



USHEALTH1 EXECUTIVE BRIEFING

9/30/19

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USHealth1 is a mid-market benefits agency headquartered in Dallas Texas. We combine over 30 years of experience with superior and innovative products to provide exceptional service and value to our clients. We bring a full range of insurance services including health, life and wealth to both members and employees, but most importantly we remove the frustration of multiple answers, with our **1 solution** model! This simplifies and personalizes insurance, so our clients feel fully empowered. Many firms talk about their “outside the box” thinking but at USHealth1, we have never had a box. Each client is treated as an individual entity with unique needs, objectives and challenges. We are Blue Ocean strategy thinkers bringing that elusive **1 solution** to our clients. Add in the fact that we’re a little OCD — in a good way — stressing over our innovative brand and approach, that has proven to produce broad, affordable benefits for industries and families. We feel we have the people, products, plans and platform to make the strategic moves that produce market-creating changes. Those that will open and capture new market space, with a significant leap in demand.

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THE PROBLEM

Our belief is that the American health, life and wealthcare insurance system as it exists today is fundamentally broken and favors the wrong stakeholders. Our analysts agree that healthcare costs in the U.S. are higher than anywhere else in the world—and pressures are mounting along with expenses. For instance, In 2018, Americans borrowed \$88 billion to pay for their healthcare; and quarter of the population skipped a needed medical treatment because of the cost. These escalating healthcare costs are also having a devastating effect on group and individual’s financial health and preparedness. As a result, our prospects’ health spending has outpaced most expenditures causing most of them to experience medical bankruptcy. It gets worse because by the time consumers get decent health, life or wealth benefits, their intellectual and emotional energy has been expended. The average annual health insurance premiums and workers’ contribution from family coverage went from \$2,713 in 2005 to \$12,840 in 2018 which forces employers to take a variety of steps to get themselves out of managing health insurance by not only shifting cost to employees, but also “reducing benefits. Programs like Individual Health Care Reimbursement Account gives pre tax dollars to employees for which they can buy their own health insurance. The landscape is rapidly changing

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Below is a high to low example of health spending:

Alaska

How much do families in Alaska with employer insurance spend on premiums and out-of-pocket costs?

Yearly household spending on insurance premium contributions, 2017–2018				
	Media n	State range		Percent of individuals with high premium contributions relative to income ¹
		Lo w	High	
Alaska	\$1,500	\$0	\$6,616	7.4%
<i>United States</i>	<i>\$2,200</i>	<i>\$0</i>	<i>\$8,000</i>	<i>11.6%</i>

Yearly household spending on out-of-pocket costs, 2017–2018				
	Media n	State range		Percent of individuals with high out-of- pocket costs relative to income ²
		Lo w	High	
Alaska	\$1,000	\$0	\$6,498	6.4%
<i>United States</i>	<i>\$800</i>	<i>\$0</i>	<i>\$5,000</i>	<i>6.8%</i>



Yearly household spending on premiums & out-of-pocket costs combined, 2017–2019

	Median	State range		Percent of individuals with high premium contributions <i>and</i> high out-of-pocket costs relative to income ³
		Low	High	
Alaska	\$3,080	\$200	\$12,000	1.8%
<i>United States</i>	<i>\$3,700</i>	<i>\$300</i>	<i>\$12,080</i>	<i>2.7%</i>

Florida

How much do families in Florida with employer insurance spend on premiums and out-of-pocket costs?

Yearly household spending on insurance premium contributions, 2017–2018

	Median	State range		Percent of individuals with high premium contributions relative to income ¹
		Low	High	
Florida	\$4,000	\$0	\$8,400	1.0%
<i>United States</i>	<i>\$2,200</i>	<i>\$0</i>	<i>\$8,000</i>	<i>11.6%</i>

Yearly household spending on out-of-pocket costs, 2017–2018



	Median	State range		Percent of individuals with high out-of-pocket costs relative to income ²
		Low	High	
Florida	\$950	\$0	\$7,100	7.4%
<i>United States</i>	<i>\$800</i>	<i>\$0</i>	<i>\$5,000</i>	<i>6.8%</i>

Yearly household spending on premiums & out-of-pocket costs combined, 2017–2018				
	Median	State range		Percent of individuals with high premium contributions <i>and</i> high out-of-pocket costs relative to income ³
		Low	High	
Florida	\$3,050	\$200	\$12,000	3.0%
<i>United States</i>	<i>\$3,700</i>	<i>\$300</i>	<i>\$12,080</i>	<i>2.7%</i>

Most prospects we engage especially in those two states, don't know whom to trust for advice about their health, life and wealth-care benefits. They bring low confidence and the inability to truly understand the differences in available plans. They are sick of lot of answers and just want **1Solution!**

USHealth1 is dedicated to customized, affordable, broad-based insurance bringing transparency, optics and affordability to the system. Amazon Chief Executive Officer Jeff Bezos, Berkshire Hathaway CEO Warren Buffett, and Chase bank CEO Jamie Dimon have joined forces to rebuild the 3.2 trillion-dollar healthcare market and **USHealth1** wants to do the same.

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THE PLANS

“Unfortunately health plans aren’t built for people, but we’re changing that!”

At USHealth1, our many sales discussions, appointments and phone calls have aligned with analysts who report that most firms have shifted from traditional health insurance to self-funded, voluntary plans to help its employees. Traditional plan benefits that are fully paid by employers are now the minority. Innovative employers attempt to control benefit costs but it’s a losing proposition, roughly 40 percent of employees now own their own health plan designed from a voluntary product from the open marketplace and wealth plans are soon to follow.” USHealth1 has a benefit bundle specifically designed for this type demand. One that locks in premiums, stabilizes risk, simplifies the jargon and broadens coverage options. One that is flexible enough to include extensive health coverage, short term life insurance with a customized financial advocacy component. Getting our bundled coverage plans is very straightforward and our self-funded plans range from the prestigious brand names individuals had through their employer to a “build your own” approach based solely on their health/life and wealth condition. USHealth1 supports not only this type plan-strategy but all other approaches that demystifying insurance, easing the challenges users face at the intersection of health and wealth and the missed opportunities for HR administrators to navigate the “new normal” of benefits.”

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THE PLATFORM

“Innovative platforms denote future success. Uber is a transportation platform”

Employee health wealth & life benefits, all on one platform! Our all-in, technology-meets-service platform built to simplify, personalize and optimize how people shop, enroll and live with their benefits. We’re building a platform that integrates our own operated solutions, including in-house care management, across the employee health -wealth-life benefits experience. It’s a support infrastructure comprised of compliance, technology systems, member advocacy, member services, cutting edge apps, carrier integration, and product training and fulfillment, we are developing flexible solutions that are designed so everyone can select what works for them and their organization's unique needs — essentially, they're able to customize their own benefits suite. This is a benefits 2.0 strategy that breeds solutions of things that really matter—things like live-person enrollment management all wrapped up in the most personalized experience for them and their stakeholders. This platform improves the user healthcare experience while ensuring all administrative tasks are processed efficiently and accurately. USHealth1 feels that the best technology shouldn’t come without the best service—the two go together. Common users or HR professionals no longer need to settle because now they can have a modern, simple way to administer employee benefits coupled with the kind of service they deserve.

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THE POSITIONING

“Always position for the greatest revenue potential.....five target industries”

1. Trucking Industry

USHealth1 designed health-wealth-life products for the purpose of providing services and benefits that improve the lives of the professional truck drivers and owner operators. We specialize in custom benefits exclusively for professional truckers as they have unique health needs, by virtue of their continuous travel, and have trouble in accessing healthcare.

We strive to spearhead unprecedented flexibility and creativity in addressing the growing healthcare need of fleet managers, company executives, W2 employers and owner operators and all professional drivers.

A whopping 72% of truck drivers have at least two grave health conditions so most owners realize by offering comprehensive health insurance for drivers they are protecting their business’s greatest asset: their W2 employees.

On the other hand, unfortunately most owner operators’ drivers don’t have adequate health insurance and routinely omit medical treatment altogether. This is especially true if they lack the essential funds for treatment-care or surgeries. Numerous 1099 drivers don’t even have a customary supplier or advisor which can be particularly significant if they have certain health conditions which require observation. And this problem becomes pervasive when mid and large companies must maintain arm length relationship with owner operators while coveting its W2 drivers. However, that tide is turning primarily through better understanding the individual I needs and challenges of this group and providing customized benefits like those from USHealth1.

We design our trucking products on what we call the Big 12:



- Diabetes
- Mental Health
- Obesity
- Heart Disease
- Cancer
- smoking
- Short- and long-term disability
- Affordability of Short term and Universal life insurance
- Financial budgeting
- Credit planning and repair
- Financial checklist
- Tax planning

We are in *early* stage discussions with:



We are in *mid* stage discussion with:



We are in *late* stage discussion with:



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2. Association Industry Focus on healthcare’s changing landscape through the exploration of trends, advocacy, and adoption of best practices to ensure exceptional member experiences via education, public policy, technology, and readiness....non membership dues. For healthcare associations, the rapid shift to value-based payment is disrupting traditional models of clinical care and medical practice. This begs the question: if healthcare will never be the same, how can healthcare-related associations remain the same and expect to thrive? ASAE Foundation generate new revenues. Specifically, Specific examples will be drawn for the initial survey study on how to design and scale financially self-sufficient, new, and innovative services, products, and programs.

Associations have a primary purpose to grow and retain the membership base by extending membership value. Regardless of the association type, they're all trying to figure out how to keep their dues revenue stable, even as some of their members grapple with shrinking margins. Many of our client organizations are seeing a sea of retirements affecting membership and attendance but our analysts provide research results that provide strategic insights to association leaders about identifying the viable and efficient pathways to **USHealth1** ensuring “innovative business ventures that will have an impact. We have also expanded research founded on the premise that *healthcare associations* have a historic opportunity to bring new business-oriented solutions, services, and products to meet changing member needs and produce significant revenues We want to link to these healthcare clinical and medical associations to guarantee the association is viewed as a primary source for education and benefits, particularly health, life and wealth care. **USHealth1** anticipates being the catalyst for their continued efforts in

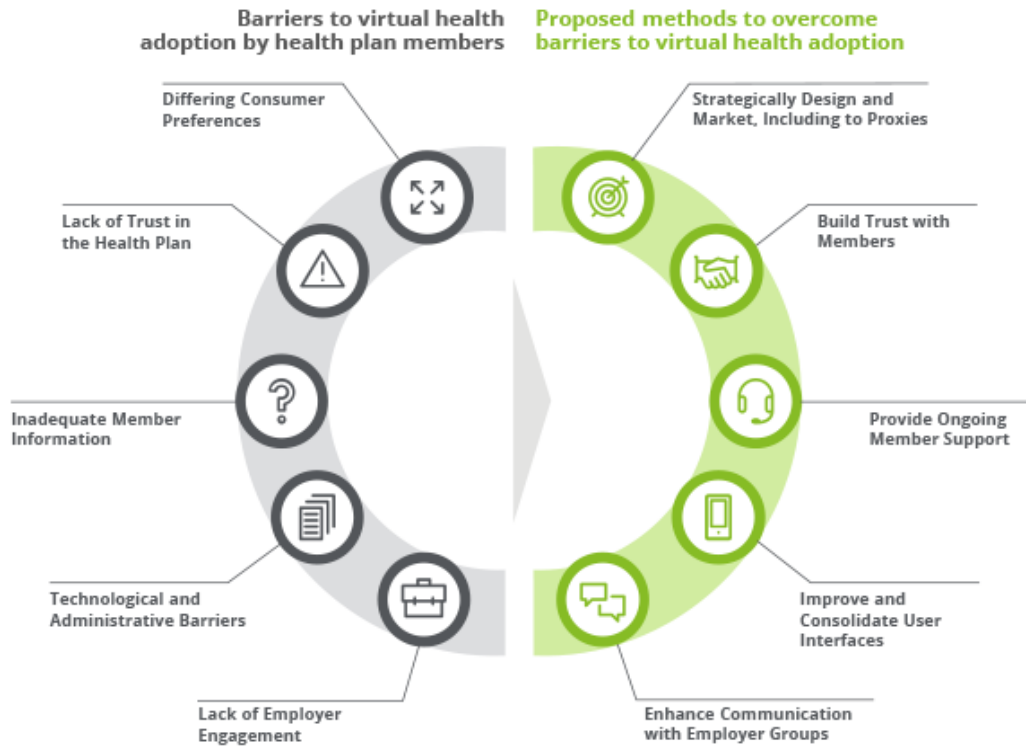


providing benefit coverage that improves and protects the health and financial security of consumers, families, businesses, communities and the nation all tied to these associations. That takes place through partners like USHealth1 so these market-based solutions can help their base and further their impact in public policy strategies to improve the health and wealth condition of our country Association executives will work with us to:

- Promote member choice and market competition
- Simplifying the health, life and wealthcare experience for businesses families and individuals
- Support constructive partnerships within all levels of business
- Partner with benefit providers on the journey from volume to value
- Address the burden of chronic disease and social factors that impact health
- Pursuing the promise of health innovations while ensuring value
- Harnessing data and technology to drive quality, efficiency, and member satisfaction

We are learning that when developing a marketing program, for an association it is extremely important to “walk in the shoes of the association” and understand its concerns and motivations especially in the area of valued member benefits. To that end, USHealth1 takes on the difficult issues like virtual visits, hence Teledoc, in the world of associations. (see diagram):

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Analysts have agreed that 42% of teledoc type services will rule the healthcare space by 2022 though associations are hesitant to fully embrace the technology. These non-insurance type health plans deliver virtual health via computers, mobile applications, and/or wearable devices. Our 360 Teledoc plans partners with virtual health vendors to connect members to a doctor—via phone or video—for low-acuity diagnoses, treatment, or to prescribe medication. Common uses of virtual health include:

- Facilitating patient access
- Improving care coordination
- Delivering disease-management services
- Promoting overall wellness



- Enable monitoring through wearable devices

Many plans, for example, might have a \$0 copayment for virtual primary care visits, but require a copay for in-person visits. We are looking to offer free or discounted wearable devices as a benefit to encourage members to adopt virtual health. Needless to say, we are drastically working on the green side of the above diagram. Teledoc services are part of our basic bundle which works for association members who say” ***‘I’m healthy, I don’t have any health insurance and I need lowest cost options.’*** This basic bundle provides them with dental, vision, limited medical coverage an indemnity for illness and specified disease to help cover basic, medical expenses with a \$100,00 term life plan and five financial advocacy products all for under \$230/mo. Our other two bundles graduate using the same model with more benefit coverage.

Attacking and providing concrete solution to this virtual visit issue is an example of the many critical issues we want to embrace in the association space, but we know it all starts with “walking the shoes of the association”

- ✓ We have recently closed Direct Selling World Alliance with over 62,000 members



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3. Family Industry

The cost of family health-life-wealth care affects every aspect of our nation's benefit care system. It dominates family discussions, and impacts decisions about insurance coverage, and ranks at the top of things American families worry about. It also plays a significant role in a family's decision on whether to get benefits from their jobs or to take an autonomous method. USHealth1 can help any family figure out exactly what they need insurance-wise - no more, no less - which will help them save money and receive broader coverage. Here's some of the unfortunate facts on healthcare we here every day that has led families to USHealth1.

Difficulty paying medical bills can have significant consequences for millions of families. About one-fourth of U.S. adults (26 percent) say they or a household member have had problems paying medical bills in the past year, and about half of this group (12 percent of all Americans) say the bills had a major impact on their family.

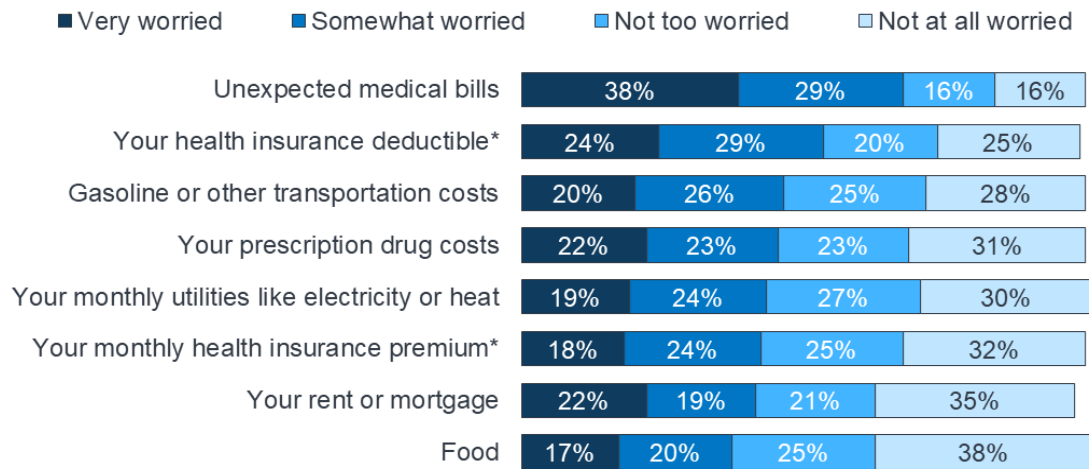
- ***Individuals with employer-sponsored insurance coverage are not immune to problems with health care costs.*** Many problems associated with the cost of health care coverage and services in this country are frequently attributed to the share of the population who are uninsured or buy their own coverage yet the truth is that even individuals with employer-sponsored insurance, especially those in high deductible plans, have difficulty affording their health care or health insurance, and report enormous problems paying medical bills. So much so, the legal industry is fielding more medical bankruptcies than ever before!
- ***Some populations experience the most difficulty with affording the cost of their health care and health insurance.*** Individuals living in households where someone has a serious medical condition, the uninsured, and those



with lower-incomes are more likely to struggle with medical bills and report putting off major health care problems because of cost. See diagram below:

Figure 2
Large Majority Are Worried About Being Able To Afford Surprise Medical Bills For Them And Their Family

How worried, if at all, are you about being able to afford each of the following for you and your family?



NOTE: *Among insured.
 SOURCE: KFF Health Tracking Poll (conducted August 23-28, 2018). See topline for full question wording and response options.



A **USHealth1** Family specialist asks a few simple questions, to cut through the confusion to help make sense of what policies will meet the specific needs of their largest asset; their family. And we make a major dent in family debt by bundling your health, life and wealth insurance. **USHealth1** gives them the power to compare and the freedom to choose. We customize each of our three tier bundles to fully satisfy the need and budget of each family.

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4. Direct Selling Industry

In 2018, there were 18.6 million people were involved in direct selling in the United States, which is the world's largest direct selling market. Their participation varies from those who join direct selling companies as discount buyers, to those who pursue building a business on a part-time as well as full-time basis. Typically the process involves an independent seller buying the goods from the parent company and then selling them to other individuals, sometimes recruiting them to also become independent sellers. Direct selling companies can specialize in anything from wellness supplements to cosmetics to household items.

The direct selling market is a major global retail channel worth US\$184.2 billion in 2018 and is expected to experience a resurgence over the next few years to reach US\$198.1 billion by 2020. Direct selling businesses, face challenges with changing distributor preferences, and other factors

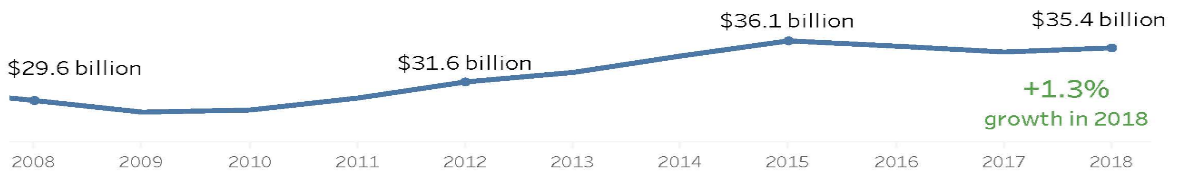
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Direct Selling in the United States 2018 Industry Overview

Direct selling in the United States represents **\$35.4 billion in retail sales** in 2018, a 1.3% increase from 2017. DSA is pleased to announce we've refined data collection since last year to better separate direct sellers from customers. This new research from DSA's Growth & Outlook Report shows there were **6.2 million direct sellers** and **36.6 million customers** during 2018. By dividing the \$35.4 billion in sales by the 6.2 million direct sellers, direct sellers averaged \$5,702 in retail sales per year.

Direct Retail Sales



Direct Sellers

6.2 million direct sellers build a business full time (30 or more hours/week) or part-time (fewer than 30 hours/week) and sell products/services to consumers and may sponsor people to join their team

Full-time
1.0 million

Part-time
5.2 million

More than 36.6 Million Customers

(Excludes those who have not signed an agreement with a direct selling company)

Discount Buyers
10.4 million

Preferred Customers
26.2 million

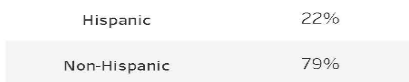
Demographic Breakdowns

(Demographics include both direct sellers and discount buyers)

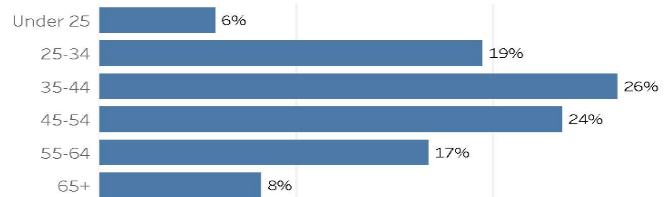
Gender



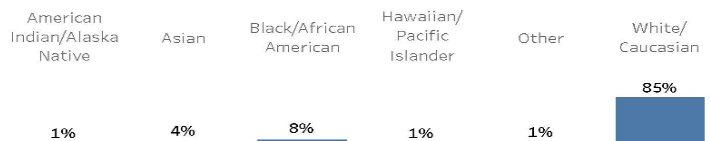
Hispanic Ethnicity



Age



Race



Source: DSA 2019 Growth & Outlook Report: U.S. Direct Selling in 2018; For further information visit www.dsa.org/benefits/research

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The self-employed distributor has historically faced a set of unique trials finding and keeping health insurance. But USHealth1 has made coverage more accessible and affordable for people with low- and middle-class incomes. Each industry profile we target has its specific needs based on their health condition and this industry is no different. It's been interesting to watch the growth for cyber insurance and event insurance over the last few years in this industry. Direct sellers have chosen these base products (i.e. dental, vision, RX discount, limited med major med,) but also need the new customized components below:

Direct Seller Liability



Home Business



Fill the gaps left by most home insurance policies.

Event Insurance



Broad Event Insurance coverage programs and low prices.

Telemedicine App



24X7 Doctor Access – \$0 – FREE! Talk via phone or video.

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Life Insurance



Competitive pricing on Term & Guaranteed Issue Life insurance.

Cyber Insurance



Security, Privacy and Media liability included.

In May of 2019 the Direct Selling World Alliance (DSWA) named **USHealth1** as their exclusively endorsed partner after an extensive vetting process. At the time of this executive briefing we have the full endorsement of our client, **Direct** Selling World Alliance, and 4 major unfolding opportunities.



5. College Industry

Graduating college students and health insurance are not friends. It's a late summer frenzy of scrambling young adults trying to find affordable, year-round health insurance if they lack coverage under a school or parent's health plan. Uninsured students and graduates face significant education-related costs and, as a direct result, have very limited budgets for health insurance coverage, **USHealth1** targets the perennial 70% percent of college students and recent graduates having



difficulty finding affordable insurance coverage. These unexpecting millennials essentially fall into two scenarios:

1. On their own- A lot of students might be surprised to learn they're they're on their own – they're not a dependent of their parent anymore.
 - a. Medicaid -low-income students may benefit from insurance options through Medicaid as many states have expanded their eligibility requirements. Currently, 33 states and the District of Columbia have expanded Medicaid to low-income residents.
 - b. Private Healthcare - securing health insurance through private, non-group insurance markets. Since young adults tend to not start out with high incomes, financial assistance for health insurance is available in every state.
2. Mom and Dad - Many graduates realize that mom and dad are struggling with healthcare options themselves
 - a. Employer group - One natural knee jerk reaction for parents is to add their kids to a private health insurance plan, typically offered through the parent's employer.

USHealth1 can effectively handle this niche as nearly four million students graduating from higher education institutions and 20 million students on their summer break, are feeling the upcoming burden of health insurance, particularly for low-income students or graduates who face impending student loan repayments.

A lot of insurance companies prey on this market niche with “quick fix” strategies like presenting a crafty “short term” choice for new graduates lacking coverage during the summer months, waiting for job-based benefits to begin. However, USHealth1 and health insurance policy experts recommend that students or recent graduates select an insurance plan based on their available financial resources and a plan's coverage. That's the beauty of our benefit bundle strategy. The GE or “graduate essential” is a bundle containing (dental vision, term insurance Teladoc, karis360. ScriptSave budget 101). Medicaid is also an alternative for those who qualify. Our strategy in the college market is similar to that of credit with one exception. Credit card companies target college students because they have a long



credit life ahead of them which t means lots of years of interest payments for the credit card companies and debt for the owner. Conversely, we want to offer graduates the right bundle, at the right time, based on budget, health condition, and growth trends.

THE PRODUCTS

“Products become solutions when they solve a critical business challenge”

USHealth1 utilizes the combined intelligence and buying power of all product partners to offer better rates and better plans of coverage than could be found through a local agent or small agency. Our various products offer a full portfolio of life, health and wealth insurance to help meet a variety of needs for individuals, families, professionals and business owners within our five targeted industries. We helped pioneer the concept of “Benefit Bundles” a simple, one solution, product strategy for each of our five markets. Having access to over 110 health, life and wealth products made the product integration somewhat easy Our small business/ industry experts mine our data to craft plan designs that match market-member needs at a competitive price. This is done by constantly collaborating with our prospect and client base to produce the precise bundle for each respective industry. This overall strategy has also enabled us to attract other top product partners and to recruit top talent for our agent nation. Most important, We have a product design scientist who can create and customize from profile spec. This takes our strategy to new heights and sets us apart from all competitors. All this speaks to our UL or term life insurance, financial advocacy modules, and limited med, major med and non-insurance products, producing that *1 solution* that changes the paradigm. Here are a few of the selected products in our 2019 portfolio

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Health Products	Life Products	Wealth Products
Teledoc, Karis 360, Script Save	Universal Life	Budget 101, Credit Series,
Health Saver Gold, AXIS,	Term Life 100,000	Financial Checklist,
Boston Mutual, OneShare line	Term Life \$200,000	Tax Planning 1099, Risk Tolerance
BI Dental BI Vision, Cigna, BCBS Medicare	Living Benefits	Trust & Wills, Succession Planning

Humana, MAHCA, Medicare,		Asset Allocation, Leverage Power
Medicaid		Active vs Passive Mgt

Once again, our quality products are backed by a commitment to provide broad coverage and keeping insurance premiums stable and as low as possible.

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THE PARTNERS

“True partners are like Godparents.....fully committed extensions”

We have three strategic partners who define our growth in many areas of our business.

Life Insurance: National Life Group is a 170-year-old life and wealth They make the sophisticated simple bringing critical life products to the market and pioneering the “living benefits” products that revolutionized the industry. We have a three-year exclusive partnership that should propel both companies to new heights. Their # 1 broker, Curiman Brokerage works hand in hand with our growth strategies supplying agents, training, products, and office space.

Health Insurance: Oneshare is our healthcare product partner for key profiles in three of our targeted industries They are a medical cost sharing ministry providing a unique, affordable solution. OneShare Health is a health care sharing ministry offering three levels of health share programs – classic, complete, and catastrophic – for individuals and families. Oneshare and USHealth1 came together to bolster our efforts in the Family, Direct Selling and College space. Those industries foster the healthiest prospects which aligns with the powerful wellness and limited med type products they offer. Oneshare also supplies back-end support and excellent agent training These programs are not health insurance but ... These non-health insurance products which gives us quicker ramp up for our agents and less confusion jargon for our clients.



Copeland Group is our largest health partner and lead resource. They are critical to our success as they bring over 92 products, a complete back-end infrastructure, training, compliance, agency support, strategic planning, technology, carrier integration, data analysis, marketing and in-field marketing directors. Joey Brignac is an in-field sr marketing director responsible for our success. He comes with 32 years of C level experience running a premier marketing company that catered to the insurance industry and spent his first 16 years selling multiple lines of health insurance. After a long courting period, Copeland and USHealth1 have contracted a long-term partnership which will be profitable far into the next decade.

Our business model depends on these high-quality relationships, and we continue to find and work to establish niche partnership that bolster these three arrangements. These are true partners leading with honesty and transparency, and an extension of our team A true business companion supporting our strategic vision and goals. At the end of the day we are in this together: the client, the agent, the partners and our company. In dealing with potential clients, our agents must consider our need to maintain single-digit rate increases which is inspired through good quality business. In return, the client and agent link to an exemplary company in which both the agent and the policyholder can establish a long- term relationship.

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THE PEOPLE

In 1980 IBM's global credo started with "respect for the individual"

We are experiencing a pleasant dilemma called controlled growth. In our first ninety days we've;

- ✓ Outgrown our original product partner
- ✓ Signed three major exclusive partnerships
- ✓ Closed a major association
- ✓ Acquired over 715,000 lead list inventories
- ✓ Started to onboard 6 of our incoming 16 agents, eventually growing to 205
- ✓ Started penetrating the +65-age group since adopting Medicare.
- ✓ Opened two Dallas offices and one in Los Angeles and looking to add Orlando
- ✓ Close to adding 13 new agents in Houston
- ✓ Launched the Trucking vertical
- ✓ Joined a national insurance broker board
- ✓ Started early discussion with a product/plan design scientist
- ✓ Developed a strong Q4 pipeline



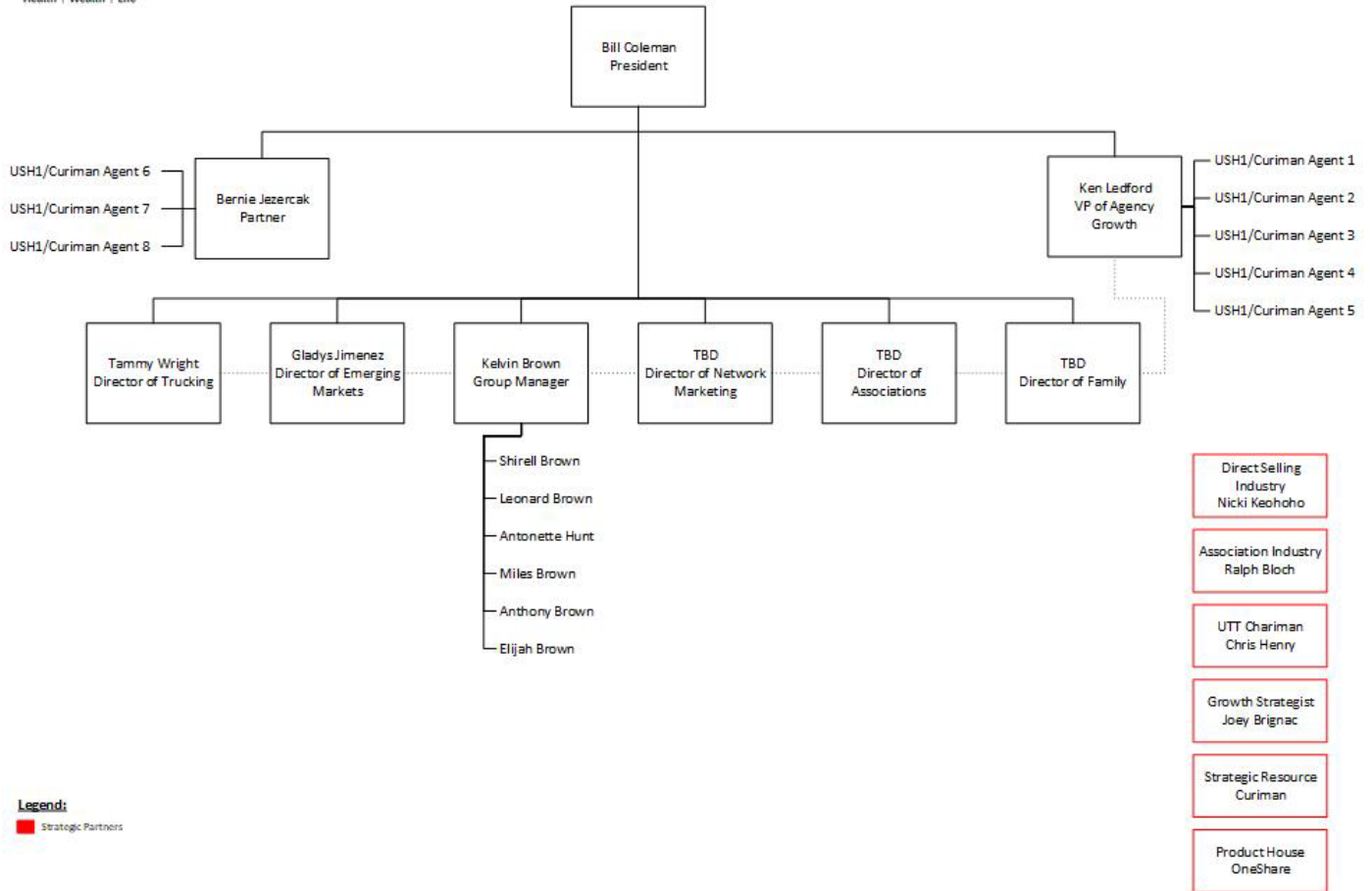
Remarkably we've been able to:

- ✓ Stabilize cashflow management
- ✓ Respond to prospect/customer demand
- ✓ Respond to competition
- ✓ Build our brand
- ✓ Nurture company culture
- ✓ Keep up with market changes
- ✓ Maintaining compliance
- ✓ Grow the executive team
- ✓ Welcome change
- ✓ Say no to the right

None of this takes place without amazing *people*. There is no **USHealth1** without the type people we have on board! I recently sent this to the entire group before Labor Day.

We have a little traction, so we are poised to bring on other high-level managers with abilities to manage all the critical areas of our business to take it to the next level. We're building our team from an external-to-internal perspective to control costs and apply to people's strengths. That means giving people multiple responsibilities according to skill level and demand. We have an early org chart that's growing daily but keeps us on track with structure decisions (see below)

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And it's not just the products and benefits we offer, but how we treat our people. We follow our golden rule and credo that I learned in my early days at IBM:

1. Respect for the individual
2. Respect for the client
3. Do it right the first time!

I also learned later in my career to constantly evaluate and re-evaluate myself because I realize a good, smart CEO will hire their own boss when they realize their skills lie elsewhere in the company.

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PERFORMANCE

TBD

Best Regards,
William F. Coleman | CEO

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