West Virginia Ethics Commission Disclosure of Interested Parties to Contracts (Paguired by W. Va. Code § 6D-1-2)

UniCare Health Plan of West Name of Contracting Business Entity: Virginia, Inc.	SS: 200 Association Drive, Suite 200
	Charleston, WV 25311
Name of Authorized Agent: Addre	ss: 200 Association, Suite 200 Charleston, WV 25311
	cription: MHT Managed Care Procurement
Governmental agency awarding contract: Department of Health and Human	
☐ Check here if this is a Supplemental Disclosure	
	conclusionated by the contracting business
List the Names of Interested Parties to the contract which are known or rea entity for each category below (attach additional pages if necessary):	soliably afficipated by the contracting business
1. Subcontractors or other entities performing work or service under	er the Contract
☐ Check here if none, otherwise list entity/individual names below.	
See Attached	
2. Any person or entity who owns 25% or more of contracting entity ☐ Check here if none, otherwise list entity/individual names below.	y (not applicable to publicly traded entities)
UniCare Health Plan of West Virginia is a wholly owned ultimate sub	osidiary of Anthem, Inc.
3. Any person or entity that facilitated, or negotiated the terms of services related to the negotiation or drafting of the applicable c	of, the applicable contract (excluding legal ontract)
☐ Check here if none, otherwise list entity/individual names below.	
Signature: Date S	Signed: 1/24/20
Notary Verification	
	ROINIA BEACH:
entity listed above, being duly sworn, acknowledge that the Disclosure penalty of perjury.	the authorized agent of the contracting business herein is being made under oath and under the
Taken, sworn to and subscribed before me this 24th day of	TRUMEY, 2020.
	NANCY M. NEWSOM Notary Public - Reg. # 191631 Commonwealth of Virginia My Commission Expires Apr. 30, 2021 Revised June 8, 2018

CMA 0511 BMS 30*08 PF: 718212