

**Exhibit A-3-b-V2
Milliman Organizational
Conflict of Interest Mitigation Plan Declaration**

Declaration of _____
Milliman Employee Name

Pursuant to Section 92.525, Florida Statutes, I, _____,
Milliman Employee Name
declare and state as follows:

1. I am over the age of 21 and am competent to testify as to the matters stated in this declaration.
2. I am an employee of Milliman, Inc. and as part of my employment, I will perform or I reasonably anticipate performing, services for _____.
Respondent's Name
3. I have read the Milliman Organizational Conflict of Interest Mitigation Plan, and I will fully comply with the requirements therein.

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____, _____ on this _____ day of _____ 202__.
City, State

Signature

Printed Name