

# INTERROGATORIES of ATH Holding Company, LLC

All of the following questions must be answered. ATTACH A FULL EXPLANATION AND THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

<b>1) Has the applicant ever had an application denied by any state or federal regulatory authority?</b> (If yes, provide details including the type of application, the identity of the authority which issued the denial, the reasons for the denial and an explanation of any subsequent events.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>2) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant ever had a Certificate of Authority or license suspended or revoked by any regulatory authority? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>3) Has the applicant ever been subject to any regulatory action including cease and desist orders, fines, consent agreements or similar actions? (If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action and an explanation of any subsequent events.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>4) Has the applicant ever been placed into any type of regulatory supervision or rehabilitation by any regulatory authority? ( If yes, provide details including the type of action, the identity of the authority that took the action, the reasons for the action, a copy of the order or other such notice of the action , an explanation of any subsequent events and an explanation of the current status.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>5) Is the applicant currently involved in any dispute or controversy with any regulatory authority?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>6) Has the applicant ever been the subject of bankruptcy or liquidation proceedings? (If yes, provide the jurisdiction of the proceedings, the docket number, the current status and the date of final disposition.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>7) Is the applicant currently a defendant or the subject in any legal action alleging fraud, dishonesty or breach of trust on the part of the applicant or its officers, directors, trustees or members? (If yes, supply a statement giving the jurisdiction of the case, a summary of the allegations, the case style (name) and a summary of the current status of the case.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>8) Is the applicant a defendant in <u>any</u> lawsuit asking for a judgment that is equal to or greater than ten percent of its assets above liability?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>9) Has the applicant or any person who is presently an officer, director or owner of 10 percent or more of the applicant ever been convicted of or pleaded guilty or nolo contendere to, or found liable of indictment or bill of information, in any jurisdiction, charging a felony or misdemeanor other than minor traffic violations?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>10) Within the last five years, has the applicant changed its name?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>11) Within the last five years, has the applicant undergone a change in domicile? (Changes of domicile address within the same state need not be included.)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## INTERROGATORIES – CONTINUED

12) Within the last five years, has the applicant merged or consolidated with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Within the last five years, has the applicant undergone a change in ownership (direct or indirect) of 10 percent or more? (If yes, provide a full explanation of the change in ownership and an organizational/ownership chart which clearly shows the ownership of the applicant both before and after the transaction.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Other than the transaction leading to this application, is the applicant presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other company or in a change ownership, direct or indirect, of ten percent or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15) Has the applicant undergone a change of management or control since the date of the latest audited statement filed in support of this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16) Other than those disclosed with this application, does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the next 24 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17) Within the last five years, has the applicant transferred or encumbered a substantial portion (more than 20%) of its assets or liabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18) Does the applicant have any plans to redomesticate the domestic insurer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19) Other than changes disclosed in this application, does the applicant have any plans to change the officers and/or directors of the domestic insurer within 24 months of the transaction leading to this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20) Does the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant currently have any application pending with any Department of Insurance for a Certificate of Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21) Is the applicant owned, operated or controlled, directly or indirectly, by any other state or province, district, territory or nation or any governmental subdivision or agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22) Has the applicant or any entity which is affiliated or under the same general management, interlocking directorate or ownership as the applicant operated in any capacity in Louisiana for which it would be required to be licensed by or registered with the Louisiana Department of Insurance without having first obtained the necessary license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23) Is the applicant currently undergoing an examination or audit (whether routine, targeted or otherwise) being conducted by any state or federal regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24) Is the applicant part of an insurance holding company group? (If yes, provide the holding company group code assigned by the NAIC_____.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25) Does the regulatory authority governing the applicant in the state or country of domicile have any statutes or regulations that might prohibit or restrict in any way the disclosure of information concerning the applicant to the Louisiana Department of Insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26) Does the applicant purchase investment securities through any investment banking or brokerage house or firm from whom any of the applicant's officers, directors, trustees, investment committee, owners of 10% or more of the applicant or the family members thereof receive a commission or salary or any form of compensation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## INTERROGATORIES – CONTINUED

27) Within the last five years, has the applicant made a loan to an entity owned or controlled directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee or any owner of 10% or more of the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28) Within the last five years, has the applicant sold or transferred any of its assets or property, real or personal, to any entity owned directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee members or owners of 10% or more of the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29) Within the last five years, has the applicant purchased securities, assets or property of any kind from an entity owned or controlled directly or indirectly by one or more of the applicant's officers, directors, trustees, investment committee members or any owner of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30) If any of questions 26, 27, 28 or 29 were answered yes, did any officer, director, trustee, investment committee member or owner of ten percent or more of the applicant company receive any money or valuable thing for negotiating, procuring, recommending or aiding in such transaction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31) In association with this transaction or subsequent to it, will the domestic insurer become party to any reinsurance contracts which in effect provide that the domestic insurer will reimburse or indemnify the reinsurer for losses payable thereunder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32) Does the applicant utilize or plan to utilize the services of third party administrators or managing general agents for the domestic insurer? (If yes, provide the name and Louisiana license number of the entity.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33) Has the applicant filed with its domiciliary state any amendments or restatements of its most recent annual financial statement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34) Is the applicant affiliated with or concurrently operating as a bank, bank holding company, subsidiary or affiliate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35) Is the applicant affiliated with any insurers which are authorized or approved to do business in this state?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36) Is the applicant licensed as an insurance producer in any jurisdiction? (If yes, provide the jurisdiction(s) and license numbers.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37) Does the applicant have any outstanding unexercised stock options? (If yes, attach a full explanation of who holds these options and the number of shares subject thereto.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38) Does the applicant have pending or plan to file any other applications, exemption requests or other such filings for acquisition of insurers in any jurisdiction in association with this or any other transaction? (If yes, identify the states in which the filing is made and specifically indicate whether or not the applicant is seeking a consolidated public hearing pursuant to La. R.S. 22:691.4 E(3).)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39) As a result of this transaction will the domestic insurer(s) become party to any management, tax sharing, investment, reinsurance or other agreements? (If yes, supply copies of all such agreements).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40) After the transaction leading to this application, will the domestic insurer be able to satisfy the requirements for the issuance of a license to write the lines of insurance for which it is presently licensed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## INTERROGATORIES – CONTINUED

41) Will the effect of the transaction leading to this application be to substantially lessen competition in insurance in Louisiana or tend to create a monopoly therein?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42) Is the financial condition of the applicant such as is might jeopardize the financial stability of the domestic insurer or prejudice the interest of the policyholders?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43) Are any plans or proposals which the applicant has in regard to the domestic insurer unfair or unreasonable to policyholders of the insurer or not in the public interest?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44) Are the competence, experience and integrity of those persons who will control the operation of the domestic insurer such that it would not be in the interest of policyholders of the insurer and of the public to permit the transaction leading to this application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
45) Is the transaction leading to this application likely to be hazardous or prejudicial to the insurance buying public?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## **INTERROGATORIES - FULL EXPLANATIONS FOR "YES" ANSWERS**

### **Response to Interrogatory #35 – Is ATH Holding Company, LLC affiliated with any insurers which are authorized or approved to do business in this state?**

Yes, ATH Holding Company, LLC is affiliated with the following insurers/HMOs authorized to do business in Louisiana:

- (a) Amerigroup Insurance Company
- (b) Anthem Insurance Companies, Inc.;
- (c) Anthem Life Insurance Company
- (d) UniCare Life & Health Insurance Company; and
- (e) Community Care Health Plan of Louisiana, Inc.

### **Response to Interrogatory #38 - Does ATH Holding Company, LLC have pending or plan to file any applications, exemption requests or other such filings for acquisition of insurers in any jurisdiction in association with this or any other transaction? (If yes, identify the states in which the filing is made and specifically indicate whether or not the applicant is seeking a consolidated public hearing pursuant to La. R.S. 22:691.4 E(3).)**

On January 27, 2023, ATH Holding Company, LLC filed a Form A Statement and Form E Exemption Letter with the Arkansas Insurance Department and the Mississippi Insurance Department. The Arkansas Insurance Commissioner issued an Approval Order on April 25, 2023. The Mississippi Insurance Commissioner issued an Approval Order on May 9, 2023.

### **Response to Interrogatory #40 – After the transaction, will the domestic insurer be able to satisfy the requirements for the issuance of a license to write the lines of insurance for which it is presently licensed?**

Yes, after the transaction, all Domestic Insurers/HMOs will continue to satisfy the requirements for the issuance of a license to write the business for which it is presently licensed.