

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

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): First: Fernando Middle: \_\_\_\_\_ Last: Aguirre

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? Mexico

3. Affiant's occupation or profession: Executive and Director

4. Affiant's business address: REDACTED

Business telephone: 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>Southern Illinois University</u>	<u>Edwardsville, IL</u>	<u>[REDACTED]</u>	<u>B.S.</u>

<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>			

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Harvard Business School YPO President's Seminar</u>		<u>10 Years</u>	<u>HBS Graduate Status</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 : Aetna Inc.

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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>WPO</u>	<u>Cindy Petrie</u>	<u>Cincinnati, OH</u>	<u>866-467-5557</u>
<u>YPO Intercontinental</u>	<u>Kimberly Billy</u>	<u>Canada</u>	<u>905-631-7005</u>

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.

**See Exhibit A**

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_ 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 **See Exhibit B**

- 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 Exhibit B**

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. None

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.

Presently own shares of Aetna Inc. less than 1%

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: None

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

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FEIN: 23-2229683

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.

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July, 2015 at NY, NY. 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.

  
Fernando Aguirre  
(Signature of Affiant)

/s/ Fernando Aguirre

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Fernando Aguirre, and:

who is personally known to me, or

who produced the following identification: Driver's License; State of NC

[SEAL]

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

**JULIA IEDA**  
Notary Public - State of New York  
No. 01IE6124063  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Fernando Middle: \_\_\_\_\_ Last: Aguirre  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
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REDACTED

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: None

5. Foreign Student ID# (if applicable) : None

6. Date of Birth: (MM/DD/YY) : REDACTED Place of Birth, City: REDACTED  
State/Province: \_\_\_\_\_ Country: REDACTED

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>
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REDACTED

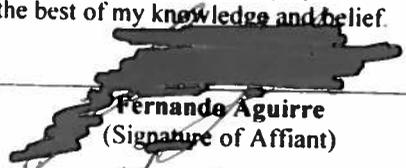
Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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 30 day of July, 2015 at NY, NY 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.



151 Fernando Aguirre

Fernando Aguirre  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Fernando Aguirre, and:

who is personally known to me, or

who produced the following identification: Driver's License; State of NC

[SEAL]

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

**JULIA IEDA**  
Notary Public - State of New York  
No. 01IE6124083  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

## EXHIBIT A

## RESPONSE TO ITEM 8

## EMPLOYMENT HISTORY FOR 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

Date	Position Held	Company Name, Address, Phone and Supervisor/Contact
[REDACTED]	Chairman President and Chief Executive Officer	Chiquita Brands International, Inc. 550 South Caldwell Street Charlotte, NC 28202 513.784.8000  Kevin Holland, Senior Vice President and Chief People Officer
[REDACTED]	President, Special Projects President, Global, Feminine Care Vice President, P&G Global, U.S. Snacks & Food Products	The Procter & Gamble Company 1 or 2, Procter & Gamble Plaza Cincinnati, OH 45201 513.983.1100
[REDACTED]	President, P&G Mexico President & General Manager, P&G Brazil General Manager, Laundry, Cleaning & Household Products, P&G Mexico	
<b>Directorships</b>		
[REDACTED]	Director	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156 860.273.0810  Judith H. Jones, Vice President and Corporate Secretary
[REDACTED]	Director	Levi Strauss & Co. 1155 Battery Street San Francisco, CA 94111 415.501.6000
[REDACTED]	Director	Barry Callebaut AG 600 West Chicago Avenue, Suite 860 Chicago, IL 60654 312.496.7300
[REDACTED]	Director	Coveris 8600 W. Bryn Mawr Avenue, Suite 800N Chicago, IL 60632 773.877.3300

## EXHIBIT B

## RESPONSE TO ITEM 11(h)

Chiquita Brands International Inc.:

Fernando Aguirre retired as Chairman, President and Chief Executive Officer of Chiquita Brands International Inc. in October 2012.

***Shareholders' Derivative Actions***

Along with other current and former Chiquita officers and directors, I was a named party in shareholder derivative litigation filed in connection with extortion payments made to violent armed groups in Colombia to protect workers' lives prior to my having joined Chiquita, and the subsequent plea agreement with the Department of Justice. The allegations were thoroughly investigated by a Special Litigation Committee of the board of Directors, which found no breach of fiduciary duty and recommended dismissal of the suit. The litigation was settled on favorable terms and dismissed.

Beginning in 2007, a variety of personal injury tort claims were brought in U.S. courts against Chiquita by persons who allege that they or their relatives were injured by the Colombian groups. In or about 2012, the plaintiffs belatedly sued certain individual former officers and directors of Chiquita. I was personally named in one such complaint, Jane/John Does 1-144 v. Chiquita Brands Int'l, Inc. (D.D.C. No 1:07-cv-1048), that is a part of the MDL. The claims have been stayed for the past two years while Chiquita pursued a successful appeal resulting in the dismissal of most of the claims against the company. See *Cardona v. Chiquita Brands Int'l, Inc.*, 760 F.3d 1185 (11th Cir. 2014).

***Antitrust lawsuit***

During my tenure as CEO of Chiquita, the company also filed an immunity application with the European Commission in connection with the exchange of pricing information in Europe commencing prior to my having joined the company, and settled a lawsuit alleging violations of US antitrust law based on the same conduct. I was not personally involved in or named in any of these matters.

Aetna Inc.***Shareholder Lawsuit***

*Silberstein, Stephen v. Aetna, Inc., Mart T. Bertolini, et al.*, U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Fernando Aguirre \_\_\_\_\_  
(Printed Full Name and Residence Address)

Fernando Aguirre \_\_\_\_\_  
(Signature) 151 Fernando Aguirre 07/30/2015  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Fernando Aguirre, and:

who is personally known to me, or

who produced the following identification: Driver's License; State of NC

[SEAL]

**JULIA IEDA**  
Notary Public - State of New York  
No. 011E6124083  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

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): First: Mark Middle: Thomas Last: Bertolini

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? None.

3. Affiant's occupation or profession: Executive Officer and Director

4. Affiant's business address: 151 Farmington Avenue, Hartford, 06156

Business telephone: 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>Wayne State University</u>	<u>Detroit, MI</u>	<u>[REDACTED]</u>	<u>B.S. Business Admin., Accounting</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Cornell University</u>	<u>Ithaca, NY</u>	<u>[REDACTED]</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>Cornell University</u>	<u>Ithaca, NY</u>	<u>[REDACTED]</u>	<u>Executive Development Program</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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>
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Not applicable

7. Present or proposed position with the Applicant Company: Chairman, Chief Executive Officer, President and 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.

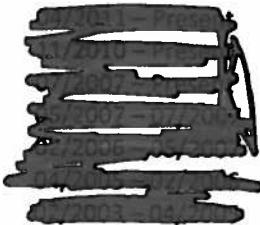
Beginning/Ending

Dates (MM/YY) 02/2003 – Present Employer's Name Aetna Inc.

Address 151 Farmington Avenue City Hartford State/Province CT

Country USA Postal Code 06156 Phone REDACTED Offices/Positions Held See below

Type of Business: Insurance Supervisor / Contact Judith H. Jones



- Chairman
- Chief Executive Officer and Director
- President
- Executive Vice President, Head of Business Operations
- Executive Vice President, Regional Businesses
- Senior Vice President, Specialty Group
- Senior Vice President, Specialty Products

Beginning/Ending

Dates (MM/YY) 02/2003 – Present Employer's Name Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country USA Postal Code 06156 Phone REDACTED Offices/Positions Held See below

Type of Business: Insurance Supervisor / Contact Judith H. Jones



- Chairman
- Chief Executive Officer, President and Director
- Executive Vice President, Head of Business Operations
- Executive Vice President, Regional Businesses
- Senior Vice President, Regional Businesses
- Senior Vice President, Specialty Group
- Senior Vice President, Specialty Products

Applicant Name (Company): Aetna Inc. NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ Employer's Name CIGNA

Address 900 Cottage Grove Road City Hartford State/Province CT

Country USA Postal Code 06152 Phone 860-226-6000 Offices/Positions Held Senior Vice President

Type of Business: Insurance Supervisor / Contact William Pastore

Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ Employer's Name NY Care Health Plans, Inc.

Address One Liberty Plaza City New York State/Province New York

Country USA Postal Code 10006 Phone Unknown Offices/Positions Held Executive Vice President

Type of Business: Insurance Supervisor / Contact Joseph Lynaugh

Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ Employer's Name SelectCare Inc.

Address 363 W Big Beaver City Troy State/Province MI

Country USA Postal Code 48084 Phone Unknown Offices/Positions Held President/CEO

Type of Business: Insurance Supervisor / Contact Ken LaMotte

Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ Employer's Name Verizon Communications, Inc.

Address 1095 Avenue of the Americas City New York State/Province NY

Country USA Postal Code 10036 Phone Unknown Offices/Positions Held Director

Type of Business: Telecommunications Supervisor / Contact William L. Horton, Jr.

Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ Employer's Name Massachusetts Mutual Life Insurance Company

Address 1295 State Street City Springfield State/Province MA

Country USA Postal Code 01111 Phone Unknown Offices/Positions Held Director

Type of Business: Insurance Supervisor / Contact Pia Flanagan

Beginning/Ending  
Dates (MM/YY) \_\_\_\_\_ Employer's Name Fidelco Guide Dog Foundation

Address 103 Vision Way City Bloomfield State/Province CT

Country USA Postal Code 06002 Phone Unknown Offices/Positions Held Director

Type of Business: Non-profit Supervisor / Contact John H. Gotta

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Beginning/Ending Dates (MM/YY)                      Employer's Name Hole in the Wall Gang

Address 555 Long Wharf Drive City New Haven State/Province CT

Country USA Postal Code 06511 Phone Unknown Offices/Positions Held Director

Type of Business: Non-profit Supervisor / Contact Raymond Lamontagne

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: \_\_\_\_\_

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: \_\_\_\_\_

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: Not available Address: Not available

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

License Type: Emergency Medical Tech License #: Not available Date Issued (MM/YY): 06/79

Date Expired (MM/YY): 08/82 Reason for Termination: no longer active through employment

Non-Insurance Regulatory Phone Number (if known): Not available

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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? **See Exhibit A**

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 Exhibit A.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. Not applicable

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.

None.

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

None.

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 24 day of July, 2015 at Hartford, CT. 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.

  
\_\_\_\_\_  
Mark T. Bertolini

*15/ Mark T. Bertolini*

State of: Connecticut County of: Hartford

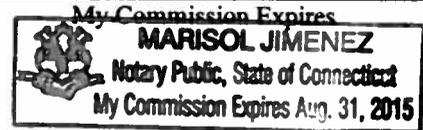
The foregoing instrument was acknowledged before me this 24 day of July, 2015 by Mark T. Bertolini, and:

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

[SEAL]

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

Printed Notary Name



Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, Connecticut 06156

1. Affiant's Full Name (Initials Not Acceptable): First: Mark Middle: Thomas Last: Bertolini  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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: Not applicable

5. Foreign Student ID# (if applicable): Not applicable

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

7. Name of Affiant's Spouse (if applicable) : Not 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>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 24 day of July, 2015 at Hartford, CT. 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.

[REDACTED]  
Mark T. Bertolini /s/ Mark T. Bertolini

State of: Connecticut County of: Hartford

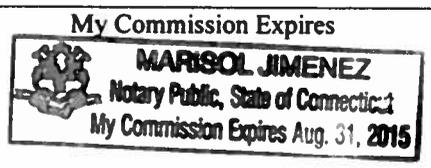
The foregoing instrument was acknowledged before me this 24 day of July, 2015 by Mark T. Bertolini, and:

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

[SEAL]

[Signature]  
Notary Public

Printed Notary Name



**Exhibit A**

## Response to Question 11 (h)

**Mark T. Bertolini, Executive Officer and Director of Parent Company, Aetna Inc.**

During his employment with Aetna since 2003, Mr. Bertolini has been named as a defendant along with Aetna in eleven cases concerning claims for benefit coverage. All of these cases are resolved and closed. The cases are:

- O'Keefe, Mary S. v. Aetna Inc. and Mark Bertolini, Superior Court of California, County of Santa Cruz, Small Claims, Watsonville, CA, No. WS130539; filed 8/9/13; resolved and closed 10/18/13.
- Febregas, Ernesto v. Aetna Inc. and Mark T. Bertolini, Chairman, CEO & President, Coral Gables District County Court, Miami-Dade County, FL, No. 13 10010SP25; filed 5/2013; resolved and closed 7/18/13.
- Griffin, III, MD, E. Rawson v. Mark T. Bertolini, CEO Aetna Inc., County Court, Nassau County, FL, No. 2013-SC-80; filed 3/13/13; resolved and closed 4/24/13
- Griffin III, MD, E. Rawson v. Mark T. Bertolini, CEO Aetna Inc., County Court, Nassau County, FL, No. 2013-SC-76; filed 3/13/13; resolved and closed 4/24/13.
- Griffin, III, MD, E. Rawson v. Mark T. Bertolini, CEO Aetna Inc., County Court, Nassau County, FL, No. 12-SC-226; filed 7/31/12; resolved and closed 9/19/12.
- Hills, James D. v. Praxair, Inc., Aetna Inc., Broadspire Services, Inc., Mark Bertolini, et al., U.S. District Court for the Western District of New York, No. 11-cv-0678; filed 8/11/11; resolved and closed 1/4/13.
- Nguyen, Hung T. v. co Mark T. Bertolini President of Aetna, King County District Court - West Division, WA, No. 115-6949; filed 12/1/11; resolved and closed 3/7/12.
- John E. Stokes, IV, M.D. v. Mark T. Bertolini and Aetna Health Inc., District Court, Baltimore City, MD, No. 10100186202011; filed 7/13/11; resolved and closed 12/20/11.
- Rey, Wilson v. Mark Bertolini (Aetna) Insurance, Trial Court of Massachusetts, Boston Municipal Court Department, East Boston, MA, No. 1105SC000173; filed 4/8/11; resolved and closed 10/21/11.
- Darracq, Joseph A. v. Aetna; Mark Bertolini, President, Alameda County Superior Court, CA, George E. McDonald Hall of Justice, Small Claims, No. AS09455689; filed 6/3/09; resolved and closed 9/9/09.
- Yokobe, Tee v. Aetna Health Insurance; Mark Bertolini; Ruth Joe Markas, King County District Court, CA, East Division, Issaquah Courthouse, Small Claims Division, No. 83-1269; filed 9/15/08; resolved and closed 11/11/08.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

***Shareholder lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

**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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, CT 06156 and \_\_\_\_\_

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.

\_\_\_\_\_  
(Printed Full Name and Residence Address)  
Mark T. Bertolini 15/ Mark T. Bertolini 7/24/15  
\_\_\_\_\_  
(Date)

State of: Connecticut County of: Hartford

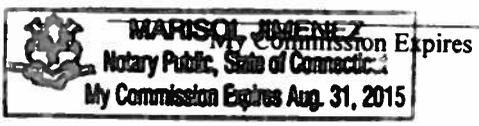
The foregoing instrument was acknowledged before me this 24 day of July, 2015 by Mark T. Bertolini, and:

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

[SEAL]

Marisol Jimenez  
Notary Public

Printed Notary Name



Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

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): First: John Middle: David Last: Buda

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? Canada

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

4. Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156

Business telephone: 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>Northeastern University</u>	<u>Boston, MA</u>	<u>[REDACTED]</u>	<u>Business Administration</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Plymouth State College</u>	<u>Boston, MA</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>MBA-Business Administration</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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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: Vice President, Finance and Treasurer

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.

**SEE EXHIBIT A**

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

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: 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: Not Applicable

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Organization/Issuer of License: \_\_\_\_\_ 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: \_\_\_\_\_ 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.

Not Applicable

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. Not Applicable

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.

None

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

Not Applicable

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: Not Applicable

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?

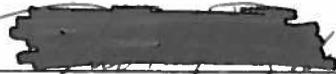
Yes  No

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. \_\_\_\_\_

Not Applicable

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 21<sup>st</sup> day of July, 2015 at Hartford, CT. 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.



John David Buda

151 John David Buda

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 21 day of July, 2015 by John David Buda, and:

who is personally known to me, or

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

[SEAL]



Diane M. Collazo  
Notary Public  
Diane M Collazo  
Printed Notary Name  
August 31, 2015  
My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

1. Affiant's Full Name (Initials Not Acceptable): First: John Middle: David Last: Buda  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>None</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: REDACTED

5. Foreign Student ID# (if applicable) : Not Applicable

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 21<sup>st</sup> day of July, 2015 at Hartford, CT. 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.

\_\_\_\_\_  
John David Buda *151 John David Buda*

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 21 day of July, 2015 by John David Buda, and:

who is personally known to me, or

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

[SEAL]



Diane M. Collazo  
Notary Public  
Diane M. Collazo  
Printed Notary Name  
August 31 2015  
My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

**EXHIBIT A**

**RESPONSE TO ITEM 8**

**AFFIANT'S NAME**                      John David Buda

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

<b>Begin &amp; End Dates</b>	<b>Position Held</b>	<b>Company Name and Address</b>	<b>Type of Business</b>	<b>Supervisor/Contact &amp; Phone</b>
[REDACTED]	Vice President, Finance and Treasurer	Aetna Inc. and Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156 USA	Healthcare	Thomas F. Cowhey <b><u>REDACTED</u></b>
[REDACTED]	Vice President and Assistant Treasurer			
[REDACTED]	Chief of Staff – Office of CFO			
[REDACTED]	Head of Strategic Finance			
[REDACTED]	Head of Business Management, Strategy & Planning			
[REDACTED]	Senior Director Corporate Finance			
[REDACTED]	Director Corporate Finance			
[REDACTED]	Director of Treasury Services	Fisher Scientific International Inc. One Liberty Lane Hampton, NH 03842 USA	Healthcare	
[REDACTED]	Senior Treasury Analyst	Parametric Technology Corporation 128 Technology Drive Waltham, MA 02154 USA	Technology	
[REDACTED]	Senior International Treasury Analyst	Cabletron Systems, Inc. 35 Industrial Way Rochester, NH 03867 USA	Technology	
[REDACTED]	Corporate Account Manager	Daiwa Bank Canada 150 King Street West Toronto, Ont M5H 1J9 Canada	Financial Services	

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Life Insurance Company, 151 Farmington Avenue, Hartford, CT 06156.

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.

John David Buda \_\_\_\_\_

(Printed Full Name and Residence Address)

\_\_\_\_\_  
John David Buda

151T John David Buda

7/21/15  
(Date)

State of: **Connecticut** County of: **Hartford**

The foregoing instrument was acknowledged before me this 21 day of July, 2015 by John David Buda, and:

who is personally known to me, or

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

[SEAL]



Diane M. Collazo  
Notary Public  
Diane M. Collazo  
Printed Notary Name  
August 31, 2015  
My Commission Expires

### 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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue, Hartford, CT 06156

860-273-0123

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): First: William Middle: James Last: Casazza

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: Attorney

4. Affiant's business address. 151 Farmington Avenue, Hartford, CT 06156

Business telephone. 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>Tufts University</u>	<u>Medford, MA</u>	<u>[REDACTED]</u>	<u>Bachelor of Arts</u>

<u>Graduate Studies: College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Notre Dame</u>	<u>Notre Dame, IN</u>	<u>[REDACTED]</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>Cornell Law School</u>	<u>Ithaca, NY</u>	<u>[REDACTED]</u>	<u>J.D.</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 Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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 Bar Association	Unknown	321 North Clark Street Chicago, IL 60610	312-988-5000
Connecticut Bar Association	Unknown	30 Bank Street New Britain, CT 06050	860-223-4400
Pennsylvania Bar Association	Unknown	100 South Street Harrisburg, PA 17108	717-238-6715
New York Bar Association	Unknown	1 Elk Street Albany, NY 12207	518-464-3200

7. Present or proposed position with the Applicant Company: Executive Vice President and General Counsel

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)            -            Employers' Name Aetna Inc. and Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone REDACTED Offices/Positions Held Exec. Vice Pres. and General Counsel

Type of Business: Insurance Supervisor/Contact: Mark T. Bertolini

Beginning/Ending  
Dates (MM/YY)            -            Employers' Name Aetna Inc. and Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone REDACTED Offices/Positions Held Sr. V.P., and General Counsel

Type of Business: Insurance Supervisor/Contact: Mark T. Bertolini

Beginning/Ending  
Dates (MM/YY)            -            Employers' Name Aetna Inc. and Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone REDACTED Offices/Positions Held Sr. V.P., Deputy General Counsel and

Corporate Secretary Supervisor / Contact L. Edward Shaw, Jr./Louis J. Briskman

Beginning/Ending  
Dates (MM/YY)            -            Employers' Name Aetna Inc. and Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone REDACTED Offices/Positions Held Corporate Secretary

Supervisor / Contact L. Edward Shaw, Jr./Louis J. Briskman

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

Beginning/Ending  
Dates (MM/YY)            -            Employers' Name Aetna Inc.

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Offices/Positions Held: V.P. and Deputy General Counsel

Beginning/Ending  
Dates (MM/YY)            -            Employers' Name Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Offices/Positions Held: Acting General Counsel

Beginning/Ending  
Dates (MM/YY)            Employers' Name Aetna Inc.

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone \_\_\_\_\_ Offices/Positions Held: Acting General Counsel

Beginning/Ending  
Dates (MM/YY)            Employers' Name Aetna Life Insurance Company

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Offices/Positions Held: V.P. and Deputy General Counsel

Beginning/Ending  
Dates (MM/YY)            Employers' Name Aetna

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Offices/Positions Held: Corporate Counsel

Beginning/Ending  
Dates (MM/YY)            Employers' Name Sullivan & Cromwell

Address 125 Broad Street City New York State/Province NY

Country U.S.A. Postal Code 10004 Phone (212) 558-4000 Offices/Positions Held Attorney

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

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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 Bar Association Address 1 Elk Street  
City Albany State/Province NY Country U.S.A. Postal Code 12207  
License Type Attorney License [REDACTED] Date Issued (MM/YY) 1986  
Date Expired (MM/YY) Annual Renewal Reason for Termination Not terminated – renewed September 2012  
Non-insurance Regulatory Phone Number (if known) 518-463-3200

Organization /Issuer of License Connecticut Bar Association Address 30 Bank Street  
City New Britain State/Province CT Country U.S.A. Postal Code 06050  
License Type Attorney License [REDACTED] Date Issued (MM/YY) 4/1993  
Date Expired (MM/YY) Annual Renewal Reason for Termination Not terminated – renewed June 2012  
Non-insurance Regulatory Phone Number (if known) 860-223-4400

Organization /Issuer of License Pennsylvania Bar Association Address 100 South Street  
City Harrisburg State/Province PA Country U.S.A. Postal Code 17108  
License Type Attorney License [REDACTED] Date Issued (MM/YY) 07/01  
Date Expired (MM/YY) Annual Renewal Reason for Termination Not terminated – renewed December 2012  
Non-insurance Regulatory Phone Number (if known) 717-238-6715

Organization /Issuer of License State of Illinois Address 320 W. Washington St., 3<sup>rd</sup> Floor  
City Springfield State/Province Illinois Country U.S.A. Postal Code 62786  
License Type Certified Public Accountant License [REDACTED] Date Issued (MM/YY) 1982  
Date Expired (MM/YY) Inactive Reason for Termination No longer in practice  
Non-insurance Regulatory Phone Number (if known) 217-785-0800

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.

NONE

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. NONE

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. NONE

If any of the shares of stock are pledged or hypothecated in any way, give details. NONE

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: NONE

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

1.) The Certificate of Authority of Aetna Life Insurance Company was voluntarily suspended in the State of New Mexico as of December 31, 1994 and reinstated February 7, 2008.

2.) The Certificate of Authority of New York Life and Health Insurance Company ("NYLHIC") was suspended in the State of Washington effective January 3, 2002 because NYLHIC did not meet the minimum financial requirement to transact business in its September 30, 2001 quarterly statement. NYLHIC's Certificate of Authority in the state of Washington was reinstated effective January 3, 2003 when it again satisfied such requirements.

3.) The Certificate of Authority of New York Life and Health Insurance Company in the State of Virginia was voluntarily suspended as of April 16, 2002 and reinstated effective May 9, 2003.

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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

Aetna Inc. and its affiliates' current and past business practices of Aetna Inc. and its affiliates' are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes to or clarifications of Aetna Inc. the Company's and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 detailed information identified in Questions (b) and (c), respectively, above.

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 22 day of July, 2015 at Hartford, CT. 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.

[Redacted Signature]  
William J. Casazza *ISI William J Casazza*

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 22 day of July, 2015 by William J. Casazza, and:

who is personally known to me, or

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

[SEAL]

Marisa G. Rydzek  
Notary Public

Printed Notary Name



**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).

Aetna Inc.

151 Farmington Avenue, Hartford, CT 06156

860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: William Middle: James Last: Casazza  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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 None

5. Foreign Student ID# (if applicable) None

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) None

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

<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
---	----------------	-------------	----------------------------------	----------------	--------------------

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.

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Dated and signed this 22 day of July, 2015 at Hartford, CT. 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.

[Redacted Signature]  
William J. Casazza *William J Casazza*

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 22 day of July, 2015 by William J. Casazza, and:

who is personally known to me, or

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

[SEAL]

[Handwritten Signature]  
Notary Public

Printed Notary Name



**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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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 James Casazza  
(Printed Full Name and Residence Address)  
William J. Casazza 151 William J. Casazza 7/22/15  
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 22 day of July, 2015 by William J. Casazza, and:

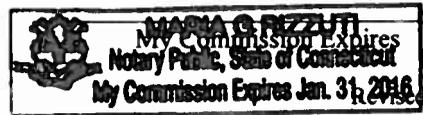
who is personally known to me, or

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

[SEAL]

Maria G. Ryzut  
Notary Public

Printed Notary Name



8/18/14

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

### 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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

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): First: Frank Middle: Mitchell Last: Clark  
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? None

3. Affiant's occupation or profession: Executive

4. Affiant's business address: REDACTED

Business telephone: 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>DePaul University</u>	<u>Chicago, IL</u>	<u>[REDACTED]</u>	<u>B.S.-Commerce</u>
<u>Graduate Studies</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>DePaul University</u>	<u>Chicago, IL</u>	<u>[REDACTED]</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>Not applicable</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 Name (Company): Aetna Life Insurance Company

NAIC No. 60054

FEIN: 06-6033492

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>
Chicago Bar Association	Unknown	321 South Plymouth Court Chicago, IL 60604	(312) 554-2000

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.

**SEE EXHIBIT A**

Beginning/Ending

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

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: 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: None.

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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

Organization/Issuer of License: Illinois State Bar Association Address: 424 South Second Street

City Springfield State/Province IL Country USA Postal Code 62701

License Type Attorney License # [REDACTED] Date Issued (MM/YY) 1976

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

Non-insurance Regulatory Phone Number (if known) (217)525-1760

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

**SEE EXHIBIT B**

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 Exhibit B.

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. None.

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.

Presently own shares of Aetna Inc. less than 1%.

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

None.

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: None.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

Commonwealth Edison Company and its affiliates have instances which are not material and are in the ordinary course of a regulated electric company's business.

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 28<sup>th</sup> day of July, 2015 at 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.



151 Frank M. Clark

Frank M. Clark

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of July, 2015 by Frank M. Clark and:

who is personally known to me, or

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

[SEAL]



Mamie Takagi  
Notary Public  
Mamie Takagi  
Printed Notary Name  
6/6/2016  
My Commission Expires

Applicant Name (Company): Aetna Life Insurance Company

NAIC No. 60054

FEIN: 06-6033492

**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).

Aetna Inc.

151 Farmington Avenue, Hartford, CT 06156

860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Frank Middle: Mitchell Last: Clark  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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 None

5. Foreign Student ID# (if applicable) None

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

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>
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REDACTED

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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 28<sup>th</sup> day of July, 2015 at Chicago, IL. 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.



Frank M. Clark

1/s/ Frank M. Clark

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of July, 2015 by Frank M. Clark, and:

who is personally known to me, or

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

[SEAL]



Mamie Takagi  
Notary Public  
Mamie Takagi  
Printed Notary Name  
6/6/2016  
My Commission Expires

EXHIBIT A

RESPONSE TO ITEM 8

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

Begin & End Dates	Offices/Position Held	Company Name, Address	Contact & Phone
[REDACTED]	Chairman	Chicago Public Schools 42 W. Madison Street Chicago, IL 60602	<u>REDACTED</u>
[REDACTED]	Chairman and CEO, ComEd President, Commonwealth Edison Company of Indiana, Inc. President, Edison Development Canada, Inc. Executive Vice President, Exelon Corporation Chief of Staff, Exelon Corporation Senior Vice President, Exelon Energy Delivery President, ComEd President, Commonwealth Research Corporation President, Edison Development Company Senior Vice President, Exelon Corporation Executive Vice President, New IP Company ComEd Executive Vice President, Customer, Marketing & Delivery Services ComEd Senior Vice President, Customer, Marketing and Delivery Services ComEd Senior Vice President, Corporate & Government Affairs and Senior Vice President, Unicom Corporation Vice President, Governmental Affairs Manager, Governmental Affairs Western Division Commercial Manager	Commonwealth Edison Company* 440 South LaSalle Suite 3300 Chicago, IL 60605	Sunil Garg Senior Vice President, Human Resources Exelon Corporation <u>REDACTED</u>
[REDACTED]	Director, Aetna Inc.	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156	Judith H. Jones Corporate Secretary <u>REDACTED</u>
[REDACTED]	Director, BMO Financial Corporation (formerly Harris Financial Corporation)	Harris Financial Corporation 111 West Monroe Chicago, IL 60680	Paul Reagan Corporate Secretary <u>REDACTED</u>
[REDACTED]	Director, Waste Management, Inc.	Waste Management Inc. 1001 Fannin Houston, TX 77002	Linda J. Smith Corporate Secretary <u>REDACTED</u>

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**EXHIBIT B**

**RESPONSE TO ITEM 11.h**

**Aetna Inc.**

***Shareholder Lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company): Aetna Life Insurance Company

NAIC No. 60054

FEIN: 06-6033492

**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 Aetna Inc. ("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 **Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, RC61, Hartford, CT 06156** or call [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.

Frank M. Clark

(Printed Full Name and Residence Address)

Frank M. Clark

151 Frank M. Clark

7/28/2015

(Date)

State of: Illinois County of: Cook

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of July, 2015 by Frank M. Clark, and:

who is personally known to me, or

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

[SEAL]



Mamie Takagi

Notary Public

Mamie Takagi

Printed Notary Name

6/6/2016

My Commission Expires

Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

### 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). Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

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): First: Betsy Middle: Zubrow Last: Cohen

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: Executive, Strategic Advisor, The Bancorp Inc. & its subsidiary, The Bancorp Bank

4. Affiant's business address: 712 Fifth Avenue, 12<sup>th</sup> Floor, New York, NY 10019

Business telephone: 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>Bryn Mawr College</u>	<u>Bryn Mawr, PA</u>	<u>[REDACTED]</u>	<u>B. A.</u>

<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Pennsylvania Law School</u>	<u>Philadelphia, PA</u>	<u>[REDACTED]</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>
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Not applicable

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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>
------------------------------------	---------------------	---------------------------------------	--


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.

See Exhibit A

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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.

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Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

Organization/Issuer of License: State of Pennsylvania Address: 5080 Ritter Road

City: Mechanicsburg State/Province: PA Country: USA Postal Code: 17055

License Type: Lawyer License #: [REDACTED] Date Issued (MM/YY): 7/1/2002

Date Expired (MM/YY): Inactive as of 8/28/04 Reason for Termination: Inactive status

Non-Insurance Regulatory Phone Number (if known): 800-247-4724

Organization/Issuer of License: \_\_\_\_\_ 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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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

See Exhibit B

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.

\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_

\_\_\_\_\_

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.

Presently own shares of Aetna Inc. less than 1%.

Applicant Name (Company): Aetna Inc

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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

\_\_\_\_\_

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

*[Redacted Signature]*  
Betsy Z. Cohen

*1/1 Betsy Z. Cohen*

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of July, 2015 by Betsy Z. Cohen, and:

who is personally known to me, or

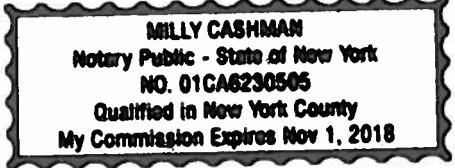
who produced the following identification: \_\_\_\_\_

[SEAL]

*Milly Cashman*  
\_\_\_\_\_  
Notary Public

*Milly Cashman*  
\_\_\_\_\_  
Printed Notary Name

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



Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

**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).

Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156  
(860)273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Betsy Middle: Zubrow Last: Cohen  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>REDACTED</u>	<u>REDACTED</u>	<u>Maiden 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: REDACTED
7. Name of Affiant's Spouse (if applicable): REDACTED

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 29<sup>th</sup> day of July, 2015 at 712 Fifth Avenue, New York, NY. 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.

[REDACTED SIGNATURE]

151 Betsy Z. Cohen

Betsy Z. Cohen

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of July, 2015 by Betsy Z. Cohen, and:

who is personally known to me, or

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

[SEAL]

Milly Cashman  
Notary Public

Milly Cashman  
Printed Notary Name

My Commission Expires

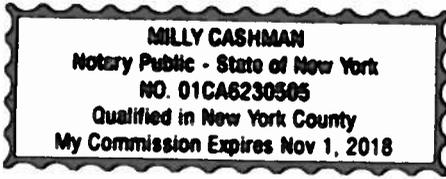


EXHIBIT ARESPONSE TO ITEM 8AFFIANT'S NAME

Betsy Zubrow Cohen

EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS/PHONE</u>
[REDACTED]	Strategic Advisor, The Bancorp Inc.	712 Fifth Avenue, 12 <sup>th</sup> Floor New York, NY 10019 <u>REDACTED</u>
[REDACTED]	Chief Executive Officer and Director, The Bancorp Inc. and The Bancorp Bank (served as Chairman from 2003 – 2004)	712 Fifth Avenue, 12 <sup>th</sup> Floor New York, NY 10019 <u>REDACTED</u>
[REDACTED]	RAIT Financial Trust (f/k/a RAIT Investment Trust) Chairman and Trustee Chief Executive Officer	2929 Arch Street, 17 <sup>th</sup> Floor Philadelphia, PA 19104 <u>REDACTED</u>
[REDACTED]	Chairman and Director, FinancialMuse.Com Inc. (no longer exists)	1818 Market Street Philadelphia, PA 19103
[REDACTED]	Chairman, Jefferson Bank division of Hudson United Bancorp	1845 Walnut Street Philadelphia, PA 19103
[REDACTED]	Chairman and Chief Executive Officer, Jefferson Bank of New Jersey (taken over by Hudson)	1317 Rte 73 Mount Laurel, NJ 08054
[REDACTED]	Chairman and Chief Executive Officer and Director, JeffBanks, Inc.	1845 Walnut Street Philadelphia, PA 19103
[REDACTED]	Chairman and Chief Executive Officer, Jefferson Bank	1845 Walnut Street Philadelphia, PA 19103
[REDACTED]	Director, Aetna Inc. (PA) or its predecessors	151 Farmington Avenue Hartford, CT 06156

**EXHIBIT B**

**RESPONSE TO ITEM 11h**

**AFFIANT'S NAME**

**Betsy Zubrow Cohen**

**RAIT Financial Trust:**

Betsy Z. Cohen retired as Chairman of the Board and as a Trustee of RAIT Financial Trust effective December 31, 2010.

***Putative Consolidated Class Action Securities Lawsuit***

RAIT, certain of our executive officers and trustees and the lead underwriters involved in our public offering of common shares in January 2007 were named defendants in one or more of nine putative class action securities lawsuits filed in August and September 2007 in the United States District Court for the Eastern District of Pennsylvania. By order dated November 17, 2007, the court consolidated these cases under the caption *In re RAIT Financial Trust Securities Litigation (No. 2:07-cv-03148)*, and appointed a lead plaintiff and lead counsel. On January 4, 2008, lead plaintiff filed a consolidated class action complaint, or the complaint, on behalf of a putative class of purchasers of our securities between June 8, 2006 and August 3, 2007. The complaint named as defendants RAIT, eleven current and former officers and trustees of RAIT, ten underwriters who participated in certain of our securities offerings in 2007 and our independent accounting firm. The complaint alleged, among other things, that certain defendants violated Sections 11, 12(a)(2) and 15 of the Securities Act of 1933 by making materially false and misleading statements and material omissions in registration statements and prospectuses about our credit underwriting, our exposure to certain issuers through investments in debt securities, and our loan loss reserves and other financial items. The complaint further alleged that certain defendants violated Sections 10(b) and 20(a) of the Securities Exchange Act of 1934, and Rule 10b-5 thereunder, by making materially false and misleading statements and material omissions during the putative class period about our credit underwriting, our exposure to certain issuers through investments in debt securities, and our loan loss reserves and other financial items. The complaint sought unspecified compensatory damages, the right to rescind the purchases of securities in the public offerings, interest, and plaintiffs' reasonable costs and expenses, including attorneys' fees and expert fees.

On July 15, 2009, the defendants entered into a Stipulation and Agreement of Settlement (the "Stipulation") with the lead plaintiff for the settlement of the action. On December 10, 2009, the United States District Court for the Eastern District of Pennsylvania granted final court approval of the settlement of the action. Under the terms of the settlement, the lawsuit was dismissed with prejudice and RAIT and all the other defendants received a full release of all claims asserted against them in the lawsuit in exchange for a cash payment of \$32 million. The settlement payment is within the limits of RAIT's directors and officers liability insurance, and the settlement has been funded by RAIT's insurers. In connection with the settlement, RAIT and the other defendants have at all times denied and continue to deny wrongdoing of any kind.

***Shareholders' Derivative Actions***

On August 17, 2007, a putative shareholders' derivative action, styled *Sarver v. Cohen (Civil Action No. 2:07-cv-03420)*, was filed in the United States District Court for the Eastern District of Pennsylvania naming RAIT, as nominal defendant, and certain of our executive officers and trustees as defendants. The complaint in this action alleged that certain of our executive officers and trustees breached their duties to RAIT in connection with the matters that are the subject of the securities litigation described above. The board of trustees established a special litigation committee to investigate the allegations made in the derivative action complaint

Applicant Name (Company): Aetna Inc

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

and in shareholder demands asserting similar allegations, and to determine what action, if any, RAIT should take concerning them. On October 25, 2007, pursuant to a stipulation of the parties, the court ordered the derivative action stayed pending the completion of the special committee's investigation, subject to quarterly status reports by the special litigation committee beginning March 31, 2008. On August 22, 2008, the special litigation committee advised the court that it had completed its investigation, had found no merit to the allegations of wrongdoing asserted against RAIT's officers and trustees and concluded that prosecution of the claims asserted in the shareholders' derivative action would not serve RAIT's best interests. The special litigation committee accordingly moved on behalf of RAIT to dismiss that action.

On February 10, 2009, a putative shareholders' derivative action, styled Plank v. Cohen (No. 1288 February Term 2009), was filed in the Pennsylvania Court of Common Pleas of Philadelphia County naming RAIT, as nominal defendant, and certain of our executive officers and trustees as defendants. The complaint in this action alleged that certain of our executive officers and trustees breached their duties to RAIT in connection with the matters that are the subject of the securities litigation described above.

On April 14, 2009, RAIT entered into a Stipulation and Agreement of Settlement that provided for the settlement and dismissal of the two putative shareholder derivative actions described above. The settlement did not include the claims asserted in the putative consolidated shareholder class action securities lawsuit described above, or other direct claims of purchasers of RAIT securities. In accordance with the preliminary approval order entered by the federal court on April 21, 2009, notice of the settlement was distributed to RAIT shareholders, and the federal court held a fairness hearing on July 13, 2009. No objections to the settlement were filed or presented at the fairness hearing. On July 14, 2009, the federal court entered an order and final judgment finally approving the settlement and dismissing the federal court action with prejudice. On July 22, 2009, the state court entered an order dismissing the state court action with prejudice in light of the settlement.

The settlement provided that RAIT would adopt and implement by October 14, 2009, and maintain until October 14, 2014, certain corporate governance practices relating to board structure, trustee compensation, majority voting in the election of trustees, nomination procedures for trustees and the provision of a designated compliance officer under RAIT's code of business conduct and ethics. RAIT believes that at the time of the settlement it already complied with most of these corporate governance practices. The settlement further provided that RAIT would pay plaintiffs' counsel \$0.4 million for attorneys' fees and costs. RAIT and the other defendants made no admission of wrongdoing under the settlement and expressly denied each and every claim and allegation made against them in the derivative actions.

**Aetna Inc.**

***Shareholder lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Betsy Z. Cohen  
(Printed Full Name and Residence Address)  
151 Betsy Z. Cohen  
Betsy Z. Cohen  
7/29/2015  
(Date)

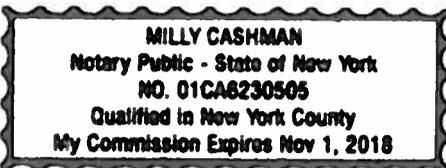
State of: New York County of: New York

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of July, 2015 by Betsy Z. Cohen, and:

who is personally known to me, or

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

[SEAL]



Milly Cashman  
Notary Public  
Milly Cashman  
Printed Notary Name  
My Commission Expires \_\_\_\_\_

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). Aetna Inc

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

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): First: Molly Middle: Joel Last: Coye

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: Social Entrepreneur in Residence

4. Affiant's business address: REDACTED

Business telephone: 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>Department of Political Science University of California</u>	<u>Berkeley, CA</u>	<u>[REDACTED]</u>	<u>B.A.</u>
<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of CA San Francisco Robert Wood Johnson Clinical Scholars Program</u>	<u>San Francisco, CA</u>	<u>[REDACTED]</u>	<u>Fellow</u>
<u>University of CA San Francisco San Francisco General Hospital</u>	<u>San Francisco, CA</u>	<u>[REDACTED]</u>	<u>Intern</u>
<u>Johns Hopkins University School of Medicine</u>	<u>Baltimore, MD</u>	<u>[REDACTED]</u>	<u>M.D.</u>

Applicant Company Name : Aetna Inc. NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

Johns Hopkins University – School of Hygiene and Public Health Baltimore, MD \_\_\_\_\_ M.P.H.

Asian Studies Program/Department of History Stanford University Stanford, CA \_\_\_\_\_ M.A.

National Taiwan University Department of History Taipei, Taiwan \_\_\_\_\_

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

None

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.

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>
Institute of Medicine	Henry E. Feinberg	500 Fifth Street, NW Washington, DC 20001	(202) 334-2352

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.

See Exhibit A

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

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: \_\_\_\_\_

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

Applicant Company Name : Aetna Inc. NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Yes  No

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

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: Maryland Division of Occupational & Professional Licensing Address: 500 N. Calbert Street

City: Baltimore State/Province: Maryland Country: USA Postal Code: 21202

License Type: Medical License #: [REDACTED] Date Issued (MM/YY): 08/90

Date Expired (MM/YY): unknown Reason for Termination: Inactive

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

Organization/Issuer of License: License New Jersey State Board of Medical Examiners Address: 140 East Front Street

City: Trenton State/Province: New Jersey Country: USA Postal Code: 08608

License Type: Medical License #: [REDACTED] Date Issued (MM/YY): 05/86

Date Expired (MM/YY): unknown Reason for Termination: Inactive

Organization /Issuer of License California State Medical Board Address 1426 Howe Ave. #54

City Sacramento State/Province California Country USA Postal Code 95825

License Type Medical License # [REDACTED] Date Issued (MM/YY) 1978

Date Expired (MM/YY) unknown Reason for Termination Inactive

Non-insurance Regulatory Phone Number (if known) \_\_\_\_\_

Organization /Issuer of License American Board of Preventive Medicine Address 330 South Wells Street - Suite 1018

City Chicago State/Province Illinois Country USA Postal Code 60606-7106

License Type Preventative/Occupatinal Medicine License # \_\_\_\_\_ Date Issued (MM/YY) 1982

Date Expired (MM/YY) unknown Reason for Termination Inactive

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   
**SEE EXHIBIT B**
  
- 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 Exhibit B

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. None

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.

Presently hold shares of Aetna Inc. less than 1%.

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July 2015 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.

  
Molly J. Coye, M.D.  
(Signature of Affiant)

*Molly J. Coye*

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Molly J. Coye, M.D. and:

who is personally known to me, or

who produced the following identification: Passport

[SEAL]

**KELSEY D. STEVENS**  
Notary Public, State of New York  
No. 01ST8249742  
Qualified in New York County  
Commission Expires Oct. 31, 2015

*Kelsey Stevens*  
Notary Public  
*Kelsey Stevens*  
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).

Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156  
860-273-0123

- 1. Affiant's Full Name (Initials Not Acceptable): First: Molly Middle: Joel Last: Coye  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
--	--	--

**REDACTED**

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

<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
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**REDACTED**

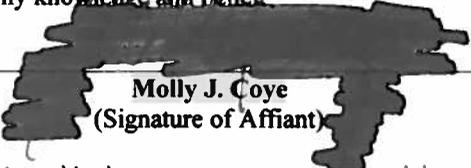
Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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 30 day of July, 2015 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.

  
Molly J. Coye  
(Signature of Affiant)

Molly J. Coye

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Molly J. Coye, M.D. and:

who is personally known to me, or

who produced the following identification: Passport

[SEAL]

**KELSEY D. STEVENS**  
Notary Public, State of New York  
No. 01ST8248742  
Qualified in New York County  
Commission Expires Oct. 31, 2018

Kelsey Stevens  
Notary Public

Kelsey Stevens  
Printed Notary Name

My Commission Expires

EXHIBIT ARESPONSE TO ITEM 8AFFIANT'S NAME Molly Joel Coye, MD, MPH, MAEMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

<u>Date</u>	<u>Title/Company</u>	<u>Address</u>
[REDACTED]	<i>Social Entrepreneur in Residence</i> <b>NEHI (Network for Excellence in Healthcare Innovation)</b>	Unavailable
[REDACTED]	<i>Chief Innovation Officer</i> <b>UCLA Health System</b>	University of California, Los Angeles 757 Westwood Plaza Ronald Reagan UCLA Medical Center Los Angeles, CA 90095-7400 <b>REDACTED</b>
[REDACTED]	<i>President and CEO</i> <i>Chair</i> <b>CalRHIO</b> (California Regional Health Information Organization)	522 Second Street San Francisco, CA 94107 <b>REDACTED</b>
[REDACTED]	<i>Advisor</i> <b>Health Evolution Partners</b>	One Maritime Plaza, Suite 2250 San Francisco, CA 94111 <b>REDACTED</b>
[REDACTED]	<i>Advisor</i> <b>Integrated Healthcare Strategies</b>	700 West 47th St., Suite 400 Kansas City, MO 64112 <b>REDACTED</b>
[REDACTED]	<i>Founder and CEO</i> <b>Health Technology Center</b>	522 Second Street San Francisco, CA 94107 <b>REDACTED</b>
[REDACTED]	<i>Senior Vice President, West Coast Office</i> <b>The Lewin Group</b>	3130 Fairview Park Dr., Suite 800 Falls Church, VA 22042
[REDACTED]	<i>Executive Vice President, Strategic Development</i> <b>HealthDesk Corporation</b>	unknown
[REDACTED]	<i>Senior Vice President, Clinical Operations</i> <b>Good Samaritan Health System</b>	1000 Montauk Hwy West Islip, NY 11795-4927 <b>REDACTED</b>
[REDACTED]	<i>Director, Department of Health Services</i> <b>State of California</b>	Sacramento, CA 95852 <b>REDACTED</b>

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**Directorships**

[REDACTED]

*Director*  
**Aetna Inc.**

151 Farmington Avenue  
Hartford, CT 06156

[REDACTED]

*Director*  
**Prosetta Inc.**

670 Fifth Street  
San Francisco, CA 94107  
**REDACTED**

[REDACTED]

*Chairman*  
*Director*  
**Program for Appropriate Technology in Health (PATH)**

1455 NW Leary Way  
Seattle, WA 98107  
**REDACTED**

**Academic Positions**

[REDACTED]

**Professor, Clinical Faculty**  
**Department of Community Health**  
**University of California at Davis**

One Shields Avenue  
Davis, CA 95616  
**REDACTED**

[REDACTED]

**Visiting Professor, Department of Health Services**  
**School of Public Health**  
**University of California at Los Angeles**

650 Charles E. Young Drive S.  
Room 16-035 Center for Health Sciences  
Los Angeles, CA 90095-1772

[REDACTED]

**Adjunct Associate Professor,**  
**Department of Health Policy and Management**  
**Johns Hopkins University School of Hygiene and Public Health**

615 North Wolfe Street  
Baltimore, MD 21205-2179

**EXHIBIT B****RESPONSE TO ITEM 11.h****Aetna Inc.*****Shareholder lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

[Redacted] Molly J. Coye  
(Printed Full Name and Residence Address)  
[Redacted] 151 Molly J. Coye July 30, 2015  
Molly J. Coye, M.D. (Date)  
(Signature)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Molly J. Coye and:  
who is personally known to me, or  
who produced the following identification: Passport

[SEAL]

KELSEY D. STEVENS  
Notary Public, State of New York  
No. 01ST6249742  
Qualified in New York County  
Commission Expires Oct. 31, 2018  
Kelsey Stevens  
Notary Public  
Kelsey Stevens  
Printed Notary Name  
My Commission Expires \_\_\_\_\_

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

**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). Roger Noel Farah

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

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): First: Roger Middle: Noel Last: Farah

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: Director, Co-CEO

4. Affiant's business address: Tory Burch LLC 11 West 19<sup>th</sup> Street, 9<sup>th</sup> Floor, New York, NY 10011

Business telephone: 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>
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<u>University of Pennsylvania</u>	<u>Philadelphia, Pennsylvania</u>	<u>[REDACTED]</u>	<u>B.S. - Economics</u>
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<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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None

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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None

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 : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 22-2229683

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 Retail Federation	Matt Shay	NRF – Liberty Place 325 7 <sup>th</sup> Avenue St, NW Suite 1100 Washington, D.C. 20004	800-673-4692

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.

**SEE EXHIBIT A**

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

Applicant Company Name : Aetna Inc. NAIC No. \_\_\_\_\_  
FEIN: 22-2229683

Organization/Issuer of License: \_\_\_\_\_ 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?

**SEE EXHIBIT B**

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.

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. None

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.

Presently hold shares of Aetna Inc. less than 1%.

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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?

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

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?

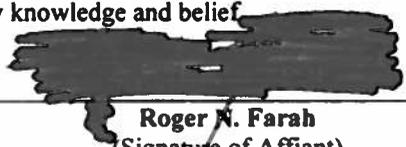
Yes  No

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July, 2015 at New York, NY. 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

  
\_\_\_\_\_  
Roger N. Farah  
(Signature of Affiant)

RS / Roger N. Farah

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Roger N. Farah, and:

who is personally known to me, or

who produced the following identification: NY Driver's License.

[SEAL]

**JULIA IRDA**  
Notary Public - State of New York  
No. 011E6124063  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Julia Ireda  
\_\_\_\_\_  
Notary Public  
Julia Ireda  
\_\_\_\_\_  
Printed Notary Name  
March 21, 2017  
\_\_\_\_\_  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 22-2229683

**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).

Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156  
860-273-0123

- Affiant's Full Name (Initials Not Acceptable): First: Roger Middle: Noel Last: Farah  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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: None
- Foreign Student ID# (if applicable) : None
- 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
- List your residences for the last ten (10) years starting with your current address, giving:

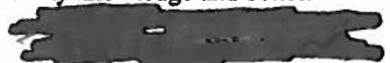
<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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REDACTED

Applicant Company Name : Aetna Inc. NAIC No. \_\_\_\_\_  
FEIN: 22-2229683

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 30 day of July, 2015 at New York, NY. 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.

 RS / Roger N. Farah  
\_\_\_\_\_  
**Roger N. Farah**  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Roger N. Farah, and:

who is personally known to me, or

who produced the following identification: CT Driver's License

[SEAL]

Julia Ieda  
\_\_\_\_\_  
Notary Public  
Julia Ieda  
\_\_\_\_\_  
Printed Notary Name  
March 21, 2017  
\_\_\_\_\_  
My Commission Expires

**JULIA IEDA**  
Notary Public - State of New York  
No. 011E6124063  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

EXHIBIT A

**RESPONSE TO ITEM 8**

*EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS*

Dates	Position Held	Company Name and Address
[REDACTED]	Co-Chief Executive Officer and Director	<b>Contact &amp; Phone</b> Tory Burch LLC 11 West 19th Street 9th Floor New York, NY 10011 <b><u>REDACTED</u></b>
[REDACTED]	President & Chief Operating Officer	Ralph Lauren Corporation 650 Madison Avenue New York, NY 10022  <b>Contact: Ralph Lauren</b> <b><u>REDACTED</u></b>
[REDACTED]	Chairman (1999) Chairman and Chief Executive Officer	Venator Group (now Foot Locker, Inc.) 112 W. 34 <sup>th</sup> St New York, NY 10120
[REDACTED]	President & Chief Operating Officer ( <i>R.H. Macy &amp; Company, Inc. - 7/94</i> ) Chairman & Chief Executive Officer ( <i>Federated Merchandising Services - 1991</i> ) Chairman & Chief Executive Officer ( <i>Rich's/Goldsmith's Department Stores - 1988</i> ) President (Rich's)	Federated Department Stores Inc. 151 West 34 <sup>th</sup> Street New York, NY 10001

**Directorships**

06/2007 to Present	Director	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156  <b>Contact: Judith H. Jones</b> Corporate Secretary <b><u>REDACTED</u></b>
06/2008 to Present	Director	The Progressive Corporation 6300 Wilson Mills Road Mayfield Village, OH 44143  <b>Contact: Charles E. Jarrett</b> <b><u>REDACTED</u></b>

## EXHIBIT B

**RESPONSE TO ITEM 11.h****Ralph Lauren Corp**

Excerpt from Ralph Lauren Form 10-K filed on 05/23/2013 for period ending 03/30/2013.

*Derivative Action*

On November 22, 2011, a shareholder derivative action was filed by City Pension Fund for Firefighters and Police Officers in the City of Pembroke Pines (the "Plaintiff"), an alleged shareholder purportedly acting on behalf of the Company, in the Supreme Court of the State of New York, County of New York, naming the Company, as a nominal defendant, and naming members of the Board of Directors and certain members of Company management as defendants. The complaint alleged, among other claims, breaches of fiduciary duty and waste of corporate assets by the Company's directors for permitting excessive compensation to, and alleged related party transactions with, the Company's Chairman and Chief Executive Officer and certain other executives, and unjust enrichment by these executives. The Plaintiff sought damages on behalf of the Company in an unspecified amount sustained from the alleged breaches of fiduciary duty and waste of corporate assets and sought disgorgement of excessive compensation and benefits of related party transactions. The Plaintiff also demanded it be awarded the costs and disbursements of the derivative action, including reasonable attorneys' fees. On January 12, 2012, the Company and all defendants moved to dismiss the complaint, and on June 19, 2012, the Court entered an order dismissing the action due to the Plaintiff's failure to make a pre-suit demand on the Company's Board of Directors. On July 5, 2012, the Plaintiff made a demand on the Company's Board of Directors to investigate and take action to remedy the alleged wrongdoing detailed in the complaint. On February 15, 2013, the Board of Directors unanimously agreed to refuse the demand.

**Aetna Inc.***Shareholder Lawsuit*

Silberstein, Stephen v. Aetna, Inc. Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Roger N. Farah

(Printed Full Name and Residence Address)

151 Roger N. Farah

07/30/2015

Roger N. Farah

(Date)

State of: New York

County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Roger N. Farah, and:

who is personally known to me, or

who produced the following identification: CT Driver's License

[SEAL]

**JULIA IEDA**  
Notary Public - State of New York  
No. 011E6124083  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Julia Ieda  
Notary Public  
Julia IEDA  
Printed Notary Name  
March 21, 2017  
My Commission Expires

Applicant Name (Company): Aetna Inc

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

(860)273-0123

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): First: Barbara Middle: Hackman Last: Franklin

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 and CEO, Barbara Franklin Enterprises

4. Affiant's business address: REDACTED

Business telephone: REDACTED 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>Pennsylvania State University</u>	<u>University Park, PA</u>	<u>[REDACTED]</u>	<u>B.A.</u>

<u>Graduate Studies - College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Harvard Graduate School of Bus. Adm.</u>	<u>Boston, MA</u>	<u>[REDACTED]</u>	<u>MBA</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Not applicable</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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>
------------------------------------	---------------------	---------------------------------------	--

See Exhibit 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.

**See Exhibit B**

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

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: \_\_\_\_\_

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: \_\_\_\_\_ 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

**See Exhibit C**

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

\_\_\_\_\_  
\_\_\_\_\_

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. Not applicable

\_\_\_\_\_

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.

Presently own less than 1% shares of Aetna Inc.

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

Not applicable

\_\_\_\_\_

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

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

Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July, 2015 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.



Barbara H. Franklin

*151 Barbara H. Franklin*

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Barbara H. Franklin, and:

who is personally known to me, or

who produced the following identification: Driver License - CT.

[SEAL]

*Kelsey Stevens*  
Notary Public

KELSEY D. STEVENS  
Notary Public, State of New York  
No. 01ST6249742  
Qualified in New York County  
Commission Expires Oct. 31, 2015  
Printed Notary Name  
My Commission Expires



Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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 30 day of July, 2015 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.

  
**Barbara H. Franklin**

151 Barbara H. Franklin

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Barbara H. Franklin, and:

who is personally known to me, or

who produced the following identification: Driver license - CT

[SEAL]

Kelsey Stevens  
Notary Public  
**KELSEY D. STEVENS**  
Notary Public, State of New York  
No. 01ST6249742 Printed Notary Name  
Qualified in New York County  
Commission Expires Oct. 31, 2015  
My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

AFFIANT'S NAME: **Barbara Hackman Franklin**

**EXHIBIT A**

**RESPONSE TO ITEM 6**

**CURRENT PROFESSIONAL SOCIETIES AND ASSOCIATIONS**

<b><u>Name</u></b>	<b><u>Address/Telephone Number</u></b>
Chairman Emerita, Economic Club of New York	Empire State Building, Suite 4910 New York, NY 10118-4099 <b><u>REDACTED</u></b>
Director, US-China Business Council	1818 N Street, NW, Suite 200 Washington, DC 20036 <b><u>REDACTED</u></b>
Director, National Committee on U.S.-China Relations	6 E. 43 <sup>rd</sup> Street, 24 <sup>th</sup> Floor New York, NY 10017
Chairman Emerita, National Association of Corporate Directors (NACD)	2001 Pennsylvania Avenue, NW Suite 500 Washington, DC 20006 <b><u>REDACTED</u></b>
Director, The Atlantic Council	1101 15 <sup>th</sup> Street, NW, 11 <sup>th</sup> Floor Washington, DC 20005 <b><u>REDACTED</u></b>
Former President and Current Member Management Executives' Society	1601 Broadway New York, NY 10019-7420 <b><u>REDACTED</u></b>
Member, Council on Foreign Relations	58 East 68 <sup>th</sup> Street New York, NY 10021 <b><u>REDACTED</u></b>
Director, Richard Nixon Foundation	18001 Yorba Linda Blvd Yorba Linda, CA 92886
Member, Committee for Economic Development (CED)	2000 L Street, NW Suite 700 Washington, DC 20036

Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

AFFIANT'S NAME: **Barbara Hackman Franklin**

**EXHIBIT B**  
**RESPONSE TO ITEM 8**

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS/PHONE</u>
[REDACTED]	Director, Pathway Genomics	4755 Nexus Center Drive San Diego, CA 92121
[REDACTED]	International Advisory Board, LaFarge	61 rue des Belles Feuilles, BP 40 75782 Paris 16 FRANCE <b><u>REDACTED</u></b>
[REDACTED]	Trustee of three funds in the American Family of Mutual Funds of Capitol Group Companies	333 South Hope Street Los Angeles, CA 90071-1406
[REDACTED]	President and Chief Executive Officer, Barbara Franklin Enterprises	2600 Virginia Avenue, NW, Suite 506 Washington, DC 20037 <b><u>REDACTED</u></b>
[REDACTED]	Director, Aetna Inc. (PA) or its predecessors	151 Farmington Avenue Hartford, CT 06156 860-273-0123
[REDACTED]	Director, The Dow Chemical Company	2030 Dow Center Midland, MI 48674
[REDACTED]	Commentator, Nightly Business Report	14901 Northeast 20 <sup>th</sup> Street North Miami, FL 33181 <b><u>REDACTED</u></b>
[REDACTED]	Director, MedImmune, Inc.	One MedImmune Way Gaithersburg, MD 20878
[REDACTED]	Director, GenVec, Inc.	910 Clopper Road, Suite 220N Gaithersburg, MD 20878
[REDACTED]	Director, Milacron, Inc.	3010 Disney Street Cincinnati, OH 45209
[REDACTED]	Director, Watson Wyatt	Towers Watson 901 N Glebe Road, #600 Arlington, VA 22203
[REDACTED]	Chairman, Guest Services, Inc. (serves as Director since 1995)	3055 Prosperity Avenue Fairfax, VA 22031 <b><u>REDACTED</u></b>
[REDACTED]	Director, Amp, Inc. <u>Regional Headquarters:</u> 1050 Westlakes Drive Berwyn, PA 19312	TE Connectivity Ltd Rheinstrasse 20 Ch-8200 Schaffhausen, Switzerland
[REDACTED]	Business Consultant and Lecturer	2600 Virginia Avenue, NW, Suite 506 Washington, DC 20037
[REDACTED]	U.S. Secretary of Commerce, U.S. Department of Commerce	14 <sup>th</sup> & Constitution Avenues, NW Washington, DC 20230

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

AFFIANT'S NAME: **Barbara Hackman Franklin**

EXHIBIT C  
RESPONSE TO ITEM 11h

Dow Chemical Company

I have served as a director and officer of Dow Chemical Company April 1993 to May 2012.

Excerpt from The Dow Chemical Company's Form 10-Q for quarter ending 6/30/12.

*Breast Implant Matters*

On May 15, 1995, Dow Corning Corporation ("Dow Corning"), in which Dow Chemical Company (the "Company") is a 50 percent shareholder, voluntarily filed for protection under Chapter 11 of the Bankruptcy Code to resolve litigation related to Dow Corning's breast implant and other silicone medical products. On June 1, 2004, Dow Corning's Joint Plan of Reorganization (the "Joint Plan") became effective and Dow Corning emerged from bankruptcy. The Joint Plan contains release and injunction provisions resolving all tort claims brought against various entities, including the Company, involving Dow Corning's breast implant and other silicone medical products.

To the extent not previously resolved in state court actions, cases involving Dow Corning's breast implant and other silicone medical products filed against the Company were transferred to the U.S. District Court for the Eastern District of Michigan (the "District Court") for resolution in the context of the Joint Plan. On October 6, 2005, all such cases then pending in the District Court against the Company were dismissed. Should cases involving Dow Corning's breast implant and other silicone medical products be filed against the Company in the future, they will be accorded similar treatment. It is the opinion of the Company's management that the possibility is remote that a resolution of all future cases will have a material adverse impact on the Company's consolidated financial statements.

From the Corporate Secretary of The Dow Chemical Company

*Derivative Litigation*

On February 9, 2009, Michael D. Blum, in the name of and on behalf of The Dow Chemical Company (the "Company"), commenced an action in the Court of Chancery of the State of Delaware against certain officers and directors of the Company (the "Defendants") alleging, among other things, that the Defendants breached their fiduciary duty by causing the Company to enter into an Agreement and Plan of Merger for the acquisition of Rohm and Haas Company without any contingencies for failure of financing or to receive the proceeds of the formation of a 50:50 global petrochemicals joint venture with Petrochemical Industries Company (K.S.C.).

On February 12, 2009, Norman R. Meier, also in the name of and on behalf of the Company, filed a nearly identical action in the same court. The court consolidated the two actions and determined that the complaint filed by Norman Meier was the operative complaint. The relief sought in this litigation included the implementation of certain corporate governance reforms by the Company as well as monetary damages and attorneys' fees. On April 15, 2009, the Defendants filed a motion to dismiss the litigation. On January 11, 2010, the court granted Defendants' motion and dismissed all claims. The plaintiffs did not continue to pursue this litigation and the time periods for any appeals have since lapsed.

Aetna Inc.

*Shareholder Lawsuit*

Silberstein, Stephen v. Aetna, Inc., Mart T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company): Aetna Inc NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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

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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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Barbara Hackman Franklin  
(Printed Full Name and Residence Address)

Barbara H. Franklin for Barbara H. Franklin July 30, 2015  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Barbara H. Franklin, and:

who is personally known to me, or

who produced the following identification: Driver license - CT

[SEAL]

Kelsey Stevens  
Notary Public  
KELSEY D. STEVENS  
Notary Public, State of New York  
No. 01ST0248742  
Qualified in New York County  
Commission Expires Oct. 31, 2016  
Printed Notary Name  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229783

**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). Aetna Inc

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

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): First: Jeffrey Middle: Elliott Last: Garten

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: Dean Emeritus Yale School of Management

4. Affiant's business address: 165 Whitney Avenue, New Haven, CT 06511

Business telephone: 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>Dartmouth College</u>	<u>Hanover, NH</u>	<u>[REDACTED]</u>	<u>B.A.</u>

<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>John Hopkins University</u>	<u>Baltimore, MD</u>	<u>[REDACTED]</u>	<u>M.A. &amp; Ph.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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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: 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.

**SEE EXHIBIT A**

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229783

Organization/Issuer of License: \_\_\_\_\_ 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

**SEE EXHIBIT B**

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

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. None

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.

Presently own shares of Aetna Inc. less than 1%.

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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?

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229783

- 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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July, 2015 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.



15/ Jeffrey E. Garten

Jeffrey E. Garten  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Jeffrey E. Garten and: who is personally known to me, or

who produced the following identification: NYS Driver License.

[SEAL]

Kelsey Stevens  
 KELSEY D. STEVENS Notary Public  
 Notary Public, State of New York  
 No. 01ST6248742  
 Qualified in New York County Printed Notary Name  
 Commission Expires Oct. 31, 2015  
 My Commission Expires \_\_\_\_\_

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

**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).

Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156  
860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Jeffrey Middle: Elliott Last: Garten  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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: None

5. Foreign Student ID# (if applicable) : None

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</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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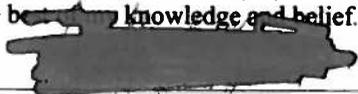
REDACTED

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229783

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 30 day of July, 2015 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.

  
Jeffrey E. Garten  
(Signature of Affiant) 151 Joffroy E. Garten

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Jeffrey E. Garten, and: who is personally known to me, or

who produced the following identification: NYS Driver License

[SEAL]

Kelsey D. Stevens  
Notary Public  
Notary Public, State of New York  
No. 01ST6248742  
Qualified in New York County Printed Notary Name  
Commission Expires Oct. 31, 2015  
My Commission Expires

EXHIBIT A

RESPONSE TO ITEM 8

AFFIANT'S NAME Jeffrey Elliott Garten

EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS/PHONE</u>
[REDACTED]	Dean Emeritus Yale School of Management	135 Prospect Street New Haven, CT 06511 <u>REDACTED</u>
[REDACTED]	Juan Trippe Professor in the Practice of International Trade, Finance and Business, Yale University Dean, Yale School of Management	Same as above  135 Prospect Street New Haven, CT 06511 <u>REDACTED</u>
[REDACTED]	U.S. Undersecretary of Commerce for International Trade, U.S. Dept. of Commerce	1401 Constitution Avenue, NW Washington, DC 20230
[REDACTED]	Professor of Finance and Economics, Graduate School of Business, Columbia University	Uris Hall, 3022 Broadway New York, NY 10027
[REDACTED]	Managing Director, The Blackstone Group	345 Park Avenue, 31 <sup>st</sup> Floor New York, NY 10154
[REDACTED]	Director, Aetna Inc. (PA) or its predecessor	151 Farmington Avenue Hartford, CT 06156 860-273-0123
[REDACTED]	Director, CarMax, Inc.	4212 Park Place Court Glen Allen, VA 23060 <u>REDACTED</u>
[REDACTED]	Director, Credit Suisse mutual funds	466 Lexington Avenue New York, NY 10017 <u>REDACTED</u>

**EXHIBIT B****RESPONSE TO ITEM 11 (h)****AFFIANT'S NAME**

Jeffrey Elliott Garten

Jeffrey E. Garten served as a director of Calpine Corporation from 1997 to September 2005.

Public Record Civil Court Actions: As a director on the Board of Directors of Calpine Corporation of San Jose, California, I was a defendant in two shareholder derivative complaints. One was in California State Court (Johnson v. Cartwright, et.al., Santa Clara Superior Court, No. 803872). One was in federal district court in the Northern District of California (Gordon v. Cartwright, et.al., U.S. District Court for the Northern District of California, No. C-02-3832 SBA). I was dismissed as a defendant without prejudice in both actions. In addition, I was named as one of various defendants in three class action complaints (1) filed 03/11/2003 (Hawaii Structural Ironworkers Pension Trust Fund vs. Calpine Corporation, et.al., Superior Court of the State of California, San Diego County, Case # GIC 806973 ("HSI v. Calpine"); (2) filed 04/17/03 ("Class Action Complaint for Violations of the Employee Retirement Income Security Act," filed in U.S. District Court in the Northern District of California); and (3) filed 05/19/03 ("Class Action Complaint for Violations of the Employee Retirement Income Security Act," filed in U.S. District Court in the Northern District of California." On November 18, 2003, I was dismissed as a defendant from the HSI v. Calpine action. The two ERISA class action complaints were consolidated into a single action, In re Calpine Corporation ERISA Action, No. 03-CV-1685 (SBA). On March 30, 2005, I was dismissed as a defendant from the consolidated In re Calpine Corporation ERISA action with prejudice.

**Aetna Inc.*****Shareholder lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Jeffrey E. Garten \_\_\_\_\_  
(Printed Full Name and Residence Address)  
Jeffrey E. Garten 1515 offry E. Garten July 30, 2015  
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of JULY, 2015 by Jeffrey E. Garten, and:

who is personally known to me, or

who produced the following identification: NYS Driver License

[SEAL]

Kelsey D. Stevens  
**KELSEY D. STEVENS** Notary Public  
Notary Public, State of New York  
No. 01ST8248742  
Qualified in New York County Printed Notary Name  
Commission Expires Oct. 31, 2015  
My Commission Expires

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue, Hartford, CT 06156

860-273-0123

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): First: Shawn Middle: Michael Last: Guertin

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: Exec. Vice Pres., Chief Financial Officer and Chief Enterprise Risk Officer

4. Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156

Business telephone: 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>Boston University</u>	<u>Boston, MA</u>	<u>[REDACTED]</u>	<u>Bachelor of Arts</u>
<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>
<u>None</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 Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>
Fellow, Society of Actuaries	Laura Kibiloski, Membership	475 North Martingale Road Suite 600, Schaumburg, IL 60173	847-706-3500
Member, American Academy of Actuaries	Stephanie Blanding, Membership Services Coordinator	1850 M Street NW, Suite 300, Washington, DC 20036	202-223-8196

7. Present or proposed position with the Applicant Company: Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer

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.

**See Exhibit A**

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

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

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Organization/Issuer of License: \_\_\_\_\_ 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

See Exhibit B

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

- 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 Exhibit B**

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. No

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.

None

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

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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

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 27 day of July, 2015 at Hartford, CT. 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.



**Shawn M. Guertin**

*Shawn M. Guertin*

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 27 day of July, 2015 by Shawn M. Guertin, and:

who is personally known to me, or

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

[SEAL]

*Jeanette S. Surrine*  
Notary Public

**JEANETTE S. SIRRINE**  
Printed Notary Name  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES DEC. 31, 2019  
My Commission Expires

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

AFFIANT'S NAME: **Shawn M. Guertin**

**Exhibit A**

**Response to Item 8**

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

<b>Begin &amp; End Dates</b>	<b>Position Held</b>	<b>Company Name and Address</b>	<b>Contact &amp; Phone</b>
[REDACTED]	Executive Vice President, Chief Financial Officer and Chief Enterprise Risk Officer	Aetna Inc. and Aetna Life Insurance Company	<i>Mark T. Bertolini</i> 860-273-0123
[REDACTED]	Senior Vice President, Chief Financial Officer and Chief Enterprise Risk Officer	Aetna Inc. and Aetna Life Insurance Company	<i>Mark T. Bertolini</i> 860-273-0123
[REDACTED]	Director Vice President, Head of Business Finance	Aetna Life Insurance Company 151 Farmington Avenue Hartford, CT 06156	<i>Joseph M. Zubretsky</i> 860-273-0123
[REDACTED]	Self – employed Consultant	N/A	N/A
[REDACTED]	Executive Vice President & CFO	Coventry Health Care 6720-B Rockledge Drive Suite 700 Bethesda, MD 20817	<i>Allen Wise</i> 301-581-0600 <i>Dale Wolf</i> <b>REDACTED</b>
[REDACTED]	Vice President	United Healthcare 185 Asylum Street Hartford, CT 06103	N/A
[REDACTED]	Vice President	Travelers One Tower Square Hartford, CT 06183	N/A

AFFIANT'S NAME: **Shawn M. Guertin****Exhibit B****Response to Item 11h****Coventry Health Care Inc**

I served as officer of Coventry Health Care Inc. from 1998 to 2009, named as a defendant in the following cases.

Excerpt from Coventry Health Care, Inc's Form 10-K for year ending 12/31/12; Filed on 2/27/2013.

On September 3, 2009, a shareholder filed a putative securities class action against the Company and three of its current and former officers in the U.S. District Court for the District of Maryland. Subsequent to the filing of the complaint, three other shareholders and/or investor groups filed motions with the court for appointment as lead plaintiff and approval of selection of lead and liaison counsel. By agreement, the four shareholders submitted a stipulation to the court regarding appointment of lead plaintiff and approval of selection of lead and liaison counsel. In December 2009, the court approved the stipulation and ordered the lead plaintiff to file a consolidated and amended complaint. The purported class period was February 9, 2007 to October 22, 2008. The consolidated and amended complaint alleges that the Company's public statements contained false, misleading and incomplete information regarding the Company's profitability, particularly with respect to the profit margins for its Medicare Advantage Private-Fee-For-Service products. The Company filed a motion to dismiss the complaint. By Order, dated March 31, 2011, the court granted in part, and denied in part, the Company's motion to dismiss the complaint. The Company filed a motion for reconsideration with respect to that part of the court's March 31, 2011 Order which denied the Company's motion to dismiss the complaint. The motion for reconsideration was denied but the court did rule that the class period was further restricted to April 25, 2008 to June 18, 2008. As a result of a court ordered mediation, the Company has entered into a settlement agreement with counsel for the plaintiffs and the class. The parties will be submitting a formal written settlement agreement to the court for preliminary approval. These lawsuits are a covered claim under the Company's Directors and Officers Liability Policy ("D&O Policy"), and therefore, after exhaustion of the Company's self-insured retention of \$2.5 million, the settlement amount will be fully funded and paid under the D&O Policy. The Company has accrued an immaterial settlement amount in "accounts payable and other accrued liabilities" and an associated recovery amount from the D&O Policy in "other receivables, net" in the accompanying balance sheet.

On October 13, 2009, two former employees and participants in the Coventry Health Care Retirement Savings Plan filed a putative ERISA class action lawsuit against the Company and several of its current and former officers, directors and employees in the U.S. District Court for the District of Maryland. Plaintiffs allege that defendants breached their fiduciary duties under ERISA by offering and maintaining Company stock in the Plan after it allegedly became imprudent to do so and by allegedly failing to provide complete and accurate information about the Company's financial condition to plan participants in SEC filings and public statements. Three similar actions by different plaintiffs were later filed in the same court and were consolidated on December 9, 2009. An amended consolidated complaint has been filed. The Company filed a motion to dismiss the complaint. By Order, dated March 31, 2011, the court denied the Company's motion to dismiss the amended complaint. The Company filed a motion for reconsideration of the court's March 31, 2011 Order and filed an Alternative Motion to Certify the Court's March 31, 2011 Order For Interlocutory Appeal to the Fourth Circuit Court of Appeals. Both of those motions were denied. The Company will vigorously defend against the allegations in the consolidated lawsuit. The Company believes this lawsuit will not have a material adverse effect on its financial position or results of operations.

Both of these matters were settled after February 27, 2013.

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156 Phone: 860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Shawn Middle: Michael Last: Guertin  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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REDACTED

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

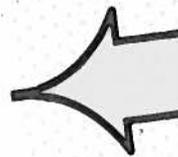
FEIN: 23-2229683

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 27 day of July, 2015 at Hartford, CT. 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.

  
Shawn M. Guertin

*15/ Shawn M. Guertin*



State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 27 day of July, 2015 by Shawn M. Guertin, and:

who is personally known to me, or

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

[SEAL]

*Jeanette Surrine*  
\_\_\_\_\_  
Notary Public

**JEANETTE S. SIRRINE**  
**NOTARY PUBLIC**  
MY COMMISSION EXPIRES DEC. 31, 2015  
My Commission Expires

Applicant Name (Company) Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Shawn Michael Guertin

(Printed Full Name and Residence Address)

Shawn M. Guertin

*151 Shawn M. Guertin*

*7/27/15*  
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 27 day of July, 2015 by Shawn M. Guertin, and:

who is personally known to me, or

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

[SEAL]

*Jeanette S. Serrine*  
Notary Public

**JEANETTE S. SIRRINE**

MY COMMISSION EXPIRES DEC. 31, 2019

My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

**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). Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

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): First: Ellen Middle: Marie Last: Hancock

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? Ireland

3. Affiant's occupation or profession: Executive

4. Affiant's business address: REDACTED

Business telephone: None 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>College of New Rochelle</u>	<u>New Rochelle, NY</u>	<u>[REDACTED]</u>	<u>B.A.</u>
<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Fordham University</u>	<u>New York, NY</u>	<u>[REDACTED]</u>	<u>M.A.</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 : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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>
------------------------------------	---------------------	---------------------------------------	--

See Exhibit 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.

See Exhibit B

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_ 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?

**SEE EXHIBIT E**

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

**See Exhibit C**

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?

**See Exhibit D**

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 Exhibits

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. None

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.

Presently own shares of Aetna Inc. less than 1%

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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

See Exhibit D

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 3<sup>rd</sup> day of August 2015 at Bridgeport. 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.



ES/ Ellen M. Hancock

**Ellen M. Hancock**  
(Signature of Affiant)

State of: CT County of: Fairfield

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of August, 2015 by Ellen M. Hancock, and: who is personally known to me, or

who produced the following identification: CC DL

[SEAL.]

Matthew Bonn  
Notary Public  
Printed Notary Name  
October 31<sup>st</sup> 2019  
My Commission Expires



Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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 3<sup>rd</sup> day of August, 2015 at Ridgefield. 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.



*RS/ Ellen M. Hancock*

**Ellen M. Hancock**  
(Signature of Affiant)

State of: CT County of: Fairfield

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of August, 2015 by Ellen M. Hancock, and:

who is personally known to me, or

who produced the following identification: LT DL

[SEAL]

  
\_\_\_\_\_  
Notary Public  
Matthew Bonn  
Printed Notary Name  
October 3<sup>rd</sup> 2019  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**EXHIBIT A**

**RESPONSE TO ITEM 6**

**AFFIANT'S NAME**                      **Ellen M. Hancock**

**CURRENT PROFESSIONAL SOCIETIES AND ASSOCIATIONS**

Council on Foreign Relations  
1779 Massachusetts Avenue  
Washington, D.C. 20036

**REDACTED**

Pacific Council  
3520 Trousdale Parkway, SOS B-15  
Los Angeles, CA 90089

**REDACTED**

RAND Infrastructure, Safety, and Environment Advisory Board  
1776 Main Street  
Santa Monica, California 90407

**REDACTED**

**EXHIBIT B**

**RESPONSE TO ITEM 8**

**AFFIANT'S NAME**                      **Ellen M. Hancock**

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

<b><u>DATE</u></b>	<b><u>NAME</u></b>	<b><u>ADDRESS/PHONE</u></b>
[REDACTED]	Jazz Technologies, Inc. (predecessor Acquicor Technology, Inc.) President President & Chief Operating Officer	4321 Jamboree Road Newport Beach, CA 92660-3007 <b><u>REDACTED</u></b>
[REDACTED]	Exodus Communications, Inc. Chairman Chief Executive Officer Director President	4650 Old Ironside Drive Santa Clara, CA 95054
[REDACTED]	Executive Vice President for Research and Development and Chief Technology Officer, Apple Computer Inc.	One Infinite Loop Cupertino, CA 95014
[REDACTED]	Executive Vice President and Chief Operating Officer, National Semiconductor Corporation	2900 Semiconductor Drive Santa Clara, CA 95052
[REDACTED]	International Business Machines Corporation Senior Vice President and Group Executive Senior Vice President Senior Vice President and General Manager, Networking Systems	1 New Orchard Road Armonk, NY 10504
[REDACTED]	Director, Aetna Inc. (PA) or its predecessors	151 Farmington Avenue Hartford, CT 06156 860-273-0123
[REDACTED]	Director, Colgate-Palmolive Company	300 Park Avenue New York, NY 10022 <b><u>REDACTED</u></b>

EXHIBIT C**AFFIANT'S NAME: Ellen M. Hancock****Exodus Communications, Inc.**

I served as a director and officer of Exodus Communications, Inc. from 1998 to 2001.

On and after July 12, 2001, several actions were filed in the United States District Court for the Northern District of California (the "Court") as securities class actions on behalf of investors who acquired Exodus Communications, Inc. securities. The cases were assigned to the Honorable Maxine M. Chesney. These actions were consolidated for all purposes by an order filed October 29, 2001. On July 11, 2002, plaintiffs filed a First Amended Consolidated Class Action Complaint ("FAC") alleging violations of Sections 10(b) and 20(a) of the Securities Exchange Act of 1934, and Rule 10b-5 promulgated thereunder, as well as Sections 11 and 15 of the Securities Act of 1933. This purported class action was brought on behalf of purchasers of securities of Exodus Communications, Inc. ("Exodus") between April 20, 2000 and September 25, 2001 against certain former officers and directors of Exodus, including me, R. Marshall Case, Sam S. Mohamad, Dick Stoltz, Herbert A. Dollahite, Adam W. Wegner, Beverly Brown, and William Yeack (the "Individual Defendants"). The suit also named as defendants Exodus' underwriters: Goldman, Sachs & Co., Merrill Lynch & Co., Morgan Stanley Dean Witter, and J.P. Morgan (the "Underwriter Defendants").

On August 19, 2003, the Court entered an order granting the defendants' motions to dismiss the FAC, with leave to amend. On October 20, 2003, plaintiffs filed a Second Amended Consolidated Class Action Complaint ("SAC"). On January 15, 2004, after the Court granted their motion to amend the SAC, plaintiffs filed their Third Amended Consolidated Class Action Complaint ("TAC"). The TAC alleges the same causes of action against the same defendants, and alleges the same class period. In April of 2005 the Court granted leave to plaintiffs to amend the complaint to attach an affidavit purporting to explain the document previously attached to the complaint as Exhibit B. Plaintiffs filed a Corrected Third Amended Consolidated Class Action Complaint ("CTAC") on April 29, 2005. The CTAC was virtually identical to the TAC, with the addition of the aforementioned affidavit. On August 5, 2005, the Court found that the new complaint failed to state any claim against me, and failed to state any fraud-based claims against the Underwriter Defendants. The Court did permit plaintiffs' Section 11 claim against the Underwriter Defendants because it found that plaintiffs had alleged a non-fraudulent basis for liability under Section 11. The Court reconsidered its prior order on September 12, 2005, and held that plaintiffs had also pled a non-fraudulent basis for liability under Section 11 against me. I filed an answer the CTAC denying liability.

The Court subsequently dismissed all five of the original named class representatives, leaving the case without any named plaintiffs. Two new individuals filed motions seeking to intervene. After these motions were denied the District Court dismissed the entire action.

Plaintiffs and the proposed intervenors appealed to the Ninth Circuit Court of Appeals. At the suggestion of the Court of Appeals, while the appeal was pending, the parties engaged in mediation before a retired federal judge. The mediation resulted in a settlement agreement, pursuant to which the defendants agreed to pay \$5 million in settlement of all claims. The consideration was paid in part by Exodus's D&O carrier on behalf of the Individual Defendants and in part by the Underwriter Defendants. The Court of Appeals remanded the case to the District Court to consider whether to approve the settlement. On October 31, 2008, the District Court gave final approval to the settlement and entered a Final Judgment and Order of Dismissal with Prejudice, pursuant to which all claims against me were dismissed with prejudice.

**AFFIANT'S NAME: Ellen M. Hancock**

**EXHIBIT C (Continued)**

**WatchGuard Technologies, Inc.**

I served as a director of WatchGuard Technologies, Inc. from April 2003 to May 2006.

A shareholder derivative suit was filed in superior court of the state of Washington, King County on May 9, 2005 against WatchGuard Technologies, Inc. ("WatchGuard" or "the Company"), each of its current directors, including me, and the then-current CFO of the Company. The complaint asserts claims for breach of fiduciary duty, abuse of control, gross mismanagement, waste of corporate assets and unjust enrichment that purportedly occurred between March 28, 2001 and the filing of the suit. On June 9, 2004, a second derivative complaint was filed against several current and former directors and officers of the Company, including me, in the United States District Court for the Western District of Washington. This second suit is virtually identical to the first action.

While the shareholder derivative actions are separate from several now-consolidated federal securities class actions filed against WatchGuard and certain directors (excluding myself), they are purportedly based on the same factual issues as the federal securities cases. I have not been named a party to the consolidated federal securities case. Both derivative actions are stayed until after the resolution of WatchGuard's motions to dismiss the federal securities case.

The lawsuits that involved me have now settled.

**Electronic Data Systems Corporation ("EDS")**

I served as a director of EDS from February 16, 2004 until August 25, 2008

On May 12, 2008, the Wall Street Journal reported the existence of a business combination transaction between EDS and Hewlett-Packard Company ("HP"). On May 13, 2008, EDS announced that EDS and HP had signed a definitive agreement under which HP will purchase EDS at a price of \$25.00 per share, or an enterprise value of approximately \$13.9 billion ("transaction"). Subsequent to that announcement, EDS and its directors were named in five lawsuits attacking the HP transaction, all of which were class actions. The filed litigation included three suits in Texas state court, one suit in Texas federal court and one suit in Delaware state court.

Three class action suits were filed by shareholders against EDS and its current directors in Collin County, Texas. On June 26, 2008 an order was entered consolidating all three actions. The plaintiffs alleged that the directors (including Ellen Hancock) breached their fiduciary duties to shareholders by failing to obtain adequate consideration for the sale of EDS to HP and by failing to accept any competing bids for the purchase of EDS. The plaintiffs sought to enjoin the transaction unless and until EDS and its directors obtain better terms for the shareholders.

One class action suit was filed by a shareholder against EDS and its current directors in Delaware. The allegations and relief sought were virtually identical to the actions filed in Collin County.

**AFFIANT'S NAME: Ellen M. Hancock**

**EXHIBIT C (Continued)**

One class action suit was filed by a shareholder against EDS and its current directors in the U.S. District Court for the Eastern District of Texas. The allegations and relief sought were virtually identical to the actions filed in Collin County.

On July 25, 2008 the parties executed a memorandum of understanding to settle all cases described above . Final approval of the settlement was granted on December 18, 2008 by the court in Collin County, Texas. Final judgment was issued in the Collin County court on December 23, 2008. The parties to the Delaware action filed a stipulation of dismissal in the Delaware proceeding which was granted on December 30, 2008. The parties filed a stipulation of dismissal in the federal proceeding on December 23, 2008. The federal court dismissed the federal action on January 13, 2009.

**Aetna Inc.**  
***Shareholder Lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY" ) against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

**EXHIBIT D**

On September 26, 2001, Exodus Communications, Inc. ("Exodus"), and seven of its affiliates (collectively, the "Debtors") filed voluntary petitions in the United States Bankruptcy Court for the District of Delaware seeking bankruptcy protection pursuant to chapter 11 of title 11 of the United States Code (the "Bankruptcy Code"). From September 26, 2001 until June 19, 2002, Debtors operated their businesses and managed their properties as debtors-in-possession pursuant to §§ 1107 and 1108 of the Bankruptcy Code. On June 5, 2002, the bankruptcy court entered an order confirming Debtors' Second Amended Joint Plan of Reorganization. On June 19, 2002, the effective date of Debtors' plan of reorganization, control of the remaining assets and liabilities of Exodus passed to Richard Williamson as Plan Administrator of EXDS, Inc.

**EXHIBIT E**

On January 20, 2002, I was charged under a violation of California Vehicle Code 23152(b) in San Joaquin County California. I pled nolo contendere to the charge, resulting in a sentence of probation, temporary restricted driving privileges, a monetary fine and community service. The probation period ended after 5 years with no additional incidents occurring during that time (the probation period became informal in September of 2004).

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Ellen M. Hancock \_\_\_\_\_

(Printed Full Name and Residence Address)

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

LS/Ellen M. Hancock

8/3/2015

(Date)

State of: CT

County of: Fairfield

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of August, 2015 by Ellen M. Hancock, and:

who is personally known to me, or

who produced the following identification: CT DL

[SEAL]

\_\_\_\_\_  
Notary Public  
Matthew Bunn  
Printed Notary Name

**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). Aetna Inc

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

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): First: Richard Middle: Joseph Last: Harrington

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: Chairman and General Partner

4. Affiant's business address: The Cue Ball Group, 1 Faneuil Square, Suite 700, Boston, MA 02109

Business telephone: REDACTED Business Email: REDACTED

5. Education and training:

College/University City/State Dates Attended (MM/YY) Degree Obtained

University of Rhode Island Kingston, Rhode Island [REDACTED] B.S.-Accounting

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

None

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

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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

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>
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None

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.

**SEE EXHIBIT A**

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

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: 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: \_\_\_\_\_

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.

Certified Public Accountant

Organization/Issuer of License: State of Massachusetts Address: Ten Park Plaza, Suite 5170

City: Boston State/Province: MA Country: USA Postal Code: 02116

License Type: CPA License #: [REDACTED] Date Issued (MM/YY): 08/76

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

Date Expired (MM/YY): 06/30/92 Reason for Termination: no longer practice

Non-Insurance Regulatory Phone Number (if known): unknown

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

See Exhibit B

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

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.

\_\_\_\_\_

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. None

\_\_\_\_\_

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.

Presently hold shares of Aetna Inc. less than 1%

\_\_\_\_\_

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

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,

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 22-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July 2015 at NY, NY. 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. Harrington

**Richard J. Harrington**  
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Richard J. Harrington, and:

who is personally known to me, or

who produced the following identification: US PASSPORT

[SEAL]

**JULIA IEDA**  
Notary Public - State of New York  
No. 011EG124083  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Richard Middle: Joseph Last: Harrington  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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: None

5. Foreign Student ID# (if applicable) : None

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</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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REDACTED

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

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 30 day of July, 2015 at NY, NY. 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.

[Redacted Signature] ISI Richard J Harrington  
**Richard J. Harrington**  
(Signature of Affiant)

State of: NY County of: NY

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Richard J. Harrington, and:

who is personally known to me, or

who produced the following identification: US Passport

[SEAL]

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

**JULIA IEDA**  
Notary Public - State of New York  
No. 01IE6124063  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

EXHIBIT A

**RESPONSE TO ITEM 8**

*EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS*

<b><u>Begin &amp; End Dates</u></b>	<b><u>Position Held</u></b>	<b><u>Company Name and Address</u></b>	<b><u>Phone</u></b>
	Chairman, General Partner	The Cue Ball Group 1 Faneuil Hall Square Suite 700 Boston, MA 02109	<b><u>REDACTED</u></b>
	Chairman	Knovel Corporation 489 Fifth Avenue, 9 <sup>th</sup> Floor New York, NY 10017	<b><u>REDACTED</u></b>
	Chairman, Thomson Reuters Foundation	Thomson Reuters 1 Station Place, 8 <sup>th</sup> Fl. Stamford, CT 06902	<b><u>REDACTED</u></b>
	President, CEO and Director	The Thomson Corporation 1 Station Place, 8 <sup>th</sup> Fl. Stamford, CT 06902	<b><u>REDACTED</u></b>
	President/CEO	Thomson Newspapers 1 Station Place, 6 <sup>th</sup> Fl. Stamford, CT 06902	
	Executive Vice President	The Thomson Corporation 1 Station Place, 6 <sup>th</sup> Fl. Stamford, CT 06902	
	President/CEO	Thomson Professional Publishing 1 Station Place Stamford, CT 06902	
<b><u>Directorships</u></b>			
	Director	Aetna Inc. 151 Farmington Avenue Hartford, CT 06156	860-273-0123
	Director	Xerox Corporation 45 Glover Ave., 6 <sup>th</sup> Fl. Norwalk, CT 06856	<b><u>REDACTED</u></b>

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 22-2229683

EXHIBIT B

**RESPONSE TO ITEM 11(h)**

**Aetna Inc.**

***Shareholder Lawsuit***

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 22-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: [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 J. Harrington

(Printed Full Name and Residence Address)

[REDACTED SIGNATURE]

(Signature)

151 Richard J Harrington

07/30/2015

(Date)

State of: NY County of: NY

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Richard J. Harrington, and:

who is personally known to me, or

who produced the following identification: US PASSPORT

[SEAL]

**JULIA IEDA**  
Notary Public - State of New York  
No. 01E6124083  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). \_\_\_\_\_

Aetna Inc. (Tel.: 860.273.0123)

151 Farmington Avenue

Hartford, CT 06156

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): First: Judith Middle: Helen Last: Jones

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: Corporate Lawyer

4. Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156

Business telephone: 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>Providence College</u>	<u>Providence, RI</u>	<u>[REDACTED]</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>Western New England University School of Law</u>	<u>Springfield, MA</u>	<u>[REDACTED]</u>	<u>[REDACTED]</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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>American Bar Assoc.</u>	<u>N/A</u>	<u>321 N. Clark Street, Chicago, IL</u>	<u>312.988.5000</u>
<u>Society of Corporate Secretaries &amp; Governance Professionals</u>		<u>240 West 35<sup>th</sup> Street, Suite 400, New York, NY 10001</u>	<u>212.681.2000</u>

7. Present or proposed position with the Applicant Company: Vice President and Corporate Secretary

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) [REDACTED] Employers' Name Aetna Inc.

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone REDACTED Offices/Positions Held Vice President and Corporate Secretary

Type of Business: Insurance Supervisor/Contact: William J. Casazza

Beginning/Ending Dates (MM/YY) [REDACTED] Employers' Name Aetna Inc.

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone 860-273-0123 Offices/Positions Held Counsel

Type of Business: Insurance Supervisor/Contact: \_\_\_\_\_  
Supervisor / Contact Michele G. Kostin

Beginning/Ending Dates (MM/YY) [REDACTED] Employers' Name Aetna Inc.

Address 151 Farmington Avenue City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone 860-273-0123 Offices/Positions Held Attorney - Corporate Section

Type of Business: Insurance

Beginning/Ending Dates (MM/YY) [REDACTED] Employers' Name Aetna Inc.

Address 185 Asylum Street City Hartford State/Province CT

Country U.S.A. Postal Code 06156 Phone 860-273-0123 Offices/Positions Held Attorney - Rotation Program

Type of Business: Insurance

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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

- 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.

Law License – Connecticut Bar

Organization /Issuer of License Connecticut Bar Association Address 30 Bank Street, P.O. Box 350

City New Britain State/Province CT Country U.S.A. Postal Code 06050

License Type Attorney License [REDACTED] Date Issued (MM/YY) 11/86

Date Expired (MM/YY) Renewed annually Reason for Termination Not terminated – annual renewal

Non-insurance Regulatory Phone Number (if known) 860-223-4400

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

NONE

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. NONE

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.

NONE

If any of the shares of stock are pledged or hypothecated in any way, give details. NONE

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: NONE

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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?

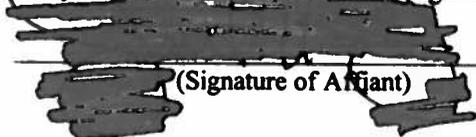
Yes  No

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.

Aetna Inc. and its affiliates' current and past business practices of Aetna Inc. and its affiliates' are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes to or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 22 day of July, 2015 at Hartford, CT. 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)

151 Judith H. Jones

**Sign &**

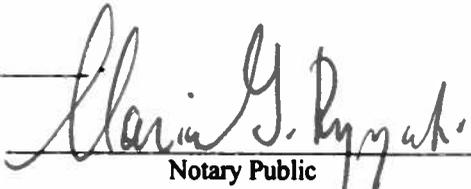
State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 22 day of July, 2015 by Judith H. Jones, and:

who is personally known to me, or

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

[SEAL]

  
Notary Public



Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

Tel.: 860.273.0123

1. Affiant's Full Name (Initials Not Acceptable): First: Judith Middle: Helen Last: Jones  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
--	--	--

**REDACTED**

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 None

5. Foreign Student ID# (if applicable) None

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

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Beginning/Ending Dates (MM/YY)	Address	City	State/Province	Country	Postal Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 2 day of July, 2015 at Hartford, CT. 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.

[REDACTED SIGNATURE] 151 Judith H. Jones  
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 2 day of July, 2015 by Judith H. Jones, and:

who is personally known to me, or

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

[SEAL]

Maria G. Rizzuti  
Notary Public

Printed Notary Name



Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

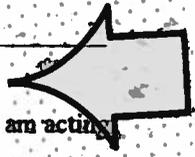
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Judith Helen Jones  
\_\_\_\_\_  
(Printed Full Name and Residence Address)

Judith H. Jones  
\_\_\_\_\_  
(Signature)

*Judith H. Jones*

7-22-15  
(Date)



Dated and signed this 22 day of July, 2015 at Hartford, CT. 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)

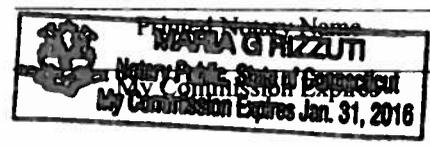
State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 22 day of July, 2015 by Judith H. Jones, and:

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

[SEAL]

Anna G. Rizzuti  
\_\_\_\_\_  
Notary Public



Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

### 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). Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

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): First: Edward Middle: Joseph Last: Ludwig

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: Executive

4. Affiant's business address: REDACTED

Business telephone: None

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>The College of The Holy Cross</u>	<u>Worcester, MA</u>	<u>[REDACTED]</u>	<u>Bachelor of Arts, Economics</u>

<u>Graduate Studies: College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Columbia University</u>	<u>New York, NY</u>	<u>[REDACTED]</u>	<u>M.B.A., Finance</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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>American Institute of Certified Public Accountants</u>	<u>1211 Ave. of the Americas</u>	<u>NY, NY 10036</u>	<u>212-596-6200</u>

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.

See Exhibit A

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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 Jersey Board of Accounting Address: 20 Broad Street

City: Newark State/Province: New Jersey Country: USA Postal Code: \_\_\_\_\_

License Type: Certified Public Accountant License #: Inactive Date Issued (MM/YY): 11/22/77

Date Expired (MM/YY): Unknown Reason for Termination: No longer practicing

Non-Insurance Regulatory Phone Number (if known): unknown

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

**SEE EXHIBIT B**

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

None \_\_\_\_\_

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. None

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.

Presently own shares of Aetna Inc. less than 1%.

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

None

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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?

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30<sup>th</sup> day of July 2015 at NY, NY. 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.

  
Edward J Ludwig  
Signature of Affiant)

Edward J. Ludwig

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Edward J. Ludwig, and:

who is personally known to me, or

who produced the following identification: FL Driver's License.

[SEAL]

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

JULIA IEDA  
Notary Public - State of New York  
No. 011E6124063  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

**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).

Aetna Inc.  
151 Farmington Avenue  
Hartford, CT 06156  
860-273-0123

- Affiant's Full Name (Initials Not Acceptable): First: Edward Middle: Joseph Last: Ludwig  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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: None
- Foreign Student ID# (if applicable) : None
- 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
- List your residences for the last ten (10) years starting with your current address, giving:

<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/ Province</u>	<u>Country</u>	<u>Postal Code</u>
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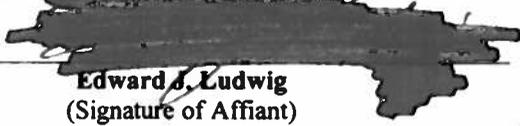
REDACTED

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.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

Dated and signed this 30<sup>th</sup> day of July, 2015 at NY, NY. 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.



for Edward J Ludwig

**Edward J. Ludwig**  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Edward J. Ludwig, and:

who is personally known to me, or

who produced the following identification: FL Driver's License

[SEAL]

Julia Ieda  
Notary Public  
Julia Ieda  
Printed Notary Name  
March 21, 2017  
My Commission Expires

**JULIA IEDA**  
Notary Public - State of New York  
No. 011E6124063  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

EXHIBIT A

Response to Item 8

AFFIANT'S NAME Edward Joseph Ludwig

EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

<u>DATE</u>	<u>NAME</u>	<u>ADDRESS/PHONE</u>
[REDACTED]	Becton, Dickinson and Company Chairman Chief Executive Officer President Executive Vice President Senior Vice President and Chief Financial Officer Vice President, Finance Vice President, Finance and Controller President, Becton Dickinson Diagnostic Instrument Systems	1 Becton Drive Franklin Lakes, NJ 07417 <u>REDACTED</u>
2003 to Present	Director, Aetna Inc.	151 Farmington Avenue Hartford, CT 06156
[REDACTED]	Trustee, Hackensack University Medical Center	30 Prospect Avenue Hackensack, NJ 07601 <u>REDACTED</u>
[REDACTED]	Trustee, College of the Holy Cross	One College Street Worcester, MA 01610 <u>REDACTED</u>
2011 to 2013	Director, Project Hope	255 Carter Hall Lane Millwood, VA 22646 <u>REDACTED</u>
2011 to Present	Director, Xylem, Inc.	1133 Westchester Avenue White Plains, NY 10604 <u>REDACTED</u>
2014 to Present	Director, Boston Scientific Corporation	8 Industrial Drive Coventry, RI 02816 <u>REDACTED</u>
2013 to Present	Director, Pocared Diagnostics Ltd.	3 Haim Pekeris St. Rabin Park Rehovot 7670203 Israel <u>REDACTED</u>
[REDACTED]	Chairmain, Pocared Diagnostics Ltd.	3 Haim Pekeris St. Rabin Park Rehovot 7670203 Israel <u>REDACTED</u>

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**Affiant's Name: Edward Joseph Ludwig**

**EXHIBIT B**

Response to Item 11.h

**Aetna Inc.**

*Shareholder Lawsuit*

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 **Aetna Inc.** ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, CT 06156 and [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.

\_\_\_\_\_  
Edward J. Ludwig (Full Name and Residence Address)  
\_\_\_\_\_  
Edward J. Ludwig (Signature)  
07/30/2015 (Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Edward J. Ludwig, and:

who is personally known to me, or  
 who produced the following identification: FL Driver's License

[SEAL]

**JULIA IEDA**  
Notary Public - State of New York  
No. 011E6124083  
Qualified in Suffolk County  
My Commission Expires March 21, 2017

\_\_\_\_\_  
Julia Ieda  
Notary Public  
Printed Notary Name  
March 21, 2017  
My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156 (860) 273-0123

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): First: Karen Middle: Sue Last: Rohan

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: Executive Officer and President

4. Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156

Business telephone: 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>Boston College</u>	<u>Boston, MA</u>	<u>[REDACTED]</u>	<u>Accounting</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
<u>Boston University</u>	<u>Boston, MA</u>	<u>[REDACTED]</u>	<u>MBA</u>

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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None

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.

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>
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None

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

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): [REDACTED] Employer's Name: Aetna Inc.

Address: 151 Farmington Avenue City: Hartford State/Province: CT

Country: USA Postal Code: 06156 Phone: REDACTED Offices/Positions Held: See below

Type of Business: Insurance Supervisor/Contact: Mark T. Bertolini

[REDACTED] President  
[REDACTED] Executive Vice President, Local and Regional Businesses

Beginning/Ending

Dates (MM/YY): [REDACTED] Employer's Name: Magellan Health Services

Address: 55 Nod Road City: Avon State/Province: CT

Country: USA Postal Code: 06001 Phone: n/a Offices/Positions Held: President

Type of Business: Insurance Supervisor/Contact: Rene Lerer



Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Organization/Issuer of License: \_\_\_\_\_ 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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

- 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. Holds shares of Aetna Inc. Common Stock less than 1%

If any of the stock is pledged or hypothecated in any way, give details. No

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews.

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 24 day of July, 2015 at Hartford, CT. 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.

**Karen S. Rohan**

*18/Karen S. Rohan*

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24 day of July, 2015 by Karen S. Rohan, and:

who is personally known to me, or

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

[SEAL]

*Vivian L. Collins*  
Notary Public  
*Vivian L. Collins*  
Printed Notary Name  
*12/31/19*  
My Commission Expires

**Vivian L. Collins  
Notary Public-Connecticut  
My Commission Expires  
December 31, 2019**

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, Connecticut 06156

1. Affiant's Full Name (Initials Not Acceptable): First: Karen Middle: Sue Last: Rohan  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>REDACTED</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: REDACTED

7. Name of Affiant's Spouse (if applicable): n/a

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 24 day of July, 2015 at Hartford, CT. 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.

[REDACTED]  
Karen S. Rohan *18/Karen S. Rohan*

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24 day of July, 2015 by Karen S. Rohan, and:

who is personally known to me, or

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

[SEAL]

Vivian L. Collins  
Notary Public  
Vivian L. Collins  
Printed Notary Name  
12/31/19  
My Commission Expires

Vivian L. Collins  
Notary Public-Connecticut  
My Commission Expires  
December 31, 2019

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

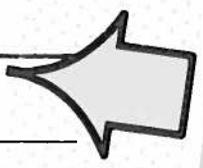
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

Karen S. Rohan, \_\_\_\_\_  
(Printed Full Name and Residence Address)

\_\_\_\_\_  
Karen S. Rohan  
(Signature)

151 Karen S. Rohan

7-24-15  
(Date)



Dated and signed this 24 day of July, 2015 at Hartford, CT. 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: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of July, 2015 by Karen S. Rohan, and:

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

[SEAL]

Vivian A Collins  
Notary Public



Vivian L. Collins  
Printed Notary Name  
12/31/19  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

(860) 273-0123

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): First: Joseph Middle: Paul Last: Newhouse

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: Professor, Harvard University

4. Affiant's business address: Harvard Medical School, 180 Longwood Avenue, Boston, MA 02115

Business telephone: 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>Harvard College</u>	<u>Cambridge, MA</u>	<u>[REDACTED]</u>	<u>B.A., Economics</u>

<u>Graduate Studies: 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>[REDACTED]</u>	<u>Ph.D., Economics</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>Goethe University</u>	<u>Frankfurt, Germany</u>	<u>[REDACTED]</u>	<u>Fulbright Scholar, 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 : Aetna Inc. NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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>
------------------------------------	---------------------	---------------------------------------	--

See Exhibit 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.

See Exhibit B

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

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_ 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

**SEE EXHIBIT C**

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

None

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. \_\_\_\_\_

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.

Presently own shares of Aetna Inc. less than 1%

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

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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 : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July 2015 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.



ISI Joseph P. Newhouse

Joseph Paul Newhouse  
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Joseph P. Newhouse, and:  
who is personally known to me, or

who produced the following identification: license, State of Mass.

[SEAL]

**KELSEY D. STEVENS** Kelsey Stevens  
Notary Public, State of New York Notary Public  
No. 01ST6249742  
Qualified in New York County  
~~Commission Expires Oct. 31, 2016~~ Printed Notary Name

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

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Joseph Middle: Paul Last: Newhouse  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</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: None

5. Foreign Student ID# (if applicable) : None

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

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

<u>Beginning/Ending</u> <u>Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/</u> <u>Province</u>	<u>Country</u>	<u>Postal Code</u>
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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.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Dated and signed this 30 day of July, 2015 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.

  
Joseph P. Newhouse  
(Signature of Affiant)

/s/ Joseph P. Newhouse

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Joseph P. Newhouse, and:

who is personally known to me, or

who produced the following identification: License State of Mass.

[SEAL]

Kelsey D. Stevens  
Kelsey Stevens  
Notary Public, State of New York  
No. 01ST6249742  
Qualified in New York County  
Commission Expires Oct. 31, 2015  
Notary Public  
Printed Notary Name  
My Commission Expires

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**EXHIBIT A**

**RESPONSE TO ITEM 6**

**AFFIANT'S NAME**

Joseph Paul Newhouse

**CURRENT PROFESSIONAL SOCIETIES AND ASSOCIATIONS**

Academy Health  
1801 K Street NW-Suite701-L  
Washington, DC 20006  
Fax: 202-292-6800

American Academy of Arts & Sciences  
136 Irving St.  
Cambridge, MA 02138  
617-576-5000

American Economic Association  
2014 Broadway, Suite 305  
Nashville, TN 37203  
(615) 322-2595

Institute of Medicine  
500 Fifth St., NW  
Washington, DC 20001  
202-334-2352

*New England Journal of Medicine* Editorial Board  
860 Winter Street  
Waltham Woods Corporate Center  
Waltham, MA 02451-1411

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**EXHIBIT B**

**RESPONSE TO ITEM 8**

**AFFIANT'S NAME** Joseph Paul Newhouse

**EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS**

<b><u>DATE</u></b>	<b><u>NAME</u></b>	<b><u>ADDRESS/PHONE</u></b>
	<i>Exavera Technologies, Inc.</i> <i>Member of Scientific Advisory Board</i>	195 New Hampshire Avenue Portsmouth, NJ 03801 <b><u>REDACTED</u></b>
2003 – Present	National Committee for Quality Assurance Director	1100 13th St., NW Suite 1000 Washington, D.C. 20005 <b><u>REDACTED</u></b>
2001 – Present	Abt Associates, Inc. Director	55 Wheeler Street Cambridge, MA 02138
2001 – Present	Aetna Inc. Director	151 Farmington Avenue Hartford, CT 06156
 	Harvard University <i>Director, Interfaculty Initiative on Health Policy</i>	1350 Massachusetts Avenue Cambridge, MA 02138
	Director, Division of Health Policy Research and Education	
	John D. MacArthur Professor of Health Policy and Management	

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

EXHIBIT C

RESPONSE TO ITEM 11.h

AFFIANT'S NAME

Joseph Paul Newhouse

**Aetna Inc.**

*Shareholder Lawsuit*

Silberstein, Stephen v. Aetna, Inc., Mark T. Bertolini, et al., U.S. District Court for the Southern District of New York, filed 12/10/13.

An alleged shareholder of Aetna Inc. ("Aetna"), represented by the Center for Responsibility and Ethics in Washington, filed a complaint ("Complaint") in the United States District Court for the Southern District of New York ("SDNY") against Aetna and the members of Aetna's board of directors. The Complaint asserted two causes of action for violations of Section 14(a) of the Securities Exchange Act of 1934, and the rules promulgated thereunder, for alleged misrepresentations and omissions in Aetna's 2012 and 2013 proxy statements relating to the Company's disclosure of political contributions. The Complaint sought only equitable relief, including, but not limited to, a declaration voiding the shareholder votes on certain shareholder proposals concerning the disclosure of political contributions as part of the 2012 and 2013 shareholder meetings and an order requiring Aetna to resubmit these same shareholder proposals at its 2014 shareholder meeting. The SDNY granted Aetna's motion to dismiss the claim with prejudice on March 26, 2015.

Applicant Company Name : Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156, Tel.: \_\_\_\_\_

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.

Joseph P. Newhouse \_\_\_\_\_

(Printed Full Name and Residence Address)

Joseph P. Newhouse

(Signature)

151 Joseph P. Newhouse

July 30, 2015

State of: New York

County of: New York

(Date)

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Joseph P. Newhouse, and:

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

[SEAL]

Kelsey D. Stevens  
Kelsey D. Stevens  
Notary Public, State of New York  
No. 01ST6248742  
Qualified in New York County  
Commission Expires Oct. 31, 2015  
Notary Public  
Printed Notary Name  
My Commission Expires \_\_\_\_\_

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

860-273-0123

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): First: Olympia Middle: Jean Last: Snowe

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? None.

3. Affiant's occupation or profession: Consultant & Professional Speaker

4. Affiant's business address: One Canal Plaza, Suite 501, Portland, Maine 04101

Business telephone: 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 Maine</u>	<u>Orono, ME</u>	<u>[REDACTED]</u>	<u>B.A.-Political Science</u>

<u>Graduate Studies College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None.</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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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.S. Association of Former Members of Congress		1401 K Street NW, Suite 503 Washington, DC 20005	202-222-0972

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.

**SEE ATTACHED EXHIBIT 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: 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: None.

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: \_\_\_\_\_ 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?

**SEE ATTACHED EXHIBIT B**

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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 EXHIBIT B**

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. \_\_\_\_\_

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.

None.

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

None.

14. Have you ever been adjudged a bankrupt?

Yes  No

If yes, provide details: \_\_\_\_\_

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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?

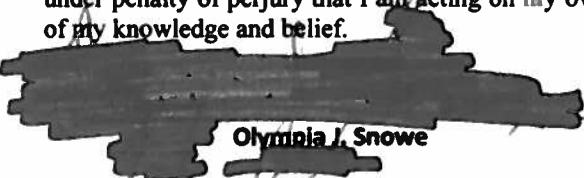
Yes  No

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. \_\_\_\_\_

Current and past business practices of Aetna Inc. and its affiliates are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 30 day of July 2015 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.



151 Olympia J. Snowe

Olympia J. Snowe

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Olympia J. Snowe, and:

who is personally known to me, or

who produced the following identification: License

[SEAL]

Kelsey D. Stevens  
Notary Public, State of New York  
No. 015TG249742  
Qualified in New York County  
Commission Expires Oct. 31, 2015  
Notary Public  
Kelsey Stevens  
Printed Notary Name

My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue, Hartford, CT 06156

860-273-0123

1. Affiant's Full Name (Initials Not Acceptable): First: Olympia Middle: Jean Last: Snowe  
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 Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
--	--	--

**REDACTED**

_____	_____	_____
_____	_____	_____

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 None

5. Foreign Student ID# (if applicable) None

6. Date of Birth: (MM/DD/YY) **REDACTED** Place of Birth: City Augusta  
State/Province **REDACTED** Country **REDACTED**

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:

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

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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>
---	----------------	-------------	----------------------------	----------------	--------------------

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 30 day of July, 2015 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.

[REDACTED] /s/ Olympia J. Snowe  
Olympia J. Snowe

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Olympia J. Snowe and:

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

[SEAL]

**KELSEY D. STEVENS**  
Notary Public, State of New York  
No. 01870249742  
Qualified in New York County  
Commission Expires Oct. 31, 2018

Kelsey Stevens  
Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

## EXHIBIT A

## RESPONSE TO ITEM 8

## EMPLOYMENT HISTORY FOR PAST 20 YEARS AND CURRENT BUSINESS DIRECTORSHIPS

Begin & End Dates	Offices/Position Held	Company Name, Address	Contact & Phone
[REDACTED]	Non-Voting Observer, Board of Directors	Synchrony Financial 777 Long Ridge Road Stamford, CT 06902	Mark Lyon, Board Administration Manager <b>REDACTED</b>
[REDACTED]	Director	Aetna Inc. 151 Farmington Ave Hartford, CT 06156	Judith H. Jones VP, Corporate Secretary 860-273-0123
[REDACTED]	Member, Board of Trustees	International Crisis Group 1629 K Street NW, Suite 450 Washington, DC 20006	Jennifer Leonard, Deputy Director <b>REDACTED</b>
[REDACTED]	Member, Board of Directors	Commission on Presidential Debates 1200 New Hampshire Ave, NW Washington, DC 20036	Janet Brown, Executive Director <b>REDACTED</b>
[REDACTED]	Member, Board of Advisors	Warren B. Rudman Center University of New Hampshire, School of Law 2 White Street Concord, NH 03301	John Greabe, Director <b>REDACTED</b>
[REDACTED]	Member, Senior Advisory Committee	Harvard University, Institute of Politics 79 John F. Kennedy St, Cambridge, MA 02138	Maggie Williams, Director <b>REDACTED</b>
[REDACTED]	Director	T. Rowe. Price 100 East Pratt St Baltimore, MD 21202	Brian Rogers, Chairman T. Rowe Price Group 410-345-2000 <b>REDACTED</b>
[REDACTED]	Member, National Advisory Committee	The Shriver Report 921 11th Street, 10th Floor Sacramento, CA 95814	Tamara Torlakson The Dewey Square Group <b>REDACTED</b>
[REDACTED]	Board Member and Senior Fellow - Co-Chair, Commission on Political Reform	Bipartisan Policy Center 1225 Eye Street, NW Suite 1000 Washington, DC 20005	Jason Grumet, President <b>REDACTED</b>
[REDACTED]	Chairman and CEO	Olympia Snowe, LLC One Canal Plaza, Suite 501 Portland, ME 04101	Kaitlin LaCasse or Lucas Caron <b>REDACTED</b>

Applicant Name (Company): Aetna Inc.

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Begin & End Dates	Offices/Position Held	Company Name, Address	Contact & Phone
[REDACTED]	Member, Board of Advisors	National Institute for Civil Discourse 57 E. Jackson Street Tucson, AZ 85701-1904	Carolyn J. Lukensmeyer, Executive Director <b>REDACTED</b>
[REDACTED]	Honorary Chairperson/Director	Olympia Snowe Women's Leadership Institute One Canal Plaza, Suite 501 Portland, ME 04101	Sharon Miller, Chairperson <b>REDACTED</b>
[REDACTED]	United States Senator	State of Maine	n/a
[REDACTED]	Chairman of the Senate Committee on Small Business and Entrepreneurship	United States Senate	n/a
[REDACTED]	Chairman the Senate Subcommittee on Seapower (Senate Armed Services Committee)	United States Senate	n/a
[REDACTED]	First Lady	State of Maine	n/a
[REDACTED]	Member of the U. S. House of Representatives	State of Maine, 2 <sup>nd</sup> District	n/a

**EXHIBIT B**

**RESPONSE TO ITEM 11(h)**

Senator Snowe, in her capacity as a United States Senator, has been a co-defendant in a number of federal lawsuits filed variously against the United States of America, President Barack Obama, former President George W. Bush, and dozens of other elected officials and government agencies. The lawsuits were brought by individuals proceeding pro se (without counsel), and were ultimately dismissed. The cases contain various allegations. The cases are listed below:

**Named as defendant – all dismissed**

Brawner v. Education Mgmt. Corp., 2012 WL 3064019 (E.D. Pa. 2012) affirmed 513 Fed. Appx. 148 (3d Cir. 2013) (with Cong. Fatah and others) (grievance over educational experience)

Burleigh v. Baldacci, 2005-176 (Super. Ct. Me.), 05-130 (D. Me. 2006) affirmed 06-1391 (1st Cir. 2006) (with Collins) (mail grievance)

Demos v. Collins, 03-237 (D. Me. 2003) (with Collins) (prisoner marriage complaint)

Fontaine v. Astrue, 2009 WL 763068 (D. Me. 2009) (with staff) (Social Security benefits dispute)

McDonough v. Ney, 599 F. Supp. 679 (D. Me. 1984) (as Rep. with Mitchell and Cohen) (grievance over compulsory school attendance laws)

Sevigny v. Bush, 2004 WL 1571806 (D. Me. 2004) affirmed 04-1458 (1st Cir. 2004) (with Maine delegation and many officials) (dispute over Supreme Court filings)

Visser v. Snowe, 99-48 (D. Me. 1999) affirmed 99-1392 (1st Cir. 1999) (civil rights)

Young v. Snowe, 00-2 (D. Me. 2000) (civil rights)

**Named as defendant along with many Senators – all dismissed**

Banks v. FCI Fort Dix, 11-3446 (D. N.J. 2011) (all Senators) (prisoner complaint)

Banks v. Pearson, 10-94 (S.D. Miss. 2010) (with many Senators) (prisoner complaint)

Banks v. Sager, 11-741 (M.D. Pa. 2011) (with many Senators) (prisoner complaint)

Banks v. Wagner, 11-2854 (D. N.J. 2011) (with many Senators) (prisoner complaint)

Banks v. Whitaker, 11-669 (M.D. Pa. 2011) (with many Senators) (prisoner complaint)

Bartolome v. U.S., 06-1037 (C.D. Cal. 2006) (with 10 Senators) (paranoid conspiracy claims)

Brancato v. Akaka, 99-409 (E.D. Mo. 1999) (with 50 Senators) (Clinton impeachment)

**EXHIBIT B (continued)**

**RESPONSE TO ITEM 11(h)**

**Named as defendant along with many Senators – all dismissed (continued)**

Broemer v. U.S., 03-9097 (C.D. Cal. 2004) (with 19 Senators) (paranoid conspiracy claims)

Do-Nguyen v. Clinton, 00-267 (S.D. Cal. 2000) (with 98 Senators) (variety of constitutional grievances)

Earls v. Justice, 11-887 (N.D. Ala. 2011) (with many Senators) (RICO complaint arising out of UPS Employment)

Henry v. U.S., 07-4814 (N.D. Ill. 2007) (with 36 Senators) (tax dispute)

Hill v. Clinton, 00-859 (C.D. Cal. 2001) (all Senators) (paranoid conspiracy claims)

Hyland v. U.S., 99-658 (D.D.C. 1999) affirmed 99-5202 (9th Cir. 1999) (with 46 Senators) (prisoner civil rights)

Hyland v. Clinton, 99-993 (W.D. Mich. 2000) affirmed 00-1268 (6th Cir. 2001) (with 55 Senators)(prisoner civil rights)

Jenkel v. 77 Senators, 2003 WL 22016788 (N.D. Cal. 2003) (with 77 Senators)(Iraq military authorization)

Jenkel v. Akaka, 03-381 (N.D. Cal. 2003 ) (with 94 Senators)(Ridge confirmation grievance)

McMasters-Stone v. Biden, 12-2711 (E.D. Cal. 2013) (all Senators) (filibuster challenge)

Muhammed v. Specter, 06-5531 (N.D. Cal. 2006) (with 9 Senators) (civil rights)

Orta-Rivera v. Congress, 338 F. Supp.2d 272 (D.P.R. 2004) affirmed 04-2480 (1st Cir. 2005) (all Senators) (dispute over status of Puerto Rico)

Page v. Shelby, 995 F. Supp. 23 (D.D.C. 1998) affirmed 172 F.3d 920 (D.C. Cir. 1998) (with 99 Senators) (filibuster challenge)

Perales v. IRS, 10-2621 (N.D. Tex. 2010) (with 100s of defendants) (habeas petition)

Perales v. Microsoft Corp., 12-957 (D. S.C. 2012) (with 100s of defendants) (fanciful criminal allegations)

Perales v. Obama, 11-182 (D. Alaska 2011) (with 100s of defendants) (fanciful criminal allegations)

Riches v. Bush, 06-1055 (E.D. Pa. 2006) (with 100s of defendants) (paranoid conspiracy claims)

Applicant Name (Company): Aetna Inc.

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**EXHIBIT B (continued)**

**RESPONSE TO ITEM 11(h)**

**Named as defendant along with many Senators – all dismissed (continued)**

Riches v. Bush, 07-4192 (N.D. Ill. 2007) (with 100s of defendants) (paranoid conspiracy claims)

Walker v. Members of Congress, 04-1977 (W.D. Wash. 2004) affirmed 05-35023 (9th Cir. 2006) (with all Members) (seeking repeal of 16th Amendment)

Young v. Levin, 00-60148 (E.D. Mich. 2000) (with 71 Senators) (military retiree health benefits grievance)

**Voluntarily joined lawsuit**

Cohen v. Rice, 992 F.2d 376 (1st Cir. 1993) (co-plaintiff in suit challenging base closure)

McConnell v. FEC, 540 U.S. 93 (2003) (intervened to defend campaign finance reform law)

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 **Aetna Inc.** ("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 **Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, RC61, Hartford, CT.**

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.

Olympia Jean Snowe  
(Printed Full Name and Residence Address)

1s10lympia J. Snowe

July 30, 2015  
(Date)

Olympia J. Snowe

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 30 day of July, 2015 by Olympia J. Snowe, and:

who is personally known to me, or

who produced the following identification: License

[SEAL]

**KELSEY D. STEVENS**  
Notary Public, State of New York  
No. 01578249742  
Qualified in New York County  
Commission Expires Oct. 31, 2015

Kelsey Stevens  
Notary Public

Printed Notary Name

My Commission Expires

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

### 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). \_\_\_\_\_

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156 (860) 273-0123

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): First: Sharon Middle: Ann Last: Virag

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: Vice President, Controller and Chief Accounting Officer

4. Affiant's business address: 151 Farmington Avenue, Hartford, CT 06156

Business telephone: 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>California State University</u>	<u>Hayward, CA</u>	<u>[REDACTED]</u>	<u>Bachelor of Science, Accounting.</u>

<u>Graduate Studies:</u>	<u>College/ University</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>None</u>				

<u>Other Training: Name</u>	<u>City/ State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
<u>None</u>			

None

(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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>Certified Public Accountants</u>	<u>Unknown</u>	<u>State of Arizona</u>	<u>http://www.azaccountancy.gov/</u> <u>602.364.0804</u>

7. Present or proposed position with the applicant entity: Vice President, Controller and Chief Accounting Officer

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) 07/03/2015 - Present Employers' Name Aetna Inc. and Aetna Life Insurance Company  
Address 151 Farmington Avenue City Hartford State/Province CT  
Country USA Postal Code 06156 Phone REDACTED Offices/Positions Held: see below  
Type of Business: Insurance Supervisor / Contact Shawn Guertin

07/03/2015 - Present Vice President, Controller and Chief Accounting Officer  
06/01/2015 - 07/02/2015 Vice President, Finance (note: Aetna Inc. only)

Beginning/Ending

Dates (MM/YY) 07/03/2015 - Present Employers' Name AES Corporation  
Address 4300 Wilson Blvd. City Arlington State/Province VA  
Country USA Postal Code 22203 Phone (703) 522-1315 Offices/Positions Held Vice-President, Corporate Controller & Chief Accounting Officer  
Type of Business: Energy Supervisor / Contact Tom O'Flynn

Beginning/Ending

Dates (MM/YY) 07/03/2015 - Present Employers' Name General Electric Corporation  
Address Via Perfetti Ricasoli, 78 City Florence State/Province Florence  
Country Italy Postal Code 50127 Phone (518) 385-2211 Offices/Positions Held Global Controller, GE Oil & Gas  
Type of Business: Manufacturing Supervisor / Contact Frederic Rabeiras

Beginning/Ending

Dates (MM/YY) 07/03/2015 - Present Employers' Name General Electric Corporation  
Address 1 River Rd. City Schenectady State/Province New York  
Country USA Postal Code 12345 Phone (518) 385-2211 Offices/Positions Held Global Controller, GE Power & Water  
Type of Business: Manufacturing Supervisor / Contact Ric Silva

Beginning/Ending

Dates (MM/YY) 07/03/2015 - Present Employers' Name General Motors  
Address 300 Renaissance City Detroit State/Province Michigan  
Country USA Postal Code 48243 Phone (313) 556-5000 Offices/Positions Held Asst Corporate Controller, Financial Assurance  
Type of Business: Manufacturing Supervisor / Contact: Nick Cypress

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name General Motors

Address Jin Mao Towers City Shanghai State/Province Shanghai

Country China Postal Code \_\_\_\_\_ Phone (313) 556-5000 Offices/Positions Held Controller, GM Asia/Pacific

Type of Business: Manufacturing Supervisor / Contact: Nick Cypress

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name General Motors

Address 300 Renaissance City Detroit State/Province Michigan

Country USA Postal Code 48243 Phone (313) 556-5000 Offices/Positions Held Director, Internal Control & SOX Compliance

Type of Business: Manufacturing Supervisor / Contact: Nick Cypress

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Public Company Accounting Oversight Board (PCAOB)

Address 1666 K St. NW City Washington State/Province District of Columbia

Country USA Postal Code 20006 Phone (202) 207-9100 Offices/Positions Held Director, Technical Policy Implementation, Office of Chairman

Type of Business: Not-for-profit Supervisor / Contact: Mark Olson

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Public Company Accounting Oversight Board (PCAOB)

Address 1666 K St. NW City Washington State/Province District of Columbia

Country USA Postal Code \_\_\_\_\_ Phone (202) 207-9100 Offices/Positions Held Associate Chief Auditor, Office of the Chief Auditor

Type of Business: Not-for-profit Supervisor / Contact: Laura Phillips

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Public Company Accounting Oversight Board (PCAOB)

Address \_\_\_\_\_ City Washington State/Province District of Columbia

Country USA Postal Code 20006 Phone (202) 207-9100 Offices/Positions Held Assistant Chief Auditor, Office of the Chief Auditor

Type of Business: Not-for-profit Supervisor / Contact: Laura Phillips

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Deloitte & Touche, LLP

Address 2901 N. Central Ave City Phoenix State/Province Arizona

Country USA Postal Code 85012 Phone \_\_\_\_\_ Offices/Positions Held Audit Senior Manager, Audit Mgr.

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

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Silicon Graphics, Inc.

Address \_\_\_\_\_ City Mountain View State/Province California

Country USA Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held Financial Analyst - Manufacturing.

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

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Measurex Corporation.

Address \_\_\_\_\_ City Cupertino State/Province California

Country USA Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held Senior Internal Auditor.

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

Beginning/Ending

Dates (MM/YY) \_\_\_\_\_ Employers' Name Grant Thornton LLP

Address \_\_\_\_\_ City San Francisco State/Province California

Country USA Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Offices/Positions Held Audit Senior, Audit Staff.

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

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_  
FEIN: 23-2229683

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: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

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 Arizona State Board of Accountancy Address http://www.azaccountancy.gov/

City Phoenix State/Province AZ Country US Postal Code \_\_\_\_\_

License Type CPA License # [REDACTED] Date Issued (MM/YY) 09/00

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

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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

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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

Applicant Name (Company): Aetna Inc.

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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.

Aetna Inc. and its affiliates' current and past business practices of Aetna Inc. and its affiliates' are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes to or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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.

Aetna Inc. and its affiliates' current and past business practices of Aetna Inc. and its affiliates' are subject to review by various state insurance and health regulatory authorities and other state and federal authorities, including State Attorneys General. As a leading national managed care organization, Aetna Inc. and its affiliates regularly are the subject of such reviews and several such reviews currently are pending, some of which may be resolved during 2015. These reviews may result in changes to or clarifications of Aetna Inc. and its affiliates' business practices, and have in the past, and in the future may, result in fines, penalties or other sanctions.

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 9<sup>th</sup> day of July, 2015, at Hartford, Connecticut 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)  
Sharon Ann Virag

*1/1 Sharon Ann Virag*



State of Connecticut County of Hartford  
The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July, 2015

By Sharon Ann Virag, and:

who is personally known to me, or

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

[SEAL]

*Jeanette S. Surrine*  
Signature: Notary Public

Printed: Notary Name

My Commission Expires

**JEANETTE S. SIRRINE**  
NOTARY PUBLIC  
MY COMMISSION EXPIRES DEC. 31, 2019

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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).

Aetna Inc.

151 Farmington Avenue

Hartford, CT 06156

1. Affiant's Full Name (Initials Not Acceptable): First: Sharon Middle: Ann Last: Virag  
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> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
--	--	--

**REDACTED**

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: \_\_\_\_\_
5. Foreign Student ID# (if applicable): \_\_\_\_\_
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 Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

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>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 9<sup>th</sup> day of July, 2015, at Hartford, Connecticut. 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.

[REDACTED SIGNATURE]

(Signature of Affiant)  
Sharon Ann Virag

ISI Sharon A. Virag

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July, 2015

by Sharon Ann Virag, and:

who is personally known to me, or

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

[SEAL]

Jeanette S. Serrine  
Signature: Notary Public

Printed: Notary Name

My Commission Expires

**JEANETTE S. SIRRINE**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES DEC. 31, 2019**

Applicant Name (Company): Aetna Inc.

NAIC No. \_\_\_\_\_

FEIN: 23-2229683

**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 Aetna Inc. ("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 Judith H. Jones, Vice President and Corporate Secretary, Aetna Inc., 151 Farmington Avenue, Hartford, Connecticut 06156.

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.

Sharon Ann Virag

(Printed Full Name and Residence Address)

Sharon Ann Virag

*151 Sharon A. Virag*

July 9, 2015

(Date)

State of Connecticut

County of Hartford

The foregoing instrument was acknowledged before me this 9<sup>th</sup> day of July, 2015

By Sharon Ann Virag, and

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

[SEAL]

*Jeanette S. Serrine*  
Signature: Notary Public

Printed: Notary Name

My Commission Expires

**JEANETTE S. SIRRINE**  
NOTARY PUBLIC  
MY COMMISSION EXPIRES DEC. 31, 2017

Revised 04/16/13  
FORM 11