

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: The Continental Corporation and the Applicant Companies listed on Appendix 1

Address: 151 N. Franklin Street City: Chicago

State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Amy Middle: Caroline Last: Adams

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2.

4. Affiant's business address: 151 N. Franklin Street, Chicago Illinois 60606

Business telephone: 312-822-5533 Business Email: amyc.adams@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Iowa</u>	<u>Iowa City, IA</u>	<u>08/87-05/91</u>	<u>BBA Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Business Administration</u>	<u>University of Chicago</u>	<u>Chicago, IL</u>	<u>01/00-12/04</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: SVP & Treasurer, The Continental Corporation; SVP & Treasurer, Continental Casualty Company; Proposed SVP & Treasurer, Aetna Insurance Company of Connecticut

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/04 - Present Employer's Name: Continental Casualty Company
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: SVP&Treasurer (since 11/14, previously VP, Finance)
Type of Business: Insurance Supervisor/Contact: Scott Lindquist

Beginning/Ending Dates (MM/YY): 01/04 - Present Employer's Name: The Continental Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: SVP&Treasurer (since 11/14, previously VP, Finance)
Type of Business: Insurance Supervisor/Contact: Scott Lindquist

Beginning/Ending Dates (MM/YY): 08/91 - 12/03 Employer's Name: KPMG LLP
Address: 303 E. Wacker Dr City: Chicago State/Province: Illinois
Country: USA Postal Code: 60601 Phone: _____ Offices/Positions Held: Senior Manager, Assurance
Type of Business: Auditing Supervisor/Contact: Dan Johnson, Audit Partner

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: IL Dept of Financial and Prof Regulation Address: 320 W. Washington Street, 3rd Floor
City: Springfield State/Province: Illinois Country: USA Postal Code: 62786
License Type: Registered CPA License #: 239.008454 Date Issued (MM/YY): 09/15
Date Expired (MM/YY): n/a Reason for Termination: n/a
Non-Insurance Regulatory Phone Number (if known): 888-473-4858

Organization/Issuer of License: IL Dept of Financial and Prof Regulation Address: 320 W. Washington Street, 3rd Floor
City: Springfield State/Province: Illinois Country: USA Postal Code: 62786
License Type: CPA License #: 065027544 Date Issued (MM/YY): 09/03
Date Expired (MM/YY): 09/06 Reason for Termination: Placed inactive as no longer needed for business purposes
Non-Insurance Regulatory Phone Number (if known): 888-473-4858

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Uc...
(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Amy C. Adams, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas
Notary Public
Maribel Terrazas
Printed Notary Name
3/24/2025
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Marc Middle: Adam Last: Alpert

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Senior Vice President, General Counsel and Corporate Secretary

4. Affiant's business address: Loews Corporation, 667 Madison Avenue, 7th Fl. NY, NY 10065

Business telephone: 212-521-2923 Business Email: MAIpert@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Hofstra University</u>	<u>Hempstead, NY</u>	<u>09/79-05/83</u>	<u>BBA Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law School</u>	<u>SUNY Buffalo Law School, University at Buffalo</u>	<u>Buffalo, NY</u>	<u>08/83-05/86</u>	<u>J.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>New York State Bar Association</u>	<u>Pamela McDevitt</u>	<u>1 Elk Street, Albany, NY 12207</u>	<u>581-463-3200</u>

7. Present or proposed position with the Applicant Company: SVP, General Counsel & Secretary of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 07/16 - Present Employer's Name: Loews Corporation
Address: 667 Madison Avenue City: New York State/Province: NY
Country: US Postal Code: 10065 Phone: 212-521-2000 Offices/Positions Held: SVP, General Counsel & Secretary
Type of Business: Multi-Industry Conglomerate Supervisor/Contact: James Tisch

Beginning/Ending Dates (MM/YY): 10/86 - 7/16 Employer's Name: Chadbourne & Parke LLP
Address: 1301 Ave of the Americas City: New York State/Province: NY
Country: US Postal Code: 10019 Phone: 212-408-5100 Offices/Positions Held: Partner
Type of Business: Law Firm Supervisor/Contact: Andrew Giaccia, Managing Partner

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

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: New York State Bar Address: 1 Elk Street

City: Albany State/Province: NY Country: US Postal Code: 12207

License Type: Law License #: 2101095 Date Issued (MM/YY): 01/87

Date Expired (MM/YY): N/A Reason for Termination: N/A

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FBIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 15th day of FEBRUARY 20 22 at 667 MADISON AV, NYC I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Marc
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 15th day of FEB., 2022 by MARC ALPERT, and: who is personally known to me, or who produced the following identification: _____.



CYNTHIA V. EVIDENTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01EV6347732
Qualified in New York County
Commission Expires September 12, 2024

Cynthia V. Evidente
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Ann Middle: Elyse Last: Berman

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired Senior Advisor to the President, Harvard University

4. Affiant's business address: None

Business telephone: None Business Email: None

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Cornell University</u>	<u>Ithaca, NY</u>	<u>09/70-06/74</u>	<u>AB</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Wharton School University of PA</u>	<u>Philadelphia, PA</u>	<u>09/74-05/76</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>CPA's (AICPA)</u>	<u>N/A</u>	<u>1211 Avenue of the Americas, NY, NY 10036-8775</u>	<u>888-777-7077</u>

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 10/94 - 12/09 Employer's Name: Harvard University
Address: Massachusetts Hall City: Cambridge State/Province: MA
Country: USA Postal Code: 02138 Phone: 617-495-1000 Offices/Positions Held: Retired Senior Advisor to the President
Type of Business: Academic Institution Supervisor/Contact: Lawrence Summers (President), Marilyn Hausammann, LVP HR

Beginning/Ending Dates (MM/YY): 05/06 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Corporation Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 07/21 - Present Employer's Name: Immuneering Corporation
Address: 245 Main St City: Cambridge State/Province: MA
Country: USA Postal Code: 02142 Phone: 6175008080 Offices/Positions Held: Director
Type of Business: Biopharmaceuticals Supervisor/Contact: Michael Bookman

Beginning/Ending Dates (MM/YY): 07/21 - Present Employer's Name: Renalytix plc
Address: Finsgate 5-7 Cranwood St City: London State/Province: N/A
Country: UK Postal Code: EC1V 9EE Phone: +442031392910 Offices/Positions Held: Director
Type of Business: Medical Diagnostics Supervisor/Contact: James McCullough

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Commonwealth of MA Address: 239 Causeway St., Suite 500
City: Boston State/Province: MA Country: USA Postal Code: 02114
License Type: CPA License #: 13960 Date Issued (MM/YY): 12/06/90
Date Expired (MM/YY): Current Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A

Organization/Issuer of License: PA State Board of Accountancy Address: P.O. Box 2649
City: Harrisburg State/Province: PA Country: USA Postal Code: 17105
License Type: CPA License #: CA 012228L Date Issued (MM/YY): 09/13/77
Date Expired (MM/YY): N/A Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A

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

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

Yes No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16 day of FEBRUARY 2022 at Watertown, MA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: MA County of: Middlesex

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16th day of February 2022 by LORIANNE DEBARROS, and: who is personally known to me, or who produced the following identification: MA Drivers License.

LORIANNE DEBARROS
Notary Public
Commonwealth of Massachusetts
Expires Sept. 20, 2024

[Signature]
Notary Public
LORIANNE DEBARROS
Printed Notary Name
9/20/2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation

Address: 151 N. Franklin City: Chicago

State/Province: IL Postal Code: 60606 Phone: 3128225000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Alan Last: Bless

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? NONE.

3. Affiant's occupation or profession: Special Advisor to the CEO and Board, Century Aluminum Company

4. Affiant's business address: 1 S. Wacker Drive, Suite 1000, Chicago, IL 60606

Business telephone: 312-696-3101 Business Email: mike.bless@centuryaluminum.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Princeton University</u>	<u>Princeton, NJ</u>	<u>09/83-06/87</u>	<u>A.B.</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>NONE.</u>				

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>NONE.</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153

FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
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NONE.

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 07/21 - 03/22 Employer's Name: Century Aluminum Company
Address: 1 S. Wacker Drive City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: 312-646-3101 Offices/Positions Held: Special Advisor
Type of Business: Manufacturing Supervisor/Contact: Jesse Gary (CEO)

Beginning/Ending Dates (MM/YY): 11/11 - 06/21 Employer's Name: Century Aluminum Company
Address: 1 S. Wacker Drive City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: 312-646-3101 Offices/Positions Held: President, CEO & Director
Type of Business: Manufacturing Supervisor/Contact: Andrew Michelmare (Board Chair)

Beginning/Ending Dates (MM/YY): 10/17 - 02/22 Employer's Name: CNA Financial Corporation
Address: 151 N. Franklin City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: Director
Type of Business: Insurance Supervisor/Contact: Dino Robusto (Board Chair)

Beginning/Ending Dates (MM/YY): 05/17 - 05/21 Employer's Name: Simpson Manufacturing Company
Address: 5956 W. Las Positas City: Pleasanton State/Province: CA
Country: USA Postal Code: 94588 Phone: 925-560-9000 Offices/Positions Held: Director
Type of Business: Manufacturing Supervisor/Contact: James Andrasick (Board Chair)

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: NONE

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

Yes No

If yes, give details: NONE

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: NONE Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See addendum.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

NONE

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

NONE

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

NONE

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

NONE

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

NONE

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See addendum.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16th day of February, 20 22 at Washington, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: Connecticut County of: Litchfield

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16th day of February, 2022 by [Signature], and: who is personally known to me, or who produced the following identification: Michael Alan Bless.

[SEAL]

Molly E Spino
Notary Public-Connecticut
My Commission Expires
November 30, 2023

[Signature]
Notary Public
Molly E. Spino
Printed Notary Name
11/30/2023
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
 NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
 Address: 667 Madison Avenue City: New York
 State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Joseph Middle: Lyon Last: Bower

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Donald Kirk David Professor Emeritus, Harvard Business School

4. Affiant's business address: Harvard Business School, Cumnock 308, Soldiers Field, Boston, MA 02163

Business telephone: 617-495-6281 Business Email: JBower@hbs.edu

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard University</u>	<u>Cambridge, MA</u>	<u>08/55-05/59</u>	<u>AB</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard Business School</u>	<u>Harvard</u>	<u>Boston, MA</u>	<u>08/59-05/61</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Harvard Business School</u>	<u>Boston, MA</u>	<u>08/61-05/63</u>	<u>DBA</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 1963 - Present Employer's Name: Harvard Business School
Address: Cumnock 308, Soldiers Field City: Boston State/Province: MA
Country: USA Postal Code: 02163 Phone: 617-495-6281 Offices/Positions Held: Baker Foundation Professor of Business Admin.
Type of Business: Business School Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): 05/01 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 04/88 - Present Employer's Name: The New America High Income Fund, Inc.
Address: 33 Broad St City: Boston State/Province: MA
Country: USA Postal Code: 02109 Phone: 6172636400 Offices/Positions Held: Director
Type of Business: Mutual Fund Supervisor/Contact: Ellen Terry

Beginning/Ending Dates (MM/YY): 06/93 - 06/21 Employer's Name: Anika Therapeutics, Inc.
Address: 32 Wiggins Ave City: Bedford State/Province: MA
Country: USA Postal Code: 01730 Phone: 7814579000 Offices/Positions Held: Director
Type of Business: Medical Products Supervisor/Contact: David Colleran

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A NO CLAIMS

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17 day of February 2022 at Cambridge, MA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

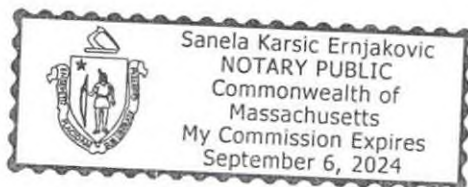
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Joseph L Bower
(Signature of Affiant)

State of: Massachusetts County of: Middlesex

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of February, 2022 by Joseph L. Bower, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Sanela Karsic Ernjakovic
Notary Public
SANELA KARSIC ERNJAKOVIC
Printed Notary Name
09/06/2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation and the Applicant Companies listed on Appendix 1
Address: 151 N. Franklin Street City: Chicago
State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Stathy Middle: n/a Last: Darcy

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2.

4. Affiant's business address: 151 N. Franklin Street, Chicago, Illinois 60606

Business telephone: 312-822-3742 Business Email: stathy.darcy@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
University of Illinois Urbana Champaign	Champaign, IL	08/84-05/88	BA Political Science BS Psychology

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Law	Pepperdine University	Malibu, CA	08/88-05/91	J.D.

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
None			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Attorney Registration & Disciplinary Commission	Unknown	One North Old Capital Plaza, Suite 333, Springfield, IL 62701	217-522-6838

7. Present or proposed position with the Applicant Company: See attached Appendix 2.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 10/10 - Present Employer's Name: Continental Casualty Company

Address: 151 N. Franklin Street City: Chicago State/Province: Illinois

Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: SVP, Deputy GC & Secretary (Secretary since 07/17)

Type of Business: Insurance Supervisor/Contact: Susan A. Stone

Beginning/Ending Dates (MM/YY): 10/10 - Present Employer's Name: The Continental Corporation

Address: 151 N. Franklin Street City: Chicago State/Province: Illinois

Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: SVP, Deputy GC & Secretary (Secretary since 07/17)

Type of Business: Insurance Supervisor/Contact: Susan A. Stone

Beginning/Ending Dates (MM/YY): 10/10 - Present Employer's Name: CNA Financial Corporation

Address: 151 N. Franklin Street City: Chicago State/Province: Illinois

Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: SVP, Deputy GC & Secretary (Secretary since 07/17)

Type of Business: Insurance Supervisor/Contact: Susan A. Stone

Beginning/Ending Dates (MM/YY): 05/06 - 10/10 Employer's Name: Calamos Investments

Address: 2020 Calamos Court City: Naperville State/Province: Illinois

Country: USA Postal Code: 60563 Phone: 888-857-7604 Offices/Positions Held: VP, DGC-Mutual Funds

Type of Business: Insurance Supervisor/Contact: J. Christopher Jackson, GC

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: ARDC - Illinois Address: 130 E Randolph St, Unit 1500
City: Chicago State/Province: Illinois Country: USA Postal Code: 60601
License Type: Law License #: 6216657 Date Issued (MM/YY): See attached Appendix 2.
Date Expired (MM/YY): n/a Reason for Termination: n/a
Non-Insurance Regulatory Phone Number (if known): n/a

Organization/Issuer of License: State Bar of California Address: 180 Howard Street
City: San Francisco State/Province: California Country: USA Postal Code: 94105
License Type: Law License #: 156163 Date Issued (MM/YY): See attached Appendix 2.
Date Expired (MM/YY): n/a Reason for Termination: n/a
Non-Insurance Regulatory Phone Number (if known): n/a

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

STB

(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Stathy Darcy, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas

Notary Public

Maribel Terrazas

Printed Notary Name

3/24/2025

My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Charles Middle: Dean Last: Davidson

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Financial Executive / Engineer

4. Affiant's business address: Quantum Energy Partners, 800 Capital St., Suite 3600, Houston, TX 77002

Business telephone: 713-452-2026 Business Email: cdavidson@quantumep.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>	
<u>Purdue University</u>	<u>W. Lafayette, IN</u>	<u>09/68-06/72</u>	<u>BS ChE</u>	
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>MS Mgmt</u>	<u>University of Texas as Dallas</u>	<u>Richardson, TX</u>	<u>09/77-05/80</u>	<u>MS Management</u>
<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>	
<u>N/A</u>				

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Society of Petroleum Engineers	N/A	P.O. Box 833836 Richardson,	75083 972-952-9393
American Institute of Chemical Engineers	N/A	120 Wall Street, Fl. 23, New York, NY	10005 800-242-4363

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 08/15 - Current Employer's Name: Quantum Energy Partners
Address: 800 Capitol Street, Suite 3600 City: Houston State/Province: TX
Country: USA Postal Code: 77002 Phone: 713-452-2026 Offices/Positions Held: Venture Partner
Type of Business: Private Equity Supervisor/Contact: Wil Vanloh

Beginning/Ending Dates (MM/YY): 05/15 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 10/00 - 05/15 Employer's Name: Noble Energy Inc. (Acquired by Chevron in 2020)
Address: 1001 Noble Energy Way City: Houston State/Province: TX
Country: USA Postal Code: 77070 Phone: 2818723100 Offices/Positions Held: Chairman, CEO, President
Type of Business: Oil & Gas Production Supervisor/Contact: Lee Robison

Beginning/Ending Dates (MM/YY): 06/94 - 10/00 Employer's Name: Vastar Resources (Acquired by BP in 10/2000)
Address: 15375 Memorial Drive City: Houston State/Province: TX
Country: USA Postal Code: 77079 Phone: _____ Offices/Positions Held: SVP Production, CEO, Chairman
Type of Business: Oil & Gas Production Supervisor/Contact: N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Texas Board of Professional Engineers Address: 1917 S Interstate 35
City: Austin State/Province: TX Country: USA Postal Code: 78741
License Type: Professional Engineer License #: 44105 Date Issued (MM/YY): 08/1978
Date Expired (MM/YY): N/A Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): 512-440-7723

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

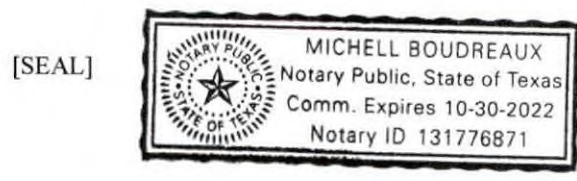
Dated and signed this 16th day of February 20 22 at Houston, Tx. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

ans I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Charles Davidson
(Signature of Affiant)

State of: Texas County of: Harris

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of February, 20 22 by Charles Davidson, and: who is personally known to me, or who produced the following identification: _____.



M Boudreaux
Notary Public
Michelle Boudreaux
Printed Notary Name
10-30-2022
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Charles Middle: Michael Last: Diker

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Managing Partner, Diker Management LLC; Chairman of the Board, Cantel Medical Corp

4. Affiant's business address: 570 Lexington Avenue, 27th Fl., New York, NY 10022

Business telephone: 212-904-0321 Business Email: CDiker@dikerllc.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard College</u>	<u>Cambridge, MA</u>	<u>1956</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard Business School</u>	<u>Cambridge, MA</u>	<u>1958</u>	<u>1958</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/02 - Present Employer's Name: Diker Management LLC
Address: 570 Lexington Ave, 27th Fl City: New York State/Province: NY
Country: USA Postal Code: 10022 Phone: 2129040321 Offices/Positions Held: Managing Partner/Chairman
Type of Business: Investment Adviser Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 05/03 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 01/85 - 06/21 Employer's Name: Cantel Medical Corp.
Address: 150 Clove Road City: Little Falls State/Province: NJ
Country: USA Postal Code: 07424 Phone: 9738907220 Offices/Positions Held: Chairman
Type of Business: Medical Products Supervisor/Contact: N/A

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

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 22 day of February 2022 at office in NYC. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 22 day of February, 2022 by Charles Di Fer, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

BETSY SHACK
Notary Public, State of New York
No. 31-4644800
Qualified in New York County
Commission Expires July 31, 2025

[Signature]
Notary Public
Betsy Shack
Printed Notary Name
7/31/2025
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: David Middle: Bick Last: Edelson

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Senior Vice President and Chief Financial Officer

4. Affiant's business address: LOEWS CORPORATION, 667 MADISON AVENUE, NEW YORK, NY 10065

Business telephone: 212-521-2439 Business Email: DEdelson@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Dartmouth College</u>	<u>Hanover, NH</u>	<u>09/77-06/81</u>	<u>A.B.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Stanford University Graduate School</u>	<u>Stanford</u>	<u>Palo Alto, CA</u>	<u>09/83-06/85</u>	<u>M.B.A.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Senior Vice President and Chief Financial Officer of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 05/05 - Present Employer's Name: Loews Corporation
Address: 667 Madison Avenue City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 212-521-2000 Offices/Positions Held: SVP and CFO
Type of Business: Holding Company Supervisor/Contact: James Tisch

Beginning/Ending Dates (MM/YY): 02/97 - 04/05 Employer's Name: JP Morgan Chase & Co.
Address: 270 Park Avenue City: New York State/Province: NY
Country: USA Postal Code: 10017 Phone: _____ Offices/Positions Held: VP/Corp. Treasurer
Type of Business: Banking & Financial Services Holding Company Supervisor/Contact: _____

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

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

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: National Association of Securities Dealers (NASD) Address: 9509 Key West Avenue

City: Rockville State/Province: MD Country: USA Postal Code: 20850

License Type: Series 7 & Series 24 License #: _____ Date Issued (MM/YY): 06/1997 & 03/2000 respectively

Date Expired (MM/YY): N/A Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): 301-590-6500

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17th day of FEBRUARY 20 22 at 667 Madison Av. NYC. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

David Edelson
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of FEB., 20 22 by DAVID EDELSON, and: who is personally known to me, or who produced the following identification: _____.



CYNTHIA V. EVIDENTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01EV6347732
Qualified in New York County
Commission Expires September 12, 2024

Cynthia V. Evidente
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation

Address: 667 Madison Avenue City: New York

State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Paul Middle: Jules Last: Fribourg

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Chair of the Board, Pres. & CEO, Continental Grain Co.

4. Affiant's business address: 767 Fifth Avenue, 15th Fl, New York, NY 10153

Business telephone: 212-207-5764 Business Email: Paul.Fribourg@conti.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Amherst College</u>	<u>Amherst, MA</u>	<u>08/72-05/76</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard</u>	<u>Harvard Business School</u>	<u>Boston, MA</u>	<u>1985</u>	<u>Advanced Mgmt Program</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 1997 - Present Employer's Name: Continental Grain Company
Address: 767 Fifth Avenue, 15th Fl. City: New York State/Province: NY
Country: USA Postal Code: 10153 Phone: 212-207-5764 Offices/Positions Held: Chairman of the Board, Pres. & CEO
Type of Business: International Agribusiness & Investment Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 05/97 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 11/06 - Present Employer's Name: Estee Lauder Companies
Address: 767 Fifth Ave City: New York State/Province: NY
Country: USA Postal Code: 10153 Phone: 2125724200 Offices/Positions Held: Director
Type of Business: Cosmetics Supervisor/Contact: Spencer Smul

Beginning/Ending Dates (MM/YY): 12/14 - Present Employer's Name: Restaurant Brands International, Inc.
Address: 130 King Street West, Ste 300 City: Toronto State/Province: ON
Country: CA Postal Code: M5X 1E1 Phone: 9053396011 Offices/Positions Held: Director
Type of Business: Fast Food Supervisor/Contact: Jill Granat

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known): _____
Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17 day of February 20 22 at N.Y., N.Y.. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of February, 2022 by _____, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

JONATHAN F. JACOBS
NOTARY PUBLIC-STATE OF NEW YORK
No. 02JA6265613
Qualified in New York County
My Commission Expires ~~July 16, 2016~~

[Signature]
Notary Public

Printed Notary Name

My Commission Expires Dec. 6, 2024

Applicant Company Name: Aetna Insurance Company of Connecticut
 NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
 Address: 667 Madison Avenue City: New York
 State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Walter Middle: Leo Last: Harris

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Former President/CEO FOJP Service Corp. and Hospitals Insurance Co.

4. Affiant's business address: N/A

Business telephone: N/A Business Email: N/A

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Stanford University</u>	<u>Stanford, CA</u>	<u>08/70-05/74</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of California at Berkeley</u>	<u>Boalt Hall School of Law</u>	<u>Berkeley, CA</u>	<u>08/74-05/77</u>	<u>J.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>New York University of Law</u>	<u>New York, NY</u>	<u>08/81-05/82</u>	<u>LLM Taxation</u>

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 11/2014 - 7/31/2019 Employer's Name: FOJP Service Corporation
Address: 28 East 28th Street, #14 City: New York State/Province: NY
Country: USA Postal Code: 10016 Phone: 212-891-0700 Offices/Positions Held: President & Chief Executive Officer
Type of Business: Risk Management Company Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 11/2014 - 7/31/2019 Employer's Name: Hospitals Insurance Company
Address: 50 Main Street, Suite 1220 City: White Plains State/Province: NY
Country: USA Postal Code: 10606 Phone: 914-220-1800 Offices/Positions Held: President & Chief Executive Officer
Type of Business: Insurance Company Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 06/2013 - 10/2014 Employer's Name: Self-Employed
Address: 1155 Park Avenue, #5SW City: New York State/Province: NY
Country: USA Postal Code: 10128 Phone: 212-602-0204 Offices/Positions Held: Independent Consultant
Type of Business: Business Consultant Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 12/2010 - 05/13/2013 Employer's Name: Alliant Insurance Services, Inc.
Address: 320 West 57th Street City: New York State/Province: NY
Country: USA Postal Code: 10019 Phone: 212-603-0200 Offices/Positions Held: Vice-Chairman
Type of Business: Insurance Supervisor/Contact: N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: No claims made

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Department of Insurance Producer Licensing Bureau Address: 320 Capitol Mall
City: Sacramento State/Province: CA Country: USA Postal Code: 95814
License Type: Producer/Broker/Agent License #: 0A03856 Date Issued (MM/YY): 05/1989
Date Expired (MM/YY): N/A Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A

Organization/Issuer of License: Florida Office of Insurance Regulations Address: 200 East Gaines Street
City: Tallahassess State/Province: FL Country: USA Postal Code: 32399
License Type: Agent License #: P074973 Date Issued (MM/YY): 12/2006
Date Expired (MM/YY): N/A Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

FOR 11.B, REFER TO EXHIBIT B ATTACHED

FOR 11.J, SEE ADDENDUM

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

I am a stockholder of an insurance brokerage that is regulated by different insurance departments

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Tanebaum-Harber of California and D.R. Reiff & Associates

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. NAIC #218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

SEE ADDENDUM

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 23rd day of FEBRUARY 20 22 at 667 MADISON AV. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

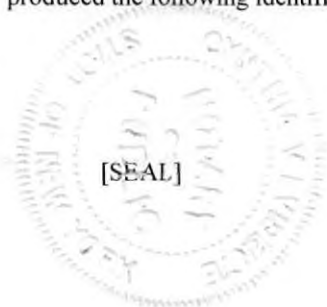
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Walter L Harris

(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 23rd day of FEB., 20 22 by WALTER HARRIS, and: who is personally known to me, or who produced the following identification: _____.



CYNTHIA V. EVIDENTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01EV6347732
Qualified in New York County
Commission Expires September 12, 2024

Cynthia V. Evidente
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation and the Applicant Companies listed on Appendix 1
Address: 151 N. Franklin Street City: Chicago
State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Ryan Middle: Edward Last: Hill

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2

4. Affiant's business address: 151 N. Franklin Street, Chicago, Illinois 60606

Business telephone: 312-822-6652 Business Email: ryan.hill@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Michigan</u>	<u>Ann Arbor, MI</u>	<u>09/06-05/10</u>	<u>BBA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Masters of Accounting</u>	<u>University of Illinois - Chicago</u>	<u>Chicago, IL</u>	<u>08/10-04/12</u>	<u>Masters of Accountaing</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: See attached Appendix 2.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 06/10 - Present Employer's Name: Continental Casualty Company
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: Controller (since 12/21)
Type of Business: Insurance Supervisor/Contact: Amy M. Smith

Beginning/Ending Dates (MM/YY): 06/10 - Present Employer's Name: The Continental Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: Controller (since 12/21)
Type of Business: Insurance Supervisor/Contact: Amy M. Smith

Beginning/Ending Dates (MM/YY): 06/10 - Present Employer's Name: CNA Financial Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: Controller (since 12/21)
Type of Business: Insurance Supervisor/Contact: Amy M. Smith

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: IL Department of Finance Address: 320 W. Washington St. #3
City: Springfield State/Province: Illinois Country: USA Postal Code: 62786
License Type: CPA License #: 065.042858 Date Issued (MM/YY): 01/14
Date Expired (MM/YY): n/a Reason for Termination: n/a
Non-Insurance Regulatory Phone Number (if known): n/a
Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Ryan Hill
Ryan Hill (Mar 1, 2022 15:27 CST)

(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Ryan Hill, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas

Notary Public
Maribel Terrazas

Printed Notary Name
3/24/2025

My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: The Continental Corporation and the Applicant Companies listed on Appendix 1

Address: 151 N. Franklin Street City: Chicago

State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Robert Middle: Joseph Last: Hopper

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2.

4. Affiant's business address: 151 N. Franklin Street, Chicago, IL 60606

Business telephone: 312-822-6314 Business Email: robert.hopper@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Montclair State College</u>	<u>Montclair, NJ</u>	<u>01/87-05/89</u>	<u>Bachelors</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>See Attached Appendix 2.</u>			

7. Present or proposed position with the Applicant Company: Director, The Continental Corporation; Director, Continental Casualty Company; Proposed Director, Aetna Insurance Company of Connecticut

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 02/20 - Present Employer's Name: Continental Casualty Company
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: See attached Appendix 2.
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 08/20 - Present Employer's Name: The Continental Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: Director
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 12/91 - 02/20 Employer's Name: Chubb
Address: 202 Halls Mill Road City: Whitehouse Station State/Province: NJ
Country: USA Postal Code: 08889 Phone: Unknown Offices/Positions Held: SVP and Actuary
Type of Business: Insurance Supervisor/Contact: Kyndra Nagy - HR

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Robert J Hopper
Robert J Hopper (Mar 1, 2022 17:15 CST)

(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Robert J. Hopper, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas

Notary Public
Maribel Terrazas

Printed Notary Name
3/24/2025

My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 38153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Philip Middle: Alan Last: Laskawy

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired Chairman & Chief Executive Officer, Ernst & Young LLP

4. Affiant's business address: N/A

Business telephone: N/A Business Email: N/A

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Wharton School, University of Pennsylvania	Philadelphia, PA	08/57-05/61	B.S. Economics

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
None				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
None			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 09/1961 - 09/2001 Employer's Name: Ernst & Young LLP
Address: 5 Times Square City: New York State/Province: NY
Country: USA Postal Code: 10036 Phone: 212-773-1300 Offices/Positions Held: Retired Chair, & CEO, Vice-Chair, Managing Partner
Type of Business: Consulting Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 05/03 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 07/08 - Present Employer's Name: Lazard Ltd.
Address: Clarendon House, 2 Church st City: Hamilton State/Province: N/A
Country: Bermuda Postal Code: HM11 Phone: 4412951422 Offices/Positions Held: Director
Type of Business: Investment Bank Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 05/02 - Present Employer's Name: Henry Schein Inc.
Address: 135 Duryea Rd City: Melville State/Province: NY
Country: USA Postal Code: 11747 Phone: 6318435500 Offices/Positions Held: Director
Type of Business: Health Care Products Supervisor/Contact: N/A

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17 day of February 2022 at _____ . I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Philip A. Lasham
(Signature of Affiant)

State of: CT County of: Fairfield

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of Feb, 2022 by _____, and: who is personally known to me, or who produced the following identification: Driver License.

[SEAL]

Mohammed Hagee
Notary Public
Printed Notary Name
10/31/2025
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
 NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation and the Applicant Companies listed on Appendix 1
 Address: 151 N. Franklin Street City: Chicago
 State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Scott Middle: Robert Last: Lindquist

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2.

4. Affiant's business address: 151 N. Franklin St., Chicago, IL 60606

Business telephone: 312-822-6256 Business Email: scott.lindquist@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Pennsylvania State University	University Park, PA	08/82 - 05/86	Bachelor of Science

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
Business Administration	University of Connecticut	Storrs, CT	08/86-05/88	MBA

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
UCLA Corporate Governance Program	Los Angeles	09/14-10/15	Certified Director

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Institute of Certified Public Accountants	Unknown	1211 Avenue of the Americas New York, NY 10036	212-596-6200

7. Present or proposed position with the Applicant Company: See attached Appendix 2.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/22 - Present Employer's Name: CNA Financial Corporation
Address: 151 N. Franklin St. City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: EVP and CFO (since 02/22)
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 01/22 - Present Employer's Name: The Continental Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: EVP, CFO and Director (since 02/22)
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 01/22 - Present Employer's Name: Continental Casualty Company
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: EVP, CFO and Director (since 02/22)
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 02/08 - 9/21 Employer's Name: Farmers Group, Inc.
Address: 6301 Owensmouth Ave. City: Woodland Hills State/Province: California
Country: USA Postal Code: 91367 Phone: 818-936-1490 Offices/Positions Held: Executive VP & CFO
Type of Business: Insurance Supervisor/Contact: Jeff Dailey

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Connecticut State Board of Accountancy Address: 30 Trinity Street
City: Hartford State/Province: CT Country: USA Postal Code: 06106
License Type: Certified Public Accountant License #: CPAL.0007062 Date Issued (MM/YY): 10/91
Date Expired (MM/YY): 12/08 Reason for Termination: Surrendered due to non-use
Non-Insurance Regulatory Phone Number (if known): Unknown
Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Scott Lindquist
(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Scott Lindquist, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas
Notary Public
Maribel Terrazas
Printed Notary Name
3/24/2025
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation

Address: 151 N. Franklin City: Chicago

State/Province: IL Postal Code: 60606 Phone: 3128225000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jose Middle: Oscar Last: Montemayor

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: Corporate Governance and Management Consulting

4. Affiant's business address: 8700 Menchaca Rd. Suite 202, Austin, TX 78748

Business telephone: (512) 484-7123 Business Email: Jose@J-Montemayor.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>St Edwards University</u>	<u>Austin, Tx</u>	<u>08/74 to 08/75</u>	<u>BS Management</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>MBA</u>	<u>University of North Dakota</u>	<u>Miniot ND</u>	<u>03/77 to 05/78</u>	<u>none</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
Society of Financial Exminers	R Covington	3505 Vernon Wds, Summerfield NC	336-365-4540
TX Soc of Cert Public Acnts	Member Service	14651 Dallas Pkwy Dalls TX 75254	972-697-8500
Americh Inst Cert Pblc Accts	Member Service	220 Leigh Farm Durham NC 27707	888-777-7077

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 04/2007 - Present Employer's Name: CNA Financial
Address: 151 N Franklin City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: 312 822-5000 Offices/Positions Held: non executive Director
Type of Business: Property and Casualty Ins Supervisor/Contact: Dino Robusto, CEO and Chairman

Beginning/Ending Dates (MM/YY): 12/20 - Present Employer's Name: Old American County Mutual Fire Insurance Company
Address: 14675 Dallas Pkwy, Ste 500 City: Dallas State/Province: TX
Country: USA Postal Code: 75254 Phone: 214-561-1991 Offices/Positions Held: non exec director
Type of Business: non std auto Supervisor/Contact: Debra Roberts, CEO

Beginning/Ending Dates (MM/YY): 12/2020 - Present Employer's Name: Old American Capital Corporation
Address: 14675 Dallas Pkwy, Ste 500 City: Dallas State/Province: TX
Country: USA Postal Code: 75254 Phone: 214-561-1991 Offices/Positions Held: non exec director
Type of Business: Holding Co Supervisor/Contact: Debra Roberts, CEO

Beginning/Ending Dates (MM/YY): 09/16 - 09/20 Employer's Name: American Overseas Group Limited
Address: Cumberland House, 1 Victoria St, 6th Fl City: Hamilton State/Province: n/a
Country: Bermuda Postal Code: HM 11 Phone: 441-294-3962 Offices/Positions Held: non exec Director
Type of Business: Holding Company Supervisor/Contact: Jeniffer Fileds

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: TX State Brd of Public Accountancy Address: 505 E. Huntland Drive, Suite 380
City: Austin State/Province: TX Country: USA Postal Code: 78752
License Type: CPA License #: 069087 Date Issued (MM/YY): 02/96
Date Expired (MM/YY): 01/2023 Reason for Termination: Annual Renewal on Birthday Month
Non-Insurance Regulatory Phone Number (if known): 512-305-7800

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

n/a

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. ²¹⁸

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See details for 15.a, 15.b, and 15.c on addendum page

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

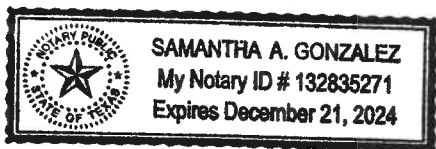
Dated and signed this 16 day of February 20 22 at AUSTIN, TX. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Jose Montemayor
(Signature of Affiant)
State of: TEXAS County of: TRAVIS

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of February 20 22 by Jose Montemayor and: who is personally known to me, or who produced the following identification: DRIVER LICENSE

[SEAL]



Samantha Gonzalez
Notary Public
SAMANTHA GONZALEZ
Printed Notary Name
12.21.2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Susan Middle: Patricia Last: Peters

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired

4. Affiant's business address: N/A

Business telephone: N/A Business Email: N/A

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>St. Mary's College</u>	<u>Notre Dame, IN</u>	<u>09/71-05/75</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Virginia</u>	<u>Univ. of Virginia</u>	<u>Charlottesville, VA</u>	<u>07/77-07/78</u>	<u>M. Ed.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 07/79 - 12/17 Employer's Name: General Electric Co. (GE)
Address: 5 Necco Street City: Boston State/Province: MA
Country: USA Postal Code: 02210 Phone: 617-443-2959 Offices/Positions Held: Chief HR Officer
Type of Business: Multinational Supervisor/Contact: John Flannery, CEO (Retired)

Beginning/Ending Dates (MM/YY): 05/18 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 11/20 - Present Employer's Name: Hydrofarm Holdings Group, Inc.
Address: 290 Canal Rd City: Fairless Hills State/Province: PA
Country: USA Postal Code: 19030 Phone: 7077659990 Offices/Positions Held: Director
Type of Business: Agriculture Equipment Supervisor/Contact: N/A

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17 day of February 20 22 at Hilton Head, SC. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: South Carolina County of: Beaufort

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of Feb., 2022 by Susan Peters, and: who is personally known to me, or who produced the following identification: drivers license.



JONATHAN Z BETTS
NOTARY PUBLIC, SOUTH CAROLINA
COMMISSION EXPIRES: SEPTEMBER 4th 2024

[Signature]
Notary Public
Jonathan Z Betts
Printed Notary Name
09/04/2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation
Address: 151 N. Franklin City: Chicago
State/Province: IL Postal Code: 60606 Phone: 3128225000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Don Middle: Michael Last: Randel

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: Retired educator

4. Affiant's business address: 4950 S. Chicago Beach Dr. Chicago IL 60615

Business telephone: (212)203-3715 Business Email: don.randel@gmail.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>Princeton Univ.</u>	<u>Princeton, NJ</u>	<u>09/58-06/62</u>	<u>A.B.</u>

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
<u>#</u>	<u>Princeton Univ.</u>	<u>Princeton NJ</u>	<u>09/62-01/67</u>	<u>Ph.D.</u>

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>American Musicological Soc.</u>	<u>Siovaahn Walker</u>	<u>20 Cooper Square, NY, NY 10002</u>	<u>(212) 992-6340</u>
<u>Modern Language Assoc.</u>	<u>Paula M. Krebs</u>	<u>85 Broad St. NY, NY 10004</u>	<u>(646) 576-5000</u>

7. Present or proposed position with the Applicant Company: Director of CNA Financial Corp.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 04/01 - Employer's Name: CNA Financial Corp.
Address: 151 N. Franklin City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: (312) 822-³⁷⁴² Offices/Positions Held: Director
Type of Business: Insurance Supervisor/Contact: Dino Robusto

Beginning/Ending Dates (MM/YY): 07/06 - 03/13 Employer's Name: Andrew W. Mellon Foundation
Address: 140 E. 62nd St. City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: (212) 838-⁸⁴⁰⁰ Offices/Positions Held: President
Type of Business: Foundation Supervisor/Contact: Anna Tatlock

Beginning/Ending Dates (MM/YY): 07/00 - 06/06 Employer's Name: University of Chicago
Address: 5801 S. Ellis Ave. City: Chicago State/Province: IL
Country: USA Postal Code: 60637 Phone: _____ Offices/Positions Held: President
Type of Business: University Supervisor/Contact: _____

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

Applicant Company Name: Aetna Insurance Co. of ~~America~~ Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____

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

Yes No

If yes, give details: _____

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached addendum following page 6

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

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

None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached addendum, next page

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11th day of Feb. 20 22 at Chicago, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

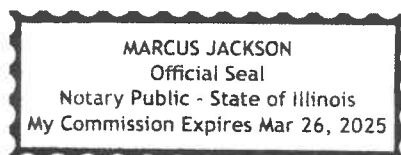
I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Don M. Randel
(Signature of Affiant)

State of: IL County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 11 day of Feb., 20 22 by Don M Randel, and: who is personally known to me, or who produced the following identification: NEW YORK DL.

[SEAL]



Marcus Jackson
Notary Public
Marcus JACKSON
Printed Notary Name
March 26 - 2025
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153

FEIN: 06-1286276

Addendum to Questions 11j, 15b and 15c

CNA Financial Corporation and its subsidiaries and affiliates (the "CNA Entities") consist of regulated insurance companies which are subject to multiple laws, regulations and market conduct and other regulatory examinations. In the ordinary course of such business, the periodic discovery of an unintended breach of law or regulation has resulted in the occasional imposition of a fine. It is the policy of the CNA Entities to promptly cure any breach so discovered. No such breach has threatened the license of any CNA Entity. Also, in the normal course of doing business, the CNA Entities may have had liens filed against them and have been involved in various civil actions. Any material litigation related to the CNA Entities is reported in the annual report of CNA Financial Corporation filed with the Securities and Exchange Commission.

Don Michael Randel

By: Don Michael Randel

Name:

Date: February 11, 2022

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation
Address: 151 N. Franklin City: Chicago
State/Province: IL Postal Code: 60606 Phone: 3128225000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Andre Middle: none Last: Rice

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: Salesman/private equity investor

4. Affiant's business address: 180 N. Stetson Ave., Suite 1320, Chicago, IL 60601

Business telephone: 312.782.7772 Business Email: arice@m2am.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>South Carolina State University</u>	<u>Orangeburg, SC</u>	<u>08/74 - 05/78</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>business</u>	<u>University of Chicago</u>	<u>Chicago, IL</u>	<u>09/78 - 06/80</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>none</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>New America Alliance</u>	<u>Solange F. Brooks</u>	<u>697 3rd Ave. #423, New York, NY 10017</u>	<u>916-204-6346</u>
<u>National Association of Securities Professionals</u>	<u>Ronald C. Parker</u>	<u>1600 K. St. NW Suite 600, Washington, DC 20006</u>	<u>202-371-5535</u>
<u>National Association of Investment Companies</u>	<u>Robert L. Greene</u>	<u>1300 Pennsylvania Ave. NW, Suite 700, Washington, DC 20004</u>	<u>202-2153-449</u>

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 07/99 - present Employer's Name: Muller & Monroe Asset Management, LLC

Address: 180 N. Stetson Ave. Suite 1320 City: Chicago State/Province: IL

Country: USA Postal Code: 60601 Phone: 312-782-7771 Offices/Positions Held: President from inception

Type of Business: asset management Supervisor/Contact: Shannon Warland 312.782.1072

Beginning/Ending Dates (MM/YY): 11/84 - present Employer's Name: Rice Group Ltd.

Address: 180 N. Stetson Ave. Suite 1320 City: Chicago State/Province: IL

Country: USA Postal Code: 60601 Phone: 312-782-7771 Offices/Positions Held: President from inception

Type of Business: asset management Supervisor/Contact: Shannon Warland 312.782.1072

Beginning/Ending Dates (MM/YY): 03/17 - present Employer's Name: CNA

Address: 151 N. Franklin St. City: Chicago State/Province: IL

Country: USA Postal Code: 60606 Phone: 312.822.5000 Offices/Positions Held: Director

Type of Business: insurance company Supervisor/Contact: Dino Robusto

Beginning/Ending Dates (MM/YY): 05/15 - 11/17 Employer's Name: Wannamaker Pond, LLC

Address: 180 N. Stetson Ave., Suite 1320 City: Chicago State/Province: IL

Country: USA Postal Code: 60601 Phone: 312.782.7771 Offices/Positions Held: President from inception

Type of Business: Broker-dealer applicant (never finalized) Supervisor/Contact: Shannon Warland 312.782.1072

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: IDFPR Address: 320 W. Washington St. 3rd Fl
City: Springfield State/Province: Illinois Country: USA Postal Code: 62786
License Type: CPA License #: 239016723 Date Issued (MM/YY): 05/07
Date Expired (MM/YY): n/a Reason for Termination: n/a

Non-Insurance Regulatory Phone Number (if known): n/a

Organization/Issuer of License: NASD/FINRA Address: 1735 K Street, NW
City: Washington State/Province: DC Country: USA Postal Code: 20006
License Type: Series 7 License #: see addendum Date Issued (MM/YY): 10/80, 5/96
Date Expired (MM/YY): 11/85; 10/97 Reason for Termination: see addendum

Non-Insurance Regulatory Phone Number (if known): n/a

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

see addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

none

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

n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

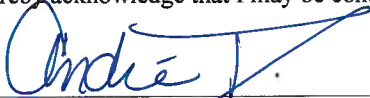
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

see addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 16 day of February, 2022 at 180 N. Stetson, Ste 1320, Chicago, IL. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

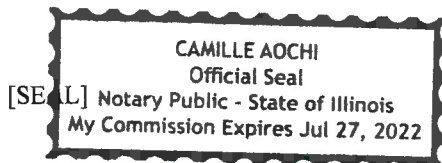
Andre I hereby acknowledge that I may be contacted to provide additional information regarding international searches.



(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 16 day of February, 2022 by Andre Rice, and: who is personally known to me, or who produced the following identification: n/a.



Camille Aochi
Notary Public
Camille Aochi
Printed Notary Name
7/27/2022
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Mark Middle: Steven Last: Schwartz

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Vice President, Chief Accounting Officer and Treasurer

4. Affiant's business address: 667 Madison Avenue

Business telephone: 212-521-2000 Business Email: mschwartz@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Hofstra</u>	<u>Hempstead, NY</u>	<u>09/78 - 5/81</u>	<u>B.B.A.</u>

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

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: V.P., Chief Accounting Officer and Treasurer of Loews Corporation.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 06/87 - Present Employer's Name: Loews Corporation
Address: 667 Madison Avenue City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 212-521-2000 Offices/Positions Held: V.P., Chief Accounting Officer and Treasurer
Type of Business: Holding Company Supervisor/Contact: David Edelson

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

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

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

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: NYS Dept. of Education Address: 89 Washington Avenue

City: Albany State/Province: NY Country: USA Postal Code: 12234

License Type: CPA License #: 048621 Date Issued (MM/YY): 12/83

Date Expired (MM/YY): N/A Reason for Termination: N/A

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No
- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No
- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 22nd day of FEBRUARY 20 22 at 667 MADISON AVE NYC I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Mark Schwartz
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 22nd day of FEB., 20 22 by MARK SCHWARTZ and who is personally known to me, or who produced the following identification: _____.



CYNTHIA V. EVIDENTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01EV6347732
Qualified in New York County
Commission Expires September 12, 2024

Cynthia V. Evidente
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation and the Applicant Companies listed on Appendix 1
Address: 151 N. Franklin Street City: Chicago
State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Susan Middle: Ann Last: Stone

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2.

4. Affiant's business address: 151 N. Franklin Street, Chicago, Illinois 60606

Business telephone: 312-822-4641 Business Email: susan.stone@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Yale University</u>	<u>New Haven, CT</u>	<u>09/79-05/83</u>	<u>BA</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Law</u>	<u>Harvard Law School</u>	<u>Cambridge, MA</u>	<u>09/84-05/87</u>	<u>JD</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: See attached Appendix 2.

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 06/21 - Present Employer's Name: CNA Financial Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: EVP and GC
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 06/21 - Present Employer's Name: The Continental Corporation
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: EVP, GC, and Director (since 07/21)
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 06/21 - Present Employer's Name: Continental Casualty Company
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: EVP, GC, and Director (since 07/21)
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 02/17 - 06/21 Employer's Name: Marsh LLC
Address: 1166 6th Ave City: New York State/Province: NY
Country: USA Postal Code: 10036 Phone: 212-345-5000 Offices/Positions Held: General Counsel & Exec. Cmtee Member
Type of Business: Insurance Brokerage Supervisor/Contact: Peter Beshar, GC MMC

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State of New York-Office of Court Admin Address: PO Box 2806, Church Street Station
City: New York State/Province: NY Country: USA Postal Code: 10008
License Type: Member of NY Bar License #: 466 6921 Date Issued (MM/YY): 01/09
Date Expired (MM/YY): n/a Reason for Termination: n/a
Non-Insurance Regulatory Phone Number (if known): 212-428-2800

Organization/Issuer of License: Administrative Office of the Illinois Courts Address: 3101 Old Jacksonville Rd.
City: Springfield State/Province: Illinois Country: USA Postal Code: 62704
License Type: Member of IL Bar License #: 6202906 Date Issued (MM/YY): 05/90
Date Expired (MM/YY): n/a Reason for Termination: n/a
Non-Insurance Regulatory Phone Number (if known): 217-782-7770

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
n/a

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Susan A. Stone
Susan A. Stone (Mar 1, 2022 15:42 CST)

(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Susan A. Stone, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas

Notary Public
Maribel Terrazas

Printed Notary Name
3/24/2025

My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation (see Addendum)
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Andrew Middle: Herbert Last: Tisch

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired member of Office of the President of Loews Corporation

4. Affiant's business address: Loews Corporation, 667 Madison Avenue, New York, NY 10065

Business telephone: 212-521-2000 Business Email: ATisch@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Cornell University</u>	<u>Ithaca, NY</u>	<u>08/67-05/71</u>	<u>B.S.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>MBA</u>	<u>Harvard University</u>	<u>Cambridge, MA</u>	<u>08/75-05/77</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>N/A</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: Director of Loews Corporation;
Director of CNA Financial Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 11/1998 - 12/2021 Employer's Name: Loews Corporation
Address: 667 Madison Avenue City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 212-521-2000 Offices/Positions Held: Office of Pres & Dir, Co-Chair of Board
Type of Business: Holding Corporation Supervisor/Contact: James Tisch

Beginning/Ending Dates (MM/YY): 01/06 - Present Employer's Name: CNA Financial Corporation
Address: 151 N. Franklin City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: 3128225000 Offices/Positions Held: Director
Type of Business: Insurer Supervisor/Contact: Stathy Darcy

Beginning/Ending Dates (MM/YY): 11/05 - 12/21 Employer's Name: Boardwalk GP, LLC
Address: 9 Greenway Plaza, St 2800 City: Houston State/Province: TX
Country: USA Postal Code: 77046 Phone: 8669132122 Offices/Positions Held: Director
Type of Business: Natural Gas Pipelines Supervisor/Contact: Mike McMahon

Beginning/Ending Dates (MM/YY): 05/05 - 04/20 Employer's Name: Diamond Offshore Oil Drilling, Inc.
Address: 15415 Katy Freeway City: Houston State/Province: TX
Country: USA Postal Code: 77094 Phone: 2814925300 Offices/Positions Held: Director
Type of Business: Offshore Oil Driller Supervisor/Contact: David Roland

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: N/A Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Loews Corporation owns 90% of CNA Financial Corporation, whose subsidiaries include regulated insurance companies

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Loews Corporation owns 90% of CNA Financial Corporation, whose subsidiaries include

regulated insurance companies. Collectively, members of my immediate family and myself own more than 10% of the outstanding shares of stock of Loews Corporation

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 17th day of FEBRUARY 20 22 at NEW YORK CITY hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of FEB., 20 22 by ANDREW TISCH, and: who is personally known to me, or who produced the following identification: _____



CYNTHIA V. EVIDENTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01EV6347732
Qualified in New York County
Commission Expires September 12, 2024

[Signature]
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: CNA Financial Corporation
Address: 151 N. Franklin St. City: Chicago
State/Province: IL Postal Code: 60606 Phone: 3128225000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Benjamin Middle: Jacob Last: Tisch

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: Officer

4. Affiant's business address: Loews Corp. 667 Madison Ave, New York, NY 10065

Business telephone: 212.521.2959 Business Email: btisch@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Brown University</u>	<u>Providence RI</u>	<u>09/00 - 06/04</u>	<u>BS</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 06/11 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave. City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: (212) 521-2000 Offices/Positions Held: Vice President
Type of Business: Holding Company Supervisor/Contact: Ken Siegel

Beginning/Ending Dates (MM/YY): 07/06 - 06/11 Employer's Name: Fortress Investment Group
Address: 1345 Avenue of the Americas City: New York State/Province: NY
Country: USA Postal Code: 10105 Phone: (212)798-6100 Offices/Positions Held: Managing Director
Type of Business: Hedge Fund Supervisor/Contact: Mike Novogratz

Beginning/Ending Dates (MM/YY): 06/04 - 06/06 Employer's Name: Lehman Brothers
Address: 745 7th Ave. City: New York State/Province: NY
Country: USA Postal Code: 10019 Phone: Unknown Offices/Positions Held: Managing Director
Type of Business: Investment Company Supervisor/Contact: Hank Johnson

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: _____
n/a

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

Yes No

If yes, give details: _____
n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: N/A Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 1.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.
n/a

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 1.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March 2022 at New Jersey. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Benjamin J. Tisch, and: who is personally known to me, or who produced the following identification: _____

[SEAL]

Notary Public
Printed Notary Name Janice Gramm
04/02/2022
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation (See Addendum)
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: James Middle: Solomon Last: Tisch

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Office of the President, President & Chief Executive Officer

4. Affiant's business address: 667 Madison Avenue, New York, NY 10065

Business telephone: 212-521-2000 Business Email: james.tisch@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Cornell University</u>	<u>Ithaca, NY</u>	<u>08/71-05/75</u>	<u>Economics Major</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Wharton Graduate School</u>	<u>University of Pennsylvania</u>	<u>Philadelphia, PA</u>	<u>08/75-05/76</u>	<u>M.B.A.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
<u>None</u>			

7. Present or proposed position with the Applicant Company: Office of Pres., Pres. & CEO and Director of Loews Corporation;
Director of CNA Financial Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/77 - Present Employer's Name: Loews Corporation
Address: 667 Madison Avenue City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 212-521-2000 Offices/Positions Held: Office of the Pres., Pres. & CEO
Type of Business: Holding Corporation Supervisor/Contact: Marc Alpert

Beginning/Ending Dates (MM/YY): 05/85 - Present Employer's Name: CNA Financial Corporation
Address: 151 N. Franklin City: Chicago State/Province: IL
Country: USA Postal Code: 60606 Phone: 3128225000 Offices/Positions Held: Director
Type of Business: Insurer Supervisor/Contact: Stathy Darcy

Beginning/Ending Dates (MM/YY): 06/10 - Present Employer's Name: General Electric Company
Address: 5 Necco St City: Boston State/Province: MA
Country: USA Postal Code: 02210 Phone: 6174433000 Offices/Positions Held: Director
Type of Business: Industrial Supervisor/Contact: Mike Holston

Beginning/Ending Dates (MM/YY): 01/95 - 04/21 Employer's Name: Diamond Offshore Oil Drilling, Inc.
Address: 15415 Katy Freeway City: Houston State/Province: TX
Country: USA Postal Code: 77094 Phone: 2814925300 Offices/Positions Held: Director
Type of Business: Offshore Oil Driller Supervisor/Contact: David Roland

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

SEE ADDENDUM

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Loews Corporation owns 90% of CNA Financial Corporation, whose subsidiaries include regulated insurance companies

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Loews Corporation owns 90% of CNA Financial Corporation, whose subsidiaries include

regulated insurance companies. Collectively, members of my immediate family and myself own more than 10% of the outstanding shares of stock of Loews Corporation

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

SEE ADDENDUM

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

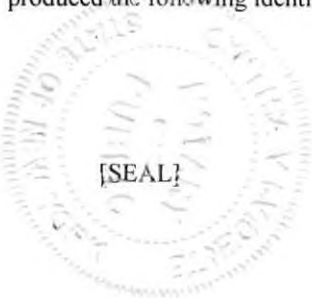
Dated and signed this 17th day of FEBRUARY 2022 at NEW YORK CITY I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17th day of FEB., 2022 by JAMES TISCH, and: who is personally known to me, or who produced the following identification: _____



[Signature]
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Jonathan Middle: Mark Last: Tisch

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Office of the President and Co-Chairman of the Board, Loews Corporation and Chairman of Loews Hotels

4. Affiant's business address: 667 Madison Avenue, New York, NY 10065

Business telephone: 212-521-2000 Business Email: Jontisch@loews.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Tufts University</u>	<u>Medford, MA</u>	<u>08/72-05/76</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
NONE			

7. Present or proposed position with the Applicant Company: Office of Pres.; Co-Chairman of Board of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 11/98 - Present Employer's Name: Loews Corporation
Address: 667 Madison Avenue City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 212-521-2000 Offices/Positions Held: Office of the Pres. & Co-Chair of the Board
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

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

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

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

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

Organization/Issuer of License: _____ Address: _____
City: _____ State/Province: _____ Country: _____ Postal Code: _____
License Type: _____ License #: _____ Date Issued (MM/YY): _____
Date Expired (MM/YY): _____ Reason for Termination: _____
Non-Insurance Regulatory Phone Number (if known): _____

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

SEE ADDENDUM

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

Loews Corporation owns 90% of CNA Financial Corporation, whose subsidiaries include regulated insurance companies

If any of the stock is pledged or hypothecated in any way, give details. None

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

Loews Corporation owns 90% of CNA Financial Corporation, whose subsidiaries include

regulated insurance companies. Collectively, members of my family and myself own more than 10% of the outstanding shares of stock of Loews Corporation

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

None

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

SEE ADDENDUM

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 15th day of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

[Signature]
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 15th day of FEB., 20 22 by JONATHAN TRICA, and: who is personally known to me, or who produced the following identification: _____



CYNTHIA V. EVIDENTE
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01EV6347732
Qualified in New York County
Commission Expires September 12, 2024

[Signature]
Notary Public
CYNTHIA V. EVIDENTE
Printed Notary Name
SEPT. 12, 2024
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: Loews Corporation
Address: 667 Madison Avenue City: New York
State/Province: New York Postal Code: 10065-8087 Phone: 212-521-2000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Anthony Middle: N/A Last: Welters

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Chairman and CEO, CINQ Care, Inc.

4. Affiant's business address: 2300 N Street, NW, Washington, DC 20037

Business telephone: 703-283-4923 Business Email: TWelters@cinq.care

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Manhattanville College Purchase, NY</u>		<u>09/72-08/74</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>New York University Law School</u>	<u>New York, NY</u>	<u>09/74-06/77</u>	<u>J.D.</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
NY Bar Association	N/A	P.O. Box 29327, NY, NY	212-428-2800
American Academy of Arts & Sciences	N/A	136 Irving Street, Cambridge, MA	617-576-5000
DC Bar Association	N/A	1250 H Street, NW, Washington, DC	202-737-4700
Horatio Alger Association	N/A	99 Canal Center Plaza # 320, Alexandria, VA 22314	703) 684-9444

7. Present or proposed position with the Applicant Company: Director of Loews Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 01/14 - Present Employer's Name: Black Ivy Group LLC
Address: 2300 N Street NW City: Washington State/Province: DC
Country: USA Postal Code: 20037 Phone: 301-407-2000 Offices/Positions Held: Executive Chairman
Type of Business: Development Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 01/02 - 12/15 Employer's Name: UnitedHealth Group (acquired AmeriChoice)
Address: 9900 Bren Road East City: Minnetonka State/Province: MN
Country: USA Postal Code: 55343 Phone: 952-936-1300 Offices/Positions Held: EVP/SVP/CEO
Type of Business: Healthcare Supervisor/Contact: Stephen Hemsley

Beginning/Ending Dates (MM/YY): 01/89 - 12/02 Employer's Name: HMA/AmeriChoice
Address: 8045 Leesburg Pike City: Vienna State/Province: VA
Country: USA Postal Code: 22182 Phone: _____ Offices/Positions Held: President/CEO
Type of Business: Healthcare Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 05/13 - Present Employer's Name: Loews Corporation
Address: 667 Madison Ave City: New York State/Province: NY
Country: USA Postal Code: 10065 Phone: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company Supervisor/Contact: Marc Alpert

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: N/A

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

Yes No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: New York State Address: P.O. Box 29327
City: New York State/Province: NY Country: USA Postal Code: 10087
License Type: Attorney License #: 1195510 Date Issued (MM/YY): 10/78
Date Expired (MM/YY): Current Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A

Organization/Issuer of License: DC Bar Address: P.O. Box 79834
City: Baltimore State/Province: MD Country: USA Postal Code: 21279
License Type: Attorney License #: 31443 Date Issued (MM/YY): 07/80
Date Expired (MM/YY): Current Reason for Termination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A

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

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

Yes No

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See Addendum

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. N/A

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?
Yes No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See Addendum

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

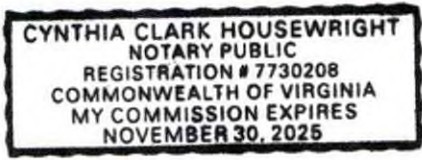
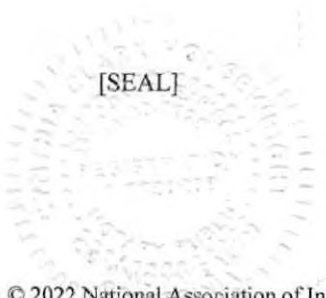
Dated and signed this 17 day of February, 2022 at McLean, VA. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

u I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Anthony Welters
(Signature of Affiant)

State of: Virginia County of: Fairfax

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 17 day of February, 2022 by Anthony Welters, and: who is personally known to me, or who produced the following identification: _____.



Cynthia Clark Housewright
Notary Public
CYNTHIA CLARK HOUSEWRIGHT
Printed Notary Name
November 30, 2025
My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

**Uniform Certificate of Authority Application (UCAA)
BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: Acquisition UCAA Type: None Other: None

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

Applicant Company Name: The Continental Corporation and the Applicant Companies listed on Appendix 1

Address: 151 N. Franklin Street City: Chicago

State/Province: Illinois Postal Code: 60606 Phone: 312-822-5000

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: Douglas Middle: Merle Last: Worman

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? n/a

3. Affiant's occupation or profession: See attached Appendix 2.

4. Affiant's business address: 151 N. Franklin Street, Chicago, Illinois 60606

Business telephone: 312-822-1214 Business Email: doug.worman@cna.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Pennsylvania State University</u>	<u>Old Main, State College, PA</u>	<u>08/85-05/89</u>	<u>B.A.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
None			

7. Present or proposed position with the Applicant Company: Director, The Continental Corporation; Director, Continental Casualty Company; Proposed Director, Aetna Insurance Company of Connecticut

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning/Ending Dates (MM/YY): 03/17 - Present Employer's Name: Continental Casualty Company
Address: 151 N. Franklin Street City: Chicago State/Province: Illinois
Country: USA Postal Code: 60606 Phone: 312-822-5000 Offices/Positions Held: See attached Appendix 2.
Type of Business: Insurance Supervisor/Contact: Dino E. Robusto

Beginning/Ending Dates (MM/YY): 11/13 - 07/16 Employer's Name: Endurance Holdings
Address: 750 3rd Ave. FL 18 City: New York State/Province: New York
Country: USA Postal Code: 10017 Phone: 212-471-2800 Offices/Positions Held: CEO
Type of Business: Insurance Supervisor/Contact: John Charman

Beginning/Ending Dates (MM/YY): 06/10 - 06/13 Employer's Name: Alterra Captial Holdings
Address: 1 Exchange Plaza City: New York State/Province: New York
Country: USA Postal Code: 1006 Phone: 212-898-6600 Offices/Positions Held: CEO
Type of Business: Insurance Supervisor/Contact: Marty Becker

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: See attached Appendix 2.
Address: _____ City: _____ State/Province: _____
Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

9. a. Have you ever been in a position which required a fidelity bond?

Yes No

If any claims were made on the bond, give details: n/a

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

Yes No

If yes, give details: n/a

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: None Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

Organization/Issuer of License: _____ Address: _____

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached Appendix 3.

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: 36153

FEIN: 06-1286276

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term “control” (including the terms “controlling,” “controlled by” and “under common control with”) means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None

If any of the stock is pledged or hypothecated in any way, give details. n/a

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An “affiliate” of, or person “affiliated” with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

n/a

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

n/a

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: n/a

15. To your knowledge has any company or entity (including entities controlled by the holding company) for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity? If employed at the holding company level provide the group code. 218

Applicant Company Name: Aetna Insurance Company of Connecticut
NAIC No.: 36153 FEIN: 06-1286276

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached Appendix 3.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 1st day of March, 2022 at Chicago, Illinois. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Dad
(Signature of Affiant)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this 1st day of March, 2022 by Douglas M. Worman, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]



Maribel Terrazas
Notary Public
Maribel Terrazas
Printed Notary Name
3/24/2025
My Commission Expires