



UNITED HEALTH
ACTUARIAL SERVICES

Proposal for

Actuarial Rate Reviews of Life- and

Health-Related Product Filings and

Related Consulting Services

for the

State of West Virginia

CRFQ #: 0704 INS 1700000005

Quotation / Bid

Exhibit A - Pricing Page
Actuarial Rate Review of Life and Health Related Products Filings and Consulting Services

Item#	Year:	Description	Hours:	Unit Price:	Extended Price:	Total:
1	1	Actuarial Rate Review of Life and Health Product filings and consulting services	1000	\$ 200	\$200,000	\$ 200,000
2	2 (1st renewal)	Actuarial Rate Review of Life and Health Product filings and consulting services	1000	\$ 205	\$205,000	\$ 205,000
3	3 (2nd renewal)	Actuarial Rate Review of Life and Health Product filings and consulting services	1000	\$ 210	\$210,000	\$ 210,000
4	4 (3rd renewal)	Actuarial Rate Review of Life and Health Product filings and consulting services	1000	\$ 215	\$215,000	\$ 215,000
					Total Bid Amount	\$ 830,000

Note: Quantities (hours) listed above are estimates and are for evaluation purposes only. Actual need is not guaranteed or implied.

Vendor Name: United Health Actuarial Services, Inc.

Address: 11611 North Meridian Street

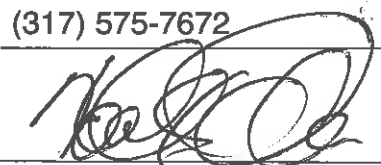
Suite 330

Carmel, Indiana 46032

Email: kvolkmar@uhasinc.com

Fax#: (317) 575-7678

Phone#: (317) 575-7672

Signature: 

Date: January 13, 2017

VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
- Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;
- Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or,**
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

2. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

3. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or,**

W/A to all

4. Application is made for 5% vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

5. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

6. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.

- Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately

Bidder: David H. Adams, Secretary

Signed: [Signature]

Date: 1/17/17

Title: Principal Sr. Counsel, Adm. Serv.

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

United Health Actuarial Services, Inc.

Company


Authorized Signature

January 17, 2017

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Constance D. Rogers, FSA, MAAA -- Consulting Actuary

(Name, Title)

Constance D. Rogers, FSA, MAAA -- Consulting Actuary

(Printed Name and Title)

11611 N. Meridian St., Suite 330, Carmel, IN 46032

(Address)

(815) 218-7655 / (317) 575-7678

(Phone Number) / (Fax Number)

cdrogers@uhasinc.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wv0ASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

United Health Actuarial Services, Inc.

(Company)


(Authorized Signature) (Representative Name, Title)

Karl G. Volkmar, FSA, MAAA, FCA -- Principal & Sr. Consulting Actuary

(Printed Name and Title of Authorized Representative)

January 17, 2017

(Date)

(317) 575-7672 / (317) 575-7678

(Phone Number) (Fax Number)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: United Health Actuarial Services, Inc.

Authorized Signature: [Signature] Date: January 17, 2017

State of IN

County of HAMILTON, to-wit:

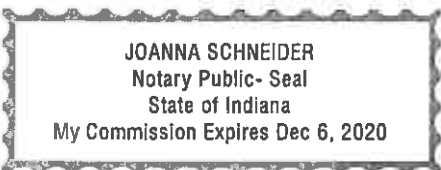
Taken, subscribed, and sworn to before me this 17th day of JANUARY, 20 17.

My Commission expires 12-06-2020, 20

AFFIX SEAL HERE

NOTARY PUBLIC Joanna Scheider

Purchasing Affidavit (Revised 08/01/2015)



January 17, 2017

State of West Virginia
Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

Attn: Michelle L. Childers
Phone: 304-558-2063
Fax: 304-558-4115
Email: Michelle.L.Childers@wv.gov

Re: Solicitation #: CRFQ 0704 INS 1700000005

Dear Ms. Childers:

United Health Actuarial Services, Inc. (UHAS) is excited and pleased about participating in this procurement effort by the State of West Virginia to acquire Actuarial Consultants for Actuarial Rate Reviews of Life- and Health-Related Product Filings and Related Consulting Services. UHAS and its predecessor practice were founded nearly seventeen years ago with the goal of providing quality independent actuarial services at a reasonable cost. UHAS is headquartered in Carmel, Indiana.

As a prior vendor for similar services, we understand the importance of meeting the needs of the Office of the Insurance Commissioner (OIC). During our prior engagement with the WV Office, we provided rate reviews relating to numerous initial rate and rate increase filings. In addition, we assisted with the interpretation and application of numerous provisions of the Affordable Care Act (ACA) and WV law. We believe that we are capable of meeting and even exceeding the requirements of the OIC.

We provide actuarial, management and underwriting consulting services for a wide range of individual and group medical and supplemental insurance products (including Long-Term Care), as well as health & welfare actuarial and benefits consulting for both insured and self-insured plans. A significant part of our current practice is providing rate reviews for three state insurance departments, and we have had similar substantial engagements in the past as well. We bring an extensive body of knowledge and expertise to this effort for the State of West Virginia.

UHAS guarantees to hold its response open for 180 days from the response due date. Our point of contact for this effort is Constance D. Rogers, FSA, MAAA, and Consulting Actuary, who is located at 11174 Beloit Rd, Belvidere, IL 61008. He may be reached via phone at 815-218-7655 or via email at crogers@uhasinc.com. UHAS takes no exceptions or deviations to the

requirements of the solicitation or the potential contract, and our response is fully compliant with all instructions.

If we at UHAS can be of any assistance or if we can provide any further information, please feel free to contact me at your convenience at (317)575-7672 or via e-mail at kvolkmar@uhasinc.com. We look forward to hearing from you and taking part in the next phase of this procurement.

Sincerely,

A handwritten signature in black ink, appearing to read 'Karl G. Volkmar', written in a cursive style.

Karl G. Volkmar, FSA, MAAA, FCA
Principal & Senior Consulting Actuary

REQUEST FOR QUOTATION – INS1700000005**Actuarial Rate Reviews of Life- and Health-Related Product Filings and Related Consulting Services**

REQUEST FOR QUOTATION SUMMARY

In this response to the Request for Quotation (RFQ), United Health Actuarial Services, Inc. (UHAS) is submitting the requested materials, including resumes, plus any additional information that it believes will inform the determination of the vendor. We have provided two copies (one original and one copy) of the following items:

- The completed, signed and dated solicitation document(s) as follows:
 - Exhibit A (Pricing);
 - Vendor Preference Certificate;
 - Addendum Acknowledgement Form;
 - Certification and Signature Page; and,
 - Purchasing Affidavit.
- COMPANY DESCRIPTION AND RELEVANT EXPERIENCE - A description of UHAS, our scope of experience with public and private entities, and relevant experience working with regulatory agencies.
- RESOURCES AND QUALIFICATIONS – In response to Item 3. on Page 24 of the Solicitation titled QUALIFICATIONS, this includes:
 - A complete listing of all credentialed actuaries available to perform the requested services. A resume, with relevant education and work experience for each actuary, is included in an attachment.
 - An indication of work experience specific to the minimum qualifications listed in items 3.1.2. through 3.1.5.
 - Issues of Conflict of Interest (3.2.).
 - Additional information regarding Qualification Standards and Continuing Professional Development
 - Per Item 8. Page 9 of the Solicitation - REQUIRED DOCUMENTS – LICENSE(S)/CERTIFICATIONS/PERMITS, a screen shot of the professional credentials for each listed actuary from the Actuarial Directory (sponsored by the Society of Actuaries, American Academy of Actuarial, and other professional actuarial organizations). This information is also included in an attachment.
- DELIVERABLES – Information on deliverables, communication and other services.
- PERFORMANCE REFERENCES – A list and brief summary of some of our past and current public sector clients.

COMPANY DESCRIPTION AND RELEVANT EXPERIENCE

United Health Actuarial Services (UHAS) is a health actuarial consulting firm that employs seasoned actuarial professionals that are collectively experienced in the full spectrum of health-related actuarial practice including individual and group medical and prescription drug products, Medicare-related coverages, long-term care insurance, various supplemental health insurance products, reinsurance, employee benefits and OPEB valuations. The experience covers all actuarial functions including product development, pricing, rate review, experience analysis, filing, valuation, reporting and network development and pricing. The actuaries involved in these activities routinely manage complex and diverse projects and develop statistics, metrics, benchmarks, and models for testing rate adequacy and increases, performance measurement, forecasting, and trend analysis. In addition, certain key staff members have life insurance backgrounds that allow them to provide actuarial support relating to life insurance products.

UHAS was started by Karl Volkmar, Principal & Senior Consulting Actuary, in 2000 and is headquartered in Carmel, Indiana. UHAS has the financial capacity to undertake the responsibilities required under this contract. The company has grown consistently since inception and had revenues of nearly \$5 MM in 2016. We would be happy to produce supporting corporate financial statements and/or tax returns, if desired.

UHAS holds numerous engagements in both the public and private sectors. Specifically related to this West Virginia project, UHAS has extensive experience in reviewing rates (including rate increases) on behalf of regulators and insurance carriers. We performed the primary rate reviews on behalf of the Center for Consumer Information and Insurance Oversight (CCIIO) for both the individual and small group market for states which had not been found to have effective rate review programs. In addition to other clients, we are currently performing rate filing reviews for three states (i.e., California, Montana and Kentucky).

As you are aware, UHAS previously performed rate reviews and provided other consulting services for the West Virginia Director of Rates and Forms and various Life and Health Analysts, and developed needed information for the Insurance Commissioner.

On the policy/regulatory side, UHAS consultants have developed and assisted with the interpretation of relevant rules/regulations regarding rate-review, Patient Protection and Affordability Act (PPACA) implementation, etc. We have a number of carrier clients that rely upon us for many, if not all, of their actuarial functions including rating and experience review.

To demonstrate our experience working with regulatory agencies, UHAS offers the following details on specific tasks which align with many of the requirements set forth in this RFQ:

- Sole initial contractor for reviewing rate filings for CCIIO per the requirements of the PPACA:

UHAS played a pivotal role in the PPACA rate review process. Our task was to review the rate filings, test the assumptions and projections, document our findings, and make recommendations regarding the reasonableness of the rate increase requests.

We performed rate reviews on all filings for which the filed increases were in excess of the required thresholds in states which were deemed to not have effective rate review processes for the individual and/or small group markets. This included complete reviews of the filings and all assumptions used in developing the filed rate revisions. We reviewed carrier experience in a manner consistent with Federal regulation and, where appropriate, state regulation to determine if the rate actions were reasonable. The primary elements of the determination were whether a proposed rate change was excessive, unjustified or unfairly discriminatory. Following the analysis of these criteria, UHAS put forth recommendations to CCIIO regarding the appropriateness of the rate actions.

UHAS also worked with the CCIIO rate review actuary on filings that were developed for the 2014 plan year. This included both the rate setting for selected new plans as well as the review of carrier compliance with rating rules for roughly 150 plans for both on and off of the exchanges, both group and individual.

Our consulting role was further expanded to handle the rate reviews for non-grandfathered plans impacted by the Transitional Policy allowed for policy years starting between January 1, 2014 and October 1, 2014 and to handle Student Health Plan filings.

- Contractor for consulting services and actuarial rate reviews for life and health related product filings for the state of West Virginia:

UHAS served as the actuarial consultants for the West Virginia Office of the Insurance Commissioner. In that capacity we performed rate filing reviews, developed a rate review manual, trained personnel in the actuarial aspects of rate development, and provided education and assistance with the interpretation and implementation of the Affordable Care Act. A goal of the department was to leverage our services in order to be approved as an “effective review program” under PPACA.

In addition to the above, UHAS was also awarded the contract to provide actuarial services relating to Essential Health Benefits (EHB) including the development of projected costs for each of the detailed EHB offered by the 10 potential benchmark plans in West Virginia. This study supported the state’s efforts to create a single benchmark plan for the Health Care Exchange.

Our consulting work included departmental visits and training as well as face-to-face meetings with the WV Insurance Commissioner. UHAS delivered various training programs to the rate and form review team addressing the many issues introduced in PPACA including Exchanges, EHBs, and the 3Rs, and rate review challenges that are likely with new product submissions.

For both of the above, UHAS developed a model for projecting appropriate experience and calculating a range of acceptable rate increases. The model accepts data such as base period claims, premiums (and historic rate increases) and membership, allows for a set of assumptions such as target loss ratio, trend and any applicable adjustments to base experience (e.g., demographic shifts, plan changes, etc.), and calculates the rate increase required to reach the target loss ratio. The model attempts to duplicate a carrier’s projection using their own assumptions and has columns to develop a range of acceptable rate increases using our own set of preferred data and assumptions.

In this process we have evaluated each of the carrier assumptions for reasonableness and, where values appeared inappropriate, we would use what we determined to be a more reasonable value(s).

- Contractor for consulting services and actuarial rate reviews for Long Term Care product filings for the state of West Virginia:

UHAS reviewed LTC premium rate increase filings for the West Virginia Department of Insurance for several years. For these rate filing reviews, UHAS developed a consistent and efficient process to review requested premium rate increases that produced defensible recommendations. UHAS also supported the Department through staff preparation for onsite meetings requested by carriers to discuss denials of a premium rate increase. In addition, UHAS conducted a training session to help the West Virginia reviewing staff to better understand the components of a LTC rate increase filing, the process associated with reviewing a filing, and to educate staff on the distinction between a rate stability rate increase filing and a loss ratio rate increase filing.

- Contractor for consulting services and actuarial rate reviews for Long Term Care product filings for the state of California:

UHAS reviews LTC new product and rate increase filings for the California Department of Insurance (CA DOI). UHAS is included in a pool of consultants that the CA DOI utilizes to review LTC filings. We have been performing these reviews since 2008, and two of our actuaries are currently involved in the review of those LTC filings.

- Contractor for consulting services and actuarial rate reviews for Medicare Supplement, Long-Term Care, stop-loss, and supplemental health insurance rate filings for the state of Kentucky:

UHAS reviews initial rate and rate increase filings for the Kentucky Department of Insurance (KY DOI). UHAS is one of two consulting firms that the CA DOI utilizes to review rate filings. These filing reviews encompass a wide variety of products, including but not limited to stop-loss, Long-Term Care insurance, Medicare Supplement insurance, Accident-only coverage, Specific Disease products, Disability Income insurance, and Dental/Vision/Hearing products. This engagement began in July 2016. To date, five of UHAS' credentialed actuaries have been involved in this work.

Proficiency in the area of health insurance pricing and reviewing rate filings

As evidenced by the examples above, UHAS has extensive experience reviewing numerous insurance rate filings. In addition, UHAS has deep expertise working with and for insurance carriers, pricing new health insurance products and revising pricing for existing health insurance products.

Because of the collective years of pre-UHAS experience working as senior executives and chief actuaries for health insurance carriers, many of our consultants are able to bring a more pragmatic approach to developing methodologies and assumptions to use in determining the models appropriate for the new insurance environment. In these regulatory roles, we have

observed a variety of techniques, data submissions and, at times, skewed or biased information provided by carriers to generate their maximum or desired increases. These include conservative estimates of IBNR, unsupported trend values and accelerated levels of selection wear-off. With our numerous years of hands-on rating and rate justification experience, UHAS, in its rate review capacity, has been able to ascertain with a high degree of confidence the adequacy and appropriateness of the rate levels submitted and to remove any company bias or conservatism. As carriers introduce new methodologies as well as public and company data sources into their rate-development process(es), our actuarial and carrier experience will prove to be a valuable asset in assessing the appropriateness of filed increases.

Given all of the above, UHAS is very familiar with the rate review process in general, as well as numerous techniques, methodologies and formats presented by insurance carriers in the rate filing process. As new methodologies and assumptions are introduced, we believe our experience positions us to not only evaluate the assumptions, but to determine whether or not they are reasonable and supportable.

Related to our public sector work, we have received filings through numerous submission protocols including SERFF, HIOS and other federal platforms. We have tools to convert most PDF files to Excel or Word files to facilitate our analyses. We also cross-check data and reports within each submission for consistency.

Proficiency in the area of long term care insurance pricing and reviewing LTC rate filings

In addition to reviewing LTC state filings, UHAS has worked on LTC-related projects for other public-sector clients and many private sector clients as well. For example, UHAS has completed the California Public Employees' Retirement System (CalPERS) LTC annual valuations since 2004, and UHAS completed a review of the Federal Employees' LTC Program for the Office of Personnel Management. For the private sector, UHAS has developed new LTC products and has completed a multitude of inforce product/rate management and valuation/financial reporting projects.

Proficiency in the area of Medicare Supplement insurance pricing and reviewing rate filings

In addition to reviewing Medicare Supplement rate filings, UHAS has worked with Medicare Supplement carriers for many years pricing new products, re-pricing existing products, and helping carriers to manage Medicare Supplement blocks. UHAS staff members' collective experience with Medicare Supplement insurance spans several decades.

RESOURCES AND QUALIFICATIONS

United Health Actuarial Services (UHAS) Resources

This section of our proposal describes available resources for this contract. We present our proposed staffing, deployment and organization of personnel and the personnel qualifications and resumes of those available to be assigned to this contract.

We believe that the key role(s) for this project could be sufficiently staffed by the eight credentialed actuaries listed below:

Karl Volkmar, FSA, MAAA, FCA
Mark Shaw, FSA, MAAA, CERA
Clark Heitkamp, FSA, MAAA, LTCP
Ben Brandon, FSA, MAAA
Constance Rogers, FSA, MAAA
Sidney Richard, FSA, MAAA
Kyle Zachary, ASA, MAAA

These actuaries are seasoned professionals and are experienced in the full spectrum of health-related actuarial practice including individual and group medical and prescription drug insurance, Medicare-related coverages, long-term care insurance, various supplemental health insurance products, reinsurance, and employee benefits and OPEB valuations.

UHAS would assign Connie Rogers as project manager who would be responsible for managing the timely flow and planning of required tasks and would be the point-person for communications with the West Virginia OIC. It is our initial intent that the other actuaries would take direction from the project manager and would participate as needed in the required tasks.

The qualifications and background of the above-mentioned personnel are summarized below:

Karl Volkmar FSA, MAAA, FCA – Principal and Senior Consulting Actuary

Karl, a seasoned health actuary and executive with over 20 years of senior management and consulting experience, is the founder and principal of United Health Actuarial Services, Inc. He and his firm provide health actuarial and management consulting services for a wide range of individual and group medical and supplemental insurance products, and health & welfare actuarial and benefits consulting services for both insured and self-insured plans.

Karl worked for well-known insurance companies and consulting firms until starting the predecessor practice to UHAS in 2000. UHAS has since developed a seasoned staff and large, diverse client base, and one of its largest and fastest-growing practice areas is its government-centered actuarial practice. Karl has performed actuarial services for a variety of organizations as both an employee and a consultant since 1985. He has provided and/or supported the full spectrum of health-related actuarial services (e.g., product development/pricing, rate filings, financial projections, valuation services, etc.) in a wide variety of settings. With substantial credentials, published articles and strong industry service, Karl is a recognized leader in the health insurance industry.

Karl is a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, and a Fellow of the Conference of Consulting Actuaries. He received his B.S. in Actuarial Science from the University of Illinois.

Mark E. Shaw FSA, CERA, MAAA, FLMI – Senior Consulting Actuary

Mark is a Consulting Actuary with United Health Actuarial Services, Inc. He is a leader in the firm's medical and supplemental insurance practice and also provides expert witness and risk management services.

Mark has more than 30 years of experience in the life and health insurance industry and has held top actuarial and risk management positions at three Fortune 500 insurers. Immediately prior to joining UHAS, Mark was Senior Vice President of Strategic Development at Assurant, where he was a strategic advisor to the supplemental health business, evaluated and developed business plans for international opportunities for Assurant's health products and explored M&A opportunities. Prior to that, he was SVP and Chief Actuary of Assurant's group medical business.

In addition to his life and health insurance actuarial background, Mark has worked as the global head of risk management at an international insurer. For three (3) years he led the Society of Actuaries' Enterprise Risk Management sub-group of the Risk Management Task Force.

Mark is a Fellow of the Society of Actuaries, a Chartered Enterprise Risk Analyst, a Fellow of the Life Management Institute and a Member of the American Academy of Actuaries. He received a B.B.A. in Actuarial Science from Georgia State University in Atlanta, Georgia.

Clark Heitkamp FSA, MAAA. LTCP – Senior Consulting Actuary

Clark is a Senior Consulting Actuary with United Health Actuarial Services, Inc. He specializes in the firm's long-term care insurance practices in addition to other supplemental insurance products including Disability Income and Critical Illness.

Clark has over 20 years of experience in the life and health insurance industry and specifically has over 15 years of experience with long-term care insurance. He has held positions in insurance companies prior to joining UHAS. Immediately prior to joining UHAS, Clark was a Director of Long-term Care Insurance at Mutual of Omaha where he developed business plans, managed profitability, developed several new products, and executed corrective actions.

In addition to his long-term care experience, Clark has worked in a variety of life and health-related actuarial positions at both Mutual of Omaha and a top reinsurance company. His life insurance experience includes product development and management, experience analysis, XXX regulation, illustrations and reinsurance of multiple variations of term and universal life products.

Clark is a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries, and a Long Term Care Professional. He received a B.S. in Actuarial Science from the University of Nebraska in Lincoln.

Ben Brandon FSA, MAAA – Consulting Actuary

Ben is a Consulting Actuary with United Health Actuarial Services, Inc. He is responsible for managing the Government Services line of business as well as the Retiree Health & Welfare and other employee benefits issues.

Ben has over 20 years of experience in the health insurance and employee benefits industry, having held positions in both the consulting and insurance realms. Immediately prior to joining the firm, Ben was a Principal at Mercer, where he worked on numerous FAS 106 valuations and retiree health plan redesigns. He also acted as an advisor on employer stop-loss issues.

In addition to his employee benefits background, Ben has worked in a variety of health-related actuarial positions including Assistant Vice-President at a global reinsurer and as the Director of Actuarial Services for a large Managed Medicaid entity, where he became a member of the American Academy of Actuaries' Medicaid Rate-Setting workgroup. He was previously in charge of the West Virginia rate review/consulting services contract and has had lead responsibility for reviewing filings and developing a rate review manual and training the rates and forms staff with the goal of attaining recognition as an "effective rate review program" as required by PPACA.

Ben is a Fellow of the Society of Actuaries and Member of the American Academy of Actuaries. He received a B.S. in Materials Engineering from Rutgers University in New Jersey.

Sidney Richard FSA, MAAA – Consulting Actuary

Sid is a Consulting Actuary with United Health Actuarial Services, Inc. Prior to joining UHAS, Sid served as Chief Actuary with Everence Financial (formerly MMA, Mennonite Mutual Aid) from 1997 to present with various other roles with Everence since 1979. He has worked on various product lines including Medicare Supplement, Medicare Advantage, individual and small group insurance, large group pools, statutory financial statements, annuity and life insurance. His functional experience includes product development and pricing, renewal rating, regulatory filing and approvals, analysis of experience, financial results, trends and key metrics, budgeting and projections and valuation.

Sid is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. He received a B.A. in Mathematics from Goshen College 1976 and a M.S. in Mathematics from The Ohio State University in 1979.

Constance D. Rogers FSA, MAAA – Consulting Actuary

Constance is a Consulting Actuary with United Health Actuarial Services, Inc. She has over 28 years of experience with a wide-range of health insurance products: individual and group medical and supplemental products; Medicare supplement; long-term care products; and health and welfare consulting for self-insured plans. Services provided include those relating to product/plan pricing/re-pricing, experience studies, financial analysis, litigation support and valuation support.

Constance has worked as a consultant for over 13 years. Prior to entering the consulting field, she worked at a fraternal insurance company, where she was responsible for all aspects of actuarial practice supporting the company's Medicare supplement line: pricing/re-pricing, compliance, experience analysis, claim valuation, policy valuation, financial projection/analysis, and financial reporting.

Constance is a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. She received a B.S. in Applied Mathematics from Ball State University in Muncie, Indiana.

Kyle Zachary ASA, MAAA – Consulting Actuary

Kyle is a Consulting Actuary at United Health Actuarial Services, Inc.

Since joining UHAS in 2007, Kyle has been involved in various actuarial and underwriting health insurance projects including: estimating claim liabilities; designing and pricing health insurance products (e.g., individual, small group, large group, stop-loss, dental and vision), building rate manuals for fully-insured and stop-loss programs (including products with captive arrangements, referenced-based pricing adjustments and various underwriting practices), and preparing filings for clients in the individual, small group, large group and stop-loss markets. Kyle also assists in conducting rate filing reviews for our regulatory engagements.

Kyle is an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. He earned his bachelor's degree in Actuarial Science from Ball State University in Muncie, Indiana.

Additional UHAS Personnel

In addition to the above personnel, UHAS employs support personnel with a variety of actuarial and data-related skills and experience.

Conclusion

Given all of the above, we feel that UHAS is well-positioned to handle a project of this scope. We do not foresee any constraints on the availability of the assigned personnel and expect to meet the demands of this project as described in the RFP. There are no plans to utilize the resources of any subcontractors; however, should the need arise we have access to qualified actuaries and would insure that they meet the same standards required by the state.

Management Plan and Facilities

Constance Rogers would be assigned as project manager for this contract. He would be responsible for timely flow of work and communication with the appropriate department of the OIC. Under her supervision, an internal log would be created to help manage the assignment and successful completion of the required tasks.

We intend to dedicate one FSA/Consulting Actuary this engagement; additional personnel will participate as dictated by the demands of the engagement at any given time.

Working with UHAS you can expect the following general practices to apply:

- Documentation of all work – Having been a successful actuarial firm for many years, UHAS is accustomed to stringent documentation requirements. UHAS would maintain a high level of organization in its electronic file structures and e-mail correspondence related to this project. Summary notes, descriptions of methodologies and data, and worksheets would be clearly labeled and easy to follow.
- Meeting urgent turnaround times for analysis – UHAS understands that this is an important and visible engagement. Accordingly, we would attempt to balance the quality, accuracy and speed of our analyses with the need for a deeper review. UHAS is very conscientious and sensitive regarding timing issues and is adept at meeting

timeframes and satisfying clients with such high-pressure demands. We would work with the department to determine when and if a deeper analysis is warranted.

- Peer review - Each of our rate reviews would undergo a peer review by a credentialed actuary before submission of the final report.
- Attending meetings and conference calls – As necessary, UHAS would make itself available for conference calls/webinars and/or in-person meetings.

QUALIFICATIONS (Pages 19-20 of the Solicitation): *Vendor shall have the following minimum qualifications:*

3.1 *Any actuarial firm submitting a quotation under this procurement shall meet or exceed the minimum qualification set for in this RFQ. Those quotations not meeting the mandatory specifications will be eliminated. Any actuarial firm submitting a quotation under this procurement shall meet or exceed the minimum qualifications as follows:*

3.1.1. *One or more members assigned to this contract must be a Fellow of the Society of Actuaries (FSA) and/or a Member of the American Academy of Actuaries (MAAA).*

Response: Please see the attached resumes and the screen print summarizing each actuary's credentials. All of the lead actuaries on this project hold the designations of both FSA and MAAA.

3.1.2. *Members assigned this contract must have at least five (5) years of experience with life and health products.*

Response: Please see the attached resumes for experience specific to product work and experience. All of the actuaries would meet this experience requirement in life and/or health products.

3.1.3. *Members assigned this contract must have at least five (5) years of experience specifically with life and health [sic] products.*

Response: Please see the attached resumes for experience specific to product work and experience.

In the 2014 Request for Quotation, this item addressed years of experience specifically for long-term care products; therefore, we will provide a synopsis to confirm that UHAS meets such a requirement. Our staff members have significant experience and expertise in long-term care products. We have four actuaries that meet and exceed the above requirements including Karl Volkmar, Mark Shaw, Clark Heitkamp and Constance Rogers. While all of these actuaries have significant experience with long-term care products, Clark Heitkamp dedicates most of his consulting efforts focused on this product line, and we anticipate that he would be assigned any work related to long-term care products.

3.1.4. *Members assigned this contract must be knowledgeable of Actuarial Standard Practice No. 8.*

Response: This is to certify that each of the above actuaries performing professional actuarial services with respect to reviewing regulatory filings is

knowledgeable of and follows the guidelines of the Actuarial Standards of Practice No. 8 as well as the additional standards of practice addressed in ASOP No.8 including Data Quality (ASOP No. 23) and Communication (ASOP No.41).

3.1.5. *One or more members to be assigned to this contract must be experienced in providing rate review services to state insurance regulators.*

Response: Please see the attached resumes for experience specific to product work and experience. Actuaries currently/recently involved in providing rate review services to state insurance regulators include Karl Volkmar, Ben Brandon, Mark Shaw, Clark Heitkamp and Constance Rogers.

3.2 *The firm shall have no conflict of interest with regard to any carrier that is actively writing individual or group life and health products in the West Virginia market.*

Response: We are not aware of any conflicts at this time. Per the stated direction from the state and based on company practice, if there is a conflict of interest with regard to the review of any carrier, we would choose an actuary on staff with no conflict of interest in regard to the carrier or, if necessary, sub-contract with another qualified actuarial firm to provide the review.

AAA Qualification Standards and Continuing Professional Development

UHAS understands the importance of appropriate credentials, requirements and standards as set forth by the American Academy of Actuaries (AAA) for public service actuaries issuing Statements of Actuarial Opinion (SAO).

To further document our credentials specifically as it relates to individuals functioning as public service actuaries, each actuary included in our RFQ and listed below was provided a link to the Qualification Standards (QS) for Actuaries Issuing Statements of Actuarial Opinion in the United States. (http://www.actuary.org/files/qualification_standards.pdf) On pages 5A and 6A of this document, the specific standards for public service actuaries are addressed.

Additionally, as these filings will include the review of other actuaries' SAOs, Precept 10 of the Code of Professional Conduct which covers Courtesy and Cooperation in handling differences of opinion would be directly applicable to this engagement (http://www.actuary.org/pdf/prof/code_of_conduct.pdf).

Each of the actuaries listed below has reviewed the information referenced above and has indicated that they meet the AAA Qualification Standards for public service actuaries. In fact, there are several that are currently engaged in projects for public service organizations.

In addition, each of these actuaries is "Compliant" with Continuing Professional Development (CPD) requirements for 2015-2016.

ACTUARY	Meets QS for public service actuaries	Compliant with CPD (2015-2016)
Karl Volkmar, FSA, MAAA, FCA	Yes	Yes
Mark Shaw, FSA, MAAA, CERA	Yes	Yes
Clark Heitkamp, FSA, MAAA, LTCP	Yes	Yes
Ben Brandon, FSA, MAAA	Yes	Yes
Sidney Richard, FSA, MAAA	Yes	Yes
Constance Rogers, FSA, MAAA	Yes	Yes
Kyle Zachary, ASA, MAAA	Yes	Yes

REQUIRED DOCUMENTS – LICENSE(S)/CERTIFICATIONS/PERMITS - The actual proof of certification as requested in Item 8. of the solicitation is presented in an attachment with the heading “Professional Credentials (Source: Actuarial Directory)”. These screen shots are attached and online access to this information is available at the following web page:
<https://www.actuarialdirectory.org/SearchDirectory/tabid/242/Default.aspx>

DELIVERABLES

With regard to communication, UHAS would present any questions, issues or findings to the WV OIC in a format that could easily be forwarded on to the appropriate audience as this minimizes the work required on the part of the client. There have been occasions where we have received permission to work directly with the carrier to minimize turnaround time and facilitate the quickest response possible. We are open to whatever protocol the Department prefers. Unless otherwise instructed, the final report would consist of:

- The Filing Details;
- An Executive Summary;
- The Rate Review Standard;
- Conclusions regarding compliance with the rate review standards;
- Conclusions regarding assumptions related to the filing (itemized);
- Conclusions regarding compliance with required standards;
- A Statement of Qualifications;
- A Statement of Reliance;
- Caveats & Limitations; and,
- The appropriate Excel worksheets.

Technical support and expert testimony given in conjunction with rate hearings

UHAS has developed a team of seasoned actuaries who have substantial experience working with government agencies and private enterprises. Our actuaries have worked in actuarial and non-actuarial leadership positions and are comfortable interacting with technical and non-technical audiences such as state and federal regulators, insurance and managed care organization executives, health care benefit managers for corporations and government entities.

To date, UHAS has not represented any regulatory body in a rate hearing for a medical product; however, members of the staff have been involved in hearings and depositions on behalf of client companies and carriers for which they worked prior to becoming a consultant. We have testified in two Florida rate hearings relating to proposed rate increases on stand-alone home health care products on behalf of an insurer. Relative to expert work that has been done in the context of administrative hearings, we have represented one of our clients, a trade association, as they challenged a LTC rate increase request in one state. We have testified in hearings (ongoing) regarding excess accumulation of surplus which should be used on community health plans per regional jurisdiction. Other experiences prior to working for UHAS include testifying in administrative hearings in FL, MI and MD over rate-filing related issues and depositions related to pricing strategy and rating practices.

Additional projects or reports such as statewide rate analysis, market analysis, educational or training sessions

UHAS has performed numerous rate and benefit comparisons for a wide variety of coverages/products, including the individual and small group markets. For the individual market, numerous combinations of rating and benefit factors can be analyzed to find the magnitude of rate change for people/policies under different scenarios such as by age, gender, family composition/number of children, tobacco use and maternity coverage. Rate comparisons

have been completed between carriers and by metal level plans. Within the small group market, similar work has been performed including differentiation by size of group (2-9 lives and 10-50), average employee age, employee composition and family composition.

UHAS has also prepared a market analysis of small group rates for both on- and off-exchange products in the state of Indiana for one of our client companies. This includes rates and benefit design.

As with your Rate and Forms team, we have presented numerous topics, initially face-to-face and recently through the Go-To-Meeting product, relating to the Affordable Care Act and its impact on day-to-day work.

We have also participated in various other LTC projects including providing technical expertise and reviewing the model for the Federal CLASS Act and reviewing the Federal Employees' LTC Program for the U.S. Office of Personnel Management.

Resources available to meet deliverables

We have access to each of the credentialed actuaries listed above. All have either performed or assisted with regulatory rate reviews or have recently been employed by companies where they were involved in the rate filing/peer review process. It is anticipated that cases would be the responsibility of the project manager who would, together with additional resources as needed, perform the rate review. Peer review would be performed by another credentialed team member. We also have support staff that is available to perform various duties as their skill and training allows.

PERFORMANCE REFERENCES

We were awarded the sole initial contract for reviewing rate filings for the Center for Consumer Information and Insurance Oversight (“CCIIO”) per the requirements of the Patient Protection and Affordability Act (“PPACA”) on July 12, 2011. We performed this service on over several hundred filings through the end of our contract in mid-2016. Below is the relevant information related to this engagement:

Entity: CCIIO

Contact: Dennis Yu (recently replaced Keith Powell)

Phone: 410-786-1657 – See NOTE below

Email: Dennis.Yu@cms.hhs.gov

Project Start: July 12, 2011

Status: Completed mid-2016

Staff: John Ames, Ben Brandon, Karl Volkmar, Mark Shaw, Constance Rogers

Description of Work: UHAS was engaged to review the individual and small group rate filings of those insurers whose rate increases exceed the unreasonable threshold as defined by HHS in the states that do not have effective rate review programs. Our initial task was to review the rate filings, test the assumptions and projections, document our findings and make a recommendation to HHS regarding the reasonableness of the rate increase request. Our responsibilities later expanded to include review of on- and off-exchange submissions for compliance with market rating rules, review of 2014 rate filings and, in light of the recent directives by the Obama administration, review grandfathered plans with policy years beginning between January and October of 2014 that are now allowed to renew into 2014.

***NOTE:** We have been informed that federal contracting policies may restrict our ability to utilize Mr. Dennis Yu as a reference for this project. As such we have contacted Mr. Keith Powell who held this position prior to Mr. Yu. He has agreed serve as a reference as we had worked with him for the majority of the project. We have provided his contact information here.*
Phone: (502) 640-6577, Email: KentGr@aol.com

Entity: California Department of Insurance (CA DOI)

Contact: Jeffrey Lee (213-346-6096); Robert Darnell (213-346-6013)

Phone: see above

Email: Jeffrey.Lee@insurance.ca.gov; Robert.Darnell@insurance.ca.gov

Project Start: December 2008

Status: Ongoing

Staff: Karl Volkmar, Mark Shaw, Clark Heitkamp

Description of Work: UHAS was engaged to review filings and support the CA DOI in its review of LTC rate filings, as needed. The CA DOI utilizes a pool of consultants to review filings. This engagement is for the review of rate filings of both new and existing products.

Entity: Kentucky Department of Insurance (KY DOI)

Contact: Jill Mitchell – Branch Manager

Phone: 502-564-6088

Email: Jill.Mitchell@ky.gov

Project Start: July 2016

Status: Ongoing

Staff: Karl Volkmar, Mark Shaw, Clark Heitkamp, Constance Rogers

Description of Work: UHAS was engaged to review rate filings for a wide variety of health insurance products. UHAS is one of two consulting firms contracted for this work. The engagement is for the review of rate filings for both new and existing products.

UHAS has also provided services to the Georgia Office of Insurance, the Massachusetts Division of Insurance, the Montana Insurance Department, and the West Virginia Office of the Insurance Commissioner. The latter two were rate-review-related engagements.

UHAS also has extensive experience providing the full range of actuarial services, including product development and pricing, for insurance carriers. Additional information and references related to those engagements can be provided upon request.

CONCLUSION

United Health Actuarial Services, Inc. sincerely appreciates the opportunity to present our proposal to the State of West Virginia. We are confident the information presented throughout our response proves that we have the experience, knowledge, capabilities and resources necessary to provide superior performance. We look forward to participating in the next phase of this procurement process.



Resumes

Karl G. Volkmar, FSA, MAAA, FCA
Principal & Senior Consulting Actuary
United Health Actuarial Services, Inc.
11611 North Meridian St – Suite 330
Carmel, IN 46032

Professional Credentials:

- Fellow, Society of Actuaries, 2000
- Member, American Academy of Actuaries, 1989
- Fellow, Conference of Consulting Actuaries, 2005

Professional Volunteer Activities:

- AAA Individual Medical Market Task Force - 2010
- AAA Small-Group Market Task Force – 2010
- AAA Individual and Small Group Market Task Force – 2011-2012
- AAA Health Care Reform – Grandfathering Provisions Subgroup – 2010
- AAA LTC Credibility Monograph Work Group – 2012-present
- SOA Health Section Council
 - Elected Member from 2002-2005
 - Secretary/Treasurer for 2002-2003
 - Vice Chair for 2003-2004
 - Chair for 2004-2005
 - Liaison to the Conference of Consulting Actuaries (2004-2005)
 - Advisor Regarding Worksite Product Issues/Perspectives (2005-2006)
 - Elected Member in 2010 (3-year term)
- SOA Long-Term Care Insurance Section Council - 2007
- SOA Health Benefit Systems Seminars Committee — 2003-2004
- SOA Spring Meeting Program Committee
 - Health Section Representative — 2002 & 2003
 - Member-at-Large — 2004
 - Vice Chair and Health Section Representative – 2012
 - Chair - 2013
- SOA Annual Meeting Program Committee
 - Vice Chair - 2006
 - Chair - 2007
 - Health Section Representative - 2011
- SOA Committee on Elections - 2004
- SOA Spring Meeting Moderator and/or Presenter — 2001, 2005 (2 sessions)
- SOA Annual Meeting Moderator and/or Presenter — 2004
- General Cologne Re LTC Forum Speaker — 2003

Recent Experience:

- **United Health Actuarial Services, Inc. (3/03 - Present) - Carmel, IN**
Title: Principal & Senior Consulting Actuary
 - Spun off the health actuarial consulting practice formerly run under United Actuarial Services, Inc. (see below) into a stand-alone corporation.
 - Providing health insurance actuarial consulting services for a wide range of individual and group medical and supplemental products, and health & welfare actuarial and benefits consulting for both insured and self-insured plans.
 - Services provided include those relating to product/plan development and pricing/re-pricing, compliance, experience and financial analysis, expert witness and litigation support, and valuation support.
 - Services provided to a variety of clients, both retainer and project-based. Complete client list available upon request.

- **TIC International Corporation/United Actuarial Services (12/99 - 2/03)** - Carmel, IN
Title: Consulting Actuary (6/00 - 2/03)
 - Same as summarized in the section above, except that the health insurance actuarial consulting practice was run within the above-referenced firm.*Title: Manager & Consulting Actuary, Health & Welfare Practice (12/99 - 5/00)*
 - Responsible for the Health & Welfare benefits consulting practice and the retiree health care valuation practice for the firm.
 - Generated health insurance actuarial work, and especially work relating to LTC/HHC and specified disease products.
 - Significant management responsibilities within the firm.
- **Conseco Services, LLC (6/97 - 12/99)** - Carmel, IN
Last Title: Second Vice President
Health Product Development - All Products
 - Directed the product development, experience analysis and rate increase functions/processes for all Carmel-based health products (primarily LTC/HHC, specified disease, group disability and dental).
 - Supervised 12 actuaries/students.
 - Heavily involved in regulatory, marketing, and implementation issues.
 - Was due to be promoted to Vice President, Health Product Development effective 1/1/2000, but left shortly beforehand.
- **Pioneer Life Insurance Company (9/92 - 6/97)** - Rockford, IL & Schaumburg, IL
Last Title: Vice President and Pricing Actuary
Senior/Brokerage Health Product Development
 - Responsible for the overall profitability of senior health and other brokerage-sold products (primarily Medicare Supplement/Select, LTC/HHC, and CHAMPUS supplement).
 - Heavily involved in development, implementation, marketing and regulatory issues.
 - Directed as many as 15-20 actuarial, administrative, and implementation staff.
- **Allstate Life Insurance Company** - Deerfield, IL
Title: Senior Actuarial Associate
Role: Pricing Actuary - Direct Response Division
Description: Along with a small staff, developed supplemental health products to sell primarily via mail and telemarketing to Sears and Discover credit card holders.
- **Bankers Life & Casualty Company** - Chicago, IL
Title: Assistant Actuary
Role/Description: Served as the major medical product actuary for the first few months and as the inforce rate increase actuary until my departure.
- **Milliman & Robertson, Inc.** - Chicago, IL
Title: Associate Actuary
Role/Description: Worked on a variety of individual health product development, experience analysis, rate increase, and financial reporting projects.
- **Nationwide Life Insurance Company** - Columbus, OH
Last Title: Assistant Actuary
Role/Description: Worked in the individual health area on a variety of product development, experience analysis, rate increase, and financial reporting projects. Through a rotation program, I also worked in the corporate (i.e., cash-flow testing) and group annuity areas of the company.

Education:

- Bachelor of Science, Actuarial Science - December 1985
 University of Illinois - Champaign, IL

CURRICULUM VITAE

MARK EDWARD SHAW

BUSINESS EXPERIENCE

UNITED HEALTH ACTUARIAL SERVICES, INC., Summerville, South Carolina
Senior Consulting Actuary, 8/08 to present

Provide life and health actuarial and management consulting services for a wide range of individual and group medical and supplemental insurance products for both insured and self-insured plans. Health products include Major Medical, Medicare Supplement, Long Term Care, Dental, Disability, Accident only, Cancer, Critical Illness and Hospital Indemnity. Services provided include:

Compliance and statutory reporting
Expert witness and litigation support
Merger & acquisition support
Peer review
Risk Management
Network evaluation and pricing

Experience and financial analysis
Liaison and negotiation support
All aspects of company management
Product/plan development and pricing/re-pricing
Valuation/financial reporting and related support
Advise clients on multiple health plan designs

Sample of Recent Services Provided

- Review Medical rate filings on behalf of CMS/HHS
- Review Supplemental Medical rate filings on behalf of KY
- Review LTC rate filings on behalf of states of CA and WV
- Serve as expert witness in evaluating insurer Surplus Adequacy
- Serve as Appointed Actuary for insurance company
- Develop and file Disability, Critical Illness and Cancer products in NY
- Develop group and individual Voluntary product portfolios for filing in all 50 states
- Peer review Medicare Supplement pricing and filing work
- Serve as damages expert witness in arbitration between two insurers
- Assist insurers on large account group health and wellness bids

ASSURANT HEALTH, MILWAUKEE WISCONSIN

Senior Vice President,

Provide leadership of selected initiatives for future company growth including: 1) Be expert resource for new limited benefit health business; 2) Develop international opportunities for medical products; and 3) Explore M&A opportunities in the individual and small group major medical market space.

Senior Vice President and Chief Actuary, Group Markets, 11/04 to 3/07

Provide leadership of all actuarial functions (staff of 36) to support business unit including product development, product pricing, forecasting, trend analysis, risk management, advanced analytics, and data management. Oversee corporate-wide functions related to network management and pharmaceutical pricing. Review financial reporting including reserve development and make monthly presentations to corporate CEO and executive management team on business initiatives and results. Participant in corporate Compliance and Government Relations steering committees. Help lead business unit strategic planning and consumer marketing initiatives. Interact with distribution partners to encourage effective partnerships. Be the face of Group Markets to various constituencies,

Vice President, Development, 7/03 to 11/04

Create a new business for Assurant to compete with other supplemental and limited benefit health insurers such as AFLAC, Colonial, and Allstate. Responsible for developing and managing all aspects of the business including: crafting business strategy, designing product portfolio, overseeing actuarial work, getting products approved in target states, producing marketing plan, and setting up administration through a third party administrator (TPA). Act as P&L leader in monthly financial reviews.

AFLAC INC., COLUMBUS GEORGIA

Senior Vice President, Corporate Risk Management, 5/01 to 5/03

Create and lead the worldwide risk management efforts in newly created corporate function of international insurer. Primary responsibility to consult with and help other senior officers identify, measure, evaluate, monitor, and mitigate all significant business risks. Oversee staff of 8 in Japan. Participate in corporate governance and disclosure committees. Review quarterly financial results, analysis and reporting with financial personnel. Other financial duties as assigned by President.

CONSECO, CARMEL INDIANA

Senior Vice President, Health Actuarial, 3/97 to 5/01

Interim President, Health Business Unit, 9/99 to 1/00

Built and led the newly created health division of the actuarial department to support all actuarial aspects including valuation, financial reporting, product design, pricing and administration of the \$1.3 billion annual revenue Carmel-based health businesses of Consecos. Primary product lines supported: Medicare Supplement, Long Term Care, Specified Disease, Group Dental and Disability, Major Medical. Lead Product Steering Committee. Lead divisional budgeting process (\$120 million annual budget). Review financial results with executive management and external auditors. Make presentations to rating agencies, analysts and investors. Assist in analyzing potential health acquisitions. Assess need for, negotiate and administer health reinsurance.

CAPITOL AMERICAN FINANCIAL CORP., CLEVELAND OHIO

Senior Vice President and Chief Actuary, 6/91 to 3/97

Vice President and Chief Actuary, 11/89 to 6/91

Vice President and Actuary, 5/88 to 11/89

Responsibility for all actuarial functions including valuation, financial reporting, product design, pricing and administration for primarily supplemental health products. Responsible for filing and seeking approval of products with state insurance departments. Built high-performing actuarial and compliance staff of 19. As member of Senior Leadership Team, a key participant in all strategic planning, budgeting and corporate-wide decision-making. Regular participant in corporate board and board committee meetings. Director of insurance subsidiaries. Frequent company representative with insurance departments and attendee/participant at NAIC meetings.

LOYAL AMERICAN LIFE, MOBILE ALABAMA

Vice President and Chief Actuary, 5/87-5/88

Chief Actuary, 4/86-5/87

First in-house actuary. Responsible for all actuarial functions for traditional and interest-sensitive life and supplemental health products sold through captive agents in credit union market, payroll deduction, direct mail and brokers. Negotiated and administered both risk-transfer and surplus-relief reinsurance. Member of three-officer team responsible for day-to-day operations of the company. Built actuarial staff of six.

EARLIER CAREER, ATLANTA GEORGIA AND KNOXVILLE TENNESSEE, 5/80-4/86

- Designed and priced a full range of traditional and interest-sensitive life and annuity products for the brokerage market and captive agents.
- Developed and priced supplemental health products.
- Assisted with pricing of group and credit products.
- Created and programmed illustration software.
- Facilitated filing and approval of life and health products with insurance departments.
- Assisted in the pricing and administration of reinsurance.

EDUCATION/MEMBERSHIPS

GEORGIA STATE UNIVERSITY

BBA, major in Actuarial Science, 1980

SOCIETY OF ACTUARIES

Fellow (FSA), 1987

Chartered Enterprise Risk Analyst (CERA) – 2008

Chair of Enterprise Risk Management Sub-group, 2002 – 2004

AMERICAN ACADEMY OF ACTUARIES

Member (MAAA), 1984

LIFE OFFICE MANAGEMENT ASSOCIATION

Fellow (FLM), 1981

AMERICA'S HEALTH INSURANCE PLAN (FORMERLY HEALTH INSURANCE ASSOCIATION OF AMERICA)

Chairman, Member of various committees 1995 - 2008

THE AMERICAN COLLEGE

Various CLU Credits obtained

RECENT INDUSTRY ACTIVITIES

AMERICAN ACADEMY OF ACTUARIES

Member of Health Solvency Task Force, March 2010 – present

Member of LTC Rating Group, May 2011 – present

Recent Industry Publications

SOCIETY OF ACTUARIES, HEALTH SECTION

Is There Currently an Underwriting Cycle, October 2012

CLARK A. HEITKAMP

BUSINESS EXPERIENCE

UNITED HEALTH ACTUARIAL SERVICES, INC., Carmel, IN

Senior Consulting Actuary, 1/2017 to present

Consulting Actuary, 12/2007 to 12/2016

- **Long Term Care**
 - Leading a team to complete quarterly valuations of a self-funded LTC program including developing experience studies premium rate analysis
 - Developing rate increases on inforce blocks, supporting state filings of these rate increases, and providing responses to state inquiries
 - Recommending alternatives to a rate increase to improve profitability of LTC programs
 - Completed pricing analysis of a unique product feature for a large LTC carrier
 - Developing morbidity assumptions for several carriers, include a larger insurance carrier
 - Completing LTC rate and product filing reviews for four states
- **Disability Income**
 - Developed deficiency reserve estimates for a large block of claimants
 - Completely revised the valuation of a disability block along with developing a system to complete all future quarterly valuations
- **Other Supplemental Health Products**
 - Completed a quarterly valuation for various riders along with developing a system for all future quarterly valuations
 - Developed claim costs and premiums for various supplemental products

MUTUAL OF OMAHA, OMAHA, NE

LTC Product Performance Director, 11/2001 to 12/2007

- **Long Term Care**
 - Responsible for product management and product development for LTC
 - Developed rate increases on several inforce blocks, supported state filings of these rate increases, and helped draft responses to state inquiries
 - Developed a strategy and implemented this strategy that creatively improved the inforce profitability without the negative impact to sales, which results in maximum value for the company
 - Directed product and marketing teams, which resulted in growth of 50% in LTCI sales from 2005 to 2006 and growth continued in 2007
 - Developed and priced four Long Term Care products for multiple distribution outlets including worksite and group
 - Drastically improved profitability on new business sales at the same time seeing significant increases in sales
 - Negotiated a marketing agreement with key broker that will represent 25% of 2007 – 2009 new business premium
 - Moved administration from an in-house system to a third party system and took ownership of this new relationship
 - Chaired the Integrated Marketing Team (team consisting of sales, underwriting, product, marketing, and brand)
- **Critical Illness Insurance**
 - Product Performance Director while position was open
 - Reviewed several action plans including new pricing assumptions
- **Disability Income insurance**
 - Product Performance Director while position was open
 - Negotiated the recapture of a DI reinsurance contract that created a one-time increase to income of \$3.5 million

MUTUAL OF OMAHA, OMAHA, NE (cont.)

Managing Actuary, Life Product Development, 8/1995 to 11/2001

- **Term Life** insurance product development and product management
 - Several new versions of term products during the "Term Wars"
 - Negotiated with several reinsurance companies
 - Re-priced products with the then recently approved XXX regulation
 - Return of premium product developed
 - Started development of a Mortgage Term product
- **Universal Life** insurance product development and product management
 - Developed experience analysis to address the then recently approved illustration reform
 - Designed a new product with strong guarantees and minimal cash values
 - Negotiated lower reinsurance costs
- **Survivor Universal Life** insurance product development and product management
 - Re-priced product
 - Negotiated lower reinsurance costs

LINCOLN NATIONAL CORPORATION, FORT WAYNE, IN

Actuarial Consultant, Financial Reinsurance, 5/1993 to 8/1995

- Eighteen months in Financial Reinsurance
 - Included modeling inforce individual Disability Income policies
- **Annuity** product development

PRINCIPAL FINANCIAL GROUP, DES MOINES, IA

Intern, Summer 1992

- Term Life Insurance

EDUCATION/MEMBERSHIPS

UNIVERSITY OF NEBRASKA-LINCOLN LINCOLN, NE

BS/Actuarial Science in Business College, 1993

SOCIETY OF ACTUARIES

Fellow (FSA), 2000

AMERICAN ACADEMY OF ACTUARIES

Member (MAAA), 1997

THE HEALTH INSURANCE ASSOCIATION OF AMERICA

Long-Term Care Professional (LTCP), 2003

GORDON TRAINING INTERNATIONAL

Leader Effectiveness Training, 2004

BEN S. BRANDON, FSA, MAAA

Health Consulting Actuary with a broad range of experience in applying actuarial science to the health care industry.

BUSINESS EXPERIENCE

UNITED HEALTH ACTUARIAL SERVICES, INC., CARMEL IN

Consulting Actuary, 2/2009 to present

- Providing health insurance actuarial consulting services and modeling expertise for a wide range of individual and group medical and supplemental products, and health & welfare actuarial and benefits consulting for both insured and self-insured employer plans.
- Providing actuarial support and consulting services to Managed Care and ACO-type plans including capitation development, rate development, plan design, reinsurance structures, shared savings plans, and network analysis.
- Responsible for regulatory review of rates and filings for various federal and state entities.
- Consulting in regards to Employer Stop Loss pricing and product development
- Responsible for retiree medical valuations, e.g., FAS 106 and GASB 45

MERCER, PRINCETON, NJ

Principal, 7/2007 to 1/2009

- Client consulting on a variety of employee benefit projects including active plan design, financial monitoring, contribution strategies, FAS 106 valuations and retiree health plan redesigns
- Member of senior management team
- Directed the work of actuarial staff and assisted in their development
- Participated in Intellectual Capital development through participation in various subcommittees and the development of actuarial models
- Developed model to stimulate aggregate claims for Stop Loss consulting

MUNICH RE, PRINCETON, NJ

Actuary and Assistant Vice-President, 3/2005 to 6/2007

- Calculated bimonthly reserves and loss ratios for multiple Employer Stop-Loss and first dollar accounts as well as periodic detailed portfolio analysis
- Developed pricing model to be used for Pandemic protection product
- Met with prospective clients to explore possible avenues of mutual profitability across a broad range of business lines and needs.

HORIZON NJ HEALTH, TRENTON, NJ

Director of Actuarial Services, 3/2001 to 2/2005

Acting Chief Financial Officer, 5/2005 to 9/2005

- Performed and directed all actuarial services for 280,000 member Medicaid HMO
- As Acting CFO, directed and responsible for the operations of Finance department, Data Services organization and Facilities

- Have participated and/or been solely responsible for the reporting of monthly financial results to parent company
- Member of the AAA workgroup on Medicaid Rate-Setting that has been responsible for the development of a Draft Practice Note to be used by rate-setting actuaries

ASA/AON, SOMERSET, NJ

Senior Actuary, 11/1993 – 3/2001

- Directly responsible for the development and management of actuarial students
- Created models which calculated relative pricing factors for medical plans (including PPO's, HMO's and indemnity plans) using continuance tables and other data
- Worked on large scale HMO renewal project. This included RFP preparation and development of a mathematical model that allowed a client to negotiate demographic and area specific HMO rates based on current POS/indemnity experience
- Developed model for pricing the effects of design changes on the short-term and long-term disability plans of a large, national client for their employees
- Intensive medical and life FAS 106 experience including data reconciliation and preparation, claims underwriting, trend analysis, gain/loss and prior service cost calculations as well as EoY disclosures

COOPERS AND LYBRAND, NY, NY

Associate, 6/1991 – 10/1993

- Performed valuations and analyzed results which included reviewing test cases, cashflows, input parameters and resulting obligations
- Performed all calculations that are unique to FAS 106 (APBO, service cost, etc), prepared summary tables and accounting EoY disclosure statements

EDUCATION/MEMBERSHIPS

RUTGERS UNIVERSITY PISCATAWAY, NJ
Bachelor of Science, Materials Engineering, 1987

SOCIETY OF ACTUARIES
Fellow (FSA), 2007

AMERICAN ACADEMY OF ACTUARIES
Member (MAAA), 2000

Sidney A. Richard, FSA, MAAA

srichard@uhasinc.com

Professional Experience

United Health Actuarial Services, Inc. (2/2013 – Present)

Title: Consulting Actuary

- Providing health insurance actuarial consulting services for a wide range of individual and group medical products and Medicare Supplement and Medicare Advantage products including product pricing/repricing, experience and financial analysis, valuation, and rate filing.
- Benefits consulting for insured and self-insured products including plan benefit options, risk-sharing, rating model development, education, financial projections, and a wide range of actuarial support roles as requested by plan sponsor.
- Consulting for ACO's including risk analysis, shared savings evaluation, and medical target review.
- Peer review for financial analysis, for medical insurance rating and financial projections for individual, small group, Medicare Supplement, and provider arrangements.
- Peer review for rate filing reviews.

Everence Financial, Formerly MMA, Mennonite Mutual Aid (10/1979 – Present)

Last Title: Chief Actuary

Managed Actuarial Functions for Individual Health, Small Group, and Med Supp Blocks

- Product development.
- Renewal rating and regulatory approvals.
- Experience analysis including quarterly reports to management explaining financial results, trends, key metrics, and unusual events. Budgets and financial projections.
- Valuation.
- Participated on strategic management teams.

Consulting for Church Plan Self-Funded Pools

- Design Pool risk sharing arrangements, with participating groups retaining some risk, sharing a layer of risk within the pool, and purchasing stop loss cover.
- Oversee rate development including rates for shared layer of risk.
- Consult with groups on benefit design changes, risk management including pool guidelines, appropriate surplus levels, experience analysis, claims management tools.
- Designed a new "Cooperative model," which is a captive like model, but structured more efficiently as a church plan. Involved in sales of the new model to new groups and to find partner stop loss carriers.

Other Responsibilities

- Oversee staff responsible for life and annuity lines of business.
- Managed Everence's Appointed Actuary. Annual Statement and Actuarial certification.
- Directed staff that brought actuarial analysis skills to Mennonite Foundation (with charitable annuities), Mennonite Retirement Trust, and other entities.
- Developed Everence MA and MA-PD plans including bid submission, certification as well as actuarial valuation and financial reporting.

Education/Memberships

The Ohio State University

Master of Science, Mathematics, 1979

Goshen College

Bachelor of Arts, Mathematics 1976

Society of Actuaries

Fellow (FSA) 1987

American Academy of Actuaries

Member (MAAA) 1983

CONSTANCE D. ROGERS, FSA, MAAA

11174 Beloit Road / Belvidere, IL 61008 / (815) 218-7655 / cdrogers@uhasinc.com

PROFESSIONAL EXPERIENCE

United Health Actuarial Services, Inc. (3/2003 – Present)

Title: Consulting Actuary

Providing health insurance actuarial consulting services for a wide range of individual and group medical and supplemental products, as well as health & welfare actuarial and benefits consulting for both insured and self-insured plans.

Medicare Supplement insurance

- Project Manager for all Medicare supplement projects, working directly with clients and supervising the work of other staff members
- Pricing for new blocks: claim cost development, premium rate development, financial projections, competitive analysis, implementation support
- Re-pricing for existing blocks: experience analysis, claim cost development, premium rate development, financial analysis and projections, competitive analysis, implementation support
- Rate filings and filing support
- Valuation and valuation support
- Regulatory filings (annual experience exhibits and refund filings)
- Reviewing rate filings for contracted state departments of insurance

Long Term Care insurance

- Re-pricing for existing blocks: experience analysis, claim cost development, premium rate development, financial analysis and projections
- Pricing for new products: premium rate development, financial analysis and projections
- Rate filings and filing support
- Valuation and valuation support
- Litigation support

Other Supplemental Medical Products

- Pricing for new products: claim cost development, premium rate development, financial projections
- Re-pricing for existing blocks: experience analysis, claim cost development, premium rate development, financial analysis and projections
- Rate filings and filing support

Health & Welfare Actuarial Consulting

- Risk-sharing and rating model development and modification
- Plan sponsor support and education
- Financial projections
- Evaluation of comparative benefit options
- A wide range of actuarial support roles as requested by the plan sponsor

Individual and Group Medical Products

- Experience analysis, pricing and re-pricing
- Rate filing review for a Federal government agency

TIC International Corporation / United Actuarial Services (3/2001 – 2/2003)

Title: Consulting Actuary

Similar to the above, except within the above-referenced firm.

Menonite Mutual Aid, Inc. (6/1993 – 2/2001 and 8/1988 – 5/1992)

Last Title: Associate Actuary (6/1993 – 2/2001)

Responsible for all aspects of actuarial practice supporting the Medicare supplement product line: pricing/re-pricing, compliance, annual regulatory reporting, experience analysis, claim valuation, policy valuation, financial projection/analysis, and financial reporting.

In addition, provided actuarial support for individual and small group major medical product lines by conducting experience analyses as requested.

Served as mentor to actuarial interns.

Last Title: Senior Actuarial Assistant (8/1988 – 5/1992)

On a rotation basis, provided actuarial support for various product lines offered by the company: life insurance, annuities, and small group major medical. This work included programming, pricing/re-pricing, experience analysis, claim valuation, policy valuation, financial projection/analysis, and financial reporting.

Pioneer Life Insurance (6/1992 – 5/1993)

Last Title: Senior Actuarial Analyst

Provided actuarial support for the small group major medical block as well as for supplemental health insurance products, including Medicare Supplement.

EDUCATION / MEMBERSHIPS

Ball State University

Bachelor of Science, major in applied mathematics, 1984 *magna cum laude*

Society of Actuaries

Fellow (FSA) 2010

American Academy of Actuaries

Member (MAAA) 1995



Kyle M. Zachary

Work Experience

August 2007 – Present **United Health Actuarial Services Inc. (Carmel, IN)**

Actuary/Underwriter

- Estimate claim liabilities for various health insurance products
- Design, price and file various health insurance products
- Develop rate manuals for group and individual health insurance carriers
- Build pricing models for various stop-loss programs with various adjustments including, but not limited to, referenced based pricing, Captive agreements and experience rating
- Price aggregate and specific stop loss reinsurance health coverage
- Advise clients regarding underwriting and underwriting processes
- Prepare annual small group certifications
- Valuate retiree health benefits for various organizations
- Support long-term care insurance valuations
- Assist with supplemental medical rate filing reviews for contracted states

September 2006 – August 2007 **Medical Mutual of Ohio (Cleveland, OH)**

Associate Actuarial Analyst

- Prepared monthly reports (i.e. loss ratio reports, large claim monitoring, new sales reports, etc.) for several states within the small group health insurance department
- Priced new small group blocks of business including the state of Wisconsin
- Loaded monthly rates to online quoting system

Education/Professional Designations

January 2002- May 2006

Ball State University (Muncie, IN)

Bachelor of Science

- Major course of study: Actuarial Science
- Minor course of study: Foundations of Business

December 2013

Society of Actuaries

- Associate (ASA)

January 2014

American Academy of Actuaries

- Member (MAAA)

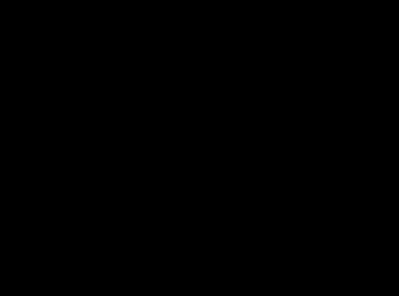


Professional Credentials

(source: Actuarial Directory)

Karl Glen Volkmar

Personal Information



Professional Biography

A seasoned health actuary and executive with nearly 20 years of senior management and consulting experience. Karl Volkmar and his firm, United Health Actuarial Services, Inc. ("UHAS"), provide health actuarial and management consulting services for a wide range of individual and group medical and supplemental insurance products, and health & welfare actuarial and benefits consulting services for both insured and self-insured plans.

Links

 [View my LinkedIn page](#)

 [Follow me on Twitter](#)

Designations

MAAA 1989

FSA 2000

FCA 2005

SOA Continuing Professional Development Requirement

Compliant(2014-2015)

Compliant(2015-2016)

Academic Degrees

B.S.

Other Professional Designations

Industry

Consulting

Primary Area of Practice

Health

Specializations

Disability Income Insurance

Employee Health Benefits

Financial Reporting

Health Insurance - Commercial

Health Insurance - Public Systems

Long Term Care Insurance

Product Pricing/Development

Provider Systems

Regulatory

Reinsurance

Underwriting

Valuation/Reserving

Society of Actuaries Sections

Entrepreneurial & Innovation

Financial Reporting

Health

International

Investment

Joint Risk Management (SOA - CAS - CIA)

Leadership & Development

Long Term Care Insurance

Marketing & Distribution

Modeling

Product Development

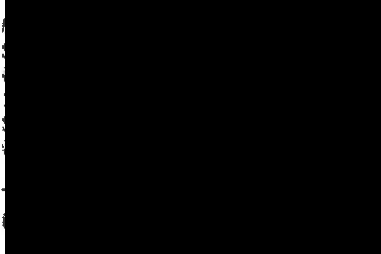
Reinsurance

Smaller Insurance Company

Social Insurance & Public Finance

Mark E Shaw

Personal Information



Designations

MAAA 1984
FSA 1987
CERA 2008

SOA Continuing Professional Development Requirement

Compliant(2014-2015)
Compliant(2015-2016)

Academic Degrees

B.B.A.

Other Professional Designations

FLMI

Industry

Consulting

Primary Area of Practice

Health

Specializations

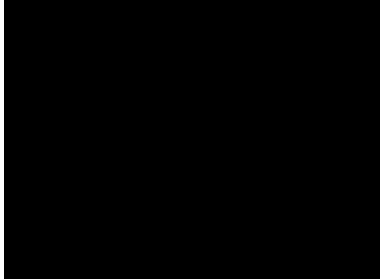
Financial Reporting
Life Insurance
Long Term Care Insurance
Marketing
Product Pricing/Development
Regulatory
Risk Management

Society of Actuaries Sections

Financial Reporting
Health
Joint Risk Management (SOA - CAS - CIA)
Long Term Care Insurance
Marketing & Distribution
Product Development

Clark A Heitkamp

Personal Information



Designations

MAAA 1997

FSA 2000

SOA Continuing Professional Development Requirement

Compliant(2014-2015)

Compliant(2015-2016)

Academic Degrees

B.S.

Other Professional Designations

Long Term Care Professional

Industry

Consulting

Primary Area of Practice

Health

Specializations

Disability Income Insurance

Financial Reporting

Long Term Care Insurance

Product Pricing/Development

Valuation/Reserving

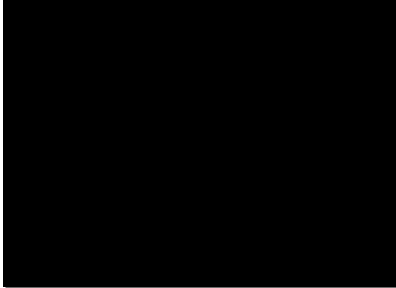
Society of Actuaries Sections

Health

Long Term Care Insurance

Ben S Brandon

Personal Information



Designations

MAAA 2000
FSA 2007

SOA Continuing Professional Development Requirement

Compliant(2014-2015)
Compliant(2015-2016)

Academic Degrees

B.S.

Other Professional Designations

Industry

Consulting

Primary Area of Practice

Health

Specializations

Reinsurance
Risk Management

Society of Actuaries Sections

Health
Pension
Reinsurance
Social Insurance & Public Finance

Sidney A Richard

Personal Information



Designations

MAAA 1983
FSA 1987

SOA Continuing Professional Development Requirement

Compliant(2014-2015)
Compliant(2015-2016)

Academic Degrees

B.A.
M.S.

Other Professional Designations

Industry

Healthcare: Health Insurance

Primary Area of Practice

Health

Specializations

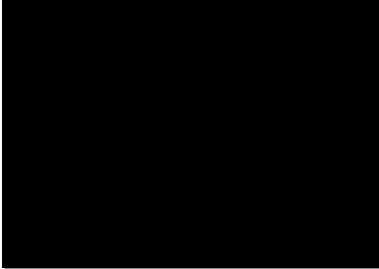
Financial Reporting
Risk Management

Society of Actuaries Sections

Health
Smaller Insurance Company

Constance D Rogers

Personal Information



Designations

MAAA 1995
FSA 2010

SOA Continuing Professional Development Requirement

Compliant(2014-2015)
Compliant(2015-2016)

Academic Degrees

B.S.

Other Professional Designations

Industry

Consulting

Primary Area of Practice

Health

Specializations

Society of Actuaries Sections

Health
Long Term Care Insurance

Kyle Matthew Zachary

Personal Information



Designations

ASA 2013
MAAA 2014

SOA Continuing Professional Development Requirement

Compliant(2014-2015)
Compliant(2015-2016)

Academic Degrees

B.S.

Other Professional Designations

Industry

Healthcare: Health Insurance

Primary Area of Practice

Health

Specializations

Society of Actuaries Sections