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): Carol Ann DeNale

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

   Yes [X] No [ ]

   b. Are you a citizen of any other country?

   Yes [ ] No [X]

   If yes, what country? N/A

3. Affiant's occupation or profession: Senior Vice President and Treasurer

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

   Business telephone: 401-770[redacted] Business Email: [redacted]

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Dayton	Dayton, OH	09/82 – 12/86	B.S., Business Administration

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
N/A				

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
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:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Association for Financial Professionals	Jim Kaitz, CEO	4520 East-West Highway Suite 800 Bethesda, MD 20814	301-907-2862
N/A			

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

Senior Vice President and Treasurer 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): 06/97 - Present Employer's Name: CVS Pharmacy, Inc./CVS Health Corporation

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

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: SVP & Treasurer; VP & Treasurer; Assistant Treasurer; Director, Treasury Operations; Cash Manager

Type of Business: Integrated Pharmacy Company Supervisor/Contact: David M. Denton, EVP & CFO

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: _____

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 [X]

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 [X]

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 [X]

©2017 National Association of Insurance Commissioners

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 [X]

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 [X]

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

Yes [ ] No [X]

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

Yes [ ] No [X]

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 [X]

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 [X]

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 [X]

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 [X]

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

Yes [ ] No [X]

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 [X]

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 [X]

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 [X] 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 [X] 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 [X] 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 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 12th day of December, 2017 by Carol Ann DeNale, 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
Qualifed 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): First: Carol Middle: Ann Last: DeNale
   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 [X] 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)
[redacted]	[redacted]	Married, then divorced
N/A	N/A	N/A

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): N/A

©2017 National Association of Insurance Commissioners

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
05/99 – present	[redacted]	[redacted]	[redacted]	USA	[redacted]
09/95 to 04/99	[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 12th 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 12th day of December, 2017 by Carol Ann DeNale, 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
Qualifed 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
(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.

Carol Ann DeNale[redacted]
(Printed Full Name and Residence Address)

(Signature)

December 12, 2017
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Carol Ann DeNale, and:

who is personally known to me, or

X who produced the following identification: MA DRIVERS LICENSE

[SEAL]

RAFAELLA LIBBY SCHOR
Notary Public, State of New York
No. 01SC6366481
Qualifed 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.

Carol Ann DeNale[redacted]
(Printed Full Name and Residence Address)

(Signature)

December 12, 2017
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Carol Ann DeNale, 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
Qualifed 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

(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.

Carol Ann DeNale, [redacted]
(Printed Full Name and Residence Address)

(Signature)

December 12, 2017
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 12th day of December, 2017 by Carol Ann DeNale, and:

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

[SEAL]

RAFAELLA LIBBY SCHOR
Notary Public, State of New York
No. 01SC6366481
Qualifed 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

©2017 National Association of Insurance Commissioners

CVS Health Corporation

Biographical Affidavit

Supplement to Item 15

Item 15: I am, or have been, an officer and director of hundreds of entities principally involved in the operation of retail stores in the CVS family of entities. From time to time, certain of said 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). In no instance have I been personally involved in the operation of the store location.

None of the denials or violations has involved insurance.

CVS Health Corporation

Biographical Affidavit

Carol Ann DeNale

Supplement to Item 15

Item 15. Affiant is, or has been, an officer and director of hundreds of CVS operating entities principally involved in the operation of retail stores in the CVS family of entities. From time to time, certain of said 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). To the knowledge of affiant, none of the denials or violations has involved licensure of an insurance company.

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): Thomas Swift Moffatt

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

   Yes [X] No [ ]

   b. Are you a citizen of any other country?

   Yes [ ] No [X]

   If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

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

   Business telephone: 401-770-[redacted] Business Email: [redacted]

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Harvard University	Cambridge, MA	09/82 – 06/87	A.B.

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	Northeastern University School of Law	Boston, MA	09/90 – 05/93	J.D.

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
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:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
RI Bar Association	N/A	115 Cedar St. Providence, RI 02903	401-421-5740
Society of Corporate Secretaries	Darla Stuckey	240 W. 35th Street, Ste. 400 New York, NY 10001	212-681-2000
N/A			

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

Vice President, Asst. Secretary & Asst. 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): 08/97 – present Employer's Name: CVS Pharmacy, Inc./CVS Health Corporation

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

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Vice President, Asst. Secretary & Asst. General Counsel; various positions with subsidiaries

Type of Business: Integrated Pharmacy Company Supervisor/Contact: Colleen McIntosh, SVP & Secretary

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: _____

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: _____

©2017 National Association of Insurance Commissioners

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

Yes [ ] No [X]

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 [X]

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: Massachusetts Board of Bar Overseers Address: 99 High Street

City: Boston State/Province: MA Country: USA Postal Code: 02110

License Type: Attorney License #: 564766 Date Issued (MM/YY): 12/93

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

Non-Insurance Regulatory Phone Number (if known): 617-728-8750

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 #: 7032 Date Issued (MM/YY): 11/04

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 [X]

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 [X]

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 [X]

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

Yes [X] No [ ]

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

Yes [X] 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 [X] 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 [X]

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 [X]

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 [X]

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

Yes [ ] No [X]

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 [X]

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 [X]

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 [X] 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 [X] 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 [X] No [ ]

©2017 National Association of Insurance Commissioners

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 11th 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 11th day of December, 2017 by Thomas Swift Moffatt, and:

✓ who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

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

Printed Name

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): Thomas Swift Moffatt
   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 [X] 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)
[redacted]	Middle name: [redacted]	Birth name – changed middle name upon marriage
[redacted]	First name: Tom	Nickname
N/A		

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
05/98 - 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 11th 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 11th day of December, 2017 by Thomas S. Moffatt, and:

✓ who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

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

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-[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.

Thomas S. Moffatt [redacted]
(Printed Full Name and Residence Address)

(Signature)

December 11, 2017
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Thomas Swift Moffatt, and:

✓ who is personally known to me, or

who produced the following identification: _____

[SEAL]

Notary Public

Mary Alice Kleiber
Notary Public
Printed Notary Public Name

State of Rhode Island
My Commission Expires 03/13/2020
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.

Thomas S. Moffatt, [redacted]
(Printed Full Name and Residence Address)

(Signature)

December 11, 2017
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Thomas Swift Moffatt, and:

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

[SEAL]

Notary Public
Mary Alice Kleiber
Printed Name of Notary Public
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

(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 S. Moffatt,[redacted]
(Printed Full Name and Residence Address)

(Signature)

December 11, 2017
(Date)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Thomas Swift Moffatt, and:

✓ who is personally known to me, or
who produced the following identification: _____

[SEAL]

Notary Public

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

Printed Notary Name

My Commission Expires

Revised 8/18/14
FORM 11

©2017 National Association of Insurance Commissioners

CVS Health Corporation

Biographical Affidavit

Thomas Swift Moffatt

Supplement to Item 11

Item 11(d), (e) and (f). In February 1984, the affiant was charged with operating a motor vehicle while under the influence of alcohol (a misdemeanor) in Orange District Court, Greenfield, Massachusetts. In April 1984, the affiant pled no contest to that charge and was given one year of probation, after which the charge was dismissed. At that time the affiant was twenty years old, which was the legal drinking age in Massachusetts.

In addition, in September 1983, the affiant was charged with being a minor in possession of alcohol in Revere, Massachusetts. That charge was dismissed upon payment of court costs.

CVS Health Corporation

Biographical Affidavit

Thomas Swift Moffatt

Supplement to Item 15

Item 15. Affiant is a corporate attorney for CVS Pharmacy, Inc. and each of its subsidiaries and affiliates (collectively "CVS"). In connection with my role, affiant serves as an officer and/or a director of many of CVS's various operating entities. These entities currently operate over 9,700 retail pharmacy locations, over 1,100 retail health clinics, 38 onsite pharmacies, 23 retail specialty pharmacy stores, 15 specialty mail order pharmacies, four mail service dispensing pharmacies, and 82 branches and six centers of excellence for infusion and enteral services, 143 long-term care spoke pharmacies (of which 31 are also long-term care hub pharmacies), and maintain over 150,000 licenses in total.

From time to time, certain of these 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). None of such denials or violations have involved the licensure of an insurance company.