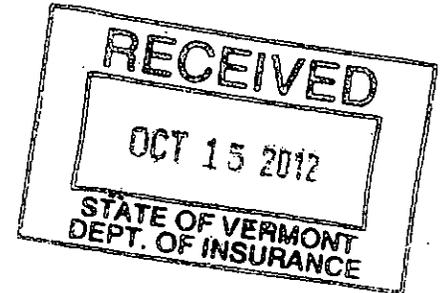


Exhibit 1

Linda J. Cohen
E-mail: lcohen@dinse.com

October 12, 2012



Commissioner Stephen W. Kimbell
Vermont Department of Financial Regulation
89 Main Street
Montpelier, Vermont 05620

Re: Consumer Health Coalition of Vermont, Inc., d/b/a The Vermont Health CO-OP
("CHCVT")
Application for Domestic Mutual Insurance Company License.
Application for Certificate of Authority as a Health Maintenance Organization

Commissioner Kimbell:

We are happy and proud to write seeking licensure for CHCVT as a health insurer in Vermont. Enclosed is the complete National Association of Insurance Commissioners ("NAIC") Uniform Certificate of Authority ("UCAA") application (hereinafter the "Application") for CHCVT as required by Title 8 of Vermont Statutes Annotated. Before submitting this Application, we met with Deputy Commissioner Donegan and prepared, at her request, a memorandum of supporting legal authority for CHCVT to be considered for licensure as a domestic mutual insurer. After considering that memorandum, Commissioner Donegan instructed us to submit this Application. We look forward to working with the Department to provide any additional information you may need to thoroughly vet CHCVT for licensure.

CHCVT was created under the Patient Protection and Affordable Care Act's ("ACA") provisions for creating Consumer Operated and Oriented Plans ("CO-OPs"), with the goal of assisting non-traditional insurers in entering into the health insurance marketplace. CO-OPs must promote improved models of care through care coordination; wellness programs; and prudent use of profits to lower premiums, improve benefits, or invest in other programs designed to improve care delivery. Moreover, CO-OPs will provide small businesses greater control over their health insurance by virtue of their ability to participate in governance of the CO-OP as members of the company. Members will be all individuals covered by a CHCVT plan, and those members will have meaningful input in the way CHCVT operates with regard to its members and the community.

(B0952799.1 14171-0003)

The ACA authorized the Centers for Medicare and Medicaid Services ("CMS") to loan funds to CO-OPs to help meet state reserve requirements and obtain state health insurance licensure in order to carry forth this new vision. As you are aware, CHCVT was authorized as a CO-OP by CMS in June 2012 and will receive both start up and solvency loan monies to bring itself into operation as a health insurer, including establishing sufficient capitalization to meet Vermont reserve requirements.

CHCVT intends to offer health insurance products to Vermonters over the Vermont Health Benefit Exchange (the "Exchange") and to large groups off the Exchange. All products will have a heavy focus on wellness programs and other care delivery models that improve health outcomes and reduce the cost of care. CHCVT plans to enter into strategic partnerships with well-established health care provider organizations and other benefit administrators to ensure that its members will have access to quality care and efficient claims processing on January 1, 2014. To fulfill these goals, CHCVT has engaged executive staff with significant Vermont experience in health care and health insurance.

CHCVT is also applying for a Certificate of Authority as a health maintenance organization ("HMO") as that term is defined under 8 V.S.A. § 5501(2). We have enclosed the requisite \$200 filing fee and believe the information currently included in our Application satisfies the HMO filing requirements to the extent CHCVT is able to satisfy those requirements at this time. In the "start-up" phase of CHCVT's operations, it will develop certain operational documents, policies and procedures required in the HMO Certificate of Authority filing. As these documents are created and finalized, CHCVT will submit them to the Department for review and approval.

Given the unique nature of CHCVT and the extremely small and competitive Vermont health insurance market, protection of CHCVT's commercial confidences and competitive information is critical to its potential success. CHCVT is requesting trade secret exemption (1 V.S.A. § 317(c)) from Public Records Act disclosure for specified documents in its application in accordance with the guidance provided in Health Care Administration Bulletin 117 and Insurance Division Bulletins 149 and 168. These requests are limited in number and scope, and are confined to particular legal authorities and competitive harms as directed in the Bulletins. While the particulars of the requested exemptions are set forth in detail below, we think it is important to consider two general matters in the context of these confidentiality determinations: (1) CHCVT's relative disadvantage as a start-up company in the competitively limited Vermont health insurance market, and (2) the widespread acceptance of the information as trade secret or confidential in analogous situations.

CHCVT is the first new health insurance company in Vermont for many years. It is effectively "starting from scratch" and attempting to enter a well-established health care market. The Vermont health care market has few and sizeable competitors who have already shown an interest in obtaining as much information as they can about CHCVT in order to help them gain a competitive advantage against CHCVT who cannot secure access to other insurers' trade secrets. As a result, CHCVT has heightened concerned that if information required to be included in the Application, such as financial projections, business plans, and strategically critical operational

documents were to be obtained by current insurers, those competitors would use that information to re-tailor their own business plans specifically to compete with CHCVT or to act in a manner that would interfere with CHCVT's success. It is almost axiomatic that the ability of a business enterprise to learn the business plans and financial projections of its competitors will give it a competitive advantage as it can use the information to better plan its own business response to the new competitor.

Further, as the Department is aware, two Vermont insurers have already curtailed business relationships with a founder of CHCVT based on his relationship with the company. This was done with the knowledge that it would cause the founder of the CHCVT financial harm and in a manner that would not allow for alternative plans. Actions of this type constitute interference with the company's ability to become a viable health insurance company in Vermont and are tantamount to a *per se* demonstration that there will be harm to CHCVT's competitive position if its business secrets, financial information and business plans are available to its competitors. CHCVT is particularly vulnerable to established insurers because, while it is pursuing the health insurance license, those insurers have large, active workforces that can be deployed to ruin CHCVT's business strategies if those strategies become known publically.

Secondly, CHCVT is requesting narrow protection of materials that fall under specific Public Records Act exemptions of trade secrets and personal information. While we cite the Department to Vermont law when it is available, there is ample authority from outside of Vermont demonstrating that the materials CHCVT seeks to protect from public disclosure constitute trade secrets by all measures. *See F.T.C. v. OSF Healthcare Sys.*, 11 C. 50344, 2012 WL 1144620 (N.D. Ill. Apr. 5, 2012)(information about provider networks, business plans, products and pricing, and market share all constitute protectable trade secrets and are entitled to remain under seal in litigation regarding a potential merger of health care insurers); *Brown & Brown, Inc. v. Ali*, 592 F. Supp. 2d 1009 (N.D. Ill. 2009)(insurance company had a legitimate business interest in protecting confidential information, including business plans, financial documents, rate information, and other information related to its business); *Brokerage Concepts, Inc. v. U.S. Healthcare, Inc.*, CIV. A. 95-1698, 1995 WL 455969 (E.D. Pa. July 27, 1995) (an insurance administrator's business plans and information can be considered trade secrets); *See State ex rel. Seballos v. Sch. Emp. Ret. Sys.*, 1994-Ohio-80, 70 Ohio St. 3d 667, 670, 640 N.E.2d 829, 831 (the business plans of insurers may be protectable as trade secrets). *See also, Elm City Cheese Co., Inc. v. Federico*, 251 Conn. 59, 752 A.2d 1037 (1999) (holding that a company's business plan is a trade secret); *Carbo Ceramics, Inc. v. Keefe*, 166 F. App'x 714, 720 (5th Cir. 2006) (holding that confidential business plans and strategies constitute trade secrets).

Particular information included under Tab 6 and Tab 13 of the Application is not subject to public disclosure for reasons outlined below. Until a determination is made as to the confidentiality of these documents, we ask that they remain out of the public record in accordance with the process identified in Health Care Administration Bulletin 117 and Insurance Division Bulletins 149 and 168

Portions of Tab 6.

Portions of the Application containing financial information and business plans are entitled to exemption from public disclosure as trade secrets. This information is primarily contained under Tab 6 of the Application, which has three sections: (1) the UCAA Form 8 Questionnaire that provides detailed narratives of CHCVT's business strategies; (2) pro forma financials and financial projections based on business assumptions; and (3) a narrative describing CHCVT's unique business model. CHCVT seeks to protect, within Tab 6: (1) Attachments 2.A, portions of 15, 16, 17, 19, and 21 to the Form 8; (2) the financial information and projections compiled and created by Milliman; and (3) the business narrative labeled ITEM 6. The Department will find each page of the referenced Attachments to Form 8, each page of the Milliman financial compilation, and each page of the business narrative marked "Confidential" in red ink. Each of these documents represents a compilation of information which is not patented, is known only to individuals within CHCVT's commercial concern¹, and would give CHCVT the opportunity to obtain a business advantage over its competitors who do not possess the information. In other words, it meets the definition of a "compilation of information" containing trade secrets exempt from disclosure in accordance with 1 V.S.A. § 317(c)(9) and *Springfield Terminal Railway Co. v. Agency of Transportation*, 174 Vt. 341, 816 A.2d 448 (2002). The competitive disadvantage that would result from disclosure of each of the documents is set forth below.

The Attachments to the Form 8 Questionnaire (under Tab 6) contain the future business plans of CHCVT. Release of this information would allow more established insurers access to information about CHCVT's business strategy not otherwise available to the public and would put the CHCVT at a competitive disadvantage during its start-up phase. It could also interfere with CHCVT's ability to enter into competitively beneficial business arrangements with strategic business partners. More specifically to each document:

- Attachment 2.A contains information demonstrating CHCVT's loan obligations in start-up and operational monies and showing how the loans must be treated and repaid by CHCVT. Because the loans represent a financial burden to CHCVT in its "start-up" phase, the information about repayment requirements could allow competitors to make business decisions that might exploit CHCVT's status as an insurance company capitalized by loans and with significant repayment obligations. A competitor could plan strategic actions or advertising campaigns when it knows CHCVT will have repayments due impeding their ability to counter the messages.
- Attachment 15 contains information identifying strategic business partners, some of whom have not been publically disclosed and contains an organizational chart identifying which operations will be managed by contractors. CHCVT is currently engaged in an

¹ To the extent any of this information has been provided to CMS for purposes of the application, the information enjoys protection from public disclosure under FOIA exemptions. This is tantamount to disclosing to the Department and does not vitiate the confidentiality.

active bidding process with potential contractors. Were potential business partners or the areas of CHCVT's operations where contractors will be used to become publically known, competitive insurers currently doing business with those partners could pressure CHCVT's partners not to work with CHCVT or try to contractually prevent it or even to negotiate most favored nations provisions that would harm CHCVT's competitive position. For these reasons, Pages 13 and 14 of Form 8 are marked "Confidential."

- Attachment 16 contains a detailed description of CHCVT's sales techniques and plans to sell its products. Were that information to become public, other insurers could solicit sales agents, try to establish exclusivity with CHCVT's strategic partners, tailor their commissions to compete with those planned by CHCVT or take other actions that would render the now private CHCVT strategy ineffective.
- Attachment 17 contains a detailed description of the product lines that CHCVT will offer. Were that information to become public, other insurers could alter their product offerings or plan designs in reaction. This information might allow a competitor to focus on sales to certain types of groups or populations to directly compete with CHCVT which, in turn, might result in lower sales of CHCVT plans than would otherwise have occurred.
- Attachment 19 contains a detailed description of advertising that will be used by CHCVT. Were that information to become public, competitors would be able to modify their advertising strategy to more directly compete with CHCVT, including market targeting and appearing at the same marketing events. These efforts could dilute or interfere with CHCVT's ability to convey information about the new entity or create their own brand identity.
- Attachment 21 contains a description of how CHCVT will adjust and pay claims. Some of the functions associated with the payment of claims may be performed by contractors. CHCVT is currently in an active bidding process with potential strategic partners. If information in this section were to become public, competitors could leverage CHCVT's contractors not to do business with CHCVT or otherwise interfere with those relationships. They might also change their business models for claims adjustments and payment in order to be more competitive with CHCVT or take other actions that would render the now private CHCVT strategy ineffective.

We have also marked Milliman's pro formas and financial projections (also part of Tab 6) "Confidential" and seek to protect them from public disclosure. This is critical financial information about CHCVT, including operating and other expenses and financial projections of CHCVT's business in the Vermont marketplace based on various business and marketplace assumptions. These materials include expert assumptions related to expected business results for CHCVT, which would allow competitors to tailor business plans to undermine CHCVT's success. These financials are a "compilation of information" and fit squarely into the Section 319(c)(9) exemption which "protects from public access some nontechnical, competitively useful

business information,” and that “internal, corporate financial information can be exempt from disclosure under the Public Records Act if that financial information qualifies as a ‘compilation of information’ as defined in Section 317(c)(9).

The Vermont Supreme Court considers financial projections exempt from public disclosure based on its decision in *Springfield Terminal Railway Co. v. Agency of Transportation*, 174 Vt. 341, 816 A.2d 448 (2002). In that case, the Agency of Transportation issued a request for proposal which required each bidding rail freight operator to submit detailed information regarding corporate finances including balance sheets, income statements, profit and loss statements, assets and liabilities, statements of retained earnings, statements of cash flows, and five or six year freight and passenger flow projections. The court concluded that the requested financial information met the requirements to be exempted from public records disclosure:

The financial information detailed in [the Agency’s] confidentiality log provides the [railway companies] with an opportunity to obtain a business advantage over their competitors who do not have knowledge of or access to that information. See 1 V.S.A. § 317(c)(9). This sensitive, internal economic data of closely-held corporations might be used to affect decisions regarding individual operational capabilities, as well as to determine the content of proposals and bids for services of the [railway companies], such as the rail freight service proposed to [the Agency]. Disclosure of this financial information would give [competitors] a detailed account of that sensitive data and vitiate the competitive advantage held by the [railway companies]. See *Enterprise Leasing Co. v. Ehmke*, 197 Ariz. 144, 3 P.3d 1064, 1070 (Ct. App. 1999) (recognizing that internal financial information provides economic value for its possessor and would allow a competitor to gain an advantage if that information were made available).

Id. at 348, 816 A.2d at 454.²

The financial information protected in *Springfield* mirrors the information CHCVT has provided in the compilation of financial information included under Tab 6. If this information is not protected from public disclosure it would create a prospective competitive harm to CHCVT because CHCVT’s competitors would have access to a detailed picture of CHCVT’s business and financial strategy to establish itself as an insurer in the limited Vermont marketplace.

Portions of Tab 13.

Finally, the personal information included in the biographical affidavits CHCVT is required to submit with the Application falls with a Public Records Act exemption. This information is located under Tab 13 of the application. While the NAIC form of biographical affidavit is mostly

² The court in *Springfield* held that the compilation of financial information in that case fit within the exemption because, in part, it was a closely-held corporation. Until CHCVT transitions into a member-governed organization and during CHCVT’s start-up phase, it is a closely-held corporation similar to the one at issue in *Springfield*.

concerned with obtaining the proper assurances from individuals charged with managing CHCVT that they are qualified and that they will and have complied with the law, the form also requires personal information be submitted, including identifying information, personal financial information, and employment history. This information is not otherwise available to the public.

Protecting this information is consistent with the stated purpose of 1 V.S.A. § 315 that: "It is the policy of this subchapter to provide for free and open examination of records consistent with Chapter I, Article 6 of the Vermont Constitution... All people, however, have a right to privacy in their personal and economic pursuits which ought to be protected unless specific information is needed to review the action of a governmental officer." The Vermont Supreme Court has also stated that information is personal if it normally would not be shared with strangers. See *Trombley v. Bellow Falls Union High School District No. 27*, 160 Vt. 101, 624 A.2d 857 (1993).

Based on this reading of the statute and the case law, we believe the biographical affidavits included under Tab 13 are not public records and should be protected from disclosure. We have stamped each page of the biographical affidavits and their attachments "Confidential" in red ink.

We look forward to working closely with the Department to help process our Application and become the newest member to join the Vermont health insurer community offering health care to Vermont residents in an innovative manner that gives the consumer control over their health care.

Thank you for your consideration of these requests. Of course, we will make ourselves available should you have any questions or concerns.

Respectfully,

DINSE, KNAPP & McANDREW, P.C.



Linda J. Cohen

LJC:tj

cc: Christine Oliver, CEO

Consumer Health Coalition of Vermont, Inc.

RECEIVED

License Application

OCT 15 2012

INDEX

STATE OF VERMONT
DEPT. OF INSURANCE

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2	Filing Fee
3	Minimum Capital and Surplus Requirements
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6	Plan of Operation
7	Holding Company Form "B" Registration Statement
8	Statutory Membership(s)
9	SEC Filings or Consolidated GAAP Financial Statement
10	Debt-to-Equity Ration Statement
11	Custody Agreements
12	Corporate Documents
13	NAIC Biographical Affidavits
14	State-Specific Information

Tab 1

**Uniform Certificate of Authority Application (UCAA)
Primary Application Checklist
For Primary Application Only**

The application checklist is intended to help guide you with assembling your complete Primary Uniform Certificate of Authority Application (UCAA). Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting your application for review. The completed checklist should be attached to the top of the application.

Regulator Use Only

- | | | | | | | | | |
|-----|--|--------------------------|---|-----|---|---|--|--|
| 1. | Application Form, containing: | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Completed Primary Application Checklist (Form 1P)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Original UCAA Primary Application executed and signed (Form 2P)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Include all lines of insurance applicant is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3).</td> </tr> </table> | X | Completed Primary Application Checklist (Form 1P) | X | Original UCAA Primary Application executed and signed (Form 2P) | X | Include all lines of insurance applicant is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3). | |
| X | Completed Primary Application Checklist (Form 1P) | | | | | | | |
| X | Original UCAA Primary Application executed and signed (Form 2P) | | | | | | | |
| X | Include all lines of insurance applicant is licensed to transact, currently transacting and requesting authority to transact in all jurisdictions. (Form 3). | | | | | | | |
| 2. | Filing Fee (pursuant to Section II Filing Requirements Item 2) containing: | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">n/a</td> <td style="padding: 2px;">Payment of required filing fee</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">n/a</td> <td style="padding: 2px;">Copy of check</td> </tr> </table> | n/a | Payment of required filing fee | n/a | Copy of check | | | |
| n/a | Payment of required filing fee | | | | | | | |
| n/a | Copy of check | | | | | | | |
| 3. | Minimum Capital and Surplus Requirements (pursuant to Section II Filing Requirements Item 3) | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared</td> </tr> </table> | X | Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared | | | | | |
| X | Provide explanation of compliance with minimum capital & surplus requirements for state for which application is prepared | | | | | | | |
| 4. | Statutory Deposit Requirements (pursuant to Section II Filing Requirements Item 4) | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">n/a</td> <td style="padding: 2px;">An original Certificate of Deposit prepared by state of domicile (Form 7)</td> </tr> </table> | n/a | An original Certificate of Deposit prepared by state of domicile (Form 7) | | | | | |
| n/a | An original Certificate of Deposit prepared by state of domicile (Form 7) | | | | | | | |
| 5. | Name Approval (pursuant to Section II Filing Requirements Item 5) | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">n/a</td> <td style="padding: 2px;">Evidence of name approval request</td> </tr> </table> | n/a | Evidence of name approval request | | | | | |
| n/a | Evidence of name approval request | | | | | | | |
| 6. | Plan of Operation (pursuant to Section II Filing Requirements Item 6) | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Completed Questionnaire (Form 8)</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Pro Forma</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Narrative</td> </tr> </table> | X | Completed Questionnaire (Form 8) | X | Pro Forma | X | Narrative | |
| X | Completed Questionnaire (Form 8) | | | | | | | |
| X | Pro Forma | | | | | | | |
| X | Narrative | | | | | | | |
| 7. | Holding Company Form "B" Registration Statement (pursuant to Section II Filing Requirements Item 7) | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">n/a</td> <td style="padding: 2px;">Included statement</td> </tr> </table> | n/a | Included statement | | | | | |
| n/a | Included statement | | | | | | | |
| 8. | Statutory Membership(s) | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Submit documentation as listed in Section II Filing Requirements Item 8</td> </tr> </table> | X | Submit documentation as listed in Section II Filing Requirements Item 8 | | | | | |
| X | Submit documentation as listed in Section II Filing Requirements Item 8 | | | | | | | |
| 9. | SEC Filings or Consolidated GAAP Financial Statement | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Submit documentation as listed in Section II Filing Requirements Item 9</td> </tr> </table> | X | Submit documentation as listed in Section II Filing Requirements Item 9 | | | | | |
| X | Submit documentation as listed in Section II Filing Requirements Item 9 | | | | | | | |
| 10. | Debt-to-Equity Ratio Statement | <input type="checkbox"/> | | | | | | |
| | <table border="0" style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 5%; text-align: center; padding: 2px;">X</td> <td style="padding: 2px;">Submit documentation as listed in Section II Filing Requirements Item 10</td> </tr> </table> | X | Submit documentation as listed in Section II Filing Requirements Item 10 | | | | | |
| X | Submit documentation as listed in Section II Filing Requirements Item 10 | | | | | | | |

11. Custody Agreements

Submit documentation as listed in Section II Filing Requirements Item 11

12. Public Records Package

Submit ALL items in chart in Section II Item 12 including:

a. Articles of Incorporation, including:

Original certification by domiciliary state

b. Bylaws, including:

Original certification by applicant's corporate assistant

c. Statement with Attachments, including:

Current Year Annual Statement*
Verified and signed,
including actuarial opinion; and

Current Year Quarterly Statements-one copy for each quarter, verified and signed.

* 1. Updated Statements should be submitted on a timely basis while application is pending.

2. If Annual Statement for two preceding years have not been filed with NAIC, one copy of each year must be submitted with the application.

d. Independent CPA-Audit Report

n/a

13. NAIC Biographical Affidavits for the following:

Officers (As listed on Jurat Page of most recent financial statement.)

Directors (As listed on Jurat Page of most recent financial statement.)

Key managerial personnel (Including any Vice Presidents or other individuals who will control the operations of the applicant.)

Individuals with a 10% or more beneficial ownership in the applicant who will exercise control over the applicant or, Officers and Directors of an entity with a 10% or more beneficial ownership in the applicant who exercise control over the applicant; and

Individuals with a 10% or more beneficial ownership in the applicant's ultimate controlling person who will exercise control over the applicant and Officers and Directors of the ultimate controlling person who will control the operations of the applicant.

Originally signed and notarized within one year of application date.

Certified by Independent Third Party

14. State-Specific Information

Some jurisdictions may have additional requirements that must be met before a Certificate of Authority can be issued. Before completing a UCAA Primary Application the applicant should review a listing of requirements for the state to which you are applying

Filing Requirements – Redomestications Only

The requirements of this section are only for those insurers seeking to redomesticate from one state to another and are in addition to the requirements of Section II, items 1-14 of the Primary Checklist. A Redomestication is defined as the process where any insurer organized under the laws of any other state may become a domestic insurer that transfers its domicile to another state by merger or consolidation or any other lawful method. The Primary Application when used for a redomestication is filed with the insurer's new state of domicile.

- 15. **Annual Statement with Attachments**
 n/a Submit documentation as listed in Section III, Filing Requirements Item 1

- 16. **Quarterly Statements**
 n/a Submit documentation as listed in Section III, Filing Requirements Item 2

- 17. **Risk Based Capital Report**
 n/a Submit documentation as listed in Section III, Filing Requirements Item 3

- 18. **Independent CPA Audit Report**
 n/a Submit documentation as listed in Section III, Filing Requirements Item 4

- 19. **Reports of Examination**
 n/a Submit documentation as listed in Section III, Filing Requirements Item 5

- 20. **Certificate of Compliance (pursuant to Section III, Filing Requirements Item 6)**
 n/a Original certification of compliance (Form 6) completed by domiciliary state insurance regulatory agency.

**Uniform Certificate of Authority Application (UCAA)
Primary Application**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama		Montana	
Alaska		Nebraska	
Arizona		Nevada	
Arkansas		New Hampshire	
California		New Jersey	
Colorado		New Mexico	
District of Columbia		New York	
Connecticut		North Carolina	
Delaware		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	
Hawaii		Oregon	
Idaho		Pennsylvania	
Illinois		Rhode Island	
Indiana		South Carolina	
Iowa		South Dakota	
Kansas		Tennessee	
Kentucky		Texas	
Louisiana		Utah	
Maine		Vermont	X
Maryland		Virginia	
Massachusetts		Washington	
Michigan		West Virginia	
Minnesota		Wisconsin	
Mississippi		Wyoming	
Missouri			

(Check the appropriate states in which you are applying.)

The undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Insurer is applying to transact.

Name of Insurer: Consumer Health Coalition of Vermont, Inc. ("CHCVT") NAIC # Not yet available -- _____
 Group Code _____

Home Office Address: 120 Kimball Avenue, Box 2, South Burlington, Vermont 05403

Administrative Office Address: Same as above

Mailing Address: Same as above

Phone: (802) 865-5000 Fax: (802) 865-4919

Are these addresses the same as those shown on your Annual Statement?

Yes No

If not, indicate why.

The Applicant has not yet filed an Annual Statement.

Applicant Name: Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

Date Incorporated: 11/18/2011 Form of Organization: Corporation

Billing Address: 120 Kimball Avenue, Box 2, South Burlington, Vermont 05403

E-Mail Address: N/A Phone: (802) 865-5000 Fax: (802) 865-4919

Premium Tax Statement Address: 120 Kimball Avenue, Box 2, South Burlington, Vermont 05403

E-Mail: N/A Address: Phone: (802) 865-5000 Fax: (802) 865-4919

Producer Licensing Address: 120 Kimball Avenue, Box 2, South Burlington, Vermont 05403

E-Mail Address: N/A Phone: (802) 865-5000 Fax: (802) 865-4919

Rate/Form Filing Address: 120 Kimball Avenue, Box 2, South Burlington, Vermont 05403

E-Mail Address: N/A Phone: (802) 865-5000 Fax: (802) 865-4919

Consumer Affairs Address: 120 Kimball Avenue, Box 2, South Burlington, Vermont 05403

E-Mail Address: N/A Phone: (802) 865-5000 Fax: (802) 865-4919

State or Country of Domicile: Vermont Date Organized: 11/18/2011

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: Not applicable

Date of Last Financial Examination: No financial examination has been performed since incorporation

Date of Last Market Conduct Examination No market conduct examination has been performed since incorporation

Par Value of Issued Stock: \$ 0.00 (No stock issued) Surplus as regards policyholders: \$ Currently, no policyholders

Certificate of Deposit (Home State) \$ Not applicable

Ultimate Owner/Holding Company: None

Has your company ever been refused admission to this or any other state prior to the date of this application?

Yes No

If Yes, give full explanation in an attached letter.

The applicant hereby designates (name natural persons only) Christine Oliver, to appoint persons and entities to act as and to be licensed as agents in the State of Vermont, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments

The following information is required of the individual who is authorized to represent the applicant before the department.

Name Maggie Platzer with Dinse, Knapp & McAndrew, P.C.

Title Attorney

Mailing Address 209 Battery Street, Burlington, Vermont 05402

E-Mail Address: mplatzer@dinse.com Phone: (802) 864-5751 Fax: (802) 864-1603

If the representative is not employed by the applicant, please provide a company contact person in order to facilitate requests for detailed financial information.

Name Maggie Platzer with Dinse, Knapp & McAndrew, P.C.

Title Attorney

Mailing Address 209 Battery Street, Burlington, Vermont 05402

E-Mail Address: mplatzer@dinse.com Phone: (802) 864-5751 Fax: (802) 864-1603

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, that are pending before the Department.

No other application has been filed.

Applicant Officers' Certification and Attestation

One of the officers (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me or the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the Chief Executive Officer of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this October 11th 2012 at 120 Kimball Ave, South Burlington, VT 05403.

10/11/12
Date

Christine M. Oliver
Signature of President and
Chief Executive Officer

Christine Marie Oliver
Full Legal Name of President
And Chief Executive Officer

10-11-12
Date

[Signature]
Signature of Secretary

Douglas Carlson Nedde
Full Legal Name of Secretary

10/11/12
Date

Tara Dugan Banks
Signature of Director of Finance

Tara Dugan Banks
Full Legal Name of Director of Finance

Consumer Health Coalition of Vermont, Inc.
Applicant

[Signature]
Signature of Witness

MARGARET WARE PLATZEL
Full Legal Name of Witness

**Uniform Certificate of Authority Application (UCAA)
Expansion Application
Lines of Insurance**

Please complete the information below for each state in which you are currently licensed and seeking authority to do business. Each state has its own terminology for the lines of insurance. To assist in completing this form and in understanding the terms used, a matrix is available that correlates each state's terms to the common terms used in the NAIC annual statement blanks. The correlation matrix is an Excel spreadsheet and is located on the UCAA web site at http://www.naic.org/documents/industry_ucaa_forms_state_lines_of_business_matrix.xls

Alabama	Authorized to Transact	Currently Transacting	Applying for
Life (Sec. 27-5-2)			
Disability (Sec. 27-5-4)			
Property (Sec. 27-5-5)			
Miscellaneous Casualty (Sec. 27-5-6, 27-5-7, 27-5-8, 27-5-9)			
Title (Sec. 27-5-10)			

Alaska	Authorized to Transact	Currently Transacting	Applying for
Life (AS 21.12.040)			
Health (AS 21.12.050)			
Disability (21.12.052)			
Annuities (AS 21.12.055)			
Variable Life (AS 21.42.370)			
Variable Annuities (AS 21.42.370)			
Property (AS 21.12.060)			
Casualty (AS 21.12.070) including clauses:			
(1) Vehicle			
(2) Liability			
(3) Workers Compensation and Employers Liability			
(4) Burglary and Theft			
(5) Personal Property Floater			
(6) Glass			
(7) Boiler and Machinery			
(8) Leakage and Fire Extinguishing Equipment			
(9) Credit (failure of debtors to pay obligations to insured).			
(10) Malpractice			
(11) Elevator			
(12) Livestock			
(13) Entertainments			
(14) Miscellaneous			
Surety (AS 21.12.080)			
Marine, Wet Marine & Transportation (AS 21.12.090)			
Mortgage Guaranty (AS 21.12.110)			
Title (AS 21.66)			
Fraternal Benefit Society (AS 21.84)			

Arizona	Authorized to Transact	Currently Transacting	Applying for
Casualty with Workers' Compensation A.R.S. § 20-252			
Casualty without Workers' Compensation A.R.S. § 20-252			
Disability A.R.S. § 20-253			
Life (Includes Annuities) A.R.S. § 20-254			
Variable Annuity A.R.S. § 20-2631(2)			
Variable Life A.R.S. § 20-2601(15)			
Marine and Transportation A.R.S. § 20-255			
Mortgage Guaranty A.R.S. § 20-1541			
Prepaid Legal A.R.S. 20-1097			
Property A.R.S. § 20-256			
Surety A.R.S. § 20-257			
Title A.R.S. § 20-1562			
Vehicle A.R.S. § 20-259			
Life & Disability Reinsurer A.R.S. § 20-1082			
Health Care Services Organization A.R.S. § 20-1051			
Health, Medical, Dental, Optometric Service Corporations A.R.S. § 20-824			
Prepaid Dental Plan Organization A.R.S. § 20-1001			

Arkansas	Authorized to Transact	Currently Transacting	Applying for
Life (ACA 23-620-102)			
Accident & Health (ACA 23-62-103)			
Property (ACA 23-62-104)			
Casualty (ACA 23-62-105)			
Surety (ACA 23-62-106)			
Workers Compensation (ACA 23-62-105)			
Marine (ACA 23-62-107)			
Title (ACA 23-62-108)			
Mortgage Guaranty (ACA 23-62-110)			

California	Authorized to Transact	Currently Transacting	Applying for
Life (CIC 101)			
Fire (CIC 102)			
Marine (CIC 103)			
Title (CIC 104)			
Surety (CIC 105)			
Disability (CIC 106)			
Plate Glass (CIC 107)			
Liability (CIC 108)			
Workers' Compensation (CIC 109)			
Common Carrier Liability (CIC 110)			
Boiler and Machinery (CIC 111)			
Burglary (CIC 112)			
Credit (CIC 113)			
Sprinkler (CIC 114)			
Team and Vehicle (CIC 115)			
Automobile (CIC 116)			
Mortgage (CIC 117)			

California (continued)	Authorized to Transact	Currently Transacting	Applying for
Aircraft (CIC 118)			
Mortgage Guaranty (CIC 119)			
Insolvency (119.5)			
Legal (CIC 119.6)			
Miscellaneous (CIC 120)			
Financial Guaranty (CIC 124)			

Colorado	Authorized to Transact	Currently Transacting	Applying for
Life (10-3, 102(1)(b))			
General Life			
Accident and Health			
Annuities			
Credit			
Variable Contracts			
 Fraternal Benefit Society (10-14:603)			
General Life			
Accident and Health			
Annuities			
Variable Contracts			
 Title (Title 10, Article 11)			
Title			
 Property and Casualty (Title 10, Article 3, Sections 102(d)(a), (c) and (d) or (Title 10, Articles 12 or 13)			
General Property			
Motor Vehicle			
General Casualty			
Accident and Health			
Fidelity and Surety (excluding bail bond)			
Bail Bond			
Workers' Compensation			
Mortgage Guaranty			
Credit			
Professional Malpractice			

Connecticut (C.G.S Title 38a)	Authorized to Transact	Currently Transacting	Applying for
Fire, Extended Coverage and Other Allied Lines			
Homeowners multiple peril			
Commercial multiple peril			
Earthquake			
Growing crops			
Ocean marine			
Inland marine			
Accident and health			
Workers' Compensation			
Liability other than auto (B.I. and P.D.)			
Auto liability (B.I. and P.D.)			
Auto physical damage			
Aircraft (all perils)			
Fidelity and Surety			

Connecticut (C.G.S Title 38a) (continued)	Authorized to Transact	Currently Transacting	Applying for
Financial Guaranty (mono-line)			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Reinsurance			
Life Non-Participating			
Life Participating			
Variable Life Non-Participating			
Variable Life Participating			
Variable Annuities			
Title			
Fraternal Benefit Societies			
Health Care Center			
Credit Life			
Credit Accident and Health			
Mortgage Guaranty (mono-line)			
Residual Value			

Delaware	Authorized to Transact	Currently Transacting	Applying for
Life [18 Del. C. Section 902]			
Variable Annuities [Del. Reg 1]			
Variable Life [Del. Reg 44]			
Credit Life [18 Del. C. Section 902]			
Credit Health [18 Del. C. Section 903]			
Health [18 Del. C. Section 903]			
Property [18 Del. C. Section 904]			
Surety [18 Del. C. Section 905]			
Casualty [18 Del. C. Section 906(a)] including subdivisions:			
(1) Vehicle			
(2) Liability			
(3) Workers' Compensation & Employer's Liability			
(4) Burglary & Theft			
(5) Personal Property Floater			
(6) Glass			
(7) Boiler & Machinery			
(8) Leakage & Fire Extinguisher Equipment			
(9) Credit			
(10) Malpractice			
(11) Elevator			
(12) Congenital Defects			
(13) Livestock			
(14) Entertainments			
(15) Miscellaneous			
Marine & Transportation [18 Del. C. Section 907]			
Title [18 Del. C. Section 908]			

Presently, lines listed above for casualty are checked off as individual lines on the certificate of authority application form. 18 Del. C. Section 906(b) – Provision of medical, hospital, surgical and funeral benefits, and of coverage against accidental death or injury, as incidental to and part of other insurance as stated under subdivisions (1) vehicle, (2) liability, (4) burglary & theft, (7) boiler & machinery, (10) malpractice and (11) elevator of subsection (a) shall for all purposes be deemed to be the same kind of insurance to which it is so incidental and shall not be subject to provisions of this title applicable to life and health insurance.

District of Columbia	Authorized to Transact	Currently Transacting	Applying for
Health Maintenance Organizations (Sec. 31 – Chapter 34)			
Life and Health			
Individual Life			
Group Life			
Variable Life (26 DCMR Chapter 27)			
Individual Accident and Health			
Group Accident and Health			
Individual Annuities (Fixed and Variable) (Sec. 31-4442)			
Group Annuities (Fixed and Variable) (Sec. 31-4442)			
Fire and Casualty			
(1) Fire (Sec. 31-2502.11)			
(2.1) Allied Lines (Sec. 31-2502.11)			
(2.2) Multiple Peril Crop			
(2.3) Federal Flood			
(3) Farmowners Multiple Peril (Sec. 31-2502.11)			
(4) Homeowners Multiple Peril (Sec. 31-2502.11)			
(5.1) Commercial Multiple Peril (non-liability) (Sec. 31-2502.11)			
(5.2) Commercial Multiple Peril (liability) (Sec. 31-2502.11)			
(6) Mortgage Guaranty			
(8) Ocean Marine (Sec. 31-2502.11)			
(9) Inland Marine (Sec. 31-2502.11)			
(10) Financial Guaranty			
(11) Medical Malpractice			
(12) Earthquake (Sec. 31-2502.11)			
(13) Group Accident & Health (Sec. 31-2502.11)			
(14) Credit A&H (Group & Individual) (Sec. 31-2502.11)			
(15.1) Collectively Renewable A&H (Sec. 31-2502.11)			
(15.2) Non-cancellable A&H (Sec. 31-2502.11)			
(15.3) Guaranteed Renewable A&H (Sec. 31-2502.11)			
(15.4) Non-renewable for Stated Reasons Only (Sec. 31-2502.11)			
(15.5) Other Accident Only (Sec. 31-2502.11)			
(15.6) All Other A&H (Sec. 31-2502.11)			
(15.7) Federal Employees Health Benefits Program			
(16) Worker's Compensation (Sec. 31-2502.11)			
(17) Other Liability (Sec. 31-2502.11)			
(18) Products Liability (Sec. 31-2502.11)			
(19.1) Private Passenger Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.2) Other Private Passenger Auto Liability (Sec. 31-2502.11)			
(19.2) Auto Liability (Sec. 31-2502.11)			
(19.3) Commercial Auto No-Fault (personal injury protection) (Sec. 31-2502.11)			
(19.4) Other Commercial Auto Liability (Sec. 31-2502.11)			
(21.1) Passenger Auto Physical Damage (Sec. 31-2502.11)			
(21.2) Commercial Auto Physical Damage (Sec. 31-2502.11)			
(22) Aircraft (all perils) (Sec. 31-2502.11)			
(23) Fidelity (Sec. 31-2502.11)			
(24) Surety (Sec. 31-2502.11)			

District of Columbia (continued)	Authorized to Transact	Currently Transacting	Applying for
(26) Burglary and Theft (Sec. 31-2502.11)			
(27) Boiler and Machinery (Sec. 31-2502.11)			
(28) Credit (Sec. 31-2602.03, 31-2502.11)			
Title [Sec. 31-2602.03 (a)(7)]			

Florida	Authorized to Transact	Currently Transacting	Applying for
Property & Casualty Insurers			
0010 Fire			
0020 Allied Lines			
0030 Farmowners Multi Peril			
0040 Homeowners Multi Peril			
0050 Commercial Multi Peril			
0080 Ocean Marine			
0090 Inland Marine			
0100 Financial Guaranty			
* 0106 Auto Warranties			
0110 Medical Malpractice			
0120 Earthquake			
0160 Workers' Compensation			
0170 Other Liability			
* 0173 Prepaid Legal			
0192 Private Passenger Auto Liability			
0194 Commercial Auto Liability			
0211 Private Passenger Auto Physical Damage			
0212 Commercial Auto Physical Damage			
0220 Aircraft			
0230 Fidelity			
0240 Surety			
* 0245 Bail Bonds			
0250 Glass			
0260 Burglary and Theft			
0270 Boiler and Machinery			
0280 Credit			
* 0285 Title (Title Companies Only)			
* 0290 Livestock			
0300 Industrial Fire			
* 0310 Mortgage Guaranty			
0441 Credit Disability			
* 0450 Accident and Health			
* 0520 Industrial Extended Coverage			
* 0540 Mobile Home Multi Peril			
* 0550 Mobile Home Physical Damage			
* 0570 Crop Hail			
* 0607 Home Warranties			
* 0608 Service Warranties			
* 0610 Other Warranty			
* 0620 Miscellaneous Casualty			

For purposes of applicant's plan of operations, these lines should be listed as "all other lines". If any are combined with other lines on the pro forma's (i.e. mobile home combined with homeowners), the plan of operations should specify that this was one.

Florida (continued)	Authorized to Transact	Currently Transacting	Applying for
Property & Casualty Insurers (Reinsurance Only)			
R010 Fire			
R020 Allied Lines			
R030 Farmowners Multi Peril			
R040 Homeowners Multi Peril			
R050 Commercial Multi Peril			
R080 Ocean Marine			
R090 Inland Marine			
R100 Financial Guaranty			
* R106 Auto Warranties			
R110 Medical Malpractice			
R120 Earthquake			
R160 Workers' Compensation			
R170 Other Liability			
* R173 Prepaid Legal			
R192 Private Passenger Auto Liability			
R194 Commercial Auto Liability			
R211 Private Passenger Auto Physical Damage			
R212 Commercial Auto Physical Damage			
R220 Aircraft			
R230 Fidelity			
R240 Surety			
* R245 Bail Bonds			
R250 Glass			
R260 Burglary and Theft			
R270 Boiler and Machinery			
R280 Credit			
* R285 Title (Title Companies Only)			
* R290 Livestock			
R300 Industrial Fire			
* R310 Mortgage Guaranty			
R441 Credit Disability			
* R450 Accident and Health			
* R520 Industrial Extended Coverage			
* R540 Mobile Home Multi Peril			
* R550 Mobile Home Physical Damage			
* R570 Crop Hail			
* R607 Home Warranties			
* R608 Service Warranties			
* R610 Other Warranty			
* R620 Miscellaneous Casualty			

* For purposes of applicant's plan of operations, these lines should be listed as "all other lines". If any are combined with other lines on the pro forma (i.e. mobile home combined with homeowners), the plan of operations should specify that this was done.

Florida (continued)	Authorized to Transact	Currently Transacting	Applying for
Life, Accident and Health Insurers			
0400 Ordinary Life			
Endowment			
Term Life			
Industrial Life			
Individual Annuities			
Universal Life			
0405 Individual Variable Annuities			
Group Variable Annuities			
0410 Group Life and Annuities			
0420 Variable Life			
0425 Fraternal Life			
0430 Fraternal Health			
0440 Credit Life			
0441 Credit Disability			
0450 Accident and Health			
R400 Reinsurance - Ordinary Life and Annuity			
R405 Reinsurance - Individual/Group Variable Annuities			
R410 Reinsurance - Group Life and Annuity			
R420 Reinsurance - Variable Life			
R440 Reinsurance - Credit Life			
R441 Reinsurance - Credit Disability			
R450 Reinsurance - Accident and Health			

Georgia	Authorized to Transact	Currently Transacting	Applying for
33-35			
Life, accident, and sickness, including subdivisions:			
Variable Annuities			
Variable Life			
Property, marine, and transportation			
Casualty, subdivisions:			
Workers' Compensation (including)			
Workers' Compensation (excluding)			
Surety			
Title			

Hawaii	Authorized to Transact	Currently Transacting	Applying for
Life Insurance (Section 431: 1-204, HRS)			
Disability Insurance (Section 431: 1-205, HRS)			
Property Insurance (Section 431: 1-206, HRS)			
Marine and Transportation Insurance (Section 431: 1-207, HRS)			
Vehicle Insurance (Section 431: 1-208, HRS)			
General Casualty Insurance (Section 431: 1-209, HRS)			
Surety Insurance (Section 431: 1-210, HRS)			
Ocean Marine (Section 431: 1-211, HRS)			
Title Insurance (Section 431: 20, HRS)			

Idaho	Authorized to Transact	Currently Transacting	Applying for
Life - 41-502			
Disability (Including/Excluding Managed Care) - 41-503			

Idaho (continued)	Authorized to Transact	Currently Transacting	Applying for
Variable Annuities/Contracts – (41-1936)			
Property - 41-504			
Marine and Transportation - 41-505			
Casualty - Including Workers' Compensation - 41-506			
Casualty - Excluding Workers' Compensation - 41-506			
Surety (Including Fidelity) - 41-507			
Monoline only			
Title - 41-508			
Mortgage Guaranty - 41-2652			

Illinois	Authorized to Transact	Currently Transacting	Applying for
Class 1: Life, Accident and Health			
(a) Life			
(b) Accident and Health			
(c) Legal Expense Insurance			
Class 2: Casualty, Fidelity and Surety			
(a) Accident and Health			
(b) Vehicle			
(c) Liability			
(d) Workers' Compensation			
(e) Burglary and Forgery			
(f) Glass			
(g) Fidelity and Surety			
(h) Miscellaneous			
(i) Other Casualty Risks			
(j) Contingent Losses			
(k) Livestock and Domestic Animals			
(l) Legal Expense Insurance			
Class 3: Fire and Marine, etc.			
(a) Fire			
(b) Elements			
(c) War, Riot and Explosion			
(d) Marine and Transportation			
(e) Vehicle			
(f) Property Damage, Sprinkler Leakage and Crop			
(g) Other Fire and Marine Risks			
(h) Contingent Losses			
(i) Legal Expense Insurance			

* See 215/IL5/4 for additional description

Indiana	Authorized to Transact	Currently Transacting	Applying for
Class I (Life)			
(a) Life and Annuities			
(b) Accident & Health			
(c) Variable Life and Annuities (Segregated Amounts)			
Class II (Casualty)			
(a) Accident and Health - Disability			
(b) Workers' Compensation			
(c) Burglary, Theft			
(d) Glass			

Indiana (continued)	Authorized to Transact	Currently Transacting	Applying for
(e) Broiler and Machinery			
(f) Automobile			
(g) Sprinkler			
(h) Liability			
(i) Credit			
(j) Title			
(k) Fidelity & Surety w/Bailbonds			
(kt) Fidelity & Surety w/o Bailbonds			
(l) Miscellaneous			
(m) Legal Expenses			
Class III (Property)			
(a) Fire, Windstorm, Hail, Loot, Riot			
(b) Crops			
(c) Sprinkler			
(d) Marine			

Iowa	Authorized to Transact	Currently Transacting	Applying for
Property/Casualty Lines (515.48)			
Fire			
Extended Coverage			
Other Allied Lines			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Earthquake			
Growing Crops			
Ocean Marine			
Inland Marine			
Accident and Health			
Workers' Compensation			
Other Liability			
Auto Liability			
Auto Physical Damage			
Aircraft			
Fidelity and Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Reinsurance Only (monoline)			
Financial Guaranty (monoline)			
Life (508, 509, 511)*			
Life with accident and health (508, 509, 511 and 515)*			
Reciprocal (520)			
Mortgage Guaranty (515C)			
Fraternal (512B)			

*Life includes credit life, variable life, annuities, and variable annuities.

Kansas	Authorized to Transact	Currently Transacting	Applying for
Life			
Accident and Health			
Stand-alone Prescription Drug Provider			

Kansas (continued)	Authorized to Transact	Currently Transacting	Applying for
Fire Insurance			
Fire			
Windstorm & Hail			
Extended Coverage			
Add'l. Perils on Growing Crops			
Hail on Growing Crops			
Optional Perils			
Sprinkler Leakage			
Business Interruption			
Earthquake			
Water Damage			
Aircraft Hull			
Ocean Marine			
Inland Marine			
Rain			
Automobile Physical Damage			
Flood			
Homeowners Policies			
Casualty Insurance			
Accident and Health			
Automobile Liability			
General Liability			
Workers' Compensation			
Fidelity, Surety & Forgery Bonds			
Glass			
Burglary, Theft & Robbery			
Boiler & Machinery			
Credit			
Title			
Malpractice Liability			
Livestock Mortality			
Aircraft Liability			
Cargo Liability			
Mortgage Guaranty Insurance			

Kentucky	Authorized to Transact	Currently Transacting	Applying for
Life And Health Companies			
Life (Includes variable & credit) KRS 304.5-020			
Annuity (Includes variable) KRS 304.5-030			
Health (Includes credit) KRS 304.5-040			
Property And Casualty Companies			
Health (Includes credit) KRS 304.5-040			
Property KRS 304.5-050			
Surety KRS 304.5-060			
Casualty KRS 304.5-070			
All Lines KRS 304.5-070 (1)(a) thru (1)(g)			
Or, Casualty Limited to:			
Vehicle Insurance KRS 304.5-070(1)(a)			
Liability Insurance KRS 304.5-070(1)(b)			
Workers' Compensation and Employers Liability KRS 304.5-070(1)(c)			

Kentucky (continued)	Authorized to Transact	Currently Transacting	Applying for
Burglary and Theft KRS 304.5-070(1)(d)			
Personal Property Floater KRS 304.5-070(1)(e)			
Glass KRS 304.5-070(1)(f)			
Boiler and Machinery KRS 304.5-070(1)(g)			
Leakage and Fire Extinguishing Equipment KRS 304.5-070(1)(h)			
Credit KRS 304.5-070(1)(i)			
Malpractice KRS 304.5-070(1)(j)			
Elevator KRS 304.5-070(1)(k)			
Congenital Defects KRS 304.5-070(1)(l)			
Livestock KRS 304.5-070(1)(m)			
Entertainments KRS 304.5-070(1)(n)			
Failure of Certain Institutions to Record Documents KRS 304.5-070(o)			
Automobile Guaranty KRS 304.5-070(1)(p)			
Miscellaneous KRS 304.5-070(1)(q)			
Marine and Transportation KRS 304.5-080			
Mortgage Guaranty KRS 304.5-100			
Title KRS 304.5-090			
All Others Companies			
Fraternal Benefit Society KRS 304.29-011			
Life			
Health			
Lloyd's KRS 304.28-010			
Non-profit Health Service Corporation KRS 304.32-030			
Reciprocal KRS 304.27-010			

Louisiana	Authorized to Transact	Currently Transacting	Applying for
Life			
Annuities			
Health and Accident			
Vehicle			
Liability			
Workers' Compensation			
Fire and Allied Lines			
Fidelity			
Surety			
Credit Life, Health and Accident			
Credit Property and Casualty			
Marine and Transportation			
Miscellaneous			
Steam Boiler and Sprinkler Leakage			
Title			
Vehicle			
Burglary and Forgery			
Crop			
Home Owners			

Maine	Authorized to Transact	Currently Transacting	Applying for
Life and Health			
Life, including credit life			
Health, including credit health			
Variable Life			
Variable Annuity			
Property & Casualty			
Fire			
Allied Lines			
Farmowners Multiple Peril			
Homeowners Multiple Peril			
Commercial Multiple Peril			
Mortgage Guaranty			
Ocean Marine			
Inland Marine			
Financial Guaranty			
Worker's Compensation			
Medical Professional Liability			
Earthquake			
Other Liability			
Product Liability			
Auto Liability			
Auto Physical Damage			
Aircraft (all perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Federal Flood Insurance			
Title			

Maryland	Authorized to Transact	Currently Transacting	Applying for
Insurance Article of the Annotated Code of Maryland			
Variable Annuities – Section 1-101(d)(e)			
Casualty (not including Vehicle Liability, Mortgage Guaranty & Worker's Compensation) – Section 1-101(i)			
Dental Plan Organization – Section 14-401			
Fraternal – 8-424			
Mortgage Guaranty – Sections 1-101(oo)			
Health – Sections 1-101(p)			
Life, including Annuities and Health (except Variable Life & Variable Annuities) Sections 1-101(d), 1-101(p), 1-101(x)			
Marine, Wet Marine & Transportation – Sections 1-101(z), 1-101(ss)			
Non-Profit Health Service Plan – Section 14-110			
Property and Marine (excluding Wet Marine and Transportation) – Section 1-101(gg), (1-101(z)			
Variable Life – Sections 16-601, 16-602			
Surety – Section 1-101(oo)			
Title – Section 1-101(qq)			
Vehicle Liability – Section 1-101(i)			

Maryland (continued)	Authorized to Transact	Currently Transacting	Applying for
Workers' Compensation – Section 1-101(i)			
Health General Article of the Annotated Code of Maryland			
Health Maintenance Organizations – Sections 19-708, 19-709, 19-710			
Provider-Sponsored Organizations – Section 19-7A			

Massachusetts	Authorized to Transact	Currently Transacting	Applying for
(M.G.L. 175 § 47)			
(1) Fire			
(2A) Ocean Marine			
(2B) Inland Marine Only			
(4) Fidelity and Surety			
(5A) Boiler, Fly Wheel, Machinery, Explosion			
(5B) Boiler (no inspector), Fly Wheel, Machinery, Explosion			
(6A) Accident - All Kinds			
(6B) Health - All Kinds			
(6C) Group Accident and Health Only			
(6D) Non-Cancelable Accident and Health Only			
(6E) Workers' Compensation			
(6F) Liability Other than Auto			
(6G) Auto Liability			
(7) Glass			
(8) Water Damage and Sprinkler Leakage			
(9) Elevator Property Damage and Collision			
(10) Credit			
(11) Title (Title Companies Only)			
(12) Burglary, Robbery, Theft, Forgery, Larceny			
(13) Livestock			
(15) Reinsurance			
(16A) Life - All Kinds			
(16B) Group Life Only			
(16C) Variable Annuity Authorization			
(16D) Annuities Only			
(16E) Variable Life Authorization			
(17) Repair - Replacement			
(19) Legal Services			
(20) Credit Involuntary Unemployment			
(51) Stock Companies Extension of Coverage- M.G.L. 175 § 51(g)			
(54) Mutual Companies (specified in Section 47) - M.G.L. 175 § 54(g)			
(54BX) Reinsurance except Life - M.G.L. 175 § 54B			
(54BY) Nuclear Energy - M.G.L. 175 § 54B			
(54BZ) Special Hazards - Radioactive Contamination - M.G.L. 175 § 54B			
(54C) Comprehensive Motor Vehicle and Aircraft - M.G.L. 175 § 54C			
(54D) Personal Property Floater - M.G.L. 175 § 54D			

Massachusetts (continued)	Authorized to Transact	Currently Transacting	Applying for
(54E) Dwellings - M.G.L. 175 § 54E			
(54F) Commercial Property (Multiple Peril) - M.G.L. 175 § 54F			
(54G) Reinsurance - Life Companies Only - M.G.L. 175 § 54G			

Michigan	Authorized to Transact	Currently Transacting	Applying for
Life and Annuity - Other than Variable Contracts (MCL 500.602)			
Separate Account - Variable Annuities (MCL 500.925)			
Separate Account - Variable Life (MCL 500.925)			
Separate Accounts - Modified Guaranteed Annuities (MCL 500.4101)			
Disability (MCL 500.606)			
Property (MCL 500.610)			
Ocean Marine (MCL 500.614)			
Inland Marine (MCL 500.616)			
Automobile Insurance - Limited (MCL 500.620)			
Legal Expense (MCL 500.618)			
Steam Boiler, Flywheel and Machinery (MCL 500.624a)			
Liability (MCL 500.624b)			
Automobile, including Section 625, disability coverage supplemental to automobile insurance (MCL 500.624b)			
Workers Compensation (MCL 500.624b)			
Plate Glass (MCL 500.624c)			
Sprinkler and Water Damage (MCL 500.624d)			
Credit (MCL 500.624e)			
Burglary and Theft (MCL 500.624f)			
Livestock (MCL 500.624g)			
Malpractice (MCL 500.624h)			
Miscellaneous (MCL 500.624i)			
Surety and Fidelity (MCL 500.628)			
Limited Liability (MCL 500 Chapter 65)			
Title (MCL 500 Chapter 73)			
Fraternal (MCL 500 Chapter 81a)			

Minnesota (MS 60A.06, Subd.1)	Authorized to Transact	Currently Transacting	Applying for
Fire (1)			
Inland Marine (2a)			
Ocean Marine (2a)			
Personal Property Floater (2b)			
Boiler and Machinery (3)			
Life (4)			
Variable Contract Authority (4)			
Accident and Health (5a)			
Worker's Compensation (5b)			
Fidelity (6)			
Surety (6)			
Title (7)			
Class (8)			

Minnesota (MS 60A.06, Subd.1) (continued)	Authorized to Transact	Currently Transacting	Applying for
Burglary & Theft (9a)			
Security and Drafts (9b)			
Personal Property Floater - Casualty (9c)			
Water (9d)			
Livestock (10)			
Credit (11)			
Automobile (12)			
General Liability (13)			
Elevator (14)			
Legal Expense (15)			

Mississippi	Authorized to Transact	Currently Transacting	Applying for
(MCA 83-19:1) Classifications of Insurance Companies			
Class 1. Fire and Casualty			
(a) Fire and Allied Lines			
(b) Industrial Fire			
(c) Casualty/Liability			
(d) Fidelity			
(e) Surety			
(f) Workers' Compensation			
(g) Boiler and Machinery			
(h) Plate Glass			
(i) Aircraft			
(j) Inland Marine			
(k) Ocean Marine			
(l) Automobile Physical Damage/Automobile Liability			
(m) Homeowners/Farmowners			
(n) Guaranty			
(o) Mortgage Guaranty			
(p) Title			
(q) Trip Accident and Baggage			
(r) Legal			
(s) Credit Property			
Class 2. Life			
(a) Life			
(b) Accident and Health			
(c) Credit Life, Credit Accident and Health			
(d) Industrial Life, Industrial Accident and Health			
(e) Variable Contracts			
(f) Life (Burial)			
Class 3. Fraternal			
(a) Fraternal			
(b) Larger Fraternal			
Class 4. Burial			
MCA 83-41-303 Health Maintenance Organization			

Missouri	Authorized to Transact	Currently Transacting	Applying for
A - Life and Health (RSMo 376)			
A1 - Life, Annuities and Endowments (376.010)			
A2 - Accident and Health (376.010)			

A3 - Variable Contracts (376.309)			
H - Title (RSMo 381)			
Missouri (continued)	Authorized to Transact	Currently Transacting	Applying for
B - Property and Casualty (RSMo 379)			
B1 - Property (379.010.1(1))			
B2 - Liability (379.010.1(2)) Workers' Compensation			
B3 - Fidelity and Surety (379.010.1(3))			
B4 - Accident and Health (379.010.1(4))			
B5 - Miscellaneous (379.010.1(5))			

Montana	Authorized to Transact	Currently Transacting	Applying for
Life (including variable contract authority) §33-1-208; 33-20-Part 6, MCA			
Life (excluding variable contract authority) §33-1-208, MCA			
Disability §33-1-207, MCA			
Property §33-1-210, MCA			
Casualty (including Workers' Comp) §33-1-206, MCA			
Casualty (excluding Workers' Comp) §33-1-206, MCA			
Surety §33-1-211, MCA			
Marine §33-1-209, MCA			
Title §33-1-212, MCA			

Nebraska	Authorized to Transact	Currently Transacting	Applying for
Life (1)			
Variable Life (2)			
Variable Annuities (3)			
Sickness & Accident (4)			
Property (5)			
Credit Property (6)			
Glass (7)			
Burglary & Theft (8)			
Boiler & Machinery (9)			
Liability (10)			
Workers Compensation & Employers Liability (11)			
Vehicle (12)			
Fidelity (13)			
Surety (14)			
Title (15)			
Credit (16)			
Mortgage Guaranty (17)			
Marine (18)			
Financial Guaranty (19)			
Miscellaneous (20)			

Nevada	Authorized to Transact	Currently Transacting	Applying for
Life (681A.040)			
Health (681A.030)			
Property (681A.060)			
Casualty (681A.020) (Including Worker's Comp)			

Nevada (continued)	Authorized to Transact	Currently Transacting	Applying for
Casualty (681A.020) (Excluding Worker's Comp)			
Surety (681A.070)			
Marine and Transportation (681A.050)			
Title (681A.080)			
Surplus Lines (685A)			
Risk Retention Group (695E)			
Funeral/Cemetery Sellers (689)			
Premium Finance Company (686A)			
Motor Clubs (696A)			
Health Maintenance Organization (695C)			
Prepaid Ltd. Health Service Organization (695F)			
Variable (688A)			
Home Warranty (680B.100)			

New Hampshire	Authorized to Transact	Currently Transacting	Applying for
Fire and Allied Lines(RSA 401.1, I)			
Marine Coverages(RSA 401.1, II)			
Life and Annuities(RSA 401.1, III)			
Variable Annuities require a separate License (RSA 401.1, III)			
Accident and/or Health Coverages (401.1, IV)			
Liability Coverages, including workers' compensation (RSA 401.1, V)			
Casualty Coverages (RSA 401.1, VI)			
Fidelity, Surety, Credit Insurance, Mortgage Guaranty, Bonds, and Financial Guaranty (RSA 401.1, VII)			
Other casualty risks. Refer to the NAIC Uniform P&C Product Coding Matrix filing code 17. Select each Sub-Type to which this license is being requested. (RSA 401.1, VIII)			
Title (RSA 416-A)			
Fraternal (RSA 418:16)			

New Jersey	Authorized to Transact	Currently Transacting	Applying for
(1) Fire (N.J.S.A. 17:17-1a)			
(2) Earthquake (N.J.S.A. 17:17-1a)			
(3) Growing Crops (N.J.S.A. 17:17-1a)			
(4) Ocean Marine (N.J.S.A. 17:17-1b)			
(5) Inland Marine (N.J.S.A. 17:17-1b)			
(6) Workers' Compensation and Employers Liability (N.J.S.A. 17:17-1e)			
(7) Automobile Liability (BI) (N.J.S.A. 17:17-1e)			
(8) Automobile Liability (PD) (N.J.S.A. 17:17-1e)			
(9) Automobile Physical Damage (N.J.S.A. 17:17-1e)			
(10) Aircraft Physical Damage (N.J.S.A. 17:17-1b)			
(11) Other Liability (N.J.S.A. 17:17-1e)			
(12) Boiler & Machinery (N.J.S.A. 17:17-1f)			
(13) Fidelity & Surety (N.J.S.A. 17:17-1g)			
(14) Credit (N.J.S.A. 17:17-1i)			
(15) Burglary & Theft (N.J.S.A. 17:17-1j)			

New Jersey (continued)	Authorized to Transact	Currently Transacting	Applying for
(16) Glass (N.J.S.A. 17:17-1k)			
(17) Sprinkler Leakage (N.J.S.A. 17:17-1l)			
(18) Livestock (N.J.S.A. 17:17-1m)			
(19) Smoke & Smudge (N.J.S.A. 17:17-1n)			
(20) Physical Loss to Buildings (N.J.S.A. 17:17-1o)			
(21) Radioactive Contamination (N.J.S.A. 17:17-1o)			
(22) Mechanical Breakdown/Power Failure (N.J.S.A. 17:17-1o)			
(23) Other (must be pre-approved by the Commissioner) (N.J.S.A. 17:17-1o)			
(26) Accident and Health (Property/Casualty Companies) (N.J.S.A. 17B:17-4)			
(27) Municipal Bond (N.J.A.C. 11:7)			
(28) Life (N.J.S.A. 17B:17-3)			
(29) Accident and Health (Life/Health Companies) (N.J.S.A. 17B:17-4)			
(30) Annuities (N.J.S.A. 17B:17-5)			
(31) Variable Contracts (N.J.S.A. 17B:28-1 et seq.)			
(33) Title (N.J.S.A. 17:46B-7)			
(34) Fraternal Benefit Society (N.J.S.A. 17:44B)			
(35) Residential Mortgage Guaranty (N.J.S.A. 46A-3)			
(36) Commercial Mortgage Guaranty (N.J.S.A. 46A-3)			

New Mexico	Authorized to Transact	Currently Transacting	Applying for
Life (NMSA Section 59A-7-2)			
Health (NMSA Section 59A-7-3)			
Property (NMSA Section 59A-7-4)			
Marine and Transportation (NMSA Section 59A-7-5)			
Casualty (NMSA Section 59A-7-6)			
Vehicle (NMSA Section 59A-7-7)			
Surety (NMSA Section 59A-7-8)			
Title (NMSA Section 59A-7-9)			

New York (Notes 1 and 2)	Authorized to Transact	Currently Transacting	Applying for
(Section 1113(a) of the N.Y. Ins. Law)			
(1) Life			
(2) Annuities			
(3) (i) & (ii) - A&H			
(4) Fire			
(5) Miscellaneous Property			
(6) Water Damage			
(7) Burglary & Theft			
(8) Glass			
(9) Boiler and Machinery			
(10) Elevator			
(11) Animal			
(12) Collision			
(13) Personal Injury Liability			
(14) Property damage liability			
(15) Workers' Compensation and employers' liability			
(16) Fidelity and surety			

New York (continued) (Notes 1 and 2)	Authorized to Transact	Currently Transacting	Applying for
17) Credit			
(19) Motor Vehicle and aircraft physical damage			
(20) Marine and Inland marine			
(21) Marine Protection and indemnity			
(22) Residual value.			
(24) Credit Unemployment			
(26) Gap			
(27) Prize Indemnification			
(28) Service Contract reimbursement			
(29) Legal Services			
(30) Involuntary unemployment			
(31) Salary protection			
Monoline only			
Title - Section 1113(a)(18) & Article 64 of the N.Y. Ins. Law			
Mortgage Guaranty - Section 1113(a)(23) & Article 65 of the N.Y. Ins. Law			
Financial Guaranty - Section 1113(a)(25) & Article 69 of the N.Y. Ins. Law			

Note 1: A company may only apply for the lines of insurance for which it is authorized in its state of domicile.

Note 2: The company must have transacted business for a minimum of three (3) years prior to seeking admission. If the company was recently acquired, at least three (3) years of operating experience under the new management is required. An affiliated insurer admitted in New York and operating under the same ownership/management team for at least three (3) years may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

North Carolina	Authorized to Transact	Currently Transacting	Applying for
Life (NCGS 58-7-15)			
Life, including industrial & credit life			
Annuities			
Variable annuities			
Variable life			
Accident and health - Cancelable			
Accident and health - Non-cancelable			
Accident and health - Credit			
Fire (NCGS 58-7-15)			
Fire			
Miscellaneous property - Extended coverage			
Miscellaneous property - Growing crops			
Water damage - Commercial			
Water damage - Residence			
Burglary and theft			
Glass			
Animal			
Collision - Automobile			
Collision - Other			
Motor vehicle and aircraft - Property damage			
Motor vehicle and aircraft - Fire			
Motor vehicle and aircraft - Theft			
Motor vehicle and aircraft - Comprehensive			
Motor vehicle and aircraft - Collision			
Marine - Inland			

North Carolina (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine – Ocean			
Marine protection and indemnity			
Other			
Casualty (NCGS 58-7-15)			
Accident and health – Cancelable			
Accident and health – Non Cancelable			
Accident and health – Credit			
Water damage – Commercial			
Water damage – Residence			
Burglary and theft			
Glass			
Boiler and machinery			
Elevator			
Animal			
Collision – Automobile			
Collision – Other			
Personal injury liability – Automobile			
Personal injury liability – Other			
Property damage liability – Automobile			
Property damage liability - Other			
Workers' compensation and Employer's liability			
Fidelity and surety			
Credit			
Title			
Motor vehicle and aircraft – Property damage			
Motor vehicle and aircraft – Fire			
Motor vehicle and aircraft – Theft			
Motor vehicle and aircraft – Comprehensive			
Motor vehicle and aircraft – Collision			
Marine protection and indemnity			
Aircraft Voluntary Settlement			
Hole-in-One			
Other			
Mortgage Guaranty			

North Dakota	Authorized to Transact	Currently Transacting	Applying for
Life & Annuity			
Accident & Health			
Property			
Casualty			
Variable Life and Annuity			

Ohio	Authorized to Transact	Currently Transacting	Applying for
Life Companies: Life, Accident, Health, Disability, and/or annuities (O.R.C. 3911.01)			
Property & Casualty (O.R.C. 3929.01(A))			
(1) Fire			
(2) Allied Lines			
(3) Farmowners Multiple Peril			
(4) Homeowners Multiple Peril			
(5) Commercial Multiple Peril			
(6) Ocean Marine			

(7) Inland Marine			
(8) Guaranty			
(9) Medical Malpractice			
Ohio (continued)	Authorized to Transact	Currently Transacting	Applying for
(10) Earthquake			
(11) Group A&H			
(12) Credit A&H (Group and Individual)			
(13a) Collectively Renewable A&H			
(13b) Noncancellable A&H			
(13c) Guaranteed Renewable A&H			
(13d) Nonrenewable for Stated Reasons Only			
(13e) Other Accident Only			
(13f) All Other A&H			
(14) Workers' Compensation (to the extent permitted by law)			
(15) Other Liability			
(16a) Private Passenger Auto No-Fault (personal injury protection to the extent permitted by law)			
(16b) Other Private Passenger Auto Liability			
(16c) Commercial Auto No-Fault (personal injury protection to the extent permitted by law)			
(16d) Other Commercial Auto Liability			
(17a) Private Passenger Auto Physical Damage			
(17b) Commercial Auto Physical Damage			
(18) Aircraft (all perils)			
(19) Fidelity			
(20) Surety			
(21) Glass			
(22) Burglary and Theft			
(23) Boiler and Machinery			
(24) Credit			
(25) Reinsurance Only			
(26) Other (list)			
Title Insurance (O.R.C. 3953)			

Oklahoma	Authorized to Transact	Currently Transacting	Applying for
Life (O.S. 36 §702)			
Surety (including bail) (OAC 365:25-5-41)			
Surety (excluding bail) (O.S. 36 §708)			
Title (O.S. 36 §709)			
Marine (O.S. 36 §705)			
Accident & Health (O.S. 36 §703)			
Property (O.S. 36 §704)			
Vehicle (O.S. 36 §706)			
Casualty (vehicle only) (O.S. 36 §706)			
Casualty (including vehicle)(O.S. 36 §707)			
Workers' Compensation (O.S. 36 §608, §612.2)			
Variable Life (O.S. 36 §6061, §6062)			
Variable Annuity (O.S. 36 §6061, §6062, OAC 365:10.9.10)			
Reinsurance (O.S. 36 §2132)			
Health Maintenance Organizations (O.S.36 §6901)			

Oregon	Authorized to Transact	Currently Transacting	Applying for
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Life (ORS 731.170)			
Health (ORS 731.162)			
Oregon (continued)	Authorized to Transact	Currently Transacting	Applying for
Health Care Service Contractor (ORS 750.005)			
Health Care Service Contractor (Complementary Health Services) (ORS 750.005)			
Property (ORS 731.182)			
Casualty, excluding Worker's Comp (ORS 731.158)			
Casualty, including Worker's Comp (ORS 731.158)			
Marine & Transportation (ORS 731.174)			
Surety (ORS 731.186)			
Home Protection (only) (ORS 731.164)			
Mortgage (only) (ORS 731.178)			
Title (only) (ORS 731.190)			

Pennsylvania (Notes 1 and 2)	Authorized to Transact	Currently Transacting	Applying for
Life and Annuities (40 P.S. § 382(a)(1))			
Separate Account – Variable Life (40 P.S. § 382 (a)(1))			
Separate Account – Variable Annuities (40 P.S. § 382 (a)(1))			
Accident and Health (40 P.S. § 382(a)(2))			
Fire and Allied Lines (40 P.S. § 382(b)(1))			
Inland Marine & Auto Physical (40 P.S. § 382(b)(2))			
Ocean Marine (40 P.S. § 382(b)(3))			
Fidelity and Surety (40 P.S. § 382(c)(1))			
Accident and Health (40 P.S. § 382(c)(2))			
Glass (40 P.S. § 382 (c)(3))			
Other Liability (40 P.S. § 382 (c)(4))			
Steam Boiler & Machinery (40 P.S. § 382 (c)(5))			
Burglary-Theft (40 P.S. § 382 (c)(6))			
Credit (40 P.S. § 382 (c)(7))			
Water (40 P.S. § 382 (c)(8))			
Elevator (40 P.S. § 382 (c)(9))			
Livestock (40 P.S. § 382 (c)(10))			
Auto Liability 40 P.S. § 382 (c)(11))			
Mine & Machinery (40 P.S. § 382 (c)(12))			
Personal Property Floater (40 P.S. § 382 (c)(13))			
Workers' Compensation (40 P.S. § 382 (c)(14)) (Note 3)			
Other (40 P.S. § 382 (e))			
Title (40 P.S. § 910-1)			

Note 1: A company may only apply for the lines of insurance for which it is authorized in its state of domicile.

Note 2: The company must have transacted business for a minimum of one (1) year prior to seeking admission. If the company was recently acquired, at least one (1) year of operating experience under the new management is required. An affiliated insurer admitted in Pennsylvania and operating under the same ownership/management team for at least one year may satisfy this requirement. If the aforementioned situation applies, a written request for approval of a waiver must be submitted with the application.

Note 3: The Department of Labor and Industry requires all insurers that are applying to write workers' compensation to complete and file an Initial Report of Accident and Illness Prevention Services. The Insurance Department will not issue a Certificate of Authority to a foreign insurer to write workers' compensation insurance until the Department of Labor and Industry has indicated the company has made the necessary filing as required by the Workers' Compensation Act. The necessary form with instructions can be obtained at:

<http://www.ins.state.pa.us/ins/cwp/view.asp?a=1280&q=527257>

Rhode Island	Authorized to Transact	Currently Transacting	Applying for
Life and Health Companies:			
Life (Note 1)			
Accident and Health (Note 1)			
Annuities (Note 1)			
Variable Life (Note 1)			
Variable Annuity (Note 1)			
Variable Contracts (Notes 1 and 2)			
Property and Casualty Companies: (Note 3)			
Fire			
Allied Lines			
Multi-Peril Crop			
Federal Flood			
Farmowners Multi-Peril			
Homeowners Multi-Peril			
Commercial Multi-Peril			
Ocean Marine			
Inland Marine			
Medical Malpractice/Medical Liability			
Earthquake			
Accident & Health			
Worker's Compensation			
Other Liability			
Products Liability			
Automobile (Full Coverage)			
Aircraft (All Perils)			
Fidelity			
Surety			
Glass			
Burglary and Theft			
Boiler and Machinery			
Credit			
Warranty			
Financial Guaranty or Mortgage Guaranty			

A company will be granted authority for a line of business in Rhode Island only on the condition that the company already has authority to sell that line in its state of domicile.

Note 1: Includes individual and group, and credit and non-credit.

Note 2: Variable Contracts includes Variable Life and Variable Annuity.

Note 3: Or alternatively: all lines except Life, Annuities, Title, Mortgage Guaranty and Financial Guaranty.

South Carolina	Authorized to Transact	Currently Transacting	Applying for
Life and Annuities (SC 38-5-30)			
Accident and Health (SC 38-5-30)			
Property (SC 38-5-30)			
Casualty (SC 38-5-30)			
Surety (SC 38-5-30)			
Marine (SC 38-5-30)			
Title (SC 38-5-30)			

South Dakota	Authorized to Transact	Currently Transacting	Applying for
(1) Life			

(2) Health South Dakota (continued)	Authorized to Transact	Currently Transacting	Applying for
(3) Fire & Allied Lines			
(4) Inland & Ocean Marine			
(5) Workmen's Compensation			
(6) Bodily Injury Liability (No Auto)			
(7) Property Damage (No Auto)			
(8) Auto Bodily Injury			
(9) Auto Property Damage			
(10) Auto Physical Damage			
(11) Fidelity & Surety			
(12) Glass			
(13) Burglary			
(14) Boiler & Machinery			
(15) Aircraft			
(16) Credit			
(17) Crop - Hail			
(18) Livestock			
(19) Title			
(20) Variable Annuities			
(21) Variable Life			
(22) Reinsurance Only (Not for Companies w/direct authority)			
(23-A) Travel, Accident & Baggage			
(23-B) Prepaid Legal			
(23-C) Bail Bonds			

Tennessee	Authorized to Transact	Currently Transacting	Applying for
Life (TCA 56-2-201), (a)			
Accident and Health (TCA 56-2-201), (a)			
Credit (TCA 56-2-201), (a)			
Variable Contracts (TCA 56-2-201), (a)			
Property (TCA 56-2-201), (a), (b)			
Vehicle (TCA 56-2-201), (a), (c)			
Casualty (TCA 56-2-201) (a), (d)			
Surety (TCA 56-2-201) (a), (e)			
Title (TCA 56-35-112) (a)			

- (a) Company may only write lines in Tennessee that they are authorized to write in their domiciliary state.
- (b) Includes Fire and Extended Coverage, Other Allied Lines, Homeowners Multiple Peril, Commercial Multiple Peril, Earthquake, Growing Crops, Water Damage - Sprinkler Leakage, Ocean Marine and Inland Marine.
- (c) Automobile Bodily Injury, Automobile Property Damage and Automobile Physical Damage. (The Vehicle class is to be used when the company requests Vehicle only and no other Casualty line)
- (d) All lines listed under (c) above in addition to Disability, General Liability, Workers' Compensation, Burglary and Theft, Personal Property Floater, Glass, Boiler, Water Damage, Credit, Elevator, Livestock, Collision, Malpractice, Miscellaneous.
- (e) Credit, Accident and Health, Fidelity, Performance Contracts and Bonds, Indemnification Insurance and Mortgage Guaranty.

Texas	Authorized to Transact	Currently Transacting	Applying for
Fire			
Allied Coverages (a)			

Hail, growing crops only Texas (continued)	Authorized to Transact	Currently Transacting	Applying for
Rain			
Inland Marine (b)			
Ocean Marine			
Aircraft Liability			
Auto Physical Damage			
Accident			
Health			
Workers' Comp & Emp. Liability			
Employer's Liability			
Automobile Liability (c)			
Automobile Physical Damage (d)			
Liability other than Automobile (e)			
Fidelity and Surety			
Glass			
Burglary and Theft			
Forgery			
Boiler and Machinery			
Credit (f)			
Livestock (g)			
Prepaid Legal Services (h)			
Title (i)			
Mortgage Guaranty Type I			
Mortgage Guaranty Type II			
Life			
Variable Life			
Variable Annuity			

When one of the above coverages includes more than one kind or sub-line of insurance, the selection of that coverage authorizes the company to write one or more of the specified kinds of insurance included in that coverage.

- (a) Includes, but not limited to, Extended Coverage, Windstorm, Lightning, Hurricane, Hail (except growing crops), Explosion, Riot, Civil Commotion, Smoke, Aircraft, Land Vehicles, Physical Loss Form, Additional Extended Coverage, Vandalism, Malicious Misc
- (b) Includes Personal Property Floater.
- (c) Includes Bodily Injury, Medical Payments, Property Damage, and other Automobile Liability. If applicant is planning to write commercial automobile liability, a loss control plan must be submitted.
- (d) Includes Fire, Theft, Collision, Comprehensive and other Automobile Physical Damage.
- (e) Includes Bodily Injury, Medical Payments and Property Damage with regards to Comprehensive Personal Liability, Owners, Landlords and Tenants, Manufacturers and Contractors, Product, Contractual, Elevator (including Elevator Collision), Employers' Liability, Professional Liability for Physicians, Podiatrists, Certified Anesthetists, and Hospitals, and other Liability other than Automobile. If applicant is planning to write professional liability insurance for hospitals, professional liability for insureds other than hospitals, general liability and / or medical liability for insureds other than hospitals, a loss control plan must be submitted.
- (f) Includes Credit Involuntary Unemployment; excludes Mortgage Guaranty.
- (g) Mortality.
- (h) Prepaid Legal Services business also has separate policy forms filing requirements.
- (i) May be written only by Title insurance companies except those companies transacting title insurance prior to October 1, 1967. Includes Attorney's Title insurance companies as authorized by Texas Insurance Code, Article 9.56.
1. Life, Health, and accident and annuities – Chapter 3 of the Texas Administrative Code
 - a. Life, Health, and accident and annuities – Chapter 3 of the Texas Administrative Code
 - b. Mutual Life – Chapter 11 of the Texas Insurance Code
 2. Property and Casualty Insurance Companies – Chapter 5 of the Texas Administrative Code
 - a. Fire and Marine Companies- Chapter 6 of the Texas Insurance Code
 - b. Surety and Trust Companies – Chapter 7 of the Texas Insurance Code
 - c. General Casualty Companies – Chapter 8 of the Texas Insurance Code

Utah	Authorized to Transact	Currently Transacting	Applying for
Life Insurance, including variable products, (Utah Code Ann. § 31A-1-301 (98) (a))			
Accident & Health (Utah Code Ann. § 31A-1-301(1))			
Property Insurance (Utah Code Ann. § 31A-1-301 (134))			
Surety Insurance (Utah Code Ann. § 31A-1-301 (155))			
Bail Bond Surety (Utah Code Ann. § 31A-1-301(12))			
Vehicle Liability Insurance (Utah Code Ann. § 31A-1-301(163))			
Liability Insurance (Utah Code Ann. § 31A-1-301(96))			
Marine and Transport (Utah Code Ann. § 31A-1-301(80) & (116))			
Workers Compensation Insurance (Utah Code Ann. § 31A-1-301(166))			
Title Insurance (Utah Code Ann. § 31A-1-301(158))			
Professional Liability, excluding medical malpractice (Utah Code Ann. § 31A-1-301(133))			
Professional Liability, including medical malpractice (Utah Code Ann. § 31A-1-301(106))			
Motor Club (Utah Code Ann. § 31A-1-301(112))			
Limited Health Plan (Utah Code Ann. § 31A-8-101 (6))			
Nonprofit Health Service Corporation (Utah Code Ann. § 31A-7-102)			
Credit Guarantee (Utah Code Ann. § 31A-1-301(35))			
Legal Expense (Utah Code Ann. § 31A-1-301(95))			
Health Maintenance Organization (Utah Code Ann. § 31A-8-101(5))			

Vermont	Authorized to Transact	Currently Transacting	Applying for
Life (Section 3301(a)(1))			
Variable Annuity (Section 3857)			
Variable Life (Section 3857)			
Health (Section 3301(a)(2))			X
Casualty (Section 3301(a)(3))			
Marine and Transportation (Section 3301(a)(4))			
Marine Protection and Indemnity (Section 3301(a)(5))			
Wet Marine and Transportation (Section 3301(a)(6))			
Property (Section 3301(a)(7))			
Surety (Section 3301(a)(8))			
Title (Section 3301(a)(9))			
Multiple Line (Section 3301(a)(10))			

Virginia	Authorized to Transact	Currently Transacting	Applying for
(§ 38.2 101 through 134)			
Life and Health and Fraternal Benefit Society			
01 Life			
02 Industrial Life			
03 Credit Life			
04 Variable Life			
05 Annuities			
06 Variable Annuities			
07 Accident and Sickness			
08 Credit Accident and Sickness			
71 Modified Guaranteed Life			

Virginia (continued)	Authorized to Transact	Currently Transacting	Applying for
72 Modified Guaranteed Annuities			
99 Managed Care Health Insurance Plan *			
Title			
33 Title			
Property and Casualty			
07 Accident and Sickness			
08 Credit Accident and Sickness			
09 Fire			
10 Miscellaneous Property and Casualty			
11 Farmowners Multi Peril			
12 Homeowners Multi Peril			
13 Commercial Multi Peril			
14 Ocean Marine			
15 Inland Marine			
16 Workers Comp-Emp Liability			
17 Liability Other than Auto			
18 Auto Liability			
19 Auto Physical Damage			
20 Aircraft Liability			
21 Aircraft Physical Damage			
23 Fidelity			
24 Surety			
25 Glass			
26 Burglary and Theft			
27 Boiler and Machinery			
28 Credit			
29 Animal			
30 Water Damage			
32 Legal Services			
55 Home Protection			
56 Mortgage Guaranty			
74 Credit Involuntary Unemployment			
75 Credit Property			
99 Managed Care Health Insurance Plan *			

* Companies applying to operate a Managed Care Health Insurance Plan (MCHIP) will be required to obtain a Certificate of Quality Assurance (Certificate) from the Virginia Department of Health pursuant to § 38.2-5800 et seq. of the Code of Virginia. Upon receipt of an application to operate an MCHIP, the Bureau of Insurance will send a letter to the applicant describing the requirements for operating an MCHIP that includes the requirement to obtain a Certificate of Quality Assurance from the Virginia Department of Health.

Washington	Authorized to Transact	Currently Transacting	Applying for
Life (RCW 48.11.020)			
Disability (RCW 48.11.030)			
Property (RCW 48.11.040)			
Marine and Transportation (RCW 48.11.050)			
Vehicle (RCW 48.11.060)			
General Casualty (RCW 48.11.070)			
Surety (RCW 48.11.080)			
Title (RCW 48.11.100)			
Ocean Marine (RCW 48.11.105)			

West Virginia	Authorized to Transact	Currently Transacting	Applying for
Life (WVC 33-1-10(a))			
Accident & Sickness (WVC 33-1-10(b))			
Fire (WVC 33-1-10(c))			
Marine (WVC 33-1-10(d))			
Casualty (WVC 33-1-10(e))			
Surety (WVC 33-1-10(f)(1), (2) & (3))			
Title (WVC 33-1-10(f)(4))			
Reinsurance*			
Variable Annuity (WV Code §33-13A-1)			
Variable Life (WV Code §33-13A-1)			
Physicians Mutual (WV §33-20F-1)			
** Reciprocal (WV Code §33-21-1)			
Farmers Mutual Fire (WV Code §33-22-1)			
Fraternal (WV Code §33-23-1)			
Hospital Service (WV §33-24-1)			
Medical Service (WV §33-24-1)			
Health Service (WV §33-24-1)			
Dental Service (WV §33-24-1)			

* Indicate above the kinds of insurance to be reinsured, if application is for authority to transact reinsurance only.

** Indicate above the kinds of insurance to be written by the reciprocal insurer

Wisconsin	Authorized to Transact	Currently Transacting	Applying for
(s. Ins 6.75, Wis. Adm. Code)			
(1) (a) Life and Insurance Annuities			
Nonparticipating			
Participating			
(1) (b) Variable Life and variable annuities			
(1) (c) Disability (includes health)			
(2) (a) Fire, inland marine and other property			
(2) (b) Ocean marine			
(2) (c) Disability (includes health)			
(2) (d) Liability and incidental medical expense			
(2) (e) Automobile			
(2) (f) Fidelity insurance			
(2) (g) Surety insurance			
(2) (h) Title			
(2) (i) Mortgage guaranty			
(2) (j) Credit insurance			
(2) (k) Workers' compensation insurance			
(2) (l) Legal expense insurance			
(2) (m) Credit unemployment insurance			
(2) (n) Miscellaneous			
(2) (o) Aircraft			

Wyoming	Authorized to Transact	Currently Transacting	Applying for
Life, including annuities (WS 26-5-102)			
Variable Contracts			
Disability (WS 26-5-103)			
Property (WS 26-5-104)			
Surety (WS 26-5-105)			
Casualty (WS 26-5-106)			

Applicant Name: Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

Wyoming (continued)	Authorized to Transact	Currently Transacting	Applying for
Marine and Transportation (WS 26-5-107)			
Multiple Lines (WS 26-5-108)			
Title (WS 26-5-109)			

Tab 2

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 2. FILING FEE.

Vermont does not require that domestic insurers submit a filing fee. CHCVT is applying for a license as a domestic health insurer. No filing fee is required for this Application.

Tab 3

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 3. MINIMUM CAPITAL AND SURPLUS REQUIREMENTS.

CHCVT meets the minimum capital and surplus requirements for mutual insurers dictated by 8 V.S.A. § 3309. CHCVT does not have capital stock and possesses and maintains, unimpaired from the State, basic surplus of two million dollars (\$2,000,000) and surplus in the amount of three million dollars (\$3,000,000).

As CHCVT's financial statements show, CHCVT maintains the amounts in excess of the statutory minimum in capital and surplus. This capital and surplus is funded by loans authorized by the Consumer Operated and Oriented Program established under Section 1322 of the Affordable Care Act and issued by the Centers for Medicare & Medicaid Services. These loans are issued to support start-up and solvency costs associated with obtaining state licensure and are explained in more detail under Tab 6 of this Application.

The lender's rights under these loans are subordinate to the state's rights to the funds.

Tab 4

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 4. STATUTORY DEPOSIT REQUIREMENTS.

CHCVT does not currently have any statutory deposits in Vermont.

Tab 5

CONSUMER HEALTH COALITION OF VERMONT, INC.
UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION

ITEM 5. NAME APPROVAL REQUEST.

Vermont does not require name approval before submission of this Application.

Tab 6

**Uniform Certificate of Authority Application
QUESTIONNAIRE**

Directions: Each "Yes" or "No" question is to be answered by marking an "X" in the appropriate space. All questions should be answered. If an applicant denotes a question as "Not Applicable" (N/A) an explanation must be provided. Other answers and additional explanations or details may be provided in writing attached to the questionnaire. Please complete this form and file it with the company's application for a Certificate of Authority.

1. I hold the position(s) of President with the applicant.
2. A. Has the applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?
Yes No
- B. Has the applicant merged or consolidated with any other company within the last five Years?
Yes No

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

See Attachment 2.A.

3. Is applicant presently negotiating for or inviting negotiations for any transaction described above?
Yes No

If yes, provide the details in writing and attach to the Questionnaire.

4. Has the applicant ever changed its name?
Yes No

If Yes, attach copies of the instruments effecting such transaction certified by the Secretary over corporate seal as a true copy of the originals, including any official state regulatory approvals and filing data.

5. A. Has the applicant undergone a change of management or control since the date of its latest annual statement filed in support of this application?
Yes No

CHCVT was incorporated on November 18, 2011 and has not yet filed an annual statement.

- B. Does the applicant contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?
Yes No

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

See Attachment 5.B.

6. Is applicant owned or controlled by a holding corporation?
Yes No
- A. If yes, attach and make a part hereof an affidavit by an executive officer of the applicant who knows the facts listing the principal owners (10% or more of the outstanding shares) of such holding corporation by name and residence address, business occupation and business affiliations.

- 7. Is applicant owned, operated or controlled, directly or indirectly, by any other state, or province, district, territory or nation or any governmental subdivision or agency?
Yes ___ No X

If yes, provide the details in writing and attach to the Questionnaire

- 8. A. Has the applicant's certificate of authority to do business in any state been suspended or revoked within the last ten years?
Yes ___ No X
- B. Has its application for admission to any state been denied within the last ten years?
Yes ___ No X

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

- 9. Has any person who is presently an officer or director of applicant been convicted on, or pleaded guilty or nolo contendere to, an indictment or information in any jurisdiction charging a felony for theft, larceny or mail fraud or, of violating any corporate securities statute or any insurance statute?
Yes ___ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 10. Is applicant presently engaged in a dispute with any state or federal regulatory agency?
Yes ___ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 11. Is applicant a plaintiff or defendant in any legal action other than one arising out of policy claims?
Yes ___ No X

If yes, provide a summary of each case and an estimate of company's probable liability, if any, and attach to the Questionnaire.

- 12. Does the applicant purchase investment securities through any investment banking or brokerage house or firm from whom any of applicant's officers, directors, trustees, investment committee members or controlling stockholders receive a commission on such purchases?
Yes ___ No X

If yes, provide the details in writing and attach to the Questionnaire.

- 13. Is applicant a
 - A. Bank,
Yes ___ No X
 - B. Bank holding company, subsidiary or affiliate
Yes ___ No X
 - C. Financial holding company
Yes ___ No X
 - D. Other financial institution
Yes ___ No X

If yes, identify the bank(s), bank holding company(ies) or financial institution and the affiliation of the applicant. Provide the details in writing and attach to the Questionnaire.

14. Has the applicant, within 18 months last preceding the date of this affidavit, done any of the following?
- A. Made a loan to an entity owned or controlled directly or through a holding corporation by one or more of applicant's officers, directors, trustees or investment committee members, or to any such person?
Yes ___ No X
- B. Sold or transferred any of its assets or property, real or personal, to any such entity or person?
Yes ___ No X
- C. Had its outstanding capital stock directly or indirectly pledged for the debt of an affiliate?
Yes ___ No X
- D. Purchased securities, assets or property of any kind from an entity owned or controlled by one or more of applicant's officers, directors, trustees, or any persons who have authority in the management of applicant's funds (including a controlling stockholder)?
Yes ___ No X

If the answer to any of the last four questions is affirmative, did any officer, director, trustee or any person who had authority in the management of applicant's funds (including a controlling stockholder) receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?

Yes ___ No X

If yes, provide the details in writing and attach to the Questionnaire.

15. Attach an organizational depiction (in the format of a flow chart) showing the various executive management and directors offices and related material functions that require internal control oversight of the applicant, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited, to underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that have access to funds or bank accounts. Submit a map or narrative explaining where offices are geographically located and the approximate number of employees at each location.

See Attachment 15.

- A. Designate any common facilities and/or any of the above functions that are shared with affiliates.

N/A: There are no common facilities or functions shown above that will be shared with affiliates.

- B. Designate any of the above office/functions that are delegated to third parties;

- C. Attach copies of signed agreements for office functions delegated to either affiliates or third parties.

There are no signed agreements with business partners currently in place. As soon as those agreements are available, they will be provided to the Department.

- D. As applicable, attach a separate chart reflecting any other management positions (if different than what was noted above) that exercise control over insurance operations in other jurisdiction where the applicant company is seeking admission.

N/A: CHCVT will not operate in jurisdictions outside Vermont.

- E. Attach any similar information that was submitted to lenders or investment partners.

The information provided is consistent with information submitted to lenders and investment partners.

16. Provide a detailed description of the applicant's sales techniques. The description should include:
- A. Information regarding recruitment and training of sales representatives.
 - B. Identification as to whether the applicant will be a direct writer or will use agents, brokers or a combination thereof.
 - C. Explanation of the compensation and control to be provided by the applicant to its agents, brokers or sales personnel.
 - D. Sample copies of any agreements entered into between the applicant and its agents or brokers
 - E. If the applicant will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
 - F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.

See Attachment 16.

17. For each state in which the applicant is filing explain:
- A. The product lines currently sold or planned by the applicant,
 - B. Specialty line or lines currently sold and planned,
 - C. Captive business,
 - D. The applicant's marketing plan, including a description of the financial, corporate or other connections productive of insurance,
 - E. The applicant's current and expected competition (both regionally and nationally) and
 - F. How each state in which admission has been requested fits into the marketing plan. General description of the classes to be transacted is not an adequate response. For example, if the applicant plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

See Attachment 17.

18. If a parent, subsidiary and/or affiliated insurer is admitted for the classes of insurance requested in the pending application, please differentiate the products and/or markets of the applicant from those of the admitted insurer(s).

N/A: CHCVT does not have a parent, subsidiary or affiliate.

19. Provide a detailed description of the advertising that will be used by the applicant to market its products in each state. Include a detailed explanation as to how the applicant will develop, purchase, control and supervise its advertising.

See Attachment 19.

20. For each State, explain in detail the following:
- A. How the applicant's policies will be underwritten, including the issuance of policies and endorsements,
 - B. How policies will be cancelled,

- C. How premiums and other funds will be handled and
- D. How personnel will be trained, supervised, and compensated.

See Attachment 20.

21. Explain in detail how the applicant will adjust and pay claims.
- A. Describe how you will train, supervise and compensate the personnel handling claims adjusting and claims payment.
 - B. Provide detailed information as to how and by whom claim reserves will be set and modified.
 - C. Does applicant pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?
Yes ___ No X

See Attachment 21.

22. Is applicant a member of a group of companies that shares any of the following:
- A. Common facilities with another company or companies
Yes ___ No X
 - B. Services (e.g. accounting personnel for financial statement preparation)
Yes ___ No X
 - C. Or, is a party to a tax allocation agreement in common with another company
Yes ___ No X

If the answer to any of the above is Yes, explain the division of costs between participants. If costs are pro-rated, what is the basis for division? Attach a copy of relevant contracts and include a summary of any attached contract.

23. Does applicant have any reinsurance contracts which contracts that in effect provide that applicant will reimburse or indemnify the Reinsurer for losses payable there under?
Yes ___ No X

If yes, provide the details in writing and attach to the Questionnaire.

24. Does any salaried employee or officer, exclusive of a director, presently have in force a license as an insurance broker issued by the Vermont Department of Insurance?
(Name of Application State)
Yes ___ No X

If yes, please identify his/her license and position held with applicant.

25. Does applicant have outstanding unexercised stock options?
Yes ___ No **X**

A. If so, to whom and in what number of shares?

B. If options are outstanding for a number of shares greater than 10% of the number of shares presently issued and outstanding, a copy of the option form and of the plan pursuant to which they were granted are attached.

26. Are any of the applicant's policies being sold in connection with a mutual fund or investment in securities?
Yes ___ No ___ Not Applicable **X**

If Yes, supply details including all sales literature which refers to the insurance and mutual fund or other investment literature that refers to the insurance and mutual fund or other investment plan connection.

27. If applicant is applying for authority to write Variable Annuities, provide the following:

N/A: CHCVT will not offer variable annuities.

- a) Copy(ies) of any third party management or service contracts
- b) Commission schedules
- c) Five-year sales and expense projections
- d) A statement from the insurer's actuary describing reserving procedures including the mortality and expense risks which the insurer will bear under the contract
- e) Statement of the investment policy of the separate account
- f) Copy of the variable annuity prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
- g) Copies of the variable annuity laws and regulations of the state of domicile
- h) Copy(ies) of the variable annuity contract(s) and application(s)
- i) A description of any investment advisory services contemplated relating to Separate Accounts
- j) Board of Directors resolution authorizing the creation of the separate account

28. If applicant is applying for authority to write Variable Life Insurance, provide the following:

N/A: CHCVT will not offer variable life insurance.

- a) Copy(ies) of variable life policy(ies) the company intends to issue
- b) Name and experience of person(s) or firm(s) proposed to supply consulting, investments, administrative, custodial or distribution services to the company
- c) Disclose whether each investment advisor i) is registered under the Investment Advisers Act of 1940, or ii) is an investment manager under the Employee Retirement Income Security Act of 1974, or iii) whether the insurer will annually file required information and statements concerning each investment advisor as required by its domiciliary state
- d) Copy of the variable life prospectus as filed with the SEC unless the separate account is not required to file a registration under the federal securities law
- e) Statement of the investment policy of any separate account, and the procedures for changing such policy
- f) Copies of the variable life insurance laws and regulations of the state of domicile
- g) A statement from the insurer's actuary describing reserving procedures including the mortality and expense risks which the insurer will bear under the contract
- h) Standards of suitability or conduct regarding sales to policyholders
- i) Statement specifying the standards of conduct with respect to the purchase or sale of investments of separate accounts (i.e. Board resolution)
- j) Board of Directors resolution authorizing the creation of the separate account

29. If applicant is applying for authority to write Life Insurance, has applicant at any time in any jurisdiction while operating under its present management, or at any time within the last five years irrespective of changes in

management, taught or permitted its agents to sell insurance by using any of the following devices, or representations resembling any of the following:

N/A: CHCVT will not write life insurance.

- A. "Centers of influence" and "advisory board,"
Yes ___ No ___
- B. A charter or founder's policy,
Yes ___ No ___
- C. A profit sharing plan,
Yes ___ No ___
- D. Only a limited number of a certain policies will be sold in any given geographical area;
Yes ___ No ___
- E. "Profits" will accrue or be derived from mortality savings, lapses and surrenders, investment earnings, savings in administration;
Yes ___ No ___
- F. A printed list of several large American or Canadian insurers showing the dollar amounts of "savings", "profits" or "earnings" they have made in such categories.
Yes ___ No ___

If the answer to any of the above is yes, supply a complete set of all sales material including the sales manual, all company instructional material, brochures, illustrations, diagrams, literature, "canned" sales talks, copies of the policies which are no longer in use, list of states where such methods were used and the date (by year) when they were used, the approximate amount of insurance originally written in each state on each policy form thusly sold, the amount currently in force, and the lapse ratio on each form year by year and cumulatively in gross to the present date.

- 30. Does the company pay, directly or indirectly, any commission to any officer, director, actuary, medical director or any other physician charged with the duty of examining risks or applications?
Yes ___ No X Not Applicable ___

If yes, provide the details in writing and attach to the Questionnaire.

The following questions are to be completed only if the company is redomesticating to another state.

N/A: CHCVT is not redomesticating to another state.

- 31. Does the company have any permitted practices allowed by its current state of domicile?
Yes ___ No ___ Not Applicable X

If yes, provide the details in writing and attach a copy of the state of domicile's approval to the Questionnaire.

- 32. Does the company's current state of domicile prescribe any practices of the company that are not in accordance with?
 - a. Laws, regulations or bulletins of proposed state of domicile;
Yes ___ No ___ Not Applicable X

If yes, provide the details in writing and attach to the Questionnaire.

- b. Reserving requirements of proposed state of domicile; or
Yes ___ No ___ Not Applicable X

If yes, provide the details in writing and attach to the Questionnaire.

c. NAIC guidelines

Yes _____ No _____ Not Applicable X

If yes, provide the details in writing and attach to the Questionnaire.

33. Will the company's investments comply with the investment laws, regulations or bulletins of the proposed state of domicile?

Yes _____ No _____ Not Applicable X

If no, provide the details in writing and attach to the Questionnaire.

34. Does the company have any outstanding surplus notes?

Yes _____ No _____ Not Applicable X

If yes, provide the details in writing and attach to the Questionnaire and attach copy(ies) of the surplus notes reflecting the state of domicile's approval.

ATTACHMENT 2.A

2. A. *Has the applicant transferred or encumbered any portion of its assets or business, or has its outstanding capital stock been directly or indirectly pledged?*

Yes X No _____

CHCVT is organized and has received approval from the Centers for Medicare and Medicaid Services ("CMS") to be considered a not-for-profit Consumer Operated and Oriented Plan (a "CO-OP") created under the Patient Protection and Affordable Care Act (Pub. L. 111-148) eligible for IRS designation as a 501(c)(29), eligible for government loans under the CO-OP program.

The new law authorized the Secretary of CMS to make loans to help capitalize eligible CO-OP entities with the goal of having at least one CO-OP entity in each state. All CO-OP loans must be repaid with interest and are only made to private, nonprofit entities that demonstrate a high probability to CMS of becoming financially viable. CHCVT's business plans and financial projections were approved by CMS. CHCVT has received a start-up loan from CMS in the amount of \$6,289,400.00 and a solvency loan in the amount of \$27,548,400.00 (collectively referred to as the "Loans"). Start-up loans assist with the start-up costs associated with establishing CHCVT. Solvency loans will help CHCVT meet insurance company reserve requirements, solvency regulations, and requisite surplus note arrangements in Vermont.

The loan instruments and amounts are not unfamiliar to the Department. As part of the CO-OP application submitted to CMS, CHCVT had to demonstrate that the Department had reviewed documents related to the start-up and solvency loans. These materials were submitted to the Department and the Department completed its review in December 2011. The Loan agreements provide that the repayment amounts to CMS or demands for CMS loan funds will be subordinate to the State's interest in securing funds to protect insured citizens. The Loans will be general obligations of CHCVT. The Loans will have a claim on cash flow and reserves of CHCVT that is subordinate to (a) claims payments, (b) basic operating expenses, and (c) maintenance of Vermont required reserve funds. The solvency loan will be secured by a surplus note that makes repayment to CMS a lower priority than paying claims and ongoing operational expenses for operations. In addition, the surplus note makes any repayment subject to approval by the Department. CMS will be in active discussions with the Department concerning the wording of the surplus note.

CONFIDENTIAL

ATTACHMENT 5.B

- B. *Does the applicant contemplate a change in management or any transaction that would normally result in a change of management within the reasonably foreseeable future?*
Yes No

If the answer to either question is yes, provide the details in writing and attach to the Questionnaire.

CHCVT is organized in a manner that will ultimately allow its members to participate in the governance of the organization. The term "member" refers to individuals insured by CHCVT. The Bylaws provide for an initial formation board of directors (the "Formation Board") until members are acquired, at which time, control will be transitions from the Formation Board to the Board (the "Operational Board"), through duly held elections by members. The Operational Board should be in place by 2015.

The Formation Board will take initial responsibility for the formation and management of CHCVT. The Formation Board is comprised of industry experts, former regulators, medical professionals, and consultants. Within one (1) year of the issuance of the first insurance policy, members will vote on half of the Operational Board seats. In the second year, all Operational Board seats will be filled by member votes. The first transition election is expected to be held during the first quarter of 2014. In the first year of start-up, an independent Member Advisory Council will be formed to provide recommendations, feedback and input to the Formation Board and management and to assist in member outreach and education.

ATTACHMENT 15

15. *Attach an organizational depiction (in the format of a flow chart) showing the various executive management and directors offices and related material functions that require internal control oversight of the applicant, with the name and official title of those responsible for those offices/functions and the portions of the organization they oversee. Material functions should include, but are not limited, to underwriting, claims adjustment/payments, premium accounting, claims accounting, marketing, financial reporting, and investment management. Note any executive or key staff that have access to funds or bank accounts. Submit a map or narrative explaining where offices are geographically located and the approximate number of employees at each location.*

A chart reflecting the management structure is attached.

The Chief Executive Officer ("CEO") has ultimate leadership responsibility for the organization's resources and oversees finance, operations, sales and marketing, and human resources. This person will be an employee of CHCVT. The current President and Chief Executive Officer is Christine Oliver.

The Chief Operating Officer ("COO") is responsible for providing strategic leadership of the overall operational and administrative aspects of the CO-OP. The COO will be responsible for the creation and implementation of governance policies and procedures, company practices, staff organization and vendor management. The COO will also design, implement, and oversee work flow processes that create efficient business practices across all operations. The COO will report to the CEO and provide strategic support to the Board. The current COO is Thomas McKeown.

The Director of Finance is responsible for directing all financial matters related to CHCVT. This person will be an employee of CHCVT. This responsibility includes but is not limited to, overseeing preparation of budgets, balance sheets, and income statements; preparation of monthly, annual, and ad hoc financial and healthcare utilization reports; overseeing the general ledger; drafting financial narratives, overseeing the recording of revenues and expenses, overseeing the billing and collection efforts, and overseeing accounts payable and payroll administration; reporting on the status and performance of investments to the CEO and Board and advising the CEO and Board on other financial matters; coordinating CHCVT's internal and external audits; and accessing funds and bank accounts to facilitate operations. The current Director of Finance is Tara Banks.

The Chief Information Officer is responsible for the management and oversight of the Information Technology requirements of the organization, including support and maintenance of the IT infrastructure. This includes working closely with IT and software vendors, overseeing and ensuring all technical and IT processes operate efficiently, facilitating process improvements which include ongoing monitoring of efficiency and conducting risk assessments. This position is also responsible for the Security and Privacy needs of the organization. The current Chief Information Officer is Chad Somerset.

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Applicant Name: Consumer Health Coalition of Vermont, Inc.

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The Medical Consultant is responsible for formulating and providing overall direction regarding medical policy. This position contributes medical knowledge and leadership to develop and deliver managed health strategies, to improve health outcomes and create greater value to CHCVT members through effective pharmacy and medical benefit management. The Medical Consultant will also help maximize quality of care and service, identify individuals and populations at risk, with an emphasis on health maintenance, wellness, and health status improvement.

The Ombudsman is responsible for administering appeals from members and providers by obtaining and assembling information, coordinating review by internal committees and external consultants, and communicating with appellants regarding procedure and results. The Ombudsman is also responsible for responding to grievances (complaints) by obtaining information, making contact with provider and member to resolve the grievance, and informing grievant of results. The position also is responsible for the overall development and implementation of the company's quality improvement plan and the Vermont Rule H-2009-03 reporting.

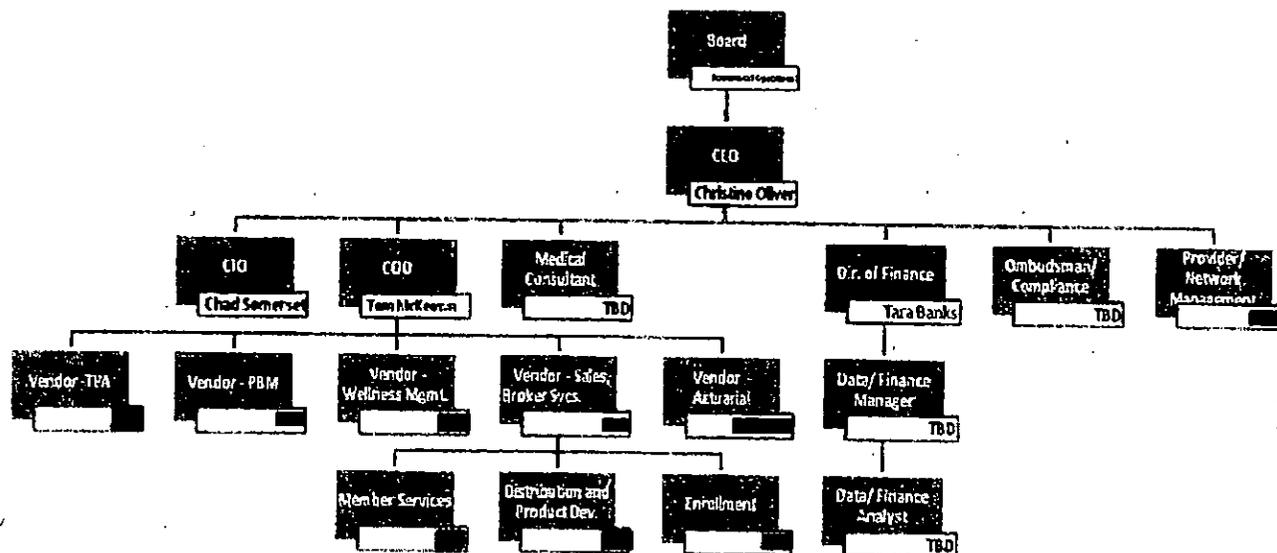


The remainder of the CHCVT management team will be hired in 2012 and 2013 by conducting an in-depth search for individuals who will bring value to CHCVT. We believe that the management team will need individuals with local employer market, insurance and provider knowledge and credibility. CHCVT will seek to fill those positions from candidates with experience in the Vermont market, when and as available.

Currently, the Chair of the Board, Mitch Fleischer, the CEO, Christine Oliver, and the Director of Finance, Tara Banks will have access to CHCVT funds. CHCVT offices are located in South Burlington, Vermont.

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CHCVT Management Chart

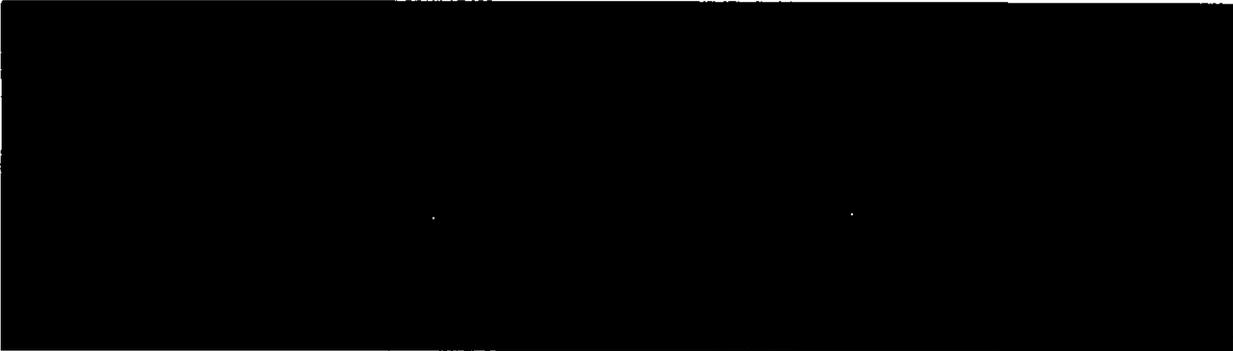


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ATTACHMENT 16

16. Provide a detailed description of the applicant's sales techniques. The description should include

- A. Information regarding recruitment and training of sales representatives.
- B. Identification as to whether the applicant will be a direct writer or will use agents, brokers or a combination thereof
- C. Explanation of the compensation and control to be provided by the applicant to its agents, brokers or sales personnel.
- D. Sample copies of any agreements entered into between the applicant and its agents or brokers.
- E. If the applicant will use a specific agency or managing general agent, identification of the agency or managing general agent and a copy of the agreement for this arrangement.
- F. Sample contract forms of all types used and remuneration schedule, including those for general agents, if any.



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ATTACHMENT 17

17 For each state in which the applicant is filing explain.

- A. The product lines currently sold or planned by the applicant,
- B. Specialty line or lines currently sold and planned,
- C. Captive business,
- D. The applicant's marketing plan, including a description of the financial, corporate or other connections productive of insurance,
- E. The applicant's current and expected competition (both regionally and nationally) and
- F. How each state in which admission has been requested fits into the marketing plan. General description of the classes to be transacted is not an adequate response. For example, if the applicant plans to market credit life and disability products tailored for use by credit unions, simply stating that it will transact credit life and disability is inadequate.

CHCVT only plans to operate in Vermont and only plans to offer health insurance. CHCVT does not plan to offer any specialty lines or captive business. Because CHCVT's operations will be limited to Vermont, the responses to Questions 17.A, 17.D, 17.E and 17.F only relate to the Vermont market. CHCVT's marketing plan is described in more detail under Attachment 19.



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Vermont Health Benefit Exchange Insurance Plans

	Platinum Plan	Gold Plan	Silver Plan 1	Silver Plan 2	Bronze Plan 1	Bronze Plan 2
Medical Maximum*	\$1,250	\$4,250	\$5,000	\$6,250	\$6,250	\$6,250
Pharmaceutical (Rx) Maximum*	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250
Inpatient Coverage	90%	80%	60%	80%	50%	50%
Outpatient Coverage	90%	80%	60%	80%	50%	50%
ER Coverage*	\$100 copay	\$150 copay	\$250 copay	80%	\$350 copay	50%
Primary Care Coverage	\$10 copay	\$15 copay	\$20 copay	80%	\$35 copay	50%
Urgent Care Coverage	\$40 copay	\$45 copay	\$50 copay	80%	\$100 copay	50%
Ambulance coverage	\$50 copay	\$50 copay	\$100 copay	80%	\$100 copay	50%
Rx Generic	\$5 copay	\$5 copay	\$10 copay	\$10 copay	\$12 copay	\$12 copay

* For families, the out-of-pocket maximums would double regardless of family size and resets annually.
* The ER copay would be waived if admitted.

Source: Green Mountain Care Board

In addition to the marketing strategy described under Attachment 19, CHCVT will develop educational materials about the Exchange, and its benefit offerings that will help educate consumers and familiarize them with the program and plans. Individuals and small groups will be able to access information about and purchase CHCVT products through the Exchange. Agents and brokers will market CHCVT offerings to large groups.

CHCVT anticipates its competition to be all other licensed health insurers offering similar coverage on and off the Exchange in the Vermont marketplace for individual, small groups and large groups. This competition includes, but is not limited to, Blue Cross Blue Shield Vermont, MVP, Aetna and Cigna. CHCVT anticipates that its cooperative model, its focus on preventative care and wellness distinguish it from local competitors.

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Applicant Name: Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN. 45-3987340

ATTACHMENT 19

- 19 Provide a detailed description of the advertising that will be used by the applicant to market its products in each state. Include a detailed explanation as to how the applicant will develop, purchase, control and supervise its advertising.



The Chief Operating Officer will oversee advertising and marketing development, to ensure regulatory compliance. All advertising materials and marketing strategies will be reviewed to ensure compliance with the Vermont Insurance Trade Practices Act and other relevant regulations pertaining to insurance advertising materials and marketing strategies.

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ATTACHMENT 20

20. For each State, explain in detail the following

- A. How the applicant's policies will be underwritten, including the issuance of policies and endorsements,
- B. How policies will be cancelled,
- C. How premiums and other funds will be handled and
- D. How personnel will be trained, supervised, and compensated.



CHCVT's intends to handle premiums and other funds in accordance with Vermont law and CHCVT's Bylaws. The Bylaws require CHCVT to use any surplus remaining, after paying the costs of operation and repayment of loans, to benefit the members by devoting it to the following purposes (a) lowering premiums; (b) improving benefits; (c) expanding enrollment or otherwise contributed to the stability of the CO-OP; and (d) improving the quality of health care services delivered to the members.

Personnel will be trained according to their function within CHCVT and in accordance with regulatory requirements that dictate how they must perform their functions within CHCVT. CHCVT will also thoroughly vet relationships with strategic business partners to ensure that they are properly training, supervising and compensating their employees performing services on CHCVT's behalf.

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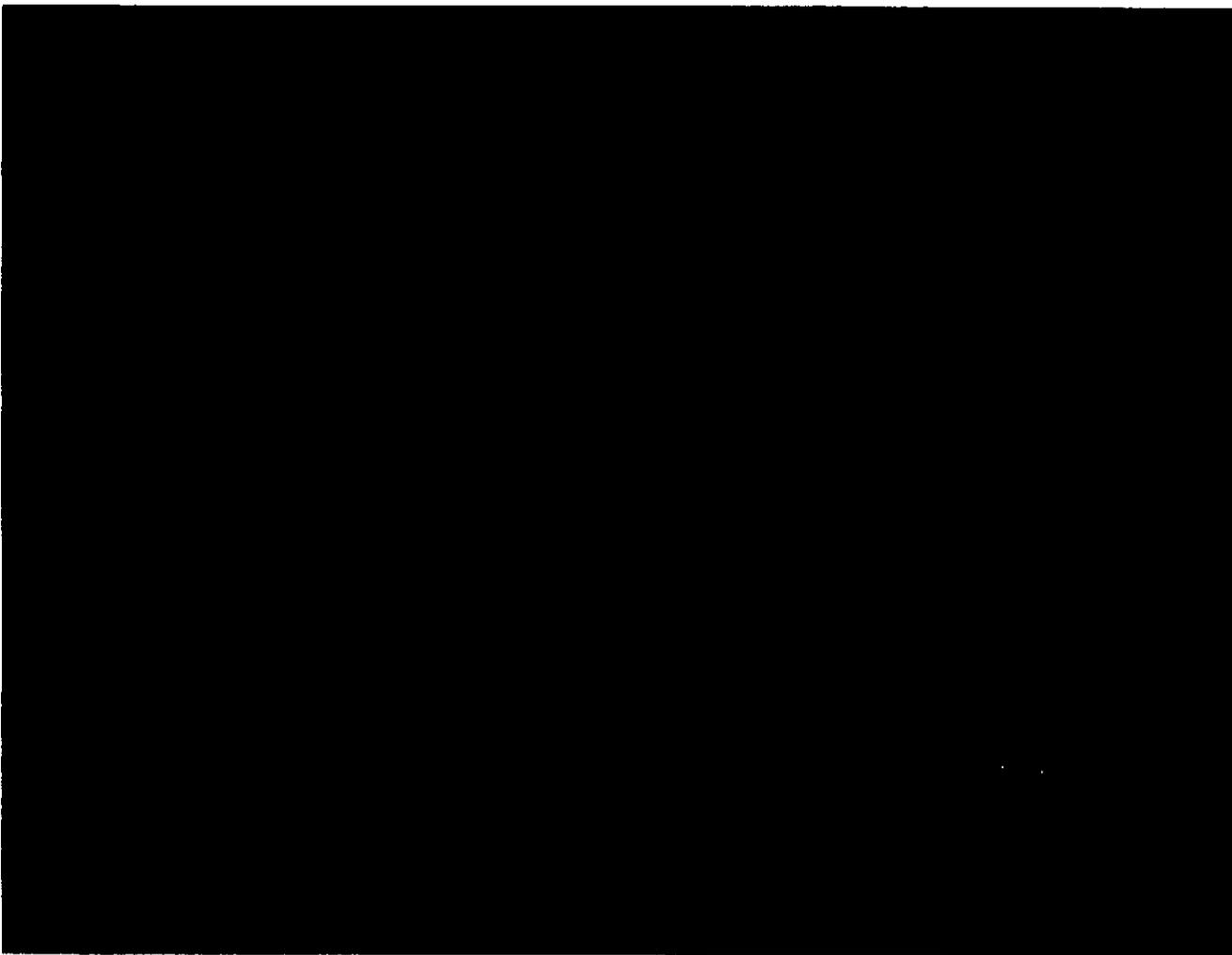
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ATTACHMENT 21

21 Explain in detail how the applicant will adjust and pay claims.

- A. Describe how you will train, supervise and compensate the personnel handling claims adjusting and claims payment.
- B. Provide detailed information as to how and by whom claim reserves will be set and modified.
- C. Does applicant pay any representative given discretion as to the settlement or adjustment of claims whether in direct negotiation with the claimant or in supervision of the person negotiating, a compensation which is in any way contingent upon the amount of settlement of such claims?

Yes ___ No X

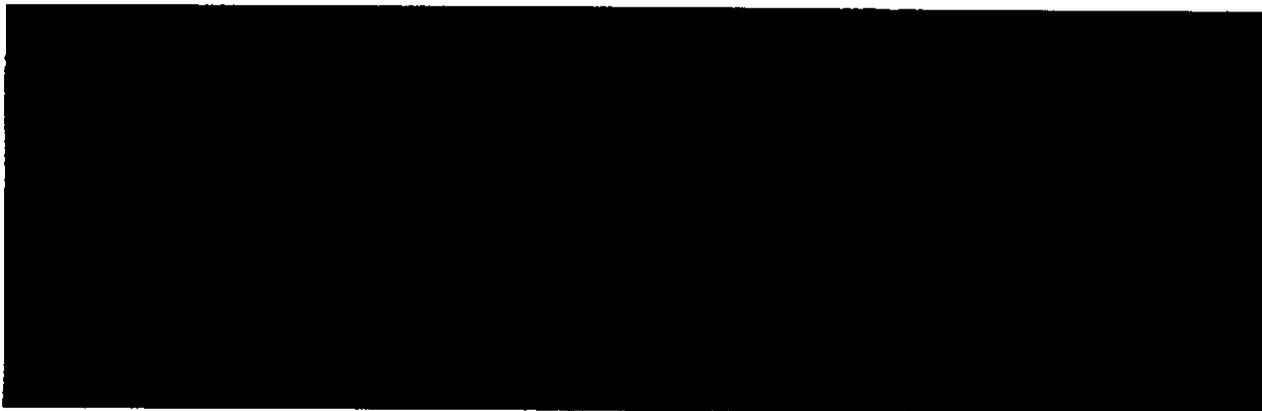


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Applicant Name: Consumer Health Coalition of Vermont, Inc.

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FEIN: 45-3987340



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21 PAGES
EXEMPT FROM DISCLOSURE

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 6. NARRATIVE.

CHCVT, a non-profit, member-benefit corporation is applying for licensure as a health insurer in the State of Vermont. CHCVT was formed in November 2011 specifically with the intention of serving as a Consumer Operated and Oriented Health Plan ("CO-OP") for Vermont and offering health plans to individuals and small businesses on the Health Insurance Exchange ("Exchange") and to large groups off the Exchange. The mission of CHCVT is to provide the organization's member-owners with health plans that engage its members in the maintenance and improvement of their health, provide support for satisfying and effective patient-physician relationships, and promote the innovative restructuring of health care delivery and financing in Vermont.

CHCVT's goals as a health plan are to engage the members in the maintenance and improvement of their health, by working with trusted providers and members, utilizing new, interesting approaches and technology that will impact behavior in a reliable manner; providing support for the patient-physician relationship; and supporting and participating in the innovative restructuring of health care delivery and financing in Vermont, including the strengthening of primary and team-based care. The leadership, management and strategic partners of CHCVT enthusiastically embrace this opportunity to build a new health plan based on principles of cooperation, progress, health improvement and innovation.

CHCVT's unique perspective requires that responsibility for key elements of the business plan remains locally-based and hands-on, with experienced management and control, answerable to the members. Governance, policy setting, strategic planning, and accountability will be entirely the responsibility of the Board of Directors, in response to member input. Executive leadership will rest with the Chief Executive Officer and his or her senior management team, under the direction of the Board. With the exception of medical care and payment thereof, all activities involving the provision of services to and for members will be the responsibility of CHCVT.

The financial strategy of CHCVT will focus on encouraging and maintaining prudent growth in all the markets CHCVT plans to serve; maintenance of adequate and affordable premiums that allow CHCVT to pay medical claims and administrative costs while allowing CHCVT to conserve capital; active risk management that allows CHCVT to identify and manage its risks in a responsible and proactive manner that is also in compliance with health reform; alignment with provider strategies that rewards high-quality, cost-effective providers; a lean administrative expense structure that provides CHCVT the ability to deliver value to the member.

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Tab 7

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 7. HOLDING COMPANY FORM "B" REGISTRATION STATEMENT.

CHCVT is not part of a holding company system requiring a Form B Registration Statement.

Tab 8

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 8. STATUTORY MEMBERSHIP-AGREEMENT TO PARTICIPATE.

CHCVT will obtain memberships into associations such as the Vermont Life & Health Association, as directed by the Department.

Tab 9

CONSUMER HEALTH COALITION OF VERMONT, INC.
UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION

ITEM 9: SEC FILINGS OR CONSOLIDATED GAAP FINANCIAL STATEMENT.

CHCVT has not filed or registered with the Securities and Exchange Commission (SEC) in connection with a public offering within the last three years, or filed an 8K, 10K, or 10Q within the last 12 months.

CHCVT is not providing a Consolidated GAAP Financial Statement because it is not a member of a holding company system or affiliated with other entities.

Tab 10

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 10. DEBT-TO-EQUITY RATIO STATEMENT.

CHCVT has not provided a debt-to-equity ratio statement which is only required under the UCAA Primary Application when a company is considered a member in a holding company system.

CHCVT is not a member in a holding company system, as that term is defined in 8 V.S.A. § 3681, and CHCVT has not organized, nor does it plan to seek approval, as a mutual insurance holding company, as that term is defined in 8 V.S.A. § 3441 et seq.

As stated elsewhere in this Application, CHCVT is initially and primarily funded by federal loans approved for use by Consumer Operated and Oriented Plans established under Section 1322 of the Affordable Care Act and implemented by 45 C.F.R., Subpart F.

Tab 11

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 11. CUSTODY AGREEMENT.

CHCVT currently has no custody agreements with other entities because CHCVT's stocks, bonds, and other physical or book entry securities are not in the physical possession of another entity. All such assets are under CHCVT's exclusive control.

Tab 12

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that
according to the records of this office

CONSUMER HEALTH COALITION OF VERMONT, INC.

a corporation formed under the laws of the State of Vermont

was filed for record in this office on November 18, 2011

I further certify that the corporation has perpetual duration, that its most recent annual report is on file, and, as of this date, articles of dissolution/withdrawal have not been filed.

July 13, 2012

Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James C. Condos

James C. Condos
Secretary of State



STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

I, James C. Condos, Secretary of State of the State of Vermont, do hereby certify that the
attached is a true copy of the

CORPORATE DOCUMENTS

For

CONSUMER HEALTH COALITION OF VERMONT, INC.

As filed in this department.

July 13, 2012
Given under my hand and the seal
of the State of Vermont, at
Montpelier, the State Capital

James C. Condos

James C. Condos
Secretary of State



N 326370

ARTICLES OF INCORPORATION
OF
CONSUMER HEALTH COALITION OF VERMONT, INC.
(A NONPROFIT CORPORATION)

VERMONT
SECRETARY OF STATE
CORPORATIONS
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FIRST: The name of the corporation shall be Consumer Health Coalition of Vermont, Inc.

SECOND: This corporation is a public benefit corporation.

THIRD: The address of the initial registered office of the corporation shall be 620 Hinesburg Road, South Burlington, Vermont 05403, and the initial registered agent at such office shall be Mitchell R. Fleischer.

FOURTH: The name and address of each incorporator of the corporation is as follows:

Mitchell R. Fleischer
620 Hinesburg Road
South Burlington, Vermont 05403

FIFTH: The corporation will have members. The criteria and procedure for admission of members shall be as set forth in the Bylaws of the corporation.

SIXTH: The corporation is organized and shall be operated exclusively as a Consumer Oriented and Operated Health Plan ("CO-OP") within the meaning of section 501(c)(29) of the Internal Revenue Code of 1986 and will carry out the purposes of, perform the function(s) of, or operate for the benefit of Vermont consumers. All section references in these Articles of Incorporation refer to the Internal Revenue Code of 1986, 26 U.S.C., and comparable provisions of later law. Subject to the foregoing, the corporation shall be permitted to engage in any lawful act or activity for which corporations may be organized under the Vermont Nonprofit Corporation Act.

SEVENTH: No part of the net earnings of the corporation shall inure to the benefit of any private shareholder or individual, except as permitted in the Patient Protection and Affordable Care Act to improve the quality or reduce the cost of health care delivered to members and except that the corporation shall be authorized and empowered to pay reasonable

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SECRETARY OF STATE
CORPORATIONS
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compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article SIXTH hereof.

EIGHTH: No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. Notwithstanding any other provision of these Articles of Incorporation, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from federal income tax under section 501(c)(29) of the Internal Revenue Code (or corresponding section of any future federal tax code).

NINTH: Upon the dissolution and liquidation of the corporation, the net assets of the corporation shall be distributed, on a pro-rata basis, to the members of the corporation to the extent permitted by 501(c)(29) of the Internal Revenue Code. Any assets not so disposed of shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the corporation is then located.

TENTH: (A) Subject to the restrictions imposed by section 8.51(d) of the Vermont Nonprofit Corporation Act (enumerating proceedings for which indemnification may not be made), the corporation shall indemnify any individual made a party to a proceeding because the individual is or was a director of the corporation against liability incurred in the proceeding if the individual meets the requirements of section 8.51 of the Vermont Nonprofit Corporation Act (or the corresponding section of any future Vermont statute).

(B) The corporation shall pay for or reimburse the reasonable expenses incurred by a director who is a party to a proceeding in advance of final disposition of the proceeding if the director meets the requirements of section 8.53 of the Vermont Nonprofit Corporation Act (or the corresponding section of any future Vermont statute).

(C) The right of indemnification and reimbursement provided by this Article TENTH shall continue as to a person who has ceased to be a director and shall inure to the benefit of the heirs, executors and administrators of such person.

(D) The right of indemnification provided by this Article TENTH shall not be deemed exclusive of any other rights to which those seeking indemnification may be entitled under any law (including, but not limited to, section 8.52 of the Vermont Nonprofit Corporation Act), bylaw, agreement, vote of disinterested directors or otherwise, as to action in his or her official capacity, and shall continue as to a person who has ceased to be such director and shall inure to the benefit of the heirs, executors and administrators of such person.

(E) The right of indemnification provided by this Article TENTH shall be deemed to be a contract between this corporation and each director of this corporation who

serves in such capacity, as to action in his or her official capacity, at any time while this Article TENTH and the relevant provisions of the Vermont Nonprofit Corporation Act and other applicable law, if any, are in effect, and any repeal or modification thereof shall not affect any rights or obligations then existing with respect to any state of facts then or theretofore existing or any action, suit or proceeding theretofore or thereafter brought or threatened based in whole or in part upon any such state of facts.

(F) The corporation shall indemnify and advance expenses to any officer or employee of the corporation who is not a director to the same extent as a director.

ELEVENTH: The Corporation reserves the right to restate these Articles of Incorporation and to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereafter prescribed by law, and all rights and powers conferred herein are subject to this reserved power.

THE UNDERSIGNED, being the sole incorporator, for the purpose of forming a corporation pursuant to the Vermont Nonprofit Corporation Act, does hereby make and file these Articles of Incorporation this 17 day of November, 2011.



Mitchell R. Fleischer, Incorporator

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**AMENDED AND RESTATED
BYLAWS
OF THE
CONSUMER HEALTH COALITION OF
VERMONT, INC.**

(Amended and Restated October 8, 2012)

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PREAMBLE:

These articles describe the powers and duties of the board, Members and officers to conduct business of the Consumer Health Coalition of Vermont, Inc. To the extent terms are used in these bylaws that are not defined herein, such terms shall be interpreted consistent with the definitions in the Patient Protection and Affordable Care Act and regulations promulgated under its authority.

ARTICLE I: NAME

The name of the corporation is Consumer Health Coalition of Vermont, Inc. (the "CO-OP")

ARTICLE II: NONPROFIT PURPOSE AND POWERS

The CO-OP is a Consumer Operated and Oriented Plan, as that term is defined under Section 1322 of the Patient Protection and Affordable Care Act (Public Law 111-148) ("PPACA"), and a nonprofit organization organized under Vermont law. The purpose of the CO-OP is to create a consumer-governed, private, nonprofit health insurance issuer offering health plans in the State of Vermont, as stated in the Articles of Incorporation. The CO-OP shall conduct substantially all of its health insurance operations by offering qualified health plans in the individual and small group markets and shall offer products to small businesses through the health insurance exchange in any market where it offers products to small businesses outside of the health insurance exchange.

The CO-OP shall have all of the powers accorded to a nonprofit corporation under the laws of the State of Vermont except that the CO-OP shall at all times conduct its activities in a manner consistent with preserving its status as an organization under Section 501(c) (29) of the Internal Revenue Code.

ARTICLE III: OFFICES

The CO-OP shall maintain a principal office for the transaction of its business in Chittenden County, Vermont. The CO-OP may also have offices at such places either within or without the State of Vermont as the Operational Board of Directors or the Formation Board of Directors¹ may determine from time to time. The Board reserves the right to change its principal office by Board action.

ARTICLE IV: CORPORATE SEAL

The CO-OP shall have the power, upon the approval of the Executive Committee, to adopt a corporate seal, which may be altered at will, and to use such seal, or a facsimile of it, by impressing or affixing it or in any other manner reproducing it.

ARTICLE V: BOARD OF DIRECTORS; DIRECTORS

¹ Hereinafter, all references to "Board" or "Board of Directors" shall apply to both the Formation Board and the Operational Board. When the bylaws intend to apply to only one of those boards, they shall refer to that board by name, i.e. Formation Board or Operational Board.

Section 1. General Powers. The business and affairs of the CO-OP shall be managed under the direction of its Board of Directors. The CO-OP shall have the power to do all things necessary or convenient to carry out its affairs (within the meaning of the Vermont Nonprofit Corporation Act) as may be necessary, useful, suitable or proper for the furtherance or accomplishment of its nonprofit and exempt purposes specified in its Articles of Incorporation. The Board may delegate its authority to a Committee of the Board of Directors, officers of the Board of Directors, corporate officers, and others, except to the extent inconsistent with or otherwise prohibited in these Bylaws or applicable law, provided that the activities and affairs of the CO-OP shall be managed and all corporate powers shall be exercised under the ultimate direction of the Board.

Section 2. Number and Composition and Initial Eligibility. No person who is a representative of any Federal, State or local government or of any political subdivision or instrumentality of any such government may serve on the CO-OP's Board of Directors. Further, no person who is a representative of a pre-existing insurance issuer, a trade association whose members consist of pre-existing issuers, a related entity or a predecessor of either, may serve on the CO-OP's Board of Directors.

(a) **Formation Board.** There shall be an initial Board of Directors (the "Formation Board") that shall consist of no less than three (3) directors or more than nine (9), including *ex officio* directors, as determined from time to time by the Formation Board. The term "Formation Board" means the initial Board of Directors of the CO-OP before it has begun accepting enrollment and been replaced as provided in Subparagraph (c). No more than forty-nine (49%) percent of the individuals serving on the Formation Board may be financially interested persons within the meaning of 11B V.S.A. §8.13 of the Vermont Nonprofit Corporations Act.

(i) **Ex Officio Directors.** The President and Chief Executive Officer of the CO-OP shall be an *ex officio* director of the CO-OP (the "Ex Officio Director"). The Ex Officio Director shall have the same duties and privileges as the appointed directors of the Formation Board.

(ii) **Remaining Directors.** The remaining members of the Formation Board, after the initial designation of three directors (the "Initial Directors"), shall be appointed by a majority vote of the Initial Directors and the Ex Officio Directors.

(iii) **Vacancies.** Upon resignation or removal of Director of the Formation Board, the Formation Board shall, in its discretion and in compliance with these Bylaws, determine whether to fill a vacancy. If the Formation Board determines to fill the vacancy, it shall appoint a successor director by majority vote of the Formation Board.

(b) **Operational Board.** There shall be a Board of Directors that shall consist of no less than nine (9) and no more than thirteen (13) directors. The term "Operational Board" shall mean the Board of Directors elected by the Members of the CO-OP (hereinafter referred to as the "Board of Directors" or the "Board"). Except as provided in subparagraph (c), all Members will be eligible to vote for each director on the CO-OP's Operational Board. The majority of directors on the Operational Board must be Members of the organization. Each director has one vote unless he or she is a non-voting director. While all directors of the Operational Board must

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be elected by the Members, the CO-OP may designate some Operational Board positions for directors with certain types of expertise that are essential to the governance of the CO-OP. The Governance and Nominating Committee will enlist all director candidates through the nominating process. Positions on the Operational Board designated for individuals with specialized expertise, experience or affiliation cannot constitute a majority of the Operational Board. This provision does not prevent any individual from seeking election to the Operational Board based on being a Member of the CO-OP. No more than forty-nine (49%) percent of the individuals serving on the Operational Board may be financially interested persons within the meaning of 11B V.S.A. §8.13 of the Vermont Nonprofit Corporations Act.

(i) Ex Officio Directors. The President and Chief Executive Officer of the CO-OP shall be an *ex officio* director of the CO-OP (the "Ex Officio Director"). The Ex Officio Director shall have the same duties and privileges as the Elected Directors.

(ii) Elected Directors. The remaining members of the Operational Board shall be the "Elected Directors" and shall be elected in contested elections held by the Members and managed by the Governance and Nominating Committee.

(iii) Non-Voting Directors. The CO-OP may choose to have directors who provide expertise but do not vote. Non-voting directors must bring specific expertise or be Members of the CO-OP management team.

(c) Transition from the Formation Board to the Operational Board. The first Member election shall take place no later than one year following the date the CO-OP began providing coverage to its first Member (the "Effective Date") and shall result in a board that is comprised of fifty percent (50%) or more directors elected by the Members. Thereafter, all directors must be elected by a majority vote of a quorum of the Members. The Formation Board shall be replaced by the Operational Board within two years after the Effective Date.

Section 3. Compensation. The Board shall determine reasonable compensation, if any, for each member of either Board and the officers of the CO-OP.

Section 4. Election and Appointment of Elected Directors. Except as provided in Section 2(c), the terms of directors of the Operational Board shall be staggered so that one-third (or such number as approximates one-third insofar as practicable) shall be elected each year. Subject to shorter terms as may be required to effect a staggered board, each director shall generally hold office for a three (3) year term, and thereafter until the election and qualification of his or her successor. Each director may be re-elected for three (3) consecutive terms only. Accordingly, a director who serves for three (3) terms shall not be eligible for re-election until one (1) year has passed from the expiration of the third term. Directors shall be elected at the annual meeting of the Members by the Members.

Section 5. Resignation. Any director may resign at any time by giving written notice of such resignation to the Board Secretary, with a copy to the Board Chair. Such resignation shall be effective upon delivery, unless a later date is specified in the notice. Directors are expected to attend all Board meetings. Commencing upon seating of the Operational Board, Elected Directors who miss two consecutive regularly scheduled meetings with unexcused absences (as determined by the Executive Committee) shall be deemed to have delivered to the Board a

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written notice of resignation, and the successor director elected by the Board will serve the unexpired term of the former director.

Section 6. Removal. A director of the Formation Board may be removed with or without cause by two-thirds (2/3) affirmative vote of the directors then in office held either at a regularly scheduled meeting or at a properly called special meeting when, in the sole judgment of the directors voting for removal, the best interests of the CO-OP would be served thereby. A director proposed to be removed shall be given at least seven (7) days' advance written notice of the removal vote and shall be entitled to be heard at the meeting of directors prior to the vote.

A director of the Operational Board may be removed with or without cause: (a) by a two-thirds (2/3) affirmative vote of the directors then in office, held either at a special or regularly scheduled meeting; or (b) by a two-thirds (2/3) affirmative vote of the Members held either at a special or regularly scheduled meeting. A director proposed to be removed shall be given at least seven (7) days' advance written notice of the removal vote and shall be entitled to be heard at a meeting of directors and Members prior to the vote.

Section 7. Vacancies. Upon the resignation or removal of an Elected Director of the Operational Board or when vacant seats exist on the Operational Board, the Governance and Nominating Committee shall evaluate the need to fill the vacancy and make a recommendation to the Operational Board based on the evaluation. The evaluation of the need to fill the vacancy shall consider whether the vacancy has compromised the required majority of Member directors of the Operational Board. If the Governance and Nominating Committee determines that the vacancy must be filled, the remaining members of the Operational Board shall elect a director to serve until the next regularly scheduled election. If the Operational Board does not elect to fill a vacancy, the Members may elect to conduct elections to fill a vacancy by a two-thirds (2/3) affirmative vote of the Members taken at either a special or regularly scheduled meeting. An individual may be elected to fill a vacancy of an Elected Director after being elected by a majority vote of the Members in elections conducted by the Governance and Nominating Committee.

Section 8. Standard of Conduct and Care for Directors and Officers. In addition to the more specific standards that may be established in a statement of responsibilities, code of conduct or conflict of interest policy adopted by the Board, each director and Board officer shall discharge his or her duties in a manner he or she reasonably believes in good faith to be in the best interests of the CO-OP and with such care, including reasonable inquiry, as an ordinarily prudent person performing the duties of a director would exercise under similar circumstances. In performing director duties, a director shall be entitled to rely on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by (a) one (1) or more officers or employees of the CO-OP whom the director reasonably believes to be reliable and competent in the matters presented; (b) legal counsel, public accountants, or other persons as to matters which the director reasonably believes to be within such person's professional or expert competence; or (c) a Committee of the Board upon which such director does not serve, duly designated in accordance with a provision of these Bylaws, as to matters within its designated authority, which Committee the director reasonably believes to merit confidence, but such director shall not be considered to be acting in good faith if she or he has knowledge concerning the matter in question that would cause such reliance to be unwarranted.

Section 9. Conflicts of Interest. Each director must meet ethical conflict-of-interest, and disclosure standards including that each director acts in the sole interest of the CO-OP.

(a) By no later than December 31, 2011, the Board shall adopt a written conflict of interest policy, by resolution, which policy shall be reviewed periodically and revised as determined to be necessary or desirable.

(b) The conflicts of interest policy shall be applied uniformly to all directors of the CO-OP. The conflicts of interest policy shall incorporate ethics, conflicts of interest, and disclosure standards. The standards must protect against insurance industry and state involvement in the CO-OP to the extent it is prohibited by PPACA. In addition, the standards must ensure that each director acts in a manner he or she reasonably believes in good faith to be in the best interest of the CO-OP and its Members, avoids self dealing, and acts prudently and consistently with the terms of the CO-OP's governance documents and applicable federal and state law. At a minimum, these standards must include: (1) a mechanism to identify potential ethical or other conflicts of interest; (2) a duty on the CO-OP's executive officers and directors to disclose all potential conflicts of interest; (3) a process to determine the extent to which a conflict exists; (4) a process to address any conflict of interest; and (5) a process to be followed in the event a director or executive officer of the CO-OP violates these standards.

(c) Each of the directors of the CO-OP, shall be entitled to inspect and copy the books, records, and documents of the CO-OP at any reasonable time to the extent reasonably related to the performance of the directors' duties as a director, including duties as a member of a committee, but not for any other purpose or in any manner that would violate applicable law (including privacy laws) or any duty owed to the CO-OP. This inspection and copy right shall be uniformly applied to all directors unless a specific conflict of interest involving a particular matter requires that access to the information be restricted as to the conflicted (or potentially conflicted) director. All requests for access to CO-OP documents shall be made in good faith. No director shall request to inspect any documents of the CO-OP in a manner that could reasonably be interpreted as an effort to harass the CO-OP.

ARTICLE VI: MEETINGS OF THE DIRECTORS.

Section 1. Place of Meetings. The Board may hold its annual, regular and special meetings at such times and places as determined by the Chair of the Board after consultation with the Executive Committee.

Section 2. Annual Meetings. The Board shall hold a regular meeting designated as the "annual meeting" of the Board each year on a date determined by the Chair of the Board after consultation with the Executive Committee. At each annual meeting, the Board of Directors shall accept new members of the Board, reported by the Governance and Nominating Committee, elected during the Member elections to replace those members whose terms have expired or will expire before the next meeting of the Board and to conduct such other business as may properly come before it.

Section 3. Regular Meetings. In addition to the annual meeting, the Board shall hold at least two (2) regular meetings at such times and places as the Chair of the Board shall determine following consultation with the Executive Committee. At each regular meeting, the Board of

Directors shall conduct such business as may properly come before the meeting. For purposes of these Bylaws, a "regular meeting" shall mean, as specified in Section 8.20 of the Vermont Nonprofit Corporation Act, any meeting of the Board the time and place of which is fixed by the Bylaws or by prior Board action.

Section 4. Special Meetings. Special meetings of the Board may be called by: (a) the Board Chair; (b) the Board Vice Chair; (c) the President and Chief Executive Officer, or (d) upon written request of any three (3) or more directors of the CO-OP. A person entitled to call a special meeting of the Board may make a written request to the Secretary to call the meeting. The Secretary shall give or cause to be given written notice of the meeting in the manner provided below promptly after receiving the a written request to call a meeting, and the meeting shall be scheduled no less than ten (10) days after receipt of the request to call a special meeting.

Section 5. Meeting by Means of Electronic Communication. A meeting among directors by any means of communication, including an electronic, telecommunications, and video- or audio-conferencing conference telephone call, by which all participating directors may simultaneously communicate with each other during the meeting constitutes a meeting of the Board (or Board committee) if the same notice is given of the meeting as would be required for an in person or telephonic meeting, and if the number of participating in the meeting would be sufficient to constitute a quorum.

Section 6. Notice of Meetings; Waiver of Notice.

(a) Notice of Annual and Regular Meetings. No less than seven (7) days' written notice of each regular meeting of the Board of Directors (including the regular meeting designated as the "annual meeting"), excluding the day of the meeting, shall be given to all directors. Said notice shall include proposed agenda items but, except as otherwise provided in the Vermont Nonprofit Corporation Act or in these Bylaws, the failure to include an agenda item in the notice shall not prevent action from being taken with respect to such item.

(b) Notice of Special Meetings. No less than seven (7) days' written notice of each special meeting of the Board, excluding the day of the meeting, shall be given to all directors. Said notice shall include proposed agenda items but, except as otherwise provided in the Vermont Nonprofit Corporation Act or in these Bylaws, the failure to include an agenda item in the notice shall not prevent action from being taken with respect to such item.

(c) Written or Electronic Notice. Any notice required or permitted under these Bylaws (whether such notice pertains to a meeting or otherwise and whether or not specified to be in the form of "written notice" or "in writing") may be in the form of facsimile transmission, U.S. mail, an electronic record (including email and any other form of wire, wireless, or electronic communication that is retrievable in perceivable form), or personal delivery. Notice provided by U.S. mail shall be effective five (5) days after its deposit in the U.S. mail, as evidenced by the postmark if mailed postpaid and properly addressed.

(d) Waiver. Any director may waive notice of any meeting of the Board of Directors in writing before, at, or after a meeting. The attendance of a director at any meeting shall constitute a waiver of notice of such meeting unless he or she objects at the beginning of the meeting to the transaction of business because the meeting is not lawfully called or convened and

does not participate in the meeting. Any waiver shall be filed with the Board Secretary (or the Vice Chair in the absence of the Secretary), who shall enter the waiver upon the records.

Section 7. Quorum and Voting. The presence of a majority of the elected members of the Board shall constitute a quorum for the transaction of business at any meeting of the Board. If a quorum is present when a duly called or held meeting is convened, the directors present may continue to transact business until adjournment only if the withdrawal of directors originally present does not leave less than the proportion or number otherwise required for a quorum. At any meeting of the Board, each director present at the meeting shall be entitled to cast one (1) vote on any question coming before the meeting. Unless otherwise specified in these Bylaws, a majority vote of the directors in attendance at any meeting while a quorum is present is required to transact business (except in the case of a merger of the CO-OP or the sale, lease, exchange or other disposition of all or substantially all of the property of the CO-OP in which case the affirmative vote of two-thirds (2/3) of the directors then in office shall be required).

Section 8. Rules of Procedure. The rules contained in *Robert's Rules of Order*, as from time to time revised, shall govern the conduct of meetings (but not to the call, notice, or quorum requirements of meetings) of the Board and Committees in all cases to which they are applicable and not inconsistent with these Bylaws, the Articles of Incorporation, the Vermont Nonprofit Corporation Act, or any special rules of order the CO-OP may from time to time adopt. Minutes of the meetings of the Board shall be available for review by and at the request of any director, the Board as a whole, or any member, subject to the limitations in Article XI.

ARTICLE VII: OFFICERS OF THE BOARD

Section 1. Number. The Board shall have the following officers: (a) Chair; (b) Secretary; and (c) Treasurer, and if decided in the discretion of the Board; (d) Vice Chair, all of whom shall be *ex officio* members of the Executive Committee. No officer may hold more than one of these appointments. The CO-OP also may have any other officers and agents deemed by the Board to be in the best interests of the CO-OP. Subject to conformance with these Bylaws, the Board shall fix the powers and duties of all officers.

Section 2. Election and Term of Office. All officers of the Board shall be nominated and elected by the Board of Directors at a regular or special meeting of the Board, and all officers of the Board other than the Chair shall serve for a term of three (3) years (after an initial term of two, three, or four years equal to the initial staggered term of such officer as a director) and shall be eligible to serve consecutive terms. Each officer of the Board shall hold office until his or her successor has been elected or until his or her earlier death, resignation or removal from office.

Section 3. Removal and Vacancies. Any officer of the Board may be removed at any time, with or without cause, by the affirmative vote of a majority of directors then in office. Any vacancy in an office of the Board of Directors shall be filled by action of the full Board.

Section 4. Resignation. A Board officer may resign as an officer at any time by giving written notice of such resignation to the Secretary, with a copy to the Chair of the Board. Such resignation shall be effective upon delivery, unless a later date is specified in the notice.

Section 5. Chair of the Board.

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(a) By majority vote of the entire Board, the Board shall elect from the number of its Elected Directors a Chair of the Board. The Chair shall be responsible for (i) planning and presiding over Board meetings, (ii) organizing the business of the Board and setting the annual Board calendar, (iii) serving as principal liaison between the Board and the corporate officers of the CO-OP; (iv) serving as primary spokesperson of the Board, and (v) performing such other duties and having such other powers as may be provided for elsewhere in these Bylaws or by the Board. The Chair of the Board shall be *ex officio* the Chair of the Executive Committee.

(b) The term of the Chair shall be for two years, renewable by the Board once for a second two-year term.

(c) The Chair shall have the power to sign on behalf of the CO-OP any contract, conveyance or other instrument in writing executed or entered into between the CO-OP and any other person when authorized by law, these Bylaws, or by Board resolution. The Chair shall undertake such other powers and duties as may be delegated from time to time by the Board or granted or imposed by law, the Articles of Incorporation or these Bylaws. The Chair may delegate duties with authorization by resolution of the Board.

Section 6. Vice Chair. By majority vote of the entire Board, in the Board's discretion, the Board may elect from the number of its Elected Directors a Vice Chair of the Board. The term of the Vice Chair shall be for two years; renewable by the Board once for a second two-year term. The Vice Chair of the Board, in the absence of the Chair, shall preside at meetings of the Board and its Executive Committee. The Vice Chair shall have such powers and perform such additional duties as may be prescribed by the Chair in consultation with the Board. In the absence of the Chair and the Vice Chair of the Board at any meeting of the Board of Directors, a temporary Chair shall be selected by the directors present and shall act for the purpose of the meeting as the Chair of the Board of Directors. If the Board elects a Vice Chair of the Board, the Vice Chair shall be *ex officio* the Vice Chair of the Executive Committee and the Chair of the Governance and Nominating Committee.

Section 7. Secretary. By majority vote of the entire Board, the Board shall elect from the number of its Elected Directors a Secretary. The Secretary shall be responsible for keeping the minutes of the meetings of the Board, seeing that all notices are duly given in accordance with the provisions of these Bylaws, maintaining corporate records and the corporate seal, and in general performing all duties incident to the office of Secretary of a corporation and such other duties as from time to time may be assigned by the Board. To assist the Secretary in the discharge of his or her duties to keep a record of all meetings of the Board and to perform all other duties of the Secretary, the Secretary may delegate to one or more staff members of the CO-OP the duty to record minutes and perform other duties of the Secretary provided each such staff member remains under the supervision of the Secretary. The Secretary shall be an *ex officio* member of the Executive Committee.

Section 8. Treasurer. By majority vote of the entire Board, the Board shall elect from the number of its Elected Directors a Treasurer. The Treasurer shall be the fiscal officer of the CO-OP. The Treasurer shall be charged with the safekeeping of all funds and properties of the corporation; receive or cause to be received all monies and securities of the corporation, including any subscriptions, beneficiary aid and other fees; deposit or cause to be deposited such

monies and securities in depositories approved by the Board or its Finance and Investment Committee; maintain or have maintained complete and accurate accounts of all receipts and expenditures; and be prepared to report on the financial condition of the CO-OP at meetings of the Board. At the expense of the CO-OP the Treasurer shall give bond for faithful performance of the duties of the office unless the giving of said bond is waived by the Board. The Treasurer shall be *ex officio* the Chair of the Finance and Investment Committee.

Section 9. Other Officers. The Board may elect or appoint additional officers or assistant officers as it deems convenient or necessary. Any other officers shall hold office at the discretion of the Board and shall have such powers, perform such duties and be responsible to such other officers as the Board may prescribe.

ARTICLE VIII: OFFICERS OF THE CO-OP.

Section 1. Generally. The officers of the CO-OP (the "corporate officers") shall include a President and Chief Executive Officer and such other officers and assistant officers as the President may appoint from time to time with the approval of the Board. Officers shall serve at the pleasure of the Board for an indefinite duration. A vacancy in any office because of death, incapacity, resignation, or removal shall be filled for the unexpired portion of the term by action of the Board upon nomination by the President and Chief Executive Officer in all instances except for appointment of a President and Chief Executive Officer.

Section 2. President and Chief Executive Officer. The President and Chief Executive Officer of the CO-OP shall be the principal executive officer of the CO-OP. The President and Chief Executive Officer shall be selected by the Board of Directors and shall have a direct reporting obligation to the Chair of the Board, but be responsible to the Board as a whole. The President shall serve as an *ex officio* voting member of each standing Board committee with the exception of the Audit Committee, as to which he or she shall not be an *ex officio* member. The President and Chief Executive Officer shall exercise such powers and undertake such duties as may be delegated from time to time by the Board or granted or imposed by law, the Articles of Incorporation or these Bylaws. The President and Chief Executive Officer shall have power and authority to manage and conduct the business and affairs of the CO-OP and shall be the primary spokesperson of the CO-OP (but not of the Board), and shall have full authority to bind the CO-OP, subject to the direction of the Chair. The President and Chief Executive Officer shall have the authority and responsibility to administer budgets, execute policy, cause resolutions to take effect, formulate procedures and for the planning and control of all operations of the CO-OP in a manner which fulfills the mission and purposes of the CO-OP and the objectives of the Board. Subject to adopted budgets, policies and direction of the Board, the President shall be responsible for the direction and supervision of personnel and shall have the power to hire, discharge, fix compensation (not including compensation for the CO-OP's corporate officers, whose compensation shall be established by the Executive Committee pursuant to Article VIII, Section 2) and specify the duties of agents and employees of the CO-OP under the President and Chief Executive Officer's supervision. Subject to the approval of the Board, the President and Chief Executive Officer shall have the power to delegate his or her duties to other corporate officers and staff. In the absence, disability, death, resignation or termination of the President and Chief Executive Officer, the Board by resolution shall appoint a person to perform the duties of the President and Chief Executive Officer on an acting, interim or indefinite basis.

Section 3. Vice President and Chief Operating Officer. If the President and Chief Executive Officer appoints a Vice President and Chief Operating Officer, the Chief Operating Officer shall have the following duties and responsibilities: (i) to provide strategic leadership (in collaboration with the Board and the President and Chief Executive Officer of the CO-OP) towards achieving long-term expectations for the success of the CO-OP, including but not limited to working on governance policies and procedures to guide the work of the CO-OP based on nationally-recognized best practices; (ii) to provide strategic leadership to the Board and Committee chairs on the formation of meeting agendas, meeting materials, and in the execution of action items; (iii) to develop a strategic communications plan to share updates on the CO-OP's activities with the Board; and (iv) to otherwise support the CO-OP's mission, vision, goals and strategic direction.

Section 4. Director of Finance. The President and Chief Executive Officer shall appoint a Director of Finance, the Director of Finance shall be responsible for the daily management and oversight of the financial affairs of the CO-OP, including the acceptance, receipt, disbursement, investment, and custody for all funds and property of the CO-OP; the execution of contracts for investment and financial services; and the maintenance of accurate records of the CO-OP's financial activity. The Director of Finance shall report to the Board at each meeting on the status of the finances of the CO-OP, report annually to the Board on the financial condition of the CO-OP and its investment performance, and perform such other duties as may be prescribed by the Board from time to time. The Director of Finance shall be appointed by the President of the CO-OP upon recommendation of the Board Finance and Investment Committee and subject to Board approval.

Section 5. Other Officers. With the approval of the Board, the President and Chief Executive Officer may appoint additional vice presidents and administrative officers having such duties as the President may, in consultation with the Board, determine from time to time.

ARTICLE IX: COMMITTEES

Section 1. Committees.

(a) The standing committees of the Board shall include (i) the Executive Committee, (ii) the Governance and Nominating Committee, (iii) the Finance and Investment Committee, and (iv) the Audit Committee. In addition to the standing committees required by these Bylaws, the Board may establish one or more committees as may be specified in resolutions approved by the affirmative vote of a majority of the directors and following recommendation from the Governance and Nominating Committee. Such committees shall have the authority of the Board in the management of the business of the CO-OP to the extent provided in their respective charters or resolutions duly approved by the Board. The Board shall appoint all committee members and the chair of each committee (and if applicable the vice chair) based on nominations from the Governance and Nominating Committee, after soliciting input from the President and Chief Executive Officer. A majority of the members of each Standing Committee shall be comprised solely of individuals who are directors of the CO-OP, whether *ex officio* or otherwise. A minority of the members of any Standing Committee may include non-director members, who shall participate in the work of the committee and vote on committee decisions except to the extent that any such decision would discharge any authority of the full Board that has been delegated to the committee. The Board or the Board Chair, with the approval of the Executive

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Committee, may nonetheless establish advisory committees, task forces or equivalent bodies, as described below.

(b) Each standing committee of the Board shall formulate and adopt, subject to general provisions of these Bylaws and approval by the Board, a committee charter, which shall include a description of the scope of the powers, authority and responsibilities of the committee and the policies and procedures by which the committee shall conduct its business.

(c) Committees shall meet as often as necessary to carry out their respective responsibilities, but not less than twice annually.

(d) To the extent not otherwise provided in these Bylaws or by direction of the Board, the provisions of these Bylaws that govern call of meetings, notice, quorum, and voting requirements of the Board shall apply to the meetings of the Committees (except that: (1) the Chair of the Committee shall be substituted for the Chair of the Board; (2) meetings of the Executive Committee may be held on two (2) days advance notice; and (3) for purposes of determining the existence of a quorum only those members of the Committee who are directors shall be counted). Committees shall regularly report on their proceedings to the Board. Minutes of the meetings of each standing committee shall be available for review by and at the request of any director or the Board.

Section 2. Executive Committee. There shall be an Executive Committee consisting of no less than three (3) and no more than five (5) members, the Chair of which shall be *ex officio* the Chair of the Board. The members of the Executive Committee shall include the Board Chair, the Secretary of the Board, the Treasurer of the Board, and such other Elected Director(s) as may be appointed by the Chair with the approval of the Board. Meetings of the Executive Committee may be called by the Chair or any two members of the committee. The Executive Committee shall act during intervals between meetings of the Board. During such intervals, except to the extent inconsistent with or prohibited by these Bylaws or directives of the Board, the Executive Committee shall have and may exercise all of the authority and powers of the Board in the management of the affairs of the CO-OP, provided however, that the Executive Committee may not adopt a plan for distribution of the assets of the CO-OP; approve or recommend dissolution, merger, or the sale, pledge, or transfer of all or substantially all of the CO-OP's assets; elect, appoint, or remove directors; or adopt, amend, or repeal the Articles of Incorporation or Bylaws of the CO-OP. The Executive Committee shall also serve as the compensation committee, charged with periodically and no less than once annually reviewing and approving, following recommendations from the President and Chief Executive Officer, the compensation and benefits the CO-OP will provide to its corporate officers (with the President and Chief Executive Officer recusing him or herself with respect to any deliberations or decisions regarding his or her compensation).

Section 3. Governance and Nominating Committee. There shall be a Governance and Nominating Committee consisting of no less than three (3) members, the Chair of which shall be *ex officio* the Vice Chair unless no Vice Chair has been designated, then the Chair shall be the Secretary of the Board.

The duties of the Governance and Nominating Committee shall include developing for Board action policies regarding the responsibilities of directors (including a conflicts of interest policy);

periodically educating the Board regarding governance practices and reviewing and making recommendations regarding Board governance to ensure fidelity to the mission of the CO-OP and facilitate the adoption and implementation of good governance practices; periodically reviewing and updating committee charters (in consultation with the applicable committees); overseeing director orientation, educational programs, and retreats; implementing Board and Committee effectiveness assessments; identifying, cultivating and developing prospective directors; and periodically reviewing the Articles of Incorporation and the Bylaws of the CO-OP for relevancy and effectiveness as well as proposing revisions to the Board as necessary or desirable.

The duties of the Governance and Nominating Committee shall also include, (a) calling, organizing and conducting contested Member elections for Directors at regular intervals and when directed to do so by the Board or Members to fill a vacancy; (b) soliciting and receiving a sufficient number of nominations from Members and Directors for candidates to ensure that election of Directors are contested; (c) verifying the willingness and qualifications of candidates for elected positions; (d) overseeing the preparation and counting of ballots; and (e) reporting election results to the Board of Directors and Members.

Section 4. Finance and Investment Committee. There shall be a Finance and Investment Committee consisting of no less than three (3) members, the Chair of which shall be *ex officio* the Treasurer of the CO-OP. The Finance and Investment Committee shall meet no less than four (4) times per year. The duties of the Finance and Investment Committee shall include overseeing the preparation, and periodic review, of the CO-OP's annual budget, which the Board shall approve before the beginning of the fiscal year; recommending to the Board financial and investment policies relating to spending and debt policies; advising the Board on the engagement or termination of investment counselors and custodians and the basis of such engagement; appraising the performance of investment counselors, managers, and custodians; overseeing all aspects of the management of CO-OP investments, including but not limited to asset allocation, the investment of funds and the internal investment operation of the CO-OP; evaluating the insurances maintained by the CO-OP; monitoring actual financial performance against budget; assisting the Treasurer in recommending to the Board an annual operating budget; and making periodic reports to the Board on investment performance and other significant financial matters.

Section 5. Audit Committee. There shall be an Audit Committee consisting of no less than three (3) members, none of whom shall be officers of the CO-OP and at least one of whom shall have financial expertise. The duties of the Audit Committee shall include ensuring that (a) the financial records of the CO-OP are maintained in accordance with generally accepted accounting principles; (b) consistent and reliable financial practices (including internal controls) are followed; and (c) the current financial status of the CO-OP is reported to the Board regularly and accurately. The Committee is also responsible for retaining and evaluating the performance of the CO-OP's independent auditors (including the approval of audit engagement letters and audit fees); serving as the liaison between the auditors and the Board; ensuring that the auditors have full access to financial and related records; reviewing and approving the audited financial statements or other requisite documents for a tax exempt organization and nonprofit CO-OP; reviewing the audit management letter and reviewing and approving management's response; monitoring compliance with the CO-OP's conflicts of interest policy; monitoring the CO-OP's compliance with donor intent; overseeing the processing of whistleblower complaints; and recommending acceptance of the audited financial statements to the Board. Directors who are

members of the Finance and Investment Committee may not comprise a majority of the members of the Audit Committee.

Section 6. Ad Hoc Committees. The Board shall have the power to establish ad hoc committees, task forces or equivalent bodies (collectively "Ad Hoc Committees") to (i) provide guidance to the Executive Committee or Board on specific projects or matters and/or (ii) to exercise the powers of the Board. Each resolution establishing an Ad Hoc Committee shall specify the members of the committee, the charge of such committee, and if the Ad Hoc Committee has the power to exercise the powers of the Board the extent of such authority. In the absence of a specific delegation of power, an Advisory Committee shall be considered advisory in nature and will not have any authority to take action on the part of the Board. If the membership of the Ad Hoc Committee includes non-directors as well as directors, the Ad Hoc Committee shall be considered an Advisory Committee with the ability to only provide non-binding input and recommendations.

Section 7. Advisory Committees. The Board Chair, with the approval of the Executive Committee, shall have the power to establish advisory committees, task forces or equivalent bodies (collectively "Advisory Committees") to provide guidance to the Executive Committee or Board on specific projects or matters. Each resolution establishing an Advisory Committee shall specify the members of the committee and the charge of such committee. Advisory Committees shall have no power to exercise any authority of the Board or Executive Committee but rather only to conduct the work assigned to it and to report its findings/recommendations to the Executive Committee or the full Board, as the case may be. The actions (if any) of an Advisory Committee shall constitute only the provision of providing non-binding input or recommendations, and nothing in these Bylaws shall be construed to create any fiduciary duty or other liability on the part of any Advisory Committee or any of its individual members (or of any non-director serving on any other committee) to the CO-OP or third parties; it being expressly acknowledged that the management of the CO-OP shall at all times be exclusively vested in the Board.

ARTICLE X: MEMBERS

Section 1. Qualification. The membership of the CO-OP shall consist of a single class of Members. Members of the CO-OP shall be any individual of legal age covered under the health insurance policies issued by the CO-OP.

Section 2. Rights and Obligations. All Members shall have the ability to vote as provided herein and to vote on the Board of Directors. Members may also nominate candidates to stand for election to the Board, in such manner as the Governance and Nominating Committee shall designate. Members shall have access to all services and programs provided by the CO-OP. In addition, Members shall have all rights afforded Members under the Vermont Nonprofit Corporations Act.

Section 3. Annual and Special Meetings.

(a) Each year there shall be an annual meeting of the Members held at such time and at such place within the State of Vermont as the Board of Directors shall decide. At the annual meeting, the Members shall vote to elect the directors in contested elections managed by the Governance

Consumer Health Coalition of Vermont
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and Nominating Committee. The Members shall also vote on any other matter properly brought to the Members, as decided by the Board of Directors.

(b) Special meetings of the Members shall be called (i) by vote of a majority of the Board of Directors (after consultation with the Governance and Nominating Committee, if the meeting is for the purpose of electing directors); or (ii) by the Board of Directors upon delivery to any corporate officer of a written demand signed by Members constituting at least five percent (5%) of the total membership, which demand must describe the purposes of such special meeting. Upon receipt of the written demand, the CO-OP shall give notice of the special meeting within 30 days of receipt of the written demand in the manner described in Section 4 below. To assist Members in securing a written demand signed by Members constituting at least five percent (5%) of the total membership, the CO-OP shall, upon receipt of a written request signed by at least 250 Members and payment of the CO-OP's printing and postage costs, send a written notice to the entire membership which (i) states that a written demand has been received, (ii) explains the general nature of the demand and (iii) if requested in the demand, lists the contact information of up to three individuals who are available to provide further information concerning the demand.

(c) If stated in the notice of meeting, any annual or special meeting of the Members may be conducted by means of any telecommunications mechanism, including video-conferencing or internet web-cast conferencing.

Section 4. Notice of Meetings.

(a) Notice of the annual meeting of the Members shall state the time, place, and general nature of business to be discussed. The notice shall be sent either electronically or by mail at least ten (10) days prior to the annual meeting date but no sooner than sixty (60) days before the meeting date.

(b) Notice of any special meeting shall state the time, place and a description of the matter or matters for which the meeting is being called. The notice shall be sent either electronically or by mail at least ten (10) days prior to the meeting date but no more than sixty (60) days before the meeting date.

(c) Each Member in good standing at the close of business ten (10) business days prior to the date on which the meeting is noticed shall be entitled to receive notice and vote.

(d) Notice may be waived by any Member as provided under the Vermont Nonprofit Corporation Act.

(e) Notices shall be sent to either the mailing or electronic address specified by the Member on the Member's membership application or to such other address as the Member may provide from time to time by written notice to the CO-OP.

Section 5. Quorum. A quorum of the Members shall consist of representatives of ten percent (10%) of the votes entitled to be cast on a matter. A quorum must be represented at a meeting of the Members to constitute a quorum on that matter. Representatives can participate either in person or by proxy.

Section 6. Voting; Record Date. Each Member shall have one and only one vote for each open Board position and on every issue put before the Member for a vote. Voting shall be conducted in accordance with time periods, procedures, and rules as may be established by the Board. Election of Directors may be by mail ballot voting and/or electronic ballot voting of Members before the annual meeting or through voting by ballot at the annual meeting. The names of all persons nominated shall appear on the ballot. When voting is conducted by mail or electronically, ballots shall be prepared and distributed with the notice of the annual meeting and shall be made available to all eligible Members either upon request or as may otherwise be established by the Board.

For any scheduled Member vote or meeting each Member in good standing at the close of business thirty (30) business days prior to the voting period or meeting shall be entitled to one vote on each matter voted upon by the Members. All of the Members shall vote as a single class. Members may designate and vote by proxy as provided in the Vermont Nonprofit Corporations Act.

Section 7. Approval. If a quorum is present (or achieved by written ballot), action on any matter by Members is approved if votes cast by the Members favoring the action exceeds the votes cast opposing the action.

Section 8. Action by Written Ballot. Any action which may be submitted to a vote of the Members at any annual or special meeting of the Members may be taken without a meeting if the CO-OP delivers a written ballot to every Member in compliance with the Vermont Nonprofit Corporation Act.

Section 9. Member Advisory Council. The Board shall establish a Member Advisory Council ("MAC") to provide guidance to Members on matters related to membership in the CO-OP. The resolution to create a MAC shall specify the charge of the council and the number of seats available on the council. The initial MAC shall be appointed by the Formation Board at its first meeting following the execution of a loan agreement with the Department of Health and Human Services. Thereafter, all vacancies of the MAC shall be filled by a vote of the remaining MAC members; *provided, however* that MAC members shall be Members and no one prohibited from serving on the Board of Directors shall be eligible to serve on the MAC. Appointments to the MAC shall be for two year terms. The MAC shall have no power to exercise any authority given to the Members but rather only to conduct its work and to report its findings/recommendations to the Board, the management and to the Members. Work may be assigned to the MAC by the Board, by a vote of the Members or developed by the MAC with notice to the Board. The actions (if any) of the MAC shall constitute only the provision of non-binding input or recommendations, and nothing in these Bylaws shall be construed to create any fiduciary duty or other liability on the part of the MAC or any of its individual Members; it being expressly acknowledged that management of the CO-OP shall at all times be exclusively vested in the Board.

Article XI: Financial and Miscellaneous Matters

Section 1. Contributions and Disbursements. All contributions received by the CO-OP shall be deposited promptly to the credit of the CO-OP in a special account or accounts in such banks, trust companies, or other depositories as the Board or its designee may select. All contributions to and disbursements from the CO-OP shall be recorded, and such records shall be subject to {B0952000.1 14171-0001}

examination at any reasonable time, upon request, by any director (or the Board as a whole) to the extent reasonably related to the performance of the director's duties as a director, including duties as a member of a committee, but not for any other purpose or in any manner that would violate any duty to the CO-OP or applicable law.

Section 2. Budget. Each year an annual operating budget shall be submitted by the President and Chief Executive Officer of the CO-OP to the Finance and Investments Committee for review, which the Finance and Investments Committee will then, after making any revisions deemed prudent, recommend to the full Board for approval.

Section 3. Contracts. To the extent not inconsistent with these Bylaws and duties assigned to the respective officers of the CO-OP, all contracts, deeds, mortgages, pledges, transfers, and other written instruments binding on the CO-OP shall be executed on behalf of the CO-OP by the President and Chief Executive Officer of the CO-OP, provided that the President and Chief Executive Officer may delegate to the Director of Finance such responsibilities relative to financial and investment agreements as may be authorized by the Board following favorable recommendation of the Finance and Investment Committee.

Section 4. Loans. No loans shall be contracted on behalf of the CO-OP, unless recommended by the Finance and Investment Committee and authorized by the Board. Such authorization and approval may be general or confined to specific instances. The CO-OP shall not lend money or guarantee the obligation of a director except as stated in Article XIII, Indemnification.

Section 5. Checks, Drafts, and Similar Financial Documents. All checks, drafts or other orders for the payment of money issued in the name of the CO-OP shall be signed by such officer or officers, agent or agents of the CO-OP and in such manner as shall be expressly authorized by resolution of the Board.

Section 6. Maintenance of Records and Records Requests. The CO-OP shall keep at its principal office correct and complete copies of (i) its Articles of Incorporation and Bylaws (and all amendments and restatements thereto), (ii) minutes of all meetings of its Board, a record of all actions taken by the directors without a meeting, and a record of all actions taken by Board committees to the extent such committees exercised the authority of the Board, (iii) a list of the names and business or home addresses of its current directors and officers, and (iv) its most recent biennial report delivered to the Vermont Secretary of State.

Complete copies of the (i) Articles of Incorporation and Bylaws (and all amendments and restatements thereto), (ii) minutes of all meetings of its Board, a record of all actions taken by the directors without a meeting, and a record of all actions taken by the Board committees to the extent such committee exercised the authority of the Board, and (iii) its most recent biennial report delivered to the Vermont Secretary of State shall be made available, for reasonable inspection and copyright, to directors or Members unless access to such information would create a conflict of interest or compromise personal privacy. This access shall not extend to the minutes of the Executive and Governance and Nominating Committee to the extent those minutes contain personal information about employees of the CO-OP. All requests for access to CO-OP documents shall be made in good faith and the CO-OP may, in responding to such requests, protect its commercially sensitive and trade secret information to the extent permissible by law. No director or Member shall request to inspect any documents of the CO-

OP in a manner that could reasonably be interpreted as an effort to harass the CO-OP.

Section 7. Annual Report; Annual Audit.

(a) Annual Report. Within 120 days after the close of the fiscal year, the Board shall cause an annual report to be prepared. Such report shall contain the following information in reasonable detail:

- (i) The assets and liabilities; including the trust funds, of the CO-OP as of the end of the fiscal year;
- (ii) The principal changes in assets and liabilities, including trust funds, during the fiscal year;
- (iii) The revenues or receipts of the CO-OP, both unrestricted and restricted to particular purposes, for the fiscal year; and
- (iv) The expenses or disbursements of the CO-OP, for both general and restricted purposes, during the fiscal year.

(b) Annual Audit. In conjunction with the preparation and issuance of the annual report, the Board shall cause the books and records of account of the CO-OP to be audited by certified public accountants to be selected by the Audit Committee at least once each fiscal year.

(c) Annual Member Report. Within 120 days after the close of the fiscal year, the Board shall cause an annual report to be prepared to make available to the CO-OP membership. Such report shall be a summary of the information required in the Annual Report listed under Section 7(a).

Section 8. Purchase and Sale of Securities; Voting Securities Owned by the CO-OP. The Board may by resolution authorize and empower the President and Chief Executive Officer, the Vice President and Chief Operating Officer, and/or the Director of Finance to buy and sell securities or other financial instruments held or to be held or owned by the CO-OP and to make commitments for the investment of funds on behalf of the CO-OP. Such officers may by such resolution be authorized to do all other things necessary or convenient to accomplish such purchases, sales and investments. Unless otherwise provided for by resolution of the Board, each such officer (or any designee of such an officer) shall have full authority on behalf of the CO-OP to attend, act, and vote at any meetings of the stockholders, bondholders, or other security holders of any corporation, trust, or association in which the CO-OP may hold securities. At any such meeting, the officer shall possess all the rights and powers incident to the ownership of such securities, which as owner thereof the CO-OP might have possessed if present, including the authority to delegate such authority to a proxy.

Section 10. Insurance. The CO-OP shall purchase and maintain insurance on behalf of individuals who are directors, officers, or employees of the CO-OP (and agents if deemed appropriate) against liability asserted against or incurred by the individual in that capacity or arising from the status of the individual as a director, officer, or employee of the CO-OP (or an agent of the CO-OP), regardless of the authority of the CO-OP to indemnify or advance expenses

to the individual against the same liability covered by such insurance.

Section 11. Use of Surplus. Any surplus of the CO-OP remaining, after paying the costs of operation and repayment of loans, shall inure to the benefit of the Members and be devoted solely to the following:

- (a) To lower premiums;
- (b) To improve benefits;
- (c) To expand enrollment or otherwise contribute to the stability of the CO-OP; and
- (d) To improve the quality of health care services delivered to the Members.

Article XII: Amendment of Articles of Incorporation or Bylaws

The Articles of Incorporation or these Bylaws may be altered, amended or restated, except as provided below, only upon affirmative vote of not less than two-thirds (2/3) of all directors present at the meeting at which a quorum is present. Amendments to the Bylaws involving changes to the number of directors, the composition of the Board, the term of office of directors, the method in which directors are elected or selected, or other Members' rights shall require a vote of not less than two-thirds (2/3) of the votes cast or a majority of voting power of the Members, whichever is less. The foregoing exception shall not apply to changes to the Bylaws or Articles of Incorporation before the Operational Board has been elected. Any number of amendments, or an entire revision of the Articles of Incorporation or these Bylaws, may be voted upon at a meeting of the Board and, if applicable, the Members, provided that the notice of the meeting must state the purpose, or one of the purposes, of the meeting is to consider a proposed amendment to the Articles of Incorporation and/or these Bylaws and contain or be accompanied by a copy or summary of the amendment(s) or state the general nature of the proposed amendment(s) and such notice shall have been given to all directors at least seven (7) days in advance of the meeting.

No amendment may be made to the Articles of Incorporation or these Bylaws if the amendment would cause the CO-OP to be out of compliance with Federal or State requirements applicable to its operations, licensure, tax-exempt status or status as a Qualified Nonprofit Health Insurance Issuer within the meaning of 45 CFR §156.15 et seq., including the requirements of 26 USC 501(c)(29).

Article XIII: Indemnification

Section 1. Mandatory Indemnification. The CO-OP shall indemnify any individual who is or was a director or officer of the CO-OP to the extent that such indemnification is permitted under the Vermont Nonprofit Corporation Act.

Section 2. Discretionary Indemnification. The CO-OP may indemnify a director, officer of the Board, officer, employee, or agent of the CO-OP to the extent permitted by the Vermont Nonprofit Corporation Act. The determination as to whether the CO-OP will consider providing discretionary indemnification shall be made by resolution of the Board, provided that the

determination as to whether an individual has met the standard of conduct necessary to entitle him or her to be indemnified shall be made in the manner specified by the Vermont Nonprofit Corporation Act.

Section 3. Advance for Expenses. The CO-OP may pay for or reimburse the reasonable expenses incurred by a director, officer of the Board, officer, employee, or agent of the CO-OP in advance of the final disposition of the proceeding in accordance with the Vermont Nonprofit Corporation Act.

Section 4. Insurance. Nothing herein shall affect the right of the CO-OP to purchase and maintain insurance on behalf of an individual who is or was a director, officer of the Board, officer, employee, or agent of the CO-OP. No individual for whom indemnification is intended hereunder shall be indemnified for any expenses or liability for which coverage is provided and reimbursement is paid under an insurance policy.

Section 5. Former Directors, officers, employees and agents. The indemnification provisions of this Article shall be extended to a person who has ceased to be a CO-OP director, officer of the Board, officer, employee and/or agent and shall inure to the benefit of the heirs, personal representatives, executors and administrators of such persons.

Section 6. Notice to Attorney General. Notwithstanding the foregoing, if and to the extent Vermont law requires notice to the Attorney General of the State of Vermont prior to the indemnification of a director of the CO-OP (see 11B V.S.A. § 8.55(d) of current law requiring 20 days advance notice to the Attorney General prior to indemnifying a director of a public benefit corporation), no indemnification shall be made to any director of the CO-OP until after the expiration of the required statutory notice period.

ARTICLE XIV: Definitions

As referenced in these Bylaws, the following terms shall have the meanings given to them in this section:

“Corporation” or “CO-OP” means Consumer Health Coalition of Vermont, Inc.

“Days” means calendar days. If a notice period would otherwise expire on a Sunday or a national or state holiday, the expiration date shall be deferred until the following business day.

“Deliver” or “delivery” means any method of delivery used in conventional commercial practice, including delivery by hand, mail, commercial delivery, and electronic transmission

“Electronic” means relating to technology having electrical, digital, magnetic, wireless, optical, electromagnetic, or similar capabilities.

“Member” means an individual insured person of legal age who is in good standing with the CO-OP.

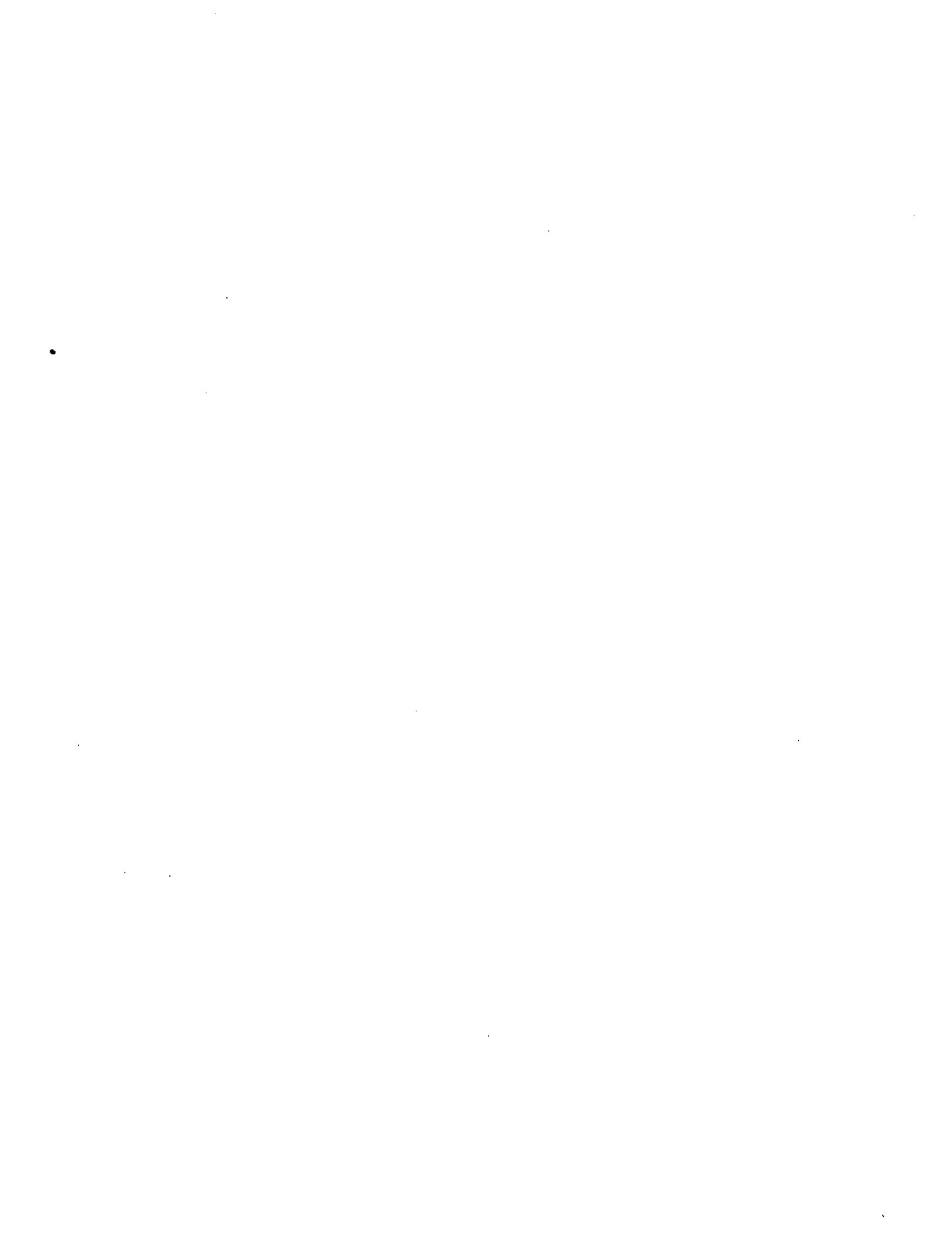
“Record” means information that is inscribed on a tangible medium or that is stored in an electronic or other medium and is retrievable in perceivable form.

“Sign” or “signature” means, with present intent to authenticate or adopt a record: (i) to

Consumer Health Coalition of Vermont
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execute or adopt a tangible symbol; or (ii) to attach to or logically associate with the record an electronic sound, symbol, or process.

“Written” notice or notice “in writing” includes notice provided in the form of a record.



CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

**ITEM 12.c and 12.d STATEMENT WITH ATTACHMENTS AND INDEPENDENT
AUDIT REPORT.**

CHCVT has included pro forma financial information under Item 6 of this Application. CHCVT is new and has not yet produced annual or quarterly statements. CHCVT has also not had its financials audited by independent accountants.

As CHCVT moves into its first year of operations, it will produce these statements and file them with the Department, as required by Vermont law.

Tab 13

CONSUMER HEALTH COALITION OF VERMONT, INC.

UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION

ITEM 13. NAIC BIOGRAPHICAL AFFIDAVITS.

The following executed biographical affidavits are included herein:

Directors:

Fleischer, Mitchell Ross
Jillson, David
Lampman, James Sutton
Nedde, Douglas Carlson
Pitcher, Mark Andrew

Officers:

Banks, Tara
McKeown, Thomas
Oliver, Christine
Somerset, Chad

Key Managerial Personnel:

Management personnel have not yet been hired.

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(802)658-4146

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.) IP ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). Mitchell Ross Fleischer
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. Financial Services Executive
4. Affiant's business address. 620 Hinesburg Road, South Burlington, VT 05403
Business telephone. (802)657-4777
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Education and Training.</u>			

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Graduate Studies.</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A BA in Economics</u>		<u>1970-1974</u>	

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEDN: 45-3987340

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>See attached CV for list of professional societies and associations.</u>			

7 Present or proposed position with the applicant entity _____
Director

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.

Beginning/Ending Dates (MM/YY) _____ Employer's Name See attached CV for employment history

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

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. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

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 Department of Financial Regulation Address City Center

City Montpelier State/Province Vermont Country _____ Postal Code _____

License Type Health and Life License # 40134 Date Issued (MM/YY) 6-5-78

Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization/Issuer of License _____ 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? was late on a CE credit last year, all set now

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

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

- 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? _____
- 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.

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. NO

If any of the stock is pledged or hypothecated in any way, give details. _____

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.

NO

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

14. Have you ever been adjudged a bankrupt? no If yes, provide details _____

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? no

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 August 2012 at S Burlington, VI 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 24th day of August, 2012 By _____, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Yvette E. Romanoski
Notary Public
Yvette E. Romanoski
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(802)658-4146

1. Affiant's Full Name (Initials Not Acceptable) Mitchell R. Fleischer [PLEASE PROVIDE FULL NAME]
2. Have you ever used any other name including nickname, maiden name or aliases? ____ If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____
4. Government Identification Number if not a U.S. Citizen _____
5. Foreign Student ID# (if applicable) _____
6. Date of Birth: (MM/DD/YY) _____ Place of Birth: City _____
State/Province _____ Country _____
7. Name of Affiant's Spouse (if applicable) _____

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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, 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 24th day of August, 2012 at South Burlington, VT. 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 24th day of August, 2012 By

_____, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Yvette E. Ramonoski
Notary Public
Yvette E. Ramonoski
Printed Notary Name
2/12/15
My Commission Expires

CONFIDENTIAL

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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 _____ [insert company name] ("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 _____ [insert company's designated person, position, or department, address and phone].

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.

Mitchell R. Fleischer, _____
(Printed Full Name and Residence Address)

MRF _____ 8-24-12
(Signature) (Date)

State of VT County of Chittenden

The foregoing instrument was acknowledged before me this 24th day of August 2012 By _____, and

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

[SEAL]

Yvette E. Romaneski
Notary Public
Yvette E. Romaneski
Printed Notary Name
8/10/15
My Commission Expires

Mitchell R. Fleischer

MFleischer@figfinancial.com

QUALIFICATIONS

- 32 years experience in health, life insurance, and Employee Benefits
- 22 years President of Fleischer Jacobs Group
- BA Economics from Windham College
- Expertise in specialized areas of:
 - * Estate planning
 - * Self funded and fully insured health plans
 - * Placement of dental, disability, and life plans for both large and small
- Created a small-business association group health insurance program in 1990. The program grew from 20 businesses to 2,500 businesses in 2011, with over \$80,000,000 of premium
- Responsible for development health insurance and all ancillary products for small-business association: Business Resource Services (BRS)
- Negotiate with carriers and Third-Party Administrators on behalf of clients
- Review claims data for clients and deliver claims analysis
- Work with wellness companies to develop cost-saving programs & initiatives for clients
- Frequent National Speaker on topics such as Disability Income, Consumer-Directed Health Plans for large and small employer groups, and how to grow a small business clientele

ADVOCACY

20 years of work with state government on healthcare reform

- 2010 Appointed by Governor to the State of Vermont Public Oversight Committee; an 8 member board that oversees Hospital Budgets and Certificate of Need Process
- 2008 worked intensively with State Congress, Banking and Insurance and stakeholder groups on healthcare reform initiatives with the goal of reducing costs and lowering the number of uninsured
- 2002 Fletcher Allen Hospital Expansion Challenged a proposed \$50,000,000 expansion that was being touted as not impacting the ratepayers. The result was uncovering a fraudulent application with the CEO resigning and eventually being prosecuted
- 1994 Supported Rate Variation initiatives to help compress rates into bands which makes it easier for small businesses to provide coverage for their employees & families
- 1992 Supported Community Rating and introduction of the "No medical underwriting law"; controversial insurance issues that expand coverage and ensure no one is denied coverage

PROFESSIONAL AFFILIATIONS

- 30 year member of National Association of Health underwriters
- 30 year member of HAIFA - National Association of Insurance and Financial Advisors
- 5 year member of Employee Benefit Advisory Council-National Financial Partners

CONFIDENTIAL

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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). _____

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(80)658-4146

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). David Jillson [PLEASE PROVIDE COMPLETE FULL NAME]

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. Healthcare Consultant

4. Affiant's business address. _____

Business telephone. 802-825-5072

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Education and Training.</u>			

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Graduate Studies.</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A [PLEASE CONFIRM OR PROVIDE]</u>			

(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.)

CONFIDENTIAL
REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>See attached CV for list of professional societies and associations.</u>			

7 Present or proposed position with the applicant entity. _____
Director

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.

Beginning/Ending Dates (MM/YY) _____ Employer's Name See attached CV for employment history

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc. NAIC No. _____
FEIN: 45-3987340

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. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

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

None _____

Organization/Issuer of License _____ 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) _____

Organization /Issuer of License _____ 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

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No.

FEIN: 45-3987340

- 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.

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.

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.

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____
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? No

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 14 day of Aug 2012 at So Burlington VT 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 14th day of August, 2012 By David Jillson, and:

who is personally known to me, or

who produced the following identification: Drivers license

[SEAL]

Judith T Jones
Notary Public
JUDITH T. JONES
Printed Notary Name
02/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(802)658-4146

1. Affiant's Full Name (Initials Not Acceptable) David A. Jillson [PLEASE PROVIDE FULL NAME]

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 Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 [REDACTED]
State/Province [REDACTED] Country us
- 7. Name of Affiant's Spouse (if applicable) Elizabeth H. Jillson

CONFIDENTIAL
FORM 11

Sept

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No.
FEIN: 45-3987340

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>
[REDACTED]					

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 14 day of August, 2012 at Sa Burlington VT 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 14th day of August, 2012 By David Jillson, and:

who is personally known to me, or

who produced the following identification: Drivers license (VT)

[SEAL]

Judith T Jones
Notary Public
JUDITH T JONES
Printed Notary Name
02/10/15
My Commission Expires

CONFIDENTIAL

REDACTED

September 23, 2008
FORM 11

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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 _____ [insert company name] ("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 _____ [insert company's designated person, position, or department, address and phone].

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.

David A. Jillson _____
(Printed Full Name and Residence Address)
[Signature] _____
(Signature) 8/11/12
(Date)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 14th day of August 2012 By David Jillson, and

who is personally known to me, or

who produced the following identification: VT Drivers license

[SEAL]

[Signature]
Notary Public
JUDITH T. JONES
Printed Notary Name
02/10/15
My Commission Expires

David A. Jillson, PhD

802-825-5072

EMPLOYMENT

2001-present Business Manager, Associates in Orthopaedic Surgery

Administrator of private physician group practice. Responsible for all facets of daily operations, including human resources, provider credentialing, bookkeeping, strategic planning, contracting, information technology etc.

- Lead team of providers and staff to evaluate and install EHR system
- Researched and implemented on-site MRI service.
- Helped grow practice from seven to 11 providers, including oversight of two building renovation projects in three-year period.
- Designed and implemented management information systems to track and benchmark various practice parameters.

2000-2001 Chief Operating Officer, Primary Care Health Partners

Responsible for day-to-day operations of the management services organization of 10 primary care practices in Vermont and northeastern New York. Helped practices transition from staff-model practices owned by Kaiser Permanente to independent practice operation. Instrumental in development of entirely new information, billing, and management systems.

- Negotiated new contracts with 20+ insurance carriers. Oversight of credentialing of 45+ physicians and mid-level providers.
- Responsible for installation and coordination of functionality of telephone and data systems across network.
- Principal contact with independent billing agency. Involved with development of fees, payment and denial posting, and migration to electronic claims submissions. Responsible for creating feedback loop between billing office and each practice to detect and prevent errors.
- Developed employment contracts and incentive compensation system for physician and mid-level practitioners employed by the Partnership.

CONFIDENTIAL
REDACTED

**1994-1999 Director of Health Services, Vermont Market
Kaiser Permanente Northeast Division**

Reported to Medical Director of a statewide managed care insurance company. Identified opportunities for increased efficiency in delivery of clinical services, targeted strategies for attainment, developed tracking metrics for monitoring success.

- Helped develop incentive pay system for staff physicians to reward performance in quality, productivity and resource utilization. Created data systems to collect, compute, and produce reports over 3-year period.
- Assisted in creation of inpatient case management system based on *Milliman and Robertson Optimal Recovery Guidelines*. Placed resource management nurses in 8 hospitals throughout Vermont market. Commercial hospital utilization decreased from 250 to 185 days per 1000 over 3-year period.
- Developed methodology and reporting package to profile primary care practices on resource utilization and quality parameters. With Medical Director, visited over 50 practices in two-year period.
- Collaborated with state agencies and advocacy groups to assess satisfaction of parents and providers with care rendered to children with special health needs. Created method to identify CSHN enrolled in primary care practices, and completed plan to improve coordination of care.
- Developed partnership with State Health Department to offer maternity and child health program to Kaiser-Permanente members.
- Contracted with fifteen durable medical equipment vendors and multi-state subacute facility provider, successfully transitioning them to fee schedule reimbursement.

**1990-1994 Vice President of Planning and Institutional Development
Fanny Allen Hospital, Colchester, VT 05446**

- Served as Interim President for 6-month period while hospital was recruiting for permanent replacement.
- Obtained regulatory approval and supervised construction project for nuclear medicine, same-day surgery and ambulatory procedures services.
- Recruited new ENT and pulmonologist to the medical staff.
- Conducted facilities, program and financial planning to create elder care and rehabilitation complex on hospital campus.
- Assisted in planning and implementing merger with 500-bed teaching hospital and associated multi-specialty physicians practice.

- 1984-90** **Public Health Policy and Planning Chief, Division of Medical Care Regulation
Vermont Department of Health**
- Supervised four-person technical section to administer Certificate of Need program.
 - Authored advisory reports on dissemination of medical technology (e.g. cardiac catheterization labs, MRI), hospital construction projects, and the need for nursing home beds and community-based long-term care.
- 1980-84** **Research and Statistics Supervisor, Division of Public Health Statistics
Vermont Department of Health**
- Supervised 6-person staff to perform statistical consultation throughout the Health Department and Agency of Human Services. Co-author of number of published articles in public health and epidemiology journals.
 - Lead author of various publications on Vermont vital statistics and demographics.
- 1977-80** **Assistant Professor of Zoology
University of Vermont**
- Taught undergraduate and graduate level-courses in general ecology, population biology and community ecology
 - Published research involving competition and dynamics of insect populations.

EDUCATION

- 1968 BS, Biology, Union College, Schenectady, NY
1977 PhD, Biological Sciences, University of Rhode Island, Kingston, RI
1988 MS, Biostatistics, University of Vermont, Burlington, VT

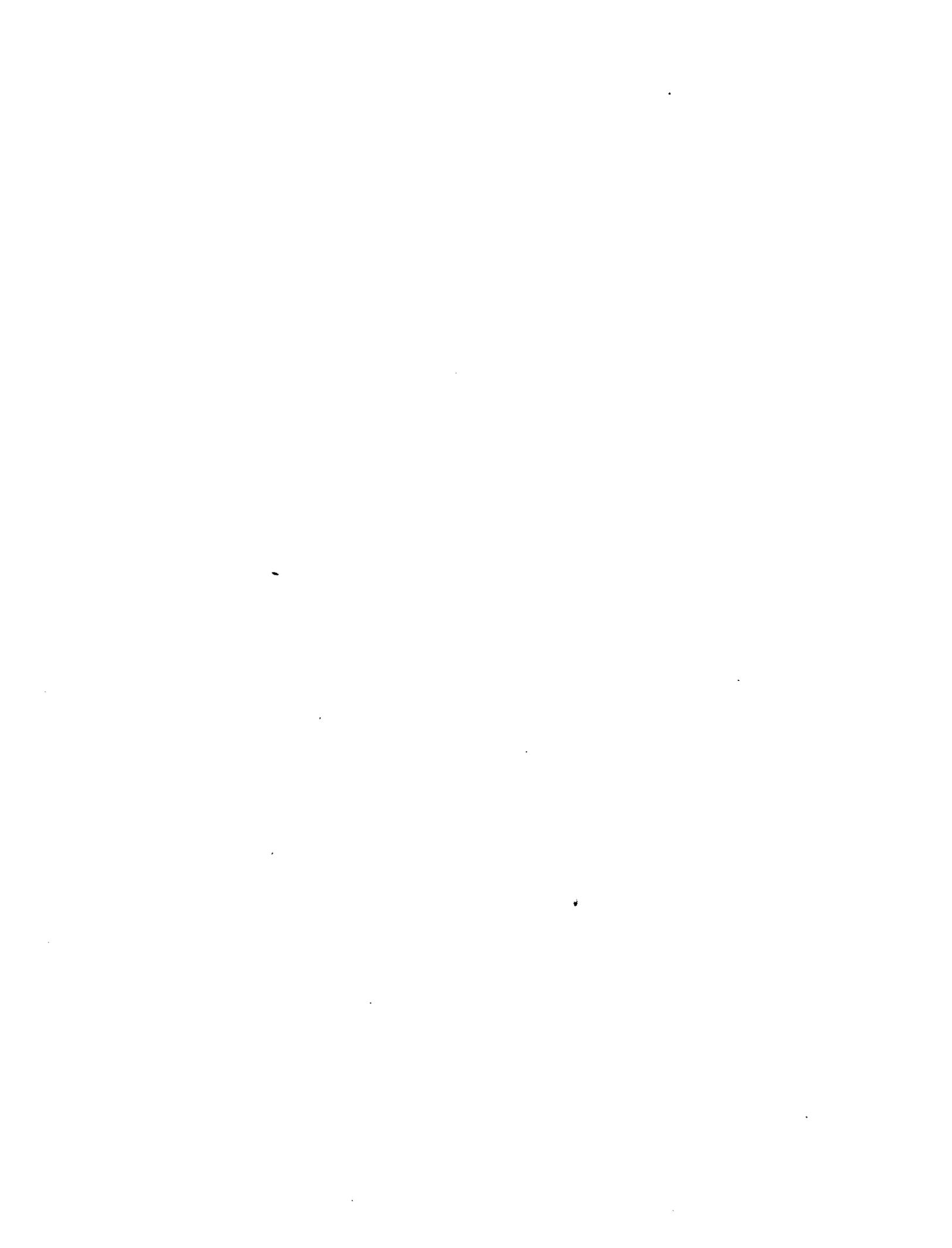
ASSOCIATIONS & COMMUNITY SERVICE

- Board of Directors, Fanny Allen Corporation; 2010-present
Board of Directors, Vermont Medical Group Management Association; 2006-2010.
American Association of Orthopaedic Executives; 2001-present
American College of Healthcare Executives; Fellow 1992-98.
Board of Directors, Committee on Temporary Shelter, 1992-98.
Medical Group Management Association, 2000.
Treasurer, Boy Scout Troop 676, 1997-99.
Town of Essex, Conservation Committee, 1989-91
Board of Directors, Vermont Natural Resources Council, 1985-91
Town of Essex, Planning Commission 1985-88

REFERENCES

Available upon request.

CONFIDENTIAL



Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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). _____

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(80)658-4146

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.

Affiant's Full Name (Initials Not Acceptable). JAMES SUTTON LAMPMAN
James S. Lampman [PLEASE PROVIDE COMPLETE FULL NAME]

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. Entrepreneur / Restaurateur

4. Affiant's business address. [PLEASE PROVIDE] 750 PINE STREET BURLINGTON VT

Business telephone. [PLEASE PROVIDE] 802 264 2170

5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Education and Training.</u>			

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Graduate Studies.</u>				

<u>Inter Training:</u> Name	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A [PLEASE CONFIRM OR PROVIDE]</u>			

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
[PLEASE PROVIDE]			
<u>VNCC</u>	<u>ZACK</u>	<u>DORSET ST S. BURLINGTON VT.</u>	
<u>FLYNN CENTER FOR ARTS</u>	<u>JOHN KILAKY</u>	<u>MAIN ST. BURLINGTON VT.</u>	

7 Present or proposed position with the applicant entity. MEMBER
Director

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.

Beginning/Ending Dates (MM/YY) 1986 Employer's Name See attached CV for employment history.

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

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. _____
- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____
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 _____ 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) _____

Organization /Issuer of License _____ 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) _____

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

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

- 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.

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.

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.

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

Have you ever been adjudged a bankrupt? NO If yes, provide details _____

1 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? NO

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 16th day of August 2012 at 50 Burlington VT 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.

James S. Lampron
(Signature of Affiant)

State of VERMONT County of Chittenden

The foregoing instrument was acknowledged before me this 16th day of August, 2012 By

JAMES LAMPYRON, and:
who is personally known to me, or

who produced the following identification: _____

[SEAL]

James M. Cross
Notary Public
James M. Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(802)658-4146

1 Affiant's Full Name (Initials Not Acceptable). James S. Lampman [PLEASE PROVIDE FULL NAME]

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 Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (If None, indicate such)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Affiant's Social Security Number [REDACTED]

4. Government Identification Number if not a U.S. Citizen _____

5. Foreign Student ID# (if applicable) _____

Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth: City [REDACTED]
State/Province _____ Country _____

7 Name of Affiant's Spouse (if applicable) ANNE

CONFIDENTIAL
FORM 11

Sept

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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>

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 16th day of August, 2012 at 50 Burlington VT 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.

James S. Langman
(Signature of Affiant)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 16th day of August, 2012 By James Langman, and:

who is personally known to me, or

who produced the following identification. _____

[SEAL]

Jane M. Cross
Notary Public
Jane M. Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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 _____ [insert company name] ("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 _____ [insert company's designated person, position, or department, address and phone].

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.

James S. Lampman
(Printed Full Name and Residence Address)

James S. Lampman
(Signature)
State of VT County of Chittenden

August 14, 2012
(Date)

The foregoing instrument was acknowledged before me this 14th day of August 2012 By James S. Lampman, and

who is personally known to me, or

who produced the following identification: _____

[SEAL]

James M. Cross
Notary Public
James M. Cross
Printed Notary Name
8/10/15
My Commission Expires

James S Lampman

Profile

Specialty food industry entrepreneur and restaurateur Founder and President of Lake Champlain Chocolates, a privately held manufacturer of gourmet chocolate products founded in 1983. Responsible for all business operations, including product development, manufacturing, marketing, and sales; and for budgeting, finance and company policy. Lake Champlain Chocolates (LCC) distributes products domestically and internationally, with three retail stores in Vermont and distribution networks reaching forty-five states and two countries, and gross sales of over \$16.5 million per year.

Experience

Founder/Owner/President 1983-Present
Champlain Chocolate Company
Burlington, VT

Owner/General Manager 1979 – 1986
Ice House Restaurant
Burlington, VT

Restaurant Owner/Specialty Food 1974 – 1978
Pierre Restaurant, Colchester, VT
Mad River Fish, Waitsfield, VT

Education

Bachelor of Science, Life Sciences 1972
University of Vermont
Burlington, VT

The Pennington School 1968
Pennington, NJ

Community Leadership

Flynn Center for the Performing Arts
Director 2001-2010
Chairman 2005-2008

Cairns Skating Arena
Director
1992-1996

Mozart Festival
Advisor to Board of Directors
1981-1982

Interests. Sailing, biking, gardening, skiing, tennis, coaching

CONFIDENTIAL
REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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). _____

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(802)658-4146

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). Douglas Carlson Nedde
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. Managing Partner Bolton Valley Resort / Redstone
- 4 Affiant's business address. 210 College Street, Burlington, VT 05401
Business telephone. (802)658-7400
- 5 Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Vermont</u>	<u>Burlington, VT</u>	<u>1980-85</u>	<u>BA</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Graduate Studies.</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A [PLEASE CONFIRM OR PROVIDE]</u>			

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN 45-3987340

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
CCREA	Linda Letourneau	210 College St.	802-343-2107

7 Present or proposed position with the applicant entity _____
Director

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.

Beginning/Ending Dates (MM/YY) 5 92 Employer's Name Redstone, Founder /Owner
Address 210 College St City Burlington State/Province Vermont
Country USA Postal Code 05401 Phone 802-658-7 Offices/Positions Held Owner
Supervisor / Contact N/A

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ Employer's Name _____
Address _____ City _____ State/Province _____
Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____
Supervisor / Contact _____

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

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 State of Vermont Address State St
City Montpelier State/Province Vermont Country USA Postal Code _____
License Type Real estate License # 083.UUUU882 Date Issued (MM/YY) 4/1/12

Date Expired (MM/YY) 3/31/14 Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License Secretary of State Address State St
City Montpelier State/Province Vermont Country USA 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

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

- 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.

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. NO
- _____
- _____

If any of the stock is pledged or hypothecated in any way, give details. _____

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.
- _____
- _____

If any of the shares of stock are pledged or hypothecated in any way, give details.

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No.

FEIN

45-3987340

14 Have you ever been adjudged a bankrupt? no If yes, provide details _____

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

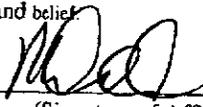
a. Been refused a permit, license, or certificate of authority by any regulatory authority, or Governmental-licensing agency? no

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? no

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 21th day of August 2012 at State of Vermont 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 of Affiant)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 21 day of August, 2012 By Doug Nesbitt, and:

who is personally known to me, or

who produced the following identification: 

[SEAL]

Linda I. LeFournier

Notary Public

Linda I. LeFournier

Printed Notary Name

exp. 2.10.2013

My Commission Expires

CONFIDENTIAL

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

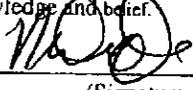
NAIC No. _____
FEIN: 45-3987340

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, 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 21st day of August, 2012 at Vermont 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 of Affiant)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 21 day of August, 2012 By Doug Nedde, and:

who is personally known to me, or

who produced the following identification. 

[SEAL]

Linda I Letomnau
Notary Public
Linda I Letomnau
Printed Notary Name
2-10-2015
My Commission Expires

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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 _____ [insert company name] ("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 _____ [insert company's designated person, position, or department, address and phone].

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.
Douglas Carlson Nedda 210 College St, Suite 201, Burlington, VT 05401

(Printed Full Name and Residence Address)
[Signature] _____
(Signature) 8/21/12
(Date)

State of Vt County of Chittenden

The foregoing instrument was acknowledged before me this 21th day of August 2012 By Doug Nedda, and

who is personally known to me, or

who produced the following identification: [Redacted]

[SEAL]

Linda Letourneau
Notary Public
Linda E. Letourneau
Printed Notary Name
2-10-2015
My Commission Expires

Brokerage Services
Development
Property Management
Construction

Douglas C. Nedde

Redstone
210 College Street
Burlington, VT 05401
802-658-7400 x11 work
dnedde@redstonevt.com

EDUCATION **University of Vermont**
Bachelor of Arts Degree in Political Science 1985
Minor in Economics

EXPERIENCE

- 2007 - Present **Mountain Operations and Development, Bolton Valley, VT**
Principal
Co-owner and managing partner overseeing the turn-around of Bolton Valley Resort a medium sized ski area located in Bolton, Vermont. The resort consists of approximately 60 trails located on 700 acres of land and served by 6 lifts.
- 1992 - Present **Redstone Commercial Group, Burlington, VT**
Principal and Co-Owner
Co-founder of market leading Chittenden County Vermont real estate firm with three company divisions including brokerage, development and property management. Redstone owns and manages over 1,500,000 SF of real estate
- 1985-1991 **The Davis Company, Burlington, VT**
Project Manager
Responsible for management of a variety of real estate development projects including the development of Battell Hill, a high-end condominium project in Middlebury, VT

ACTIVITIES

- Board of Director, Bolton Valley Resort
- Board of Director, ECHO at Leahy Center for Lake Champlain
- Board of Director, Chittenden County Humane Society
- Commercial Real Estate Association: Member
- Victory Club of the University of Vermont: Member
- United Way of Chittenden County: Volunteer

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN 45-3987340

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). _____

Consumer Health Coalition of Vermont, Inc.

620 Hinesburg Road, South Burlington, VT 05403

(802)658-4146

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). Mark Andrew Pitcher [PLEASE PROVIDE COMPLETE FULL N.]
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. Doctor of Internal Medicine
4. Affiant's business address. 368 dorset st. south burlington, VT 05403
Business telephone. 802-860-1441
5. Education and Training:

<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Education and Training.</u>			

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>See attached CV for Graduate Studies.</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A [PLEASE CONFIRM OR PROVIDE]</u>			

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
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6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American College of Physicians			

7 Present or proposed position with the applicant entity. _____
Director

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.

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name See attached CV for employment history

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 1991 - 2000 Employer's Name fletchewr allen health care

Address colchester ave City burlington State/Province VT

Country USA Postal Code 05401 Phone _____ Offices/Positions Held MD/CLINICAL

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

9. a. Have you ever been in a position which required a fidelity bond? YES If any claims were made on the bond, give details. _____

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 STATE OF VT Address _____

City _____ State/Province _____ Country _____ Postal Code _____

License Type MU License # 1896 Date Issued (MM/YY) 11/30/2010

Date Expired (MM/YY) 11/30/2012 Reason for Termination 2 yr renewal cycle

Non-insurance Regulatory Phone Number (if known) _____

Organization /Issuer of License _____ 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

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

- 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.

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.

If any of the stock is pledged or hypothecated in any way, give details. _____

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.

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____

FEIN: 45-3987340

14. Have you ever been adjudged a bankrupt? no If yes, provide details _____

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? no

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 August 2012 at 13:20 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 24th day of August, 2012 By Mark Pitcher, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]
Notary Public
Devin R. McGinn
Printed Notary Name
02/10/2015
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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, 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 24th day of August, 20 12 at 13:20 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 24th day of August, 20 12 By Mark Pitcher, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Jennifer R. McGinn
Notary Public
Jennifer R. McGinn
Printed Notary Name
02/10/2015
My Commission Expires

Applicant Name (Company) Consumer Health Coalition of Vermont, Inc.

NAIC No. _____
FEIN: 45-3987340

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 _____ [insert company name] ("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.

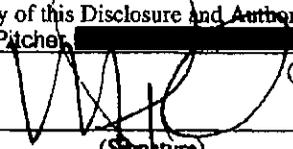
You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _____ [insert company's designated person, position, or department, address and phone].

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.

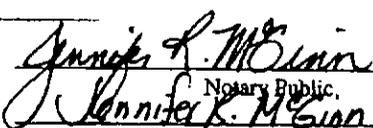
Mark A. Pitcher _____
(Printed Full Name and Residence Address)
 _____
(Signature)
8/24/12 _____
(Date)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 24th day of August 2012 By Mark Pitcher, and

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

[SEAL]


Notary Public,
Jennifer K. McGowan
Printed Notary Name
02/10/2015
My Commission Expires

CURRICULUM VITAE

MARK A. PITCHER, M.D., F.A.C.P



E-Mail: mpitcher@goodhealthpc.com

DATE OF BIRTH: November 23, 1960
BIRTHPLACE: Clifton Springs, New York
MARITAL STATUS: Married, Lorraine

EDUCATION.

B.A. University of Rochester (Rochester, NY), 1983
Summa Cum Laude
Economics, (high honors)
Biology, (honors)

M.D. University of Rochester School of Medicine
(Rochester, NY.) 1987

POST GRADUATE EDUCATION:

1987-1988 Internship, (Primary Care Internal Medicine) University of Vermont, Medical Center Hospital of Vermont. June 23, 1987 - July 1988.
1988-1990 Residency, (Primary Care Internal Medicine), Medical Center Hospital of Vermont.
1990-1991 Chief Medical Resident (Internal Medicine), Medical Center Hospital of Vermont.

APPOINTMENTS:

2000-present Private Practice, GOODHealth p.c., Associates in Adult Medicine, South Burlington, Vermont
2000-present Part time assistant Professor, University of Vermont College of Medicine, Burlington, Vermont
"Participant "Doctoring in Vermont"
"Third Year Clinical Clerkship"

MARK A. PITCHER, M.D.
Curriculum Vitae

APPOINTMENTS (CONTD.):

1991-2000 Assistant Professor of Medicine, University of Vermont College of Medicine, Burlington,

CONFIDENTIAL

REDACTED

Vermont

1991-2000 Associate, University Associates in Comprehensive Health Care, Burlington, Vermont

1991-1994 Attending, Medical Center Hospital of Vermont, Burlington, Vermont

1991-1994 Attending, Fanny Allen Hospital, Colchester, Vermont

1995-present Attending, Primary Care Internal Medicine, Fletcher Allen Health Care, Burlington, Vermont

1995-1997 Associate Program Director, Ambulatory Care, General Internal Medicine Training Program, Fletcher Allen Health Care, Burlington, Vermont

1994-present Medical Director, Burlington Health and Rehabilitation Center, Burlington, Vermont

1994-2000 Faculty, Veteran Out Reach Clinic, Burlington, VT (clinic), V.A. Hospital, White River Junction, Vermont

1996-present Medical Director/Consultant, Home Care Services, Visiting Nurses Association, Colchester, Vermont

LICENSURE: Vermont (1989)

AWARDS: Phi Beta Kappa (Univ. of Rochester 1983)
Alpha Omega Alpha (Univ of Rochester School of
Medicine 1987)

BOARD CERTIFIED: Diplomat, American Board of Internal Medicine,
September 12, 1990
Recertification November 2000
Recertification November 2010

HOSPITAL AND UNIVERSITY COMMITTEES:

1989-1991 Medical Education Committee, Medical Center Hospital of Vermont.

MARK A. PITCHER, M.D.
Curriculum Vitae

COMMITTEES (CONTD.):

1990-1991 Quality Improvement Project, Length of Stay - Medical Center Hospital of Vermont, Burlington, Vermont

1990-1994 Quality Assurance - Medical Service Committee - Medical Center Hospital of Vermont, Burlington, Vermont

1995-1997 Quality Assurance - Medical Service Committee - Fletcher Allen Health Care, Burlington, Vermont

CONFIDENTIAL

- 1992-1997 Education Committee, Department of Medicine, Division of General Internal Medicine, University of Vermont, Burlington, Vermont (1995-1997 Chairperson)
- 19 2005 Antibiotic Subcommittee, Pharmacy/Therapeutics Committee, Fletcher Allen Health Care, Burlington, Vermont
- 1995(Academic Yr.) Internal Medicine Curriculum Writing Committee, Fletcher Allen Health Care, Burlington, Vermont
- 1997-1998 Peripheral Vascular Redesign Committee, Fletcher Allen Health Care, Burlington, Vermont
- 1997-2000 Medicare Compliance Committee, Fletcher Allen Health Care, Burlington, Vermont

PROFESSIONAL SOCIETIES:

- 1989-1990 American College of Physicians, Associate
- 1990-1997 American College of Physicians, Member
- 1992-present Vermont State Medical Society
- 1992-present Chittenden County Medical Society
- 1997-present American College of Physicians, Fellowship
- 19 present Medical Director of Nursing Home Association

COMMUNITY SERVICE:

- 1993-present Professional Advisory Committee, Visiting Nurse Association
- MARK A. PITCHER, M.D.
Curriculum Vitae

SERVICES (CONTD.):

- 1995-present Medical Director, Home Services, Visiting Nurse Association
- 1994-present Medical Director, Burlington Health and Rehabilitation
1. Utilization Review Committee
2. Quality Assurance Committee
3. Executive Council
- 1994-present Executive Council, Chittenden County Long Term Care Facilities
- 2006-present Board of Directors, Visiting Nurse Association
- 2006-present Board of Directors, Vermont Managed Care
- 2006-present Member Finance Committee, Vermont Managed Care
- 2007-2010 Chair Long Term Care Committee, Visiting Nurse Association

CONFIDENTIAL

- 2009-present Associate Medical Director, Hospice of the Champlain Valley
- 20 present Chair End of Life Care Committee, Visiting Nurse Association
- 2010-present Member Adult Home Care Committee, Visiting Nurse Association

PRESENTATIONS:

- 1 Speaker - "Diagnosis and Treatment of Herpetic Infections in a Primary Care Population", at the General Internal Medicine Subspecialty Conference, University of Vermont, Department of Medicine. February 15, 1989.
2. Speaker - "Cerebral Vascular Disease: Evaluation and Treatment of the Symptomatic Carotid Bruit" at the General Internal Medicine Subspecialty Conference, University of Vermont, Department of Medicine, 1991, update 1995, 1997
3. Speaker - "Treatment of Early State Prostate Cancer" Case Presentation and Panel Discussion with Drs. Thomas Jackson and John McDay, at the General Internal medicine Subspecialty Conference, University of Vermont, Department of Medicine, December 28, 1992
4. "Outpatient Management of SBE: Implications For Traditional Model of In hospital Resident Education." Presented at the Primary Care Resident Conference, University of Vermont, Department of Medicine, June 15, 1993.
5. "Patient Assisted Suicide" Presented at the Primary Care Resident Conference, University of Vermont, Department of Medicine, 1993, 1996.

M. K. A. PITCHER, M.D.
Curriculum Vitae

PRESENTATIONS (CONTD.):

5. "Primary Care Internal Medicine In The Nursing Home." Presented at General Medicine Subspecialty Conference, University of Vermont, Department of Medicine, 1994, 1996.
7. "Rheumatoid Arthritis for Physician Internists," Primary Care Internal Medicine Conference, 1996.
8. "Amiodarone Pulmonary Toxicity," Primary Care Internal Medicine Conference, 1997
9. "'Guide to Antimicrobial Therapy for Adults," Handbook, Fletcher Allen Health Care, 1996, 1997,
10. "'Restraint Free Living," Presentation to Committee for Long Term Care, Burlington Health and Rehabilitation Community Night, January 1997

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, 120 Kimball Ave, South Burlington, VT 05403

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) Tara Dugan Banks
 - 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. Certified Public Accountant
 - 4. Affiant's business address. 120 Kimball Avenue, So. Burlington, VT 05403
- Business telephone. 802-238-3150

5. Education and Training:

<u>College/ University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Vermont</u>	<u>Burlington, VT</u>	<u>08/92-05/96</u>	<u>BS Accounting</u>

<u>Graduate Studies:</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>

Other Training:

<u>Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN 45-3887340

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
------------------------------------	---------------------	---------------------------------------	--

None

7 Present or proposed position with the applicant entity Director of Finance

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.

Beginning/Ending Dates (M M/YY) 09/12 current Employer's Name Consumer Health Coalition of Vermont
Address 120 Kimball Avenue City So. Burlington State/Province Vermont
Country USA Postal Code 05403 Phone 802-238-3150 Offices/Positions Held Director of Finance
Supervisor / Contact Christine Oliver

Beginning/Ending Dates (M M/YY) 06/04 09/12 Employer's Name Marsh Management Services Inc.
Address 100 Bank Street City Burlington State/Province Vermont
Country USA Postal Code 05401 Phone 802-864-5599 Offices/Positions Held Vice President
Supervisor / Contact Julie Boucher 802-864-5599

Beginning/Ending Dates (M M/YY) 05/02 06/04 Employer's Name Aon Insurance Managers
Address 76 St. Paul Street City Burlington State/Province Vermont
Country USA Postal Code 05401 Phone 802-862-4400 Offices/Positions Held Senior Account Manager
Supervisor / Contact Nancy Grey 802-862-4400

Beginning/Ending Dates (M M/YY) 08/98 05/02 Employer's Name Gallagher Flynn & Company LLP
Address 77 College Street City Burlington State/Province Vermont
Country USA Postal Code 05401 Phone 802-863-1331 Offices/Positions Held Auditor
Supervisor / Contact Mike Keller 802-863-1331

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____

FEIN: 45-3887340

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", "1 2-SSN-345" or "12 34-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Certified Public Accountant

Organization/Issuer of License State of Vermont Secretary of State Address 26 Terrace Redstone Building

City Montpelier State/Province Vermont Country USA Postal Code 05602

License Type CPA License # 001.0001830 Date Issued (MM/YY) 05/02

Date Expired (MM/YY) License is current Reason for Termination N/A

Non-insurance Regulatory Phone Number (if known) N/A

Organization /Issuer of License _____ 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. Plea guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
No

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____

FEIN 45-3987340

- 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

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN 45-3987340

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? No

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 tenth day of September 2012 at So. Burlington VT 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.

Paul Digan Banks
(Signature of Affiant)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this tenth day of September, 2012 By

PAUL D. BANKS, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Joanne M. Cross
Notary Public
Joanne M. Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, 120 Kimball Ave, South Burlington, VT 05403

1 Affiant's Full Name (Initials Not Acceptable) Tara Dugan Banks

2. Have you ever used any other name including nickname, maiden name or aliases? Yes If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s)</u>	<u>Reason (if None, indicate such)</u>
<u>██████ 06/01</u>	<u>Tara Meghan Dugan</u>	<u>Marriage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 ██████████

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) ██████ Place of Birth: City ██████
State/Province ██████ Country USA

7 Name of Affiant's Spouse (if applicable) John Owen Banks

CONFIDENTIAL

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FBIIN 45-3887340

8. List your residences for the last ten (10) years starting with your current address, giving.

Beginning/Ending

<u>Dates</u> (MM/YY)	<u>Address</u>	<u>City</u>	<u>State/ Province Country</u>	<u>Postal Code</u>

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 tenth day of September, 2012, at 50. Burlington VT 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.

David Organ Banks
(Signature of Affiant)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this tenth day of September, 2012 By

DAVID BANKS and.

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Jane M. Crow
Notary Public
Jane M. Crow
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

REDACTED

September 23, 2008
FORM 11

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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 Consumer Health Co. [insert company name] ("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 [insert company's designated person, position, or department, address and phone].

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.

Tara Dugan Banks _____
(Printed Full Name and Residence Address)
Tara Dugan Banks _____
(Signature) 9/10/12 _____
(Date)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this tenth day of September 20 12 By TARA D. BANKS and

 who is personally known to me, or

 who produced the following identification _____

[SEAL]

John M. Cross
Notary Public
John M. Cross
Printed Notary Name
2/10/15
My Commission Expires

8. Continuation of Employment History

Beginning/Ending Dates: 08/96-06/98

Employer's Name: Berry, Dunn, McNeil & Parker, LLC

Address: 46 Centerra Parkway, Lebanon, New Hampshire USA

Phone: 603-653-0015

Offices/Positions Held: Auditor

Supervisor/Contact: Jeff Walla

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN 45-3987340

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).

Consumer Health Coalition of Vermont, 120 Kimball Ave, South Burlington, VT 05403

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). THOMAS MATTHEW McKEOWN
- 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. CHIEF OPERATING OFFICER
- 4. Affiant's business address. 120 KIMBALL AVE, SOUTH BURLINGTON VT

Business telephone. _____

5. Education and Training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>SUNY FREDONIA</u>	<u>FREDONIA NY</u>	<u>9/85 → 5/89</u>	<u>B.S. BUSINESS</u>

Graduate Studies: College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>BOSTON UNIVERSITY</u>	<u>BOSTON, MA</u>	<u>9/92 5/95</u>	<u>MBA</u>

Other Training:

Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained

(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.)

CONFIDENTIAL

Applicant Name (Company) CONSUMER HEALTH COALITION VERMONT

NAIC No. _____
FEIN: 45-3987340

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7 Present or proposed position with the applicant entity. CHIEF OPERATING 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.

Beginning/Ending Dates (MM/YY) 10/02 - 9-1-12 Employer's Name BUSINESS RESOURCE SERVICES
 Address 620 HINESBURN RD City S. BURLINGTON State/Province VT
 Country USA Postal Code 05407 Phone 862 865 4520 Offices/Positions Held EXECUTIVE DIRECTOR
 Supervisor / Contact _____

Beginning/Ending Dates (MM/YY) 6/10 - 9-12 Employer's Name INTUITION
 Address _____ City LONDON State/Province ENGLAND
 Country U.K. Postal Code _____ Phone _____ Offices/Positions Held DIRECTOR - NORTH AMERICA
 Supervisor / Contact ROBY ZIMMERHANSL - PRINCIPAL - 011 44 8452 3030 65

Beginning/Ending Dates (MM/YY) 9/10 - 12-11 Employer's Name ZI MEDIA
 Address _____ City LONDON State/Province ENGLAND
 Country UK Postal Code _____ Phone _____ Offices/Positions Held DIRECTOR
 Supervisor / Contact OUT OF BUSINESS

Beginning/Ending Dates (MM/YY) _____ Employer's Name INFORMATION MANAGEMENT NETWORK
 Address _____ City NEW YORK State/Province NEW YORK
 Country USA Postal Code _____ Phone _____ Offices/Positions Held CONFERENCE PRODUCER
 Supervisor / Contact ELIOT SACOBANWITZ - OWNER - SOLD BUSINESS

Beginning/Ending

Dates 1998-2000

Employers Name

ASTE C CONSULTING GROUP

Address LAWSON LANE

State VT

City BURLINGTON

Country USA

Postal Code

Offices/Positions

DIRECTOR

Supervisor/Contact

EDMON

BLUNT

- SOLD

BUSINESS

Beginning/Ending

Dates 1994-1998

Employers Name

PUTNAM INVESTMENTS

Address POST OFFICE SQUARE

State MA

City BOSTON

Country USA

Postal Code

Offices/Positions

VICE PRESIDENT

Supervisor/Contact

STEVEN SPIEGL

JOHN

TALANIAN

TOM

HASLETT

PAUL

BUCYALAS

ALL

NO

LEADER

W/

FIRM

Beginning/Ending

Dates

1989-1994

Employers Name

BROWN BROTHERS HANNAH & CO

Address 50 MILK ST.

State MA

City BOSTON

Country USA

Postal Code

Offices/Positions

ACCOUNT MANAGER

Supervisor/Contact

Beginning/Ending

Dates

Employers Name

Address

State

City

Country

Postal Code

Offices/Positions

Supervisor/Contact

CONFIDENTIAL

Applicant Name (Company) CONSUMER HEALTH COGNITION VENTURES

NAIC No. _____
FEIN: 45-3987340

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. _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? If yes, give details. _____

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 _____ 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) _____

Organization/Issuer of License _____ 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

Applicant Name (Company) CONSUMER HEALTH
COGNITION VERMONT

NAIC No. _____
FEIN: 45-3987340

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? _____

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

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. _____

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. _____

CONFIDENTIAL

Applicant Name (Company) CONSUMER HEALTH
CARELITON VERMONT

NAIC No. _____
FEIN: 48-3987340

14 Have you ever been adjudged a bankrupt? NO If yes, provide details _____

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? NO

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 14th day of September at 50 Burlington, VT 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)

State of VERMONT County of Chittenden

The foregoing instrument was acknowledged before me this 14th day of September, 20 12 By THOMAS M. Mc KEOWN and:

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

[SEAL]

[Signature]
Notary Public
JOANNE CROSS
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) CONSUMER HEALTH
COPIATION VENTURES

NAIC No. _____
FEIN: 45-2987430

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).

- 1 Affiant's Full Name (Initials Not Acceptable) _____
- 2 Have you ever used any other name including nickname, maiden name or aliases? YES 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>
<u>2005 1970</u>	<u>THOMAS MCKEON</u>	<u>TO CORRECT ANCESTRAL MISTAKE</u> <u>FAMILY NAME WAS MISPELLED</u> <u>AT ELLIS ISLAND --</u> <u>CHANGED TO CORRECT IRISH</u> <u>FAMILY SPELLING WITH</u> <u>"W" MCKEOWN.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 [REDACTED]
State/Province _____ Country _____
- 7 Name of Affiant's Spouse (if applicable) JILL NYE MCKEOWN

CONFIDENTIAL

REDACTED

Applicant Name (Company) CONSUMER HEALTH
CLERKMAN VERMONT

NAIC No. _____
FEIN: 45-2837340

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, 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 14th day of September, 2012 at 50. Burlington, VT 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)

State of VERMONT County of CHITTENDEN

The foregoing instrument was acknowledged before me this 14th day of September, 2012 By THOMAS M. McKEOWN, and

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

[SEAL]

Jeanne M. Cross
Notary Public
Jeanne Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

REDACTED
September 23, 2008
FORM 11

Applicant Name (Company) CONSUMER HEALTH
CAPITIAL OF VERMONT

NAIC No. _____
FEIN. 45-3987340

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 consumer ^{consumer} ~~insert~~ ^{insert} company name ("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 consumer health capital of VT ^{insert company's designated person, position, or department, address and phone}.

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.

Thomas H. McKeown
(Printed Full Name and Residence Address)

TH
(Signature)

9-14-12
(Date)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 14th day of September 2012 By Thomas H. McKeown, and

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

[SEAL]

Joanne M. Cross
Notary Public
Joanne Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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). _____

Consumer Health Coalition of Vermont, 120 Kimball Ave, Second Floor, South Burlington, VT 05403

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) Christine Marie Oliver

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. Attorney

4. Affiant's business address. 120 Kimball Ave., Second Floor, South Burlington, VT 05403

Business telephone. (802) 657-4744

5. Education and Training:

<u>College/ University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Youngstown State University</u>	<u>Youngstown, Ohio</u>	<u>9/84 - 3/88</u>	<u>BS in BA</u>

<u>Graduate Studies:</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law</u>	<u>Ohio State University</u>	<u>Columbus, Ohio</u>	<u>8/88 - 5/91</u>	<u>JD</u>

Other Training:

<u>Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3967340

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7 Present or proposed position with the applicant entity Chief Executive 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.

Beginning/Ending Dates (M M/YY) _____ - _____ Employer's Name CV Attached

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (M M/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (M M/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Beginning/Ending Dates (M M/YY) _____ - _____ Employer's Name _____

Address _____ City _____ State/Province _____

Country _____ Postal Code _____ Phone _____ Offices/Positions Held _____

Supervisor / Contact _____

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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. _____

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 "12 34-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient

Organization/Issuer of License Vermont Supreme Court Address 111 State Street
City Montpelier State/Province Vermont Country USA Postal Code 05609
License Type Attorney License - Inactive License # 4536 Date Issued (MM/YY) 03/08
Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) _____
Organization /Issuer of License Ohio Supreme Court Address 65 S. Front Street
City Columbus State/Province Ohio Country USA Postal Code 43215
License Type Attorney License License # 055375 Date Issued (MM/YY) 11/91
Date Expired (MM/YY) _____ Reason for Termination _____

Non-insurance Regulatory Phone Number (if known) 614-387-9000

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

CONFIDENTIAL

- 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.

- 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. _____

- 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. _____

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

14. Have you ever been adjudged a bankrupt? No If yes, provide details _____

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? No

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 17th day of SEPTEMBER, 2014 at 50. Burlington VT 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.

Christine H. Oliver
(Signature of Affiant)

State of VERMONT County of CHITTENDEN

The foregoing instrument was acknowledged before me this 17th day of SEPTEMBER, 2014 By CHRISTINE H. OLIVER and:

who is personally known to me, or

who produced the following identification. _____

[SEAL]

Jane Cross
Notary Public
Jane Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN 45-3987340

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 Country</u>	<u>Postal Code</u>
06-2/07	4508 Main Street,	Waitsfield,	Vermont, USA	05673
7/06-8/06	Briar Cliff Condo,	Warren,	Vermont, USA	05674
4/96-6/06	389 North Canyon Drive,	Columbus,	Ohio, USA	43214

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 17th day of SEPTEMBER, 2012 at 30 Burlington VT 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.

Christine M Oliver
(Signature of Affiant)

State of VERMONT County of CHITTENDEN

The foregoing instrument was acknowledged before me this 17th day of SEPTEMBER, 2012 By CHRISTINE M OLIVER and:

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

[SEAL]

Jack M. Cross
Notary Public
Jack M. Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL
REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3887340

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 Consumer Health Co. [insert company name] ("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 Tom McGovern, COO [insert company's designated person, position, or department, address and phone].

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.
Christine Marie Oliver [redacted]

(Printed Full Name and Residence Address)

Christine M. Oliver
(Signature)

9/17/12
(Date)

State of VT County of CHITTENDEN

The foregoing instrument was acknowledged before me this 17th day of SEPTEMBER 20 12 By Christine H. OLIVER and

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

[SEAL]

Jane M. Cross
Notary Public
Jane Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

REDACTED
September 23, 2008
FORM 11

Christine M. Oliver

 
christine.oliver@state.vt.us

SUMMARY OF QUALIFICATIONS

- Innovative leader adept at building teams with the ability to think creatively and implement effectively. Skilled at identifying team members' strengths and capitalizing on them.
- Strong focus on consumer protection and keen understanding of the value of consistent regulation and enforcement. Experienced in legal and regulatory compliance in health care.
- Policy strengths in health care and human services. Experienced in issues relating to health insurance, mental health and substance abuse treatment, developmental disabilities, aging and Medicaid.

PROFESSIONAL EXPERIENCE

Deputy Secretary
Commissioner, Department of Mental Health
Agency of Human Services

(January 2012 – present)
(January 2011 – December 2011)

As Deputy Secretary, focus efforts on agency wide issues and foster an environment that diminishes a Department silo approach to Human Services.

- Act as Secretary's designee on various boards and task forces.
- Oversee operational issues such as contracts and office space (in light of Tropical Storm Irene relocations).
- Coordinate Health Care Reform efforts of the Agency
- Manage the Human Services Field Directors and Medicaid compliance and quality unit.

As Commissioner of the Department of Mental Health, oversaw the community mental health system and the Vermont State Hospital.

- Developed a plan for the replacement of the Vermont State Hospital that included a new state-of-the-art inpatient facility and increased community capacity to ensure that individuals with mental illness have access to the appropriate level of care to meet their needs.
- Within the Vermont State Hospital, made leadership changes to continue the transition in the model and culture of care to focus more on treatment and recovery as opposed to custodial care.
- Testified before a variety of Legislative Committees and responded to sensitive media inquiries.
- Implemented performance based contracting with community mental health partners.

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REDACTED

Deputy Commissioner, Health Care Administration

(July 2006 – December 2010)

Vermont Department of Banking, Insurance, Securities and Health Care Administration

Served as the head of the state division responsible for regulating health insurance, quality of health care services, and related consumer education and protection. Also reviewed the annual budgets of 14 community hospitals and issued "certificates of need" for health care facility expenditures.

- Co-Chair of the Governor's Health Care Cabinet which ensured interagency communication and coordination on health care reform activities. These efforts included implementation of the federal Affordable Care Act and Vermont's Act 128 (Health Care Financing and Universal Access to Health Care).
- Testified before the Legislature on health reform and health insurance issues.
- Directed enforcement actions against health insurers found non-compliant with Vermont law
- Established a multi-payer claims data base which collects detailed medical and pharmacy claims data to evaluate the use, cost and quality of health care and the impact of health care reforms.
- Implemented the Catamount Health Insurance program, a public-private partnership guaranteeing high quality, lower cost coverage to previously uninsured individuals.

Executive Assistant for Health and Human Services

(November 2004 – June 2006)

Executive Office of Ohio Governor Bob Taft

Served as the senior policy advisor to the Governor of Ohio on health and human services issues. Acted as a direct liaison to the Governor for six state agencies – Health; Job and Family Services (including Medicaid); Developmental Disabilities; Aging; Alcohol and Drug Addiction Services; and Mental Health. Worked with agency directors to coordinate all health and human services strategic planning, program design and budgeting.

- Managed special projects including an early learning initiative for three and four year old children, adoption and foster care reform, pandemic flu preparedness, Medicaid managed care expansion and the Governor's Healthy Ohioans initiative.

Deputy Director, Legal and MUI Services

(January 1997 – October 2004)

Associate General Counsel

(November 1995 – December 1996)

Ohio Department of Developmental Disabilities

Served as Deputy Director and General Counsel for a state agency with approximately 4,000 employees, serving 60,000 individuals with developmental disabilities through 12 state-operated developmental centers, 88 county boards of developmental disabilities, and 1,300 private providers regulated by the State.

- Managed professional legal staff and oversaw all litigation, administrative hearings, and contract reviews conducted on behalf of the agency
- Responsible for the Major Unusual Incident (MUI) Unit, which conducts and monitors investigations of abuse, neglect and exploitation involving individuals with developmental disabilities.
- Functioned as general counsel to the Director and managers of the executive team on all legal issues, including Medicaid, employment law, public records, contracts and ethics law
- Served as a liaison with the Attorney General's office on litigation matters, which involved coordinating the legal defense of the Department and settlement of cases.
- Managed the budget for all outside counsel of the Department.

CONFIDENTIAL

Associate

(November 1991 – October 1995)

Law Clerk

(May 1990 – November 1991)

Delligatti, Hollenbaugh & Briscoe Co., L.P.A.

Represented individual and corporate clients in civil cases pending in State and Federal Courts. Provided legal advice to clients on matters involving business and health care. Clients included the State of Ohio and Blue Cross and Blue Shield Mutual of Ohio.

EDUCATION

The Ohio State University, College of Law

Juris Doctor, Top 25%, 1991

Ohio State University Scholarship Recipient

Youngstown State University

Bachelor of Science in Business Administration, *magna cum laude*, 1988

Majored in Accounting. Graduated as Distinguished Student in Business.

Dean's List (1984-1988)

ADMITTED TO PRACTICE

State of Vermont

State of Ohio

U.S. District Court for the Southern District of Ohio

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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).

Consumer Health Coalition of Vermont, 120 Kimball Ave, South Burlington, VT 05403

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) Chad Eric Somerset

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 Chief Information Officer

4 Affiant's business address 120 Kimball Ave, South Burlington, VT 05403

Business telephone 802-865-5000

5 Education and Training.

<u>College/ University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Castleton State College, Castleton, VT</u>		<u>09/84 - 05/88</u>	<u>BS IS</u>

<u>Graduate Studies:</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Champlain College,</u>	<u>Burlington, VT</u>		<u>09/03 - 05/07</u>	<u>MS MIIT</u>

Other Training

<u>Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>

(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.)

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN 45-3987340

6. List of memberships in professional societies and associations.

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>

7 Present or proposed position with the applicant entity Chief Information 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.

Beginning/Ending Dates (MM/YY) 05/01 - 09/12 Employer's Name GE Healthcare
Address 40 IDX Drive City So. Burlington State/Province VT
Country USA Postal Code 05403 Phone 802-659-6553 Offices/Positions Held Build Manager
Supervisor / Contact Paddy Rafferty

Beginning/Ending Dates (MM/YY) 12/99 - 04/01 Employer's Name Infinite Technologies of Vermont
Address Main Street City Richmond State/Province VT
Country USA Postal Code 05477 Phone _____ Offices/Positions Held Technical Lead/Consultant
Supervisor / Contact Don Miller

Beginning/Ending Dates (MM/YY) 05/04 - 12/99 Employer's Name Gallagher Flynn & Company
Address 77 College St City Burlington State/Province VT
Country USA Postal Code 05401 Phone 802-863-1331 Offices/Positions Held Director of IT
Supervisor / Contact Ed Gallagher

Beginning/Ending Dates (MM/YY) 06/88 - 04/94 Employer's Name Wagner-Weber Associates
Address Shelburne Road City So. Burlington State/Province VT
Country USA Postal Code 05403 Phone _____ Offices/Positions Held Lead Systems Consultant
Supervisor / Contact Mark Weber

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____

FEIN- _____

45-3987340

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. _____

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

NONE

Organization/Issuer of License _____ 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) _____

Organization /Issuer of License _____ 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.

- 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. _____

- 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. _____

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

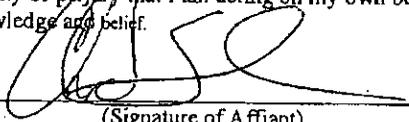
14. Have you ever been adjudged a bankrupt? NO If yes, provide details _____

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? NO

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 10th day of September, 2012 at South Burlington, VT 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 of Affiant)

State of VERMONT County of CHITTENDEN

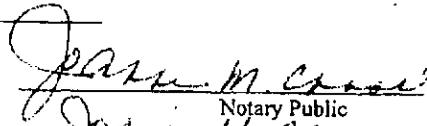
The foregoing instrument was acknowledged before me this 10th day of September, 2012 By

CHAD E. SOMISET and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Notary Public
Joann H. Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN: 45-3987340

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, 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 10th day of September, 2012 at 50 Burlington, VT 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)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this 10th day of September, 2012 By

CHADE SOMYETA and:

who is personally known to me, or

who produced the following identification. _____

[SEAL]

[Signature]
Notary Public
Jeanne H. Cross
Printed Notary Name
2/10/15
My Commission Expires

CONFIDENTIAL

REDACTED

Applicant Name (Company) Consumer Health Coalition of Vermont

NAIC No. _____
FEIN- 45-3987340

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 Consumer Health Coalition of Vermont (insert company name) ("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 Consumer Health Coalition of Vermont (insert company's designated person, position, or department, address and phone).

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.

Chad Somerset

(Printed Full Name and Residence Address)

[Signature]
(Signature)

9/10/2012
(Date)

State of Vermont County of Chittenden

The foregoing instrument was acknowledged before me this _____ day of September 20 12 By CHAD E. SOMERSET and

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

[SEAL]

[Signature]
Notary Public
Jeanne H. Cross
Printed Notary Name
2/10/15
My Commission Expires

Tab 14

CONSUMER HEALTH COALITION OF VERMONT, INC.

**UCAA PRIMARY APPLICATION TO
VERMONT DEPARTMENT OF FINANCIAL REGULATION**

ITEM 14. STATE-SPECIFIC INFORMATION.

CHCVT has reviewed all the state-specific requirements and provides the following information in compliance therewith.

1. **Compliance with Title 8 of Vermont's Statutes Annotated.** CHCVT has reviewed the requirements of Title 8 and related regulations and believes it is in compliance with all applicable portions of Vermont law.
2. **Compliance with Minimum Capital and Surplus Requirements.** Pursuant to 8 V.S.A. § 3309 and Bulletin Number 43, CHCVT maintains surplus in excess of \$5,000,000.
3. **Location of Company Offices.** CHCVT will be domestically located in Chittenden County at 120 Kimball Street, South Burlington, Vermont 05403. CHCVT does not have any plans to relocate out of the State of Vermont.
4. **Corporate Documents.** CHCVT has included certified copies of its Articles of Incorporation and a copy of its Bylaws under Tab 12 of this Application.
5. **Parent Consolidated Financial Statement.** CHCVT is not affiliated with a holding company system and is not considered in any consolidated financial statement.
6. **Holding Company Registration.** CHCVT is not affiliated with a holding company system and will not be submitting a Form B Registration.
7. **Petition for Hearing.** In accordance with 8 V.S.A. § 3305, CHCVT would like to petition the Commissioner to hold a public hearing in Chittenden County, where its offices are located, to determine whether the establishment and maintenance of the proposed corporation will promote the general good of the state.
8. **Adherence to 8 V.S.A. § 3306.** CHCVT has properly registered the Articles of Incorporation with the Secretary of State and has been recorded by same.
9. **Designation of Rating Bureau.** CHCVT will use Milliman as a rating advisory bureau.
10. **Provision of Materials.** CHCVT will provide the Department with policies and/or endorsements of contracts proposed for use in Vermont, including rating plans and advertising or solicitation materials to be used.

- 11. Proposed Plan of Operation.** CHCVT has explained its plan of operation, including affiliates, claims handling and other services, and use of agents in the Form 8, attached under Tab Number 6, and other business narratives within this application.
- 12. Applications in Other Jurisdictions.** CHCVT does not currently intend to seek licensure in other jurisdictions.
- 13. Participation in Associations.** CHCVT will participate in associations as required by the Department and Vermont law.
- 14. Organization Examination.** CHCVT has performed an investigation sufficient to indicate that the appropriate capital is in place, as stated in this Application.
- 15. Appointment of Registered Agent.** CHCVT has itself as registered agent for purposes of services of process. The location to accept services of process shall be 120 Kimball Avenue, Suite 200, South Burlington, Vermont 05403.
- 16. Deposit.** CHCVT shall maintain a security deposit as required by the Department of Financial Regulation.