

Attachment B.11.o
Westport

- 1. Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).**

Westport Insurance Corporation, a member of Swiss Re Ltd.
5200 Metcalf, P.O. Box 2991, Overland Park, KS 66201-1391
(913) 676-5200

Westport is a wholly-owned subsidiary of Swiss Re Solutions Holding Corporation, a Delaware corporation.

- 2. Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable).**

Westport is a corporation that is not listed on the stock exchange.

Robert Petrelli, President and Chief Executive Officer
5200 Metcalf, P.O. Box 2991, Overland Park, KS 66202-1391
Phone: 913-676-5200

Board of Directors:

Robert Petrilli, Chairman
Randy Nordquist, Member
William Steilen, Member
Steven Kelner, Member
Jamie Miller, Member
Brian Evans, Member
Craig Esses, Member
Robert Solitro, Member
Tony Hill, Member

Officers:

President and Chief Executive Officer: Robert Petrilli

Managing Directors: Randy Nordquist, James Gevlin, Craig Zahnd, Thomas Luning,
Gregory Steele, Jaimie Miller, Patrick Mailloux, Sharon Ludlow, Tony Hill, William Steilen

Chief Financial Officer: William Steilen

Senior Vice President: Steven Book, Shawn Sylvester, Anthony Mormino, Peter Borst,
Carlos Boelsterli, Mark Evans, David Kenyon, Marcell Hegglin, Sergio IbanezMarquez,
Sabrena Sally, Jeff Argotsinger, Stephen Ritter, Gregory O'Neil, Jon Albarelli, Arthur

Stirnaman, James George, Brian Fahey, Alfredo Gomez, Jennifer Stevens, Frederic Gindraux, Maury Woodhull, Joyce Allen, David Newkirk, William Flaherty, Eric Edman, John Boulton, Frank Kehrwald, Erika Ozer, Gregory Eaton, Brian Evans, Alexandra Pizzinini, Monica Ningen, Brian Rosenblum, Julie Osborn, Milind Pandya, Steven Anderson, Elissa Kenny

Secretary: Elissa Kenny

Assistant Secretary: Jim Carpenter, Gregory Mischlich, Michele Woodman, Josephine Sanditz

Senior Vice President Tax: Charles Lubochinski

Vice President Tax: Olga Lantuch, Michael Cochran

Vice President: Jairo Zambrano Colmenares, Holly Lowe, Joyce Austin, Michael Beernaert, Debroy Corbin, Michael Gillies, Louis Dimiceli, Amy Bonyko, Marcos Saravia, David Layman, Jim Carpenter

Assistant Vice President: Avril Fitzgerald, Pamela Carr, Anthony Wong, Andrew Krivak

Controller: Deryck Malone

Assistant Controller: Francis Smith, Dennis Engel

Treasurer: Kenneth Holferty

Assistant Treasurer: Deryck Malone

3. Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.

Not applicable.

4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.

Federal taxpayer identification number: 48-0921045

Louisiana taxpayer identification number: 572

5. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state.

Westport is incorporated in the state of Missouri and commercially domiciled in the state of Kansas. For service of process in the state of Louisiana, Westport's representative is as follows:

CT Corporation System
5615 Corporate Blvd.
Ste. 400B
Baton Rouge, LA 70808

- 6. If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.**

Not applicable.

- 7. Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date of 6/24/2011, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.**

On June 9, 2006, Westport Insurance Corporate, then known as Employers Reinsurance Corporation was acquired in a sale by Swiss Re from GE Insurance Solutions. In 2008, Westport merged with a sister company and was renamed to Westport Insurance Corporation.

Within the next 12 months, Westport Insurance Corporation will be part of an internal reorganization within Swiss Re that will result in the ownership of Westport being transferred from Swiss Re Solutions Holding Corporation to a new Delaware holding corporation, SR Corporate Solutions America Holding Corporation. This reorganization with ownership change for Westport will occur before the end of 2011.

Parent Organization: Swiss Re Solutions Holding Corporation

Subsidiary: First Specialty Insurance Corporation (Missouri), Canadian Industrial Risk Insurers Inc. (Canada).

Affiliate: Swiss Reinsurance America Corporation (New York), Flint Hills Insurance Agency, LLC (Missouri), and Core Reinsurance Company Limited (Bermuda).

- 8. Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such**

future offenses. Include your organization's parent organization, affiliates, and subsidiaries.

None.

- 9. Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.**

Westport does not have any specific litigation that was reported in its 2010 Annual Report.

- 10. Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.**

No bankruptcy or insolvency proceedings have been filed.

- 11. If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.**

Not applicable.

- 12. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the organization, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Organization, and, if such**

investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Organization's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.

There have been no Securities Exchange Commission investigations involving our organization.

- 13. If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.**
- a. Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.**
- 14. Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority.**
- a. Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.**

Not applicable. Westport is not performing any duties or services under the Contract on behalf of WellCare for the DHH or the Medicaid enrollees. Westport is merely a reinsurance carrier providing indemnity coverage to WellCare for defined losses incurred by WellCare in servicing the Contract.
 - b. If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.**

Not applicable.
 - c. For key positions/employees which are not full time provide justification as to why the position is not full time. Include a**

description of their other duties and the amount of time allocated to each.

Not applicable.

- 15. Identify (IN THE ATTACHED EXCEL DOCUMENT), all of your organization's publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the Organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.**

PLEASE COMPLETE THIS QUESTION IN THE ATTACHED EXCEL DOCUMENT.

Not applicable.

- 16. Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/non-renewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.**
- a. If the contract was terminated/non-renewed, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.**

We do not have publicly-funded managed care contracts. Our reinsurance agreements are annually renewable. In the natural course of business, some of the reinsurance agreements are terminated at renewal.

- 17. As applicable, provide (in table format) the Organization's current ratings as well as ratings for each of the past three years from each of the following:**

- a. **AM Best Company (financial strengths ratings);**
- b. **TheStreet.com, Inc. (safety ratings); and**
- c. **Standard & Poor's (long-term insurer financial strength.**

Agency	2008	2009	2010	2011
A.M. Best	A+	A+	A+	A
TheStreet.com	N/A	N/A	N/A	
Standard & Poor's	AA-	A+	A+	A+

18. For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract? If yes:

- a. **Provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control.**
- b. **Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed.**
- c. **Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage).**
- d. **Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries.**

Not applicable.

19. Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable.

Not applicable.

- 20. Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries.**

Not applicable.

- 21. If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries.**

Not applicable.

- 22. Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item #15 above that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.**

Not applicable.

- 23. Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.**

Not applicable.

- 24. Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item #12 above. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.**

The organization is not and has not been the subject of a criminal or civil investigation by a state or federal agency.

Swiss Re



Corporate Solutions

Westport Insurance Corporation
5200 Metcalf
P.O. Box 2991
Overland Park, KS 66201
800-255-6931
913-676-5400
www.swissre.com

June 16, 2011

Wade Davenport
Director, Strategic Sourcing
WellCare Health Plans, Inc.
8735 Henderson Road
Renaissance Two
Tampa, FL 33634

Dear Mr. Davenport:

We understand that the Louisiana Department of Health and Hospitals (“DHH”) is soliciting competitive proposals for managed care services through Medicaid Coordinated Care Network Request for Proposals (RFP # 305PUR-DHHRFP-CCN-P-MVA) (the “RFP”), and that WellCare Health Plans, Inc., through certain affiliates (“WellCare”), intends to respond to the RFP.

We also understand that, pursuant to the RFP Proposal Submission and Evaluation Requirements, Part II, Item B.7, WellCare is required to submit a statement that Westport Insurance Corporation (“Westport”) will guarantee its performance to WellCare under the reinsurance agreement.

Please accept this correspondence as the required statement that Westport as a proposed subcontractor for WellCare’s Medicaid managed care business in the State of Louisiana, will unconditionally guarantee performance of each and every obligation, warranty, covenant, term and condition of the reinsurance agreement between Westport and WellCare.

Sincerely,

David G. Newkirk
Senior Vice President
Westport Insurance Corporation

cc: File

CS110374A

Jeff Alan Argotsinger

20613 West 96th Terrace, Lenexa KS 66220

Home: (913) 829-9725 Mobile: (913) 707-1677 Email: Jargots@everestkc.net

CAREER SUMMARY

Highly motivated Business Leader with proven track record of delivering financial results, driving productivity, and working in a collaborative way to drive positive change in complex, global organizations. Hands-on approach with ability to translate business initiatives into clear, actionable strategies. Skilled in all areas of insurance and reinsurance with particular strengths in marketing, product underwriting, claims administration, improving operational efficiencies, talent assessment, new product innovation, building and assessing viability product lines. Excellent communicator with highly developed presentation skills for internal and external communications. Ability to influence at all levels, build meaningful relationships across organizational lines and work effectively within a matrix organizational structure.

PROFESSIONAL EXPERIENCE

SWISS RE, Zurich, Switzerland (acquired GE Insurance Solutions 2006) 1990-Present **Senior Vice President, Director Medical Expense Group, Overland Park, KS**

Business Leader within Insurance and Specialty Division of global leader in reinsurance.

- Profit & Loss responsibilities in leading diverse teams through market cycles in highly competitive products. Created vision for growth and stable market share for \$290M business. Envisioned, resourced and drove full adoption and utilization of an integrated wing-to-wing rating, contract/policy issuance, underwriting system.
- Strategic Planning Leader for annual 4-year product line forecast that included development and presentation to Senior Management. Tactical Planning Leader for execution of annual operating plan. Developed Go-To Market Strategy and Portfolio review presentations for implementation.
- Developed innovative products to differentiate market position, including Medical Travel, Umbilical Cord Blood and a Fully Insured to Self Funded Stop Loss product.
- Collaborated with internal stakeholders to implement process improvements using outsourcing, technology and analysis of processes to reduce costs and increase productivity.
- Introduced an organizational review to new business segment which resulted in a complete reorganization of unit, roles, and performance metrics, creating a more simplified approach to business decisions.
- Proven history of meeting and exceeding expense reduction stretch goals while growing profitable business.
- Provided leadership, coaching, and guidance to direct reports to improve execution and coordination of team goals. Mentored high performers and created development plans to manage out non performers.
- Created vision for production source segmentation with account planning to align distribution sources with highly positive results and returns.
- Partnered closely with claims, operations and IT to drive claims costs down, improve efficiencies and share information across functional lines.
- Co-led US Healthcare Medical Reinsurance Strategy development team. US lead for Global Healthcare Emerging Markets Strategy.
- Nominated and placed in Management Development Pool by Swiss Re (top 2%).

GENERAL ELECTRIC (GE) CO, Overland Park, KS

1995-2006

GE-Insurance Solutions, Second Vice President Business Leader (2001-2006)

P&L Business Leader Overland Park KS (2001-2006)

West Coast Territory Manager, San Francisco CA (1998-2001)

- Numerous job advancement with increased leadership and management responsibilities.
- Led 3 diverse business teams in all aspects of underwriting, sales, marketing, and client relationship management.
- Territory Management of multiple underwriting teams, including marketing, sales and client retention strategies.

- Assignments have included numerous business lines which were underperforming. Led decisions to sell, exit, hold or grow business lines.
- Product line Business Leader for Excess Workers Comp, Primary Small Group Workers Comp, Provider Excess, Employer Stop Loss and HMO excess.
- Six years account treaty representative for all health reinsurance products. Developed strategies with clients to increase market share with new products. Presentations to CEO's, CFO's and Senior Board Members.
- 100% of team obtained Green Belt Certifications. Contributing member to numerous Black Belt Projects to drive productivity improvements.
- Recognized by GE Insurance Solutions with the Summit Award (top 100 employees) for outstanding performance and contributions including: exceeding premium and profitability goals, generating productivity gains in operational efficiencies and improving competencies through performance development.
- Developed and implemented objective rewards system for a variable incentive compensation program. Replaced prior subjective bonus system.

MUTUAL BENEFIT LIFE, KANSAS CITY, MO

1982-1990

Claims Manager and Cost Containment Manager (1985-1990)

- Supervised team of claims professionals processing managing group medical, group disability and dental claims units.
- Initiated Cost Containment Unit and developed business agreements with PPO networks and other Managed Care Vendors.
- Selected to train national claims staff on first electronic claims payment system for Group Major Medical claims.
- Group Claims Analyst for medical and group disability claims.

ZALES CORPORATION, DALLAS TX
Assistant Store Manager

1980-1982

JC PENNEY, CLINTON IA
Merchandise Manager

1978-1980

EDUCATION & TRAINING

Bachelor of Science, Management 1978, University of Northern Iowa
Fellow Life Management Institute (FLMI) 1991, American College

SWISS RE

- Management Development Program
- Accelerating Business Solutions

GENERAL ELECTRIC (GE) TRAINING

- Six Sigma, Green Belt Certified (GE)
- New Manager Development, GE Management Development
- Leadership Interchange, GE Management Development
- Capitalizing on Change
- Workout and Change Acceleration Skills

ACTIVITIES

Community Day Site Leader 2005
Volunteer, Community Day 2000-2004, 2006-2010
United Way
Junior Achievement
Lutheran Church Elder