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: No	ne	Other	None
Full name, address and telephone nur required (Do Not Use Group Names).	•			
Applicant Company Name: The Con	ntinental Corporation	n and the App	licant Companie	es listed on Appendix 1
Address: 151 N. Franklin Street		Ci	ty: Chicago	
State/Province: Illinois		Postal Code: 60	606	Phone: 312-822-5000
In connection with the above-name hereinafter set forth. (Attach addendanswer is "No" or "None," a COULD DELAY THE APPLICATION	um or separate sheet SO STATE. ALL FI	if space hereon ELDS MUST F	is insufficient to a IAVE A RESPON	nnswer any question fully.) IF NSE. INCOMPLETE FORMS
1. Affiant's Full Name (Initials Not A	Acceptable): First: Amy	<u>/</u> M	iddle:Caroline	Last: Adams
2. a. Are you a citizen of the United	States?			
Yes No No]			
b. Are you a citizen of any other of	country?			
Yes No No]			
If yes, what country? n/a				
3. Affiant's occupation or profession	See attached A	Appendix 2.		
4. Affiant's business address: 151 N	I. Franklin Street	Chicago Illi	nois 60606	
Business telephone: 312-822-5	533	_ Business Ema	_{il:} amyc.adams	s@cna.com
5. Education and training:				
College/University	City/State		<u>Dates Attended</u> (MM/YY)	<u>Degree</u> <u>Obtained</u>
University of Iowa	lowa City, IA	(08/87-05/91	BBA Accounting
Graduate Studies College/U1	niversity	City/State	Dates Attended (MM/YY)	Degree Obtained
Business Administration University		Chicago, IL		<u></u>
Other Training: Name City/S None	tate <u>Dates</u>	Attended (MM/	<u>YY) I</u>	Degree/Certification Obtained

Applicant Company Na NAIC No.: <u>36153</u>	ame:		EIN: 06-1286276	
	s in professional societies and			
Name of Society/Association None	Contact Name	<u>A</u>	ddress of y/Association	Telephone Number of Society/Association
	position with the Applicant C			
8. List complete employersent jobs, position Please list the most telephone numbers the third-party verification.	oyment record for the past twons, partnerships, owner of a recent first. Attach additional and supervisory information fication process for internation	enty (20) years, whether n entity, administrator, pages if the space provor the past ten (10) years all employers.	er compensated or others manager, operator, dire ided is insufficient. It is rs. Additional informatio	wise (up to and including ectorates or officerships) only necessary to provide n may be required during
	Present Employer's			
	ranklin Street City: C			
	Postal Code: 60606			
Type of Business:	surance	Supervisor/Contact:	Scott Lindquist	
Beginning/Ending Dates (MM/YY): 01	/04 Present Employer'	s Name: The Con	tinental Corpora	ation
Address: 151 N. F	ranklin Street City: C	Chicago	State/Province:	inois
	Postal Code: 60606			
Type of Business: In	surance	Supervisor/Contact:	Scott Lindquis	t
Beginning/Ending 08. Dates (MM/YY):	/91 _12/03 _{Employer}	s Name: KPMG LI	_P	
Address: 303 E. V	Vacker Dr City: C	Chicago	State/Province:	inois
Country: USA	Postal Code: 60601		_	
Type of Business: A	uditing	Supervisor/Contact:	Dan Johnson,	Audit Partner
Beginning/Ending Dates (MM/YY):	Employer's	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 Conn NAIC No.: 36153	recticut FEIN: 06-1286276
9. a. Have you ever been in a position which required a f	fidelity bond?
Yes No No	
If any claims were made on the bond, give details: n/a	
b. Have you ever been denied an individual or position	n schedule fidelity bond, or had a bond canceled or revoked?
Yes No No	
If yes, give details: n/a	
governmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identi licensing authority or regulatory body having jurisdicti is your Social Security Number (SSN) or embeds y reasonably identifiable as your SSN, then write SS	enses (including licenses to sell securities) issued by any public or or licensing authority that you presently hold or have held in the fy and provide the name, address and telephone number of the ion over the license (s) issued. If your professional license number your SSN or any sequence of more than five numbers that are SN for that portion of the professional license number that is SN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License: L Dept of Financial and Prof Regulation	Address: 320 W. Washington Street, 3rd Floor
City: Springfield State/Province: Illinois	
License Type: Registered CPA License #: 239.008	Date Issued (MM/YY): 09/15
,	ermination: n/a
Non-Insurance Regulatory Phone Number (if known): 888	
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 #: 0650275	•
Date Expired (MM/YY): 09/06 Reason for Te	Placed inactive as no longer needed for business nurnoses
Non-Insurance Regulatory Phone Number (if known): 888	
	sealed or expunged, and the affiant has personally verified that the
 a. Been refused an occupational, professional, or voca administrative, or governmental licensing agency? Yes No No 	ational license or permit by any regulatory authority, or any public

FORM 11

Anı	plicant Company Name: Aetna Insurance Company of Connecticut	
NA	IC No.: 36153 FEIN: 06-1286276	
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly "control" (including the terms "controlling," "controlled by" and "under common control with") means the direct or indirect, of the power to direct or cause the direction of the management and policies of a person through the ownership of voting securities, by contract other than a commercial contract for goods or non-measurities, or otherwise, unless the power is the result of an official position with or corporate office held by Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power holds proxies representing, ten percent (10%) or more of the voting securities of any other person.	possession, on, whether nanagement the person.
No	ne	
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, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, specified.	regulatory directly, or
	Yes No No	
	ves, please identify the company or companies in which the cumulative stock holdings represent 10% or n standing voting securities.	nore of the
If a n/a	ny of the shares of stock are pledged or hypothecated in any way, give details.	
14.	Have you ever been adjudged a bankrupt?	
	Yes No No	
If y	res, provide details: n/a	
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for were an officer or director, trustee, investment committee member, key management employee or stockholder, had any of the following events occur while you served in such capacity? If employed at t company level provide the group code. 218	controlling

3/24/2025

My Commission Expires

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

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: _____UCAA Type: None Form A: Acquisition 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 Postal Code: 10065-8087 State/Province: New York 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 of RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Marc Middle: Adam 2. a. Are you a citizen of the United States? Yes ∏ ✓ ☐ No ☐ b. Are you a citizen of any other country? 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: MAlpert@loews.com 5. Education and training: Dates Attended Degree College/University City/State (MM/YY) Obtained Hofstra University Hempstead, NY 09/79-05/83 **BBA Accounting** Dates Attended Degree **Graduate Studies** City/State College/University (MM/YY) Obtained Law School SUNY Buffalo Law School, University at Buffalo Buffalo, NY 08/83-05/86 J.D. Other Training: Name City/State Dates Attended (MM/YY) **Degree/Certification Obtained**

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

None

Applicant Company Na NAIC No.: 36153	me:Aetna Insurance Comp	any of Connecticu	FEIN: 06-1286276	
	in professional societies	and associations	:	
Name of Society/Association New York State Bar A	Contact Na			Telephone Number of Society/Association NY 12207 581-463-3200
7. Present or proposed	position with the Applica	nt Company: S	VP, General Counsel & Secr	etary of Loews Corporation
present jobs, position Please list the most telephone numbers a the third-party verifies	ons, partnerships, owner of recent first. Attach addition and supervisory information ication process for interna	of an entity, add nal pages if the on for the past to tional employer		, directorates or officerships) It is only necessary to provid
			news Corporation	NY
Address: US	1006	5 p. 21	State/Province	SVP, General Counsel & Secretary
Country:	Postal Code:	ate	2-521-2000 Offices/Positions or/Contact:	ch
Dates (MM/YY): 10	/86_7/16 Employ	ver's Name: Cl	nadbourne & Parke	<u>LLP</u>
Address: 1301 Ave	of the Americas City	,: <u>New Yo</u>	rk State/Provinc	_{e:} _NY
Country: US	Postal Code: 1001	9 _{Phone:} 21	2-408-5100 Offices/Positions I	_{-leld:} Partner
			sor/Contact: Andrew Giac	
Beginning/Ending				
Address:	City	:	State/Province	e:
			Offices/Positions I	
			sor/Contact:	
Beginning/Ending			_	
Address:	City	/:	State/Province	e:
Country:	Postal Code:	Phone:	Offices/Positions l	Held:
Type of Rusiness		Supervis	sor/Contact:	

Applicant Company Name: Aetna Insurance Company of Con	necticut
NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a	fidelity bond?
Yes No V	
If any claims were made on the bond, give details: N/A	
b. Have you ever been denied an individual or positio	on schedule fidelity bond, or had a bond canceled or revoked?
Yes No No	
If yes, give details: N/A	
n yes, give deans.	
governmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identi- licensing authority or regulatory body having jurisdict is your Social Security Number (SSN) or embeds a reasonably identifiable as your SSN, then write St	enses (including licenses to sell securities) issued by any public or y or licensing authority that you presently hold or have held in the ify and provide the name, address and telephone number of the tion over the license (s) issued. If your professional license number your SSN or any sequence of more than five numbers that are SN for that portion of the professional license number that is SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License: New York State B	ar Address: 1 Elk Street
	Country: US Postal Code: 12207
License Type: Law License #: 21010	
Date Expired (MM/YY): N/A Reason for To	
Non-Insurance Regulatory Phone Number (if known): N	· · · · · · · · · · · · · · · · · · ·
	Address:
	Country: Postal Code:
	Date Issued (MM/YY):
	ermination:
	sealed or expunged, and the affiant has personally verified that the
	cational license or permit by any regulatory authority, or any public

Applic	ant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.	judicial, administrati	nal, professional, or vocational license or permit you hold or have held, been subject to any ive, regulatory, or disciplinary action?
	احت ال	
C.		vation or had a fine levied against you or your occupational, professional, or vocational license or al, 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.		contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	4	
f.		f guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes [No 🚺
g.	administrative, reguregulating the busine	ease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, latory, or disciplinary action, from violating any federal, state law or law of another country ess of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking?
		No []
h.	Been, within the last dispute?	at ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	·	No 🔯
i.	of small loan laws,	by the Comptroller of any state or the Federal Government that you have violated any provisions banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government?
	res Ц	
j.		osure action filed against you or any entity while you were associated with that entity?
	<u> </u>	<u></u> -
of the	complaint and filed a	ion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy fjudication or settlement as appropriate.
See	Addendum	· · · · · · · · · · · · · · · · · · ·
	· ·	
	<u> </u>	

Applicant Company Name: Aetna Insura NAIC No.: 36153	FEIN: 06-1286276
NAIC No 30133	FEM4, _60-1200210
"control" (including the terms "co direct or indirect, of the power to through the ownership of voting s services, or otherwise, unless the Control shall be presumed to exist	on by an insurance regulatory authority that you control directly or indirectly. The term ontrolling," "controlled by" and "under common control with") means the possession, to direct or cause the direction of the management and policies of a person, whether securities, by contract other than a commercial contract for goods or non-management power is the result of an official position with or corporate office held by the person at if any person, directly or indirectly, owns, controls, holds with the power to vote, or recent (10%) or more of the voting securities of any other person.
None	
If any of the stock is pledged or hypot	thecated in any way, give details. None
record, 10% or more of the outsta authority, or its affiliates? An "af	r immediate family individually or cumulatively subscribe to or own, beneficially or or anding shares of stock of any entity subject to regulation by an insurance regulatory ffiliate" of, or person "affiliated" with, a specific person, is a person that directly, or termediaries, controls, or is controlled by, or is under common control with, the person
Yes No No	
If yes, please identify the company o outstanding voting securities.	or companies in which the cumulative stock holdings represent 10% or more of the
If any of the chares of stock are please.	d or hypothecated in any way, give details.
N/A	
14. Have you ever been adjudged a ba	inkrunt?
Yes No Volume	and upo.
If yes, provide details: N/A	
were an officer or director, tru	pany or entity (including entities controlled by the holding company) for which you ustee, investment committee member, key management employee or controlling owing events occur while you served in such capacity? If employed at the holding code.

	No.: 36153	FEIN: 06	-1286276
a.	Been refused a permit, licensagency?	se, or certificate of authority by any regulat	ory authority, or governmental-licensing
	Yes No No		
b.	judicial, administrative, regu	tificate of authority suspended, revoked, can latory, or disciplinary action (including uptcy proceeding, state insolvency, supervisio	rehabilitation, liquidation, receivership,
	Yes No No		
c.		ad a fine levied against it or against its permit regulatory, or disciplinary action?	, license, or certificate of authority in any
	Yes No No		
		es, please indicate and give details. When re twelve (12) months after his or her departure f	
See	Addendum		
	If an affiant has any doubt about the nation provided.	at the accuracy of an answer, the question sh	nould be answered in the positive and an
Dated under		region my own behalf and that the foregoing	ADISON AY, NYCI hereby certify statements are true and correct to the best
<u>/</u> 11	hereby acknowledge that I may be (Signature of Affiant)	pe contacted to provide additional information	regarding international searches.
State	1111	ounty of: NY	
The fo	oregoing instrument was acknow	rledged before me by means of physical p	
		MARC ALPERY, and: Who is pe	ersonally known to me, or who
produ	ced the following identification:	*	
			Can
3	[SEAL]	_	Notary Public
	CA 3/5/		CYNTHIA V. EVIDENTE Printed Notary Name
100	25K %	CYNTHIA V. EVIDENTE NOTARY PUBLIC, STATE OF NEW YORK	My Commission Expires
-	Transportation of the second	Registration No. 01EV6347732 Qualified in New York County	
		Commission Expires September 12, 2024	Revised 12/08/2020

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

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:

	Specif.	, I ai pe	or for Comp.			
Form A: Acquisition	UCAA Ty	pe: No	ne	Ot	_{her:} None	
Full name, address and telephone required (Do Not Use Group Name	s).	sent or	proposed enti	ty under which th	is biograph	nical statement is being
Applicant Company Name: Loew	s Corporation					
Address: 667 Madison Avenue				City: New York		
State/Province: New York			Postal Code: 2	10065-8087	Phone:	212-521-2000
In connection with the above-nar hereinafter set forth. (Attach adde ANSWER IS "NO" OR "NONE, COULD DELAY THE APPLICAT	ndum or separate " SO STATE. A	sheet:	if space hered ELDS MUST	n is insufficient HAVE A RESI	to answer a	any question fully.) IF ICOMPLETE FORMS
1. Affiant's Full Name (Initials No	ot Acceptable): Fi	_{rst:} Anr	1	_{Middle:} Elyse	Last:	Berman
2. a. Are you a citizen of the Unit	ed States?					
Yes No No	Ъ					
b. Are you a citizen of any other	er country?					
Yes No No	Ъ			,		
If yes, what country? N/A						
3. Affiant's occupation or professi	on: Retired S	<u>enior</u>	Advisor to	o the Presid	ent, Har	vard University
4. Affiant's business address: No	ne					
Business telephone: None			_Business En	nail: None		
5. Education and training:						
College/University	City/State			Dates Attend (MM/YY)	<u>ed</u>	<u>Degree</u> Obtained
Cornell University	Ithaca,	NY	1	09/70-06	/74	AB
Graduate Studies College	University	_	City/State	Dates Attend (MM/YY		Degree Obtained
Wharton School Unive	rsity of PA		Philadelpi	hia, PA 09/7	4-05/76	MBA
Other Training: Name City	v/State	Dates	Attended (MN	<u>///YY)</u>	Degree/	Certification Obtained

Applicant Company Name:	Aetna Insurance Company of	f Connecticut		
NAIC No.: 36153		F	EIN: 06-1286276	
6. List of memberships in 1	professional societies and a	ssociations:		
Name of Society/Association	Contact Name		ddress of ty/Association	Telephone Number of Society/Association
CPA's (AICPA)	N/A	1211 Av	enue of the Americas, NY, N	Y 10036-8775 888-777-707 7
7. Present or proposed pos	tion with the Applicant Co	mpany: Directo	r of Loews C	orporation
present jobs, positions, Please list the most recent telephone numbers and the the third-party verification	partnerships, owner of an nt first. Attach additional pasupervisory information for on process for international	entity, administrator ages if the space prov the past ten (10) yea employers.	r, manager, operator, vided is insufficient. I ars. Additional inform	therwise (up to and including directorates or officerships). It is only necessary to provide ation may be required during
Beginning/Ending 10/94 Dates (MM/YY):	_12/09 Employer's	_{Name:} Harvard	University	
Address: Massachus	setts Hall City: Ca	ambridge	State/Province:	MA
Country: USA	Postal Code: 02138	Phone: 617-495-1000	Offices/Positions H	Retired Senior Advisor to the President
Type of Business: Acad				ident), Marilyn Hausammann, LVP HR
Beginning/Ending 05/06 Dates (MM/YY):	_Present Employer's I	Name: Loews C	orporation	
Address: 667 Madis				NY
Country: USA				
Type of Business: Hold				
Beginning/Ending 07/21 Dates (MM/YY):_07/21	Present Employer's	Name: Immune	ering Corpora	ation
Address: 245 Main S	St City: Ca	ambridge	State/Province:	MA
Country: USA				
Type of Business: Biop				
Beginning/Ending 07/21 Dates (MM/YY):				
Address: Finsgate 5-7 (N/A
Country: UK				
	ical Diagnostics			

Applicant Company Name: Aetna Insurance	e Company of Connect	icut		
NAIC No.: 36153		FEIN:	06-1286276	
9. a. Have you ever been in a position	which required a fide	elity bond?		
Yes No No				
If any claims were made on the bond, give	e details: N/A			
	- 11			
b. Have you ever been denied an inc	Hividual or nocition c	chedule fidelity ho	nd or had a h	and canceled or revoked?
. — —	arvidual of position's	chedule fidelity bol	iu, or nau a b	ond canceled of revoked:
Yes [No [✓]				
If yes, give details: N/A				
10. List any professional, occupational a				
governmental licensing agency or re past. For any non-insurance regular				
licensing authority or regulatory bod is your Social Security Number (S	ly having jurisdiction	over the license (s) issued. If yo	our professional license num
reasonably identifiable as your SS	N, then write SSN	for that portion	of the profes	ssional license number tha
represented by your SSN. (For exam the space provided is insufficient.	ple, "SSN", "12-SSN	V-345" or "1234-SS	N" (last 6 dig	gits)). Attach additional page
Organization/Issuer of License: Comm	onwealth of MA	Address: 239	Causew	ay St., Suite 500
City: Boston State/Province	_{e:} MA	Country: USA	<u> </u>	Postal Code: 02114
City: Boston State/Province	nse #: 13960	Date Iss	ued (MM/YY	12/06/90
Date Expired (MM/YY): Current	Reason for Term	nination: N/A		<u> </u>
Non-Insurance Regulatory Phone Number	=			
Organization/Issuer of License: PA State			Box 26	
City: Harrisburg State/Province		110	۸	1710E
	e: nse #:_CA 01222	Country.		1 Ostar Code.
			ued (MM/YY): <u> </u>
	Reason for Term			
Non-Insurance Regulatory Phone Number	er (if known): N/A	 		
11. In responding to the following, if the record was sealed or expunged, an at				
Been refused an occupational, pradministrative, or governmental l		onal license or perm	nit by any reg	gulatory authority, or any pu
Yes No V	reclising agency?			

Anplic	eant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.	judicial, administrat	nal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
c.	permit in any judicia	bation or had a fine levied against you or your occupational, professional, or vocational license or al, administrative, regulatory, or disciplinary action?
d.		or indicted for, any criminal offense(s) other than civil traffic offenses? No No
e.		contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
f.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes [No V
g.	administrative, regulating the busin the course of the busin	the ease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial alatory, or disciplinary action, from violating any federal, state law or law of another country less of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking? No
h.	dispute?	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia
	Yes 🔲 📙	No [V]
i.	of small loan laws, regulation lawfully	by the Comptroller of any state or the Federal Government that you have violated any provision, banking or trust company laws, or credit union laws, or that you have violated any rule of made by the Comptroller of any state or the Federal Government? No No
		— <u>—</u> —
J.		osure action filed against you or any entity while you were associated with that entity? No
of the o	complaint and filed a	tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy djudication or settlement as appropriate.
See /	Addendum	<u>·</u>
		· · · · · · · · · · · · · · · · · · ·
	-	

Applicant Company Name: Aetna Insurance Comp	pany of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "controlling direct or indirect, of the power to direct of through the ownership of voting securities, services, or otherwise, unless the power is Control shall be presumed to exist if any p	nsurance regulatory authority that you control directly or indirectly. The term," "controlled by" and "under common control with") means the possession, or cause the direction of the management and policies of a person, whether by contract other than a commercial contract for goods or non-management the result of an official position with or corporate office held by the person. erson, directly or indirectly, owns, controls, holds with the power to vote, or 6) or more of the voting securities of any other person.
None	
If any of the stock is pledged or hypothecated i	n any way, give details. N/A
	
record, 10% or more of the outstanding shauthority, or its affiliates? An "affiliate" o	ate family individually or cumulatively subscribe to or own, beneficially or of nares of stock of any entity subject to regulation by an insurance regulatory f, or person "affiliated" with, a specific person, is a person that directly, or ies, controls, or is controlled by, or is under common control with, the person
<u> </u>	nies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or hypo	thecated in any way, give details.
14. Here were even been edited and a heatment?	
14. Have you ever been adjudged a bankrupt? Yes No No	
If yes, provide details: N/A	,
were an officer or director, trustee, inv	entity (including entities controlled by the holding company) for which you vestment committee member, key management employee or controlling ents occur while you served in such capacity? If employed at the holding

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licen agency? Yes \(\bigcap \) No \(\bigcap \) b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivers conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes \(\bigcap \) No \(\bigcap \) c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in civil, criminal, administrative, regulatory, or disciplinary action? Yes \(\bigcap \) No \(\bigcap \) If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), af should also include any events within twelve (12) months after his or her departure from the entity. See Addendum	Applicant Company Name: Aetna Insurance NAIC No.: 36153	FEIN: 06-1286276
b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receiver conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes	a. Been refused a permit, license, or	
judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivers conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)? Yes	Yes No No	
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in civil, criminal, administrative, regulatory, or disciplinary action? Yes \[\subseteq \] No \[\] No \[\] No the above is yes, please indicate and give details. When responding to questions (b) and (c), af 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 an explanation provided. Dated and signed this \[\subseteq \text{day of FAM ARY 20 22 at MAK Hown, MM } \]. I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge and belief. I hareby acknowledge that I may be contacted to provide additional information regarding international searches. \[\subseteq \text{May of FAM ARY 20 22 at MAK Hown, MM } \]. I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge that I may be contacted to provide additional information regarding international searches. \[\subseteq \text{May of Signature of Affiant} \] State of: \[MAY Day OF 2 by Why May of Physical presence or \[\subseteq \text{online notarization, the May of Physical presence or \[\subseteq \text{online notarization, the May of Physical presence or \[\subseteq \text{online notarization, the May of Physical presence or \[\subseteq \text{online notarization, the May of Physical Printed Notary Public \[\text{Notary Public \[\text{Notary Public Notary Public \[\text{Notary Public \[\text{Notary Public \[\text	judicial, administrative, regulatory	y, or disciplinary action (including rehabilitation, liquidation, receivershi
civil, criminal, administrative, regulatory, or disciplinary action? Yes	Yes No No	
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), af 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 an explanation provided. Dated and signed this / b day of Fdra ARDy 20 32 at Work forw, May 1 hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge and belief. I have by acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: May County of: May by the forward to give the following identification: My Dyvers Leaves and Massachusetts Notary Public Compronessation of Massachusetts Express Sept 20, 2024 Printed Notary Public Compronessation of Massachusetts Express Sept 20, 2024		
Note:If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive an explanation provided. Dated and signed this / b day of February 20 22 at Water forw. M. I hereby certunder penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge and belief. I have by acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: MA County of: MARCH SEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the large of the foregoing instrument was acknowledged before me by means of my physical presence or online notarization, the large of the following identification: MARCH DAVERS (Signature of Affiant) LORIANNE DEBARROS Notary Public (Signature of Massachusetts Expires Sept 20, 2024) LORIANNE DEBARROS Notary Public (Signature Notary Name) LORIANNE DEBARROS Notary Public (Signature Notary Name)	Yes No No	
Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive an explanation provided. Dated and signed this / b day of FdRUARY 20 22 at Work forw, MM . I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge and belief. Litrareby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: MA County of: MWIESEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the day of the following identification: MA DIVILS WELLS. LORIANNE DEBARROS Notary Public Notary Public Of Notary Public		
Dated and signed this /b day of FdR ARY 20 22 at WAR Fown M. I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the 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: MA County of: MWIESE The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the whole of the following identification: MA DYVELS WELLES . **(LORIANNE DEBARROS Notary Public Expires Sept 20, 2024)** **Printed Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024 **Printed Notary Name**	See Addendum	
Dated and signed this // day of FdR ARY 20 22 at WAR Fown M. I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the 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: MA County of: MWIES The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the whole of the following identification: MA DYVETS WELLES Notary Public Notary Public Expires Sept 20, 2024 Printed Notary Name		
Dated and signed this /b day of FdR ARY 20 22 at WAR Fown M. I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the 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: MA County of: MWIESE The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the whole of the following identification: MA DYVELS WELLES . **(LORIANNE DEBARROS Notary Public Expires Sept 20, 2024)** **Printed Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024 **Printed Notary Name**		
Dated and signed this // day of FARUARY 20 22 at WAR Forw, MA . I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge and belief. I hareby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: MA County of: MWIESK The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the light day of Forward 2072 by Wiesk Dearway, and: who is personally known to me, or who produced the following identification: MA DYVETS UCCUSE. LORIANNE DEBARROS Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024 Printed Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024		
Dated and signed this // day of FARUARY 20 22 at WAR Forw, MA . I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the of my knowledge and belief. I hareby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: MA County of: MWIESK The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the light day of Forward 2072 by Wiesk Dearway, and: who is personally known to me, or who produced the following identification: MA DYVETS UCCUSE. LORIANNE DEBARROS Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024 Printed Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024		
Dated and signed this // day of FdR ARY 20 22 at WAR Fown M. I hereby cert under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the 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: MA County of: MWIES The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the whole of the following identification: MA DYVETS WELLES Notary Public Notary Public Expires Sept 20, 2024 Printed Notary Name	Note If an affiant has any doubt about the	accuracy of an answer the question should be answered in the positive and
Increby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: County of: County of: Physical presence or online notarization, the foregoing instrument was acknowledged before me by means of physical presence or online notarization, the Who produced the following identification: Notary Public Not		declined of an answer, the question should be answered in the positive and
Increby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: County of: County of: Physical presence or online notarization, the foregoing instrument was acknowledged before me by means of physical presence or online notarization, the Who produced the following identification: Notary Public Not	Dated and signed this 16 day of Fd	28 100 , 20 22 or Water front MA I harshy and
Increby acknowledge that I may be contacted to provide additional information regarding international searches. (Signature of Affiant) State of: County of: County of: Physical presence or online notarization, the foregoing instrument was acknowledged before me by means of physical presence or online notarization, the physical presence or who produced the following identification: Notary Public Notary Public	under penalty of perjury that I am acting or	n my own behalf and that the foregoing statements are true and correct to the be
(Signature of Affiant) State of: MA County of: MWIESEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the light of the produced the following identification: MA DYVELS UCLUSE: LORIANNE DEBARROS Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024 Printed Notary Name	of my knowledge and belief.	5-16
(Signature of Affiant) State of: MA County of: MWIESEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the local production of the physical presence or online notarization, the local physical physical presence or online notarization, the local physical	/ I between a demonstrated as that I may be a ser	
State of: MA County of: MWIESEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the lightest of the following identification: MA DYVERS Who produced the following identification: MA DYVERS WELLS LORIANNE DEBARROS Notary Public Expires Sept 20.2024 Printed Notary Name	Thereby acknowledge that I may be con	macted to provide additional information regarding international searches.
State of: MA County of: MWWESEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the logour of the following identification: MA DYVERS Who produced the following identification: MA DYVERS WESE Commonwealth of Massachusetts County of: MWWESEX Who physical presence or online notarization, the logour of the physical presence or online notarization, the logour of the physical presence or online notarization, the logour of the logour of the physical presence or online notarization, the logour of the	Buy 4 hours	
State of: MA County of: MWIESEX The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the lightest of the following identification: MA DYVERS Who produced the following identification: MA DYVERS WELLS LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 Printed Notary Name	(Signature of A Street)	
The foregoing instrument was acknowledged before me by means of physical presence or online notarization, the local day of physical presence or online notarization, the physical presence or online notarization presence or onli		
LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 Who is personally known to me, or who who produced the following identification: MA DYVETS UCUNSU. LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 Notary Public ON DEBARYOS Printed Notary Name	State of: MA County	y of: MWHESEX
LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 Who is personally known to me, or who who produced the following identification: MA DYVEYS UCENSE. LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 Notary Public ON DEBARYOS Printed Notary Name	The foregoing instrument was acknowledge	ed before me by means of physical presence or online notarization, this
LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 LORIANNE DEBARROS Notary Public Expires Sept 20, 2024 LORIANNE DEBARROS Notary Public UNDEBARROS Printed Notary Name		
[SEAL] LORIANNE DEBARROS Notary Public Commonwealth of Massachusetts Expires Sept 20, 2024 Notary Public On DeBarros Printed Notary Name		
[SEAL] Notary Public	produced the following identification: 17 N	A Drivers across.
[SEAL] Notary Public		
[SEAL] Notary Public	LORIANNE	DEPARTOR
[SEAL] My Expires Sept 20, 2024 Notary Public On Barres Sept 20, 2024 Printed Notary Name	Notae	2011
Printed Notary Name	ISEAL1	of Massachusetts Notary Public
	Ex	wines Sept 20, 2024 Un DeBands
1120121120	13.55	
My Commission Expires	Sec. 311.77	10.00

Applicant Company Name: Aetna In	nsurance Compan	/ of	Connecticut
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NAIC No.: 36153	FI	IN- 06-1286276

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 statem 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, 1 herewith make representations and supply information about hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLET COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: How Last: Best No Delay a citizen of the United States? Yes No Delay	ent is being
Address: 151 N. Franklin State/Province: IL Postal Code: 60606 Phone: 3128225000 In connection with the above-named entity, I herewith make representations and supply information about hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLET COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Act Last: Best States? Yes No	
State/Province: IL Postal Code: 60606 Phone: 3128225000 In connection with the above-named entity, I herewith make representations and supply information about hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLET COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: How Last: Bled Completed and the states of the United States? Yes No	
In connection with the above-named entity, I herewith make representations and supply information about hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLET COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: All Last: Bleds 2. a. Are you a citizen of the United States? Yes No	
hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLET COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION. 1. Affiant's Full Name (Initials Not Acceptable): First: Michael Middle: Alow Last: Bleds 2. a. Are you a citizen of the United States? Yes No)
2. a. Are you a citizen of the United States? Yes No	on fully.) IF
Yes No	F
b. Are you a citizen of any other country? Yes No No	
Yes No No	
N/CA A	
If yes, what country? MONE.	
3. Affiant's occupation or profession: Special Advisor to the CEO and Board, Century of Affiant's business address: 1 S. Wacker Drive, Suite 1000, Chicago, I	Aluminum (
4. Affiant's business address: 1 S. Wacker Drive, Suite 1000, Chicago, I	L 6061
Business telephone: 312-696-3101 Business Email: Mike. bless Ocenturyal	uminum. Co
5. Education and training:	
College/University City/State Dates Attended Obtain	
Princeton University Princeton, NJ 09/83-06/87 A.	_
Graduate Studies College/University City/State (MM/YY) Obtain Dates Attended Degree Obtain	
Other Training: Name	ı Obtained

Applicant Company Name: Aetna Insurance Con NAIC No.: 36153	ompany or Connecticut	FEIN: 06-1286276	
6. List of memberships in professional societ	ies and associations		
Name of Contact Society/Association NONE.	: Name	Address of Society/Association	Telephone Number of Society/Association
7. Present or proposed position with the App	licant Company:)irector	
 List complete employment record for the present jobs, positions, partnerships, own Please list the most recent first. Attach add telephone numbers and supervisory inform the third-party verification process for interest. 	er of an entity, adn ditional pages if the nation for the past te	ninistrator, manager, operator, space provided is insufficient. n (10) years. Additional inforn	directorates or officerships). It is only necessary to provide
Beginning/Ending Dates (MM/YY):07/21 -03/22 Emp Address: S. Wacker Drive Country: USA Postal Code: 606	ployer's Name:(Century Aluminum	n Company
Address: S. Wacker Drive	city: Chicag	State/Province	IL'
Country: USA Postal Code: 606	06 Phone: 312	-696-310) Offices/Positions I	feld: Special Advisor
Type of Business: Manufacturin	G Supervise	or/Contact: Jesse Gar	ry (ŒO)
Beginning/Ending Dates (MM/YY): 1111 -06/21 Em Address: 1 S. Wacker Drive Country: USA Postal Code: 60	J ployer's Name:	entury Aluminu	m Campany
Address: 1 S. Wacker Drive	City: Chica	State/Province	: IL
Country: USA Postal Code: 60	1606 Phone: 312	Offices/Positions H	eld: President, CEO & Dire
Type of Business: Manufactur	Supervise	or/Contact: Andrew Mic	helmore (Board Ct
Beginning/Ending Dates (MM/YY): 1017 - 02122 Em	\sim		
Address: 151N. Franklin	City: Chica	State/Province	:
Country: USA Postal Code: 60	606 Phone:312	Offices/Positions H	leld: Director
Type of Business: In Surance	Supervise	or/Contact: Dins Rubus	to (Board Chair
Beginning/Ending Dates (MM/YY): 05 17 - 05 2 Em	ployer's Name:	Simpson Manufa	acturing Company
Address: 5956 W. Las Positas	city: Pleasar	State/Province	:CA/
Country: USA Postal Code: 945			
Type of Business: Manufacture	Supervise	or/Contact: James And	rasick [Board Che

Applicant Company Name: Aetna Insurance Company of Connection	icut
NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a fide	elity bond? WWF
If any claims were made on the bond, give details:	00100,
b. Have you ever been denied an individual or position so Yes No	chedule fidelity bond, or had a bond canceled or revoked?
governmental licensing agency or regulatory authority or past. For any non-insurance regulatory issuer, identify licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds you reasonably identifiable as your SSN, then write SSN represented by your SSN. (For example, "SSN", "12-SSN the green provided in insufficient.	reses (including licenses to sell securities) issued by any public or relicensing authority that you presently hold or have held in the and provide the name, address and telephone number of the rever the license (s) issued. If your professional license number or SSN or any sequence of more than five numbers that are for that portion of the professional license number that is N-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
/	Country: Postal Code:
License Type: License #:	Date Issued (MM/YY):
Date Expired (MM/YY): Reason for Term	nination:
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 Term	nination:
Non-Insurance Regulatory Phone Number (if known):	
11. In responding to the following, if the record has been sea record was sealed or expunged, an affiant may respond "	aled or expunged, and the affiant has personally verified that the no" to the question. Have you ever:
Been refused an occupational, professional, or vocational administrative, or governmental ficensing agency? Yes No	onal license or permit by any regulatory authority, or any public

Applic	ant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.	judicial, administrativ	al, professional, or vocational license or permit you hold or have held, been subject to any we, regulatory, or disciplinary action?
c.	permit in any judicial	ation or had a fine levied against you or your occupational, professional, or vocational license or l, administrative, regulatory, or disciplinary action?
d.		r indicted for, any criminal offense(s) other than civil traffic offenses?
e.		ontendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
f.	suspended, or been offenses?	guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
g.	administrative, regularegulating the busines the course of the business	ase and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, atory, or disciplinary action, from violating any federal, state law or law of another country ss of insurance, securities or banking, or from carrying out any particular practice or practices in ness of insurance, securities or banking?
h.	dispute?	ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	res [r	
i.	of small loan laws, regulation lawfully m	by the Comptroller of any state or the Federal Government that you have violated any provisions banking or trust company laws, or credit union laws, or that you have violated any rule or lade by the Comptroller of any state or the Federal Government?
j.		sure action filed against you or any entity while you were associated with that entity?
of the o		on above is yes, please provide details including dates, locations, disposition, etc. Attach a copy indication or settlement as appropriate.

Applicant Company Name:	Aetna Insurance Company of Connecticut	
NAIC No.: 36153		FEIN: 06-1286276
"control" (including the direct or indirect, of the through the ownership services, or otherwise, Control shall be presun	e terms "controlling," "controlled by" a ne power to direct or cause the direction of voting securities, by contract other the unless the power is the result of an offi-	authority that you control directly or indirectly. The term and "under common control with") means the possession, on of the management and policies of a person, whether han a commercial contract for goods or non-management icial position with or corporate office held by the person directly, owns, controls, holds with the power to vote, or tring securities of any other person.
If any of the stock is pledge	ed or hypothecated in any way, give det	ails. MM.
record, 10% or more of authority, or its affiliate indirectly through one of specified. Yes No [of the outstanding shares of stock of an es? An "affiliate" of, or person "affiliator more intermediaries, controls, or is company or companies in which the company of the company or companies in which the company of	lly or cumulatively subscribe to or own, beneficially or of y entity subject to regulation by an insurance regulatory ated" with, a specific person, is a person that directly, or ontrolled by, or is under common control with, the person that directly is the person of the sumulative stock holdings represent 10% or more of the
If any of the shares of stock	are pledged or hypothecated in any way	y, give details.
14. Have you ever been adj Yes No [If yes, provide details:		
were an officer or d	frector, trustee, investment committee of the following events, occur while yo	tities controlled by the holding company) for which you e member, key management employee or controlling ou served in such capacity? If employed at the holding

Applicant Company N	ame: Aetna Insurance Company of Connecti	cut
NAIC No.: 36153		FEIN: 06-1286276
a. Been refused agency?	a permit, license, or certificate of auth	nority by any regulatory authority, or governmental-licensing
Yes	No No	
judicial, admi	nistrative, regulatory, or disciplinary	pended, revoked, canceled, non-renewed, or subjected to any action (including rehabilitation, liquidation, receivership asolvency, supervision or any other similar proceeding)?
Yes	No [
c. Been placed on civil, criminal,	n probation or had a fine levied against it administrative, regulatory, or disciplinar	t or against its permit, license, or certificate of authority in any y action?
Yes [No [
should also include any	f the above is yes, please indicate and governts within twelve (12) months after	rive details. When responding to questions (b) and (c), affiant his or her departure from the entity.
Note:If an affiant has a explanation provided.	any doubt about the accuracy of an ans	swer, the question should be answered in the positive and an
Dated and signed this under penalty of perjur of my knowledge and b	y that I am acting on my own behalf and selief.	22 at Wishing to . I hereby certify d that the foregoing statements are true and correct to the best
		lditional information regarding international searches.
(Signat	ure of Affiant)	
State of: Connect	icut County of: Litchfi	eld
The foregoing instrume	and the second s	ans of physical presence or online notarization, this and: who is personally known to me, or who
	dentification: Michael Alan	Bless
		E .
[SEAL]	Molly E Spino Notary Public-Connecticut My Commission Expires November 30, 2023	Notary Public Notary Public Molly E. Sping Printed Notary Name
		My Commission Expires

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

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: No	ne		Other: None	
Full name, address and telephone nur required (Do Not Use Group Names).	-	proposed enti	ty under whic	h this biographi	cal statement is being
Applicant Company Name: Loews (Corporation				
Address: 667 Madison Avenue			City: New Yo	ork	
State/Province: New York		Postal Code: (10065-8087	Phone: _2	212-521-2000
In connection with the above-name hereinafter set forth. (Attach addend ANSWER IS "NO" OR "NONE," COULD DELAY THE APPLICATION	um or separate sheet SO STATE. ALL FI	if space hered ELDS MUST	on is insuffici HAVE A R	ent to answer as ESPONSE. INC	ny question fully.) IF COMPLETE FORMS
1. Affiant's Full Name (Initials Not A	Acceptable): First: Jos	eph	Middle: Lyor	1 Last: B	Bower
2. a. Are you a citizen of the United	States?				•
Yes No No]				
b. Are you a citizen of any other	country?				
Yes No V]				
If yes, what country? N/A					
3. Affiant's occupation or profession					
4. Affiant's business address: Harva	ard Business Scho	ol, Cumno	ck 308, Sol	diers Field, B	oston, MA 02163
Business telephone: 617-495-6	5281	_ Business Er	mail: JBowe	er@hbs.edu	<u> </u>
5. Education and training:					_
College/University	City/State		Dates Att (MM/S		<u>Degree</u> Obtained
Harvard University	Cambridge	, MA	08/55-0		AB
Graduate Studies College/U	niversity	City/State	Dates A		<u>Degree</u> Obtained
Harvard Business School Harvard		Boston,		3/59-05/61	MBA
Other Training: Name City/S Harvard Business School Bost		Attended (MI		Degree/C	Certification Obtained
Transain Business School DOSI	OII, IVIA	UO/0 1-U3/0			<u> </u>

Applicant Company Name: Aetna Insurance Company NAIC No.: 36153	of Connecticut	EIN: 06-1286276	
6. List of memberships in professional societies and		3114. <u>00-1200270</u>	
Name of Contact Name Society/Association None	<u>Ad</u>	ldress of v/Association	Telephone Number of Society/Association
7. Present or proposed position with the Applicant 0	Company: Director	of Loews C	orporation
8. List complete employment record for the past two present jobs, positions, partnerships, owner of a Please list the most recent first. Attach additional telephone numbers and supervisory information the third-party verification process for internation	an entity, administrator, I pages if the space provi for the past ten (10) year	manager, operator, ided is insufficient. I	directorates or officerships) t is only necessary to provide
Beginning/Ending 1963 Present Employer	s Name: Harvard	Business Sci	nool
Address: Cumnock 308, Soldiers Field City: _			
Country: USA Postal Code: 02163			
Type of Business: Business School			
Beginning/Ending 05/01 Present Employer'			-
Address: 667 Madison Ave City: 1	Vew York	State/Province:	NY
Country: USA Postal Code: 10065	Phone: 2125212000	Offices/Positions He	Director
Type of Business: Holding Company			
Beginning/Ending 04/88 - Present Employer	s Name: The New A	America High	Income Fund, Inc.
Address: 33 Broad St City: E	3oston	State/Province:	MA
Country: USA Postal Code: 02109	Phone: 6172636400	Offices/Positions He	ld: Director
Type of Business: Mutual Fund			
Beginning/Ending 06/93 _ 06/21 Employer'	s Name: Anika Th	erapeutics, l	nc.
Address: 32 Wiggins AveCity: _			
Country: USA Postal Code: 01730	Phone: 7814579000	Offices/Positions He	_{ld:} Director
Type of Business: Medical Products	Supervisor/Contact:	David Colle	ran

Applicant Company Nar NAIC No.: 36153	me: Aetha Insurance Company of Co		: 06-1286276
9. a. Have you ever b	een in a position which required	a fidelity bond?	
Yes 🛛 🕶 📗		·	
	on the bond, give details:	NO Cla	īMS
_	_		
b. Have you ever b Yes The state of the sta	No 🚺	tion schedule fidelity bo	ond, or had a bond canceled or revoked?
If yes, give details:			
past. For any non- licensing authority of is your Social Sect reasonably identifiant represented by your the space provided in	insurance regulatory issuer, ide or regulatory body having jurisd urity Number (SSN) or embedable as your SSN, then write SSN. (For example, "SSN", "12 is insufficient.	entify and provide the reliction over the license (existing some series of the sour SSN for that portion 2-SSN-345" or "1234-St	ty that you presently hold or have held in the name, address and telephone number of the s) issued. If your professional license number quence of more than five numbers that are of the professional license number that is SN" (last 6 digits)). Attach additional pages if
			Postal Code:
			sued (MM/YY):
Date Expired (MM/YY)		Termination:	sued (14H4) 1 1).
-			
			Postal Code:
License Type:	License #:	Date Iss	sued (MM/YY):
Date Expired (MM/YY)	: Reason for	Termination:	
Non-Insurance Regulato	ry Phone Number (if known):		
11. In responding to the record was sealed or	e following, if the record has been rexpunged, an affiant may respo	en sealed or expunged, a cond "no" to the question	and the affiant has personally verified that the . Have you ever:
	or governmental licensing agency		mit by any regulatory authority, or any public

NAIC	No.: 36153	Aetna Insurance Company of Connecticut FEIN: 06-1286276
b.	judicial, administrat	nal, professional, or vocational license or permit you hold or have held, been subject to any ive, regulatory, or disciplinary action?
c.	permit in any judicia	pation or had a fine levied against you or your occupational, professional, or vocational license or al, administrative, regulatory, or disciplinary action?
d.		or indicted for, any criminal offense(s) other than civil traffic offenses? No No
e.		contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No \[\subseteq \subseteq \]
f.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes [No [V]
g.	administrative, regulating the busine	ease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial latory, or disciplinary action, from violating any federal, state law or law of another country ess of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking?
	Yes [No []
h.	Been, within the las dispute?	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	Yes [No [V]
i.	of small loan laws, regulation lawfully i	by the Comptroller of any state or the Federal Government that you have violated any provisions banking or trust company laws, or credit union laws, or that you have violated any rule of made by the Comptroller of any state or the Federal Government?
i	~ 	osure action filed against you or any entity while you were associated with that entity?
J.		No
of the	response to any quest complaint and filed ad Addendum	ion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy djudication or settlement as appropriate.

Applicant Company Name: Aetna Insurance	Company of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "control direct or indirect, of the power to dit through the ownership of voting secu services, or otherwise, unless the power Control shall be presumed to exist if	y an insurance regulatory authority that you control directly or indirectly. The term olling," "controlled by" and "under common control with") means the possession, rect or cause the direction of the management and policies of a person, whether rities, by contract other than a commercial contract for goods or non-management wer is the result of an official position with or corporate office held by the person. any person, directly or indirectly, owns, controls, holds with the power to vote, or t (10%) or more of the voting securities of any other person.
None	
If any of the stock is pledged or hypothec	ated in any way, give details. N/A
	· · · · · · · · · · · · · · · · · · ·
record, 10% or more of the outstandiauthority, or its affiliates? An "affiliaindirectly through one or more interm specified.	amediate family individually or cumulatively subscribe to or own, beneficially or of ing shares of stock of any entity subject to regulation by an insurance regulatory ate" of, or person "affiliated" with, a specific person, is a person that directly, or lediaries, controls, or is controlled by, or is under common control with, the person
Yes No V	
If yes, please identify the company or cooutstanding voting securities. N/A	ompanies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or N/A	hypothecated in any way, give details.
14. Have you ever been adjudged a bankri	upt?
Yes No No	
If yes, provide details: N/A	
were an officer or director, trusted	y or entity (including entities controlled by the holding company) for which you e, investment committee member, key management employee or controlling events occur while you served in such capacity? If employed at the holding N/A

Applicant Company Name: Aetna Insurance NAIC No.: 36153	FEIN: 06-1286276
	or certificate of authority by any regulatory authority, or governmental-licensing
Yes No No	
judicial, administrative, regulator	ate of authority suspended, revoked, canceled, non-renewed, or subjected to any ry, or disciplinary action (including rehabilitation, liquidation, receivership, y proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
 Been placed on probation or had a fi civil, criminal, administrative, regul 	fine levied against it or against its permit, license, or certificate of authority in any latory, or disciplinary action?
Yes No No	
	please indicate and give details. When responding to questions (b) and (c), affiant we (12) months after his or her departure from the entity.
See Addendum	
Note:If an affiant has any doubt about the explanation provided.	e accuracy of an answer, the question should be answered in the positive and an
	n my own behalf and that the foregoing statements are true and correct to the best
✓I hereby acknowledge that I may be con	ntacted to provide additional information regarding international searches.
(Signature of Affiant) State of: Hassaclusell County	y of: Midalesex
The foregoing instrument was acknowledge	ed before me by means of physical presence or online notarization, this osed. I who is personally known to me, or who
produced the following identification:	who is personally known to me, or who
7	Sapela Karcio Emilia (Sanola Tossic Emiliaci
[SEAL]	Sanela Karsic Ernjakovic NOTARY PUBLIC Commonwealth of Massachusetts My Commission Expires My Commission Expires
	My Commission Expires September 6, 2024 Printed Notary Name 09/06/2024

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	
required (Do Not Use G			•		
Applicant Company Na	me: CNA Financial Corpor	ation and the	Applicant Compa	anies listed	on Appendix 1
Address: 151 N. Fran	klin Street		_{City:} Chicago		
State/Province: Illinois		Postal Co	ode: 60606	Phone:	312-822-5000
hereinafter set forth. (A ANSWER IS "NO" O	e above-named entity, I here attach addendum or separate s R "NONE," SO STATE. AL APPLICATION PROCESS or	heet if space L FIELDS M	hereon is insufficier UST HAVE A RE	nt to answer SPONSE. IN	any question fully.) IIIICOMPLETE FORMS
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 co					
Affiant's occupation	or profession: See attache	d Appendix	2.		
4. Affiant's business ac	_{ldress:} 151 N. Franklin St	reet, Chica	go, Illinois 6060	6	
Business telephone:			ss _{Email:} stathy.d		a.com
5. Education and training	ทฐ:				
			Dates Atter		<u>Degree</u>
College/University	<u>City/State</u>		(MM/YY	<u></u>	<u>Obtained</u>
University of Illinois Urba	ana Champaign Champig	∩, IL 	08/84-05	/88	BA Political Science BS Psychology
Graduate Studies	College/University	City/Sta	Dates Atte		<u>Degree</u> <u>Obtained</u>
Law	Pepperdine University			38-05/91	J.D.
Other Training: Name None	City/State I	Dates Attended	(MM/YY)	<u>Degree/</u>	Certification Obtained

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.

Note:

Applicant Company Name:	Aetna Insurance Company of	Connecticut		
NAIC No.: 36153		FE	ZIN: 06-1286276	
6. List of memberships in p	professional societies and as	ssociations:		
Name of Society/Association	Contact Name		dress of /Association	<u>Telephone Number</u> of Society/Association
Attorney Registration & Disciplinary Comm	nission Unknown	One North C	Old Capital Plaza,Suite 333,Springfiel	d, IL 62701 217-522-6838
7. Present or proposed posi	tion with the Applicant Cor	mpany: See atta	ached Appendi	x 2.
Please list the most receive telephone numbers and s	ent record for the past twen partnerships, owner of an ant first. Attach additional past supervisory information for on process for international	entity, administrator, ages if the space provi the past ten (10) year	manager, operator, direded is insufficient. It is	ectorates or officerships). only necessary to provide
Beginning/Ending Dates (MM/YY): 10/10	_Present Employer's N	Name: Continent	al Casualty Cor	npany
Address: 151 N. Fran				
Country: USA				
Type of Business: Insur	rance	Supervisor/Contact:	Susan A. Stone	Э
Beginning/Ending Dates (MM/YY): 10/10				
Address: 151 N. Fran	klin Street City: Ch	nicago	State/Province:	inois
Country: USA	Postal Code: 60606	212-822-5000 Phone:	Offices/Positions Held:	SVP, Deputy GC & Secretary (Secretary since 07/17)
Type of Business: Insul				
Beginning/Ending 10/10 Dates (MM/YY):	Present Employer's N	Name: CNA Fina	ıncial Corporat	ion
Address: 151 N. Fran	klin Street City: Ch	nicago	State/Province: _	inois
Country: USA	Postal Code: 60606	Phone: 312-822-5000	Offices/Positions Held:	SVP, Deputy GC & Secretary (Secretary since 07/17)
Type of Business: Insu	rance	Supervisor/Contact:	Susan A. Stor	ne
Beginning/Ending 05/06 Dates (MM/YY):	Employer's N	Name: Calamos	Investments	
Address: 2020 Calar	nos Court City: Na	aperville	State/Province:	inois
Country: USA				
Type of Business: Insu			J. Christopher	

Applicant Company Name: Aetna Insu NAIC No.: 36153	rance Company of Connect	ticut FEIN	N: 06-1286276		
9. a. Have you ever been in a posit.	ion which required a fide				
Yes No No	7	•			
If any claims were made on the bond,	give details: n/a				
b. Have you ever been denied an Yes No Volume No Volume If yes, give details: n/a	individual or position s	chedule fidelity t	oond, or had a b	oond canceled or revoked?	
10. List any professional, occupation governmental licensing agency of past. For any non-insurance reg licensing authority or regulatory is your Social Security Number reasonably identifiable as your represented by your SSN. (For ex- the space provided is insufficient.	or regulatory authority or rulatory issuer, identify body having jurisdiction (SSN) or embeds you SSN, then write SSN tample, "SSN", "12-SSN	r licensing author and provide the over the license or SSN or any s for that portion N-345" or "1234-	rity that you prove name, address (s) issued. If y sequence of men of the professor" (last 6 di	resently hold or have held in s and telephone number of your professional license num ore than five numbers that essional license number that gits)). Attach additional pag	n the f the mber t are at is ges if
Organization/Issuer of License: ARI	DC - Illinois	Address: 130) E Rande	olph St, Unit 1500)
City: Chicago State/Prov	vince: Illinois	Country: US	A	Postal Code: 60601	
License Type: Law L	icense #: 6216657	Date I	ssued (MM/Y	Y):	2.
Date Expired (MM/YY): n/a	Reason for Tern	nination: n/a			
Non-Insurance Regulatory Phone Nur	_				
Organization/Issuer of License: State	e Bar of California	Address: 180) Howard	Street	
City: San Francisco State/Prov			SA .	Postal Code: 94105	
License Type: Law	icense #: 156163		ssued (MM/Y	Y):	
Date Expired (MM/YY): n/a	Reason for Tern	nination: n/a			
Non-Insurance Regulatory Phone Nur	mber (if known): n/a				
11. In responding to the following, if record was sealed or expunged, a	the record has been sea				t the
a. Been refused an occupational administrative, or government		onal license or pe	ermit by any re	gulatory authority, or any pu	ıblic

Anı	olicant Company Name	Aetna Insurance Company of Connecticut			
NA	IC No.: 36153	·	FEIN: <u>06-1286276</u>		
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The ter "control" (including the terms "controlling," "controlled by" and "under common control with") means the possessio direct or indirect, of the power to direct or cause the direction of the management and policies of a person, wheth through the ownership of voting securities, by contract other than a commercial contract for goods or non-manageme 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, holds proxies representing, ten percent (10%) or more of the voting securities of any other person.				
No	ne				
If	any of the stock is pleds	ged or hypothecated in any way, give deta	uils. <u></u> n/a		
13.	record, 10% or more authority, or its affilia	of the outstanding shares of stock of any ates? An "affiliate" of, or person "affiliat	ly or cumulatively subscribe to or own, beneficially or of y entity subject to regulation by an insurance regulatory ted" with, a specific person, is a person that directly, or ontrolled by, or is under common control with, the person		
	Yes No No				
	ves, please identify the standing voting securities		umulative stock holdings represent 10% or more of the		
If a	•	k are pledged or hypothecated in any way	, give details.		
14.	Have you ever been ad	djudged a bankrupt?			
	Yes No No				
If y	es, provide details: n/a				
15.	were an officer or of	director, trustee, investment committee of the following events occur while yo	ities controlled by the holding company) for which you member, key management employee or controlling ou served in such capacity? If employed at the holding		

Printed Notary Name

My Commission Expires

3/24/2025

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

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: Other: None UCAA Type: None Form A: Acquisition 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 City: New York Address: 667 Madison Avenue Postal Code: 10065-8087 State/Province: New York 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 2. a. Are you a citizen of the United States? Yes No No b. Are you a citizen of any other country? Yes No 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: Dates Attended <u>Degree</u> College/University City/State (MM/YY) Obtained **Purdue University** W. Lafayette, IN 09/68-06/72 BS ChE Dates Attended Degree **Graduate Studies** College/University City/State (MM/YY) Obtained MS Mgmt University of Texas as Dallas Richardson, TX 09/77-05/80 MS Management Degree/Certification Obtained Other Training: Name City/State Dates Attended (MM/YY) N/A

Applicant Company Name: Aetna Insurance Company of	Connecticut
NAIC No.: 36153	FEIN: 06-1286276
6. List of memberships in professional societies and a	ssociations:
Name of Contact Name	Address of Telephone Number Society/Association of Society/Association
Society/Association Society of Petroleum Engineers N/A	Society/Association of Society/Association P.O. Box 833836 Richardson, 75083 972-952-9393
	120 Wall Street, Fl. 23, New York, NY 10005 800-242-4363
American Institute of Chemical Engineers N/A	120 71011 011001, 7 11 20, 7101 7 511, 7 11
7. Present or proposed position with the Applicant Co	mpany: Director of Loews Corporation
present jobs, positions, partnerships, owner of an Please list the most recent first. Attach additional p telephone numbers and supervisory information for the third-party verification process for international	·
Beginning/Ending 08/15 Current Employer's	
Address: 800 Capitol Street, Suite 3600 City: H	oustonState/Province: TX
Country: USA Postal Code: 77002	Phone: 713-452-2026 Offices/Positions Held: Venture Partner
Type of Business: Private Equity	Supervisor/Contact: Wil VanIoh
Beginning/Ending 05/15 Present Employer's	
Address: 667 Madison Ave City: N	ew 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 10/00 05/15 Employer's	Name: Noble Energy Inc. (Acquired by Chevron in 2020)
Address: 1001 Noble Energy Way City: H	
	Phone: 2818723100 Offices/Positions Held: Chairman, CEO, President
Type of Business: Oil & Gas Production	Supervisor/Contact: Lee Robison
Beginning/Ending 06/94 _ 10/00 Employer's	Name: Vastar Resources (Acquired by BP in 10/2000)
Address: 15375 Memorial Drive City: H	
	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 Conn	necticut		
NAIC No.: 36153	FEIN	V: 06-1286276	
9. a. Have you ever been in a position which required a f	fidelity bond?		
If any claims were made on the bond, give details: N/A			
b. Have you ever been denied an individual or position	n schedule fidelity b	ond, or had a	bond canceled or revoked?
Yes [No [V]			
If yes, give details: N/A			
10. List any professional, occupational and vocational lice governmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identi licensing authority or regulatory body having jurisdict is your Social Security Number (SSN) or embeds y reasonably identifiable as your SSN, then write SS represented by your SSN. (For example, "SSN", "12-S the space provided is insufficient.	y or licensing authority and provide the ion over the license your SSN or any sSN for that portion SSN-345" or "1234-	rity that you print name, address (s) issued. If yequence of man of the profession" (last 6 di	resently hold or have held in the ss and telephone number of the your professional license number that are essional license number that is igits)). Attach additional pages if
Organization/Issuer of License: Texas Board of Professional Engine	Address: 19	17 S Inter	rstate 35
City: Austin State/Province: TX	Country: US	<u>A</u>	Postal Code: 78741
Organization/Issuer of License: Texas Board of Professional Engineer City: Austin State/Province: TX License Type: Professional Engineer License #: 44105	Date I	ssued (MM/Y	_{Y):} 08/1978
Date Expired (MM/YY): N/A Reason for Te	ermination: N/A		
Non-Insurance Regulatory Phone Number (if known): 51			
Organization/Issuer of License:			
City: State/Province:			
License Type:License #:	Date I	ssued (MM/Y	Y):
Date Expired (MM/YY): Reason for Te			
Non-Insurance Regulatory Phone Number (if known):			
11. In responding to the following, if the record has been record was sealed or expunged, an affiant may respond			
a. Been refused an occupational, professional, or voca administrative, or governmental licensing agency? Yes No No	ational license or pe	rmit by any re	gulatory authority, or any public

Applicant Company Name: Aetna Insurance Company of Connecticut	
NAIC No.: 36153 FEIN: 06-1286276	
 Had any occupational, professional, or vocational license or permit you hold or judicial, administrative, regulatory, or disciplinary action? Yes No No	have held, been subject to any
c. Been placed on probation or had a fine levied against you or your occupational, prof permit in any judicial, administrative, regulatory, or disciplinary action? Yes No	essional, or vocational license or
d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic of Yes No	fenses?
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other t	han civil traffic offenses?
f. Had adjudication of guilt withheld, had a sentence imposed or suspended, has suspended, or been pardoned, fined, or placed on probation, for any criminal offenses?	d pronouncement of a sentence offense(s) other than civil traffic
Yes No No	
g. Been subject to a cease and desist letter or order, or enjoined, either temporarily administrative, regulatory, or disciplinary action, from violating any federal, staregulating the business of insurance, securities or banking, or from carrying out any the course of the business of insurance, securities or banking? Yes No	te law or law of another country
h. Been, within the last ten (10) years, a party to any civil action involving dishone dispute? Yes No No	sty, breach of trust, or a financial
 i. Had a finding made by the Comptroller of any state or the Federal Government that of small loan laws, banking or trust company laws, or credit union laws, or the regulation lawfully made by the Comptroller of any state or the Federal Government Yes 	at you have violated any rule or
j. Had a lien or foreclosure action filed against you or any entity while you were assorted. Yes No No	ciated with that entity?
If the response to any question above is yes, please provide details including dates, location of the complaint and filed adjudication or settlement as appropriate. See Addendum	ons, disposition, etc. Attach a copy

Applicant Company Name: Aeula Insurance NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "cont direct or indirect, of the power to d through the ownership of voting sec services, or otherwise, unless the po Control shall be presumed to exist if	by an insurance regulatory authority that you control directly or indirectly. The term rolling," "controlled by" and "under common control with") means the possession, direct or cause the direction of the management and policies of a person, whether purities, by contract other than a commercial contract for goods or non-management ower is the result of an official position with or corporate office held by the person. If any person, directly or indirectly, owns, controls, holds with the power to vote, or ant (10%) or more of the voting securities of any other person.
N/A	
If any of the stock is pledged or hypothe	ecated in any way, give details. N/A
record, 10% or more of the outstan authority, or its affiliates? An "affiliates? An "affiliates indirectly through one or more interspecified. Yes No Volume If yes, please identify the company or outstanding voting securities.	mmediate family individually or cumulatively subscribe to or own, beneficially or of ading shares of stock of any entity subject to regulation by an insurance regulatory liate" of, or person "affiliated" with, a specific person, is a person that directly, or mediaries, controls, or is controlled by, or is under common control with, the person companies in which the cumulative stock holdings represent 10% or more of the
N/A	
If any of the shares of stock are pledged N/A	or hypothecated in any way, give details.
14. Have you ever been adjudged a bank	krupt?
Yes No No	
If yes, provide details: N/A	
were an officer or director, trus	any or entity (including entities controlled by the holding company) for which you stee, investment committee member, key management employee or controlling events occur while you served in such capacity? If employed at the holding ode. N/A

Applic	ant Company Nam	ne: Aetna Insurance Company of Connection	out	
NAIC	No.: 36153		FEIN: 06-1286276	
a.	Been refused a agency?	permit, license, or certificate of auth	ority by any regulatory authority, or gove	ernmental-licensing
	Yes 🚺 🗎	No [
b.	judicial, adminis	strative, regulatory, or disciplinary	pended, revoked, canceled, non-renewed, of action (including rehabilitation, liquida asolvency, supervision or any other similar p	tion, receivership
	Yes 🚺 🗎	No [
c.		robation or had a fine levied against it lministrative, regulatory, or disciplinar	or against its permit, license, or certificate y action?	of authority in any
	Yes N	No [
If the a	answer to any of the	he above is yes, please indicate and g vents within twelve (12) months after	ive details. When responding to questions his or her departure from the entity.	(b) and (c), affian
See A	Addendum			
Note:If	an affiant has any ation provided.	y doubt about the accuracy of an ans	swer, the question should be answered in t	the positive and ar
Dated a under p of my l	and signed this \(\frac{1}{2}\) benalty of perjury to the consult of perjury to the consult of t	that I am acting on my own behalf an ief.	22 at Howston, Tx. d that the foregoing statements are true and	I hereby certify correct to the bes
CW Ih	ereby acknowledge	e that I may be contacted to provide a	lditional information regarding internationa	l searches
4	Kale DE	and a	and the state of t	i settenes.
	(Signature	e of Affiant)		
State o	f: Texas	County of: Harris	/	
	11		ans of physical presence or online	
	ed the following id		, and: who is personally known to me,	or who
product	ed the following id	lentification.	·	
	[SEAL]	MICHELL BOUDREAUX Notary Public, State of Texas Comm. Expires 10-30-2022	Michell Bon	dreavy
		Notary ID 131776871	Printed Notary 0 - 30 - 20 My Commission	22

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

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 Тур	e: None	Oth	er: None
required (Do Not Use Gro	up Names).	ent or proposed ent	ity under which thi	s biographical statement is being
Applicant Company Name	Loews Corporation			
Address: 667 Madison	Avenue		City: New York	
State/Province: New Yorl	<u> </u>	Postal Code:	10065-8087	Phone: 212-521-2000
hereinafter set forth. (Atta ANSWER IS "NO" OR	ach addendum or separate	sheet if space here LL FIELDS MUST	on is insufficient to Γ HAVE A RESPO	ly information about myself as a name any question fully.) IF ONSE. INCOMPLETE FORMS APPLICATION.
1. Affiant's Full Name (In	nitials Not Acceptable): Firs	t: Charles	_Middle: Michael	Last: Diker
2. a. Are you a citizen of	the United States?			
Yes 🚺 1	40			
b. Are you a citizen of	any other country?			
Yes T	√o [
If yes, what count				
3. Affiant's occupation or	profession: Managing Partn	er, Diker Managem	ent LLC; Chairman o	of the Board, Cantel Medical Corp
4. Affiant's business addr	ess: 570 Lexington A	Avenue, 27th	Fl., New Yor	k, NY 10022
Business telephone: 2	12-904-0321	Business E	mail: CDiker@e	dikerllc.com
5. Education and training:				
College/University	<u>City/State</u>		Dates Attender (MM/YY)	<u>Degree</u> Obtained
Harvard Colleg		dge, MA	1956	BA
Tidi vara Colleg	<u> </u>	49C, 1VI/ (Dates Attende	
Graduate Studies	College/University	City/State	(MM/YY)	Obtained
Harvard Business	School	Cambrid	ge, MA 1958	MBA
Other Training: Name None	City/State	Dates Attended (M	<u>M/YY)</u>	Degree/Certification Obtained

Applicant Company Name: Aetna Insurance Co. NAIC No.: 36153		FEIN: 06-1286276	
6. List of memberships in professional societie	es and associations:		
Name of Contact Society/Association None		Address of Society/Association	Telephone Number of Society/Association
7. Present or proposed position with the Appli	icant Company: Dire	ctor of Loews C	orporation
8. List complete employment record for the p present jobs, positions, partnerships, owner Please list the most recent first. Attach addit telephone numbers and supervisory information the third-party verification process for inter-	er of an entity, adminis tional pages if the space ation for the past ten (10	trator, manager, operator, provided is insufficient.	directorates or officerships) It is only necessary to provide
Beginning/Ending 01/02 Present Emp	loyer's Name: Diker	Management L	LC
Address: 570 Lexington Ave, 27th Fl	ity: New York	State/Province	. NY
Country: USA Postal Code: 100			
Type of Business: Investment Adv	iser Supervisor/Co	ontact: N/A	
Beginning/Ending 05/03 Present Employees (MM/YY):	_{loyer's Name:} Loew	s Corporation	
Address: 667 Madison Ave	City: New York	State/Province	. NY
Country: USA Postal Code: 100)65 Phone: 212521	2000 Offices/Positions H	_{eld} . Director
Type of Business: Holding Compar			
Beginning/Ending 01/85 06/21 Employees (MM/YY):			· -
Address: 150 Clove Road	_{itv:} Little Falls	State/Province:	NJ
Country: USA Postal Code: 074	24 Phone: 973890	7220 Offices/Positions H	eld: Chairman
Type of Business: Medical Product	Supervisor/Co	ntact: N/A	
Beginning/Ending Dates (MM/YY):Emp	•	-	
Address:C			
Country: Postal Code:			
Type of Business:	Supervisor/Co	ntact:	

Applicant Company NAIC No.: 36153	Name: Aetna Insurance Company of C	FEIN:	06-1286276
9. a. Have you ev	rer been in a position which required	d a fidelity bond?	
If any claims were n	nade on the bond, give details: N/A	<u> </u>	
Yes [No 🚺	ition schedule fidelity bor	nd, or had a bond canceled or revoked?
If yes, give details:	<u> </u>		
governmental li past. For any n licensing author is your Social reasonably ider represented by y the space provide	censing agency or regulatory author con-insurance regulatory issuer, identity or regulatory body having jurise Security Number (SSN) or embed attifiable as your SSN, then write your SSN. (For example, "SSN", "I led is insufficient.	ority or licensing authority and provide the n diction over the license (s ds your SSN or any sec SSN for that portion 12-SSN-345" or "1234-SS	ses to sell securities) issued by any public or y that you presently hold or have held in the name, address and telephone number of the i) issued. If your professional license number quence of more than five numbers that are of the professional license number that is SN" (last 6 digits)). Attach additional pages if
Organization/Issuer	of License: None	Address:	
City:	State/Province:	Country:	Postal Code:
License Type:	License #:	Date Iss	ued (MM/YY):
Date Expired (MM/	YY): Reason fo	or Termination:	
Non-Insurance Regu	latory Phone Number (if known):_		
Organization/Issuer	of License:	Address:	
City:	State/Province:	Country:	Postal Code:
License Type:	License #:	Date Iss	ued (MM/YY):
Date Expired (MM/	YY): Reason fo	r Termination:	
11. In responding to record was sealed	o the following, if the record has be ed or expunged, an affiant may resp	en sealed or expunged, a ond "no" to the question.	nd the affiant has personally verified that the Have you ever:
a. Been refused administrativ	/e, or governmental licensing agenc	vocational license or pern y?	nit by any regulatory authority, or any public

Applic	ant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.		onal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
c.	permit in any judici	bation or had a fine levied against you or your occupational, professional, or vocational license or ial, administrative, regulatory, or disciplinary action?
	Yes U	No L
đ.	Been charged with,	or indicted for, any criminal offense(s) other than civil traffic offenses? No No
e.	Pled guilty, or nolo	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No No
f.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence n pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes	No [
g.	administrative, reg regulating the busin	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, ulatory, or disciplinary action, from violating any federal, state law or law of another country tess of insurance, securities or banking, or from carrying out any particular practice or practices in usiness of insurance, securities or banking?
	Yes [No []
h.	Been, within the la	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	Yes [No [V]
i.	of small loan laws regulation lawfully	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government? No No
	Yes [No ∐◀∐
j.		osure action filed against you or any entity while you were associated with that entity?
	Yes ∐ √ ∐	No L
of the o	complaint and filed a	tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy adjudication or settlement as appropriate.
<u>See /</u>	Addendum	
-		
		

	IC No.: 36153 FEIN: 06-1286276
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
No	ne
	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 o record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulator authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, o
	indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No V
If y outs N/A	es, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the standing voting securities.
If au	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
	Yes No No
If ye	es, provide details: N/A
<u> </u>	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 Nat NAIC No.: 36153	Aetna Insurance Company of Connecticut FEIN: 06-1286276	_
a. Been refused a agency?	permit, license, or certificate of authority by any regulatory authority, or governmental-license,	ısing
Yes	No 🚺	
judicial, admin	icense, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to strative, regulatory, or disciplinary action (including rehabilitation, liquidation, receiver federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?	
Yes 🚺	No [
	probation or had a fine levied against it or against its permit, license, or certificate of authority in dministrative, regulatory, or disciplinary action?	ı any
Yes 🚺	No [
	he above is yes, please indicate and give details. When responding to questions (b) and (c), and vents within twelve (12) months after his or her departure from the entity.	fiant
See Addendum		
		_
explanation provided.	y doubt about the accuracy of an answer, the question should be answered in the positive an	
Dated and signed this under penalty of perjury of my knowledge and be	day of elevated 20 25 at office w nyc. I hereby cer that I am acting on my own behalf and that the foregoing statements are true and correct to the lief.	tify best
I hereby acknowled	e that I may be contacted to provide additional information regarding international searches.	
(and E	h	
1 1	re of Affiant)	
State of: New Yor	County of: New York	
The foregoing instrument Anday of Fehruay	t was acknowledged before me by means of X physical presence or online notarization, the same of the s	nis
produced the following		
[SEAL]	BETSY SHACK Notary Public, State of New York No. 31-4644800 Qualified in New York County Commission Expires July 31, 2025 Printed Notary Name	
	My Commission Expires	

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

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	o	ther: None	
Full name, address and telephone num required (Do Not Use Group Names).	_	t or proposed entit	y under which t	his biographic	cal statement is being
Applicant Company Name: Loews C	orporation				
Address: 667 Madison Avenue			City: New York	<u> </u>	
State/Province: New York		Postal Code: 1	0065-8087	Phone: 2	212-521-2000
In connection with the above-named hereinafter set forth. (Attach addendu ANSWER IS "NO" OR "NONE," S COULD DELAY THE APPLICATIO	m or separate she SO STATE. ALL	et if space hereor FIELDS MUST	n is insufficient HAVE A RES	to answer ar	ny question fully.) IF COMPLETE FORMS
1. Affiant's Full Name (Initials Not A	.cceptable): First:_	David _]	Middle:Bick	Last: <u>E</u>	delson
2. a. Are you a citizen of the United	States?				
Yes No No					
b. Are you a citizen of any other c	ountry?				
Yes No No					
If yes, what country? N/A					
3. Affiant's occupation or profession:					
4. Affiant's business address: LOEW	S CORPORAT	10N, 667 MAD	ISON AVEN	JE, NEW Y	ORK, NY 10065
Business telephone: 212-521-2	439	Business Em	_{ail:} DEdelso	on@loews	.com
5. Education and training:					
College/University	City/State		Dates Attend (MM/YY)		<u>Degree</u> <u>Obtained</u>
Dartmouth College	Hanover,	NH	09/77-06	6/81	A.B.
Graduate Studies College/Un Stanford University Graduate School Stanford		City/State Palo Alto	Dates Atter (MM/Y) . CA 09/8		Degree Obtained M.B.A.
Other Training: Name City/St	ate <u>Da</u>	tes Attended (MM	<u>* </u>		ertification Obtained

Applicant Company N NAIC No.: 36153	ame:		or commedicat	FEIN: 06-1286276	
6. List of membership	s in professional so	ocieties and	associations:		
Name of Society/Association None	<u>Co</u>	ntact Name		Address of Society/Association	Telephone Number of Society/Association
7. Present or proposed	l position with the	Applicant (Company: Senior	Vice President and Chief Finar	cial Officer of Loews Corporation
present jobs, positi Please list the most telephone numbers the third-party verif	ons, partnerships, recent first. Attach and supervisory in fication process for	owner of a additional formation f internation	n entity, admini pages if the space or the past ten (1 al employers.	strator, manager, operator, be provided is insufficient. 0) years. Additional inform	therwise (up to and includin directorates or officerships It is only necessary to provid nation may be required durin
				vs Corporation	
Address: 667 Mac	dison Avenu	e _{City:} <u>N</u>	lew York	State/Province	<u>: NY</u>
Country: USA	Postal Code:	10065	Phone: 212-52	1-2000 Offices/Positions I	_{Ield:} SVP and CFO
Type of Business:	olding Com	pany	Supervisor/C	ontact: James Tisc	SVP and CFO
				organ Chase &	
Address: 270 Par	k Avenue	City:_	lew York	State/Province	NY eld: VP/Corp. Treasurer
Country: USA	Postal Code:	10017	Phone:	Offices/Positions H	eld: VP/Corp. Treasurer
Po-	dias 8 Financial Control II	-1di O			
Beginning/Ending Dates (MM/YY):	-	Employer'	s Name:		_
Address:		City:		State/Province:	
					eld:
Type of Business:			Supervisor/C	ontact:	
Beginning/Ending					
Address:		City:		State/Province:	·
					eld:
Type of Business:			Supervisor/C	ontact:	

Applicant Company Name: Aetna Insurance Company of Cor NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a	
Yes No No	
If any claims were made on the bond, give details: N/A	
That y ordered were made on the bond, give details.	
<u> </u>	
b. Have you ever been denied an individual or position	on schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details: N/A	
-	
licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds reasonably identifiable as your SSN, then write Strepresented by your SSN. (For example, "SSN", "12-the space provided is insufficient.	atify and provide the name, address and telephone number of the ction over the license (s) issued. If your professional license number your SSN or any sequence of more than five numbers that are SSN for that portion of the professional license number that is -SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License:	Address: Octobritory vicitive inde
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 T	
Non-Insurance Regulatory Phone Number (if known): 30	01-590-6500
	Address:
	Country: Postal Code:
	Date Issued (MM/YY):
	Termination:
11. In responding to the following, if the record has been record was sealed or expunged, an affiant may respon	n sealed or expunged, and the affiant has personally verified that the nd "no" to the question. Have you ever:
a. Been refused an occupational, professional, or vocadministrative, or governmental licensing agency? Yes No No	cational license or permit by any regulatory authority, or any public?

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 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 L No L
d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No No 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 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 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 No
i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provision of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule o regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No No
j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes [No No No No No No No No No N
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: Aeina insurance NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "control direct or indirect, of the power to direct through the ownership of voting securi services, or otherwise, unless the power Control shall be presumed to exist if a	an insurance regulatory authority that you control directly or indirectly. The term lling," "controlled by" and "under common control with") means the possession, ect or cause the direction of the management and policies of a person, whether ities, by contract other than a commercial contract for goods or non-management er is the result of an official position with or corporate office held by the person my person, directly or indirectly, owns, controls, holds with the power to vote, or (10%) or more of the voting securities of any other person.
None	
If any of the stock is pledged or hypotheca	uted in any way, give details. N/A
record, 10% or more of the outstanding authority, or its affiliates? An "affiliates"	nediate family individually or cumulatively subscribe to or own, beneficially or of any shares of stock of any entity subject to regulation by an insurance regulatory te" of, or person "affiliated" with, a specific person, is a person that directly, or ediaries, controls, or is controlled by, or is under common control with, the person
	mpanies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or N/A	hypothecated in any way, give details.
14. Have you ever been adjudged a bankru	pt?
Yes No V	
If yes, provide details: N/A	
were an officer or director, trustee,	or entity (including entities controlled by the holding company) for which you, investment committee member, key management employee or controlling g events occur while you served in such capacity? If employed at the holding N/A

NAIC No.: 36153	Name:	FEIN: 06-1286276
a. Been refuse agency?	ed a permit, license, or certificate of author	ity by any regulatory authority, or governmental-licensing
Yes	No V	
judicial, adr	ministrative, regulatory, or disciplinary as	nded, revoked, canceled, non-renewed, or subjected to any ction (including rehabilitation, liquidation, receivership, olvency, supervision or any other similar proceeding)?
Yes 🚺	No No	
	on probation or had a fine levied against it of al, administrative, regulatory, or disciplinary a	r against its permit, license, or certificate of authority in any action?
Yes 🔽	No No	
	of the above is yes, please indicate and give any events within twelve (12) months after his	e details. When responding to questions (b) and (c), affiant s or her departure from the entity.
See Addendum		
-		
		er, the question should be answered in the positive and an
explanation provided	_	
Dated and signed this under penalty of perj of my knowledge and	s 1 / day of FEBRUARY 20 2 jury that I am acting on my own behalf and t	that the foregoing statements are true and correct to the best
/		itional information regarding international searches.
NP	reage that I may be connected to provide addition	donar mornation regarding memational scarcies.
MD.	ZIC	
, ,	nature of Affiant)	
State of: N	County of: NY	
		s of physical presence or online notarization, this
17 day of FE	B., 20 22 by DAVID EDELSON,	and: who is personally known to me, or who
produced the followi	ing identification:	
State of the state		
10 DE		(,)
		Melys
[SEAL]	() 全事	CYNTHIA V. EVIDENTE
	CVNTLIIA	Printed Notary Name
50	NOTARY PUBLIC, S	TATE OF NEW YORK
	Registration No Qualified in Ne	0.01EV6347732
	Commission Expires	September 12, 2024 Revised 12/08/2020

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

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	Oth	ner: None
required (Do Not Use G	roup Names).		ntity under which thi	is biographical statement is beir
Applicant Company Nar	ne: Loews Corporation	on		
Address: 667 Madisor	n Avenue		_ City: New York	
State/Province: New Yo	ork	Postal Cod	e: 10065-8087	Phone: 212-521-2000
hereinafter set forth. (A	ttach addendum or sepa R "NONE," SO STATI	rate sheet if space he E. ALL FIELDS MU	reon is insufficient t ST HAVE A RESP	oly information about myself at answer any question fully.) I ONSE. INCOMPLETE FORM 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 cou	<u> </u>			<u> </u>
3. Affiant's occupation	or profession: Chair o	of the Board, Pro	es. & CEO, Co	ontinental Grain Co.
4. Affiant's business ad	_{dress:} 767 Fifth Av	enue, 15th Fl,	New York, NY	10153
Business telephone:	212-207-5764	Business	Email: Paul.Frib	ourg@conti.com
5. Education and training	ng:			
College/University	City/Stat	te	Dates Attende (MM/YY)	ed <u>Degree</u> Obtained
Amherst Colle	· -	erst, MA	08/72-05/	
Graduate Studies	College/University	City/State	Dates Attend (MM/YY)	
Harvard	Harvard Busines			
Other Training: Name None	City/State	Dates Attended (I	MM/YY)	Degree/Certification Obtained

Applicant Company Name: Aetna Insurance Company	of Connecticut		
NAIC No.: 36153		FEIN: 06-1286276	
6. List of memberships in professional societies and	associations:		
Name of Contact Name Society/Association None		Address of ociety/Association	Telephone Number of Society/Association
Notice			
7. Present or proposed position with the Applicant C	Company: Dire	ctor of Loews C	corporation
8. List complete employment record for the past tw present jobs, positions, partnerships, owner of a Please list the most recent first. Attach additional telephone numbers and supervisory information to the third-party verification process for internation	n entity, administ pages if the space or the past ten (10	rator, manager, operator provided is insufficient.	, directorates or officerships). It is only necessary to provide
Beginning/Ending 1997 Present Employer's			
Address: 767 Fifth Avenue, 15th Fl. City: N	lew York	State/Province	" <u>NY</u>
Country: USA Postal Code: 10153	Phone: 212-207-	5764 Offices/Positions I	Held: Chairman of the Board, Pres. & CEO
Type of Business: International Agribusiness & Investment			
Beginning/Ending 05/97 Present Employer's			
Address: 667 Madison Ave City: N	lew York	State/Province	"NY
Country: USA Postal Code: 10065	Phone: 2125212	Offices/Positions H	leld: Director
Type of Business: Holding Company			
Beginning/Ending 11/06 Present Employer's	s Name: Estee	Lauder Compa	anies
Address: 767 Fifth Ave City: N	lew York	State/Province:	NY
Country: USA Postal Code: 10153	Phone: 2125724	4200 Offices/Positions H	Director
Type of Business: Cosmetics			
Beginning/Ending 12/14 - Present Employer's	s _{Name:} Resta	urant Brands In	ternational, Inc.
Address: 130 King Street West, Ste 300 City: T	oronto	State/Province:	ON
Country: CA Postal Code: M5X 1E1			
Type of Business: Fast Food	Supervisor/Cor	ntact: Jill Granat	

Applicant Company Nam- NAIC No.: 36153	e:		FEIN: 06-128	6276
9. a. Have you ever been	en in a position which require			
Yes [No T	-		
	on the bond, give details: N/	Α		
	m no oone, give deans			
				
		sition schedule fic	delity bond, or h	nad a bond canceled or revoked?
Yes []				
If yes, give details: N/A		<u>-</u>		
				
past. For any non-in licensing authority or is your Social Secur reasonably identifiab represented by your Sthe space provided is	surance regulatory issuer, id regulatory body having juris- ity Number (SSN) or embe- ble as your SSN, then write SSN. (For example, "SSN", "I insufficient.	lentify and providiction over the leads your SSN or e SSN for that 12-SSN-345" or "	ide the name, a license (s) issued any sequence portion of the "1234-SSN" (las	you presently hold or have held in the address and telephone number of the d. If your professional license number of more than five numbers that are professional license number that is st 6 digits). Attach additional pages in
				Postal Code:
License Type:	License #:		Date Issued (M	IM/YY):
Date Expired (MM/YY):	Reason fo	or Termination: _		
Non-Insurance Regulatory	/ Phone Number (if known):_	 -		_
Organization/Issuer of Lic	ense:	Address	:	
City:	_ State/Province:	Country	:	Postal Code:
License Type:	License #:		Date Issued (M	[M/YY):
Date Expired (MM/YY):	Reason fo	or Termination: _		
Non-Insurance Regulatory	Phone Number (if known):_			
11. In responding to the record was sealed or	following, if the record has be expunged, an affiant may resp	een sealed or expoond "no" to the	ounged, and the question. Have	affiant has personally verified that the you ever:
a. Been refused an oradministrative, or	ccupational, professional, or governmental licensing agence. No No	vocational licens cy?	e or permit by a	any regulatory authority, or any public

NAIC	No.: 36153	Aetna Insurance Company of Connecticut FEIN: 06-1286276
b.	judicial, administrati	nal, professional, or vocational license or permit you hold or have held, been subject to any ve, regulatory, or disciplinary action?
c.	Been placed on prob	ation or had a fine levied against you or your occupational, professional, or vocational license or l, administrative, regulatory, or disciplinary action?
		No ∐✓∐
d.		or indicted for, any criminal offense(s) other than civil traffic offenses? No No No No No No No No
e.		contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
f.	Had adjudication of suspended, or been offenses?	f guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes []	No [V]
g.	administrative, regulating the busine	ease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial latory, or disciplinary action, from violating any federal, state law or law of another country ess of insurance, securities or banking, or from carrying out any particular practice or practices in iness of insurance, securities or banking?
	Yes [No [V]
h.	Been, within the las dispute?	t ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia
	Yes [No [[]
i.	of small loan laws, regulation lawfully n	by the Comptroller of any state or the Federal Government that you have violated any provisions banking or trust company laws, or credit union laws, or that you have violated any rule of nade by the Comptroller of any state or the Federal Government?
	—	No L
j.		sure action filed against you or any entity while you were associated with that entity?
of the	response to any questi complaint and filed ad Addendum	on above is yes, please provide details including dates, locations, disposition, etc. Attach a copy ljudication or settlement as appropriate.

Applicant Company Name: Aetna Insurance Comp	pany of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "controlling, direct or indirect, of the power to direct of through the ownership of voting securities, services, or otherwise, unless the power is Control shall be presumed to exist if any pholds proxies representing, ten percent (10%)	nsurance regulatory authority that you control directly or indirectly. The term," "controlled by" and "under common control with") means the possession or cause the direction of the management and policies of a person, whether the possession of the contract of the possession of the result of an official position with or corporate office held by the person person, directly or indirectly, owns, controls, holds with the power to vote, on of the voting securities of any other person.
None	
 	
If any of the stock is pledged or hypothecated in	n any way, give details. N/A
record, 10% or more of the outstanding sh authority, or its affiliates? An "affiliate" or	ate family individually or cumulatively subscribe to or own, beneficially or or mares of stock of any entity subject to regulation by an insurance regulatory of, or person "affiliated" with, a specific person, is a person that directly, or ies, controls, or is controlled by, or is under common control with, the person
- <u>-</u> -	nies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or hyporn/N/A	thecated in any way, give details.
14. Have you ever been adjudged a bankrupt?	
Yes No V	
If yes, provide details: N/A	
15. To your knowledge has any company or e	entity (including entities controlled by the holding company) for which you
were an officer or director, trustee, inv	restment committee member, key management employee or controlling ents occur while you served in such capacity? If employed at the holding

Applicant Company Name: NAIC No.: 36153	Aetha insurance Company of Connecticut FEIN: 0	6-1286276
a. Been refused a pe agency?	ermit, license, or certificate of authority by any regula	atory authority, or governmental-licensing
Yes No		
judicial, administra conservatorship, fed	ense, or certificate of authority suspended, revoked, ca ative, regulatory, or disciplinary action (including deral bankruptcy proceeding, state insolvency, supervision	rehabilitation, liquidation, receivership
	bation or had a fine levied against it or against its permi inistrative, regulatory, or disciplinary action?	it, license, or certificate of authority in any
Yes 🚺 No		
If the answer to any of the should also include any even	above is yes, please indicate and give details. When rents within twelve (12) months after his or her departure	esponding to questions (b) and (c), affiant from the entity.
See Addendum		
explanation provided.	doubt about the accuracy of an answer, the question s day of February 20 22 at N.7. at I am acting on my own behalf and that the foregoing	
	hat I may be contacted to provide additional information	n rocceding intometicael country
	1 Fy	rregarding international scarcies.
State of: New York		
	vas acknowledged before me by means of physical	
	20 22 by, and: who is po	ersonally known to me, or who
produced the following ider	ntification:	
		0 0
FOR ALL	JONATHAN F. JACOBS	ACL.
[SEAL]	NOTARY PUBLIC-STATE OF NEW YORK No. 02JA6265613	Notary Public
9495 <u>2</u> 33153	Qualified in New York County	Printed Notary Name
14858 3: T	My Commission Expires July 16, 2016	My Commission Expires

Applicant Company Name:	Aetna Insurance Company of Connecticut	
NAIC No.: 36153	FEIN: <u>06-1286276</u>	_

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 Ty	pe: None	Oth	ner: None
Full name, address and telephorequired (Do Not Use Group N		sent or proposed of	entity under which the	is biographical statement is being
Applicant Company Name: L	oews Corporation			
Address: 667 Madison Ave	nue		City: New York	
State/Province: New York		Postal Cod	e: 10065-8087	Phone: 212-521-2000
hereinafter set forth. (Attach	addendum or separate DNE," SO STATE. A	sheet if space he LL FIELDS MU	reon is insufficient t ST HAVE A RESP	ply information about myself as to answer any question fully.) IF PONSE. INCOMPLETE FORMS APPLICATION.
1. Affiant's Full Name (Initia	ls Not Acceptable): Fir	rst: 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 [$\overline{\checkmark}$			
If yes, what country?		_		
3. Affiant's occupation or pro	fession: Former Pres	sident/CEO FO	JP Service Corp. a	and Hospitals Insurance Co.
4. Affiant's business address:	N/A		_	
Business telephone: N/A		Business	Email: N/A	
5. Education and training:				
College/University	City/State		<u>Dates Attende</u> (MM/YY)	ed <u>Degree</u> <u>Obtained</u>
Stanford Universi	ty Stanfor	d, CA	08/70-05/	/74 B.A.
Graduate Studies Col	lege/University	City/State	Dates Attende (MM/YY)	
University of California at Berkeley Boa				4-05/77 J.D.
Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
New York University of Law	New York, NY	08/81-0	05/82 —	LLM Taxation

Applicant Company	Name: Aetna Insurance Company of Con	necticut	
NAIC No.: 36153		FEIN: 06-1286276	, <u>,</u>
6. List of membersh	ips in professional societies and associ	iations:	-
Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			
<u>.</u>			
		Director of Loows C	Corporation
7. Present or propose	ed position with the Applicant Compan	ny: Director of Loews C	orporation
present jobs, posi Please list the mo- telephone number the third-party ver	ployment record for the past twenty (attions, partnerships, owner of an entity st recent first. Attach additional pages and supervisory information for the prification process for international empty.	ty, administrator, manager, operator, if the space provided is insufficient past ten (10) years. Additional informoloyers.	directorates or officerships It is only necessary to provid nation may be required during
Beginning/Ending 11 Dates (MM/YY):	1/2014 _ 7/31/2019 Employer's Name	_{e:} FOJP Service Corpo	ration
Address: 28 East	28th Street, #14 City: New Postal Code: 10016 Phore	York State/Province	: NY
Country: USA	Postal Code: 10016 Phor	ne: 212-891-0700 Offices/Positions I	Held: President & Chief Executive Officer
	Risk Management Company Sup		
Beginning/Ending 11 Dates (MM/YY):	1/2014 - 7/31/2019 Employer's Name	_{e:} Hospitals Insurance (Company
Address: 50 Main	Street, Suite 1220 City: White	e Plains State/Province	: <u>NY</u>
Country: USA	Postal Code: 10606 Phor	ne: 914-220-1800 Offices/Positions H	eld:
Type of Business:	nsurance Company Sup	pervisor/Contact: N/A	
Beginning/Ending 06 Dates (MM/YY):	6/2013 _ 10/2014 Employer's Name	_{e:} Self-Employed	
	rk Avenue, #5SW City: New		NY
	Postal Code: 10128 Phone		
Type of Business:	Business Consultant Sup	pervisor/Contact: N/A	
Beginning/Ending 12 Dates (MM/YY):	2/2010 _05/13/2013 Employer's Name	_{e:} Alliant Insurance Ser	vices, Inc.
Address: 320 We	est 57th Street City: New	YorkState/Province	NY
	Postal Code: 10019 Phone		
Type of Business:	nsurance Sur	pervisor/Contact: N/A	

Applicant Company Name: Aetna Insurance Company of Connect NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a fide	
Yes No No	nty cond:
	ms made
If any claims were made on the bond, give details: No clai	The made
b. Have you ever been denied an individual or position s	chedule fidelity bond, or had a bond canceled or revoked?
Yes No V	
If yes, give details: N/A	-
10. List any macfassional accountional and reserving licenses	
governmental licensing agency or regulatory authority or	es (including licenses to sell securities) issued by any public or licensing authority that you presently hold or have held in the
	and provide the name, address and telephone number of the over the license (s) issued. If your professional license number
is your Social Security Number (SSN) or embeds you	r SSN or any sequence of more than five numbers that are
reasonably identifiable as your SSN, then write SSN represented by your SSN. (For example, "SSN", "12-SSN	for that portion of the professional license number that is I-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
the space provided is insufficient.	"
Organization/Issuer of License:	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 Term	nination: 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 Term	nination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A	
	led or expunged, and the affiant has personally verified that the no" to the question. Have you ever:
a. Been refused an occupational, professional, or vocational administrative, or governmental licensing agency?	onal license or permit by any regulatory authority, or any public
Yes No V	

Applic	ant Company Name:	Aetna Insurance Company of Connecticut
	No.: 36153	FEIN: 06-1286276
b.		onal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
	Yes 🔲 🗸 📗	No []
c.		bation or had a fine levied against you or your occupational, professional, or vocational license or al, 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.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence a pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes [No V
g.	administrative, regulating the busin	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, ulatory, or disciplinary action, from violating any federal, state law or law of another country less of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking?
	Yes	No V
h.	Been, within the la dispute?	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	Yes [No [
i.	of small loan laws	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government? No No No No No No No No
i		osure action filed against you or any entity while you were associated with that entity?
J.	Yes [V]	No []
of the	complaint and filed a	tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy djudication or settlement as appropriate.
	11.B, REPER I	O EXHIBIT B ATTACHED
101	11.0, OLL ADD	ENDOW
	<u> </u>	

Applicant Company Name: Aetna Insurance Compa	ny of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "controlling," direct or indirect, of the power to direct or through the ownership of voting securities, be services, or otherwise, unless the power is the Control shall be presumed to exist if any perholds proxies representing, ten percent (10%)	curance regulatory authority that you control directly or indirectly. The term "controlled by" and "under common control with") means the possession, cause the direction of the management and policies of a person, whether by contract other than a commercial contract for goods or non-management are result of an official position with or corporate office held by the person, son, directly or indirectly, owns, controls, holds with the power to vote, or or more of the voting securities of any other person.
If any of the stock is pledged or hypothecated in a	any way, give details. None
	_
record, 10% or more of the outstanding shar authority, or its affiliates? An "affiliate" of, indirectly through one or more intermediaries specified. Yes No State of the outstanding shar authority, or its affiliates? An "affiliate" of, indirectly through one or more intermediaries specified. Yes State of the outstanding shar authority of the outstanding specifies of the outstanding shar authority of the outstanding shar authority, or its affiliates? An "affiliate" of, indirectly through one or more intermediaries specified. Yes State of the outstanding shar authority, or its affiliates? An "affiliate" of, indirectly through one or more intermediaries specified.	e family individually or cumulatively subscribe to or own, beneficially or of res of stock of any entity subject to regulation by an insurance regulatory or person "affiliated" with, a specific person, is a person that directly, or s, controls, or is controlled by, or is under common control with, the person es in which the cumulative stock holdings represent 10% or more of the
Tanebaum-Harber of California and D.R.	Reiff & Associates
If any of the shares of stock are pledged or hypothe	ecated in any way, give details.
14. Have you ever been adjudged a bankrupt? Yes No No	
If yes, provide details: N/A	
were an officer or director, trustee, inves	tity (including entities controlled by the holding company) for which you stment committee member, key management employee or controlling ts occur while you served in such capacity? If employed at the holding #218

Applicant Company Name: Aetna Insura NAIC No.: 36153	FEIN: 06-1286276
17/11C 110 50100	TEM. 00 (2002) 0
a. Been refused a permit, licens agency?	se, or certificate of authority by any regulatory authority, or governmental-licensing
Yes No No	
judicial, administrative, regu	tificate of authority suspended, revoked, canceled, non-renewed, or subjected to an latory, or disciplinary action (including rehabilitation, liquidation, receivership aptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
	ad a fine levied against it or against its permit, license, or certificate of authority in an regulatory, or disciplinary action?
Yes No No	
	es, please indicate and give details. When responding to questions (b) and (c), affiant welve (12) months after his or her departure from the entity.
SEE ADDENDUM	
Note:If an affiant has any doubt about	t the accuracy of an answer, the question should be answered in the positive and a
explanation provided.	
22rd.	FEBRUARY 20 22 at 667 MADISON 44. I hereby certify
Dated and signed this 43 day of _	at OUL WAVISON TY. I hereby certify
under penalty of perjury that I am actin	ng on my own behalf and that the foregoing statements are true and correct to the bes
of my knowledge and belief.	
L hereby acknowledge that I may b	e contacted to provide additional information regarding international searches.
I hereby acknowledge that I may b	e contacted to provide additional information regarding international searches.
11H. 1 M	4
Walle of 110	
(Signature of Affiant)	
41.7	KIV/
State of: NY Co	ounty of:
The female is the state of the	
The foregoing instrument was acknown	ledged before me by means of physical presence or online notarization, this
day of FEB., 20 22 by	HARRIC, and: who is personally known to me, or who
produced the following identification:	
produced are some ying facilities.	
89/ 200	(MMA)
[SEAL]	CYNTHIA V. EVIDENTE NOTARY PUBLIC STATE OF NEW YORK YN THU V. ZVIDEN TE
371 3 - 18	NOTARY PUBLIC, STATE OF NEW LORIST
	Registration No. 01EV6347732 Qualified in New York County
The state of the s	Commission Expires September 12, 2024 My Commission Expires
7777777777	Wy 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: No	ne	Othe	er: None
Full name, address and telephone nu required (Do Not Use Group Names)				
Applicant Company Name: CNA Fi	nancial Corporation	and the App	licant Companie	es listed on Appendix 1
Address: 151 N. Franklin Street			city: Chicago	
State/Province: Illinois		Postal Code: 6	0606	Phone: 312-822-5000
In connection with the above-name hereinafter set forth. (Attach addend ANSWER IS "NO" OR "NONE," COULD DELAY THE APPLICATION	lum or separate sheet SO STATE. ALL FI	if space hereor ELDS MUST	n is insufficient to HAVE A RESPO	answer any question fully.) ONSE. INCOMPLETE FORM
1. Affiant's Full Name (Initials Not	Acceptable): First: Rya	n I	Middle:Edward	Last: Hill
2. a. Are you a citizen of the United	l States?			
Yes No No]			
b. Are you a citizen of any other	country?			
Yes No No]			
If yes, what country? n/a				
3. Affiant's occupation or profession	_{ı:} See attached Ap	pendix 2		
4. Affiant's business address: 151 N	N. Franklin Street	Chicago, I	llinois 60606	
Business telephone: 312-822-6	6652	_ Business Em	_{ail:} ryan.hill@d	cna.com
5. Education and training:				
College/University	<u>City/State</u>		<u>Dates Attended</u> (MM/YY)	<u>Degree</u> <u>Obtained</u>
University of Michigan	Ann Arbor, M	11	09/06-05/10	D BBA
Graduate Studies College/U	niversity	City/State	Dates Attende (MM/YY)	d <u>Degree</u> Obtained
Masters of Accounting University	of Illinois - Chicago	Chicago, I	L 08/10-0	04/12 Masters of Accountains
Other Training: Name City/S None	State Dates	Attended (MM	/YY)_	Degree/Certification Obtained

Applicant Company NAIC No.: 36153	Name:Aetna Insurance Company		FEIN: 06-1286276	
6. List of members	hips in professional societies and	l associations:		
Name of Society/Association None	Contact Name	<u>A</u>	address of ty/Association	Telephone Number of Society/Association
7. Present or propo	sed position with the Applicant (Company: See at	tached Appendi	x 2.
present jobs, pos Please list the mo telephone number	inployment record for the past two sitions, partnerships, owner of a lost recent first. Attach additional ers and supervisory information for erification process for internation	an entity, administrato pages if the space pro for the past ten (10) ye	r, manager, operator, dire vided is insufficient. It is	ectorates or officerships) only necessary to provide
	06/10 Present Employer			
Address: 151 N.	Franklin Street City: C	Chicago	State/Province: III	inois
Country: USA	Postal Code: 60606	Phone: 312-822-5000	_ Offices/Positions Held:	Controller (since 12/21)
Type of Business:	Insurance	Supervisor/Contac	t: Amy M. Smith	
	06/10 Present Employer			
	Franklin Street City:			
	Postal Code: 60606			
Type of Business:			Amy M. Smith	
	06/10 Present Employer			
	Franklin Street City: 0			
Country: USA	Postal Code: 60606	Phone: 312-822-5000	Offices/Positions Held:	Controller (since 12/21)
	Insurance			
Beginning/Ending Dates (MM/YY):	Employer'	s Name:		
Address:	City:		State/Province:	
Country:	Postal Code:	_ Phone:	_ Offices/Positions Held:	
Type of Business:		_ Supervisor/Contac	t:	

Applicant Company Name: Aetna Insurance Company of Conf NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a	fidelity bond?
Yes No No	·
If any claims were made on the bond, give details: n/a	
and the state of the bond, give details.	
b. Have you ever been denied an individual or position Yes No V If yes, give details: n/a	on schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
<u></u>	
past. For any non-insurance regulatory issuer, identificensing authority or regulatory body having jurisdict is your Social Security Number (SSN) or embeds reasonably identifiable as your SSN, then write Strepresented by your SSN. (For example, "SSN", "12-Strepresented is insufficient.	y or licensing authority that you presently hold or have held in the ify and provide the name, address and telephone number of the tion over the license (s) issued. If your professional license number your SSN or any sequence of more than five numbers that are SN for that portion of the professional license number that is SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License: IL Department of Finance	
City: Springfield State/Province: Illinois	Country: USA Postal Code: 62786
License Type: CPA License #: 065.042	2858 Date Issued (MM/YY): 01/14
Date Expired (MM/YY): n/a Reason for To	Permination: n/a
Non-Insurance Regulatory Phone Number (if known): <u>n/a</u>	a
	Address:
City: State/Province:	Country: Postal Code:
License Type:License #:	Date Issued (MM/YY):
Date Expired (MM/YY): Reason for Telegraphic Control Rea	'ermination:
Non-Insurance Regulatory Phone Number (if known):	
11. In responding to the following, if the record has been record was sealed or expunged, an affiant may respond	sealed or expunged, and the affiant has personally verified that the d "no" to the question. Have you ever:
 a. Been refused an occupational, professional, or voc administrative, or governmental licensing agency? Yes No V 	cational license or permit by any regulatory authority, or any public

FORM 11

Applicant Company Name	Aetna Insurance Company of Connecticut
NAIC No.: 36153	FEIN: <u>06-1286276</u>
"control" (including t direct or indirect, of through the ownership services, or otherwise Control shall be presu	to regulation by an insurance regulatory authority that you control directly or indirectly. The term he terms "controlling," "controlled by" and "under common control with") means the possession the power to direct or cause the direction of the management and policies of a person, whether possession of voting securities, by contract other than a commercial contract for goods or non-management, unless the power is the result of an official position with or corporate office held by the person med to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, on thing, ten percent (10%) or more of the voting securities of any other person.
None	
If any of the stock is pled	ged or hypothecated in any way, give details. n/a
record, 10% or more authority, or its affiliation indirectly through one specified. Yes No	e company or companies in which the cumulative stock holdings represent 10% or more of the
n/a	
If any of the shares of stoc n/a	k are pledged or hypothecated in any way, give details.
14. Have you ever been a	djudged a bankrupt?
Yes No [
If yes, provide details: n/a	
were an officer or stockholder, had any	has any company or entity (including entities controlled by the holding company) for which you director, trustee, investment committee member, key management employee or controlling of the following events occur while you served in such capacity? If employed at the holding ethe group code. 218

Printed Notary Name

My Commission Expires

3/24/2025

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 3/24/2025

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	Oth	er: None
required (Do Not Use G	roup Names).	-		•	s biographical statement is bei
Applicant Company Nat	me: The Con	tinental Corpora	tion and the A	pplicant Compar	nies listed on Appendix 1
Address: 151 N. Fran	klin Street			City: Chicago	
State/Province: Illinois			_ Postal Code:	60606	Phone: 312-822-5000
hereinafter set forth. (A	attach addendu R "NONE," S	m or separate shee O STATE. ALL	et if space hered FIELDS MUST	on is insufficient to HAVE A RESPO	ly information about myself o answer any question fully.) ONSE. INCOMPLETE FORM APPLICATION.
1. Affiant's Full Name	(Initials Not A	cceptable): First: R	obert	_Middle:_Joseph	Last: Hopper
2. a. Are you a citizen	of the United S	States?			
Yes [No				
b. Are you a citizen	of any other co	ountry?			
Yes	No [
If yes, what con					
3. Affiant's occupation	or profession:	See attached A	Appendix 2.		
4. Affiant's business ac	_{ldress:} 151 N.	Franklin Stree	et, Chicago,	IL 60606	
Business telephone:	312-822-63	14	Business Er	_{nail:} robert.hop	per@cna.com
Education and training	ng:				
College/University		<u>City/State</u>		Dates Attended (MM/YY)	<u>Degree</u> <u>Obtained</u>
Montclair State	College	Montclair, N	1 J	01/87-05/8	9 Bachelors
<u>Graduate Studies</u> None	College/Uni	<u>versity</u>	City/State	<u>Dates Attende</u> (MM/YY)	ed <u>Degree</u> <u>Obtained</u>
Other Training: Name None	<u>City/Sta</u>	<u>nte</u> <u>Dat</u>	es Attended (MM	M/YY)	Degree/Certification Obtained

NAIC No.: 36153	me:Aetna Insurance Comp		FEIN: 06-1286276	
6. List of memberships	s in professional societies	and associations	:	
Name of Society/Association	Contact Na	<u>ame</u>	Address of Society/Association	<u>Telephone Number</u> of Society/Association
See Attached Appen	dix 2.			
7. Present or proposed	position with the Applica	unt Company: D	Pirector, The Continenta	Il Corporation; Director,
8. List complete employersent jobs, position Please list the most telephone numbers at the third-party verification.	oyment record for the pasons, partnerships, owner recent first. Attach additionand supervisory informatication process for international contents of the pasons of the pas	of an entity, adronal pages if the on for the past tentional employers	ars, whether compensated or ministrator, manager, operator space provided is insufficient. on (10) years. Additional infor	otherwise (up to and including r, directorates or officerships). It is only necessary to provide mation may be required during
			entinental Casualty	
			State/Provinc	
			2-822-5000 Offices/Positions	
Type of Business: In	surance	Superviso	or/Contact: Dino E. Rol	ousto ————————————————————————————————————
Beginning/Ending Dates (MM/YY):_08/	20 Present Employ	yer's Name: Th	e Continental Corp	ooration
			State/Provinc	
			2-822-5000 Offices/Positions I	
Type of Business: In			or/Contact: Dino E. Ro	
	/91_02/20 Employ	yer's Name: Ch	nubb	
			se Station _{State/Province}	e: <u>NJ</u>
Country: USA	Postal Code: 0888	9 Phone: Ui	nknown Offices/Positions I	Held: SVP and Actuary
Type of Business: In	surance	Superviso	or/Contact: Kyndra Na	gy - HR
Beginning/Ending Dates (MM/YY):	Emplo	yer's Name:		
Address:	City	/ :	State/Province	e:
Country:	Postal Code:	Phone:	Offices/Positions I	Held:
Type of Business:		Superviso	or/Contact:	

Applicant Company Nar	me: Aetna Insurance Company of	Connecticut	
NAIC No.: <u>36153</u>		FEIN: <u>0</u> 6	5-1286276
	een in a position which require	ed a fidelity bond?	
	<u> </u>	a	
If any claims were made	on the bond, give details: <u>n/a</u>		
Yes [No 🚺	·	, or had a bond canceled or revoked?
If yes, give details: n/a			
past. For any non- licensing authority of is your Social Sec- reasonably identifiar represented by your the space provided in	insurance regulatory issuer, icor regulatory body having jurisurity Number (SSN) or embeable as your SSN, then write SSN. (For example, "SSN", "as insufficient.	dentify and provide the nar adiction over the license (s) and seds your SSN or any sequence SSN for that portion of 12-SSN-345" or "1234-SSN	that you presently hold or have held in the me, address and telephone number of the issued. If your professional license number ence of more than five numbers that are the professional license number that is (last 6 digits)). Attach additional pages in
			Postal Code:
			ed (MM/YY):
Date Expired (MM/YY)	: Reason fo	or Termination:	
Non-Insurance Regulato	ry Phone Number (if known):		
Organization/Issuer of L	icense:	Address:	
City:	State/Province:	Country:	Postal Code:
License Type:	License #:	Date Issue	ed (MM/YY):
Date Expired (MM/YY)	: Reason fo	or Termination:	
Non-Insurance Regulato	ry Phone Number (if known):		
	e following, if the record has be r expunged, an affiant may resp		I the affiant has personally verified that the lave you ever:
	occupational, professional, or governmental licensing agen		by any regulatory authority, or any public
Yes	No 🚺		

FORM 11

Anı	plicant Company Name: Aetna Insurance Company of Connecticut	
NA	IC No.: 36153 FEIN: 06-1286276	
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly "control" (including the terms "controlling," "controlled by" and "under common control with") means the direct or indirect, of the power to direct or cause the direction of the management and policies of a person through the ownership of voting securities, by contract other than a commercial contract for goods or non-maservices, or otherwise, unless the power is the result of an official position with or corporate office held by Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power holds proxies representing, ten percent (10%) or more of the voting securities of any other person.	possession, on, whether nanagement the person.
No	ne	
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, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, specified.	regulatory directly, or
	Yes No No	
	ves, please identify the company or companies in which the cumulative stock holdings represent 10% or n standing voting securities.	nore of the
If a n/a	ny of the shares of stock are pledged or hypothecated in any way, give details.	
14.	Have you ever been adjudged a bankrupt?	
	Yes No No	
If y	res, provide details: n/a	
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for were an officer or director, trustee, investment committee member, key management employee or stockholder, had any of the following events occur while you served in such capacity? If employed at t company level provide the group code. 218	controlling

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:

		, poso		•
Form A: Acquisition	UCAA T	ype: None	Oth	er: None
Full name, address and t required (Do Not Use Gr		esent or proposed enti	ty under which thi	s biographical statement is being
Applicant Company Nan	ne: Loews Corporation			
Address: 667 Madisor	Avenue		City: New York	
State/Province: New Yo	rk	Postal Code: 1	0065-8087	Phone: 212-521-2000
hereinafter set forth. (A ANSWER IS "NO" OF	ttach addendum or separat	e sheet if space hered ALL FIELDS MUST	n is insufficient to HAVE A RESPO	ly information about myself as o answer any question fully.) IF ONSE. INCOMPLETE FORMS APPLICATION.
1. Affiant's Full Name (Initials Not Acceptable): F	_{irst:} 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 cou		<u> </u>		
3. Affiant's occupation	or profession: Retired C	hairman & Chief	Executive Off	icer, Ernst & Young LLP
4. Affiant's business add	dress: N/A			
Business telephone:	N/A	Business En	nail: N/A	
5. Education and trainin	g:			
College/University	City/State		Dates Attende (MM/YY)	d <u>Degree</u> Obtained
	of Pennsylvania Philade	elnhia PA	08/57-05/	
	- Tinaa		Dates Attend	
Graduate Studies	College/University	City/State	(MM/YY)	
None				
Other Training: Name None	City/State	Dates Attended (MN	<u>4/YY)</u>	Degree/Certification Obtained

Applicant Company Name: Aetna Insurance Company	of Connecticut		
NAIC No.: <u>36153</u>		FEIN: 06-1286276	
6. List of memberships in professional societies and	associations:		
Name of Contact Name Society/Association	<u>s</u>	Address of ociety/Association	<u>Telephone Number</u> of Society/Association
None			
	Diro	otor of Loovin	Corneration
7. Present or proposed position with the Applicant Co	ompany: Direc	CIOI OI LOEWS	Corporation
8. List complete employment record for the past two present jobs, positions, partnerships, owner of an Please list the most recent first. Attach additional patelephone numbers and supervisory information for the third-party verification process for international	n entity, administ pages if the space or the past ten (10)	rator, manager, operato provided is insufficient	or, directorates or officerships) E. It is only necessary to provide
Beginning/Ending 09/1961 09/2001 Employer's	Name: Ernst	& Young LLP	
Address: 5 Times Square City: N	lew York	State/Province	ce: NY
Country: USA Postal Code: 10036	Phone: 212-773-	1300 Offices/Positions	Held: Retired Chair, & CEO; Vice-Chair, Managing Partner
Type of Business: Consulting			
Beginning/Ending 05/03 Present Employer's	Name: Loews	s Corporation	
Address: 667 Madison Ave City: N	lew York	State/Province	ce: NY
Country: USA Postal Code: 10065			
Type of Business: Holding Company	Supervisor/Cor	ntact: Marc Alpe	rt
Beginning/Ending 07/08 Present Employer's	_{s Name:} Lazar	d Ltd.	
Address: Clarendon House, 2 Church st City:			_{e:} N/A
Country: Bermuda Postal Code: HM11	Phone: 4412951	1422 Offices/Positions	Held: Director
Type of Business: Investment Bank	Supervisor/Co	ntact: N/A	
Beginning/Ending 05/02 Present Employer's			
Address: 135 Duryea Rd City: N			
Country: USA Postal Code: 11747			Held: Director
Type of Business: Health Care Products	Supervisor/Co	ntact: N/A	

Applicant Compa NAIC No.: 36153		Insurance Company of C	-	FEIN: 06-12	86276	 :
9. a. Have you		osition which require		- ?		
_	No		·			
_		ond, give details: N/	Α			
II ally Claims wel	Te made on the bo	mu, give details				
	u ever been denie	- -	sition schedule fi	delity bond, or	had a bond canceled or rev	oked?
If yes, give detail		<u>V</u> _L1				
If yes, give detail	ls:		 			
			· · · · · ·			
past. For an licensing aut is your Soci reasonably irepresented the space pro	y non-insurance thority or regulat ial Security Nur identifiable as y by your SSN. (Foovided is insuffic	regulatory issuer, id ory body having juris mber (SSN) or ember your SSN, then write or example, "SSN", "I sient.	dentify and provi sdiction over the leds your SSN or e SSN for that 12-SSN-345" or '	ide the name, license (s) issue any sequence portion of the "1234-SSN" (l	t you presently hold or have address and telephone nu- led. If your professional lice e of more than five numb e professional license nur last 6 digits)). Attach addition	ember of the ense number pers that are mber that is onal pages if
Organization/Issu	uer of License: _	vone	Address	:		
City:	State/	Province:	Country	:	Postal Code:	
License Type:	.	License #:		Date Issued (MM/YY):	
Date Expired (M	M/YY):	Reason fo	or Termination: _	,		
Non-Insurance R	tegulatory Phone	Number (if known):_				
Organization/Issu	uer of License:_		Address	:	·	
City:	State/	Province:	Country	:	Postal Code:	
License Type:		License #:		Date Issued (MM/YY):	
Date Expired (M	M/YY):	Reason fo	or Termination: _			
Non-Insurance R	legulatory Phone	Number (if known):				
		ng, if the record has be ed, an affiant may resp			e affiant has personally ver e you ever:	ified that the
administ	rative, or governi	mental licensing agen		se or permit by	any regulatory authority, o	or any public
r es		1				

Applic	ant 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 No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? Yes No 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 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 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 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 of regulation lawfully made by the Comptroller of any state or the Federal Government? Yes No No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity? Yes No No
of the	esponse to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy omplaint and filed adjudication or settlement as appropriate. Addendum

Applicant Company Name: Aetna Insurance Convair NAIC No.: 36153	pmpany of Connecticut FEIN: 06-1286276
12. List any entity subject to regulation by ar "control" (including the terms "controllindirect or indirect, of the power to direct through the ownership of voting securities services, or otherwise, unless the power Control shall be presumed to exist if any	in insurance regulatory authority that you control directly or indirectly. The terming," "controlled by" and "under common control with") means the possession, to or cause the direction of the management and policies of a person, whether es, by contract other than a commercial contract for goods or non-management is the result of an official position with or corporate office held by the person, person, directly or indirectly, owns, controls, holds with the power to vote, or 0%) or more of the voting securities of any other person.
None	
If any of the stock is pledged or hypothecate	d in any way, sive details N/A
If any of the stock is pleaged of hypothecate	d in any way, give details.
	·
record, 10% or more of the outstanding authority, or its affiliates? An "affiliate" indirectly through one or more intermedi specified.	diate family individually or cumulatively subscribe to or own, beneficially or of shares of stock of any entity subject to regulation by an insurance regulatory of, or person "affiliated" with, a specific person, is a person that directly, or laries, controls, or is controlled by, or is under common control with, the person
Yes No No Solution No I No	panies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or hy N/A	pothecated in any way, give details.
14. Have you ever been adjudged a bankrupt	?
Yes No No	
If yes, provide details: N/A	
were an officer or director, trustee,	or entity (including entities controlled by the holding company) for which you investment committee member, key management employee or controlling events occur while you served in such capacity? If employed at the holding N/A

Applicant Company Name: Aetna Insurance NAIC No.: 36153	FEIN: 06-1286276
NAIC No <u>50150</u>	TENC OF RESERVE
a. Been refused a permit, license, o agency?	or certificate of authority by any regulatory authority, or governmental-licensing
Yes No V	
judicial, administrative, regulator	ate of authority suspended, revoked, canceled, non-renewed, or subjected to an ry, or disciplinary action (including rehabilitation, liquidation, receivership y proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
 Been placed on probation or had a civil, criminal, administrative, regu 	fine levied against it or against its permit, license, or certificate of authority in an alatory, or disciplinary action?
Yes No No	
	please indicate and give details. When responding to questions (b) and (c), affiantive (12) months after his or her departure from the entity.
See Addendum	
Note:If an affiant has any doubt about the explanation provided.	e accuracy of an answer, the question should be answered in the positive and a
	Λ /
Dated and signed this 17 day of	20 20 at I hereby certify on my own behalf and that the foregoing statements are true and correct to the best
under penalty of perjury that I am acting of	on my own behalf and that the foregoing statements are true and correct to the bes
of my knowledge and belief.	
I hereby acknowledge that I may be co	ontacted to provide additional information regarding international searches.
POOK PO	
I shill I tashay	W /
(Signature of Affiant)	
State of: CT Count	y of: Fairfield
The foregoing instrument was acknowledg	ged before me by means of physical presence or online notarization, this
The state of the s	, and: who is personally known to me, or who
1 11 611 11 11 15	and. who is personally known to me, or who
produced the following identification:	Drever Gense.
	(e)
[CEAL]	
[SEAL]	Notary Public
	Printed Notary Name
	10/3/1/2025
	My Commission Expires

Annlicant (Company Name	Aetna	Insurance	Company	√ of	Conne	cticut

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 Ty	pe: None	Oth	er: None
required (Do Not Use Group I	Names).		•	s biographical statement is being
Applicant Company Name:	CNA Financial Corpo	oration and the App	plicant Compani	es listed on Appendix 1
Address: 151 N. Franklin S	street		City: Chicago	
State/Province: Illinois		Postal Code:	60606	Phone: 312-822-5000
hereinafter set forth. (Attach	addendum or separate ONE," SO STATE. A	sheet if space hered LL FIELDS MUST	on is insufficient to HAVE A RESPO	ly information about myself as answer any question fully.) IF DNSE. INCOMPLETE FORMS PPLICATION.
1. Affiant's Full Name (Initia	ıls Not Acceptable): Fir	·st: Scott	_Middle:Robert	Last: Lindquist
2. a. Are you a citizen of the	United States?			
Yes No				
b. Are you a citizen of any	y other country?			
Yes No				
If yes, what country?				
3. Affiant's occupation or pro	ofession: See attac	hed Appendix	2.	
4. Affiant's business address:	151 N. Franklin S	St., Chicago, IL 6	80606	
Business telephone: 312-	822-6256	Business En	nail: scott.lindq	uist@cna.com
5. Education and training:				
College/University	City/State		Dates Attended (MM/YY)	<u>Degree</u> <u>Obtained</u>
Pennsylvania State University	sity Universi	ty Park, PA	08/82 - 05/	86 Bachelor of Science
Graduate Studies Co	llege/University	<u>City/State</u>	Dates Attende (MM/YY)	ed <u>Degree</u> <u>Obtained</u>
Business Administration Un	iversity of Connec	cticut Storrs, C7	Г 08/86-	05/88 MBA
Other Training: Name	City/State	Dates Attended (MN	M/YY)	Degree/Certification Obtained
	os Angeles	09/14-10/1		Certified Director

Applicant Company Name:	Aetna Insurance Company	of Connecticut		
NAIC No.: 36153		FI	EIN: 06-1286276	
6. List of memberships in I	professional societies and	associations:		
Name of Society/Association	Contact Name	· · · · · · · · · · · · · · · · · · ·	ldress of v/Association	Telephone Number of Society/Association
American Institute of Certified Public Acco	ountants Unknown	1211 Avenu	e of the Americas New York, NY 1003	212-596-6200
7. Present or proposed pos	ition with the Applicant C	Company: See atta	ached Appendix	2.
Please list the most received telephone numbers and s	ent record for the past tw partnerships, owner of a nt first. Attach additional supervisory information fo on process for internation	n entity, administrator, pages if the space provi or the past ten (10) year	manager, operator, directed is insufficient. It is o	ctorates or officerships) nly necessary to provide
$\begin{array}{c} \text{Beginning/Ending} \\ \text{Dates} \ (\text{MM/YY}) : \\ \end{array} \\ \boxed{01/22}$	_Present Employer's	s Name: CNA Fina	ancial Corporati	on
Address: 151 N. Fran	klin St. City: C	hicago	State/Province: Illir	nois
Country: USA	Postal Code: 60606	Phone: 312-822-5000	Offices/Positions Held:	EVP and CFO (since 02/22)
Type of Business: Insur		Supervisor/Contact:	Dino E. Robusto	0
Beginning/Ending 01/22 Dates (MM/YY):	? _Present Employer's			
Address: 151 N. Fran	ıklin Street City: C	Chicago	State/Province:	nois
Country: USA	Postal Code: 60606	Phone: 312-822-5000	Offices/Positions Held:	VP, CFO and Director (since 02/22)
Type of Business: Insu				
Beginning/Ending Dates (MM/YY): 01/22	Present Employer's	s Name: Continen	tal Casualty Co	mpany
Address: 151 N. Fran				
Country: USA	Postal Code: 60606	Phone: 312-822-5000	Offices/Positions Held:	VP,CFO and Director (since 02/22)
Type of Business: Insu	rance	Supervisor/Contact:	Dino E. Robus	to
Beginning/Ending Dates (MM/YY): 02/08	9/21 Employer's	s Name: Farmers	Group, Inc.	
Address: 6301 Owens				alifornia
Country: USA	Postal Code: 91367	Phone: 818-936-1490	Offices/Positions Held:	Executive VP & CFO
Type of Business: Insu	rance	Supervisor/Contact:	Jeff Dailey	

Applicant Company Name: Aetna Insurance Company of Conne	cticut
NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a field Yes No No	delity bond?
If any claims were made on the bond, give details: n/a	
Yes No No No	schedule fidelity bond, or had a bond canceled or revoked?
If yes, give details:	
governmental licensing agency or regulatory authority past. For any non-insurance regulatory issuer, identify licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds your reasonably identifiable as your SSN, then write SSN	nses (including licenses to sell securities) issued by any public or or licensing authority that you presently hold or have held in the y and provide the name, address and telephone number of the on over the license (s) issued. If your professional license number our SSN or any sequence of more than five numbers that are N for that portion of the professional license number that is SN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License:	Address: 30 Trinity Street
City: Hartford State/Province: CT	Country: USA Postal Code: 06106
License Type: License #: CPAL.00	007062 Date Issued (MM/YY): 10/91
Date Expired (MM/YY): 12/08 Reason for Ter	mination: Surrendered due to non-use
Non-Insurance Regulatory Phone Number (if known): Unk	known
	_ Address:
City: State/Province:	Country: Postal Code:
License Type:License #:	Date Issued (MM/YY):
Date Expired (MM/YY): Reason for Ter	rmination:
Non-Insurance Regulatory Phone Number (if known):	
11. In responding to the following, if the record has been so record was sealed or expunged, an affiant may respond to	ealed or expunged, and the affiant has personally verified that the "no" to the question. Have you ever:
 a. Been refused an occupational, professional, or vocat administrative, or governmental licensing agency? Yes No No 	tional license or permit by any regulatory authority, or any public

FORM 11

Anı	plicant Company Name: Aetna Insurance Company of Connecticut	
NA	IC No.: 36153 FEIN: 06-1286276	
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly "control" (including the terms "controlling," "controlled by" and "under common control with") means the direct or indirect, of the power to direct or cause the direction of the management and policies of a person through the ownership of voting securities, by contract other than a commercial contract for goods or non-maservices, or otherwise, unless the power is the result of an official position with or corporate office held by Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power holds proxies representing, ten percent (10%) or more of the voting securities of any other person.	possession, on, whether nanagement the person.
No	ne	
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, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, specified.	regulatory directly, or
	Yes No No	
	ves, please identify the company or companies in which the cumulative stock holdings represent 10% or n standing voting securities.	nore of the
If a n/a	ny of the shares of stock are pledged or hypothecated in any way, give details.	
14.	Have you ever been adjudged a bankrupt?	
	Yes No No	
If y	res, provide details: n/a	
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for were an officer or director, trustee, investment committee member, key management employee or stockholder, had any of the following events occur while you served in such capacity? If employed at t company level provide the group code. 218	controlling

3/24/2025

My Commission Expires

Applicant Company Name: Aetna Insurance Company of Connecticut

I I		
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	··· ·· <u></u>	Other: None	
Full name, address and required (Do Not Use C	Group Names).			tity under whic	h this biograph	nical statement is being
Applicant Company Na		cial Corpora	tion			
Address: 151 N. Fran	nklin			City: Chicago	D	
State/Province: L			Postal Code	60606	Phone:	3128225000
In connection with the hereinafter set forth. (A ANSWER IS "NO" C COULD DELAY THE	Attach addendum oR "NONE," SO	or separate she STATE. ALL	eet if space here FIELDS MUS	eon is insufficie T HAVE A RI	ent to answer a ESPONSE. IN	any question fully.) IF ICOMPLETE FORMS
1. Affiant's Full Name	(Initials Not Acce	ptable): First:	Jose	_ _{Middle:} Osca	rLast:	Montemayor
2. a. Are you a citizen	of the United Stat	es?				
Yes V	No					
b. Are you a citizen	of any other coun	ry?				
Yes	No 🚺					
If yes, what co	untry? n/a					
3. Affiant's occupation	or profession: Co	rporate Go	vernance an	d Managem	ent Consul	ting
4. Affiant's business ac	idress: 8700 Me	nchaca Rd	. Suite 202,	Austin, TX 7	8748	
Business telephone:	(512) 484-712	3	Business E	mail: Jose@	J-Montema	yor.com
5. Education and training	ng:					
College/University	Ci	ty/State		Dates Atte		<u>Degree</u> Obtained
St Edwards Uni	versity A	ustin, Tx		08/74 to		BS Management
Graduate Studies	College/Univer	114.	City/State	Dates Att		Degree
MBA	University of	•	<u>City/State</u> ota Miniot NI	(<u>MM/</u>)	<u>x x)</u> 77 to 05/78	Obtained none
	2.11.21.01.9		O SO IVIII IIOC I VE	301		110116
Other Training: Name None	City/State	<u>Da</u>	tes Attended (M	M/YY)	Degree/C	Certification Obtained

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

1

Applicant Company Name: Aetna	Insurance Company of Connecticu	ut	
NAIC No.: 36153		FEIN: 06-1286276	
6. List of memberships in profess	rional societies and associations	3:	
Name of Society/Association Society of Financial Exminers	Contact Name R Covington		Society/Association 336-365-4540
TX Soc of Cert Public Accets	Member Service	14651 Dallas Pkwy Dalls TX 752	
America Inst Cert Pblc Accts	Member Service	220 Leigh Farm Durham NC 277	
Timonom mot contribio nota	WICHIOCI COLVICE	220 Leigh Fami Duniam NC 277	07 000-177-1077
7. Present or proposed position w	ith the Applicant Company:	Director	
present jobs, positions, partner Please list the most recent first. telephone numbers and supervi the third-party verification proc	ships, owner of an entity, adm Attach additional pages if the sory information for the past te sess for international employers		ates or officerships) necessary to provide
Beginning/Ending 04/2007 Pre	Employer's Name:		
Address: 151 N Franklin	_{City:} Chicago	State/Province: L	
Country: USA Postal C	Code: 60606 Phone: 312	822-5000 Offices/Positions Held: non	executive Director
		or/Contact: Dino Robusto, CEO	
		American County Mutual Fire Insura	
Address: 14675 Dallas Pkwy, Ste	e 500 City: Dallas	State/Province: TX	
		-561-1991 Offices/Positions Held:_non	
		or/Contact: Debra Roberts, C	
		l American Capital Corpo	
Address: 14675 Dallas Pkwy, Ste	500 City: Dallas	State/Province: TX	
		-561-1991 Offices/Positions Held:	exec director
Type of Business: Holding C		or/Contact: Debra Roberts, Cl	
	0 Employer's Name: Am	erican Overseas Group L	
Address: Cumberland House, 1 Victoria St, 6th F	Hamilton	State/Province: n/a	
Country: Bermuda Postal C	Code: HM 11 Phone: 441-	Offices/Positions Held: non	exec Director
Type of Business: Holding C	company Superviso	or/Contact: Jeniffer Filds	

Applicant Company N NAIC No.: 36153	lame:	any of Connecticut	FEIN: 06-	1286276	
Yes			nd?		
If any claims were made	de on the bond, give details	_{::_} n/a			
b. Have you ever Yes If yes, give details: n/	No [or position schedule	fidelity bond, o	or had a bond canceled or revoked	?
governmental licer past. For any non licensing authority is your Social Se- reasonably identif represented by you the space provided	nsing agency or regulatory issue or regulatory body having curity Number (SSN) or elable as your SSN, then it SSN. (For example, "SSN is insufficient.	authority or licensinger, identify and programmer, jurisdiction over the embeds your SSN of write SSN for that N", "12-SSN-345" or	ag authority that vide the name of license (s) issort any sequence to portion of the "1234-SSN" (to sell securities) issued by any pure the your presently hold or have held as address and telephone number used. If your professional license note of more than five numbers the professional license number (last 6 digits)). Attach additional particular of the professional license number (untland Drive, Suite 380)	in the of the number nat are that is ages if
_{City:} Austin	State/Province TX	Addres	USA	78752	
License Type. CPA	State/Province:	Countr	y:	Postal Code: 78752 (MM/YY): 02/96	
Date Expired (MM/YY	01/2023 Reas	on for Termination:	Annual Re	enewal on Birthday Month	
	ory Phone Number (if know				
				Postal Code:	
				MM/YY):	
11. In responding to th		as been sealed or ex	punged, and th	e affiant has personally verified th	
a. Been refused an administrative,	or governmental licensing a	l, or vocational licen agency?	se or permit by	y any regulatory authority, or any j	public

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 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 No
d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No 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 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 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 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 No
j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No 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 ter "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, holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
ina .
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 record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulator authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No No
If any of the shares of stock are pledged or hypothecated in any way, give details.
n/a
14. Have you ever been adjudged a bankrupt?
Yes No 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 yo 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 trustees the holding events occur while you served in such capacity?
company level provide the group code. 218

Applica	cant Company Name: Aetna Insurance Company of Connecticut	
NAIC N	No.: 36153 FEIN: 06	5-1286276
a.	Been refused a permit, license, or certificate of authority by any regular agency?	tory authority, or governmental-licensing
	Yes No No	
j	Had its permit, license, or certificate of authority suspended, revoked, car judicial, administrative, regulatory, or disciplinary action (including conservatorship, federal bankruptcy proceeding, state insolvency, supervision	rehabilitation, liquidation, receivership,
,	Yes No No	
	Been placed on probation or had a fine levied against it or against its permit civil, criminal, administrative, regulatory, or disciplinary action?	, license, or certificate of authority in any
,	Yes No No	
	answer to any of the above is yes, please indicate and give details. When realso include any events within twelve (12) months after his or her departure f	
See det	etails for 15.a, 15.b, and 15.c on addendum page	
	f an affiant has any doubt about the accuracy of an answer, the question shation provided.	ould be answered in the positive and an
Dated an under per	and signed this	. I hereby certify tatements are true and correct to the best
I her	ereby acknowledge that I may be contacted to provide additional information	regarding international searches.
1	(Signature of Affiant)	
State of:	f: TEXAS County of: TRAVIS	
	regoing instrument was acknowledged before me by means of physical p.	
	ed the following identification: DRWLR LICENSE.	sonally known to me, or \(\(\sum \) who
	SAMANTHA A. GONZALEZ [SEAL] My Notary ID # 132835271	mantha Inghles Notary Public
		Printed Notary Name
	_	My Commission Expires

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

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:

	Specify	I ut hose for Combi	cuon.		
Form A: Acquisition	UCAA Ty	pe: None	Oth	_{ier:} None	
required (Do Not Use Gr		sent or proposed entit	y under which thi	is biographic	al statement is being
Applicant Company Nan	ne: Loews Corporation				
Address: 667 Madisor			City: New York		<u> </u>
State/Province: New Yo	ork	Postal Code: 1	0065-8087	Phone: _2	12-521-2000
hereinafter set forth. (A ANSWER IS "NO" OF	above-named entity, I her ttach addendum or separate R "NONE," SO STATE. A APPLICATION PROCESS of	sheet if space hereo LL FIELDS MUST	n is insufficient t HAVE A RESP	to answer an ONSE. INC	y question fully.) IF OMPLETE FORMS
1. Affiant's Full Name ((Initials Not Acceptable): Fi	_{rst:} Susan	Middle: Patricia	Last: Po	eters
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 cou	intry? N/A				
3. Affiant's occupation	or profession: Retired				
4. Affiant's business ad	_{dress:} N/A	<u>-</u> .			
Business telephone:	N/A	Business En	nail: N/A		
5. Education and training	ıg:				
College/University	City/State		Dates Attende (MM/YY)	<u>ed</u>	<u>Degree</u> Obtained
St. Mary's Col		Dame, IN	09/71-05/	75	B.A.
Graduate Studies University of Virginia	College/University Univ. of Virginia	<u>City/State</u> Charlottes	Dates Attend (MM/YY) ville, VA 07/77)	Degree Obtained M. Ed.
Other Training: Name None	City/State	Dates Attended (MM	M/YY)	Degree/Co	ertification Obtained

NAIC No.: 36153	etna Insurance Company of Connecti	FEIN: 06-1286276	
6. List of memberships in prof	essional societies and associatio	ons:	
Name of Society/Association None	Contact Name	Address of Society/Association	Telephone Number of Society/Association
7. Present or proposed position	n with the Applicant Company:	Director of Loews (Corporation
present jobs, positions, par Please list the most recent f telephone numbers and supe the third-party verification p	record for the past twenty (20) therships, owner of an entity, a irst. Attach additional pages if the ervisory information for the past process for international employ	dministrator, manager, operatone space provided is insufficient ten (10) years. Additional inforers.	r, directorates or officerships It is only necessary to provid mation may be required durin
Dates (MM/YY): 07/79	12/17 Employer's Name:	General Electric Co.	(GE)
Address: 5 Necco Stre	et City: Boston	State/Provinc	_{e:} _MA
Country: USA Pos	tal Code: 02210 Phone:	617-443-2959 Offices/Positions	Held: Chief HR Officer
Type of Business: Multina	ational Superv	risor/Contact: John Flann	ery, CEO (Retired)
Beginning/Ending 05/18 Dates (MM/YY):	Present Employer's Name:	oews Corporation	
Address: 667 Madisor	Ave City: New Yo	ork State/Provinc	e: NY
Country: USA Pos	tal Code: 10065 Phone: 2	2125212000 Offices/Positions I	Held: Director
	g Company _{Superv}		
Beginning/Ending 11/20 _ L	Present Employer's Name:	lydrofarm Holdings	Group, Inc.
Address: 290 Canal Ro	d _{City:} Fairless	s Hills State/Province	_{a:} PA
Country: USA Pos	tal Code: 19030 Phone:	7077659990 Offices/Positions 1	Held: Director
	ure Equipment Superv	N/A	
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Address:	City:	State/Province	e:
Country: Pos	stal Code: Phone: _	Offices/Positions l	Held:
Type of Business:	Superv	risor/Contact:	

Applicant Company No.: 36153	ame: Aema insurance Company o	or Connecticut	_ FEIN: 06-1286276	
9. a. Have you ever	been in a position which requi			
Yes	No □✓□			
	de on the bond, give details: N	//A		
•				
Yes [been denied an individual or p		•	
If yes, give details: N/	Ά			
past. For any non licensing authority is your Social Se reasonably identif represented by you the space provided	n-insurance regulatory issuer, or regulatory body having jur curity Number (SSN) or embasses your SSN, then wr ar SSN. (For example, "SSN", I is insufficient.	identify and proving identify and proving identify over the beds your SSN or ite SSN for that "12-SSN-345" or "	ide the name, addre license (s) issued. If any sequence of a portion of the pro "1234-SSN" (last 6	presently hold or have held in the ess and telephone number of the your professional license number more than five numbers that are fessional license number that is digits)). Attach additional pages in
				Postal Code:
				: 1):
	(): Reason			
				_ Postal Code:
				YY):
			-	
11. In responding to the		been sealed or exp	ounged, and the affia	ant has personally verified that the
	or governmental licensing age		se or permit by any i	regulatory authority, or any public

Applica	ant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.	judicial, administrat	nal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
	168 LL_	140 □ ▼ □
c.	permit in any judici	bation or had a fine levied against you or your occupational, professional, or vocational license or al, administrative, regulatory, or disciplinary action?
	Yes LLL	No ∐ √ ∐
d.		or indicted for, any criminal offense(s) other than civil traffic offenses? No No
e.	Pled guilty, or nolo	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes [No [V]
f.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence a pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes [No []
g.	administrative, regulating the busin	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, alatory, or disciplinary action, from violating any federal, state law or law of another country tess of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking? No No
h.		st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	dispute? Yes	No [
i.	of small loan laws regulation lawfully	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government?
	Yes [No []
j.	Had a lien or forecle	osure action filed against you or any entity while you were associated with that entity?
	Yes 🚺	No [
of the o	complaint and filed a	tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy djudication or settlement as appropriate.
See /	Addendum	
-		

Applicant Company Name: Aetna Insurance Com	npany of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "controlling direct or indirect, of the power to direct through the ownership of voting securities services, or otherwise, unless the power is Control shall be presumed to exist if any pholds proxies representing, ten percent (10)	insurance regulatory authority that you control directly or indirectly. The term g," "controlled by" and "under common control with") means the possession or cause the direction of the management and policies of a person, whether s, by contract other than a commercial contract for goods or non-management as the result of an official position with or corporate office held by the person person, directly or indirectly, owns, controls, holds with the power to vote, or 19%) 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
record, 10% or more of the outstanding significant authority, or its affiliates? An "affiliate" of	iate family individually or cumulatively subscribe to or own, beneficially or of shares of stock of any entity subject to regulation by an insurance regulatory of, or person "affiliated" with, a specific person, is a person that directly, or ries, controls, or is controlled by, or is under common control with, the person
Yes No V	
If yes, please identify the company or compa outstanding voting securities. N/A	anies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or hypo	othecated in any way, give details.
14. Have you ever been adjudged a bankrupt?	
Yes No V	
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, in	vestment committee member, key management employee or controlling vents occur while you served in such capacity? If employed at the holding

	Aetna Insurance Company of Connecticut	20020
NAIC No.: 36153	FEIN: 06-1	286276
a. Been refused a per agency?	rmit, license, or certificate of authority by any regulator	ry authority, or governmental-licensing
Yes No		
judicial, administra	nse, or certificate of authority suspended, revoked, cancetive, regulatory, or disciplinary action (including releval bankruptcy proceeding, state insolvency, supervision	habilitation, liquidation, receivership
Yes No		
	bation or had a fine levied against it or against its permit, inistrative, regulatory, or disciplinary action?	license, or certificate of authority in any
Yes No		
	above is yes, please indicate and give details. When responts within twelve (12) months after his or her departure from	
See Addendum		
Note:If an affiant has any o	doubt about the accuracy of an answer, the question sho	uld be answered in the positive and a
explanation provided.		
Dated and signed this 17	day of February 20 22 at Hilton	Head, SC I hereby certify
under penalty of perjury that	day of February 20 22 at Hilton I at I am acting on my own behalf and that the foregoing st	atements are true and correct to the bes
of my knowledge and belief.		
I hereby acknowledge th	hat I may be contacted to provide additional information r	egarding international searches
_ incress actual medge in	57	egarding international scarcines.
South	Van	
(Signature o		
State of: South Carolin	a County of: Beauty	
The foregoing instrument w	vas acknowledged before me by means of physical pro	esence or online notarization, this
17th day of Feb. ,2	2022 by Susan Rets, and: who is pers	sonally known to me, or 🗹 who
produced the following iden		
	0	
	\	walken 7 all
TOTAL STATE OF THE		NOVOTO STORES
[SEAL]	JONATHAN Z BETTS	milin 7 12th
SU3116/ 3	NOTARY PUBLIC, SOUTH CAROLINA COMMISSION EXPIRES: SEPTEMBER 4th 2024	Printed Notary Name
11/11/18	COMMISSION EAFINED SEPTEMBER 4(II 2024	My Commission Expires
7.		My Commission Expires

Applicant Company Name:	Aetna Insurance Company of Connect	icut
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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 Con	npletion:		
Form A: Acquisition	UCAA Ty	e: None		Other: None	
required (Do Not Use Gro			entity under which	h this biographica	al statement is being
Applicant Company Name	e: CNA Financial Corpo	ration			
Address: 151 N. Frankl	<u>in</u>		_ City: Chicago	o	
State/Province: L		Postal Cod	e: 60606	Phone: 31	28225000
hereinafter set forth. (Att ANSWER IS "NO" OR	above-named entity, I her ach addendum or separate "NONE," SO STATE. A PPLICATION PROCESS o	sheet if space he LL FIELDS MU	reon is insufficie ST HAVE A R	ent to answer any ESPONSE. INCC	question fully.) IF DMPLETE FORMS
1. Affiant's Full Name (I	nitials Not Acceptable): Fir	st: Don	Middle:_Mi	chaelLast: R	andel
2. a. Are you a citizen o	f the United States?				
Yes Yes	No D				
b. Are you a citizen o	f any other country?				
Yes	No X				
If yes, what coun	try?				
	r profession: Retir				
4. Affiant's business add	ress: 4950 S. Chi	cago Beac	h Dr. Chi	C280 IL	60615
	212)203-3715				
5. Education and training	:				
College/University	<u>City/State</u>		Dates Atte (MM/Y		<u>Degree</u> <u>Obtained</u>
Princeton Un	iv. Princet	on NJ	09/58-	06/62	A.B.
Graduate Studies	College/University	City/State	Dates At	tended YY)	<u>Degree</u> Obtained
\$	Princeton Uni	1		9/62-01/67	Ph.D.
Other Training: Name	<u>City/State</u>	Dates Attended (MM/YY)	Degree/Cer	tification Obtained

Applicant Company Nar	ne: Aetna Insuran	ce Company of Connec	cticut		
NAIC No.: 36153		a	FE	EIN: 06-1286276	
6. List of memberships	in professional so	ocieties and associati	ons:		
Name of Society/Association		ntact Name	Ad Society	dress of Association	Telephone Number of Society/Association
American Musico	logical Soc	Siovahn Walke	r 20 Coo	per Square, NY	NY/0003(212)992-63
Modern Langua	ge Assoc,	Paula M. Krek	s 85 B,	road St. NY, NY	NY/0003(212)992-63 110004 (646)576-50
7. Present or proposed p	position with the	Applicant Company:	Director	of CNA Fina	ncial Corp
present jobs, position Please list the most re telephone numbers and the third-party verification.	ns, partnerships, ecent first. Attach and supervisory intration process for	owner of an entity, additional pages if the formation for the past international employ	administrator, the space provi st ten (10) year yers.	manager, operator, ded is insufficient. It s. Additional information	nerwise (up to and including directorates or officerships). is only necessary to provide ation may be required during
Beginning/Ending Dates (MM/YY): 04	4/q- <u>*</u>	Employer's Name:	CNA Finza	ncial Corp.	
Address: 15/ N. Frz	nklin	_ City: Chica	go	State/Province:	IL
Country: <u>U5A</u>	Postal Code:	Phone:	(312) 822-	2 Offices/Positions He	eld: Director
Type of Business: Ins					
Beginning/Ending Dates (MM/YY): 07/0	6 -03/13	Employer's Name:_	Andrews	W. Mellon !	Foundation
Address: 140 E. 62	nd St.	_ City: New	York	State/Province:	NY
Country: USA	Postal Code: _/	10065 Phone:	(212) 838-	ರಿ Offices/Positions He	NY Id: President
					ock
Beginning/Ending Dates (MM/YY): 07	100-06/06	Employer's Name:_	Univers	ity of Chica	30
Address: 580/ 5.Ellis	Ave.	_ City: Chica	90	State/Province:	IL
					d: President
Type of Business: <u>U</u>	niversity	Super	visor/Contact:		731
Beginning/Ending	•				
Address:		City:		State/Province:	
Country:	Postal Code: _	Phone:		Offices/Positions Hel	ld:
Type of Business:		Super	visor/Contact:		

Applicant Company Name NAIC No.: 36/53	Aetaz Insurzn	ree Co. of A	Connecticut 06-1286276
	n in a position which required		
Yes	No X		
If any claims were made or	the bond, give details:		
			
Yes		·	nd, or had a bond canceled or revoked?
governmental licensing past. For any non-installicensing authority or is your Social Securi reasonably identifiably represented by your State space provided is in	g agency or regulatory author urance regulatory issuer, id regulatory body having jurisor ty Number (SSN) or embede as your SSN, then write SN. (For example, "SSN", "Insufficient.	ority or licensing authority entify and provide the n diction over the license (s ds your SSN or any seq e SSN for that portion of 12-SSN-345" or "1234-SS	ses to sell securities) issued by any public or y that you presently hold or have held in the ame, address and telephone number of the o) issued. If your professional license number quence of more than five numbers that are of the professional license number that is SN" (last 6 digits)). Attach additional pages if
			Postal Code:
License Type:	License #:	Date Iss	ued (MM/YY):
Date Expired (MM/YY): _	Reason fo	or Termination:	
Non-Insurance Regulatory	Phone Number (if known):_		
Organization/Issuer of Lice	ense:	Address:	
City:	State/Province:	Country:	Postal Code:
License Type:	License #:	Date Iss	ued (MM/YY):
Date Expired (MM/YY): _	Reason fo	or Termination:	
Non-Insurance Regulatory	Phone Number (if known):_		
	ollowing, if the record has be xpunged, an affiant may resp		nd the affiant has personally verified that the Have you ever:
	ccupational, professional, or governmental licensing agend		nit by any regulatory authority, or any public

Applica	No.: 36153 Actna Insurance Company of Connecticut FEIN: 06-1286276
NAIC N	No.: 36153 FEIN: 06-1286276
	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 X
	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 Y
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
	Yes No No
	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 X
	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 No No No No No No No No N
	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
	Yes No X
	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 No
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No No
	esponse to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy omplaint and filed adjudication or settlement as appropriate.
	See attached addendum following page 6
-	

App	No.: 36/53 FEIN: 06-1286276
NAI	No.: 36/53 FEIN: 06-/286276
	ist any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The tercontrol" (including the terms "controlling," "controlled by" and "under common control with") means the possession irect or indirect, of the power to direct or cause the direction of the management and policies of a person, whether the ownership of voting securities, by contract other than a commercial contract for goods or non-management envices, 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, and the power to provide proximal position with or corporate office held by the person of the presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, and the power to provide proximal power person.
If a	y of the stock is pledged or hypothecated in any way, give details
	to [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or ecord, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulato atthority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, adirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person pecified.
	, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the nding voting securities.
If an	of the shares of stock are pledged or hypothecated in any way, give details.
14.	lave you ever been adjudged a bankrupt?
	Ves No No
If ye	provide details:
	To your knowledge has any company or entity (including entities controlled by the holding company) for which your ere an officer or director, trustee, investment committee member, key management employee or controlling controlling controlling events occur while you served in such capacity? If employed at the holding company level provide the group code.

Applica NAIC N	nnt Company Nam No.: <u>36/53</u>	ne: Hetha Insurance Co	mpany of Connecticut FEIN: 06-1286276	
a.	Been refused a agency?	permit, license, or certificate of authority	y by any regulatory authority, or governmental-lice	nsinį
	Yes	No 🔀		
	judicial, adminis	strative, regulatory, or disciplinary act	ed, revoked, canceled, non-renewed, or subjected to ion (including rehabilitation, liquidation, received vency, supervision or any other similar proceeding)?	
	Yes X	No		
		robation or had a fine levied against it or a lministrative, regulatory, or disciplinary ac	against its permit, license, or certificate of authority in tion?	n any
	Yes X	No		
		he above is yes, please indicate and give vents within twelve (12) months after his	details. When responding to questions (b) and (c), a or her departure from the entity.	ffian
-	See	attached addendum,	next page	
explana Dated a under p	tion provided.	that I am acting on my own behalf and the	at <u>Lhicago</u> , <u>TL</u> . I hereby centre the foregoing statements are true and correct to the	
X I he	ereby acknowledge	e that I may be contacted to provide additi	onal information regarding international searches.	
/ ——€	Sorh. E	e of Affiant)		
State of	E IL	County of: [sak		
	-	t was acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of two sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged before me by means of the sections are acknowledged by the section acknowledged by the section are acknowledged by the section are acknowledged by the section are acknowledged by the section	of physical presence or online notarization, to me, or who who is personally known to me, or who	his
produce	ed the following id	lentification: //E/V 1/0/2/2	<u> </u>	
	[SEAL]	MARCUS JACKSON Official Seal Notary Public - State of Illinois	Marcus Jackson	
	1	Ay Commission Expires Mar 26, 2025	Printed Notary Name March 26 - 2025 My Commission Expires	

Applicant Company Name: Aetna Insurance Company of Connecticut

NAIC No.: <u>36153</u> FEIN: <u>06-1286276</u>

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.

By: Dan Michael Randel
Name:

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

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	
required (Do Not Use Gr	telephone number of the present roup Names).		tity under whic	h this biographica	al statement is being
Applicant Company Nar	me: CNA Financial Corporati	on			
Address: 151 N. Frank	klin		City: Chicag	· · · · · · · · · · · · · · · · · · ·	
State/Province: L		Postal Code:	60606	Phone: 31	28225000
hereinafter set forth. (A ANSWER IS "NO" OF	above-named entity, I herewit ttach addendum or separate she R "NONE," SO STATE. ALL APPLICATION PROCESS or RE	et if space here FIELDS MUS	eon is insuffici T HAVE A R	ent to answer any ESPONSE. INCO HE APPLICATIO	y question fully.) II OMPLETE FORMS ON.
1. Affiant's Full Name	(Initials Not Acceptable): First: A	Andre	_Middle:_none	Last: Ric	ce
2. a. Are you a citizen	of the United States?				
Yes 🔽	No No				
b. Are you a citizen	of any other country?				
Yes	No [
If yes, what cou					
3. Affiant's occupation	or profession: Salesman/pr	rivate equit	y investor		
4. Affiant's business ad	dress: 180 N. Stetson Av	ve., Suite	1320, Chic	ago, IL 606	01
Business telephone:				m2am.com	
5. Education and training	ng:		70	1 1	D
College/University	City/State		Dates Att (MM/)		<u>Degree</u> Obtained
	te University Orangebu	ırg, SC	08/74 -		BS
Graduate Studies	College/University	City/State	Dates At		<u>Degree</u> Obtained
business	University of Chicag			9/78 - 06/80	MBA
Other Training: Name none	, ,	tes Attended (M		Degree/Ce	rtification Obtained

Applicant Company Na	ne: Aetna Insurar	nce Company of Co	onnecticut				
NAIC No.: 36153				FEIN: 06-128627	EIN: _06-1286276		
6. List of memberships	in professional s	ocieties and asso	ociations:				
Name of Society/Association	<u>Co</u>	ntact Name	Soci	Address of ety/Association	Tele of So	phone Number ciety/Association	
New America Allia	ince Sol	ange F. Bro	oks 697 3	ard Ave. #423, New	York, NY 10017	916-204-6346	
National Association of Securitie	s Professionals Rol	nald C. Parke	er 1600 F	K. St. NW Suite 600,Wa	shington, DC 20006	202-371-5535	
National Association of Investm	ent Companies Rol	bert L. Greer	1300 Pe	nnsylvania Ave. NW, Suite 70	00, Washington, DC 20004	202-2153-449	
7. Present or proposed	position with the	Applicant Comp	Direct	or			
8. List complete emplo present jobs, positio Please list the most r telephone numbers a the third-party verific	ns, partnerships, ecent first. Attac nd supervisory in cation process fo	owner of an en h additional page nformation for th r international er	tity, administrates if the space prepast ten (10) ynployers.	or, manager, oper ovided is insuffici ears. Additional in	ator, directorate ent. It is only ne aformation may	es or officerships). ecessary to provide be required during	
Beginning/Ending 07/							
Address: 180 N. Stetso	on Ave. Suite 13	City: Cili	cayo	State/Prov	vince: IL		
Country: USA	Postal Code:	60601 Ph	one: 312-782-77	Offices/Position	ons Held: Presid	lent from inception	
Type of Business: _as	set mana	gement s	Supervisor/Conta	Shannon	Warland 31	12.782.1072	
Beginning/Ending 11/Dates (MM/YY):	84 present	Employer's Na	me: Rice Gr	oup Ltd.			
Address: 180 N. Stetso	on Ave. Suite 13	City: Chi	cago	State/Prov	vince: IL		
Country: USA	Postal Code:	60601 _{Ph}	one: 312-782-77	'1 Offices/Positio	ns Held: Preside	ent from inception	
Type of Business: as	set manag	gement s	Supervisor/Conta	ct: Shannon	Warland 31	12.782.1072	
Beginning/Ending 03/Dates (MM/YY):	17 present	Employer's Na	me: CNA				
Address: 151 N. F	ranklin St.	City: Chi	cago	State/Prov	ince: IL		
Country: USA	Postal Code:	60606 Pho	one: 312.822.500	Offices/Positio	_{ns Held:} Dire	ctor	
Type of Business: ins	surance co	ompany	Supervisor/Conta	Dino Ro	busto		
Beginning/Ending 05/Dates (MM/YY):	15 _ 11/17	_Employer's Na	_{me:} Wanna	maker Pon	d, LLC		
Address: 180 N. Stetso	n Ave., Suite 13	City: Chi	cago	State/Prov	ince: IL		
Country: USA	Postal Code:	60601 Pho	one: 312.782.77	71 Offices/Positio	ns Held: Preside	ent from inception	
Type of Business: Brok	er-dealer applicant (never finalized)	Supervisor/Conta	ct: Shannon	Warland 3	12.782.1072	

Applicant Company Name: Aetna NAIC No.: 36153	nsurance Company of Connec	FEIN: 06-1286	3276
9. a. Have you ever been in a po	osition which required a fid	lelity bond?	
Yes No No			
If any claims were made on the bo	ond, give details: n/a		
Yes No L	✓ □		ad a bond canceled or revoked?
If yes, give details: n/a			
			ell securities) issued by any public or
past. For any non-insurance licensing authority or regulate is your Social Security Nun reasonably identifiable as your represented by your SSN. (Fo the space provided is insufficient.)	regulatory issuer, identify ory body having jurisdiction other (SSN) or embeds your our SSN, then write SSN or example, "SSN", "12-SSI ient.	and provide the name, a n over the license (s) issued our SSN or any sequence of that portion of the	you presently hold or have held in the ddress and telephone number of the d. If your professional license number of more than five numbers that are professional license number that is st 6 digits)). Attach additional pages in
Organization/Issuer of License:	DFPR	Address: 320 W. V	Vashington St. 3rd Fl
City: Springfield State/F	Province: Illinois	Country: USA	Postal Code: 62786
License Type: CPA	License #: 239016	723 Date Issued (M	_{M/YY):} 05/07
Date Expired (MM/YY): n/a	Reason for Terr	mination: n/a	
Non-Insurance Regulatory Phone	,		
Organization/Issuer of License: N	IASD/FINRA	Address: 1735 K S	Street, NW
City: Washington State/F		Country: USA	Postal Code: 20006
License Type: Series 7	_License #: see adde	endum Date Issued (M	M/YY):
Date Expired (MM/YY): 11/85	; 10/97 Reason for Ten	mination: see adde	ndum
Non-Insurance Regulatory Phone	Number (if known): n/a		
	g, if the record has been se		affiant has personally verified that the you ever:
a. Been refused an occupation administrative, or government of the second of the secon		ional license or permit by a	any regulatory authority, or any public

Applic	ant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: <u>36153</u>	FEIN: 06-1286276
b.		nal, professional, or vocational license or permit you hold or have held, been subject to any ive, regulatory, or disciplinary action?
	Yes	No 🚺
c.		pation or had a fine levied against you or your occupational, professional, or vocational license or al, 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.	· —	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
f.	Had adjudication of suspended, or been offenses?	of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes	No Vo
g.	administrative, regulating the busin	bease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial alatory, or disciplinary action, from violating any federal, state law or law of another country ess of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking?
	Yes [No 🚺
h.	Been, within the last dispute?	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia
	Yes	No [
i.	of small loan laws,	by the Comptroller of any state or the Federal Government that you have violated any provision, banking or trust company laws, or credit union laws, or that you have violated any rule of made by the Comptroller of any state or the Federal Government?
	Yes	No [
j.	Had a lien or forecle	osure action filed against you or any entity while you were associated with that entity?
	Yes 🚺	No [
		tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy djudication or settlement as appropriate.
see a	addendum	
<u> </u>		
-		
-		

App	olicant Company Name: Aetna Insurance Company of Connecticut IC No.: 36153 FEIN: 06-1286276
	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.
no	ne
If:	any of the stock is pledged or hypothecated in any way, give details
_	
13.	Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified. Yes No No
	res, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the standing voting securities.
n/a	
If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
If y	Yes No
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: Aetha Insurance Compan NAIC No.: 36153	FEIN: _06-1286276
a. Been refused a permit, license, or certif agency?	icate of authority by any regulatory authority, or governmental-licensing
Yes No No	
judicial, administrative, regulatory, or	disciplinary action (including rehabilitation, liquidation, receivership, eding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
c. Been placed on probation or had a fine lev civil, criminal, administrative, regulatory,	ied against it or against its permit, license, or certificate of authority in any or disciplinary action?
Yes No No	
If the answer to any of the above is yes, please in should also include any events within twelve (12)	ndicate and give details. When responding to questions (b) and (c), affiant months after his or her departure from the entity.
see addendum	
Note:If an affiant has any doubt about the accura explanation provided.	acy of an answer, the question should be answered in the positive and ar
Dated and signed this 16 day of February under penalty of perjury that I am acting on my or of my knowledge and belief.	20 22 at 180 N. Stetson, Ste 1320, Chicago, IL at hereby certify we behalf and that the foregoing statements are true and correct to the best
Thereby acknowledge that I may be contacted	to provide additional information regarding international searches.
(Signature of Affiant)	
State of: Illinois County of: C	Cook
	ore me by means of physical presence or online notarization, this
produced the following identification: n/a	
CAMILLE AOCHI	7 Challa arl
Official Seal [SEAL] Notary Public - State of Illinois My Commission Expires Jul 27, 2022	Camille Acchi
1. S. Lapit Co Suit 27, 2022	Printed Notary Name 7 27 2022
	My Commission Expires

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

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 T	ype: None	Othe	r: <u>None</u>
required (Do Not Use G	roup Names).	esent or proposed enti	ty under which this	biographical statement is being
Applicant Company Nat	ne: Loews Corporation			
Address: 667 Madisor	n Avenue	. 	City: New York	
State/Province: New Yo	ork	Postal Code:	10065-8087	Phone: 212-521-2000
hereinafter set forth. (A ANSWER IS "NO" O	ttach addendum or separat	te sheet if space hered ALL FIELDS MUST	on is insufficient to HAVE A RESPO	y information about myself as answer any question fully.) IF INSE. INCOMPLETE FORMS PPLICATION.
1. Affiant's Full Name	(Initials Not Acceptable): F	rirst: 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 co	untry? N/A			
3. Affiant's occupation	or profession: Vice Pre	sident, Chief A	counting Offi	cer and Treasurer
4. Affiant's business ad	ddress: 667 Madison	Avenue		
Business telephone:			_{nail:} mschwart	z@loews.com
5. Education and training	ng:			
	-		Dates Attended	
College/University	City/State	ata a d. NIVZ	(MM/YY)	Obtained O D D A
Hofstra	нетр	stead, NY	09/78 - 5/8	
Graduate Studies N/A	College/University	<u>City/State</u>	Dates Attende (MM/YY)	<u>Degree</u> <u>Obtained</u>
Other Training: Name N/A	City/State	Dates Attended (MI	M/YY)	Degree/Certification Obtained

Note:

Applicant Company NAIC No.: 36153	y Name: Aetna Insurance	Company of Connecticu		
6. List of members	ships in professional soci	eties and associations	:	
Name of Society/Association N/A		ot Name	Address of Society/Association	Telephone Number of Society/Association
7. Present or propo	esed position with the Ap	plicant Company:	P., Chief Accounting Officer and	Treasurer of Loews Corporation.
present jobs, po Please list the m telephone numb the third-party v	sitions, partnerships, ow ost recent first. Attach ad ers and supervisory infor erification process for int	ner of an entity, adr Iditional pages if the mation for the past te ternational employers	ninistrator, manager, operato space provided is insufficien en (10) years. Additional info s.	otherwise (up to and including or, directorates or officerships) t. It is only necessary to provide rmation may be required during
Beginning/Ending Dates (MM/YY):	06/87 Present En	nployer's Name: LO	ews Corporation	ND /
			K State/Province	
				Held:Officer Accounting Officer and Treasurer
Type of Business:	Holding Compa	any Superviso	or/Contact: David Ede	elson
Beginning/Ending Dates (MM/YY):_	En	nployer's Name:		
Address:		City:	State/Province	ce:
Country:	Postal Code:	Phone:	Offices/Positions	Held:
Type of Business:		Superviso	or/Contact:	
Beginning/Ending Dates (MM/YY):_	En	nployer's Name:		
Address:		City:	State/Provinc	e:
				Held:
Beginning/Ending				
Address:		City:	State/Provinc	e;
				Held:
Type of Business:		Superviso	or/Contact:	

Applicant Company Name NAIC No.: 36153	Aetna Insurance Company of Connect	FEIN: 06-1	286276
Yes [elity bond?	
If any claims were made o	on the bond, give details: N/A		
b. Have you ever been Yes The Yes If yes, give details: N/A		chedule fidelity bond, o	r had a bond canceled or revoked?
If yes, give details:			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
governmental licensing past. For any non-in licensing authority or is your Social Secur reasonably identifiable represented by your Sthe space provided is	ng agency or regulatory authority of surance regulatory issuer, identify regulatory body having jurisdiction ity Number (SSN) or embeds you let as your SSN, then write SSN SSN. (For example, "SSN", "12-SSN insufficient.	r licensing authority the and provide the name n over the license (s) iss ir SSN or any sequen- for that portion of the N-345" or "1234-SSN"	to sell securities) issued by any public or at you presently hold or have held in the standard and telephone number of the sued. If your professional license number are of more than five numbers that are the professional license number that is (last 6 digits)). Attach additional pages if
Organization/Issuer of Lic	ense: NYS Dept. of Education	Address: 09 VVA	12224
City: Albany CPA	State/Province: N 1 048621	Country: USA	Postal Code: 12234 (MM/YY): 12/83
Date Expired (MM/VV):	N/A Reason for Terr	nination: N/A	(IVIIVI/ 1 1):
			Postal Code:
			(MM/YY):
Date Expired (MM/YY):	Reason for Term	mination:	
Non-Insurance Regulatory	Phone Number (if known):		
	following, if the record has been sea expunged, an affiant may respond "		he affiant has personally verified that the ve you ever:
	eccupational, professional, or vocation governmental licensing agency?	onal license or permit b	y any regulatory authority, or any public

Applica	ant Company Name: A	etna Insurance Company of Connecticut
	No.: 36153	FEIN: 06-1286276
	judicial, administrative	, professional, or vocational license or permit you hold or have held, been subject to any e, regulatory, or disciplinary action?
	Been placed on probat permit in any judicial,	ion or had a fine levied against you or your occupational, professional, or vocational license or administrative, regulatory, or disciplinary action?
	Yes [No	
d.	_ 	indicted for, any criminal offense(s) other than civil traffic offenses?
e.		ntendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence ardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes Ne	
	administrative, regular regulating the business	se and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, tory, or disciplinary action, from violating any federal, state law or law of another country of insurance, securities or banking, or from carrying out any particular practice or practices in less of insurance, securities or banking?
	Yes [N	
h.	Been, within the last dispute?	ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial .
	Yes N	
	of small loan laws, b	with the Comptroller of any state or the Federal Government that you have violated any provisions ranking or trust company laws, or credit union laws, or that you have violated any rule or the the Comptroller of any state or the Federal Government?
i		are action filed against you or any entity while you were associated with that entity?
٦.		• []
of the c	esponse to any question complaint and filed adju Addendum	n above is yes, please provide details including dates, locations, disposition, etc. Attach a copy adication or settlement as appropriate.
0007		
•		

Anı	plicant Company Name: Aetna Insurance Company of Connecticut
NA	IC 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/	Α
If	any of the stock is pledged or hypothecated in any way, give details. N/A
If y	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 Ves No V
If a	ny of the shares of stock are pledged or hypothecated in any way, give details.
14.	Have you ever been adjudged a bankrupt?
	Yes No No
Ιfν	es, 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 Ir NAIC No.: 36153	nsurance Company of Connecticut FEIN:	06-1286276
a. Been refused a permit, lic agency?	cense, or certificate of authority by any regul	atory authority, or governmental-licensing
Yes No No		
judicial, administrative, re conservatorship, federal bar	certificate of authority suspended, revoked, c egulatory, or disciplinary action (including akruptcy proceeding, state insolvency, supervis	rehabilitation, liquidation, receivership,
Yes No No		
	r had a fine levied against it or against its perm ve, regulatory, or disciplinary action?	it, license, or certificate of authority in any
Yes No No		
	s yes, please indicate and give details. When in twelve (12) months after his or her departure	
See Addendum		
Dated and signed this 22 day of under penalty of perjury that I am a of my knowledge and belief. V I hereby acknowledge that I may be a considered to a considered that I may be a considered to a considered that I may be a considered to a considered that I may be a considered to a considered that I may be a considered to a considered that I may be a considered to considered to a considered to a considered to a considered to a		MADISON A Nythereby certify g statements are true and correct to the best
State of: NY	County of: NY	
The foregoing instrument was acknown day of FEB. , 20 22	by MANK SCHWANZand: who is	presence or online notarization, this personally known to me, or who
produced the following identification	on:	
3.3 8		Crund
(SEAL)	-	Notary Public
1.1	CYNTHIA V. EVIDENTE -	CYNTHIA V. VEVIDENTE
The state of the s	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01EV6347732 Qualified in New York County	Printed Notary Name FPT 12, 2021 My Commission Expires
	Commission Expires September 12, 2024	1 may 1 m m m m m m m m m m m m m m m m m m

Annlicant (Company Name	Aetna	Insurance	Company	√ of	Conne	cticut

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	Oth	ner: None	
required (Do Not Use Gr					
Applicant Company Nan	ne: CNA Financial Corpora	tion and the Ap	olicant Compan	ies listed on A	Appendix 1
Address: 151 N. Frank	din Street		City: Chicago		
State/Province: Illinois		Postal Code: 6	80606	Phone: 312-	322-5000
hereinafter set forth. (At ANSWER IS "NO" OF	above-named entity, I herew ttach addendum or separate sh R "NONE," SO STATE. ALL APPLICATION PROCESS or F	neet if space hered L FIELDS MUST	on is insufficient of HAVE A RESP	to answer any or ONSE. INCOM	question fully.) IF MPLETE FORMS
1. Affiant's Full Name (Initials Not Acceptable): First:	Susan	Middle:Ann	_{Last:} Stor	<u>e</u>
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 cou	-				
3. Affiant's occupation	or profession: See attached	Appendix 2.			
4. Affiant's business add	dress: 151 N. Franklin Str	eet, Chicago,	Illinois 60606		
Business telephone:	312-822-4641	Business En	_{nail:} susan.sto	ne@cna.coi	<u>n</u>
5. Education and trainin	g:				
College/University	<u>City/State</u>		Dates Attender (MM/YY)		<u>Degree</u> <u>Obtained</u>
Yale University	New Have	en, CT	09/79-05/	/83 B	4
Graduate Studies	College/University	City/State	Dates Attend (MM/YY)		Degree Obtained
Law	Harvard Law School	Cambridg	e, MA 09/84	-05/87	JD
Other Training: Name None	<u>City/State</u> <u>D</u>	ates Attended (MN	M/YY)	Degree/Certi	fication Obtained

Applicant Company Nam	e:Aetna Insurance Company o	of Connecticut		
NAIC No.: <u>36153</u>		FE	EIN: 06-1286276	
6. List of memberships i	n professional societies and a	associations:		
Name of	Contact Name	· · · · · · · · · · · · · · · · · · ·	dress of	Telephone Number
Society/Association		Society	/Association	of Society/Association
None				
7. Present or proposed p	osition with the Applicant Co	ompany: See atta	ached Append	dix 2.
present jobs, position Please list the most re telephone numbers an the third-party verifica	ment record for the past twe s, partnerships, owner of an cent first. Attach additional p d supervisory information fo ation process for international	entity, administrator, pages if the space provior or the past ten (10) year all employers.	manager, operator, d ded is insufficient. It s. Additional informa	lirectorates or officerships) is only necessary to provide tion may be required during
	1 Present Employer's			
Address: 151 N. Fra	anklin Street City: C	hicago	State/Province:	Ilinois
Country: USA	_ Postal Code: 60606	Phone: 312-822-5000	Offices/Positions He	ld: EVP and GC
	urance			
	21 Present Employer's			
Address: 151 N. Fra	anklin Street City: C	hicago	State/Province: _	Illinois
	_ Postal Code: 60606			
	urance			
Beginning/Ending Dates (MM/YY): 06/2	Present Employer's	Name: Continent	tal Casualty C	Company
Address: 151 N. Fra	anklin Street City: C	hicago	State/Province: _	Illinois
Country: USA	_ Postal Code: 60606	Phone: 312-822-5000	Offices/Positions Hel	d:d:
Type of Business: Ins	urance	Supervisor/Contact:	Dino E. Robi	usto
Beginning/Ending 02/1 Dates (MM/YY):	7_06/21 Employer's	_{Name:} Marsh LL	С	
	Ave N			NY
Country: USA	_ Postal Code: 10036			
Type of Business: Ins	urance Brokerage	Supervisor/Contact:	Peter Besha	r, GC MMC

Applicant Company Name: Aetna Insurance Company of Connect NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a fid	lelity bond?
Yes No V	•
<u> </u>	
If any claims were made on the bond, give details: n/a	
-	
b. Have you ever been denied an individual or position s	schedule fidelity bond, or had a bond canceled or revoked?
Yes No No	
If yes, give details: n/a	
governmental licensing agency or regulatory authority o	ses (including licenses to sell securities) issued by any public or or licensing authority that you presently hold or have held in the and provide the name, address and telephone number of the
licensing authority or regulatory body having jurisdiction	n over the license (s) issued. If your professional license number
	ur SSN or any sequence of more than five numbers that are I for that portion of the professional license number that is
	N-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
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	
License Type: State/Province: 466 6921	
Date Expired (MM/YY): n/a Reason for Terr	
Non-Insurance Regulatory Phone Number (if known): 212-	24.04 Old Japlia smills Dd
Organization/Issuer of License: Administrative Office of the Illinois Courts	Address: 3101 Old Jacksonville Rd.
City: Springfield State/Province: Illinois	
	Date Issued (MM/YY):
Date Expired (MM/YY): <u>n/a</u> Reason for Terr	nination: n/a
Non-Insurance Regulatory Phone Number (if known): 217-	782-7770
	aled or expunged, and the affiant has personally verified that the
 a. Been refused an occupational, professional, or vocational administrative, or governmental licensing agency? 	onal license or permit by any regulatory authority, or any public
Yes No No	

FORM 11

Anı	plicant Company Name: Aetna Insurance Company of Connecticut	
NA	IC No.: 36153 FEIN: 06-1286276	
12.	List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly "control" (including the terms "controlling," "controlled by" and "under common control with") means the direct or indirect, of the power to direct or cause the direction of the management and policies of a person through the ownership of voting securities, by contract other than a commercial contract for goods or non-maservices, or otherwise, unless the power is the result of an official position with or corporate office held by Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power holds proxies representing, ten percent (10%) or more of the voting securities of any other person.	possession, on, whether nanagement the person.
No	ne	
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, benefit record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, specified.	regulatory directly, or
	Yes No No	
	ves, please identify the company or companies in which the cumulative stock holdings represent 10% or n standing voting securities.	nore of the
If a n/a	ny of the shares of stock are pledged or hypothecated in any way, give details.	
14.	Have you ever been adjudged a bankrupt?	
	Yes No No	
If y	res, provide details: n/a	
15.	To your knowledge has any company or entity (including entities controlled by the holding company) for were an officer or director, trustee, investment committee member, key management employee or stockholder, had any of the following events occur while you served in such capacity? If employed at t company level provide the group code. 218	controlling

3/24/2025

My Commission Expires

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

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:

	Specify.	r at hose tot	Completion.		
Form A: Acquisition	UCAA Typ	e: None		Other: No	ne
Full name, address and required (Do Not Use G	telephone number of the presoroup Names).	ent or propos	sed entity under	which this biogr	aphical statement is bein
Applicant Company Nar	me: Loews Corporation (s	ee Addend	um)		
Address: 667 Madison	n Avenue		City: Nev	w York	
State/Province: New Yo	ork	Postal	Code: 10065-80	087 Phor	ne: 212-521-2000
hereinafter set forth. (A ANSWER IS "NO" O	above-named entity, I here tach addendum or separate of R "NONE," SO STATE. AI APPLICATION PROCESS or	sheet if spac LL FIELDS	e hereon is insu MUST HAVE	fficient to answ A RESPONSE.	er any question fully.) I INCOMPLETE FORM
1. Affiant's Full Name	(Initials Not Acceptable): Firs	t: Andrew	Middle:	lerbert La	_{ist:} Tisch
2. a. Are you a citizen	of the United States?				
Yes [\sqrt{\sq}}\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	No [
b. Are you a citizen	of any other country?				
Yes	No 🚺				
If yes, what cou	_{intry?} N/A			<u></u>	
	or profession: Retired me				
4. Affiant's business ad	_{dress:} Loews Corporat	ion, 667	Madison Av	<u>/enue, New</u>	/ York, NY 1006
Business telephone:	212-521-2000	Busi	ness Email: AT	isch@loews	s.com
5. Education and trainir	ng:				
College/University	City/State			s Attended IM/YY)	<u>Degree</u> <u>Obtained</u>
Cornell Unive	rsity Ithaca, I	VY	08/6	7-05/71	B.S.
Graduate Studies	College/University	City/		es Attended MM/YY)	<u>Degree</u> <u>Obtained</u>
MBA	Harvard University	<i>r</i> Car	nbridge, MA	. 08/75-05/7	77 MBA
Other Training: Name N/A	City/State	Dates Attend	led (MM/YY)	<u>Degra</u>	ee/Certification Obtained
	•		· · · · · · · · · · · · · · · · · · ·		

Applicant Company Name: Aetna Insurance Com	pany of Connecticut	TD 1 40 4000000	 .
NAIC No.: <u>36153</u>	i	EIN: 06-1286276	
6. List of memberships in professional societies	and associations:		
Name of Contact No Society/Association		ddress of ty/Association	<u>Telephone Number</u> of Society/Association
None			
		-	-
7. Present or proposed position with the Applica Director of CNA Financial Corporation	ant Company: Directo	r of Loews C	orporation;
 List complete employment record for the pass present jobs, positions, partnerships, owner Please list the most recent first. Attach additional telephone numbers and supervisory information the third-party verification process for internal 	of an entity, administrator onal pages if the space pro- on for the past ten (10) year	r, manager, operator, vided is insufficient. I	directorates or officerships) t is only necessary to provide
Beginning/Ending 11/1998 _ 12/2021 Emplo	yer's Name: Loews C	Corporation	
Address: 667 Madison Avenue City	, New York	State/Province:	NY
Country: USA Postal Code: 1006	5 Phone: 212-521-2000	Offices/Positions H	Office of Pres & Dir; Co-Chair of Board
Type of Business: Holding Corporati	on Supervisor/Contact	James Tisc	h
Beginning/Ending 01/06 Present Employ	yer's Name: CNA Fin	ancial Corpo	ration
Address: 151 N. Franklin Cit	_{y:} Chicago	State/Province:	IL
Country: USA Postal Code: 6060)6 Phone: 3128225000	Offices/Positions He	Director
_	Supervisor/Contact		
Beginning/Ending 11/05 12/21 Employ	_{yer's Name:} Boardwa	alk GP, LLC	
Address: 9 Greenway Plaza, St 2800 City	, _: Houston	State/Province:	TX
Country: USA Postal Code: 7704			
Type of Business: Natural Gas Pipelin			
Beginning/Ending 05/05 _04/20 Employ	yer's Name: Diamono	d Offshore Oil	Drilling, Inc.
Address: 15415 Katy Freeway City			
Country: USA Postal Code: 7709	2814925300 Phone: 2814925300		
Type of Business: Offshore Oil Drille		David Rolar	

Applicant Company NAIC No.: 36153	Name: Aetha Insurance Company of Co	FEIN:	06-1286276
	ver been in a position which required		
· _	No 🚺		
_	made on the bond, give details: N/A		
it any claims were i	made on the bond, give details:	·	
b. Have you e	ver been denied an individual or posi	tion schedule fidelity bo	nd, or had a bond canceled or revoked?
Yes [
If yes, give details:	N/A		
		- -	 -
governmental I past. For any past. For any past, it is jour Social reasonably ide represented by the space provi	licensing agency or regulatory author non-insurance regulatory issuer, ide ority or regulatory body having jurisd Security Number (SSN) or embed entifiable as your SSN, then write your SSN. (For example, "SSN", "12 ided is insufficient.	rity or licensing authoritentify and provide the reliction over the license (see your SSN or any see SSN for that portion 2-SSN-345" or "1234-SSN-345".	isses to sell securities) issued by any public or ty that you presently hold or have held in the name, address and telephone number of the s) issued. If your professional license number quence of more than five numbers that are of the professional license number that is SN" (last 6 digits)). Attach additional pages if
City:	State/Province:	Country:	Postal Code:
License Type:	License #:	Date Iss	sued (MM/YY):
Date Expired (MM/	(YY): Reason for	Termination:	
Non-Insurance Reg	ulatory Phone Number (if known):		
Organization/Issuer	of License:	Address:	
			Postal Code:
License Type:	License #:	Date Iss	sued (MM/YY):
Date Expired (MM/	YY): Reason for	Termination:	
11. In responding t	to the following, if the record has been led or expunged, an affiant may respond	en sealed or expunged, a and "no" to the question	and the affiant has personally verified that the . Have you ever:
	ve, or governmental licensing agency		nit by any regulatory authority, or any public

Applicant Company Name: Aetna Insuranc	e Company of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "control direct or indirect, of the power to d through the ownership of voting sect services, or otherwise, unless the power control shall be presumed to exist if holds proxies representing, ten percer	by an insurance regulatory authority that you control directly or indirectly. The term rolling," "controlled by" and "under common control with") means the possession, irect or cause the direction of the management and policies of a person, whether urities, by contract other than a commercial contract for goods or non-management wer is the result of an official position with or corporate office held by the person. any person, directly or indirectly, owns, controls, holds with the power to vote, or (10%) or more of the voting securities of any other person.
regulated insurance companies	
<u></u>	
If any of the stock is pledged or hypothec	cated in any way, give details. None
<u> </u>	
record, 10% or more of the outstand authority, or its affiliates? An "affili indirectly through one or more interm specified. Yes No III	namediate family individually or cumulatively subscribe to or own, beneficially or of fing shares of stock of any entity subject to regulation by an insurance regulatory ate" of, or person "affiliated" with, a specific person, is a person that directly, or nediaries, controls, or is controlled by, or is under common control with, the person companies in which the cumulative stock holdings represent 10% or more of the
outstanding voting securities. Loews Corporation owns 90% of CNA Financia	al Corporation, whose subsidiaries include
regulated insurance companies. Co	ollectively, 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 of None	r hypothecated in any way, give details.
14. Have you ever been adjudged a bankr Yes No Vo	upt?
If yes, provide details: N/A	
were an officer or director, truste	by or entity (including entities controlled by the holding company) for which you be, investment committee member, key management employee or controlling events occur while you served in such capacity? If employed at the holding N/A

Applicant Company Name: Aetna NAIC No.: 36153	Insurance Company of Connecticut FEIN: 06-1286276
-	license, or certificate of authority by any regulatory authority, or governmental-licensing
agency?	
Yes No V	
judicial, administrative, conservatorship, federal b	or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any regulatory, or disciplinary action (including rehabilitation, liquidation, receivership ankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes [✓] No [
	or had a fine levied against it or against its permit, license, or certificate of authority in any tive, regulatory, or disciplinary action?
Yes 🚺 No 📗	
If the answer to any of the above should also include any events we	e is yes, please indicate and give details. When responding to questions (b) and (c), affiant thin twelve (12) months after his or her departure from the entity.
See Addendum	
Dated and signed this 17th day under penalty of perjury that I am of my knowledge and belief. I hereby acknowledge that I was acknowledge to the I was acknowledge that I was acknowledge that I was acknowledge to the I was acknowledge that I was acknowledge to the I was acknowledge that I was acknowledge to the I was acknowledg	County of: NY knowledged before me by means of Pphysical presence or Online notarization, this
7" day of FEB. , 20 27	by ANDREW TISCH, and: who is personally known to me, or who
produced the following identification	tion:
11.18	
697/31	CNUC
SEALT	
BEAU	CYNTHIA V. EVIDENTE
A STORY	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01EV6347732 Printed Notary Name SEPT. 12, 2024
A STATE OF THE PARTY OF THE PAR	Qualified in New York County Commission Expires September 12, 2024 My Commission Expires

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

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.

	Speci	ty Purpose for Compl	letion:	
Form A: Acquisition	UCAA T	ype: None	Othe	r: None
required (Do Not Use G	roup Names).		ty under which this	biographical statement is being
Applicant Company Nar	me: CNA Financial Corp	ooration		
Address: 151 N. Frank	lin St.		City: Chicago	
State/Province: L		Postal Code:	60606	Phone: 3128225000
hereinafter set forth. (A ANSWER IS "NO" O	ttach addendum or separat	te sheet if space hered ALL FIELDS MUST	on is insufficient to HAVE A RESPO	y information about myself as answer any question fully.) IF NSE. INCOMPLETE FORMS PPLICATION.
1. Affiant's Full Name	(Initials Not Acceptable): F	rirst: 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 cou	_{intry?} n/a			
3. Affiant's occupation	or profession: Officer			
4. Affiant's business ad	dress: Loews Corp. 6	667 Madison A	ve, New York	, NY 10065
Business telephone:	212.521.2959	Business En	nail: btisch@loe	ews.com
5. Education and training	g:			
College/University	City/State		Dates Attended (MM/YY)	<u>Degree</u> Obtained
Brown Univers		ence RI	09/00 - 06/	
Graduate Studies None	College/University	City/State	Dates Attended (MM/YY)	<u>Degree</u> <u>Obtained</u>
Other Training: Name None	<u>City/State</u>	Dates Attended (MM	<u>1/YY)</u>	Degree/Certification Obtained

Applicant Company Name: Aet	na Insurance Company of Conne	ecticut	
NAIC No.: 36153		FEIN: 06-1286276	
6. List of memberships in profe	ssional societies and associate	tions:	
Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
None			
7. Present or proposed position	with the Applicant Company	Director	
present jobs, positions, partr Please list the most recent fir	terships, owner of an entity, st. Attach additional pages if visory information for the pa	years, whether compensated or of administrator, manager, operator, the space provided is insufficient. set ten (10) years. Additional informations.	directorates or officerships). It is only necessary to provide
Beginning/Ending 06/11 Potes (MM/YY): 06/11	resent Employer's Name:	Loews Corporation	·
Address: 667 Madison A	ve. City: New Y	ork State/Province	: <u>NY</u>
Country: USA Posta	l Code: 10065 Phone:	(212) 521-2000 Offices/Positions H	Held: Vice President
Type of Business: Holding	Company Super	Offices/Positions Frvisor/Contact: Ken Siegel	
Beginning/Ending 07/06 0 Dates (MM/YY):	6/11 Employer's Name:	Fortress Investment (Group
Address: 1345 Avenue of the	Americas _{City} . New Y	ork State/Province	. NY
Country: USA Posta	1 Code: 10105 Phone:	(212)798-6100 Offices/Positions H	eld: Managing Director
Type of Business: Hedge	Fund Super	wisor/Contact: Mike Novog	gratz
Beginning/Ending 06/04 00 Dates (MM/YY):	6/06 Employer's Name:	Lehman Brothers	
Address: 745 7th Ave.	New Yo	ork State/Province:	NY
Country: USA Posta	1 Code: 10019 Phone:	Unknown Offices/Positions He	_{eld:} Managing Director
Type of Business: Investmen	nt Company Super	visor/Contact: Hank Johns	son
Beginning/Ending Dates (MM/YY):	Employer's Name:		
Address:	City:	State/Province:	
Country: Posta	l Code: Phone:	Offices/Positions He	eld:
Гуре of Business:	Super	visor/Contact:	

Applicant Company NAIC No.: 36153	Name: Aetna Insurance Company of C	onnecticut FF	EIN: 06-1286276
9. a. Have you ev	ver been in a position which required	l a fidelity bond?	
Yes T	No No		
n/a			
b. Have you ev		tion schedule fidelity	y bond, or had a bond canceled or revoked?
n/a			
	à		
governmental li past. For any n licensing author is your Social reasonably ider represented by y the space provide	censing agency or regulatory author con-insurance regulatory issuer, ide ity or regulatory body having jurisd Security Number (SSN) or embed attifiable as your SSN, then write your SSN. (For example, "SSN", "12 ded is insufficient.	rity or licensing authentify and provide the liction over the licens is your SSN or any SSN for that portion 2-SSN-345" or "1234".	icenses to sell securities) issued by any public or nority that you presently hold or have held in the he name, address and telephone number of the se (s) issued. If your professional license number y sequence of more than five numbers that are ion of the professional license number that is 4-SSN" (last 6 digits)). Attach additional pages if
			Postal Code:
			e Issued (MM/YY):
Non-Insurance Regu	latory Phone Number (if known):		v
Organization/Issuer	of License:	Address:	
City:	State/Province:	Country:	Postal Code:
			e Issued (MM/YY):
Date Expired (MM/Y	YY): Reason for	Termination:	
Non-Insurance Regu	latory Phone Number (if known):		
	the following, if the record has bee		ed, and the affiant has personally verified that the cion. Have you ever:
	re, or governmental licensing agency		permit by any regulatory authority, or any public

Applic	at Company Name: Aetna Insurance Company of Connecticut
NAIC	o.: 36153 FEIN: 06-1286276
b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any udicial, administrative, regulatory, or disciplinary action? Yes No No
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or termit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No No
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses? Yes No No
e.	Yes No
f.	lad adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence uspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic ffenses?
	Yes No No
g.	deen subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial dministrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country egulating 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 No
h.	een, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial ispute?
	Yes No No
	ad a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions f small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule of egulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No No
j.	ad a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No No
	conse to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy applaint and filed adjudication or settlement as appropriate.
See at	ched Appendix 1.
1	
-	
Ñ a-	

Applican	Company Name: Aetna Insurance Company of Connecticut
NAIC N	.: 36153 FEIN: 06-1286276
"condirectors throuserving Control	any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term crol" (including the terms "controlling," "controlled by" and "under common control with") means the possession to rindirect, of the power to direct or cause the direction of the management and policies of a person, whether ghe the ownership of voting securities, by contract other than a commercial contract for goods or non-management ces, or otherwise, unless the power is the result of an official position with or corporate office held by the person rol shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or proxies representing, ten percent (10%) or more of the voting securities of any other person.
None	
If any o	the stock is pledged or hypothecated in any way, give details. n/a
recon authorindire special Yes	Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of d, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory rity, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or otly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person fied. No N
If any of t	ne shares of stock are pledged or hypothecated in any way, give details.
14. Have	you ever been adjudged a bankrupt?
Yes	No V
If yes, pro	vide details: n/a
were stock	ur knowledge has any company or entity (including entities controlled by the holding company) for which you an officer or director, trustee, investment committee member, key management employee or controlling colder, had any of the following events occur while you served in such capacity? If employed at the holding any level provide the group code. 218

Applicant Company Name	Aetna Insurance Company of Connecticut	
NAIC No.: 36153	F	EIN: 06-1286276
a. Been refused a pe agency?	rmit, license, or certificate of authority by any	regulatory authority, or governmental-licensing
Yes No		
judicial, administra		ked, canceled, non-renewed, or subjected to any cluding rehabilitation, liquidation, receivership, upervision or any other similar proceeding)?
Yes No		
	pation or had a fine levied against it or against it nistrative, regulatory, or disciplinary action?	s permit, license, or certificate of authority in any
Yes No		
	above is yes, please indicate and give details. Notes within twelve (12) months after his or her deposits of the contract of t	When responding to questions (b) and (c), affiant parture from the entity.
P		
avalenation provided		estion should be answered in the positive and an
capitalisti provided.	March	Jon Jessey
Dated and signed this \under penalty of perjury tha of my knowledge and belief.	day of Warch 2022 at 15 I am acting on my own behalf and that the for	regoing statements are true and correct to the best
X I hereby acknowledge th	nat I may be contacted to provide additional info	rmation regarding international searches.
1		
(Signature o	f Affiant)	
State of: New Jers	Sey County of: Mom's	
	as acknowledged before me by means of ph	
day of March, 2	022 by Denjamin J. Tisch, and: Www	ho is personally known to me, or \bigcup who
produced the following iden	tification:	·
11 1 1 1 1 1		Lauce True
[SEAL]		Notary Public
		Printed Notary Name
		My Commission Expires

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

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:

	Specify	rarpo	se for Comple	euon:		
Form A: Acquisition	UCAA Ty _l	pe: No	ne	Other	None	
Full name, address and telephone required (Do Not Use Group Nam	ies).	•	· •	y under which this b	oiographi	cal statement is being
Applicant Company Name: Loev	vs Corporation (See Ad	ddendum)			
Address: 667 Madison Avenue	2		(City: New York		
State/Province: New York]	Postal Code: 1	0065-8087	Phone: 2	212-521-2000
In connection with the above-nathereinafter set forth. (Attach add ANSWER IS "NO" OR "NONE COULD DELAY THE APPLICA	endum or separate E," SO STATE. A	sheet i	f space hereo LDS MUST	n is insufficient to a HAVE A RESPON	inswer a	ny question fully.) IF COMPLETE FORMS
1. Affiant's Full Name (Initials N	lot Acceptable): Fir	_{st:} Jam	nes	Middle: Solomon	Last:_T	isch
2. a. Are you a citizen of the Un	ited States?					
Yes No No	<u></u>					
b. Are you a citizen of any otl	ner country?					
Yes No No	<u>7</u>					
If yes, what country? N/						
3. Affiant's occupation or profess	sion: Office of t	he Pr	esident, F	President & Ch	nief Ex	ecutive Officer
4. Affiant's business address: 66	37 Madison A	venu	ie, New Y	ork, NY 1006	35	
Business telephone: 212-52	1-2000		_Business Em	_{nail:} james.tisch	@loev	ws.com
5. Education and training:						
College/University	City/State			Dates Attended (MM/YY)		<u>Degree</u> Obtained
Cornell University	Ithaca,	NY		08/71-05/7	5	Economics Major
Graduate Studies College	e/University		City/State	Dates Attended (MM/YY)		Degree Obtained
Wharton Graduate School Unive	rsity of Pennsy	lvania	Philadelpl	nia, PA 08/75-0)5/76	<u>M</u> .B.A.
Other Training: Name Ci	ty/State	<u>Dates</u>	Attended (MM	<u>//YY)</u> j	Degree/C	Certification Obtained

Applicant Company Name: Aetn	a Insurance Company of Connect	icut	
NAIC No.: 36153		FEIN: 06-1286276	
6. List of memberships in profes	sional societies and association	ons:	
Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
None			
7. Present or proposed position v		Office of Pres., Pres. & CEO and	Director of Loews Corporation;
Please list the most recent firs	erships, owner of an entity, a t. Attach additional pages if the visory information for the pas	administrator, manager, operator ne space provided is insufficient. t ten (10) years. Additional infor	r, directorates or officerships) It is only necessary to provide
Beginning/Ending 01/77 Problems (MM/YY):	esent Employer's Name:	oews Corporation	
Address: 667 Madison A	venue City: New Yo	ork State/Provinc	e: NY
Country: USA Posta	Code: 10065 Phone:	212-521-2000 Offices/Positions	Held: Office of the Pres., Pres. & CEO
Type of Business: Holding			
Beginning/Ending 05/85 Property	esent Employer's Name:	CNA Financial Corpo	oration
Address: 151 N. Frankl	in _{City:} Chicag	O State/Provinc	_{e:} IL
Country: USA Posta			
Type of Business: Insurer			
Beginning/Ending 06/10 Production (MM/YY): 06/10	esent Employer's Name:	Seneral Electric Cor	npany
Address: 5 Necco St	_{City:} Boston	State/Province	MA
Country: USA Posta	Code: 02210 Phone:	6174433000 Offices/Positions I	Held: Director
Type of Business: Industria			
Beginning/Ending 01/95 _04/			
Address: 15415 Katy Fr	eeway _{City:} Housto	nState/Province	₌ TX
Country: USA Posta			
		visor/Contact: David Rola	

Applicant Company NAIC No.: 36153	Name: Aetha insurance Company of Co		FEIN: 06-1286270	6
9. a. Have you ev	ver been in a position which required			
Yes T	No □✓□	•		
- - -	nade on the bond, give details: N/A	1		
	made on the bond, give dealis.			
		 -		
	ver been denied an individual or posi			
If yes, give details:				
governmental II past. For any r licensing autho is your Social reasonably ide represented by the space provid Organization/Issuer	sional, occupational and vocational licensing agency or regulatory authornon-insurance regulatory issuer, ide rity or regulatory body having jurisd Security Number (SSN) or embed ntifiable as your SSN, then write your SSN. (For example, "SSN", "12 ded is insufficient. of License: None State/Province:	rity or licensing au entify and provide liction over the lice is your SSN or an SSN for that po 2-SSN-345" or "12	thority that you the name, additions (s) issued. I my sequence of ortion of the properties (234-SSN" (last 6	presently hold or have held in the ress and telephone number of the f your professional license number more than five numbers that are ofessional license number that is digits)). Attach additional pages in
	License #:			
	YY): Reason for			<u>~</u>
	ulatory Phone Number (if known):			
	of License:			
	State/Province:			
	License #:			
	YY): Reason for			
Non-Insurance Regi	ulatory Phone Number (if known):_			
11. In responding t	o the following, if the record has bee ed or expunged, an affiant may respo	en sealed or expun	ged, and the affi	ant has personally verified that the
	d an occupational, professional, or ve, or governmental licensing agency No No		or permit by any	regulatory authority, or any public

Applicant Company Name		Aetna Insurance Company of Connecticut		
NAIC N	Io.: 36153	FEIN: 06-1286276		
		nal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?		
		bation or had a fine levied against you or your occupational, professional, or vocational license or al, administrative, regulatory, or disciplinary action?		
d.]	Been charged with,	or indicted for, any criminal offense(s) other than civil traffic offenses? No No		
e.]	Pled guilty, or nolo Yes	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?		
9		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence a pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic		
	Yes	No [V]		
; 1	administrative, regreegelating the busing	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial ulatory, or disciplinary action, from violating any federal, state law or law of another country less of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking? No		
	Been, within the la	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia		
	Yes	No 🚺		
•	of small loan laws regulation lawfully	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule of made by the Comptroller of any state or the Federal Government?		
; 1	Had a lien or forect	osure action filed against you or any entity while you were associated with that entity?		
j. 1	Yes [No D		
of the co		tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy djudication or settlement as appropriate.		
				
		· · · · · · · · · · · · · · · · · · ·		
		 ·		

Applicant Company Name: Aetna Insurance Compa	ny of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "controlling," direct or indirect, of the power to direct or through the ownership of voting securities, be services, or otherwise, unless the power is the Control shall be presumed to exist if any per holds proxies representing, ten percent (10%)	surance regulatory authority that you control directly or indirectly. The term "controlled by" and "under common control with") means the possession, cause the direction of the management and policies of a person, whether by contract other than a commercial contract for goods or non-management are result of an official position with or corporate office held by the person. It is not control of the voting securities of any other person. It is not corporation, whose subsidiaries include
regulated insurance companies	Trailer Corporation, Wilcob Capolarino Morado
- Company	
If any of the stock is pledged or hypothecated in	any way, give details. None
	 -
record, 10% or more of the outstanding sha authority, or its affiliates? An "affiliate" of,	e family individually or cumulatively subscribe to or own, beneficially or of res of stock of any entity subject to regulation by an insurance regulatory or person "affiliated" with, a specific person, is a person that directly, or s, controls, or is controlled by, or is under common control with, the person
<u> </u>	es in which the cumulative stock holdings represent 10% or more of the
	ely, members of my immediate family and myself own more
than 10% of the outstanding shares of sto	
If any of the shares of stock are pledged or hypoth None	necated in any way, give details.
· · · · · · · · · · · · · · · · · · ·	
14. Have you ever been adjudged a bankrupt? Yes No V	<u>-</u>
If yes, provide details: N/A	
were an officer or director, trustee, inve	tity (including entities controlled by the holding company) for which you stment committee member, key management employee or controlling ats occur while you served in such capacity? If employed at the holding

Applicant Company Name: Aetna Inst NAIC No.: 36153	urance Company of Connecticut FEIN: 06-1286276
a. Been refused a permit, lice agency?	nse, or certificate of authority by any regulatory authority, or governmental-licensing
Yes No No	
judicial, administrative, reg	ertificate of authority suspended, revoked, canceled, non-renewed, or subjected to any gulatory, or disciplinary action (including rehabilitation, liquidation, receivership, ruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
civil, criminal, administrative	had a fine levied against it or against its permit, license, or certificate of authority in any strength and a fine levied against it or against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit, license, or certificate of authority in any strength against its permit against a
Yes No No	
f the answer to any of the above is should also include any events within	yes, please indicate and give details. When responding to questions (b) and (c), affiant twelve (12) months after his or her departure from the entity.
SEE ADDENDUM	
I hereby acknowledge that I may (Signature of Affiant)	County of: NY
The foregoing instrument was acknown day of FEB., 2022 by	wledged before me by means of physical presence or online notarization, this name of who is personally known to me, or who
produced the following identification	£
	Crewis
[SEAL]	CYNTHIA V. EVIDENTE CYNTH Notary Public VID EN
Jan San San San San San San San San San S	NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01EV6347732 Printed Notary Name 2 () 2 4
Barbara Billion	Qualified in New York County My Commission Expires Output 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 T	ype: None	Oth	her: None
required (Do Not Use Gr	oup Names).		ntity under which th	is biographical statement is being
Applicant Company Nan	ne: Loews Corporation			
Address: 667 Madison			_ City: New York	
State/Province: New Yo	rk <u></u>	Postal Code	e: 10065-8087	Phone: 212-521-2000
hereinafter set forth. (At ANSWER IS "NO" OF	ttach addendum or separa	te sheet if space he ALL FIELDS MU	reon is insufficient t ST HAVE A RESP	ply information about myself as to answer any question fully.) IF PONSE. INCOMPLETE FORMS APPLICATION.
1. Affiant's Full Name (Initials Not Acceptable): I	r _{irst:} Jonathan	Middle:Mark	Last: Tisch
2. a. Are you a citizen o	of the United States?			
Yes [No			
b. Are you a citizen o	of any other country?			
Yes	No 🚺			
If yes, what cou				
				prporation and Chairman of Loews Hotels
4. Affiant's business add	_{dress:} 667 Madison	Avenue, New	York, NY 10	065
Business telephone:	212-521-2000	Business	_{Email:} Jontisch(@loews.com
5. Education and training	g:			
College/University	City/State		Dates Attende (MM/YY)	<u>ed</u> <u>Degree</u> Obtained
Tufts Universit		rd, MA	08/72-05/	
Tuito Oniversi	iy wicaro	10, IVI/ C	Dates Attend	
Graduate Studies None	College/University	City/State		
Other Training: Name None	City/State	Dates Attended (I	MM/YY)	Degree/Certification Obtained

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

Applicant Company NAIC No.: 36153	Name: Aetna Insurance Com	pany of Connecticut	FEIN: _06-1286276	
6. List of membershi	ps in professional societies	s and associations:		
Name of Society/Association NONE	Contact N	ame	Address of Society/Association	Telephone Number of Society/Association
7. Present or propose	d position with the Applic	ant Company: Offi	ce of Pres.; Co-Chairman of	Board of Loews Corporation
present jobs, posit Please list the mos telephone numbers	ions, partnerships, owner trecent first. Attach additi	of an entity, admi onal pages if the sp ion for the past ten	nistrator, manager, operator, ace provided is insufficient.	therwise (up to and including directorates or officerships). It is only necessary to provide nation may be required during
			ews Corporation	
			State/Province	
Country: USA	Postal Code: 1006	35 Phone: 212-	Offices/Positions F	Ield: Office of the Fres. & Co-Chair of the Board
			/Contact: Marc Alper	
Beginning/Ending Dates (MM/YY):	Emplo	yer's Name:		
Address:	Cr	ty:	State/Province	:
Country:	Postal Code:	Phone:	Offices/Positions H	eld:
Type of Business: _		Supervisor.	/Contact:	<u>.</u>
Beginning/Ending Dates (MM/YY):	Emplo	yer's Name:		
Address:	Cit	y:	State/Province:	
Country:	Postal Code:	Phone:	Offices/Positions H	eld:
Type of Business: _		Supervisor.	/Contact:	<u>.</u>
Beginning/Ending Dates (MM/YY):	Emplo	yer's Name:		
Address:	Cit	y:	State/Province:	
				eld:
Type of Business:		Supervisor	/Contact:	

Applicant Company NAIC No.: 36153	Name: Aetna Insurance Company of C	onnecticut FEIN:	06-1286276
	er been in a position which required		
Yes T	<u> </u>	·	
4	ade on the bond, give details: N/A		
b. Have you every Yes The Strain of the Stra	No [√ _]	ition schedule fidelity bo	nd, or had a bond canceled or revoked?
	· · · · · · · · · · · · · · · · · · ·		
			
governmental lic past. For any no licensing author is your Social St reasonably iden represented by y the space provid	censing agency or regulatory author on-insurance regulatory issuer, ide ity or regulatory body having jurisd Security Number (SSN) or embed tifiable as your SSN, then write our SSN. (For example, "SSN", "12 ed is insufficient.	rity or licensing authority and provide the reliction over the license (see some some some some some some some s	uses to sell securities) issued by any public or ty that you presently hold or have held in the name, address and telephone number of the s) issued. If your professional license number quence of more than five numbers that are of the professional license number that is SN" (last 6 digits)). Attach additional pages if
			Postal Code:
			sued (MM/YY):
Date Expired (MM/)		r Termination:	
Non-Insurance Regul	latory Phone Number (if known):_		
			Postal Code:
License Type:	License #:	Date Iss	sued (MM/YY):
Date Expired (MM/Y	(Y): Reason for	Termination:	
Non-Insurance Regul	latory Phone Number (if known):_		
	the following, if the record has bee d or expunged, an affiant may respo		and the affiant has personally verified that the . Have you ever:
a. Been refused administrativ	e, or governmental licensing agency	ocational license or pen y?	nit by any regulatory authority, or any public

Applica	ant Company Name:	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.		nal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
c.		bation or had a fine levied against you or your occupational, professional, or vocational license or al, administrative, regulatory, or disciplinary action?
d.	Been charged with,	or indicted for, any criminal offense(s) other than civil traffic offenses? No No
e.	Pled guilty, or nolo	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No No
f.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence a pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes	No V
g.	administrative, reg regulating the busin	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, ulatory, or disciplinary action, from violating any federal, state law or law of another country ness of insurance, securities or banking, or from carrying out any particular practice or practices in siness of insurance, securities or banking?
	Yes	No [V]
h.	Been, within the la dispute?	st ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
	Yes [No [V]
i.	of small loan laws regulation lawfully	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government?
	Yes [No L
j.	Had a lien or forecl	osure action filed against you or any entity while you were associated with that entity? No
of the		tion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy adjudication or settlement as appropriate.
		*
		

Applicant Company Name: Aetna Insurance	Company of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "control direct or indirect, of the power to dire through the ownership of voting securi services, or otherwise, unless the power Control shall be presumed to exist if an holds proxies representing, ten percent of	an insurance regulatory authority that you control directly or indirectly. The term ling," "controlled by" and "under common control with") means the possession, ect or cause the direction of the management and policies of a person, whether ties, by contract other than a commercial contract for goods or non-management or is the result of an official position with or corporate office held by the person person, directly or indirectly, owns, controls, holds with the power to vote, or (10%) or more of the voting securities of any other person.
· · · · · · · · · · · · · · · · · · ·	NA Financial Corporation, whose subsidiaries include
regulated insurance companies	
If any of the stock is pledged or hypothecat	ted in any way, give details. None
record, 10% or more of the outstandin authority, or its affiliates? An "affiliate	nediate family individually or cumulatively subscribe to or own, beneficially or of ag shares of stock of any entity subject to regulation by an insurance regulatory e" of, or person "affiliated" with, a specific person, is a person that directly, or diaries, controls, or is controlled by, or is under common control with, the person
Yes No No	
If yes, please identify the company or coroutstanding voting securities. Loews Corporation owns 90% of CNA Financial	mpanies in which the cumulative stock holdings represent 10% or more of the Corporation, whose subsidiaries include
regulated insurance companies. Colle	ectively, members of my family and myself own more
than 10% of the outstanding shares of	of stock of Loews Corporation
If any of the shares of stock are pledged or length None	hypothecated in any way, give details.
14. Have you ever been adjudged a bankruj	pt?
Yes No V	
If yes, provide details: N/A	
were an officer or director, trustee,	or entity (including entities controlled by the holding company) for which you, investment committee member, key management employee or controlling events occur while you served in such capacity? If employed at the holding

Applicant Company Name: Aetna Ir NAIC No.: 36153	FEIN: 06-1286276
a. Been refused a permit, lic agency?	eense, or certificate of authority by any regulatory authority, or governmental-licensing
Yes No No	
judicial, administrative, re	certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any egulatory, or disciplinary action (including rehabilitation, liquidation, receivership skruptcy proceeding, state insolvency, supervision or any other similar proceeding)?
Yes No No	
	r had a fine levied against it or against its permit, license, or certificate of authority in any re, regulatory, or disciplinary action?
Yes No No	
	s yes, please indicate and give details. When responding to questions (b) and (c), affian in twelve (12) months after his or her departure from the entity.
SEE ADDENDUM	
Note:If an affiant has any doubt alexplanation provided.	bout the accuracy of an answer, the question should be answered in the positive and an
explanation provided. Dated and signed this 15 ¹ h. day outlier penalty of perjury that I am a	f FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best
Dated and signed this 15 th day of under penalty of perjury that I am a of my knowledge and belief.	
Dated and signed this 15 th . day of under penalty of perjury that I am a of my knowledge and belief.	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the bes
Dated and signed this 15 h. day of under penalty of perjury that I am a of my knowledge and belief. Thereby acknowledge that I ma	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best by be contacted to provide additional information regarding international searches.
Dated and signed this 15 th . day of under penalty of perjury that I am a of my knowledge and belief.	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best by be contacted to provide additional information regarding international searches.
Dated and signed this 15 h. day of under penalty of perjury that I am a of my knowledge and belief. Thereby acknowledge that I ma (Signature of Affiar	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best be contacted to provide additional information regarding international searches.
Dated and signed this 15 h. day of under penalty of perjury that I am a of my knowledge and belief. Thereby acknowledge that I ma (Signature of Affiar State of:	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best be contacted to provide additional information regarding international searches. County of:
Dated and signed this 15 h. day of under penalty of perjury that I am a of my knowledge and belief. Thereby acknowledge that I ma (Signature of Affiar) State of:	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best by be contacted to provide additional information regarding international searches. County of:
Dated and signed this 15 h. day of under penalty of perjury that I am a of my knowledge and belief. Thereby acknowledge that I ma (Signature of Affiar) State of:	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best be contacted to provide additional information regarding international searches. County of:
Dated and signed this 15 h. day of under penalty of perjury that I am a of my knowledge and belief. Thereby acknowledge that I ma (Signature of Affiar State of: The foregoing instrument was acknowledge that I may be seen to be	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best by be contacted to provide additional information regarding international searches. County of:
Dated and signed this 15 day of under penalty of perjury that I am a sof my knowledge and belief. State of: (Signature of Affiar State of: The foregoing instrument was acknowledge of the state of t	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best by be contacted to provide additional information regarding international searches. County of:
Dated and signed this 15 day of under penalty of perjury that I am a sof my knowledge and belief. State of: (Signature of Affiar State of: The foregoing instrument was acknowledge of the state of t	of FEBRUARY 20 22 at 667 MADISON AV. NY G hereby certify cting on my own behalf and that the foregoing statements are true and correct to the best by be contacted to provide additional information regarding international searches. County of:
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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	IICAA T	ype: None	Otl	_{her:} None	
	elephone number of the pr				eal statement is being
Applicant Company Nam					
Address: 667 Madison			City: New York		
State/Province: New You	rk	Postal Code:	10065-8087	Phone: _2	12-521-2000
hereinafter set forth. (At ANSWER IS "NO" OR	above-named entity, I hatach addendum or separate "NONE," SO STATE. PPLICATION PROCESS	te sheet if space hered ALL FIELDS MUST	on is insufficient HAVE A RESI	to answer an PONSE. INC	y question fully.) IF OMPLETE FORMS
1. Affiant's Full Name (Initials Not Acceptable): F	rirst: Anthony	_Middle:_N/A	Last: <u>W</u>	/elters
2. a. Are you a citizen o	of the United States?				
Yes [\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	No D				,
b. Are you a citizen o	of any other country?				
Yes	№ []				
If yes, what cour	ntry? N/A				
3. Affiant's occupation of	or profession: Chairma	n and CEO, CI	NQ Care, In	c	
	tress: 2300 N Street				
Business telephone:			mail: TWelters		are
5. Education and training	3:				
College/University	<u>City/State</u>		Dates Attend (MM/YY)	<u>ed</u>	<u>Degree</u> Obtained
-	College Purcha	ase NY	09/72-08	<i>1</i> 7Δ	B.A.
	oonogo r arork		Dates Attend		Degree
Graduate Studies	College/University	City/State	(MM/YY	-	Obtained
New York University	Law School	New You	k, NY 09/7	4-06/77 	J.D.
Other Training: Name None	City/State	Dates Attended (MI	M/YY)	Degree/Ce	ertification Obtained

Note:

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

Applicant Company Name: Aetna Insurance Company of Co	nnecticut
NAIC No.: 36153	FEIN: 06-1286276
6. List of memberships in professional societies and asso	ciations:
Name of Contact Name Society/Association	Address of Telephone Number Society/Association of Society/Association
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) 684-944
7. Present or proposed position with the Applicant Comp	any: Director of Loews Corporation
present jobs, positions, partnerships, owner of an ent Please list the most recent first. Attach additional page telephone numbers and supervisory information for the the third-party verification process for international en	•
Beginning/Ending 01/14 Present Employer's Nar	ne: Black Ivy Group LLC
Address: 2300 N Street NW City: Was	Shington State/Province: DC one: 301-407-2000 Offices/Positions Held: Executive Chairman
Country: USA Postal Code: 20037 Pho	one: 301-407-2000 Offices/Positions Held: Executive Chairman
Type of Business: Development	upervisor/Contact: N/A
Beginning/Ending 01/02 _ 12/15 Employer's Nar	ne: UnitedHealth Group (acquired AmeriChoice)
Address: 9900 Bren Road East City: Mini	
Country: USA Postal Code: 55343 Pho	one: 952-936-1300 Offices/Positions Held: EVP/SVP/CEO
Type of Business: Healthcare S	upervisor/Contact: Stephen Hemsley
Beginning/Ending 01/89 12/02 Employer's Nar	_{ne:} HMA/AmeriChoice
Address: 8045 Leesburg Pike City: Vier	ina · State/Province: VA
Country: USA Postal Code: 22182 Pho	ne:Offices/Positions Held; President/CEO
Type of Business: Healthcare S	upervisor/Contact: N/A
Beginning/Ending 05/13 Present Employer's Nar	ne: Loews Corporation
Address: 667 Madison Ave City: New	Y York State/Province: NY
Country: USA Postal Code: 10065 Pho	ne: 2125212000 Offices/Positions Held: Director
Type of Business: Holding Company S	upervisor/Contact: Marc Alpert

Applicant Company Name: Aetna Insurance Company of Connect	ticut
NAIC No.: 36153	FEIN: 06-1286276
9. a. Have you ever been in a position which required a fide Yes No	elity bond?
If any claims were made on the bond, give details:	
•	
b. Have you ever been denied an individual or position s Yes No No	chedule fidelity bond, or had a bond canceled or revoked?
If yes, give details: N/A	
governmental licensing agency or regulatory authority of past. For any non-insurance regulatory issuer, identify licensing authority or regulatory body having jurisdiction is your Social Security Number (SSN) or embeds you reasonably identifiable as your SSN, then write SSN represented by your SSN. (For example, "SSN", "12-SSN the space provided is insufficient.	ses (including licenses to sell securities) issued by any public or a licensing authority that you presently hold or have held in the and provide the name, address and telephone number of the anover the license (s) issued. If your professional license number or SSN or any sequence of more than five numbers that are for that portion of the professional license number that is N-345" or "1234-SSN" (last 6 digits)). Attach additional pages if
Organization/Issuer of License: New York State	Address: P.O. Box 29327
Organization/Issuer of License: New York State 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 Term	
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):
	nination: N/A
Non-Insurance Regulatory Phone Number (if known): N/A	
	aled or expunged, and the affiant has personally verified that the
a. Been refused an occupational, professional, or vocational administrative, or governmental licensing agency? Yes No V	onal license or permit by any regulatory authority, or any public

Applica	ant Company Name	Aetna Insurance Company of Connecticut
NAIC	No.: 36153	FEIN: 06-1286276
b.		onal, professional, or vocational license or permit you hold or have held, been subject to any tive, regulatory, or disciplinary action?
c.		bation or had a fine levied against you or your occupational, professional, or vocational license or ial, administrative, regulatory, or disciplinary action?
d.	Been charged with,	or indicted for, any criminal offense(s) other than civil traffic offenses? No No
e.	Pled guilty, or nolo	contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses? No No
f.		of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence n pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic
	Yes	No [V]
g.	administrative, reg	cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, ulatory, or disciplinary action, from violating any federal, state law or law of another country ness of insurance, securities or banking, or from carrying out any particular practice or practices in usiness of insurance, securities or banking? No No
h.	Been, within the la dispute?	ast ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial
i.	Had a finding mad of small loan law regulation lawfully	by the Comptroller of any state or the Federal Government that you have violated any provisions, banking or trust company laws, or credit union laws, or that you have violated any rule or made by the Comptroller of any state or the Federal Government? No No No No No No No No
j.		losure action filed against you or any entity while you were associated with that entity?
of the o		stion above is yes, please provide details including dates, locations, disposition, etc. Attach a copy adjudication or settlement as appropriate.
-		· · · · · · · · · · · · · · · · · · ·
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Applicant Company Name: Aetna Insurance	Company of Connecticut
NAIC No.: 36153	FEIN: 06-1286276
"control" (including the terms "control direct or indirect, of the power to direct through the ownership of voting secur services, or otherwise, unless the power Control shall be presumed to exist if a	van insurance regulatory authority that you control directly or indirectly. The term olling," "controlled by" and "under common control with") means the possession, rect or cause the direction of the management and policies of a person, whether rities, by contract other than a commercial contract for goods or non-management rer is the result of an official position with or corporate office held by the person any person, directly or indirectly, owns, controls, holds with the power to vote, or (10%) or more of the voting securities of any other person.
None	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
If any of the stock is pledged or hypotheca	ated in any way, give details. N/A
record, 10% or more of the outstanding authority, or its affiliates? An "affiliates"	mediate family individually or cumulatively subscribe to or own, beneficially or of ng shares of stock of any entity subject to regulation by an insurance regulatory te" of, or person "affiliated" with, a specific person, is a person that directly, or ediaries, controls, or is controlled by, or is under common control with, the person
If yes, please identify the company or co- outstanding voting securities. N/A	ompanies in which the cumulative stock holdings represent 10% or more of the
If any of the shares of stock are pledged or N/A	hypothecated in any way, give details.
14. Have you ever been adjudged a bankru	
Yes No V	
If yes, provide details: N/A	
were an officer or director, trustee	or entity (including entities controlled by the holding company) for which you investment committee member, key management employee or controlling events occur while you served in such capacity? If employed at the holding

ote:If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and a splanation provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the before my knowledge and belief. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. All hereby acknowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant) tate of: Virginia County of: Fairfax The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this reduced the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC PROVINCE PUBLIC PUBL	NAIC No.: 36153	na insurance company of connecticut	FEIN: 06-1286276
b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to an judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding? Yes \[\subseteq \] No \[\] c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in an civil, criminal, administrative, regulatory, or disciplinary action? Yes \[\subseteq \] No \[\] Yes \[\subseteq \] No \[\subseteq \] Yes \[\subseteq \] No \[\subseteq \] No \[\subseteq \] Yes \[\subseteq \q \text{Notation the activation of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiantional distance include any events within twelve (12) months after his or her departure from the entity. See Addendum Yes \[\subseteq \subseteq \q \text{Notation the entity.} Yes \[\subseteq \subseteq \q \text{Notation the positive and a give details. When responding to questions (b) and (c), affiantion to the entity. Yes \[\subseteq \q \text{Notation the activation provided.} Yes \[\subseteq \subseteq \q Notation the positive and a give details. When responding to questions (b) and (c), affiantion the positive and a give details. When respond		, license, or certificate of authority by	any regulatory authority, or governmental-licensing
judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding?? Yes	Yes No No	<u>Z</u> D	
c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in an civil, criminal, administrative, regulatory, or disciplinary action? Yes	judicial, administrative,	, regulatory, or disciplinary action	(including rehabilitation, liquidation, receivership,
civil, criminal, administrative, regulatory, or disciplinary action? Yes	Yes 🚺 No 📗		
the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant lould also include any events within twelve (12) months after his or her departure from the entity. See Addendum Ote: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and a replanation provided. ated and signed this 17 day of February 20 22 at McLean, VA I hereby certify ander penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the bear my knowledge and belief. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant) 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 or oduced the following identification: SEAL! CYNTHIA CLARK HOUSEWRIGHT REGISTRATIONS **7730208** COMMONWEALTH OF VIRBINA NOTARY PUBLIC REGISTRATIONS **7730208** C			
ote: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and a splanation provided. ated and signed this 17 day of February 20 22 at McLean, VA . I hereby certify ader penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the befing knowledge and belief. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant) Signature of Affiant) The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this regarding internation of the following identification: The foregoing instrument was acknowledged before me by means of who is personally known to me, or who roduced the following identification: CYNTHIA CLARK HOUSEWRIGHT REGISTRATION 1730208 COMMONWEALTH OF VIRIGINIA YOUR PUBLIC PRIVATE PUBLIC PRI	Yes 🚺 No 📗		
tote:If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and a complanation provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify ader penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the before my knowledge and belief. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant) I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant) I hereby certify the before the before going statements are true and correct to the before going international searches. Signature of Affiant) Thereby acknowledge defore me by means of physical presence or online notarization, this foregoing instrument was acknowledged before me by means of physical presence or online notarization, this foregoing instrument was acknowledged before me by means of who is personally known to me, or who reduced the following identification: [SEAL] CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION # 77 200 20 20 20 20 20 20 20 20 20 20 20 20			
Application provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of penalty	See Addendum		-
Application provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of penalty			
Application provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of penalty			
Application provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of penalty			
Application provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of penalty			
Application provided. Interest and signed this 17 day of February 20 22 at McLean, VA I hereby certify the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best find the penalty of penalty			
ated and signed this 17 day of February 20 22 at McLean, VA . I hereby certify ander penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the before my knowledge and belief. I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Signature of Affiant) tate of: Virginia		t about the accuracy of an answer, the	question should be answered in the positive and an
I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Variable Varia		- Lance	
I hereby acknowledge that I may be contacted to provide additional information regarding international searches. Variable Varia	Dated and signed this 17 da	ay of February 20 22	at McLean, VA . I hereby certify
I hereby acknowledge that I may be contacted to provide additional information regarding international searches. County of: Fairfax	nder penalty of perjury that I a	m acting on my own behalf and that th	e foregoing statements are true and correct to the best
Signature of Affiant) tate of: Virginia County of: Fairfax the foregoing instrument was acknowledged before me by means of physical presence or online notarization, this reduced the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No vember 30, 2025			
Signature of Affiant) tate of: Virginia County of: Fairfax the foregoing instrument was acknowledged before me by means of physical presence or online notarization, this interest of the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No vember 20, 2025	I hereby acknowledge that I	may be contacted to provide additional	information regarding international searches.
Signature of Affiant) tate of: Virginia County of: Fairfax the foregoing instrument was acknowledged before me by means of physical presence or online notarization, this interest of the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No vember 20, 2025	also de la la la set		
County of: Fairfax the foregoing instrument was acknowledged before me by means of physical presence or online notarization, this february, 20 22 by Anthony Welters, and: who is personally known to me, or who reduced the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No versible 30, 2025	y Man Well		
the foregoing instrument was acknowledged before me by means of physical presence or online notarization, this to day of February , 20 22 by Anthony Welters , and: who is personally known to me, or who roduced the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATY	Signature of Af	ffiant)	
the foregoing instrument was acknowledged before me by means of physical presence or online notarization, this to day of February , 20 22 by Anthony Welters , and: who is personally known to me, or who roduced the following identification: CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATY	tate of: Virginia	County of: Fairfax	
Today of February 20 22 by Anthony Welters and: who is personally known to me, or who reduced the following identification:		cknowledged before me by means of	nhysical presence or online noterization this
[SEAL] CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No versiber 30, 2025			_
[SEAL] CYNTHIA CLARK HOUSEWRIGHT NOTARY PUBLIC REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No versiber 30, 2025			/ who is personally known to me, or _ who
SEAL] NOTARY PUBLIC REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No versiber 30, 2025	roduced the following identific	ation:	
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SEAL] NOTARY PUBLIC REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No versiber 30, 2025	1100 200	THE PROPERTY OF THE PARTY OF TH	1 Charles Almanust
COMMONWEALTH OF VIRGINIA MY COMMISSION EXPIRES NOVEMBER 30, 2025 Printed Notary Name No vember 30, 2025		CYNTHIA CLARK HOUSEWRIGHT	
NOVEMBER 30, 2025 Printed Notary Name No versiber 30, 2025	[SEAL]	REGISTRATION # 7730208	Notary Public
	[SEAL]	REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA	
	[SEAL]	REGISTRATION # 7730208 COMMONWEALTH OF VIRGINIA 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 nu required (Do Not Use Group Names)).	•	
Applicant Company Name: The Co	ontinental Corporation and	the Applicant Companie	es listed on Appendix 1
Address: 151 N. Franklin Street		_{City:} Chicago	·
State/Province: Illinois	Postal C	Code: 60606	Phone: 312-822-5000
In connection with the above-nam hereinafter set forth. (Attach adden ANSWER IS "NO" OR "NONE," COULD DELAY THE APPLICATI	dum or separate sheet if space SO STATE. ALL FIELDS M	hereon is insufficient to a MUST HAVE A RESPON	answer any question fully.) II NSE. INCOMPLETE FORMS
1. Affiant's Full Name (Initials Not	Acceptable): First: Douglas	Middle:Merle	Last: Worman
2. a. Are you a citizen of the Unite	d States?		
Yes No No			
b. Are you a citizen of any other	country?		
Yes No No			
If yes, what country? n/a			
3. Affiant's occupation or profession	n: See attached Appendi	x 2.	
4. Affiant's business address: 151	N. Franklin Street, Chica	ago, Illinois 60606	
Business telephone: 312-822-	1214 Busin	ess Email: doug.worma	an@cna.com
5. Education and training:			
College/University	<u>City/State</u>	<u>Dates Attended</u> (MM/YY)	<u>Degree</u> <u>Obtained</u>
Pennsylvania State University	Old Main, State College,	PA 08/85-05/89	9 B.A.
Graduate Studies College/U	<u>University</u> <u>City/S</u>	<u>Dates Attended</u> tate <u>(MM/YY)</u>	<u>Degree</u> <u>Obtained</u>
Other Training: Name City/ None	State Dates Attende	d (MM/YY) I	Degree/Certification Obtained

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

Applicant Company NAIC No.: 36153	Name: Aetna Insura	nce Company	of Connecticut	FE	IN: 06-1286276	
6. List of membersl	nips in professional	societies and	associations:			
Name of Society/Association None	Co	ontact Name			dress of Association	Telephone Number of Society/Association
None						
7. Present or propose Continental Casu	sed position with the	Applicant C	ompany: Director, Aetna	ctor, T	he Continental Co	rporation; Director,
8. List complete en present jobs, pos Please list the motelephone numbe	nployment record fo sitions, partnerships, ost recent first. Attac	r the past two owner of an ch additional nformation fo	enty (20) years, n entity, admini pages if the spac or the past ten (1	whether strator, ce provid	compensated or other manager, operator, directly ded is insufficient. It is	wise (up to and including ectorates or officerships) only necessary to provide on may be required during
					al Casualty Cor	
					State/Province: III	
Country: USA	Postal Code:	60606	Phone: 312-822	2-5000	Offices/Positions Held:	See attached Appendix 2.
Type of Business:	Insurance		Supervisor/C	ontact:	Dino E. Robus	to
Beginning/Ending 1 Dates (MM/YY):_1						
Address: 750 3rd	d Ave. FL 18	City: N	ew York		State/Province: N	ew York
Country: USA	Postal Code:	10017	Phone: 212-471	1-2800	State/Province: N	CEO
	Insurance				John Charman	
Beginning/Ending Dates (MM/YY):	6/10 _06/13	_ Employer's			ptial Holdings	
Address: 1 Exch	ange Plaza	City: N	ew York		State/Province: N	ew York
Country: USA	Postal Code:	1006	Phone: 212-898	B-6600 (Offices/Positions Held:	CEO
Type of Business:	Insurance		Supervisor/C	ontact:	Marty Becker	
Beginning/Ending Dates (MM/YY):	-	_Employer's	_{Name:} See a	attach	ned Appendix 2	
					State/Province:	
Country:	Postal Code:		Phone:	(Offices/Positions Held:	
Type of Business:			Supervisor/C	ontact:		

Applicant Company Nam	Aetna Insurance Company of C	Connecticut	
NAIC No.: 36153		FEIN: 0	6-1286276
· —	en in a position which require	d a fidelity bond?	
Yes	No [
If any claims were made	on the bond, give details: n/a	<u>1</u>	
		sition schedule fidelity bond	d, or had a bond canceled or revoked?
Yes []	<u> </u>		
If yes, give details: n/a			
past. For any non-in licensing authority of is your Social Secureasonably identifial represented by your the space provided is	nsurance regulatory issuer, id r regulatory body having juris- rity Number (SSN) or embe- ble as your SSN, then write SSN. (For example, "SSN", "1 s insufficient.	dentify and provide the natidiction over the license (s) ds your SSN or any seque SSN for that portion of 12-SSN-345" or "1234-SSN	that you presently hold or have held in the me, address and telephone number of the issued. If your professional license number tence of more than five numbers that are f the professional license number that is 3" (last 6 digits)). Attach additional pages if
			Postal Code:
License Type:	License #:	Date Issue	ed (MM/YY):
Date Expired (MM/YY):	Reason fo	or Termination:	
Non-Insurance Regulator	y Phone Number (if known):_		
Organization/Issuer of Li	cense:	Address:	
City:	_ State/Province:	Country:	Postal Code:
License Type:	License #:	Date Issue	ed (MM/YY):
Date Expired (MM/YY):	Reason fo	or Termination:	
Non-Insurance Regulator	y Phone Number (if known):_		
	following, if the record has be expunged, an affiant may resp		d the affiant has personally verified that the Have you ever:
	occupational, professional, or governmental licensing agence		t by any regulatory authority, or any public
Yes	No [

FORM 11

Anı	olicant Company Name	Aetna Insurance Company of Connecticut	
NA	IC No.: 36153	·	FEIN: <u>06-1286276</u>
12.	"control" (including the direct or indirect, of through the ownership services, or otherwise, Control shall be presured.	the terms "controlling," "controlled by" and the power to direct or cause the direction p of voting securities, by contract other that e, unless the power is the result of an office	authority that you control directly or indirectly. The term d "under common control with") means the possession of the management and policies of a person, whether an a commercial contract for goods or non-management ial position with or corporate office held by the person irectly, owns, controls, holds with the power to vote, or ng securities of any other person.
No	ne		
If	any of the stock is pleds	lged or hypothecated in any way, give detail	 _{ls.} n/a
13.	record, 10% or more authority, or its affilia	of the outstanding shares of stock of any ates? An "affiliate" of, or person "affiliate	y or cumulatively subscribe to or own, beneficially or of entity subject to regulation by an insurance regulatory ed" with, a specific person, is a person that directly, on trolled by, or is under common control with, the person
	Yes No No		
	ves, please identify the standing voting securities		mulative stock holdings represent 10% or more of the
If a	•	ck are pledged or hypothecated in any way,	give details.
14.	Have you ever been ad	djudged a bankrupt?	
	Yes No No		
If y	es, provide details: n/a	<u> </u>	
15.	were an officer or of	director, trustee, investment committee of the following events occur while you	ties controlled by the holding company) for which you member, key management employee or controlling a served in such capacity? If employed at the holding

3/24/2025

My Commission Expires

MY COMMISSION EXPIRES: 3/24/2025