



Confirmation for 15-month rate guarantee.

I confirm that I understand and agree with the following arrangements related to our 15-month rate guarantee and the impact to the excess loss policy period we are entering into with All Savers Insurance Company or affiliated stop loss carriers (“ASIC”) and United HealthCare Services, Inc. (“United”).

The initial term of the excess loss policy will be a period less than 12 months and therefore will fall under the early termination clause of the Administrative Service Agreement section 6.5, which reads:

If this Agreement or the Stop Loss Policy terminates during the Term of the Agreement or before the end of the third calendar month following the close of the Term of the Agreement, United shall conduct a reconciliation after the twenty fourth calendar month following the close of that Term of the Agreement (the “Reconciliation Date”) and also calculate a reserve (the “Customer IBNR Reserve”) for claims incurred during the Term of the Agreement but not paid prior to the Reconciliation Date. United will reconcile the amount of the cumulative Maximum Monthly Claim Liability payments paid to United for the Term of the Agreement over (i) the amount of claims incurred during the Term of the Agreement and paid before the Reconciliation Date, less any specific stop loss insurance reimbursements, and (ii) the Customer IBNR Reserve. The Customer IBNR Reserve shall be equal to 100% of claim payments made during the three months prior to the Reconciliation Date, and in no event shall the Customer IBNR Reserve be less than \$0. Any amount in excess of the Customer IBNR shall be payable to United as a Deferred Service Fee in accordance with the applicable provision in Section 5.4.

The Individual Stop Loss and Aggregate Stop Loss coverage with ASIC or affiliated stop loss carriers will be in effect for less than a 12-month period, and will renew for a 12-month period immediately following the shortened period. The stop loss limits will reset on the first day of the 12-month period.

By signing below, I confirm full understanding of the above statements.

Legal Business Name: _____

Authorized Signature: _____

Print Name and Title: _____

Date: _____

Broker Signature: _____

Print Name: _____

Date: _____