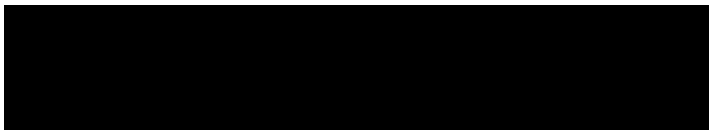


**Committee on Energy and Commerce
U.S. House of Representatives**

Witness Disclosure Requirement - "Truth in Testimony"
Required by House Rule XI, Clause 2(g)

| | | |
|---|----------|---------|
| 1. Your Name: James R. Wadleigh, Jr. | | |
| 2. Are you testifying on behalf of the Federal, or a State or local government entity? | Yes X | No |
| 3. Are you testifying on behalf of an entity that is not a government entity? | Yes | No X |
| 4. Other than yourself, please list which entity or entities you are representing: Access Health CT, Connecticut's Health Insurance Exchange | | |
| 5. Please list any Federal grants or contracts (including subgrants or subcontracts) that you or the entity you represent have received on or after October 1, 2012: | | |
| 6. If your answer to the question in item 3 in this form is "yes," please describe your position or representational capacity with the entity or entities you are representing: | | |
| 7. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony? | Yes | No |
| 8. If the answer to the question in item 3 is "yes," please list any Federal grants or contracts (including subgrants or subcontracts) that were received by the entities listed under the question in item 4 on or after October 1, 2012, that exceed 10 percent of the revenue of the entities in the year received, including the source and amount of each grant or contract to be listed: | | |
| 9. Please attach your curriculum vitae to your completed disclosure form. Please see attached | | |

Signatur



Date: 09/25/2015

Access Health CT

Federal Grant Award after 10/01/2012

Grantor: Department of Health and Human Services, Centers for Medicare & Medicaid Services

Source: Notice of Grant Awards (NGA)

| Grant # | Issue Date | Grant Description | Award |
|-------------|------------|-------------------------------------|-----------------------|
| HBEIE130138 | 12/21/2012 | Level I* | \$ 1,157,350 |
| HBEIE130139 | 12/21/2012 | Level II* | \$ 107,358,676 |
| HBEIE130139 | 10/16/2013 | Level II Supplement | \$ 24,960,892 |
| HBEIE130154 | 2/15/2013 | In Person Assister (IPA) | \$ 2,140,867 |
| HBEIE130154 | 9/12/2013 | In Person Assister (IPA) Supplement | \$ 497,741 |
| HBEIE140178 | 10/23/2013 | 2013 Level I | \$ 20,302,003 |
| HBEIE140178 | 12/17/2014 | 2013 Level I Supplement | \$ 2,146,974 |
| HBEIE150209 | 12/17/2014 | 2014 Level I | \$ 9,256,987 |
| | | | \$ 167,821,490 |

* Grantee transferred from State of Connecticut Office of Policy and Management to Connecticut Health Insurance Exchange.