, M.D.**
2. Have you ever used any other name including nickname, maiden name or aliases? **NO**
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)
N/A		

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

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: **KINGSTON**
State/Province: **NY** Country: **USA**
7. Name of Affiant's Spouse (if applicable): **RHODA KAHN NUSSBAUM**
8. List your residences for the last ten (10) years starting with your current address, giving:

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

Dated and signed this 27 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.

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by SAMUEL ROBERT NUSSBAUM, M.D., and:

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

[SEAL]

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

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

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

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

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.

(Printed Full Name and Residence Address)

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

7/27/12
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by SAMUEL ROBERT NUSSBAUM, M.D., 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 WellPoint, Inc. ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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

(Printed Full Name and Residence Address)

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

7/27/12
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by SAMUEL ROBERT NUSSBAUM, M.D., 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 (California)

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

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

(Printed Full Name and Residence Address)

Samuel Robert Nussbaum
SAMUEL ROBERT NUSSBAUM, M.D.

7/27/12
Date

State of Indiana County of Marion

The foregoing instrument was acknowledged before me this 27th day of July, 2012 by SAMUEL ROBERT NUSSBAUM, M.D., 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

ATTACHMENT A
MEMBERSHIPS IN PROFESSIONAL SOCIETIES AND ASSOCIATIONS
SAMUEL ROBERT NUSSBAUM, M.D.

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Representative, Association of American Medical Colleges, Council of Teaching Hospitals and Health Systems, 1996-2001	Kevin Serrin	2450 N Street, NW Washington, DC 20037-1126	202 828-0541
Member, National Physician Leadership Council of VHA, Inc., 1996-2001		220 E. Las Colinas Blvd. Irving, TX 75039-5500	972 830-0422
Member, Physician-Hospital Institute, Illinois Hospital and Health System Association, 1996-2000		1151 East Warrenville Road Suite M Naperville, IL 60563	630-505-0570
Massachusetts Medical Society, 1992-2000		860 Winter Street Waltham Woods Corp. Center Waltham, MA 02451-1411	800 322-2303
American Federation for Clinical Research, 1990-1997		900 Cummings Center Suite 221-U Beverly, MA 01915	978 927-8330
American Society for Bone and Mineral Research, 1985-1997		2025 M Street, NW, Suite 800 Washington, DC 20036-3309	202 367-1161
Endocrine Society, 1983-1997		8401 Connecticut Ave. Suite 900 Chevy Chase, MD 20815	301 941-0200

ATTACHMENT "B"

Business Entity	Domestic Jurisdiction	Title	Role Start Date	Termination Date
Anthem Blue Cross and Blue Shield Foundation, L.L.C.	Indiana	Manager	11-01-2006	--
Anthem Blue Cross Foundation, LLC	Delaware	Manager	11-01-2006	--
Anthem Foundation, Inc.	Kentucky	Director	11-01-2006	--
Anthem Insurance Companies, Inc.	Indiana	Executive Vice President	03-22-2001	05-31-2006
Blue Cross Blue Shield of Georgia Foundation, L.L.C.	Delaware	Manager	11-01-2006	--
Health Core, Inc.	Delaware	Director	11-02-2006	--
WellPoint Foundation, Inc.	Indiana	Director	11-01-2006	--
WellPoint, Inc.	Indiana	Executive Vice President	05-13-2002	11-30-2004

ATTACHMENT "C"
ADDITIONAL EMPLOYMENT INFORMATION
SAMUEL ROBERT NUSSBAUM, M.D.

Beginning/Ending

Dates (MM/YY) 1996 – 2001 Employers' Name VHA Foundation Board
 Address 220 E. Las Colinas Blvd. City Irving State/Province TX
 Country USA Postal Code 75039 Phone 972-830-0422
 Offices/Positions Held Member
 Supervisor / Contact Linda K. DeWolf, President

Beginning/Ending

Dates (MM/YY) 1996 – 2000 Employers' Name Batelle Advisory Board
 Address 505 King Avenue City Columbus State/Province OH
 Country USA Postal Code 43201 Phone 614-424-6424
 Offices/Positions Held Member
 Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1996 – 2000 Employers' Name BJC Health System
 Address 4444 Forest Park Avenue City St. Louis State/Province MO
 Country USA Postal Code 63108 Phone 314-747-9322
 Offices/Positions Held EVP
 Supervisor / Contact Steven H. Lipstein, President/CEO

Beginning/Ending

Dates (MM/YY) 1994 – 1996 Employers' Name Physician Partners of New England
 Address The Landmark Center, 401 Park Drive City Boston State/Province MA
 Country USA Postal Code 02215-3326 Phone 617-246-5000
 Offices/Positions Held President and CEO
 Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1994 – 1996 Employers' Name Blue Cross and Blue Shield of Massachusetts
 Address The Landmark Center, 401 Park Drive City Boston State/Province MA
 Country USA Postal Code 02215-3326 Phone 617-246-5000
 Offices/Positions Held SVP
 Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1992 – 1994 Employers' Name Blue Cross and Blue Shield of Massachusetts

Address The Landmark Center, 401 Park Drive City Boston State/Province MA

Country USA Postal Code 02215-3326 Phone 617-246-5000

Offices/Positions Held Member, Board of Directors

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1991 – 1992 Employers' Name Bay State Health Care

Address 280 Chestnut Street City Springfield State/Province MA

Country USA Postal Code 01199 Phone 413-794-0000

Offices/Positions Held Chairman of the Board

Supervisor / Contact

Beginning/Ending

Dates (MM/YY) 1978 – 1994 Employers' Name Massachusetts General Hospital, Harvard Medical School

Address 55 Fruit Street City Boston State/Province MA

Country USA Postal Code 02114 Phone 617-726-2000

Offices/Positions Held Director, Endocrine Associates / Associate Professor of Medicine

Supervisor / Contact

**ATTACHMENT D
PROFESSIONAL, OCCUPATIONAL AND VOCATIONAL LICENSES
SAMUEL ROBERT NUSSBAUM, M.D.**

Organization/Issuer of License State of Missouri

Address P.O. Box 7001
City Jefferson City State/Province MO Country US Postal Code 65102
License Type Medical License # MD 114505 Date Issued (MM/YY) 1998
Date Expired (MM/YY) Active Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License State of Illinois

Address Division of Professional Regulation, P.O. Box 7086
City Springfield State/Province IL Country US Postal Code 62791-7086
License Type Medical License # 0036-097130 Date Issued (MM/YY) 12/26/97
Date Expired (MM/YY) Active Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License American Board of Internal Medicine (Certification in Endocrinology and Metabolism)

Address 510 Walnut Street, Suite 1700
City Philadelphia State/Province PA Country US Postal Code 19106
License Type Board Certification License # _____ Date Issued (MM/YY) 1979
Date Expired (MM/YY) Certificate valid indefinitely Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License American Board of Internal Medicine (Certification in Internal Medicine)

Address 510 Walnut Street, Suite 1700
City Philadelphia State/Province PA Country _____ Postal Code 19106
License Type Board Certification License # _____ Date Issued (MM/YY) 1976
Date Expired (MM/YY) Certificate valid indefinitely Reason for Termination N/A
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License Commonwealth of Massachusetts Board of Registration in Medicine

Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type Medical License # _____ Date Issued (MM/YY) 1975
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License State of California Board of Medical Quality Assurance

Address _____
City _____ State/Province _____ Country _____ Postal Code _____
License Type Medical License # _____ Date Issued (MM/YY) 1974
Date Expired (MM/YY) _____ Reason for Termination _____
Non-insurance Regulatory Phone Number (if known) _____

ATTACHMENT E
SAMUEL ROBERT NUSSBAUM, M.D.

I have in the past been a director, officer and/or key management employee of a company or companies that may have paid fines and/or monetary penalties. With respect to 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.