

Attestation to Abide by the UnitedHealth Group Code of Conduct

I attest that I have read, understand, and will abide by UnitedHealth Group's Code of Conduct: Our Principals of Ethics and Integrity.

I understand that it is my obligation to comply with the law, this Code and all applicable Company policies and contractual obligations.

I further understand that I have an affirmative duty to report all suspected illegal or unethical conduct, including violations of law, this Code, Company policies and contractual obligations, or any concerns about accounting, internal controls, auditing matters, or suspected fraud and abuse. The Company maintains a strict non-retaliation policy for good faith reporting of actual or potential illegal or unethical conduct.

I will carry out my responsibilities for UnitedHealth Group in accordance with this Code, the applicable laws and regulations and the Company's policies and contracts.

By signing this form, I acknowledge that I have reviewed and understand the statements above.

Name: _____

Signature: _____

Date: _____

FMO/Agency: Jack Schroeder and Associates LLC