

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Larry Joe Merlo

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? \_\_\_\_\_

3. Affiant's occupation or profession: President & Chief Executive Officer, CVS Health

4. Affiant's business address: One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u>       | <u>City/State</u>     | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------------|-----------------------|-------------------------------|------------------------|
| <u>University of Pittsburgh</u> | <u>Pittsburgh, PA</u> | <u>09/73 - 05/78</u>          | <u>B.S., Pharmacy</u>  |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u>              |                           |                   |                               |                        |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>        | <u>Contact Name</u> | <u>Address of Society/Association</u>                  | <u>Telephone Number of Society/Association</u> |
|---|---------------------|--|--|
| National Association of Chain Drug Stores | Steve Anderson      | 1776 Wilson Blvd., Suite 200, Arlington, VA 22209      | 703-549-3001                                   |
| Business Roundtable                       | John Engler         | 300 New Jersey Ave., NW Suite 800 Washington, DC 20001 | 202-872-1260                                   |
| <u>N/A</u>                                |                     |  |  |

7. Present or proposed position with the Applicant Company: Director and Officer

Member of the Board of Directors of CVS Health Corporation; President & CEO of same

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 09/90 - Present Employer's Name: CVS Health Corporation; CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: RI

Country: USA Postal Code: 02895 Phone: 401-770-██████ Offices/Positions Held: President & CEO, President & COO, President - CVS/pharmacy, EVP - Stores, SVP - Stores, AVP

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Board of Directors

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: State of Virginia Address: 9960 Mayland Drive, Suite 300

City: Henrico State/Province: VA Country: USA Postal Code: 23233

License Type: Pharmacist License #: 0202005607 Date Issued (MM/YY): 12/15 (initially issued 11/78)

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 804-367-4456

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

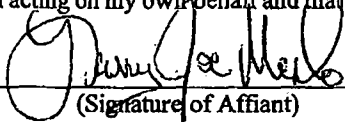
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 8 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

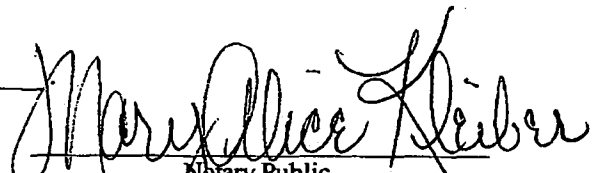
  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 8 day of December, 2017 by Larry Joe Merlo, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

  
 \_\_\_\_\_  
 Notary Public  
 Mary Alice Kleiber  
 \_\_\_\_\_  
 Primary Name  
 Notary Public  
 \_\_\_\_\_  
 State of Rhode Island  
 My Commission Expires 03/13/2020

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Larry Joe Merlo  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   |  |  |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- 7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address    | City       | State/Province | Country | Postal Code |
|--------------------------------|------------|------------|----------------|---------|-------------|
| 08/94 - Present                | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| N/A                            |            |            |                |         |             |
|                                |            |            |                |         |             |
|                                |            |            |                |         |             |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 8 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting of my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 8 day of December, 2017 by Larry Joe Merlo, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
 Notary Public  
 Mary Alice Kleiber  
 Notary Public Name  
 State of Rhode Island  
 My Commission Expires 03/15/2020



**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [redacted]

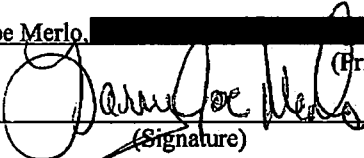
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Larry Joe Merlo, [redacted]  
(Printed Full Name and Residence Address)

  
(Signature)

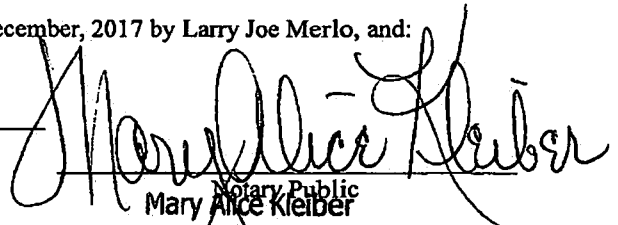
12/8/17  
(Date)

State of: Rhode Island     County of: Providence

The foregoing instrument was acknowledged before me this 8 day of December, 2017 by Larry Joe Merlo, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

  
Notary Public  
Mary Alice Kleiber  
Printed Name  
State of Rhode Island  
My Commission Expires 08/13/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Larry Joe Merlo, [Redacted]  
(Printed Full Name and Residence Address)

[Handwritten Signature]  
(Signature)

12/8/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 8 day of December, 2017 by Larry Joe Merlo, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Handwritten Signature]  
Notary Public  
Mary Alice Kleiber  
Notary Public Name  
State of Rhode Island  
My Commission Expires 03/23/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Larry Joe Merlo [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/8/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 8 day of December, 2017 by Larry Joe Merlo, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public  
Mary Alice Kleiber  
Notary Public Name  
State of Rhode Island  
My Commission Expires 03/13/2020

## CVS Health Corporation

## Biographical Affidavit

Larry Joe Merlo

## Supplement to Item 11

Item 11. Affiant is an executive officer and a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In his capacity as an officer and director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health officers and directors, in various derivative and class action lawsuits alleging that, among other things, the CVS Health officers and directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                         | Date Filed | Case Description   |
|---|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>         | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>      | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.                          |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

|                               |              |                      |            |   |
|-------------------------------|--------------|----------------------|------------|---|
| <i>Gordon v. Ryan, et al.</i> | PC-2012-3098 | Superior Court -- RI | 07/12/2012 | Affiant is named as a defendant, along with certain other officers and directors of then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties with regards to the implementation of internal controls related to controlled substances. The case is closed. |
|-------------------------------|--------------|----------------------|------------|---|

CVS Health Corporation

Biographical Affidavit

Larry Joe Merlo

Supplement to Item 15

Item 15. Affiant is a member of the Board of Directors and an executive officer of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or direct operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

Item 15(c). In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was an executive officer and a director of CVS Health at the time of the settlement, but was not a director at the time of the events that were the subject of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

### BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): David Michael Denton

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Executive Vice President and Chief Financial Officer

4. Affiant's business address: One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u>      | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------------|----------------------|-------------------------------|------------------------|
| <u>Kansas State University</u> | <u>Manhattan, KS</u> | <u>08/83-05/87</u>            | <u>B.S.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>     | <u>City/State</u>        | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|-------------------------------|--------------------------|-------------------------------|------------------------|
|                         | <u>Wake Forest University</u> | <u>Winston-Salem, NC</u> | <u>08/87-05/89</u>            | <u>M.B.A.</u>          |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>CPA</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>None</u>                        |                     |                                       |  |
| <u>N/A</u>                         |                     |                                       |  |

7. Present or proposed position with the Applicant Company: Officer  
Executive Vice President and Chief Financial Officer of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 7/99 - Present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: RI

Country: USA Postal Code: 02895 Phone: 401-770-██████ Offices/Positions Held: CFO; SVP - Finance; other finance executive positions

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Larry J. Merlo, President & CEO

Beginning/Ending

Dates (MM/YY): 1996 - 7/99 Employer's Name: Deloitte & Touche

Address: 125 Summer Street City: Boston State/Province: MA

Country: USA Postal Code: 02110 Phone: \_\_\_\_\_ Offices/Positions Held: Sr. Manager

Type of Business: Management Consulting Firm Supervisor/Contact: Larry Neiterman

Beginning/Ending

Dates (MM/YY): 05/14 - Present Employer's Name: Coach, Inc.

Address: 10 Hudson Yards City: New York State/Province: NY

Country: USA Postal Code: 10001 Phone: 212-594-1850 Offices/Positions Held: Director

Type of Business: Luxury Accessories and Lifestyle Brands Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_



9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None.

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

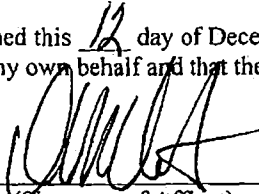
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See Attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12 day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

  
\_\_\_\_\_  
(Signature of Affiant)

State of: New York County of: New York

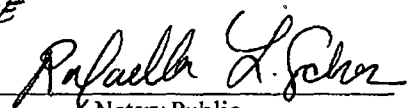
The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

who is personally known to me, or

who produced the following identification: MA DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

  
\_\_\_\_\_  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): David Michael Denton  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending<br/>Date(s) Used (MM/YY)</u> | <u>Name(s)<br/>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>                                       | <u>N/A</u>   | <u>N/A</u>                             |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- 7. Name of Affiant's Spouse (if applicable): [REDACTED]

Applicant Company Name: CVS Health Corporation

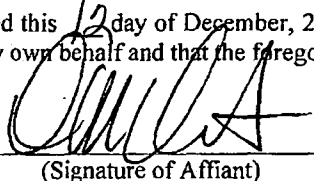
NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address    | City       | State/Province | Country | Postal Code |
|--------------------------------|------------|------------|----------------|---------|-------------|
| 09/15 - present                | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 11/10 - present                | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 10/94 - 11/10                  | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 12 day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

  
(Signature of Affiant)


State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

- who is personally known to me, or
- who produced the following identification: MA DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

  
Notary Public  
RAFAELLA LIBBY SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

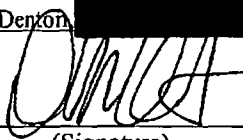
**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Michael Denton, [REDACTED]

(Printed Full Name and Residence Address)



(Signature)

12/12/17

(Date)

State of: New York County of: New York

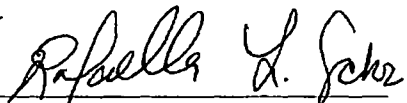
The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

who is personally known to me, or

who produced the following identification: MA DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021



Notary Public  
**RAFAELLA L. SCHOR**  
Printed Notary Name

10/30/2021  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Michael Denton, [REDACTED]

(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/12/17  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

- who is personally known to me, or
- who produced the following identification: MA DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaela L. Schor  
Notary Public  
**RAFAELLA L. SCHOR**  
Printed Notary Name  
10/30/2021  
My Commission Expires



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

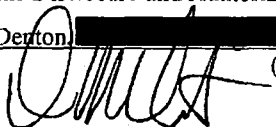
**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Michael Denton, [REDACTED]

(Printed Full Name and Residence Address)



(Signature)

12/12/17

(Date)

State of: New York County of: New York

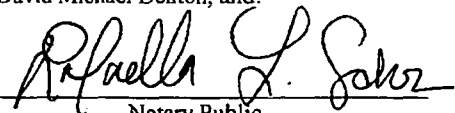
The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

who is personally known to me, or

who produced the following identification: MA DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021



Notary Public  
RAFAELLA L. SCHOR

Printed Notary Name

10/30/2021  
My Commission Expires

Revised 8/18/14

CVS Health Corporation

Biographical Affidavit

David Michael Denton

Supplement to Item 11

**Item 11.** Affiant is an executive officer of CVS Health Corporation (“CVS Health”). In his capacity as an officer of CVS Health, affiant has been named as a defendant, along with certain other CVS Health officers and directors, in various derivative and class action lawsuits alleging that, among other things, the CVS Health officers and directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                         | Date Filed | Case Description   |
|---|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>         | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>      | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.                          |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Michael Denton

Supplement to Item 15

**Item 15.** Affiant is an executive officer of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was an executive officer of CVS Health at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Thomas Michael Moriarty

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

4. Affiant's business address: CVS Health Corporation, One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|-------------------|-------------------------------|------------------------|
| <u>Lafayette College</u>  | <u>Easton, PA</u> | <u>09/81 - 05/85</u>          | <u>B.A.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>                   | <u>City/State</u>          | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---|----------------------------|-------------------------------|------------------------|
|                         | <u>University of Virginia School of Law</u> | <u>Charlottesville, VA</u> | <u>09/86 - 05/89</u>          | <u>J.D.</u>            |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>                   | <u>Contact Name</u>                       | <u>Address of Society/Association</u>  | <u>Telephone Number of Society/Association</u> |
|--|---|--|--|
| RI Bar Association                                   | Helen Desmond<br>McDonald, Exec. Director | 41 Sharpe Dr.<br>Cranston, RI 02920    | 401-421-5740                                   |
| Association of General Counsel                       | Ivan Fong                                 | P.O. Box 117<br>Ledgewood, NJ 07852    | unknown  |
| The Conference Board<br>Chief Legal Officers Council | Bill Ide                                  | 845 Third Avenue<br>New York, NY 10022 | 212-759-0900                                   |

7. Present or proposed position with the Applicant Company: Officer

Executive Vice President, Chief Policy & External Affairs Officer and General Counsel, CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 10/12 - present Employer's Name: CVS Health Corporation/CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: RI

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: EVP and General Counsel; Chief Policy and External Affairs Officer Chief Health Strategy Officer; Chairman of Red Oak Sourcing, LLC

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Larry J. Merlo, President & CEO

Beginning/Ending

Dates (MM/YY): 05/12 - 09/12 Employer's Name: Celgene Corporation

Address: 86 Morris Avenue City: Summit State/Province: NJ

Country: USA Postal Code: 07901 Phone: 908-673-9000 Offices/Positions Held: General Counsel & Secretary

Type of Business: Global Biopharmaceutical Company Supervisor/Contact: Robert Hugin, Chairman & CEO

Beginning/Ending

Dates (MM/YY): 06/00 - 04/12 Employer's Name: Medco Health Solutions, Inc. (formerly Merck-Medco Corporation)

Address: 100 Parsons Pond Drive City: Franklin Lakes State/Province: NJ

Country: USA Postal Code: 07417 Phone: 201-269-3400 Offices/Positions Held: General Counsel, Secretary and President, Global Pharmaceutical Strategies; various other executive positions

Type of Business: Pharmacy Benefit Management Company Supervisor/Contact: David Snow, Chairman & CEO

Beginning/Ending

Dates (MM/YY): 1993 - 06/00 Employer's Name: Merck & Co., Inc. and various subsidiaries

Address: One Merck Drive City: Whitehouse Station State/Province: NJ

Country: USA Postal Code: 08889 Phone: 908-423-1000 Offices/Positions Held: Various positions, including General Counsel, Asst. General Counsel and Senior Attorney

Type of Business: Pharmaceutical Manufacturer Supervisor/Contact: Various

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Supreme Court of New Jersey Address: Office of the Clerk, P.O. Box 970

City: Trenton State/Province: NJ Country: USA Postal Code: 08628

License Type: NJ Attorney License License #: 008871990 Date Issued (MM/YY): 06/90

Date Expired (MM/YY): N/A Reason for Termination: N/A (active)

Non-Insurance Regulatory Phone Number (if known): 609-815-2900

Organization/Issuer of License: Rhode Island Supreme Court Address: 250 Benefit Street

City: Providence State/Province: Rhode Island Country: USA Postal Code: 02903

License Type: Out of State In-House Counsel License #:      Date Issued (MM/YY): 12/12

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 401-222-3272

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No



Applicant Company Name: CVS Health Corporation

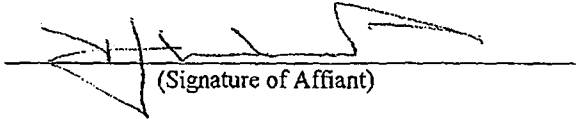
NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11 day of December, 2017 at Florham Park, New Jersey. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

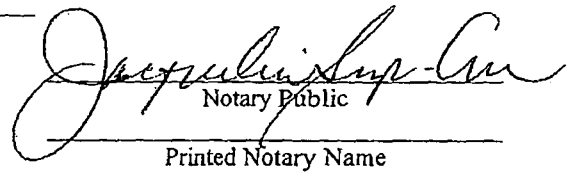
  
(Signature of Affiant)

State of: New Jersey      County of: Morris

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Thomas Michael Moriarty, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

  
Notary Public  
Printed Notary Name

My Commission Expires  
**JACQUELINE SUPER-CORBIN**  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Thomas Michael Moriarty  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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|  |  |  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA

7. Name of Affiant's Spouse (if applicable): [REDACTED]

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 09/11 - Present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 1993 - 2011                           | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11 day of December, 2017 at Florham Park, New Jersey. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Thomas Michael Moriarty, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

**JACQUELINE SUPER-CORBIN**  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018

[Signature]  
Notary Public  
Printed Notary Name  
My Commission Expires \_\_\_\_\_

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Thomas Michael Moriarty \_\_\_\_\_  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/11/2017  
(Date)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Thomas Michael Moriarty, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Jacqueline Super-Corbini  
Notary Public  
Printed Notary Name

My Commission Expires \_\_\_\_\_

**JACQUELINE SUPER-CORBINI**  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018

Revised 8/18/14  
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(Minnesota and Oklahoma)**

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

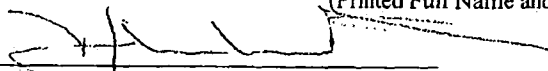
**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Thomas Michael Moriarty: \_\_\_\_\_

(Printed Full Name and Residence Address)

  
\_\_\_\_\_  
(Signature)

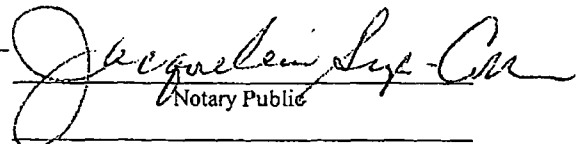
12/11/2017  
\_\_\_\_\_  
(Date)

State of: New Jersey      County of: Morris

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Thomas Michael Moriarty, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

  
\_\_\_\_\_  
Notary Public

Printed Notary Name

**JACQUELINE SUPER-CORBIN**  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419

Revised 8/18/14

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Thomas Michael Moriarty [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/11/2017  
(Date)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Thomas Michael Moriarty, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL.]

**JACQUELINE SUPER-CORBIN**  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018

[Signature]  
Notary Public  
Printed Notary Name

My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Thomas Michael Moriarty

Supplement to Item 15

Item 15. Affiant is an executive officer of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

Item 15(c). In April 2014, CVS Health Corporation entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was an executive officer of CVS Health at the time of the settlement but was not an executive officer at the time of the events that were the subject of the settlement, having joined CVS Health in October 2012. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Colleen Mary McIntosh

2. a. Are you a citizen of the United States?

Yes  No 

b. Are you a citizen of any other country?

Yes  No If yes, what country? N/A3. Affiant's occupation or profession: Attorney4. Affiant's business address: CVS Health Corporation, One CVS Drive, Woonsocket, RI 02895Business telephone: 401-770 [REDACTED]

Business Email: [REDACTED]

5. Education and training:

| <u>College/University</u>    | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------|-------------------|-------------------------------|------------------------|
| <u>St. John's University</u> | <u>Queens, NY</u> | <u>09/79 - 06/83</u>          | <u>B.A.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>    | <u>City/State</u>   | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|------------------------------|---------------------|-------------------------------|------------------------|
|                         | <u>St. John's University</u> | <u>Queens, NY</u>   | <u>09/83 - 06/86</u>          | <u>J.D.</u>            |
|                         | <u>New York University</u>   | <u>New York, NY</u> | <u>09/87 - 12/90</u>          | <u>L.L.M.</u>          |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u>            | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|--|--|
| Society of Corporate Secretaries   | Darla Stuckey       | 240 W. 35th Street, Ste 400, New York, NY 10001  | 212.681.2000                                   |
| Association of Corporate Counsel   | Veta Richardson     | 1001 G Street NW, Ste. 300W Washington, DC 20001 | 202-293-4103                                   |
| <u>N/A</u>                         |                     |  |  |

7. Present or proposed position with the Applicant Company: Officer

Senior Vice President, Secretary and Asst. General Counsel of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 11/13 - present Employer's Name: CVS Health Corporation/CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: SVP, Secretary & Asst. General Counsel

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Tom Moriarty, EVP & General Counsel

Beginning/Ending

Dates (MM/YY): 09/02 - 07/12 Employer's Name: Medco Health Solutions, Inc. (formerly Merck-Medco Corporation)

Address: 100 Parsons Pond Dr. City: Franklin Lakes State/Province: New Jersey

Country: USA Postal Code: 07417 Phone: 201-269-3400 Offices/Positions Held: SVP and Associate General Counsel

Type of Business: Pharmacy Benefit Management Company Supervisor/Contact: Martin Akins

Beginning/Ending

Dates (MM/YY): 09/00 - 08/02 Employer's Name: Morrison & Foerster LLP

Address: 1290 Avenue of the Americas City: New York State/Province: New York

Country: USA Postal Code: 10019 Phone: 212-468-8000 Offices/Positions Held: Partner

Type of Business: Law firm Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 08/94 - 08/00 Employer's Name: Battle Fowler LLP

Address: 75 East 55th Street, Suite 700 City: New York State/Province: New York

Country: USA Postal Code: 10019 Phone: Not available. Offices/Positions Held: Partner

Type of Business: Law Firm Supervisor/Contact: N/A (firm dissolved in 2000)

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: None.

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: New York State Unified Court System Address: Office of Court Administration, 25 Beaver St., Room 852 City: New York State/Province: New York Country: USA Postal Code: 10004

License Type: Attorney License #: 2099497 Date Issued (MM/YY): 02/87

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 800-268-7869

Organization/Issuer of License: Rhode Island Supreme Court Address: 250 Benefit Street

City: Providence State/Province: Rhode Island Country: USA Postal Code: 02903

License Type: Out of State In-House Counsel License #: 9226 Date Issued (MM/YY): 06/14

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 401-222-3272

Organization/Issuer of License: New Jersey Supreme Court Address: Office of the Clerk, P.O. Box 970

City: Trenton State/Province: New Jersey Country: USA Postal Code: 08628

License Type: Out of State In-House Counsel License #: IHC001368 Date Issued (MM/YY): 03/06

Date Expired (MM/YY): 07/12 Reason for Termination: I no longer worked in New Jersey

Non-Insurance Regulatory Phone Number (if known): 609-815-2900

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Organization/Issuer of License: New York State Address: Division of Licensing Services

City: Albany State/Province: New York Country: USA Postal Code: 12208-3490

License Type: Notary License #: 02MC4889743 Date Issued (MM/YY): 03/11

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): (518) 474-4429

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None.

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. N/A

\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.  
N/A

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

\_\_\_\_\_

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached. \_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12 day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*Colleen Mary McIntosh*  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Colleen Mary McIntosh, and:

who is personally known to me, or

who produced the following identification: NY DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

*Rafaella L. Schor*  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Colleen Mary McIntosh  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending<br/>Date(s) Used (MM/YY)</u> | <u>Name(s)<br/>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>[REDACTED]</u>                                | <u>[REDACTED]</u>                                      | <u>Using husband's surname</u>         |
| <u>[REDACTED]</u>                                | <u>[REDACTED]</u>                                      | <u>Using husband's surname</u>         |
| <u>N/A</u>                                       |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 01/14 - Present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 05/96 - 12/13                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| <u>N/A</u>                            |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 12 day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Colleen Mary McIntosh, and:

- who is personally known to me, or
- who produced the following identification: NY DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

[Handwritten Signature]  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Colleen Mary McIntosh [REDACTED]  
(Printed Full Name and Residence Address)

*Colleen McIntosh*  
(Signature)

12/12/17  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Colleen Mary McIntosh, and:

- who is personally known to me, or
- who produced the following identification: NY DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

*Rafaella L. Schor*  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires



**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Colleen Mary McIntosh, [REDACTED]  
(Printed Full Name and Residence Address)

[Handwritten Signature]

(Signature)

12/12/17

(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Colleen Mary McIntosh, and:

- who is personally known to me, or
- who produced the following identification: NY DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

[Handwritten Signature]  
Notary Public  
**RAFAELLA L. SCHOR**  
Printed Notary Name  
10/30/2021  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

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Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Colleen Mary McIntosh [REDACTED]  
(Printed Full Name and Residence Address)  
[Signature] (Signature) 12/12/17 (Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Colleen Mary McIntosh, and:

who is personally known to me, or  
 who produced the following identification: NY DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

[Signature]  
Notary Public  
**RAFAELLA L. SCHOR**  
Printed Notary Name  
10/30/2021  
My Commission Expires

CVS Health Corporation

Biographical Affidavit

Supplement to Item 15

Colleen Mary McIntosh

Item 15(b): Affiant previously served as an officer of Medco Health Solutions, Inc. and certain of its subsidiaries, such as Medco Health, LLC (collectively, "Medco"). In certain jurisdictions, one or more Medco entities had its certificate of authority suspended, to the Affiant's knowledge solely due to the failure to timely file an annual report. None of these entities was denied reinstatement when such reinstatement was sought. None of these actions involved a certificate of authority issued by a Department of Insurance.

Item 15(c): Affiant previously served as an officer of Medco Health Solutions, Inc. and certain of its subsidiaries, such as Medco Health, LLC (collectively, "Medco"). In certain jurisdictions, one or more Medco entities was placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in a civil, administrative, regulatory or disciplinary action. None of the foregoing were material, either to the individual entity, or to Medco Health Solutions, Inc. as a whole.

Item 15(e). In April 2014, CVS Health Corporation entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was an officer of CVS Health at the time of the settlement but was not an officer at the time of the events that were the subject of the settlement, having joined CVS Health roughly six months before the settlement was finalized. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Jonathan Craig Roberts

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Executive Vice President and Chief Operating Officer, CVS Health

4. Affiant's business address: One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u>               | <u>City/State</u>   | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---|---------------------|-------------------------------|------------------------|
| <u>Virginia Commonwealth University</u> | <u>Richmond, VA</u> | <u>09/76 - 06/79</u>          | <u>B.S., Pharmacy</u>  |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u>              |                           |                   |                               |                        |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
|------------------------------------|---------------------|---------------------------------------|--|

None

7. Present or proposed position with the Applicant Company: Officer

Executive Vice President and Chief Operating Officer, CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 03/91 - Present Employer's Name: CVS Health Corporation/CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: RI

Country: USA Postal Code: 02895 Phone: 401-765 Offices/Positions Held: EVP, COO: President - Caremark Pharmacy Services; EVP Rx Purchasing, Pricing and Network Relations; SVP & Chief Information Officer, SVP Store Operations; Area Vice President

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Larry J. Merlo, President & CEO

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

- b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: VA Dept. of Health Professions Address: 9960 Mayland Dr., Ste 300

City: Henrico State/Province: VA Country: USA Postal Code: 23233

License Type: Pharmacist License #: 0202005742 Date Issued (MM/YY): 08/79 (originally)

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 804-367-4400

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

None.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

N/A; See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 13 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Jonathan Craig Roberts, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

- Affiant's Full Name (Initials Not Acceptable): Jonathan Craig Roberts  
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?  
Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: N/A
- Foreign Student ID# (if applicable): N/A
- Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: [REDACTED]
- Name of Affiant's Spouse (if applicable): [REDACTED]

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 07/01 to present                      | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| N/A                                   |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 13 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Jonathan Craig Roberts,

and:  
f who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

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A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jonathan Craig Roberts; [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/13/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Jonathan Craig Roberts, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jonathan Craig Roberts \_\_\_\_\_  
(Printed Full Name and Residence Address)

*Jonathan Craig Roberts*  
(Signature)

12/13/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Jonathan Craig Roberts, and:

who is personally known to me, or who produced the following identification: \_\_\_\_\_

[SEAL]

*Penny Lynne Ferdman*  
Notary Public  
*Penny Lynne Ferdman*  
Printed Notary Name  
*06/09/2021*  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jonathan Craig Roberts: \_\_\_\_\_  
(Printed Full Name and Residence Address)  
[Signature] (Signature) 12/13/17 (Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Jonathan Craig Roberts, and:

who is personally known to me, or who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

CVS Health Corporation

Biographical Affidavit

Jonathan Craig Roberts

Supplement to Item 15

**Item 15.** Affiant is an executive officer of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was an executive officer of CVS Health at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Troyen Anthony Brennan, M.D.

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Chief Medical Officer

4. Affiant's business address: One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u>            | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------------------|-------------------|-------------------------------|------------------------|
| <u>Southern Methodist University</u> | <u>Dallas, TX</u> | <u>09/73 – 12/75</u>          | <u>B.S.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>                               | <u>City/State</u>      | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u>  |
|-------------------------|---|------------------------|-------------------------------|-------------------------|
|                         | <u>University of Oxford</u>                             | <u>Oxford, England</u> | <u>1976 – 1978</u>            | <u>M.S.</u>             |
|                         | <u>Yale University School of Medicine/School of Law</u> | <u>New Haven, CT</u>   | <u>09/78 – 05/84</u>          | <u>M.D./M.P.H./J.D.</u> |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>N/A</u>                         |                     |                                       |  |
|                                    |                     |                                       |  |
|                                    |                     |                                       |  |

7. Present or proposed position with the Applicant Company: Officer  
Executive Vice President and Chief Medical Officer of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 10/08 – Present Employer's Name: CVS Health Corporation/CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: RI

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: EVP & Chief Medical Officer

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Larry J. Merlo, President & CEO

Beginning/Ending

Dates (MM/YY): 03/06 – 10/08 Employer's Name: Aetna Inc.

Address: 151 Farmington Ave. City: Hartford State/Province: CT

Country: USA Postal Code: 06156 Phone: 860-273-0123 Offices/Positions Held: Chief Medical Officer

Type of Business: Health Care Plans Supervisor/Contact: Ronald A. Williams, Chairman & CEO

Beginning/Ending

Dates (MM/YY): 09/87 – 03/06 Employer's Name: Brigham and Women's Hospital

Address: 75 Francis Street City: Boston State/Province: MA

Country: USA Postal Code: 02115 Phone: 617-732-5500 Offices/Positions Held: President and CEO of Physician Hospital Organization, President of Physicians Organization, Professor of Medicine for Harvard Medical School, Internist

Type of Business: Hospital; Medical School Supervisor/Contact: Dick Nesson

Beginning/Ending

Dates (MM/YY): 03/15 – 08/17 Employer's Name: Dartmouth-Hitchcock

Address: One Medical Center Drive City: Lebanon State/Province: NH

Country: USA Postal Code: 03756 Phone: 603-650-5000 Offices/Positions Held: Board of Trustees

Type of Business: Medical Services Supervisor/Contact: N/A

See attached for additional directorships

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Medical License \_\_\_\_\_

Organization/Issuer of License: Board of Registration in Medicine Address: 200 Harvard Mill Square, Suite 330

City: Wakefield State/Province: MA Country: USA Postal Code: 01880

License Type: Medical/Physician License #: 55445 Date Issued (MM/YY): 03/86

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 781-876-8200

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached. \_\_\_\_\_  
\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

N/A ; See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 13<sup>th</sup> day of December, 2017 at Woonsocket, RI. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of December, 2017 by Troyen Anthony Brennan, M.D., and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
Dec 09 2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Troyen Anthony Brennan, M.D.  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such; and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number:
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY):              Place of Birth, City:               
State/Province:              Country: USA
- 7. Name of Affiant's Spouse (if applicable):

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address    | City       | State/Province | Country | Postal Code |
|--------------------------------|------------|------------|----------------|---------|-------------|
| 09/10 – Present                | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 09/07 – 08/10                  | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 13 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: Rhode Island      County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Troyen Anthony Brennan, M.D., and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

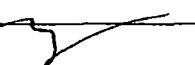
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Troyen Anthony Brennan, M.D. [REDACTED]  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
(Signature) 

12/13/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Troyen Anthony Brennan, M.D., and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Revised 8/18/14  
FORM 11



**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Troyen Anthony Brennan, M.D. [Redacted]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/13/17  
(Date)

State of: Rhode Island      County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Troyen Anthony Brennan, M.D., and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Revised 8/18/14  
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Troyen Anthony Brennan, M.D. \_\_\_\_\_  
(Printed Full Name and Residence Address)  
\_\_\_\_\_  
(Signature) 12/13/17  
\_\_\_\_\_  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 13 day of December, 2017 by Troyen Anthony Brennan, M.D., and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
11 State of Rhode Island  
My Commission Expires 06/09/2021

Revised 8/18/14  
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Supplement to Item 8

Troyen Anthony Brennan, M.D.

Item 8: Additional Directorships

Beginning/Ending

Dates (MM/YY): 07/16 – Present Employer's Name: Decibel Therapeutics, Inc.

Address: 1325 Boylston Street, Suite 500 City: Boston State/Province: MA

Country: USA Postal Code: 02215 Phone: 617-370-8701 Offices/Positions Held: Director

Type of Business: Medical Research Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/16 – Present Employer's Name: LumiraDx Group Ltd.

Address: 3 More London Riverside City: London State/Province: N/A

Country: UK Postal Code: SE1 2AQ Phone: 011-44-1786-430411 Offices/Positions Held: Director

Type of Business: Health Care Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Troyen Anthony Brennan, M.D.

Supplement to Item 11

**Item 11.** Affiant is an executive officer of CVS Health Corporation ("CVS Health"). In his capacity as an officer of CVS Health, affiant has been named as a defendant, along with certain other CVS Health officers and directors, in a class action lawsuit alleging that, among other things, the CVS officers and directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuit is found in the chart below. To the knowledge of affiant, this lawsuit does not involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                   | Date Filed | Case Description  |
|---|---------------|-------------------------|------------|---|
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court<br>-- RI | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active. |

CVS Health Corporation

Biographical Affidavit

Troyen Anthony Brennan, M.D.

Supplement to Item 15

**Item 15.** Affiant is an executive officer of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was an executive officer of CVS Health at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Eva Cecilia Boratto

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Executive Vice President – Controller and Chief Accounting Officer

4. Affiant's business address: One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████

Business Email: ██

5. Education and training:

| <u>College/University</u> | <u>City/State</u>                | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|----------------------------------|-------------------------------|------------------------|
| <u>Rutgers University</u> | <u>New Brunswick, New Jersey</u> |                               | <u>B.S.</u>            |

| <u>Graduate Studies</u>  | <u>College/University</u>         | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------|-----------------------------------|-------------------|-------------------------------|------------------------|
| <u>Drexel University</u> | <u>Philadelphia, Pennsylvania</u> |                   |                               | <u>M.B.A.</u>          |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>None.</u>                       |                     |                                       |  |
|                                    |                     |                                       |  |
|                                    |                     |                                       |  |

7. Present or proposed position with the Applicant Company: Officer

Executive Vice President – Controller and Chief Accounting Officer, CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 07/10 - present Employer's Name: CVS Health Corporation/CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Executive Vice President/Senior Vice President – Controller and Chief Accounting Officer; Senior Vice President, PBM Finance

Type of Business: Integrated pharmacy company Supervisor/Contact: David Denton

Beginning/Ending

Dates (MM/YY): 1990 - 06/10 Employer's Name: Merck & Co., Inc.

Address: 2000 Galloping Hill Road City: Kenilworth State/Province: New Jersey

Country: USA Postal Code: 07033 Phone: 908-740-4000 Offices/Positions Held: Vice President

Type of Business: International Pharmaceutical Company Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None.

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No



- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
Yes  No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?  
Yes  No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?  
Yes  No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  
Yes  No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?  
Yes  No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

N/A

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.

\_\_\_\_\_  
\_\_\_\_\_  
If any of the stock is pledged or hypothecated in any way, give details. N/A  
\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A  
\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A  
\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A  
\_\_\_\_\_

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

N/A; See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11 day of December, 2017 at Scottsdale, Arizona. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

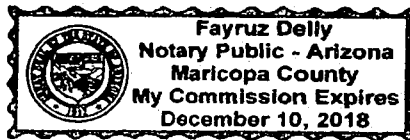
E. C. Boratto  
(Signature of Affiant)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Eva Cecilia Boratto, and:

- who is personally known to me, or
- who produced the following identification: DL

[SEAL]



Fayruz Delly  
Notary Public  
Fayruz Delly  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Eva Cecilia Boratto  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending<br/>Date(s) Used (MM/YY)</u> | <u>Name(s)<br/>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u>     |
|--|--|--|
| <u>██████████</u>                                | <u>██████████</u>                                      | <u>Maiden name – changed upon marriage</u> |
| <u>N/A</u>                                       | <u>N/A</u>   | <u>N/A</u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>                                   |
| <u> </u>   | <u> </u>   | <u> </u>                                   |
| <u> </u>   | <u> </u>   | <u> </u>                                   |
| <u> </u>   | <u> </u>   | <u> </u>                                   |
| <u> </u>   | <u> </u>   | <u> </u>                                   |
| <u> </u>   | <u> </u>   | <u> </u>                                   |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: ██████████

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY): ██████████ Place of Birth, City: ██████████  
State/Province: ██████████ Country: USA

7. Name of Affiant's Spouse (if applicable): ██████████

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending<br/>Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/<br/>Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---|----------------|-------------|----------------------------|----------------|--------------------|
| 2000 – present                            | [REDACTED]     | [REDACTED]  | [REDACTED]                 | USA            | [REDACTED]         |
| 12/14 – present                           | [REDACTED]     | [REDACTED]  | [REDACTED]                 | USA            | [REDACTED]         |
| <u>N/A</u>                                |                |             |                            |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11 day of December, 2017 at Scottsdale, Arizona. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

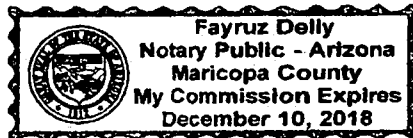
E. C. Boratto  
(Signature of Affiant)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Eva Cecilia Boratto, and:

- who is personally known to me, or
- who produced the following identification: DL

[SEAL]



Fayruz Delly  
Notary Public  
Fayruz Delly  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [redacted]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Eva Cecilia Boratto [redacted]  
(Printed Full Name and Residence Address)

E. C. Boratto  
(Signature)

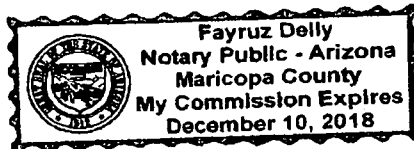
12/11/2017  
(Date)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Eva Cecilia Boratto, and:

- who is personally known to me, or
- who produced the following identification: DL

[SEAL]



Fayruz Dolly  
Notary Public  
Fayruz Dolly  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Eva Cecilia Boratto \_\_\_\_\_  
(Printed Full Name and Residence Address)

E. C. Boratto  
(Signature)

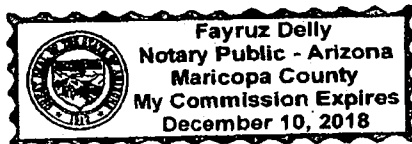
12/11/2017  
(Date)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Eva Cecilia Boratto, and:

who is personally known to me, or  
 who produced the following identification: DL

[SEAL]



Fayruz Delly  
Notary Public  
Fayruz Delly  
Printed Notary Name  
12/18/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

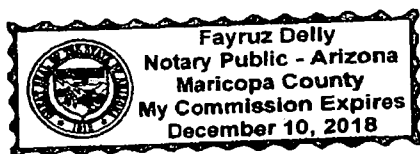
Eva Cecilia Boratto, [Redacted] (Printed Full Name and Residence Address)  
[Signature] (Signature) 12/11/2017 (Date)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Eva Cecilia Boratto, and:

- who is personally known to me, or
- who produced the following identification: DL

[SEAL]



[Signature]  
Notary Public  
Fayruz Delly  
Printed Notary Name  
12/11/17  
My Commission Expires



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Eva Cecilia Boratto

Supplement to Item 15

**Item 15.** Affiant is an executive officer of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was an executive officer of CVS Health at the time of the settlement, but was not an executive officer at the time of the events that were the subject of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Helena Buonanno Foulkes

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Executive Vice President and President -- CVS Pharmacy

4. Affiant's business address: One CVS Drive, Woonsocket, RI 02895

Business telephone: 401-770-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u> | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|----------------------|-------------------------------|------------------------|
| <u>Harvard University</u> | <u>Cambridge, MA</u> | <u>09/82 - 06/86</u>          | <u>A.B.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>      | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|--------------------------------|----------------------|-------------------------------|------------------------|
|                         | <u>Harvard Business School</u> | <u>Cambridge, MA</u> | <u>09/90 - 06/92</u>          | <u>M.B.A.</u>          |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
|-----------------------------|-------------------|-------------------------------|--------------------------------------|

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>        | <u>Contact Name</u> | <u>Address of Society/Association</u>              | <u>Telephone Number of Society/Association</u> |
|---|---------------------|--|--|
| National Association of Chain Drug Stores | Steve Anderson      | 1776 Wilson Blvd., Ste. 200<br>Arlington, VA 22209 | 703-549-3001                                   |
| <u>N/A</u>                                |                     |  |  |

7. Present or proposed position with the Applicant Company: Officer \_\_\_\_\_  
Executive Vice President, CVS Health and President – CVS Pharmacy

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 1992 - Present Employer's Name: CVS Health Corporation/CVS Pharmacy, Inc.

Address: One CVS Drive City: Woonsocket State/Province: RI

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Executive Vice President, President – CVS/Pharmacy; Chief Health Strategy Officer; Chief Marketing Officer; various other executive titles

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Larry J. Merlo, President & CEO

Beginning/Ending

Dates (MM/YY): 09/13 - Present Employer's Name: The Home Depot, Inc.

Address: 2455 Paces Ferry Road City: Atlanta State/Province: GA

Country: USA Postal Code: 30339 Phone: 770-433-8211 Offices/Positions Held: Director

Type of Business: Home Improvement Retailer Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None.

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached.  
\_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Helena Foulkes  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Helena Buonanno Foulkes, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Helena Buonanno Foulkes  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

Beginning/Ending  
Date(s) Used (MM/YY)

Name(s)  
Specify: First, Middle or Last Name

Reason (If none, indicate such)

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u>   |
|--|--|--|
| <u>██████████</u>                                      | <u>██</u>              | <u>Maiden name – changed at marriage</u> |
| <u>N/A</u>   | <u>██████████</u>  | <u>██████████</u>                        |
| <u> </u>   | <u> </u>   | <u> </u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>                                 |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: ██████████
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY): ██████████ Place of Birth, City ██████████  
State/Province: ██ Country: USA
- 7. Name of Affiant's Spouse (if applicable): ██



8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 06/08 - Present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 07/00 - 06/08                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 12 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Helena Buonanno Foulkes  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Helena Buonanno Foulkes, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Helena Buonanno Foulkes \_\_\_\_\_  
(Printed Full Name and Residence Address)

Helena Buonanno Foulkes  
(Signature)

12/12/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Helena Buonanno Foulkes, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Revised 8/18/14  
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770 [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Helena Buonanno Foulkes, [REDACTED]

(Printed Full Name and Residence Address)

*Helena Buonanno Foulkes*  
(Signature)

12/12/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Helena Buonanno Foulkes, and:

who is personally known to me, or who produced the following identification: \_\_\_\_\_

[SEAL]

*Penny Lynne Ferdman*  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

Revised 8/18/14  
FORM 11

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Helena Buonanno Foulkes, \_\_\_\_\_  
(Printed Full Name and Residence Address)  
Helena B Foulkes \_\_\_\_\_  
(Signature) 12/12/17  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Helcna Buonanno Foulkes, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Penny Lynne Ferdman  
Notary Public  
Penny Lynne Ferdman  
Printed Notary Name  
06/09/2021  
My Commission Expires

Penny Lynne Ferdman  
Notary Public  
State of Rhode Island  
My Commission Expires 06/09/2021

CVS Health Corporation

Biographical Affidavit

Helena Buonanno Foulkes

Supplement to Item 11

Item 11. Affiant is an executive officer of CVS Health Corporation ("CVS Health"). In her capacity as an officer of CVS Health, affiant has been named as a defendant, along with certain other CVS Health officers and directors, in a class action lawsuit alleging that, among other things, the CVS Health officers and directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuit is found in the chart below. To the knowledge of affiant, this lawsuit does not involve the licensure of an insurance company.

The affiant is also a member of the Board of Directors of The Home Depot, Inc. ("Home Depot"). In 2015 the affiant was named, along with other Home Depot directors and officers, in a number of shareholder derivative lawsuits alleging breach of fiduciary duty (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, these lawsuits do not involve the licensure of an insurance company.

| Case Caption  | Docket Number | Court                             | Date Filed | Case Description  |
|---|---------------|-----------------------------------|------------|---|
| <i>The Home Depot, Inc. Shareholder Derivative Litigation</i> | 1:15-cv-2999  | U.S. District -- Georgia Northern | 08/25/2015 | Affiant is named as a defendant, through her position on the board of directors of The Home Depot, Inc., in this shareholder derivative suit. The suit alleges that certain officers and directors breached their fiduciary duty by failing to prevent and remedy a data breach. The case is closed.  |
| <i>Frohman v. Bousbib, et al.</i>                             | 1:15-cv-3650  | U.S. District -- Georgia Northern | 10/15/2015 | Affiant is named as a defendant, through her position on the board of directors of The Home Depot, Inc., in this shareholder derivative suit. The suit alleges that certain officers and directors breached their fiduciary duty by failing to prevent and remedy a data breach. The case is closed.  |
| <i>Boron, et al. v. Bracken, et al.</i>                       | PC-2017-4398  | Superior Court -- RI              | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active. |

CVS Health Corporation

Biographical Affidavit

Helena Buonanno Foulkes

Supplement to Item 15

**Item 15.** In addition to her role as an executive officer of CVS Health, the affiant is the President of CVS Pharmacy, Inc. ("CVS"). This entity currently directly operates approximately 1,280 retail stores in five states and, together with its subsidiaries, operates over 9,700 retail pharmacy locations, over 1,100 retail health clinics, and 38 onsite pharmacies in 49 states, the District of Columbia and Puerto Rico. The retail segment of our business maintains over 100,000 licenses in total.

From time to time, CVS or certain of these subsidiary entities have been denied a permit, license or certificate of authority (15.a), or have been subject to disciplinary actions and/or fines by various regulatory authorities (15.b and 15.c). None of the foregoing would be deemed material, either to the individual entity or to CVS as a whole (for example, denial of a license to sell alcohol because the jurisdiction is at its maximum quota, or a suspension of an alcohol license due to a sale to an underage person). To the knowledge of affiant, none of such denials or violations have involved the licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was an executive officer of CVS Health at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

### BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Richard Michael Bracken

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired executive

4. Affiant's business address: N/A

Business telephone: 615-344-██████

Business Email: ██████████████████████████████████

5. Education and training:

| <u>College/University</u>         | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-----------------------------------|----------------------|-------------------------------|------------------------|
| <u>San Diego State University</u> | <u>San Diego, CA</u> | <u>09/70 - 05/74</u>          | <u>B.A.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>          | <u>City/State</u>   | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|------------------------------------|---------------------|-------------------------------|------------------------|
|                         | <u>Medical College of Virginia</u> | <u>Richmond, VA</u> | <u>09/74-05/77</u>            | <u>M.H.A.</u>          |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>        | <u>Contact Name</u> | <u>Address of Society/Association</u>                         | <u>Telephone Number of Society/Association</u> |
|---|---------------------|---|--|
| American College of Healthcare Executives |                     | One North Franklin Street,<br>Suite 1700<br>Chicago, IL 60606 | 312-424-2800                                   |
| <u>N/A</u>                                |                     |   |  |
| <u>N/A</u>                                |                     |   |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 01/15 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Director

Type of Business: Integrated pharmacy company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1981 - 12/14 Employer's Name: HCA (Hospital Corporation of America) – HCA Holdings, Inc. and certain of its subsidiaries and affiliates

Address: One Park Plaza City: Nashville State/Province: Tennessee

Country: USA Postal Code: 37203 Phone: 615-344-██████ Offices/Positions Held: Chairman, Chief Executive Officer, Chief Operating Officer, President, and various other titles during my 30+ years with HCA

Type of Business: Health care services Supervisor/Contact: Board of Directors

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

N/A

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11<sup>th</sup> day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Richard M. Bracken  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Richard Michael Bracken, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

Affiant's Full Name (Initials Not Acceptable): Richard Michael Bracken  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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|  |  |  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number:
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY):                      Place of Birth, City:                       
State/Province:                      Country: USA
- 7. Name of Affiant's Spouse (if applicable):

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending<br/>Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/<br/>Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---|----------------|-------------|----------------------------|----------------|--------------------|
| 09/00 - present                           | [REDACTED]     | [REDACTED]  | [REDACTED]                 | USA            | [REDACTED]         |
| N/A                                       |                |             |                            |                |                    |
|   |                |             |                            |                |                    |
|   |                |             |                            |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 17<sup>th</sup> day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*Richard M. Bracken*  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 17<sup>th</sup> day of December, 2017 by Richard Michael Bracken,

and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

*Kimberly M. Mitchell*  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Michael Bracken, [REDACTED]  
(Printed Full Name and Residence Address)

Richard M Bracken  
(Signature)

12/11/2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Richard Michael Bracken, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires:

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Michael Bracken, [Redacted]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/11/2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Richard Michael Bracken, and:

- who is personally known to me, or  
 who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/18/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard Michael Bracken, [Redacted]  
(Printed Full Name and Residence Address)  
[Signature]  
(Signature) 12/11/2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Richard Michael Bracken, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
12/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 08/08/2020

Revised 8/18/14  
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
 FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Richard Michael Bracken

Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant also served as a director and/or officer of HCA Holdings Inc. and certain of its subsidiaries (collectively "HCA") during a career that spanned over thirty years. In his capacity as a director of HCA, Affiant was named as a defendant, along with other HCA directors and officers, in various derivative and class action lawsuits alleging that, among other things, the HCA directors breached certain fiduciary duties (Item 11.h). Affiant is also aware of adverse judgments as a result of civil litigation in conjunction with HCA's initial public offering and a breach of contract case relative to a hospital acquisition in Kansas City, MO. Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                         | Date Filed | Case Description   |
|---|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>         | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>      | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy  |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

|  |              |                              |            |  |
|--|--------------|------------------------------|------------|--|
|  |              |                              |            | by approving certain business plans that later resulted in litigation claims against the company. The case is active.  |
| <i>Sutton v. Bracken, et al.</i>                   | 3:11-cv-1163 | US District-Tennessee Middle | 12/8/2011  | Affiant is named as a defendant, through his position on the board of directors of HCA, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by failing to ensure financial statements related to the company's IPO adhered to standard accounting procedures. The case is closed. |
| <i>Schroeder v. Bracken, et al.</i>                | 3:11-cv-1185 | US District-Tennessee Middle | 12/16/2011 | Affiant is named as a defendant, through his position on the board of directors of HCA, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by failing to ensure financial statements related to the company's IPO adhered to standard accounting procedures. The case is closed. |
| <i>Pedersen v. Hospital Corp of America, et al</i> | 1:11cv41     | US District-Utah             | 3/15/2011  | Affiant is named as a defendant, through his position as an officer of HCA, in this <i>pro se qui tam</i> case brought under the False Claims Act of 2010. This suit alleges that defendants billed the federal government for services rendered by insufficiently licensed medical professionals. The case is closed.                             |
| <i>Kishtah v. HCA Holdings, Inc., et al.</i>       | 3:11-cv-1098 | US District-Tennessee Middle | 11/16/2011 | Affiant is named as a defendant, through his position on the board of directors of HCA, in this class action. The suit alleges certain officers and directors violated federal securities laws by failing to ensure financial statements related to the company's IPO adhered to standard accounting procedures. The case is closed.               |
| <i>Daniels v. HCA Holdings, Inc., et al.</i>       | 3:11-cv-1170 | US District-Tennessee Middle | 12/12/2011 | Affiant is named as a defendant, through his position on the board of directors of HCA, in this class action. The suit alleges certain officers and directors violated federal securities laws by failing to ensure financial statements related to the company's IPO adhered to standard accounting procedures. The case is closed.               |
| <i>Schuh v. HCA Holdings, Inc., et al.</i>         | 3:11-cv-1033 | US District-Tennessee Middle | 10/28/2011 | Affiant is named as a defendant, through his position on the board of directors of HCA, in this class action. The suit alleges certain officers and directors violated federal securities laws by failing to ensure financial statements related to the company's IPO adhered to standard accounting procedures. The case is closed.               |

CVS Health Corporation

Biographical Affidavit

Richard Michael Bracken

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

Affiant also was an officer and a director of HCA Holdings, Inc. ("HCA") and, as an executive officer of HCA Holdings, Inc. affiant may have been named as an officer or director of multiple entities in the HCA family of entities, which is a large and geographically diverse health care organization with a complex legal and operating structure. From time to time, certain subsidiaries of HCA may have been refused a permit, license, or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended or been subject to judicial, administrative, regulatory or disciplinary action (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to HCA as a whole, and affiant was not personally named or involved in such actions. To the knowledge of affiant, none of the actions involved the licensure of an insurance company.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Clyde David Brown, II

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney at Law

4. Affiant's business address: 390 N. Orange Avenue, Suite 1400, Orlando, FL 32801

Business telephone: 407-839-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u>    | <u>City/State</u>      | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------|------------------------|-------------------------------|------------------------|
| <u>University of Florida</u> | <u>Gainesville, FL</u> | <u>09/69-06/73</u>            | <u>B.S.B.A.</u>        |

| <u>Graduate Studies</u>      | <u>College/University</u> | <u>City/State</u>      | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------|---------------------------|------------------------|-------------------------------|------------------------|
| <u>University of Florida</u> | <u>College of Law</u>     | <u>Gainesville, FL</u> | <u>03/76-06/78</u>            | <u>J.D.</u>            |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u>                    | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|--|--|
| <u>The Florida Bar</u>             |                     | <u>651 E. Jefferson Street<br/>Tallahassee, FL 32399</u> | <u>850-561-5600</u>                            |
| <u>American Bar Association</u>    |                     | <u>321 N. Clark Street<br/>Chicago, IL 60610</u>         | <u>800-285-2221</u>                            |
| <u>N/A</u>                         |                     |  |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 1980-present Employer's Name: Broad and Cassel

Address: 390 N. Orange Ave., Suite 1400 City: Orlando State/Province: Florida

Country: USA Postal Code: 32801 Phone: 407-839-██████ Offices/Positions Held: Associate, Partner, Managing Partner, Chairman

Type of Business: Law Firm Supervisor/Contact: N/A

Directorships

Beginning/Ending

Dates (MM/YY): 3/07 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: (401) 765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 03/01 - 03/07 Employer's Name: Caremark Rx, Inc.

Address: 211 Commerce Street City: Nashville State/Province: Tennessee

Country: USA Postal Code: 37201 Phone: (615) 743-6601 Offices/Positions Held: Director

Type of Business: Pharmacy Benefit Management Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2006 - present Employer's Name: Rayonier Advanced Materials Inc. (previously Rayonier Inc.)

Address: 1301 Riverplace Boulevard, Suite 2300 City: Jacksonville State/Province: Florida

Country: USA Postal Code: 32207 Phone: (904) 357-4600 Offices/Positions Held: Director/Lead Independent Director

Type of Business: Specialty Cellulose Production Supervisor/Contact: N/A

*Continuation of Page 2 number 8:*

**University of Florida Board of Trustees**

Gainesville, FL

352-392-1314

Chairman - April 2012 – January 2015

Committee on Educational Policy & Strategy - Member

Committee on Governance - Member

**University of Florida Board of Trustees**

Gainesville, FL

352-392-1314

February 2004 - January 2008

Committee of External Relations - Member

Committee of Governance - Member

Committee on Educational Policy & Strategy - Chair

**Floribra USA, Inc. & its subsidiaries/affiliates**

Orlando, FL

407-370-9100

November 1994 - present

President and Director

**Banning Lewis Ranch Corp. & its subsidiaries/affiliates**

Orlando, FL

407-370-9100

March 2004 - present

Vice-President/Treasurer

**Old Florida National Bank**

Longwood, FL

407-388-6164

January 2005 - March 2015

Principal Investor, Director

**Centurion Equity, Inc.**

Orlando, FL

407-839-4283

December 1985 - present

President & Director

**Ravonier Advanced Materials Board of Directors**

Jacksonville, FL

904-357-9103

June 2014 - present

Lead Director Compensation & Management Committee - Member

Nominating & Governance Committee - Member

**Orlando Health Board of Directors**

Orlando, FL

321-841-4804

August 2011 - present

Strategic Committee – Vice Chairman

Executive Governance Committee - Member

**ITT/Educational Services Inc. Board of Directors**

Carmel, IN

317-706-9289

January 2015 - September 2016

Compensation Committee - Member

Nominating and Corporate Governance Committee - Member

**Related Person Transactions & Director Independence**

407-839-4283

Webster Creek, LLC

5284 ICC Drive, LLC

SLP, LLC

EXSP, LLC

Lafayette RE, LLC



9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Florida Bar Address: 651 E. Jefferson Street

City: Tallahassee State/Province: Florida Country: USA Postal Code: 32399-2300

License Type: Law License #: 265977 Date Issued (MM/YY): 11/78

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): Bar phone number 850-561-5600

Organization/Issuer of License: Federal Aviation Administration Address: 800 Independence Ave., SW

City: Washington State/Province: D.C. Country: USA Postal Code: 20591

License Type: Pilot License #: 263024751 Date Issued (MM/YY): 1987

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): FAA phone number 866-835-5322

11. In responding to the following; if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. See attached.

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held

by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.

N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12<sup>th</sup> day of December, 2017 at Orlando, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: Florida County of: Orange

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Clyde David Brown, II, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]



**CARMEN VARGAS-MARTIN**  
Commission # GG 151507  
Expires October 15, 2021  
Bonded Thru Budget Notary Services

\_\_\_\_\_  
 Notary Public  
 Carmen Vargas Martin  
 Printed Notary Name  
 10/15/2021  
 My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

- Affiant's Full Name (Initials Not Acceptable): Clyde David Brown, II  
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?  
Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: N/A
- Foreign Student ID# (if applicable): N/A
- Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- Name of Affiant's Spouse (if applicable): [REDACTED]

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 03/08-present                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 02/04-03/08                           | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| N/A                                   |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 12<sup>th</sup> day of December, 2017 at Orlando, Florida. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: Florida County of: Orange

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Clyde David Brown, II, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]



**CARMEN VARGAS-MARTIN**  
Commission # GG 151507  
Expires October 15, 2021  
Bonded Thru Budget Notary Services

*Carmen Vargas-Martin*  
 \_\_\_\_\_  
 Notary Public  
 Carmen Vargas Martin  
 Printed Notary Name  
 October 15, 2021  
 My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Clyde David Brown, II [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/12/2017  
(Date)

State of: Florida County of: Orange

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Clyde David Brown, II, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]



**CARMEN VARGAS-MARTIN**  
Commission # GG 151507  
Expires October 15, 2021  
Bonded Thru Budget Notary Services

[Signature]  
Notary Public  
CARMEN VARGAS-MARTIN  
Printed Notary Name  
October 15, 2021  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

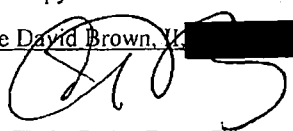
By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Clyde David Brown, II \_\_\_\_\_  
(Printed Full Name and Residence Address)



(Signature)

12/12/2017

(Date)

State of: Florida County of: Orange

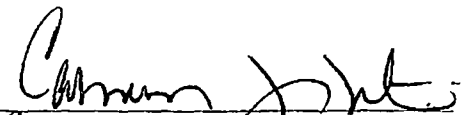
The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Clyde David Brown, II, and:

who is personally known to me, or  
 who produced the following identification: \_\_\_\_\_

[SEAL]



**CARMEN VARGAS-MARTIN**  
Commission # GG 151507  
Expires October 15, 2021  
Bonded Thru Budget Notary Services

  
Notary Public  
Carmen Vargas Martin  
Printed Notary Name  
October 15, 2021  
My Commission Expires



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Clyde David Brown, II, [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]

(Signature)

12/12/2017

(Date)

State of: Florida County of: Orange

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of December, 2017 by Clyde David Brown, II, and:

who is personally known to me, or  
 who produced the following identification: \_\_\_\_\_

[SEAL]



**CARMEN VARGAS-MARTIN**  
Commission # GG 151507  
Expires October 15, 2021  
Bonded Thru Budget Notary Services

[Signature]  
Notary Public  
**Carmen Vargas Martin**  
Printed Notary Name  
October 15, 2021  
My Commission Expires

CVS Health Corporation

Biographical Affidavit

Clyde David Brown, II

Supplement to Item 11

**Item 11.** Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant served as a director of Caremark Rx, Inc. (“CMX”) prior to the March 2007 merger transaction involving CMX and CVS Health. In his capacity as a former director of CMX, and as a director of CVS Health, Affiant was named as a defendant, along with other CMX and CVS Health directors, respectively, in various derivative and class action lawsuits alleging that, among other things, the directors breached certain fiduciary duties. Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Also, affiant currently serves as a director of Rayonier Advanced Materials, Inc. and prior to its spinoff from Rayonier, Inc.. (“Rayonier”) formerly served as a director of Rayonier. Affiant was named as a defendant, along with other Rayonier directors, in actions alleging, among other things, that the directors breached certain fiduciary duties. Additional information regarding the lawsuit is found in the chart below. To the knowledge of affiant, this lawsuit did not involve the licensure of an insurance company.

Also, affiant serves as a director of Orlando National Bank, N.A., and was named as a defendant, along with other directors, in actions alleging, among other things, that the directors breached certain fiduciary duties. These lawsuits have been fully disclosed in various regulatory filings and have been subsequently dismissed in the relevant jurisdiction. None of these lawsuits involve the licensure of an insurance company.

| Case Caption                       | Docket Number | Court                         | Date Filed | Case Description   |
|------------------------------------|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>    | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i> | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |

|  |              |                                   |            |  |
|--|--------------|-----------------------------------|------------|--|
| <i>Feghali v. Merlo, et al.</i>  | 1:17-cv-399  | U.S. District -- Rhode Island     | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Molly v. Boynton, et al.</i>  | 3:17-cv-1157 | U.S. District -- Florida Middle   | 10/13/2017 | Affiant is named as a defendant, through his position on the board of directors of Rayonier, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly inflating the value of certain assets in the company's financial results. The case is active.   |
| <i>Iron Workers of Western Pennsylvania Pension Plan vs. Caremark Rx, Inc., et al.</i>       | 3:06-cv-1097 | U.S. District -- Tennessee Middle | 11/9/2006  | Affiant is named as a defendant, along with certain other officers and directors of then-named CMX, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly providing insiders with preferential treatment during the company's merger with CVS Health. The case is closed.  |
| <i>Pirelli Armstrong Tire Corporation Retiree Medical Benefits Trust v. Crawford, et al.</i> | 3:06-cv-547  | US District-Tennessee Middle      | 05/26/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, abused their control, wasted corporate assets and were unjustly enriched by allegedly unfairly timing stock option grant dates. The case is closed.                        |
| <i>Silverstein v. Caremark Rx, et al.</i>  | 3:06-cv-1180 | US District-Tennessee Middle      | 12/13/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by mispricing CMX during the merger with CVS Health. The case is closed.  |
| <i>Conrardy v. Crawford, et al.</i>  | 3:06-cv-569  | US District-Tennessee Middle      | 06/01/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, abused their control, wasted corporate assets and were unjustly enriched by allegedly unfairly timing stock option grant dates. The case is closed.                        |

|   |              |                                  |            |  |
|---|--------------|----------------------------------|------------|--|
| <i>Caremark Rx Inc. Derivative Litigation</i> | 3:06-cv-535  | U.S. District - Tennessee Middle | 05/24/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly unfairly timing stock option grant dates. The case is closed.  |
| <i>Wuotila v Ryan et al</i>                   | 1:09-cv-620  | US District - RI                 | 12/23/2009 | Affiant is named as a defendant, along with certain other officers and directors of the then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly making false statements about the financial results of the 2007 merger of CVS Health and CMX. The case is closed. |
| <i>Boron, et al. v. Bracken, et al</i>        | PC-2017-4398 | Superior Court -- RI             | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.  |
| <i>Gordon v. Ryan, et al</i>                  | PC-2012-3098 | Superior Court -- RI             | 07/12/2012 | Affiant is named as a defendant, along with certain other officers and directors of then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties with regards to the implementation of internal controls related to controlled substances. The case is closed.  |

CVS Health Corporation

Biographical Affidavit

Clyde David Brown, II

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Alecia Ann DeCoudreaux

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired

4. Affiant's business address: N/A

Business telephone: N/A Business Email: N/A

5. Education and training:

| <u>College/University</u> | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------|----------------------|-------------------------------|------------------------|
| <u>Wellesley College</u>  | <u>Wellesley, MA</u> | <u>09/72-05/76</u>            | <u>B.A.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u>               | <u>City/State</u>      | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---|------------------------|-------------------------------|------------------------|
|                         | <u>Indiana University School of Law</u> | <u>Bloomington, IN</u> | <u>09/76-08/78</u>            | <u>J.D.</u>            |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>N/A</u>                         |                     |                                       |  |
|                                    |                     |                                       |  |
|                                    |                     |                                       |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 03/15 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 07/11 - 06/16 Employer's Name: Mills College

Address: 5000 MacArthur Blvd. City: Oakland State/Province: California

Country: USA Postal Code: 94613 Phone: 510-430-2094 Offices/Positions Held: President

Type of Business: Education Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 11/1980 - 03/11 Employer's Name: Eli Lilly & Company

Address: Lilly Corporate Center City: Indianapolis State/Province: Indiana

Country: USA Postal Code: 46285 Phone: 317-276-2000 Offices/Positions Held: Vice President and Deputy General Counsel; Vice President and General Counsel; Secretary and Deputy General Counsel; Executive Director; Director

Type of Business: Pharmaceutical Company Supervisor/Contact: \_\_\_\_\_

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Supreme Court of Indiana Address: State House, Room 315

City: Indianapolis State/Province: Indiana Country: USA Postal Code: 46204

License Type: Attorney License #: 4703-49 Date Issued (MM/YY): 10/1978

Date Expired (MM/YY): N/A Reason for Termination: Inactive; in Good Standing

Non-Insurance Regulatory Phone Number (if known): 317-232-2540

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?



Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached \_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 12th day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Alecia A. DeCoudreaux  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Alecia Ann DeCoudreaux, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Cathy Tardio  
Notary Public  
Cathy Tardio  
Notary Name  
State of Rhode Island  
My Commission Expires 07/06/2019  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Alecia Ann DeCoudreaux  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

3. Affiant's Social Security Number: [REDACTED]

4. Government Identification Number if not a U.S. Citizen: N/A

5. Foreign Student ID# (if applicable): N/A

6. Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA

7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 06/16 – present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 07/11 – 06/16                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 07/07 – 07/11                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 12th day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Alecia A. DeCoudreaux  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Alecia Ann DeCoudreaux, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Cathy Dardie  
 Notary Public  
 Cathy Dardie  
 Notary Public  
 State of Rhode Island Name  
 My Commission Expires 07/06/2019  
 My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Alecia Ann DeCoudreaux, [REDACTED]  
(Printed Full Name and Residence Address)

Alecia A DeCoudreaux  
(Signature)

December 12, 2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Alecia Ann DeCoudreaux, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Cathy Tardie  
Notary Public  
Cathy Tardie  
Printed Notary Name  
State of Rhode Island  
My Commission Expires 07/08/2019  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Alecia Ann DeCoudreaux, [Redacted]  
(Printed Full Name and Residence Address)

Alecia A. DeCoudreaux  
(Signature)

December 12, 2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Alecia Ann DeCoudreaux, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Cathy Tardie  
Notary Public  
Cathy Tardie  
Notary Public  
State of Rhode Island  
My Commission Expires 07/06/2018  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Alecia Ann DeCoudreaux, [REDACTED]  
(Printed Full Name and Residence Address)  
*Alecia Ann DeCoudreaux*  
(Signature)

December 12, 2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Alecia Ann DeCoudreaux, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Cathy Tardie*  
Notary Public  
Cathy Tardie  
Notary Public  
Printed Name  
State of Rhode Island  
My Commission Expires 07/06/2019  
My Commission Expires



CVS Health Corporation

Biographical Affidavit

Alecia Ann DeCoudreaux

Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In her capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                         | Date Filed | Case Description   |
|---|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>         | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>      | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.                          |

CVS Health Corporation

Biographical Affidavit

Alecia Ann DeCoudreaux

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. None of the denials or violations has involved licensure of an insurance company.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Nancy-Ann Min DeParle

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Partner at a private equity firm

4. Affiant's business address: 1370 Avenue of the Americas, 33rd Floor, New York, NY 10019

Business telephone: 212-660-██████

Business Email: ██

5. Education and training:

| <u>College/University</u>                 | <u>City/State</u>               | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u>        |                        |
|---|---------------------------------|-------------------------------|-------------------------------|------------------------|
| <u>University of Tennessee-Knoxville</u>  | <u>Knoxville, Tennessee</u>     | <u>1974-1978</u>              | <u>B.A.</u>                   |                        |
| <u>Balliol College, Oxford University</u> | <u>Oxford, OX1 3BJ, UK</u>      | <u>1979-1981</u>              | <u>B.A. 1981</u>              |                        |
|   | <u>Tel.: 044 1865 277777</u>    |                               | <u>M.A. 1986</u>              |                        |
| <u>Graduate Studies</u>                   | <u>College/University</u>       | <u>City/State</u>             | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
| <u>Harvard Law School</u>                 | <u>Cambridge, Massachusetts</u> | <u>1979-1980, 1981-1983</u>   |                               | <u>J.D.</u>            |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

N/A

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>                                     | <u>Contact Name</u> | <u>Address of Society/Association</u>               | <u>Telephone Number of Society/Association</u> |
|--|---------------------|---|--|
| District of Columbia Bar   |                     | 1101 K St. NW #200<br>Washington, DC 20005          | 202-737-4700                                   |
| Board of Professional Responsibility of the Supreme Court of Tennessee |                     | Suite 220, 10 Cadillac Drive<br>Brentwood, TN 37027 | 615-361-7500                                   |
| N/A  |                     |   |  |

7. Present or proposed position with the Applicant Company: Director

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 02/14 - present Employer's Name: HCA Holdings Inc.

Address: One Park Plaza City: Nashville State/Province: Tennessee

Country: USA Postal Code: 37203 Phone: 615-344-9551 Offices/Positions Held: Director

Type of Business: Health Care Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 09/13 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/14 - present Employer's Name: Enclara Pharmacia

Address: 1601 Cherry Street, #1700 City: Philadelphia State/Province: PA

Country: USA Postal Code: 19102 Phone: 215-282-1600 Offices/Positions Held: Director

Type of Business: Hospice Pharmacy Benefit Manager; Consonance Capital Portfolio Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 04/15 - 05/17 Employer's Name: KEPRO

Address: 777 East Park Drive City: Harrisburg State/Province: Rhode Island

Country: USA Postal Code: 17111 Phone: 717-564-8288 Offices/Positions Held: Director

Type of Business: Government Contractor/Utilization Management Company; Consonance Capital Portfolio Company  
Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 08/13 - present Employer's Name: Consonance Capital Partners, LLC

Address: 1370 Avenue of the Americas, 33rd Floor City: New York State/Province: New York

Country: USA Postal Code: 10019 Phone: 212-660-8060 Offices/Positions Held: Partner

Type of Business: Private Equity Firm Supervisor/Contact: N/A / Mitchell Blutt, M.D., CEO

Beginning/Ending

Dates (MM/YY): 01/13 - 06/13 Employer's Name: The Brookings Institution

Address: 1775 Massachusetts Avenue, N.W. City: Washington State/Province: DC

Country: USA Postal Code: 20036 Phone: 202-797-6000 Offices/Positions Held: Partner

Type of Business: Think Tank Supervisor/Contact: The Honorable Strobe Talbott, President

Beginning/Ending

Dates (MM/YY): 01/13 - 06/13 Employer's Name: Harvard Law School

Address: 1562 Massachusetts Avenue City: Cambridge State/Province: MA

Country: USA Postal Code: 02138 Phone: 617-49503109 Offices/Positions Held: Lecturer in Law

Type of Business: Academic Supervisor/Contact: Dean Martha Minow

Beginning/Ending

Dates (MM/YY): 03/09 - 01/13 Employer's Name: The White House

Address: 1600 Pennsylvania Ave., NW City: Washington State/Province: DC

Country: USA Postal Code: 20500 Phone: 202-456-1111 Offices/Positions Held: Assistant to the President & Deputy Chief of Staff for Policy; Counselor to the President and Director of the White House Office of Health Reform

Type of Business: Federal Government Supervisor/Contact: The Honorable Barack Obama, President of the United States

Beginning/Ending

Dates (MM/YY): 04/06 - 03/09 Employer's Name: Boston Scientific Corporation

Address: 300 Boston Scientific Way City: Marlborough State/Province: Massachusetts

Country: USA Postal Code: 01752 Phone: 800-876-9960 Offices/Positions Held: Director

Type of Business: Medical Devices Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/01 - 01/13 Employer's Name: Cerner Corporation

Address: 2800 Rockcreek Parkway City: North Kansas City State/Province: MO

Country: USA Postal Code: 64117 Phone: 816-221-1024 Offices/Positions Held: Director

Type of Business: Health Information Technology Supervisor/Contact: N/A

Beginning/Ending

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Dates (MM/YY): 10/08 - 03/09 Employer's Name: Medco Health Solutions

Address: 100 Parsons Pond Dr. City: Franklin Lakes State/Province: New Jersey

Country: USA Postal Code: 07417 Phone: 201-269-3400 Offices/Positions Held: Director

Type of Business: Pharmacy Benefit Management Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/08 - 03/09 Employer's Name: LHP Hospital Group, Inc.

Address: 2400 Dallas Parkway, Suite 450 City: Plano State/Province: Texas

Country: USA Postal Code: 75093 Phone: 866-465-9222 Offices/Positions Held: Director

Type of Business: Privately-held Hospital Company; CCMP Capital Portfolio Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 03/06 - 03/09 Employer's Name: CareMore Health Plan

Address: 12900 Park Plaza Drive, Suite# 150 MS-6150 City: Cerritos State/Province: California

Country: USA Postal Code: 90703 Phone: 562-622-2800 Offices/Positions Held: Director

Type of Business: Medicare Advantage Plan; CCMP Capital Portfolio Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/08 - 03/09 Employer's Name: Noble Environmental Power

Address: 6 Main Street, Suite 121 City: Centerbrook State/Province: CT

Country: USA Postal Code: 06409 Phone: 360-581-5010 Offices/Positions Held: Director

Type of Business: Wind Energy Company; CCMP Capital portfolio company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 08/06 - 03/09 Employer's Name: CCMP Capital, LLC

Address: 245 Park Avenue, 16th Floor City: New York State/Province: New York

Country: USA Postal Code: 10167 Phone: 212-600-9600 Offices/Positions Held: Managing Director

Type of Business: Private Equity Firm Supervisor/Contact: Steve Murray

Beginning/Ending

Dates (MM/YY): 05/02 - 03/09 Employer's Name: The Robert Wood Johnson Foundation

Address: Route 1 & College Road East City: Princeton State/Province: NJ

Country: USA Postal Code: 08543 Phone: 877-843-7953 Offices/Positions Held: Trustee

Type of Business: Foundation Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 07/02 - 07/08 Employer's Name: Medicare Payment Advisory Commission (MedPAC)

Address: 601 New Jersey Avenue, N.W. City: Washington State/Province: DC

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Country: USA Postal Code: 08543 Phone: 202-220-3700 Offices/Positions Held: Commissioner

Type of Business: Congressional Advisory Commission Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/01- 07/08 Employer's Name: DaVita Inc.

Address: 2000 16th Street City: Denver State/Province: Colorado

Country: USA Postal Code: 80202 Phone: 303-405-2100 Offices/Positions Held: Director

Type of Business: Dialysis Services Provider Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2001-2009 Employer's Name: The Wharton School, University of Pennsylvania

Address: 3620 Walnut St. City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19104 Phone: 215-898-7027 Offices/Positions Held: Senior Fellow; Adjunct Professor of Health Care Systems

Type of Business: Education Supervisor/Contact: Mark Pauly, Ph.D.

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: Board of Professional Responsibility of the Supreme Court of Tennessee Address: Suite 220,

10 Cadillac Drive City: Brentwood State/Province: TN Country: USA Postal Code: 37027

License Type: Attorney License #: 010811 Date Issued (MM/YY): 1984

Date Expired (MM/YY): N/A Reason for Termination: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 615-361-7500

Organization/Issuer of License: District of Columbia Bar Address: 1101 K Street, NW Suite 200

City: Washington State/Province: DC Country: USA Postal Code: 20005

License Type: Attorney License #: 417519 Date Issued (MM/YY): 02/89

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 202-737-4700

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No



i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11<sup>th</sup> day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Nancy-Ann Min DeParle  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Nancy-Ann Min DeParle, and:

who is personally known to me, or

who produced the following identification: MD DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaela L. Schor  
Notary Public  
RAFAELLA L SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Nancy-Ann Min DeParle  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending<br/>Date(s) Used (MM/YY)</u> | <u>Name(s)<br/>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>[REDACTED]</u>                                | <u>[REDACTED]</u>                                      | <u>maiden name</u>                     |
| <u>[REDACTED] - present</u>                      | <u>Nancy-Ann Min DeParle</u>                           | <u>married name</u>                    |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- 7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 11/07-present                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 06/99-11/07                           | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| <u>N/A</u>                            |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11<sup>th</sup> day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Nancy-Ann Min DeParle, and:

- who is personally known to me, or
- who produced the following identification: MD DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

[Handwritten Signature]  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**

*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-[REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Nancy-Ann Min DeParle, [REDACTED] \_\_\_\_\_  
 (Printed Full Name and Residence Address)

*Nancy Ann Min DeParle*  
 (Signature)

12/11/2017  
 (Date)

State of: New York      County of: New York

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of Decmber, 2017 by Nancy-Ann Min DeParle, and:

- who is personally known to me, or
- who produced the following identification: MD DRIVERS LICENSE

[SEAL.]

**RAFAELLA LIBBY SCHOR**  
 Notary Public, State of New York  
 No. 01SC6366481  
 Qualified in New York County  
 Commission Expires Oct. 30, 2021

Rafaella L. Schor  
 Notary Public  
RAFAELLA L. SCHOR  
 Printed Notary Name  
10/30/2021  
 My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Nancy-Ann Min DeParle [REDACTED]  
(Printed Full Name and Residence Address)

Ny-Ann Min DeParle  
(Signature)

12/11/2017  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Nancy-Ann Min DeParle, and:

- who is personally known to me, or
- who produced the following identification: MD DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaella L. Schor  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Nancy-Ann Min DeParle, [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12/11/2017  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by Nancy-Ann Min DeParle, and:

who is personally known to me, or  
 who produced the following identification: MD DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaella L. Schor  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

CVS Health Corporation  
 Biographical Affidavit  
 Nancy-Ann Min DeParle  
 Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). In her capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                         | Date Filed | Case Description   |
|---|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>         | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>      | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.                          |



CVS Health Corporation

Biographical Affidavit

Nancy-Ann Min DeParle

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement, but was not on the Board at the time of the events that were the subject of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): David Wyatt Dorman

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Non-Executive Chairman of the Board, CVS Health Corporation

4. Affiant's business address: Tower Place 200, Suite 1000, 3348 Peachtree Rd., NE, Atlanta, GA 30326

Business telephone: 404-835-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u> | <u>City/State</u>  | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u>      |
|---------------------------|--------------------|-------------------------------|-----------------------------|
| <u>Georgia Tech</u>       | <u>Atlanta, GA</u> | <u>08/72-08/75</u>            | <u>B.S. Industrial Mgmt</u> |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u>              |                           |                   |                               |                        |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
|------------------------------------|---------------------|---------------------------------------|--|

N/A

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation; Chairman of the Board

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Employment

Beginning/Ending

Dates (MM/YY): 07/13 – present Employer's Name: Centerview Capital Technology Partners

Address: Tower Place 200, Suite 100, 3348 Peachtree Road City: Atlanta State/Province: GA

Country: USA Postal Code: 30326 Phone: 404-835- [REDACTED] Offices/Positions Held: Founding Partner

Type of Business: Growth Equity Investments/Later Stage Technology Funds Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2006-4/2008 Employer's Name: Warburg Pincus, LLC

Address: 450 Lexington Avenue City: New York State/Province: New York

Country: USA Postal Code: 10017 Phone: 212-878-0600 Offices/Positions Held: Senior Advisor & Partner

Type of Business: Global private equity firm Supervisor/Contact: Joe Landy 212-878-0679

Beginning/Ending

Dates (MM/YY): 2000-2006 Employer's Name: AT&T Corp.

Address: One AT&T Way City: Bedminster State/Province: New Jersey

Country: USA Postal Code: 07921 Phone: 908-221-2000 Offices/Positions Held: Chairman & CEO

Type of Business: Telecommunications company Supervisor/Contact: Board of Directors

Beginning/Ending

Dates (MM/YY): 1999-2000 Employer's Name: Concert

Address: Not available City: Atlanta State/Province: Georgia

Country: USA Postal Code: Not available Phone: Not available Offices/Positions Held: CEO

Type of Business: Telecommunications Company Supervisor/Contact: Board of Directors

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**Beginning/Ending**

Dates (MM/YY): 1997-1999 Employer's Name: PointCast

Address: 501 Macara Avenue City: Sunnyvale State/Province: California

Country: USA Postal Code: 94043 Phone: Not available Offices/Positions Held: President/Chairman & CEO

Directorships: See attachment.

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

N/A

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 11<sup>th</sup> day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*David Wyatt Dorman*  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by David Wyatt Dorman, and:

who is personally known to me, or

who produced the following identification: \_\_\_\_\_

[SEAL]

*Kimberly M. Mitchell*  
Notary Public  
*Kimberly M. Mitchell*  
Printed Notary Name  
*06/08/2020*  
My Commission Expires  
Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

- Affiant's Full Name (Initials Not Acceptable): David Wyatt Dorman  
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?  
Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   |  |  |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: N/A
- Foreign Student ID# (if applicable): N/A
- Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: [REDACTED]
- Name of Affiant's Spouse (if applicable): [REDACTED]



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 2013 - Present                        | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 2010 - Present                        | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 2004 - Present                        | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 1994 - Present                        | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 2003 - 2013                           | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this \_\_\_\_ day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

David Wyatt Dorman  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by David Wyatt Dorman, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

|  |
|--|
| Kimberly M. Mitchell<br>Notary Public<br>State of Rhode Island<br>My Commission Expires 06/08/2020 |
|--|

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-██████████

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Wyatt Dorman ██████████  
(Printed Full Name and Residence Address)

David Wyatt Dorman  
(Signature)

12/14/2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by David Wyatt Dorman, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
12/18/2020

My Commission Expires  
Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Wyatt Dorman \_\_\_\_\_  
(Printed Full Name and Residence Address)

*David Wyatt Dorman*  
(Signature)

12/11/2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by David Wyatt Dorman, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Kimberly M. Mitchell*  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
12/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Revised 8/18/14  
FORM 11

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

David Wyatt Dorman [REDACTED]  
(Printed Full Name and Residence Address)  
[Signature] (Signature) 12/11/2017 (Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11<sup>th</sup> day of December, 2017 by David Wyatt Dorman, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
10/18/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Revised 8/18/14  
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Supplement to Item 8

Directorships

Beginning/Ending

Dates (MM/YY): 3/06 - Present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: (401) 765-1500 Offices/Positions Held: Director/Chairman of the Board

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1/05 - May 2017 Employer's Name: Yum! Brands, Inc.

Address: 1441 Gardiner Lane City: Louisville State/Province: Kentucky

Country: USA Postal Code: 40213 Phone: (502) 874-8300 Offices/Positions Held: Director

Type of Business: Quick Service Restaurant Company Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 06/15 - present Employer's Name: PayPal Holdings, Inc.

Address: 2211 North First St. City: San Jose State/Province: California

Country: USA Postal Code: 95131 Phone: (408) 967-1000 Offices/Positions Held: Director

Type of Business: Financial Services Company Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 06/14 - 07/15 Employer's Name: eBay, Inc.

Address: 2065 Hamilton Ave. City: San Jose State/Province: California

Country: USA Postal Code: 95125 Phone: (408) 376-7400 Offices/Positions Held: Director

Type of Business: E-commerce Company Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 7/06 - 05/15 Employer's Name: Motorola Solutions, Inc. (formerly Motorola, Inc.)

Address: 1303 E. Algonquin Rd. City: Schaumburg State/Province: Illinois

Country: USA Postal Code: 60196 Phone: (847) 576-2391 Offices/Positions Held: Director, Non-Executive Chairman of the Board, Lead Independent Director

Type of Business: Communications Products Company Supervisor/Contact: Peter Lawson 847-576-2391

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 10/06 - 11/07 Employer's Name: Firethorn Mobile, LLC (acquired by QualComm in November 2007- served as Industry Consultant until December 2010)

Address: 3333 Piedmont Rd., Suite 300 City: Atlanta State/Province: Georgia

Country: USA Postal Code: 30305 Phone: 404-314-9012 Offices/Positions Held: Director, Industry Consultant

Type of Business: Mobile Banking Company Supervisor/Contact: Tripp Rackley 404-314-9012

Beginning/Ending

Dates (MM/YY): 5/07 - 11/08 Employer's Name: Phorm Inc.

Address: 264 W. 40th St., 16th Floor City: New York State/Province: New York

Country: USA Postal Code: 10018 Phone: (212) 359-2030 Offices/Positions Held: Director

Type of Business: Digital technology company Supervisor/Contact: David Pester 212-359-2045

Beginning/Ending

Dates (MM/YY): 1998-2/06 Employer's Name: Scientific Atlanta Inc. (acquired by Cisco, Inc. in February 2006)

Address: 5030 Lawrenceville Parkway City: Lawrenceville State/Province: Georgia

Country: USA Postal Code: 30044 Phone: N/A Offices/Positions Held: Director

Type of Business: Telecommunications company Supervisor/Contact: Jim McDonald 404-433-8735

Beginning/Ending

Dates (MM/YY): 6/02-6/10 Employer's Name: Georgia Tech Foundation, Inc.

Address: 760 Spring St., NW, Suite 400 City: Atlanta State/Province: Georgia

Country: USA Postal Code: 30308 Phone: (404) 894-5072 Offices/Positions Held: Trustee

Type of Business: Foundation Supervisor/Contact: Bud Peterson, President 404-894-8261

CVS Health Corporation

Biographical Affidavit

David Wyatt Dorman

Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant served as a director of CVS Health prior to the March 2007 merger transaction involving Caremark Rx, Inc. (“CMX”) and CVS Health. In his capacity as a director of CVS Health, affiant was named as a defendant, along with other CMX and CVS Health directors, respectively, in various derivative and class action lawsuits alleging that, among other things, the directors breached certain fiduciary duties. Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant is also a member of the Board of Directors of PayPal Holdings, Inc. (“PayPal”), and has been named, along with other directors of PayPal, in various derivative and class action lawsuits alleging that, among other things, the PayPal directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

Affiant was formerly a member of the Board of Directors of Yum! Brands, Inc. (“Yum”), and has been named, along with other directors of Yum, in various derivative and class action lawsuits alleging that, among other things, the Yum directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

Affiant was formerly a director of Motorola Solutions, Inc., formerly known as Motorola, Inc. (“Motorola”). In his capacity as director, the affiant was named, along with certain other directors of Motorola, in various derivative, class action and other lawsuits alleging that, among other things, the Motorola directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

| Case Caption   | Docket Number | Court                             | Date Filed | Case Description   |
|--|---------------|-----------------------------------|------------|--|
| <i>Paypal Holdings, Inc. Shareholder Derivative Litigation</i> | 3:17-cv-162   | US District - California Northern | 01/12/2017 | Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws and were unjustly enriched by allegedly failing to disclose risks in company’s business plans. The case is active.                      |
| <i>Sherman v. Merlo, et al.</i>                                | 1:17-cv-378   | U.S. District -- Rhode Island     | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |

|  |              |                                      |            |  |
|--|--------------|--------------------------------------|------------|--|
| <i>Banchalter v. Merlo, et al.</i>                               | 1:17-cv-425  | U.S. District -- Rhode Island        | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.                 |
| <i>Feghali v. Merlo, et al.</i>                                  | 1:17-cv-399  | U.S. District -- Rhode Island        | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.                 |
| <i>Iron Workers Local No. 25 Pension Fund vs. Donahoe et al.</i> | 3:17-cv-5741 | U.S. District -- California Northern | 10/05/2017 | Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, violated federal securities laws and were unjustly enriched by allegedly failing to disclose risks in company's business plans. The case is active.   |
| <i>Wuotila v. Ryan, et al.</i>                                   | 1:09-cv-620  | U.S. District -- Rhode Island        | 2/23/2009  | Affiant is named as a defendant, along with certain other officers and directors of the then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly making false statements about the financial results of the 2007 merger of CVS and Caremark. The case is closed. |
| <i>Zona v. Novak, et al.</i>                                     | 8:13-cv-231  | US District -- California Central    | 02/08/2013 | Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, violated state corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed.  |
| <i>Wollman v. Novak, et al.</i>                                  | 3:13-cv-1195 | US District -- Kentucky Western      | 12/09/2013 | Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed.   |



|                                   |              |                                   |            |   |
|-----------------------------------|--------------|-----------------------------------|------------|---|
| <i>Waber v. Dorman, et al.</i>    | 1:10-cv-1289 | US District – Illinois Northern   | 02/25/2010 | Affiant is named as a defendant, through his position on the board of directors of Motorola, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, abused their control, and wasted corporate assets by allegedly misrepresenting the company’s future business prospects. The case is closed.  |
| <i>Zona v. Novak, et al.</i>      | 3:13-cv-506  | US District – Kentucky Western    | 05/21/2013 | Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated state corporate laws and were unjustly enriched by allegedly concealing material information about the company’s international growth prospects. The case is closed.     |
| <i>Goldfein vs. Brown, et al.</i> | 1:10-cv-1955 | US District – Illinois Northern   | 03/29/2010 | Affiant is named as a defendant, through his position on the board of directors of Motorola, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly misrepresenting the company’s forecasted sales prospects. The case is closed.  |
| <i>Seeman v. Schulman, et al.</i> | 5:17-cv-318  | US District – California Northern | 04/24/2017 | Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws, wasted corporate assets, and were unjustly enriched by allegedly failing to disclose risks in company’s business plans. The case is active. |
| <i>Seeman v. Schulman, et al.</i> | 1:17-cv-318  | US District – Delaware            | 03/24/2017 | Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws, wasted corporate assets, and were unjustly enriched by allegedly failing to disclose risks in company’s business plans. The case is closed. |
| <i>Seeman v. Schulman, et al.</i> | 3:17-cv-2206 | US District – California Northern | 04/20/2017 | Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws, wasted corporate assets, and were unjustly enriched by allegedly failing to disclose risks in company’s business plans. The case is active. |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

|   |              |                      |            |   |
|---|--------------|----------------------|------------|---|
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398 | Superior Court -- RI | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active. |
| <i>Gordon v. Ryan, et al.</i>           | PC-2012-3098 | Superior Court -- RI | 07/12/2012 | Affiant is named as a defendant, along with certain other officers and directors of then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties with regards to the implementation of internal controls related to controlled substances. The case is closed.   |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Wyatt Dorman

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Anne Marie Finucane

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Financial Services Executive, Bank of America

4. Affiant's business address: 100 Federal Street, Boston, MA 02110

Business telephone: 617-434- [REDACTED] Business Email: [REDACTED]

5. Education and training:

| <u>College/University</u>          | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------------|-------------------|-------------------------------|------------------------|
| <u>University of New Hampshire</u> | <u>Durham, NH</u> | <u>Graduated 12/74</u>        | <u>BA</u>              |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u>              |                           |                   |                               |                        |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>  | <u>Contact Name</u>             | <u>Address of Society/Association</u>                     | <u>Telephone Number of Society/Association</u> |
|-------------------------------------|---------------------------------|---|--|
| <u>Council on Foreign Relations</u> | <u>Richard Haass, President</u> | <u>58 E 68<sup>th</sup> Street<br/>New York, NY 10065</u> | <u>212-434-9400</u>                            |
| <u>N/A</u>                          |                                 |   |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 2004 - Present Employer's Name: Bank of America Corporation

Address: 100 Federal Street City: Boston State/Province: MA

Country: USA Postal Code: 02110 Phone: 617-434-██████ Offices/Positions Held: Vice Chair, Global Chief Strategy and Marketing Officer

Type of Business: International Financial Services Company Supervisor/Contact: Brian Moynihan, CEO

Beginning/Ending

Dates (MM/YY): 1995-2004 Employer's Name: Fleet Boston (acquired by Bank of America in 2004)

Address: Not available City: Boston State/Province: MA

Country: USA Postal Code: Not available Phone: Not available Offices/Positions Held: Chief Marketing Officer

Type of Business: Financial Services Company Supervisor/Contact: J. Terrence Murray

Beginning/Ending

Dates (MM/YY): \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: N/A

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Offices/Positions Held: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Supervisor/Contact: \_\_\_\_\_

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

N/A

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity.

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.



Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Dated and signed this 10<sup>th</sup> day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*Anne Marie Finucane*  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017 by Anne Marie Finucane, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Mary Alice Kleiber*  
Notary Public

Mary Alice Kleiber  
Printed Notary Name

Notary Public

State of Rhode Island  
My Commission Expires

My Commission Expires 03/13/2020

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Anne Marie Finucane  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending<br/>Date(s) Used (MM/YY)</u> | <u>Name(s)<br/>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>[REDACTED]</u>                                | <u>[REDACTED]</u>                                      | <u>middle initial used</u>             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- 7. Name of Affiant's Spouse (if applicable): [REDACTED]

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 1984-present                          | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| N/A                                   |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 10<sup>th</sup> day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017, by Anne Marie Finucane, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public  
Mary Alice Kleiber  
Printed Notary Name  
Notary Public  
State of Rhode Island  
My Commission Expires 03/13/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Anne Marie/Finucane, [REDACTED]  
(Printed Full Name and Residence Address)

Anne Marie Finucane  
(Signature)

December 10, 2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10th day of December 2017 by Anne Marie Finucane, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Mary Alice Kleiber  
Notary Public  
Mary Alice Kleiber  
Notary Public Name  
State of Rhode Island  
My Commission Expires 03/13/2020

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Anne Marie Finucane \_\_\_\_\_  
(Printed Full Name and Residence Address)

*Anne Marie Finucane*  
(Signature)

December 10, 2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10th day of December, 2017 by Anne Marie Finucane, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Mary Alice Kleiber*  
Notary Public  
Mary Alice Kleiber  
Notary Public Name  
State of Rhode Island  
My Commission Expires 03/13/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-██████.

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Anne Marie Finucane ██████████  
(Printed Full Name and Residence Address)  
*Anne Marie Finucane*  
(Signature)

December 10, 2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017, by Anne Marie Finucane, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Mary Alice Kleiber*  
Notary Public  
Mary Alice Kleiber  
Notary Public Name  
State of Rhode Island  
My Commission Expires 03/13/2020

CVS Health Corporation

Biographical Affidavit

Anne Marie Finucane

Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In her capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption                            | Docket Number | Court                         | Date Filed | Case Description   |
|---|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>         | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>      | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398  | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.                          |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

|                               |              |                      |            |   |
|-------------------------------|--------------|----------------------|------------|---|
| <i>Gordon v. Ryan, et al.</i> | PC-2012-3098 | Superior Court -- RI | 07/12/2012 | Affiant is named as a defendant, along with certain other officers and directors of then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties with regards to the implementation of internal controls related to controlled substances. The case is closed. |
|-------------------------------|--------------|----------------------|------------|---|



CVS Health Corporation

Biographical Affidavit

Anne Marie Finucane

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

### BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Jean-Pierre Henri Millon

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? France (dual citizenship)

3. Affiant's occupation or profession: Consultant

4. Affiant's business address: [REDACTED]

Business telephone: 602-977-[REDACTED] Business Email: [REDACTED]

5. Education and training:

| <u>College/University</u>     | <u>City/State</u>           | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u>  |
|-------------------------------|-----------------------------|-------------------------------|-------------------------|
| <u>Ecole Centrale de Lyon</u> | <u>Ecully, 69130 France</u> | <u>09/71 - 06/74</u>          | <u>B.S. Engineering</u> |

| <u>Graduate Studies</u>            | <u>College/University</u>       | <u>City/State</u>   | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------------|---------------------------------|---------------------|-------------------------------|------------------------|
| <u>Kellogg School of Business,</u> | <u>Northwestern University,</u> | <u>Evanston, IL</u> | <u>09/74 - 06/76</u>          | <u>M.B.A.</u>          |

| <u>Other Training: Name</u> | <u>City/State</u>   | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|---------------------|-------------------------------|--------------------------------------|
| <u>Universite de Lyon 2</u> | <u>Lyon, France</u> | <u>09/71 - 06/75</u>          | <u>Bachelor Economics</u>            |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>N/A</u>                         |                     |                                       |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Employment

Beginning/Ending

Dates (MM/YY): 2000 - Present Employer's Name: Retired, Self-Employed

Address: [REDACTED] City: [REDACTED] State/Province: [REDACTED]

Country: USA Postal Code: [REDACTED] Phone: (602) 977-[REDACTED] Offices/Positions Held: N/A

Type of Business: Consulting; Self-Employed Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1995 - 2000 Employer's Name: PCS Health Systems

Address: 9501 E. Shea Boulevard City: Scottsdale State/Province: AZ

Country: USA Postal Code: 85260 Phone: 480-391-4600 Offices/Positions Held: COO; President & CEO

Type of Business: Pharmacy Benefits Management Company Supervisor/Contact: Board of Directors

Beginning/Ending

Dates (MM/YY): 1976 - 1999 Employer's Name: Eli Lilly & Company

Address: Lilly Corporate Center City: Indianapolis State/Province: IN

Country: USA Postal Code: 46285 Phone: 317-276-2000 Offices/Positions Held: Various management positions

Type of Business: Pharmaceutical Company Supervisor/Contact: Kathy Kennedy, VP HR

Directorships – See Attached.

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?  
Yes  No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?  
Yes  No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  
Yes  No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?  
Yes  No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. See attached.

\_\_\_\_\_

\_\_\_\_\_

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None
- \_\_\_\_\_
- \_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. N/A

\_\_\_\_\_

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Dated and signed this 11 day of December, 2017 at Scottsdale, Arizona. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Handwritten Signature]  
\_\_\_\_\_  
(Signature of Affiant)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017, by Jean-Pierre Henri Millon, and:

- who is personally known to me, or
- who produced the following identification: DL

[SEAL]



Fayruz Dolly  
\_\_\_\_\_  
Notary Public  
Fayruz Dolly  
\_\_\_\_\_  
Printed Notary Name  
12/10/18  
\_\_\_\_\_  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

- Affiant's Full Name (Initials Not Acceptable): Jean-Pierre Henri Millon  
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?  
Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (if none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |
| _____  | _____  | _____                                  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: N/A
- Foreign Student ID# (if applicable): N/A
- Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: France
- Name of Affiant's Spouse (if applicable): [REDACTED]



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 1995-Present                          | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| N/A                                   |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11 day of December, 2017 at Scottsdale, Arizona. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

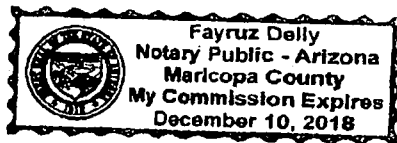
[Signature]  
(Signature of Affiant)

State of: Arizona. County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Jean-Pierre Henri Millon, and:

- who is personally known to me, or
- who produced the following identification: DL

[SEAL]



Fayruz Dely  
Notary Public  
Fayruz Dely  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jean-Pierre Henri Millon, [REDACTED]  
(Printed Full Name and Residence Address)

[Signature] (Signature) 12/11/17 (Date)

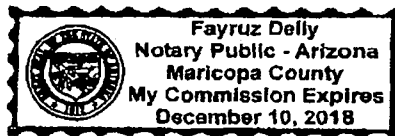
State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Jean-Pierre Henri Millon, and:

who is personally known to me, or

who produced the following identification: DL

[SEAL]



Fayruz Delly  
Notary Public  
Fayruz Delly  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jean-Pierre Henri Millon [REDACTED]

(Printed Full Name and Residence Address)

[Handwritten Signature]  
(Signature)

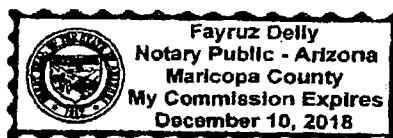
12/11/17  
(Date)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 by Jean-Pierre Henri Millon, and:

who is personally known to me, or  
 who produced the following identification: DL

[SEAL]



Fayruz Delly  
Notary Public  
Fayruz Delly  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-XXXX

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Jean-Pierre Henri Millon, [REDACTED]

(Printed Full Name and Residence Address)

[Signature]  
(Signature)

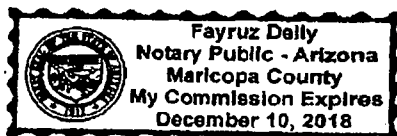
12/11/17  
(Date)

State of: Arizona County of: Maricopa

The foregoing instrument was acknowledged before me this 11 day of December, 2017 Jean-Pierre Henri Millon, and:

who is personally known to me, or  
 who produced the following identification: DL

[SEAL]



[Signature]  
Notary Public  
Fayruz Dally  
Printed Notary Name  
12/10/18  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Supplement to Item 8

Directorships

Beginning/Ending

Dates (MM/YY): 3/07 – present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: (401) 765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 03/04 – 03/07 Employer's Name: Caremark Rx, Inc.

Address: 211 Commerce Street City: Nashville State/Province: Tennessee

Country: USA Postal Code: 37201 Phone: (615) 743-6601 Offices/Positions Held: Director

Type of Business: Pharmacy Benefit Management Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2003 – 08/10 Employer's Name: Cypress Bioscience, Inc.

Address: 4350 Executive Drive City: San Diego State/Province: CA

Country: USA Postal Code: 92121 Phone: (858) 845-2323 Offices/Positions Held: Director

Type of Business: Biotech Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2005 – 04/11 Employer's Name: Infusystem Holdings, Inc.

Address: 31700 Research Park Drive City: Madison Heights State/Province: MI

Country: USA Postal Code: 48071 Phone: (913) 764-5065 Offices/Positions Held: Director

Type of Business: Medical Device Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 07/17 – Present Employer's Name: United Claims Solutions, LLC

Address: 23048 N. 15<sup>th</sup> Avenue City: Phoenix State/Province: AZ

Country: USA Postal Code: 85027 Phone: (866) 762-4455 Offices/Positions Held: Director

Type of Business: Medical Claims Management Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 03/16 – Present Employer's Name: TAVHealth

Address: 100 NE Loop 410, Suite 1450 City: San Antonio State/Province: TX

Country: USA Postal Code: 78216 Phone: (210) 417-4170 Offices/Positions Held: Director

Type of Business: Information Technology/Health Care Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 07/13 – Present Employer's Name: Portable Genomics, Inc.

Address: 8840 Costa Verde City: San Diego State/Province: CA

Country: USA Postal Code: 92122 Phone: (858) 405-0498 Offices/Positions Held: Director

Type of Business: Biotechnology Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/15 – 05/17 Employer's Name: Proove Biosciences, Inc.

Address: 26 Technology Drive City: Irvine State/Province: CA

Country: USA Postal Code: 92618 Phone: (855) 776-6832 Offices/Positions Held: Director

Type of Business: Biotechnology Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 02/12 – 01/15 Employer's Name: Tummy Company, Inc.

Address: 5415 East High Street, Suite 425 City: Phoenix State/Province: AZ

Country: USA Postal Code: 85054 Phone: (602) 432-1156 Offices/Positions Held: Director

Type of Business: Consumer Health Products Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 10/08 – 03/16 Employer's Name: Equian, LLC

Address: 9390 Bunsen Parkway City: Louisville State/Province: KY

Country: USA Postal Code: 40220 Phone: (502) 214-1340 Offices/Positions Held: Director

Type of Business: Information Services/Health Care Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 10/00 – 03/04 Employer's Name: AdvancePCS

Address: 750 West John Carpenter Freeway, Ste. 1200 City: Irving State/Province: TX

Country: USA Postal Code: 75039 Phone: (469) 524-4700 Offices/Positions Held: Director

Type of Business: Pharmacy Benefit Management Supervisor/Contact: N/A

CVS Health Corporation

Biographical Affidavit

Jean-Pierre Henri Millon

Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant served as a director of Caremark Rx, Inc. (CMX) prior to the March 2007 merger transaction involving CMX and CVS Health. In his capacity as a former director of CMX, and as a director of CVS Health, Affiant was named as a defendant, along with other CMX and CVS Health directors, respectively, in various derivative and class action lawsuits alleging that, among other things, the directors breached certain fiduciary duties. Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant was formerly a member of the Board of Directors of Cypress Bioscience, Inc. ("Cypress"), and has been named, along with other directors of Cypress, in a class action lawsuit alleging that, among other things, the Cypress directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuit is found in the chart below. To the knowledge of affiant, this lawsuit did not involve the licensure of an insurance company.

| Case Caption                                    | Case Number | Court                         | Date Filed | Case Description   |
|---|-------------|-------------------------------|------------|--|
| <i>Bates v. Cypress Bioscience Inc., et al.</i> | CA5666      | DE Court of Chancery          | 07/23/2010 | Affiant is named as a defendant, through his position on the board of directors of Cypress Bioscience, Inc., in this class action suit. The suit alleges certain directors breached their fiduciary duties by failing to maximize shareholder value during the company's proposed acquisition. The case is active.   |
| <i>Sherman v. Merlo, et al.</i>                 | 1:17-cv-378 | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>              | 1:17-cv-425 | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

|  |              |                                   |            |  |
|--|--------------|-----------------------------------|------------|--|
| <i>Feghali v. Meilo, et al.</i>  | 1:17-cv-399  | U.S. District -- Rhode Island     | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Pirelli Armstrong Tire Corporation Retiree Medical Benefits Trust v. Crawford, et al.</i> | 3:06-cv-547  | US District-Tennessee Middle      | 05/26/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, abused their control, wasted corporate assets and were unjustly enriched by allegedly unfairly timing stock option grant dates. The case is closed.                        |
| <i>Silverstein v. Caremark Rx, et al.</i>  | 3:06cv1180   | US District-Tennessee Middle      | 12/13/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by mispricing Caremark during the merger with CVS Health. The case is closed.   |
| <i>Iron Workers of Western Pennsylvania Pension Plan vs. Caremark Rx, Inc., et al.</i>       | 3:06-cv-1097 | U.S. District -- Tennessee Middle | 11/9/2006  | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly providing insiders with preferential treatment during the company's merger with CVS Health. The case is closed.  |
| <i>Conrardy v. Crawford, et al.</i>  | 3:06-cv-569  | US District-Tennessee Middle      | 06/01/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, abused their control, wasted corporate assets and were unjustly enriched by allegedly unfairly timing stock option grant dates. The case is closed.                        |
| <i>Caremark Rx Inc. Derivative Litigation</i>  | 3:06-cv-535  | U.S. District -- Tennessee Middle | 05/24/2006 | Affiant is named as a defendant, along with certain other officers and directors of then-named Caremark Rx, Inc., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly unfairly timing stock option grant dates. The case is closed.  |



Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

|   |              |                      |            |  |
|---|--------------|----------------------|------------|--|
| <i>Wuotila v. Ryan et al.</i>           | 1:09-cv-620  | U.S. District—RI     | 12/23/2009 | Affiant is named as a defendant, along with certain other officers and directors of the then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly making false statements about the financial results of the 2007 merger of CVS Health and CMX. The case is closed. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398 | Superior Court -- RI | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.  |
| <i>Gordon v. Ryan, et al.</i>           | PC-2012-3098 | Superior Court -- RI | 07/12/2012 | Affiant is named as a defendant, along with certain other officers and directors of then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties with regards to the implementation of internal controls related to controlled substances. The case is closed.  |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Jean-Pierre Henri Millon

Supplement to Item 15

Item 15. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

Item 15(c). In April 2014, CVS Health entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Mary Lovelace Schapiro

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

4. Affiant's business address: Promontory Financial Group, LLC; 801 17<sup>th</sup> St., NW; Washington, DC 20006

Business telephone: 202-384-██████ Business Email: ████████████████████

5. Education and training:

| <u>College/University</u>              | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--|----------------------|-------------------------------|------------------------|
| <u>Franklin &amp; Marshall College</u> | <u>Lancaster, PA</u> | <u>08/73-05/77</u>            | <u>B.A.</u>            |

| <u>Graduate Studies</u>                        | <u>College/University</u> | <u>City/State</u>  | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--|---------------------------|--------------------|-------------------------------|------------------------|
| <u>George Washington University Law School</u> | <u>Washington, DC</u>     | <u>08/77-05/80</u> |                               | <u>J.D.</u>            |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>None.</u>                |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
| <u>DC Bar Association</u>          |                     | <u>1001 K Street NW</u>               | <u>202-737-4700</u>                            |
| <u>N/A</u>                         |                     |                                       |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending  
 Dates (MM/YY): 04/13 - present Employer's Name: Promontory Financial Group  
 Address: 801 17th Street NW City: Washington State/Province: DC  
 Country: USA Postal Code: 20006 Phone: 202-384-████ Offices/Positions Held: Managing Director (2013-14); Advisor (2014-pres.)  
 Type of Business: Consulting Supervisor/Contact: Eugene Ludwig/202-384-1009

Beginning/Ending  
 Dates (MM/YY): 01/09 - 12/12 Employer's Name: United States Securities and Exchange Commission  
 Address: 100 F Street NE City: Washington State/Province: DC  
 Country: USA Postal Code: 20549 Phone: 202-551-2100 Offices/Positions Held: Chairman  
 Type of Business: Regulatory Agency Supervisor/Contact: None/202-551-4565 (HR Director)

Beginning/Ending  
 Dates (MM/YY): 02/96 - 01/09 Employer's Name: Financial Industry Regulatory Authority (FINRA)  
 Address: 1735 K Street NW City: Washington State/Province: DC  
 Country: USA Postal Code: 20006 Phone: 301-590-6500 (call ctr.) Offices/Positions Held: Multiple, but left as CEO  
 Type of Business: Self-Regulatory Organization Supervisor/Contact: None/Marcia Asquith (202-728-8831)

Beginning/Ending  
 Dates (MM/YY): 04/13 - Present Employer's Name: General Electric Company  
 Address: 33-41 Farnsworth Street City: Boston State/Province: MA  
 Country: USA Postal Code: 02210 Phone: 617-443-3000 Offices/Positions Held: Director  
 Type of Business: Industrial Manufacturing/Financial Services Supervisor/Contact: None

See Attached for Additional Directorships, etc.

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Organization/Issuer of License: DC Bar Address: 1101 K Street NW, Suite 200

City: Washington State/Province: DC Country: USA Postal Code: 20005

License Type: Active Attorney License #: 334755 Date Issued (MM/YY): 12/80

Date Expired (MM/YY): N/A Reason for Termination: N/A

Non-Insurance Regulatory Phone Number (if known): 202-737-4700

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
Yes  No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
Yes  No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?  
Yes  No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?  
Yes  No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  
Yes  No
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?  
Yes  No
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

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12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
None.
-

\_\_\_\_\_  
\_\_\_\_\_  
If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.  
N/A

\_\_\_\_\_  
If any of the shares of stock are pledged or hypothecated in any way, give details.  
N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

- c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See attached. \_\_\_\_\_

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 7<sup>th</sup> day of December, 2017 at Wasalet, RI I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Mary Schapiro  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of December, 2017 by Mary Lovelace Schapiro, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020



**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

- Affiant's Full Name (Initials Not Acceptable): Mary Lovelace Schapiro  
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?  
Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: N/A
- Foreign Student ID# (if applicable): N/A
- Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 03/87 - Present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| N/A                                   |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 9<sup>th</sup> day of December, 2017 at Woonsocket, RI. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Mary Lovelace Schapiro  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of December, 2017 by Mary Lovelace Schapiro, and:

who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Mary Lovelace Schapiro [REDACTED]  
(Printed Full Name and Residence Address)

Mary Lovelace Schapiro  
(Signature)

12/9/2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 9th day of December, 2017 by Mary Lovelace Schapiro, and:  
 who is personally known to me, or  
who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/18/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Mary Lovelace Schapiro: [REDACTED]  
(Printed Full Name and Residence Address)

Mary Lovelace Schapiro (Signature) 12/9/2017 (Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 9th day of December, 2017 by Mary Lovelace Schapiro, and:

who is personally known to me, or who produced the following identification: \_\_\_\_\_

[SEAL]

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Revised 8/18/14  
FORM 11

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
**(California)**

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Mary Lovelace Schapiro [REDACTED]  
(Printed Full Name and Residence Address)  
Mary Lovelace Schapiro (Signature) 12/19/2017 (Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of December, 2017 by Mary Lovelace Schapiro, and:  
 who is personally known to me, or  
 who produced the following identification: \_\_\_\_\_

{SEAL}

Kimberly M. Mitchell  
Notary Public  
Kimberly M. Mitchell  
Printed Notary Name  
6/8/2020  
My Commission Expires

Kimberly M. Mitchell  
Notary Public  
State of Rhode Island  
My Commission Expires 06/08/2020

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Supplement to Item 8

Additional Directorships and Advisory Boards

Beginning/Ending

Dates (MM/YY): 07/15 – Present Employer's Name: London Stock Exchange Group, PLC

Address: 10 Paternoster Square City: London State/Province: N/A

Country: United Kingdom Postal Code: EC4M7LS Phone: 44 (0)207 797 1000 Offices/Positions Held: N/A

Type of Business: Financial Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1999 – 01/09 Employer's Name: Duke Energy Corporation

Address: 550 South Tryon Street City: Charlotte State/Province: NC

Country: USA Postal Code: 28202 Phone: 704-382-3853 Offices/Positions Held: Director

Type of Business: Energy Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1999 – 01/09 Employer's Name: Kraft Foods Inc. (restructured in 2012 and now Kraft Heinz Company and Mondelez International, Inc.)

Address: Unknown City: Northfield State/Province: IL

Country: USA Postal Code: Unknown Phone: Unknown Offices/Positions Held: Director

Type of Business: Food Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/15 – Present Employer's Name: Hudson Executive Capital

Address: 1185 Avenue of the Americas City: New York State/Province: NY

Country: USA Postal Code: 10036 Phone: 212-521-8495 Offices/Positions Held: Advisory Board

Type of Business: Investment Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/16 – Present Employer's Name: Morgan Stanley Institute for Sustainable Investing

Address: 1585 Broadway City: New York State/Province: NY

Country: USA Postal Code: 10036 Phone: 212-761-4000 Offices/Positions Held: Advisory Board

Type of Business: Investment Services Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 2014 - Present Employer's Name: SpruceView Capital Partners

Address: 9 W 57th Street, 33<sup>rd</sup> Floor City: New York State/Province: NY

Country: USA Postal Code: 10019 Phone: 212-485-8617 Offices/Positions Held: Advisory Board

Type of Business: Investment Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 02/15 - Present Employer's Name: Axiom Law

Address: 295 Lafayette Street City: New York State/Province: NY

Country: USA Postal Code: 10012 Phone: 917-237-2900 Offices/Positions Held: Director

Type of Business: Legal Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2013 - Present Employer's Name: Franklin & Marshall College

Address: 415 Harrisburg Avenue City: Lancaster State/Province: PA

Country: USA Postal Code: 17603 Phone: 717-358-3971 Offices/Positions Held: Board of Trustees

Type of Business: Education Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2016 - Present Employer's Name: Center for Audit Quality

Address: 1155 F Street, NW City: Washington State/Province: DC

Country: USA Postal Code: 20004 Phone: 202-609-8120 Offices/Positions Held: Governing Board

Type of Business: Nonprofit Public Policy Organization Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2013 - Present Employer's Name: Humane Rescue Alliance

Address: 71 Oglethorpe Street, NW City: Washington State/Province: DC

Country: USA Postal Code: 20011 Phone: 202-723-5730 Offices/Positions Held: Director

Type of Business: Nonprofit Animal Rescue Supervisor/Contact: N/A

CVS Health Corporation

Biographical Affidavit

Mary Lovelace Schapiro

Supplement to Item 11

Item 11. The affiant is the former Chairman of the United States Securities and Exchange Commission ("SEC"). As Chairman of the SEC, the affiant was named in a number of lawsuits that alleged wrongdoing by the SEC, including in some instances allegations of financial wrongdoing or breaches of trust (Item 11.h). Insofar as the suits were brought solely in her official capacity as Chairman of the Securities and Exchange Commission, additional detail has not been provided.

The affiant was also the Chief Executive Officer of the Financial Industry Regulatory Authority, Inc. ("FINRA"), and in her capacity as an executive officer of FINRA was named, along with other officers, in a lawsuit alleging breach of fiduciary duty (Item 11.h). Additional information regarding this lawsuit is found in the chart below. To the knowledge of affiant, this lawsuit did not involve the licensure of an insurance company.

| Case Caption   | Docket Number | Court                              | Date Filed | Case Description  |
|--|---------------|------------------------------------|------------|---|
| <i>Benchmark Financial Services, Inc. v. Financial Industry Regulatory Authority, Inc., et al.</i> | 1:08-cv-11193 | U.S. District -- New York Southern | 12/23/2008 | Affiant is named as a defendant, through her position as an officer of FINRA, in this class action suit. The suit alleges certain officers breached their fiduciary duties and violated state tort law by allegedly making misrepresentations in order to effectuate a consolidation of FINRA and the NYSE. The case is closed. |



CVS Health Corporation

Biographical Affidavit

Mary Lovelace Schapiro

Supplement to Item 15

Item 15. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

Affiant is presently a director of General Electric Corporation ("GE"), a global diversified infrastructure and financial services company, having been elected to GE's board in 2013. From time to time, GE and/or certain of its subsidiaries may have had fines levied against them (Item 15.c). None of such fines would be deemed material, either to the individual entity, or to GE as a whole, and Affiant was not personally named or involved in such actions. To the knowledge of affiant, none of the actions involved the licensure of an insurance company.

Affiant was a director of Duke Energy Corporation ("Duke"), one of the largest electric power holding companies in the United States, from 2006 through 2009. From time to time while Affiant served as a director, Duke and/or certain of its subsidiaries may have had fines levied against them (Item 15.c). None of such fines would be deemed material, either to the individual entity, or to Duke as a whole, and Affiant was not personally named or involved in such actions. To the knowledge of affiant, none of the actions involved the licensure of an insurance company.

### BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Richard James Swift

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired executive

4. Affiant's business address: N/A

Business telephone: N/A Business Email: [REDACTED]

5. Education and training:

| <u>College/University</u>    | <u>City/State</u>     | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------|-----------------------|-------------------------------|------------------------|
| <u>U.S. Military Academy</u> | <u>West Point, NY</u> | <u>07/62-06/66</u>            | <u>BS</u>              |

| <u>Graduate Studies</u>  | <u>College/University</u> | <u>City/State</u>  | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|--------------------------|---------------------------|--------------------|-------------------------------|------------------------|
| <u>Purdue University</u> | <u>Lafayette, IN</u>      | <u>08/70-08/71</u> | <u>MS</u>                     |                        |

| <u>Graduate Studies</u>               | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|---------------------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>Fairleigh Dickinson University</u> | <u>Madison, NJ</u>        | <u>1974-1976</u>  | <u>MBA/Finance</u>            |                        |

| <u>Other Training: Name</u>  | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|------------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>Professional Engineer</u> | <u>NJ</u>         |                               | <u>1976</u>                          |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u>          | <u>Contact Name</u> | <u>Address of Society/Association</u>                          | <u>Telephone Number of Society/Association</u> |
|---|---------------------|--|--|
| National Association of Corporate Directors |                     | 2001 Pennsylvania Ave., NW<br>Suite 500<br>Washington DC 20006 | 202-775-0509                                   |
| <hr/>                                       |                     |  |  |
| N/A   |                     |  |  |
| <hr/>                                       |                     |  |  |
| N/A   |                     |  |  |

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 01/02 - 12/06 Employer's Name: Financial Accounting Foundation

Address: 401 Merritt City: Norwalk State/Province: CT

Country: USA Postal Code: 06856 Phone: 203-847-0700 Offices/Positions Held: Chairman

Type of Business: Accounting Oversight Nonprofit Supervisor/Contact: Robert De Santis

Beginning/Ending

Dates (MM/YY): 12/77 - 10/01 Employer's Name: Foster Wheeler Ltd.

Address: Perryville Corporate Park City: Clinton State/Province: NJ

Country: USA Postal Code: 08809 Phone: 908-730-4000 Offices/Positions Held: CEO

Type of Business: Engineering Company Supervisor/Contact: Richard Lively

Directorships

Beginning/Ending

Dates (MM/YY): 09/06 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: (401) 765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1995 - present Employer's Name: Ingersoll-Rand PLC

Address: 800-E Beaty Street City: Davidson State/Province: North Carolina

Country: USA Postal Code: 28036 Phone: (704) 655-4000 Offices/Positions Held: Director/Lead Director

Type of Business: Diversified Industrial Company Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**Beginning/Ending**

Dates (MM/YY): 2002 - present Employer's Name: Kaman Corporation

Address: 1332 Blue Hills Avenue City: Bloomfield State/Province: Connecticut

Country: USA Postal Code: 06002 Phone: (860) 243-7100 Offices/Positions Held: Director

Type of Business: Diversified Manufacturer and Distributor Supervisor/Contact: N/A

**Beginning/Ending**

Dates (MM/YY): 2003 - present Employer's Name: Hubbell Incorporated

Address: 40 Waterview Dr. City: Shelton State/Province: Connecticut

Country: USA Postal Code: 06484 Phone: (475) 882-4000 Offices/Positions Held: Director

Type of Business: Electronics Product Company Supervisor/Contact: N/A

**Beginning/Ending**

Dates (MM/YY): 1994 - present Employer's Name: Public Service Enterprise Group Incorporated

Address: 80 Park Plaza City: Newark State/Province: New Jersey

Country: USA Postal Code: 07101 Phone: (973) 430-7000 Offices/Positions Held: Director

Type of Business: Energy Company Supervisor/Contact: N/A

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Organization/Issuer of License: State of New Jersey Address: P.O. Box 45015

City: Newark State/Province: NJ Country: USA Postal Code: 07101

License Type: Professional Engineer License #: 24GE02285800 Date Issued (MM/YY): 02/06 (First issued in 1976)

Date Expired (MM/YY): 2012 Reason for Termination: Retired and was no longer using it

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate. See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

See attached.

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Dated and signed this 11th day of December, 2017 at Florham Park, New Jersey. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*Richard J. Swift*  
(Signature of Affiant)

State of: New Jersey      County of: Morris

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Richard James Swift, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Jacqueline Super-Corbin*  
Notary Public

JACQUELINE SUPER-CORBIN  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018

\_\_\_\_\_  
Printed Notary Name

\_\_\_\_\_  
My Commission Expires



**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

- Affiant's Full Name (Initials Not Acceptable): Richard James Swift  
IF ANSWER IS "NONE," SO STATE.
- Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?  
Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u>          |
|--|--|---|
| <u>[REDACTED]</u>                                      | <u>Richard J. Swift, Jr.</u>                                 | <u>I dropped the "Jr." when my father died.</u> |
| <u>[REDACTED]</u>                                      | <u>First name "Dick"</u>                                     | <u>Nickname</u>                                 |
| <u> </u>   | <u> </u>   | <u> </u>  |
| <u> </u>   | <u> </u>   | <u> </u>  |
| <u> </u>   | <u> </u>   | <u> </u>  |
| <u> </u>   | <u> </u>   | <u> </u>  |
| <u> </u>   | <u> </u>   | <u> </u>  |

Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- Affiant's Social Security Number: [REDACTED]
- Government Identification Number if not a U.S. Citizen: N/A
- Foreign Student ID# (if applicable): N/A
- Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- Name of Affiant's Spouse (if applicable) [REDACTED]

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 11/11 - present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 08/10 - 10/11                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
| 11/95 - 08/10                         | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 11th day of December, 2017 at Florham Park, New Jersey. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*Richard James Swift*  
(Signature of Affiant)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Richard James Swift, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

*Jacqueline Super-Corbin*  
Notary Public  
Printed Notary Name  
JACQUELINE SUPER-CORBIN  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
My Commission Expires  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED].

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard James Swift, [REDACTED]  
\_\_\_\_\_  
(Printed Full Name and Residence Address)  
Richard James Swift  
(Signature) December 11, 2017  
(Date)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Richard James Swift, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Jacqueline Super-Corbin  
Notary Public  
JACQUELINE SUPER-CORBIN  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
ID # 2438419  
Printed Notary Name  
MY COMMISSION EXPIRES SEPTEMBER 11, 2018 My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

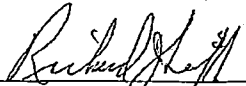
- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard James Swift, [REDACTED]  
(Printed Full Name and Residence Address)

  
(Signature)

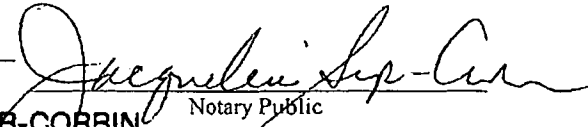
December 11, 2017  
(Date)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Richard James Swift, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

  
Notary Public  
**JACQUELINE SUPER-CORBIN**  
NOTARY PUBLIC Printed Notary Name  
STATE OF NEW JERSEY  
ID # 2438419 My Commission Expires  
**MY COMMISSION EXPIRES SEPTEMBER 11, 2018**

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Richard James Swift, [REDACTED]  
(Printed Full Name and Residence Address)  
Richard Swift  
(Signature) December 11, 2017  
(Date)

State of: New Jersey County of: Morris

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Richard James Swift, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

Jacqueline Super-Corbin  
Notary Public

**JACQUELINE SUPER-CORBIN**  
NOTARY PUBLIC Printed Notary Name

STATE OF NEW JERSEY

ID # 2438419 My Commission Expires

MY COMMISSION EXPIRES SEPTEMBER 11, 2018

CVS Health Corporation

Biographical Affidavit

Richard James Swift

Supplement to Item 11

Item 11. Affiant has served as a director of CVS Health Corporation (“CVS Health”). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officer, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant served as a director of CVS Health prior to the March 2007 merger transaction involving Caremark Rx, Inc. (“CMX”) and CVS Health. In his capacity as a director of CVS Health, affiant was named as a defendant, along with other CMX and CVS Health directors, respectively, in various derivative and class action lawsuits alleging that, among other things, the directors breached certain fiduciary duties. Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

In addition, affiant is a member of the Board of Directors of Hubbell Incorporated (“Hubbell”), and was named, along with other directors of Hubbell, in a lawsuit alleging breach of fiduciary duty in connection with a reclassification of the company’s stock that the Board was implementing. Additional information regarding the lawsuit is found in the chart below.

| Case Caption                       | Docket Number | Court                         | Date Filed | Case Description   |
|------------------------------------|---------------|-------------------------------|------------|--|
| <i>Sherman v. Merlo, et al.</i>    | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i> | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Feghali v. Merlo, et al.</i>    | 1:17-cv-399   | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |

|  |              |                              |            |  |
|--|--------------|------------------------------|------------|--|
| <i>Norfolk County Retirement System v. Cardoso, et al.</i> | 3:15-cv-1507 | U.S. District -- Connecticut | 10/16/2015 | Affiant is named as a defendant, through his position as a board member of Hubbell, Inc., in this shareholder derivative suit. The suit alleges that certain officer and directors breached their contracts, breached the implied covenant of good faith and fair dealing, committed inequitable coercion, and breached their fiduciary duties by allegedly mistreating Class B common stock holders of Hubbell, Inc. The case is closed.                            |
| <i>Wuotila v. Ryan et al.</i>                              | 1:09-cv-620  | U.S. District -- RI          | 12/23/2009 | Affiant is named as a defendant, along with certain other officers and directors of the then-named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly making false statements about the financial results of the 2007 merger of CVS and Caremark. The case is closed. |
| <i>Boron, et al. v. Bracken, et al.</i>                    | PC-2017-4398 | Superior Court -- RI         | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.  |

CVS Health Corporation

Biographical Affidavit

Richard James Swift

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.



**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names) \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): William Conrad Weldon

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired Executive

4. Affiant's business address: N/A

Business telephone: N/A Business Email: [REDACTED]

5. Education and training:

| <u>College/University</u>    | <u>City/State</u>          | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|------------------------------|----------------------------|-------------------------------|------------------------|
| <u>Quinnipiac University</u> | <u>Hamden, Connecticut</u> | <u>1971</u>                   | <u>B.S.</u>            |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u>              |                           |                   |                               |                        |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
|------------------------------------|---------------------|---------------------------------------|--|

N/A

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 07/13 – present Employer's Name: JPMorgan Chase Bank, N.A.

Address: 270 Park Avenue City: New York State/Province: New York

Country: USA Postal Code: 10017 Phone: 212-270-6000 Offices/Positions Held: Director and Chairman of the Board

Type of Business: Financial Services Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/13 - present Employer's Name: Exxon Mobil Corporation

Address: 5959 Las Colinas Boulevard City: Irving State/Province: Texas

Country: USA Postal Code: 75039 Phone: 972-444-1000 Offices/Positions Held: Director

Type of Business: International Oil and Gas Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 04/13 – 01/16 Employer's Name: Chubb Corporation

Address: 15 Mountain View Road City: Warren State/Province: New Jersey

Country: USA Postal Code: 07059 Phone: 908-903-2000 Offices/Positions Held: Director

Type of Business: International Insurance Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 03/13 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

Beginning/Ending  
Dates (MM/YY): 1971 - 12/12 Employer's Name: Johnson & Johnson

Address: One Johnson & Johnson Plaza City: New Brunswick State/Province: New Jersey

Country: USA Postal Code: 08933 Phone: 732-524-0400 Offices/Positions Held: Chairman & Chief Executive Officer

Type of Business: Consumer Health Care and Pharmaceutical Company Supervisor/Contact: Board of Directors

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

None

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?  
Yes  No
  
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?  
Yes  No
  
- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?  
Yes  No
  
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?  
Yes  No
  
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?  
Yes  No
  
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?  
Yes  No
  
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?  
Yes  No
  
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?  
Yes  No
  
- i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?  
Yes  No
  
- j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?  
Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A
- 
- 

If any of the stock is pledged or hypothecated in any way, give details. N/A

---

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

---

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

---

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

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15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. N/A

See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10<sup>th</sup> day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



(Signature of Affiant)

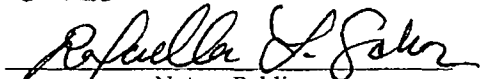
State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017 by William Conrad Weldon, and:

- who is personally known to me, or
- who produced the following identification: FL DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 018C6388481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**BIOGRAPHICAL AFFIDAVIT**  
**Supplemental Personal Information**

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): William Conrad Weldon  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending</u><br><u>Date(s) Used (MM/YY)</u> | <u>Name(s)</u><br><u>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>   | <u>N/A</u>   | <u>N/A</u>                             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY): [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: USA
- 7. Name of Affiant's Spouse (if applicable): [REDACTED]

8. List your residences for the last ten (10) years starting with your current address, giving:

| Beginning/Ending Dates (MM/YY) | Address    | City       | State/Province | Country | Postal Code |
|--------------------------------|------------|------------|----------------|---------|-------------|
| 04/14-Present                  | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 01/12-03/14                    | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 03/08-Present                  | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 08/12-02/17                    | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |
| 09/05-03/14                    | [REDACTED] | [REDACTED] | [REDACTED]     | USA     | [REDACTED]  |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 10<sup>th</sup> day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

*[Handwritten Signature]*

(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017 by William Conrad Weldon, and:

- who is personally known to me, or
- who produced the following identification: FL DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

*[Handwritten Signature]*

Notary Public

RAFAELLA L. SCHOR

Printed Notary Name

10/30/2021

My Commission Expires



**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William Conrad Weldon [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

December 10, 2017  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017 by William Conrad Weldon, and:

- who is personally known to me, or
- who produced the following identification: FL DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaella L. Schor  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William Conrad Weldon, [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

December 10, 2017  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017 by William Conrad Weldon, and:

- who is personally known to me, or
- who produced the following identification: FL DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaella L. Schor  
Notary Public  
RAFAELLA L. SCHOR  
Printed Notary Name  
10/30/2021  
My Commission Expires

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

William Conrad Weldon, [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

December 10, 2017  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of December, 2017 by William Conrad Weldon, and:

- who is personally known to me, or
- who produced the following identification: FL DRIVERS LICENSE

[SEAL]

**RAFAELLA LIBBY SCHOR**  
Notary Public, State of New York  
No. 01SC6366481  
Qualified in New York County  
Commission Expires Oct. 30, 2021

Rafaella L. Schor  
Notary Public  
**RAFAELLA L. SCHOR**  
Printed Notary Name  
10/30/2021  
My Commission Expires

CVS Health Corporation

Biographical Affidavit

William Conrad Weldon

Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant is also a member of the Board of Directors of JPMorgan Chase Bank, N.A. ("JPMorgan"), and has been named, along with other directors of JPMorgan, in various derivative and class action lawsuits alleging that, among other things, the JPMorgan directors and officers breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant was formerly an officer and director of Johnson & Johnson. In his capacity as officer and director, the affiant was named, along with certain other officers and directors of Johnson & Johnson, in various derivative, class action and other lawsuits alleging that, among other things, the Johnson & Johnson officers and directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption  | Docket Number | Court                           | Date Filed | Case Description   |
|---|---------------|---------------------------------|------------|--|
| <i>Stirsman v. JPMorgan Chase Bank, N.A. et al.</i> | 1:17-cv-1707  | U.S. District New York Southern | 03/08/2017 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this class action ERISA suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly failing to properly manage and review the ERISA plan's assets. The case is active.  |
| <i>Sherman v. Merlo, et al.</i>                     | 1:17-cv-378   | U.S. District -- Rhode Island   | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>                  | 1:17-cv-425   | U.S. District -- Rhode Island   | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |

|   |              |                                     |            |  |
|---|--------------|-------------------------------------|------------|--|
| <i>Orellana v. JPMorgan Chase &amp; Co. et al.</i>                | 1:17-cv-1575 | U.S. District New York Southern     | 03/02/2017 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this class action ERISA suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly failing to properly manage and review the ERISA plan's assets. Case is pending. The case is active.   |
| <i>Feghali v. Merlo, et al.</i>                                   | 1:17-cv-399  | U.S. District -- Rhode Island       | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>In re JPMorgan Chase Derivative Litigation</i>                 | 1:17-cv-5066 | U.S. District -- California Eastern | 07/06/2017 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly overcompensating themselves while engaging in risky business practices related to subprime mortgages and other enterprises. The case is active.                              |
| <i>Beach v. JPMorgan Chase Bank et al.</i>                        | 1:17-cv-563  | U.S. District New York Southern     | 01/25/2017 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this class action ERISA suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly failing to properly manage and review the ERISA plan's assets. The case is active.  |
| <i>Monk v. Johnson &amp; Johnson et al.</i>                       | 3:10-cv-4841 | U.S. District New Jersey            | 09/21/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this class action. The suit alleges certain officers and directors violated federal securities laws by allegedly failing to disclose an accurate picture of the company's manufacturing processes and business profile. The case is closed.   |
| <i>In re JPMorgan Chase Derivative Litigation</i>                 | 2:13-cv-2414 | U.S. District California Eastern    | 11/20/2013 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly overcompensating themselves while engaging in risky business practices related to subprime mortgages and other enterprises. The case is closed.                              |
| <i>Carpenters Pension Fund of West Virginia v. Weldon, et al.</i> | 3:10-cv-2275 | U.S. District New Jersey            | 05/05/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly engaging in risky  |

|  |              |                                  |            |  |
|--|--------------|----------------------------------|------------|--|
|  |              |                                  |            | business practices that misleadingly inflated earnings and ultimately led to penalties. The case is closed.  |
| <i>Minneapolis Firefighters' Relief Association, et al v. Weldon, et al.</i>   | 3:10-cv-3215 | U.S. District New Jersey         | 06/24/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly engaging in risky business practices related to drug recalls. The case is closed.  |
| <i>Cafaro et al. v. Coleman et al.</i>   | 3:11-cv-2652 | U.S. District New Jersey         | 05/10/2011 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, violated federal securities laws and were unjustly enriched by allegedly failing to implement proper internal controls. The case is closed. |
| <i>Copeland v. Prince et al.</i>   | 3:11-cv-4993 | U.S. District -- New Jersey      | 08/29/2011 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws and breached their fiduciary duties by allegedly maintaining their positions after claims were filed regarding risky business practices. The case is closed.         |
| <i>Feldman v. Coleman et al.</i>   | 3:10-cv-2386 | U.S. District New Jersey         | 05/06/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors wasted corporate assets and breached their fiduciary duties by allegedly engaging in risky manufacturing practices. The case is closed.   |
| <i>Louisiana Municipal Police Employees Retirement System v. Dimon, et al.</i> | 1:11-cv-6231 | U.S. District New York Southern  | 09/06/2011 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly engaging in risky business practices that led to costly litigation. The case is closed.                       |
| <i>Horwitz v. Dimon, et al.</i>  | 2:14at797    | U.S. District California Eastern | 06/20/2014 | Affiant is named as a defendant, but to the affiant's knowledge the matter is under seal.  |
| <i>Ratcliff v. Dimon, et al.</i>   | 2:14-cv-62   | U.S. District California Eastern | 01/10/2014 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties and wasted corporate assets by allegedly engaging in risky business practices related to subprime mortgages. The case is active.   |

|  |              |                                  |            |   |
|--|--------------|----------------------------------|------------|---|
| <i>Wollman et al v. Coleman et al.</i>                 | 3:11-cv-2511 | U.S. District New Jersey         | 05/02/2011 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, violated federal securities laws and were unjustly enriched by failing to implement sufficient internal controls related to the FCPA. The case is closed.                      |
| <i>The George Leon Family Trust v. Coleman, et al.</i> | 3:12-cv-4401 | U.S. District New Jersey         | 07/13/2012 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities law, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly setting unreasonably high executive compensation. The case is closed.                                  |
| <i>Joliet Fire Pension Fund v. Dimon, et al.</i>       | 2:14-cv-41   | U.S. District California Eastern | 01/07/2014 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly overcompensating themselves while engaging in risky business practices related to subprime mortgages and other enterprises. The case is closed. |
| <i>Miller v. Bell, et al.</i>                          | 2:14-cv-227  | U.S. District California Eastern | 01/23/2014 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly engaging in risky business practices related to subprime mortgages and other enterprises. The case is closed.                                   |
| <i>In re JPMorgan Chase Derivative Litigation</i>      | 2:14-cv-1489 | U.S. District California Eastern | 06/23/2014 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly overcompensating themselves while engaging in risky business practices related to subprime mortgages and other enterprises. The case is closed. |
| <i>Hays v. Bammann, et al.</i>                         | 2:16-cv-1142 | U.S. District California Central | 02/18/2016 | Affiant is named as a defendant, through his position as a director of JPMorgan Chase & Co., in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly permitting the business to engage in risky energy bidding practices that led to penalties. The case is closed.   |

|   |              |  |            |   |
|---|--------------|--|------------|---|
| <i>Ravicher v. Moynihan, et al.</i>                                       | 1:13-cv-1665 | U.S.<br>District<br>New York<br>Southern | 03/13/2013 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly providing credit to Herbalife Ltd. The case is closed.   |
| <i>Steinberg v. Dimon, et al.</i>   | 1:14-cv-688  | U.S.<br>District<br>New York<br>Southern | 02/03/2014 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, violated federal securities laws and were unjustly enriched by allegedly engaging in risky business practices that led to significant financial losses. The case is closed. |
| <i>Espinoza v. Dimon, et al.</i>  | 1:13-cv-2358 | U.S.<br>District<br>New York<br>Southern | 04/09/2013 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly failing to properly manage risk. The case is closed.   |
| <i>Copeland v. Mulcahy, et al.</i>  | 3:10-cv-6251 | U.S.<br>District<br>New<br>Jersey        | 12/01/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities laws and breached their fiduciary duties by allegedly maintaining their positions after claims were filed regarding risky business practices. The case is closed.                                |
| <i>In re Johnson &amp; Johnson<br/>Derivative Litigation</i>              | 3:10-cv-2033 | U.S.<br>District<br>New<br>Jersey        | 04/21/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly engaging in risky business practices that misleadingly inflated earnings and ultimately led to penalties. The case is closed.   |
| <i>Wayne County Employees'<br/>Retirement System v.<br/>Dimon, et al.</i> | 1:12-cv-7313 | U.S.<br>District<br>New York<br>Southern | 09/28/2012 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties and were unjustly enriched by allegedly failing to properly manage risk. The case is closed.  |
| <i>Central Laborers Pension<br/>Fund, et al. v. Dimon, et al.</i>         | 1:14-cv-1041 | U.S.<br>District<br>New York<br>Southern | 02/19/2014 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly failing to detect Bernie Madoff's fraudulent scheme. The case is closed.   |



|  |              |   |            |  |
|--|--------------|---|------------|--|
| <i>Garber v. Dimon, et al.</i>   | 1:08-cv-975  | U.S.<br>District<br>New York<br>Southern  | 01/30/2008 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, violated federal securities laws and were unjustly enriched by allegedly engaging in risky business practices related to subprime mortgages. The case is closed. |
| <i>In re: JPMorgan Chase &amp; Co. Shareholder Derivative Litigation</i> | 1:08-cv-974  | U.S.<br>District<br>New York<br>Southern  | 01/30/2008 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, violated federal securities laws and were unjustly enriched by allegedly engaging in risky business practices related to subprime mortgages. The case is closed. |
| <i>Hawaii Laborers Pension Fund v. Weldon, et al.</i>                    | 3:10cv2516   | U.S.<br>District<br>New<br>Jersey         | 05/14/2010 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities law, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly engaging in risky business practices. The case is closed.                       |
| <i>Monaghan v. JPMorgan Chase &amp; Co., et al.</i>                      | 1:17-cv-2315 | U.S.<br>District<br>New York<br>Southern  | 03/30/2017 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this class action ERISA suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly failing to properly manage and review the ERISA plan's assets. The case is active.  |
| <i>Katz v. Weldon, et al.</i>  | 3:11-cv-4994 | U.S.<br>District<br>New<br>Jersey         | 08/29/2011 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties by allegedly engaging in risky business practices that led to financial losses for the company. The case is closed.   |
| <i>The George Leon Family Trust v. Coleman, et al.</i>                   | 3:11-cv-5084 | U.S.<br>District<br>New<br>Jersey         | 09/01/2011 | Affiant is named as a defendant, through his position as a director of Johnson & Johnson, in this shareholder derivative suit. The suit alleges certain officers and directors violated federal securities law, breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly setting unreasonably high executive compensation. The case is closed.           |
| <i>Shlosberg v. Dimon, et al.</i>  | 2:13cv2573   | U.S.<br>District<br>California<br>Eastern | 12/11/2013 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly failing to implement sufficient internal controls to avoid risky business practices. The case is closed.                  |

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

|  |              |                                 |            |   |
|--|--------------|---------------------------------|------------|---|
| <i>In re: JPMorgan Chase &amp; Co. Derivative Litigation</i> | 1:12-cv-3878 | U.S. District New York Southern | 05/15/2012 | Affiant is named as a defendant, through his position as a director of JPMorgan, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly failing to properly manage risk. The case is closed.   |
| <i>Boron, et al. v. Bracken, et al.</i>                      | PC-2017-4398 | Superior Court -- RI            | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active. |

CVS Health Corporation

Biographical Affidavit

William Conrad Weldon

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health entered into a settlement agreement, on a "no admit or deny basis" with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement, but was not on the Board at the time of the events that were the subject of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.

**BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

(Print or Type)

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names). \_\_\_\_\_

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
Proposed ultimate parent company of Aetna Inc.)

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE.

1. Affiant's Full Name (Initials Not Acceptable): Tony Lee White

2. a. Are you a citizen of the United States?

Yes  No

b. Are you a citizen of any other country?

Yes  No

If yes, what country? N/A

3. Affiant's occupation or profession: Retired

4. Affiant's business address: [REDACTED]

Business telephone: 404-252-[REDACTED] Business Email: [REDACTED]

5. Education and training:

| <u>College/University</u>          | <u>City/State</u>    | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u>                    |
|------------------------------------|----------------------|-------------------------------|---|
| <u>Western Carolina University</u> | <u>Cullowhee, NC</u> | <u>09/65-06/69</u>            | <u>B.A. Social Scien. &amp; Economics</u> |

| <u>Graduate Studies</u> | <u>College/University</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree Obtained</u> |
|-------------------------|---------------------------|-------------------|-------------------------------|------------------------|
| <u>N/A</u>              |                           |                   |                               |                        |

| <u>Other Training: Name</u> | <u>City/State</u> | <u>Dates Attended (MM/YY)</u> | <u>Degree/Certification Obtained</u> |
|-----------------------------|-------------------|-------------------------------|--------------------------------------|
| <u>N/A</u>                  |                   |                               |                                      |

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number in the space provided in the Biographical Affidavit Supplemental Information.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

| <u>Name of Society/Association</u> | <u>Contact Name</u> | <u>Address of Society/Association</u> | <u>Telephone Number of Society/Association</u> |
|------------------------------------|---------------------|---------------------------------------|--|
|------------------------------------|---------------------|---------------------------------------|--|

N/A

7. Present or proposed position with the Applicant Company: Director

Member of the Board of Directors of CVS Health Corporation

8. List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years.

Beginning/Ending

Dates (MM/YY): 09/95- 11/08 Employer's Name: Applied Biosystems

Address: 850 Lincoln Center Drive City: Foster City State/Province: CA

Country: USA Postal Code: 94404 Phone: 650-570-6667 Offices/Positions Held: President/CEO

Type of Business: Health Care Technology Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 09/69- 09/95 Employer's Name: Baxter International, Inc.

Address: One Baxter Parkway City: Deerfield State/Province: IL

Country: USA Postal Code: 60015 Phone: 847-948-2000 Offices/Positions Held: Executive Vice President

Type of Business: Health Care Company Supervisor/Contact: Vernon R. Loucks - Retired CEO

Directorships

Beginning/Ending

Dates (MM/YY): 03/11 - present Employer's Name: CVS Health Corporation

Address: One CVS Drive City: Woonsocket State/Province: Rhode Island

Country: USA Postal Code: 02895 Phone: (401) 765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1997 - present Employer's Name: Ingersoll-Rand PLC

Address: 800-E Beaty Street City: Davidson State/Province: North Carolina

Country: USA Postal Code: 28036 Phone: (704) 655-4000 Offices/Positions Held: Director

Type of Business: Diversified Industrial Company Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 1996 - present Employer's Name: C.R. Bard, Inc.

Address: 730 Central Avenue City: Murray Hill State/Province: New Jersey

Country: USA Postal Code: 07974 Phone: (908) 277-8000 Offices/Positions Held: Director

Type of Business: Medical Device Company Supervisor/Contact: N/A

9. a. Have you ever been in a position which required a fidelity bond?

Yes  No

If any claims were made on the bond, give details: N/A

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No

If yes, give details: N/A

10. List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.

N/A

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

Organization/Issuer of License: N/A Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

License Type: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued (MM/YY): \_\_\_\_\_

Date Expired (MM/YY): \_\_\_\_\_ Reason for Termination: \_\_\_\_\_

Non-Insurance Regulatory Phone Number (if known): \_\_\_\_\_

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:

a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?

Yes  No

b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?

Yes  No

c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?

Yes  No

d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?

Yes  No

e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?

Yes  No

f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?

Yes  No

g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?

Yes  No

h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?

Yes  No

i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?

Yes  No

j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?

Yes  No

If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.

See attached.

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person.  
N/A

If any of the stock is pledged or hypothecated in any way, give details. N/A

13. Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially or of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance regulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that directly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with, the person specified.

Yes  No

If yes, please identify the company or companies in which the cumulative stock holdings represent 10% or more of the outstanding voting securities.

N/A

If any of the shares of stock are pledged or hypothecated in any way, give details.

N/A

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: N/A

15. To your knowledge has any company or entity for which you were an officer or director, trustee, investment committee member, key management employee or controlling stockholder, had any of the following events occur while you served in such capacity?

- a. Been refused a permit, license, or certificate of authority by any regulatory authority, or governmental-licensing agency?

Yes  No

- b. Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?



Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?

Yes  No

c. Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?

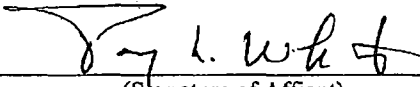
Yes  No

If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. \_\_\_\_\_

See Attached

Note: If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Dated and signed this 10 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

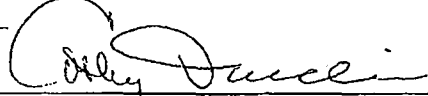
  
\_\_\_\_\_  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10 day of December, 2017 by Tony Lee White, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

  
\_\_\_\_\_  
Cathy Jordan  
Notary Public  
State of Rhode Island  
My Commission Expires \_\_\_\_\_  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT  
Supplemental Personal Information**

**(Print or Type)**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority.

Full name, address, and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

CVS Health Corporation  
One CVS Drive, Woonsocket, RI 02895  
(401) 765-1500  
(Proposed ultimate parent company of Aetna Inc.)

1. Affiant's Full Name (Initials Not Acceptable): Tony Lee White  
IF ANSWER IS "NONE," SO STATE.

2. Have you ever used any other name, including first, middle or last name, nickname, maiden name or aliases?

Yes  No

If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.

| <u>Beginning/Ending<br/>Date(s) Used (MM/YY)</u> | <u>Name(s)<br/>Specify: First, Middle or Last Name</u> | <u>Reason (If none, indicate such)</u> |
|--|--|--|
| <u>N/A</u>                                       | <u>N/A</u>   | <u>N/A</u>                             |
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Note: Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another.

- 3. Affiant's Social Security Number: [REDACTED]
- 4. Government Identification Number if not a U.S. Citizen: N/A
- 5. Foreign Student ID# (if applicable): N/A
- 6. Date of Birth: (MM/DD/YY) [REDACTED] Place of Birth, City: [REDACTED]  
State/Province: [REDACTED] Country: [REDACTED]
- 7. Name of Affiant's Spouse (if applicable): [REDACTED]

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

8. List your residences for the last ten (10) years starting with your current address, giving:

| <u>Beginning/Ending Dates (MM/YY)</u> | <u>Address</u> | <u>City</u> | <u>State/Province</u> | <u>Country</u> | <u>Postal Code</u> |
|---------------------------------------|----------------|-------------|-----------------------|----------------|--------------------|
| 05/02 - present                       | [REDACTED]     | [REDACTED]  | [REDACTED]            | USA            | [REDACTED]         |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |
|                                       |                |             |                       |                |                    |

Note: Dates provided in response to this question may be approximate, except for current address. Parties using this form understand that there could be an overlap of dates when transitioning from one address to another.

Dated and signed this 10 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

[Signature]  
(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 10 day of December, 2017 by Tony Lee White, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public

Printed Name  
Notary Public  
State of Rhode Island

My Commission Expires 03/27/2019

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(All states except California, Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act."

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Tony Lee White, [REDACTED]  
(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12-12-2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Tony Lee White, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Cathy [REDACTED] Public  
Notary Public  
State of Rhode Island  
My Commission Expires 12/31/2018  
My Commission Expires \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(Minnesota and Oklahoma)*

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Tony Lee White, [REDACTED]

(Printed Full Name and Residence Address)

[Signature]  
(Signature)

12-12-2017  
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Tony Lee White, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public  
Cathy Tardio  
Notary Public  
Providence, Rhode Island  
My Commission Expires 07/08/2019  
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A  
FEIN: 05-0494040

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS**  
*(California)*

This Disclosure and Authorization is provided to you in connection with a pending application of CVS Health Corporation ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through an NAIC approved third party background report provider ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770- [REDACTED]

Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

**AUTHORIZATION:** I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Tony Lee White [REDACTED] (Printed Full Name and Residence Address)  
[Signature] (Signature) 12-12-2017 (Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 12 day of December, 2017 by Tony Lee White, and:

- who is personally known to me, or
- who produced the following identification: \_\_\_\_\_

[SEAL]

[Signature]  
Notary Public  
Cathy Tardio  
Notary Public  
State of Rhode Island  
My Commission Expires 07/06/2019

## CVS Health Corporation

## Biographical Affidavit

Tony Lee White

## Supplement to Item 11

Item 11. Affiant is a member of the Board of Directors of CVS Health Corporation ("CVS Health"). In his capacity as a director of CVS Health, affiant has been named as a defendant, along with certain other CVS Health directors and officers, in various derivative and class action lawsuits alleging that, among other things, the CVS Health directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant also serves as a director of C.R. Bard, Inc. ("Bard") In his capacity as a director of Bard, affiant was named, along with certain other directors and officers of Bard, in certain derivative and class action lawsuits alleging that, among other things, the Bard directors and officers breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

| Case Caption                               | Docket Number | Court                         | Date Filed | Case Description   |
|--|---------------|-------------------------------|------------|--|
| <i>Tanguma v. C. R. Bard, Inc., et al.</i> | 2:17-cv-3977  | U.S. District New Jersey      | 06/02/2017 | Affiant is named as a defendant, through his position on the board of directors of C.R. Bard, Inc., in this class action. The suit alleges certain officers and directors violated federal securities laws by undervaluing the company during its merger with Lamba Corp. The case is closed.  |
| <i>Maser v. Ring, et al.</i>               | 2:17-cv-4549  | U.S. District New Jersey      | 06/21/2017 | Affiant is named as a defendant, through his position on the board of directors of C.R. Bard, Inc., in this class action. The suit alleges certain officers and directors violated federal securities laws by undervaluing the company during its merger with Lamba Corp. The case is active.  |
| <i>Sherman v. Merlo, et al.</i>            | 1:17-cv-378   | U.S. District -- Rhode Island | 08/16/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets, and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active.   |
| <i>Banchalter v. Merlo, et al.</i>         | 1:17-cv-425   | U.S. District -- Rhode Island | 09/12/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |

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| <i>Feghali v. Merlo, et al.</i>         | 1:17-cv-399  | U.S. District -- Rhode Island | 08/28/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, violated of Section 14(a) of the Exchange Act, wasted corporate assets and were unjustly enriched by allegedly reporting inflated usual and customary prices for certain generic prescription drug products. The case is active. |
| <i>Boron, et al. v. Bracken, et al.</i> | PC-2017-4398 | Superior Court -- RI          | 09/15/2017 | Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.                          |



CVS Health Corporation

Biographical Affidavit

Tony Lee White

Supplement to Item 15

**Item 15.** Affiant is a member of the Board of Directors of CVS Health Corporation (“CVS Health”). CVS Health is the parent holding company of a large number of operating entities. Affiant does not hold any position with any of the CVS Health operating entities and does not have an ownership interest in, or operational role with, any of the operating entities. From time to time, certain of said operating entities have been refused a permit, license or certificate by a regulatory authority (Item 15.a), had their permits or licenses suspended (Item 15.b), or had fines levied against them (Item 15.c). None of the foregoing would be deemed material, either to the individual entity, or to CVS Health as a whole (for example, brief suspensions or small fines for sale of alcohol to minors, or denial of a license to sell alcohol because the jurisdiction is at its maximum quota). None of the denials or violations has directly involved CVS Health, which does not have any licenses in its own name. To the knowledge of affiant none of the denials or violations has involved licensure of an insurance company.

**Item 15(c).** In April 2014, CVS Health Corporation entered into a settlement agreement, on a “no admit or deny basis” with the United States Securities and Exchange Commission. Affiant was a member of the Board of Directors at the time of the settlement. The settlement related to events that occurred in the third and fourth quarters of 2009, including certain public disclosures made by CVS Health and certain aspects of the purchase accounting adjustment related to the October 2008 Longs Drug Stores acquisition. A civil penalty in the amount of \$20 million was included as part of the settlement. The settlement did not require CVS Health to restate its earnings for any reporting period. The matter is now fully resolved for CVS Health.