NAIC No. <u>N/A</u> FEIN: <u>05-0</u>

05-0494040

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

		telephone number of the Group Names)			is biographica	al statement is being
One C (401)	765-150 <u>0</u>	on Isocket, RI 02895 ent company of Aetna Inc.)		-	· · ·
set for		above-named entity, I here ndum or separate sheet if D STATE.				
1.	Affiant's Full	Name (Initials Not Accept	table): <u>David Michae</u>	l Denton		
2.	a. Are y	ou a citizen of the United	States?			
	Yes	X No .				
	b. Are y	ou a citizen of any other c	ountry?			
	Yes	No X				
	If yes	, what country? N/A				
3.	Affiant's occu	pation or profession: Exec	utive Vice President	and Chief Financial O	fficer	
4.	Affiant's busin	ness address: One CVS Dr	ive, Woonsocket, RI	02895		
	Business telep	hone: <u>401-770</u> Bus	siness Email:			
5.	Education and	training:				
College	e/University	City/State	2	Dates Attended (MM	<u>//YY)</u>	Degree Obtained
Kansas	State University	Manhattan	KS	08/83-05/87		B.S.
Gradua	te Studies	College/University	City/State	Dates Attended (MM	<u>/YY)</u>	Degree Obtained
<u> </u>		Wake Forest University	Winston-Salem, NO	08/87-05/89		M.B.A.
Other T	raining: Name	City/State	Dates Attended (MM/YY)	Degree/Cert	ification Obtained
<u>CPA</u>		·	····			
Note:		ded a foreign school, plea wide the foreign student I				

Applicant Company	Name:	CVS Health	Corporation
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NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

L'ers

б.	List of member	erships	in prof	essional	societies	and	associations

	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
	None	<u>Sommer Trains</u>	<u>Society in Edge interiori</u>	<u>grooticty//riasociation</u>
	N/A		· · · · · · · · · · · · · · · · · · ·	
7.	Present or proposed position	n with the Applicant Comp	any: Officer	
,,			f CVS Health Corporation	
8.	including present jobs, posi- officerships). Please list the	tions, partnerships, owner most recent first. Attach a	y (20) years, whether compen of an entity, administrator, mand additional pages if the space property information for the past ten (nager, operator, directorates or ovided is insufficient. It is only
	ing/Ending MM/YY): <u>7/99 - Present</u> En	nployer's Name: <u>CVS Hea</u>	lth Corporation	
Address	s: One CVS Drive City: Woo	onsocket State/Province:	<u>RI</u>	
	7: <u>USA</u> Postal Code: <u>0289:</u> ve positions	5 Phone: 401-770	Offices/Positions Held: CFO;	SVP - Finance; other finance
Type of	Business: <u>Integrated Pharm</u>	acy Company Superviso	or/Contact: <u>Larry J. Merlo, Presi</u>	dent & CEO
	ng/Ending MM/YY): <u>1996 - 7/99</u> Empl	oyer's Name: <u>Deloitte & T</u>	<u>Couche</u>	
Address	: 125 Summer Street City: E	Boston State/Province: M	A	
Country	: USA Postal Code: 02110	Phone: Offices/I	Positions Held: <u>Sr. Manager</u>	
Type of	Business: Management Co	nsulting Firm Supervisor/	Contact: <u>Larry Neiterman</u>	
	ng/Ending MM/YY): <u>05/14 - Present</u> 1	Employer's Name: <u>Coach,</u>	<u>Inc.</u>	
Address	: 10 Hudson Yards City: 1	<u>lew York</u> State/Provinc	e: <u>NY</u>	
Country	: USA Postal Code: 10001	Phone: <u>212-594-1850</u>	Offices/Positions Held: <u>Direct</u>	or
Type of	Business: <u>Luxury Accessori</u>	es and Lifestyle Brands	Supervisor/Contact: N/A	
Beginnin Dates (M	ng/Ending MM/YY):	Employer's Name: <u>N</u>	I/A	
Address	:	City:	State/Province:	
Country	: Postal Cod	de:Phone:	Offices/Positions H	eld:
Type of	Business:	Supervis	sor/Contact:	

9.	a.	Have you ever been in a position w	hich required a fidelity bond?	,
		Yes No X		
		If any claims were made on the bor	nd, give details: N/A	
	b.	Have you ever been denied an increvoked?	dividual or position schedule	fidelity bond, or had a bond canceled o
		Yes No X		
		If yes, give details: N/A		
10.	or go in the the lid numb are re repres pages	vernmental licensing agency or regulate past. For any non-insurance regulatory censing authority or regulatory body haver is your Social Security Number (SS) easonably identifiable as your SSN, the sented by your SSN. (For example, "Strift the space provided is insufficient.	ory authority or licensing authority or licensing authority and provide to issuer, identify and provide to issuer, identify and provide the licensy or embeds your SSN or an en write SSN for that portion SSN", "12-SSN-345" or "123	nses to sell securities) issued by any public nority that you presently hold or have held the name, address and telephone number of the security issued. If your professional license by sequence of more than five numbers that of the professional license number that is 4-SSN" (last 6 digits)). Attach additiona
Organi				
_				Postal Code:
	•			i (MM/YY):
Organiz	zation/Is	ssuer of License: <u>N/A</u>	Address:	
City:		State/Province:	Country:	Postal Code:
License	Туре:	License #:	Date Issued	I (MM/YY):
Date Ex	(pired	MM/YY): Reason i	for Termination:	
Non-Ins	surance	Regulatory Phone Number (if known):		
11.		conding to the following, if the record learning to the following and affiant		and the affiant has personally verified that stion. Have you ever:
	a.	Been refused an occupational, profe any public administrative, or govern		or permit by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, any judicial, administrative, regulato		nit you hold or have held, been subject to

NAIC No. N/A

FEIN: 05-0494040

y will sel

	Yes No X
c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
	Yes No X
d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
	Yes No X
e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses
	Yes No X
f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
	Yes No X
g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
	Yes No X
h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financia dispute?
	Yes X 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 X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	See attached.
Lis	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The

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

12.

NAIC No. <u>N/A</u> FEIN: 05-0494040

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

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

Do [Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially

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

Yes No X

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No X

If yes, provide details: N/A

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

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

Yes No X

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 X

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

Yes X No

	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_A	See Attached.					
Note:	If an affiant has any doubt about the accuracy of an an and an explanation provided.	swer, the question should be answered in the positive				
am acting on my	day of December, 2017 at New York, New own behalf and that the foregoing statements are true as signature of Affiant)	York. I hereby certify under penalty of perjury that I and correct to the best of my knowledge and belief.				
State of: New Yo	ork County of: New York	·				
The foregoing insand:	strument was acknowledged before me this 💋 day of	December, 2017 by David Michael Denton,				
☐ who is pe	ersonally known to me, or					
who prod	luced the following identification: MAD BIVER	Ralaella L. Schon				
[SEAL]		Notary Public				
	RAFAELLA LIBBY SCHOR Notary Public, State of New York No. 01SC6366481 Qualified in New York County Commission Expires Oct. 30, 2021	Printed Notary Name 10 30 2021 My Commission Expires				

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

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).

One (401)	Health Corporation CVS Drive, Woonsocket, 1 765-1500 osed ultimate parent comp		·					
1.	Affiant's Full Name (Initials Not Acceptable): David Michael Denton IF ANSWER IS "NONE," SO STATE.							
2.	Have you ever used an	y other name, including first, middle o	or last name, nickname, maiden name or aliases?					
	Yes No	X						
	If yes, give the reason	if any, if none indicate such, and prov	ide the full name(s) and date(s) used.					
Begii Date	nning/Ending (s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)					
<u>N/A</u>		N/A	<u>N/A</u>					
								
								
Note:	Dates provided in respo be an overlap of dates v	onse to this question may be approximately when transitioning from one name to a	ate. Parties using this form understand that there could nother.					
3.	Affiant's Social Security Number:							
4.	Government Identification Number if not a U.S. Citizen: N/A							
5.	Foreign Student ID# (if	applicable): <u>N/A</u>						
6.	Date of Birth: (MM/DD State/Province:	D/YY) Place of Birth, City: ountry: <u>USA</u>						
7.	Name of Affiant's Spot	use (if applicable):						

NAIC No. N/A

FEIN:

05-0494040

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

Beginning/Ending Dates (MM/YY)	<u>Address</u>	<u>City</u>	State/ <u>Province</u>	Country.	Postal Code
09/15 - present				USA	
11/10 - present				USA	
10/94 - 11/10				USA	
			·		
		_			

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

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

(Signature of Affiant)

State of: New York County of: New York

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

☐ who is personally known to me, or

who produced the following identification: MA DRIVER

MA DRIVERS UCENSE

[SEAL]

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

Printed Notary Name

Notary Public

RAFAEULA

My Commission Expires

NAIC No. N/A

FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

(Printed Full Name and Residence Add (Signature)	12/12/17— (Date)
State of: New York County of: New York	
The foregoing instrument was acknowledged before me thisday of Decem	ber, 2017 by David Michael Denton, and:
who is personally known to me, or	
who produced the following identification: MA DRIVERS UC	ENSE Reformed d. John
[SEAL]	U Notary Public
RAFAELLA LIBBY SCHOR Notary Public, State of New York No. 01SC6366481 Qualifed in New York County Commission Expires Oct. 30, 2021	Printed Notary Name 10 30 2021 My Commission Expires

NAIC No. N/A

FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

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

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

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

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

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

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

(Printed Full Name and Residence Address) (Signature)	12/12/17-
State of: New York County of: New York The foregoing instrument was acknowledged before me this \(\frac{1}{2} \) day of December, 20 and:	17 by David Michael Denton,
who is personally known to me, or who produced the following identification: MA DRIVERS UCENSE	Kayawa W. John
[SEAL] RAFAELLA LIBBY SCHOR Notary Public, State of New York No. 01SC6366481 Qualifed in New York County Commission Evoires Oct. 30, 2024	Printed Notary Name 10 30 2021 My Commission Expires

David Michael Denton

NAIC No. N/A

FEIN: <u>05-0494040</u>

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

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

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

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

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

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

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

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

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

	0 0
David Michael Deuton	
(Printed Full Name and Residence Address) (Signature)	12/12/17- (Date)
State of: New York County of: New York	
The foregoing instrument was acknowledged before me this 2 day of December, 2017 by	David Michael Denton, and:
who is personally known to me, or who produced the following identification: MA DRIVERS LICENSE	Refaella L. Solve
[SEAL]	Notary Public
RAFAELLA LIBBY SCHOR	PAFAELLA L. ScHOR
Notary Public, State of New York	Printed Notary Name
No. 01SC636481 Qualifed in New York County	10 30 2021
Commission Expires Oct. 30, 2021	My Commission Expires
Tommout anymout any age.	Revised 8/18/14

NAIC No. N/A

FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Michael Denton

Supplement to Item 11

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

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

NAIC No. N/A

FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Michael Denton

Supplement to Item 15

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

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

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

			ephone number of the p Names)			uis biograp	phical statement is being
One (401)	765-1500	Voonsoc	cet, RI 02895)			
set for		addendu	n or separate sheet if				out myself as hereinafter fully.) IF ANSWER IS
1.	Affiant's	Full Nan	ne (Initials Not Accept	table): <u>David Wya</u>	tt Dorman		
2.	a.	Are you a	citizen of the United	States?			
		Yes	X No				
	b. 4	Are you a	a citizen of any other c	ountry?			
		Yes	No X				
	ī	If yes, wi	at country? <u>N/A</u>				
3.	Affiant's	occupati	on or profession: Non-	Executive Chairm	an of the Board, CVS H	ealth Corp	<u>ooration</u>
4.	Affiant's	business	address: Tower Place	200, Suite 1000, 3	348 Peachtree Rd., NE,	Atlanta, C	GA_30326
	Business	telephone	e: <u>404-835</u> Busi	ness Email:			
5.	Education	and trai	ning:				
Colleg	e/University	<u>/</u>	City/State	<u>2</u>	Dates Attended (MN	<u> </u>	Degree Obtained
Georgi	a Tech		Atlanta, G	Α	08/72-08/75		B.S. Industrial Mgmt
Gradua	te Studies	2	College/University	City/State	Dates Attended (MN	<u>//YY)</u>	Degree Obtained
N/A						·-	
Other (<u> Fraining: Na</u>	ıme	City/State	Dates Attende	d (MM/YY)	Degree/	Certification Obtained
N/A							
Note:		e, provide	the foreign student l				ne college/university. If Biographical Affidavit

NAIC No. N/A

FEIN: <u>05-0494040</u>

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	<u>Telephone Number</u> of Society/Association
N/A			
Present or proposed position	n with the Applicant Comp	any: <u>Director</u>	
Member of the Board of Dir	ectors of CVS Health Corp	oration; Chairman of the Board	I

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

Employment

7.

Beginning/Ending

Dates (MM/YY): 07/13 - present Employer's Name: Centerview Capital Technology Partners

Address: Tower Place 200, Suite 100, 3348 Peachtree Road City: Atlanta State/Province: GA

Country: USA Postal Code: 30326 Phone: 404-835 Offices/Positions Held: Founding Partner

Type of Business: Growth Equity Investments/Later Stage Technology Funds Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2006-4/2008 Employer's Name: Warburg Pincus, LLC

Address: 450 Lexington Avenue City: New York State/Province: New York

Country: <u>USA</u> Postal Code: <u>10017</u> Phone: <u>212-878-0600</u> Offices/Positions Held: <u>Senior Advisor & Partner</u>

Type of Business: Global private equity firm Supervisor/Contact: Joe Landy 212-878-0679

Beginning/Ending

Dates (MM/YY): 2000-2006 Employer's Name: AT&T Corp.

Address: One AT&T Way City: Bedminster State/Province: New Jersey

Country: USA Postal Code: 07921 Phone: 908-221-2000 Offices/Positions Held: Chairman & CEO

Type of Business: <u>Telecommunications company</u> Supervisor/Contact: <u>Board of Directors</u>

Beginning/Ending

Dates (MM/YY): 1999-2000 Employer's Name: Concert

Address: Not available City: Atlanta State/Province: Georgia

Country: USA Postal Code: Not available Phone: Not available Offices/Positions Held: CEO

Type of Business: Telecommunications Company Supervisor/Contact: Board of Directors

Applic	ant Comp	pany Name: CVS Health Corporation	NAIC NO FEIN:	o. <u>N/A</u> <u>05-0494040</u>	
Beginr Dates	ing/Endi	ng): <u>1997-1999</u> Employer's Name: <u>PointCast</u>			
Addres	ss: <u>501 M</u>	acara Avenue City: Sunnyvale State/Province: California			
Countr	y: <u>USA</u> F	Postal Code: 94043 Phone: Not available Offices/Positions l	Held: <u>Preside</u>	ent/Chairman & CEO	
Directo	orships: S	See attachment.			
9.	a.	Have you ever been in a position which required a fidelity Yes No X	bond?		
		If any claims were made on the bond, give details: N/A			
	Ъ.	Have you ever been denied an individual or position sch revoked?	edule fidelit	y bond, or had a bond canceled o	
		Yes No X			
		If yes, give details: N/A			
10.	List any professional, occupational and vocational licenses (including licenses to sell securities) issued by any public or governmental licensing agency or regulatory authority or licensing authority that you presently hold or have held in the past. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of the licensing authority or regulatory body having jurisdiction over the license (s) issued. If your professional license number is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that are reasonably identifiable as your SSN, then write SSN for that portion of the professional license number that is represented by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided is insufficient.				
	<u>N/A.</u>				
Organia	zation/Iss	uer of License: N/A. Address:		·	
City: _		State/Province: Country:		Postal Còde:	
License	Туре:	License #: Date	Issued (MM	/YY):	
Date Ex	cpired (M	M/YY): Reason for Termination:			
Non-In:	surance R	egulatory Phone Number (if known):		· · · · · · · · · · · · · · · · · · ·	

Organization/Issuer of License: N/A. Address:

City: _____ State/Province: ____ Country: ____ Postal Code: ____

Date Expired (MM/YY): ______ Reason for Termination: _____

Non-Insurance Regulatory Phone Number (if known):

11.		sponding to the following, if the record has been sealed or expunged, and the affiant has personally verified that ecord was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	ď.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	. a	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?

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

Yes X No

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 X

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

Yes No X

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

Appli	cant Company Name: <u>CVS Health Corporation</u>	NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>
12.	term "control" (including the terms "controlling," possession, direct or indirect, of the power to direct whether through the ownership of voting securities management services, or otherwise, unless the power by the person. Control shall be presumed to exist if	e regulatory authority that you control directly or indirectly. The "controlled by" and "under common control with") means the or cause the direction of the management and policies of a person, by contract other than a commercial contract for goods or noner is the result of an official position with or corporate office held any person, directly or indirectly, owns, controls, holds with the recent (10%) or more of the voting securities of any other person.
		way, give details. <u>N/A</u>
13.	or of record, 10% or more of the outstanding share regulatory authority, or its affiliates? An "affiliate"	ly individually or cumulatively subscribe to or own, beneficially es of stock of any entity subject to regulation by an insurance of, or person "affiliated" with, a specific person, is a person that liaries, controls, or is controlled by, or is under common control
	If yes, please identify the company or companies in the outstanding voting securities. N/A	which the cumulative stock holdings represent 10% or more of
	If any of the shares of stock are pledged or hypotheon.	
14.	Have you ever been adjudged a bankrupt?	
	Yes No X If yes, provide details: N/A	
15.	To your knowledge has any company or entity for wh member, key management employee or controlling served in such capacity?	ich you were an officer or director, trustee, investment committee stockholder, had any of the following events occur while you
	a. Been refused a permit, license, or certific licensing agency?	ate of authority by any regulatory authority, or governmental-
	Yes No X	
	to any judicial, administrative, regulatory	hority suspended, revoked, canceled, non-renewed, or subjected of or disciplinary action (including rehabilitation, liquidation, cruptcy proceeding, state insolvency, supervision or any other

Applicant Company Name	: CVS Health Corporation
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		Yes No X
	c.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?
		Yes X No _
	affiant :	nswer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), should also include any events within twelve (12) months after his or her departure from the entity. N/A
	See ———	Attached
	Note:	If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.
Dated an	acting o	this 1/40 day of December, 2017 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury n 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: I The foreg	_	sland County of: Providence strument was acknowledged before me this 1/1 day of December, 2017 by David Wyatt Dorman,
YZ w	vho is pe	ersonally known to me, or
□ w	vho proc	uced the following identification:
I	[SEAL]	Kenderk M. Netary Public K, Meet, M. M. Klod Printed Notary Name (18)
		My Commission Expires Kimberly M. Mitchell Notary Public State of Rhode Island My Commission Expires 06/08/2020

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

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).

	lealth Corporation	DI 00005			
	VS Drive, Woonsocket, 765-1500	<u>KI 02893</u>			
	osed ultimate parent com	pany of Aetna Inc.)			
1.		Initials Not Acceptable): <u>David Wyatt Dorr</u> "NONE," SO STATE.	<u>man</u>		
2.	Have you ever used a	ny other name, including first, middle or las	st name, nickname, maiden name or aliases?		
	Yes No	X			
	If yes, give the reason	if any, if none indicate such, and provide the	he full name(s) and date(s) used.		
	nning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)		
<u>N/A</u>	· · · · · · · · · · · · · · · · · · ·				
					
Note:		onse to this question may be approximate. when transitioning from one name to anoth	Parties using this form understand that there could er.		
3.	Affiant's Social Security Number:				
4.	Government Identification Number if not a U.S. Citizen: N/A				
5.	Foreign Student ID# (if applicable): N/A				
6.	Date of Birth: (MM/DD/YY): Place of Birth, City: State/Province: Country:				
7.	Name of Affiant's Spo	ouse (if applicable):			

NAIC No. N/A

FEIN: 05-0494040

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

Beginning/Ending Dates (MM/YY)	Address	<u>City</u>	State/ Province	Country	Postal Code
2013 - Present				USA	
2010 - Present				USA	
2004 - Present				USA	
1994 - Present				USA	
2003 - 2013				USA	

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

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

(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by David Wyatt Dorman, and:

who is personally known to me, or

☐ who produced the following identification:

[SEAL]

Printed Notary Name

My Commission Expires

Kimberly M. Mitchell Notary Public State of Rhode Island My Commission Expires 06/08/2020

NAIC No. <u>N/A</u>

FEIN: <u>05-0494040</u>

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

David Wyatt Dorman	
(Printed Full Name and Res	sidence Address)
(Signature)	12/4/2017 (Date)
State of: Rhode Island County of: Providence	
The foregoing instrument was acknowledged before me this 11 da	y of December, 2017 by David Wyatt Dorman, and:
who is personally known to me, or	
☐ who produced the following identification:	
	Kentrage M. Muthall
[SEAL]	Kinkerto M. Mitchell
	Printed Notary Name
	My Commission Expires Kimberly M. Mitchell
	Notary Public State of Rhode Island
	My Coromission Expires 05/08/2020 1

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

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

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

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

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

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

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

David Wyatt Dorman	
(Printed Full Name and Residence	e Address)
(Signature)	(Date)
State of: Rhode Island County of: Providence	
The foregoing instrument was acknowledged before me this 11 day of and:	December, 2017 by David Wyatt Dorman,
who is personally known to me, or	
□ who produced the following identification:	Kendold Ne Hallo
[SEAL]	Kimber of Mittlell
	Printed Notary Name SOLO HO My Commission Expires
	Kimberly M. Mitchell Notary Public State of Rhode Island My Commission Expires 06/08/2020 Revised 8/18/14

FORM 11

NAIC No. <u>N/A</u> FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

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

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

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

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

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

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

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

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

A true copy of this Disclosure and Authorization shall be valid and have the	he same force and effect as the signed original.
David Wyatt Dorman.	
(Printed Full Name and Residence (Signature)	Address) 12/11/2517 (Date)
State of: Rhode Island County of: Providence	
The foregoing instrument was acknowledged before me this Leady of December	r, 2017 by David Wyatt Dorman, and:
who is personally known to me, or	
who produced the following identification:	- Ma
	Kewodlow Whole
[SEAL]	Binbary Public Notaled
	Printed Notary Name
	My Commission Expires
	Kimberly M. Mitchell Paying d 9/19/14

NAIC No. <u>N/A</u>

FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Supplement to Item 8

Directorships

Beginning/Ending

Dates (MM/YY): 3/06 - Present Employer's Name: CVS Health Corporation

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

Country: <u>USA</u> Postal Code: <u>02895</u> Phone: <u>(401) 765-1500</u> Offices/Positions Held: <u>Director/Chairman of the Board</u>

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 1/05 - May 2017 Employer's Name: Yum! Brands, Inc.

Address: 1441 Gardiner Lane City: Louisville State/Province: Kentucky

Country: USA Postal Code: 40213 Phone: (502) 874-8300 Offices/Positions Held: Director

Type of Business: Quick Service Restaurant Company Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 06/15 - present Employer's Name: PayPal Holdings, Inc.

Address: 2211 North First St. City: San Jose State/Province: California

Country: USA Postal Code: 95131 Phone: (408) 967-1000 Offices/Positions Held: Director

Type of Business: Financial Services Company Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 06/14 - 07/15 Employer's Name: eBay, Inc.

Address: 2065 Hamilton Ave. City: San Jose State/Province: California

Country: USA Postal Code: 95125 Phone: (408) 376-7400 Offices/Positions Held: Director

Type of Business: E-commerce Company Supervisor/Contact: None

Beginning/Ending

Dates (MM/YY): 7/06 - 05/15 Employer's Name: Motorola Solutions, Inc. (formerly Motorola, Inc.)

Address: 1303 E. Algonquin Rd. City: Schaumburg State/Province: Illinois

Country: <u>USA</u> Postal Code: <u>60196</u> Phone: <u>(847) 576-2391</u> Offices/Positions Held: <u>Director, Non-Executive Chairman of</u>

the Board, Lead Independent Director

Type of Business: Communications Products Company Supervisor/Contact: Peter Lawson 847-576-2391

Applicant Company Name: CVS Health Corporation NAIC No. N/A

FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 10/06 - 11/07 Employer's Name: Firethorn Mobile, LLC (acquired by QualComm in November 2007-

served as Industry Consultant until December 2010)

Address: 3333 Piedmont Rd., Suite 300 City: Atlanta State/Province: Georgia

Country: <u>USA</u> Postal Code: <u>30305</u> Phone: <u>404-314-</u>9012 Offices/Positions Held: <u>Director, Industry Consultant</u>

Type of Business: Mobile Banking Company Supervisor/Contact: Tripp Rackley 404-314-9012

Beginning/Ending

Dates (MM/YY): 5/07 - 11/08 Employer's Name: Phorm Inc.

Address: 264 W. 40th St., 16th Floor City: New York State/Province: New York

Country: USA Postal Code: 10018 Phone: (212) 359-2030 Offices/Positions Held: Director

Type of Business: <u>Digital technology company</u> Supervisor/Contact: <u>David Pester 212-359-2045</u>

Beginning/Ending

Dates (MM/YY): 1998-2/06 Employer's Name: Scientific Atlanta Inc. (acquired by Cisco, Inc. in February 2006)

Address: 5030 Lawrenceville Parkway City: Lawrenceville State/Province: Georgia

Country: USA Postal Code: 30044 Phone: N/A Offices/Positions Held: Director

Type of Business: Telecommunications company Supervisor/Contact: Jim McDonald 404-433-8735

Beginning/Ending

Dates (MM/YY): 6/02-6/10 Employer's Name: Georgia Tech Foundation, Inc.

Address: 760 Spring St., NW, Suite 400 City: Atlanta State/Province: Georgia

Country: USA Postal Code: 30308 Phone: (404) 894-5072 Offices/Positions Held: Trustee

Type of Business: Foundation Supervisor/Contact: <u>Bud Peterson, President 404-894-8261</u>

NAIC No. <u>N/A</u> FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Wyatt Dorman

Supplement to Item 11

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

Affiant served as a director of CVS Health prior to the March 2007 merger transaction involving Caremark Rx, Inc. ("CMX") and CVS Health. In his capacity as a director of CVS Health, affiant was named as a defendant, along with other CMX and CVS Health directors, respectively, in various derivative and class action lawsuits alleging that, among other things, the directors breached certain fiduciary duties. Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these lawsuits involve the licensure of an insurance company.

Affiant is also a member of the Board of Directors of PayPal Holdings, Inc. ("PayPal"), and has been named, along with other directors of PayPal, in various derivative and class action lawsuits alleging that, among other things, the PayPal directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

Affiant was formerly a member of the Board of Directors of Yum! Brands, Inc. ("Yum"), and has been named, along with other directors of Yum, in various derivative and class action lawsuits alleging that, among other things, the Yum directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

Affiant was formerly a director of Motorola Solutions, Inc., formerly known as Motorola, Inc. ("Motorola"). In his capacity as director, the affiant was named, along with certain other directors of Motorola, in various derivative, class action and other lawsuits alleging that, among other things, the Motorola directors breached certain fiduciary duties (Item 11.h). Additional information regarding the lawsuits is found in the chart below. To the knowledge of affiant, none of these actions involve the licensure of an insurance company.

Case Caption	Docket Number	The second and the second	Date Filed	Case Description
Paypal Holdings, Inc.	3:17-cv-162	US District -	01/12/2017	Affiant is named as a defendant, through his
Shareholder Derivative		- California		position on the board of directors of PayPal
Litigation		Northern		Holdings, Inc., in this shareholder derivate suit.
ļ .				The suit alleges certain officers and directors
				breached their fiduciary duties, violated federal
				securities laws and were unjustly enriched by
			1	allegedly failing to disclose risks in company's
				business plans. The case is active.
Sherman v. Merlo, et al.	1:17-cv-378	U.S.	08/16/2017	Affiant is named as a defendant, along with
		District		certain other officers and directors of CVS
		Rhode		Health, in this shareholder derivative suit. The
		Island		suit alleges certain officers and directors
	į		ļ	breached their fiduciary duties, wasted
				corporate assets, and were unjustly enriched by
				allegedly reporting inflated usual and
			į	customary prices for certain generic
				prescription drug products. The case is active.

		1-10	1 2011 2 1- 2- 2	
Banchalter v. Merlo, et	1:17-cv-425	U.S.	09/12/2017	Affiant is named as a defendant, along with
al.		District		certain other officers and directors of CVS
		Rhode	1	Health, in this shareholder derivative suit. The
	ľ	Island		suit alleges certain officers and directors
1				breached their fiduciary duty, violated of
				Section 14(a) of the Exchange Act, wasted
			1	corporate assets and were unjustly enriched by
			ì	allegedly reporting inflated usual and
				customary prices for certain generic
}		1		prescription drug products. The case is active.
E tal: Mat at 1	1:17-cv-399	U.S.	08/28/2017	
Feghali v. Merlo, et al.	1:17-64-399	4	08/28/2017	Affiant is named as a defendant, along with
		District	1	certain other officers and directors of CVS
ļ	į.	Rhode	ļ	Health, in this shareholder derivative suit. The
1		Island		suit alleges certain officers and directors
			j	breached their fiduciary duty, violated of
		1		Section 14(a) of the Exchange Act, wasted
	Ì			corporate assets and were unjustly enriched by
1	1	1	1	allegedly reporting inflated usual and
				customary prices for certain generic
		{		prescription drug products. The case is active.
Iron Workers Local No.	3:17-cv-5741	U.S.	10/05/2017	Affiant is named as a defendant, through his
25 Pension Fund vs.	3.1,7-04-3741	District	10/03/2017	position on the board of directors of PayPal
1		California		
Donahoe et al.		1	1	Holdings, Inc., in this shareholder derivate suit.
		Northern		The suit alleges certain officers and directors
	i			breached their fiduciary duties, wasted
	1			corporate assets, violated federal securities
1				laws and were unjustly enriched by allegedly
1				failing to disclose risks in company's business
				plans. The case is active.
Wuotila v. Ryan, et al.	1:09-cv-620	U.S.	2/23/2009	Affiant is named as a defendant, along with
		District -		certain other officers and directors of the then-
		Rhode	Į.	named CVS Caremark Corporation, in this
		Island		shareholder derivative suit. The suit alleges
				certain officers and directors violated federal
]		securities laws, breached their fiduciary duties,
				wasted corporate assets and were unjustly
]				
1		1		enriched by allegedly making false statements
1		}		about the financial results of the 2007 merger
	<u> </u>			of CVS and Caremark. The case is closed.
Zona v. Novak, et al.	8:13-cv-231	US District	02/08/2013	Affiant is named as a defendant, through his
		– California		position on the board of directors of Yum!
		Central	[Brands, Inc., in this shareholder derivate suit.
]	The suit alleges certain officers and directors
[l]	breached their fiduciary duties, violated state
			1	corporate laws and were unjustly enriched by
				corporate laws and were unjustly enriched by
				corporate laws and were unjustly enriched by allegedly concealing material information
				corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth
Wollman v Novak et al	3:13-cv-1195	US District	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed.
Wollman v. Novak, et al	3:13-cv-1195	US District	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his
Wollman v. Novak, et al	3:13-cv-1195	Kentucky	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum!
Wollman v. Novak, et al	3:13-cv-1195		12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit.
Wollman v. Novak, et al	3:13-cv-1195	Kentucky	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors
Wollman v. Novak, et al	3:13-cv-1195	Kentucky	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties and were
Wollman v. Novak, et al	3:13-cv-1195	Kentucky	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties and were unjustly enriched by allegedly concealing
Wollman v. Novak, et al	3:13-cv-1195	Kentucky	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties and were unjustly enriched by allegedly concealing material information about the company's
Wollman v. Novak, et al	3:13-cv-1195	Kentucky	12/09/2013	corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed. Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties and were unjustly enriched by allegedly concealing

Waber v. Dorman, et al.	1:10-cv-1289	US District - Illinois Northern	02/25/2010	Affiant is named as a defendant, through his position on the board of directors of Motorola, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, abused their control, and wasted corporate assets by allegedly misrepresenting the company's future business prospects. The case is closed.
Zona v. Novak, et al.	3:13-cv-506	US District – Kentucky Western	05/21/2013	Affiant is named as a defendant, through his position on the board of directors of Yum! Brands, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated state corporate laws and were unjustly enriched by allegedly concealing material information about the company's international growth prospects. The case is closed.
Goldfein vs. Brown, et al.	1:10-cv-1955	US District – Illinois Northern	03/29/2010	Affiant is named as a defendant, through his position on the board of directors of Motorola, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, wasted corporate assets and were unjustly enriched by allegedly misrepresenting the company's forecasted sales prospects. The case is closed.
Seeman v. Schulman, et al.	5:17-cv-318	US District — California Northern	04/24/2017	Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws, wasted corporate assets, and were unjustly enriched by allegedly failing to disclose risks in company's business plans. The case is active.
Seeman v. Schulman, et al.	1:17-cv-318	US District — Delaware	03/24/2017	Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws, wasted corporate assets, and were unjustly enriched by allegedly failing to disclose risks in company's business plans. The case is closed.
Seeman v. Schulman, et al.	3:17-cv-2206	US District — California Northern	04/20/2017	Affiant is named as a defendant, through his position on the board of directors of PayPal Holdings, Inc., in this shareholder derivate suit. The suit alleges certain officers and directors breached their fiduciary duties, violated federal securities laws, wasted corporate assets, and were unjustly enriched by allegedly failing to disclose risks in company's business plans. The case is active.

Boron, et al. v. Bracken, et al.	PC-2017- 4398	Superior Court RI	09/15/2017	Affiant is named as a defendant, along with certain other officers and directors of CVS Health, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duty, wasted corporate assets, were unjustly enriched and engaged in a civil conspiracy by approving certain business plans that later resulted in litigation claims against the company. The case is active.
Gordon v. Ryan, et al.	PC-2012- 3098	Superior Court RI	07/12/2012	Affiant is named as a defendant, along with certain other officers and directors of then- named CVS Caremark Corporation, in this shareholder derivative suit. The suit alleges certain officers and directors breached their fiduciary duties with regards to the implementation of internal controls related to controlled substances. The case is closed.

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Wyatt Dorman

Supplement to Item 15

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

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

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

		ess and telephone nu t Use Group Names)		resent or proposed	entity under which thi	s biographical	statement is being
One C' (401) 7	65-1500	poration Woonsocket, RI 02 ate parent company o	-				
hereina	fter set f		dum or separa		resentations and suppereon is insufficient t		
1.	Affiant	's Full Name (Initial	s Not Accepta	ble): <u>Nancy-Ann M</u>	in DeParle		
2.	a.	Are you a citizen o	of the United S	tates?			
		Yes X No	,				
	b.	Are you a citizen o	f any other co	untry?	,		
		Yes No	\mathbf{x}		•		
		If yes, what countr	v? N/A				
3.	Affiant	's occupation or pro		r at a private equity	firm		
4.					rd Floor, New York, N	IY 10019	
		ss telephone: <u>212-66</u>			ess Email:		
5.		on and training:					
College	e/Univers	i <u>ty</u>	City/State		Dates Attended (MN	<u>1/YY)</u>	Degree Obtained
Univer	sity of Te	nnessee-Knoxville	Knoxville	, Tennessee	1974-1978		B.A.
Balliol	College,	Oxford University		XI 3BJ, UK	1979-1 <u>9</u> 81		B.A. 1981
	. 0. 1	0.11 //		1865 277777			M.A. 1986
Gradua	te Studie:	S College/L	<u>Iniversity</u>	City/State	Dates Attended (MN	<u>4/YY)</u>	Degree Obtained
Harvard	d Law Sc	hool	Cambri	dge, Massachusetts	1979-1980, 1981-19	83	J.D.
Other T	raining:	Name City/	<u>State</u>	Dates Attended	(MM/YY)	Degree/Cert	ification Obtained
<u>N/A</u>		7. A. BLOADES T. V.					
Note:	applical	nt attended a foreign ble, provide the fore mental Information.	n school, pleas eign student Io	se provide full addidentification Numb	ress and telephone nu er in the space provid	mber of the co led in the Bio	ollege/university. If graphical Affidavit

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

Name of		Address of	Telephone Number
Society/Association	Contact Name	Society/Association	of Society/Association
		1101 K St. NW #200	
District of Columbia Bar		Washington, DC 20005	202-737-4700
Board of Professional			
Responsibility of the			
Supreme Court of		Suite 220, 10 Cadillac Drive	
Tennessee		Brentwood, TN 37027	615-361-7500
		Brentwood, TN 37027	615-361-7500
N/A			

7. Present or proposed position with the Applicant Company: <u>Director</u>

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

Beginning/Ending

Dates (MM/YY): 02/14 - present Employer's Name: HCA Holdings Inc.

Address: One Park Plaza City: Nashville State/Province: Tennessee

Country: <u>USA</u> Postal Code: <u>37203</u> Phone: <u>615-344-9551</u> Offices/Positions Held: <u>Director</u>

Type of Business: Health Care Services Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): <u>09/13 - present</u> Employer's Name: <u>CVS Health Corporation</u>

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

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Director

Type of Business: Integrated Pharmacy Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/14 - present Employer's Name: Enclara Pharmacia

Address: 1601 Cherry Street, #1700 City: Philadelphia State/Province: PA

Country: <u>USA</u> Postal Code: <u>19102</u> Phone: <u>215-282-1600</u> Offices/Positions Held: <u>Director</u>

Type of Business: Hospice Pharmacy Benefit Manager; Consonance Capital Portfolio Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 04/15 - 05/17 Employer's Name: KEPRO

Address: 777 East Park Drive City: Harrisburg State/Province: Rhode Island

Country: USA Postal Code: 17111 Phone: 717-564-8288 Offices/Positions Held: Director

Type of Business: Government Contractor/Utilization Management Company; Consonance Capital Portfolio Company

Supervisor/Contact: N/A

NAIC No. N/A

05-0494040

FEIN:

Beginning/Ending

Dates (MM/YY): 08/13 - present Employer's Name: Consonance Capital Partners, LLC

Address: 1370 Avenue of the Americas, 33rd Floor City: New York State/Province: New York

Country: USA Postal Code: 10019 Phone: 212-660-8060 Offices/Positions Held: Partner

Type of Business: Private Equity Firm Supervisor/Contact: N/A / Mitchell Blutt, M.D., CEO

Beginning/Ending

Dates (MM/YY): 01/13 - 06/13 Employer's Name: The Brookings Institution

Address: 1775 Massachusetts Avenue, N.W. City: Washington State/Province: DC

Country: USA Postal Code: 20036 Phone: 202-797-6000 Offices/Positions Held: Partner

Type of Business: Think Tank Supervisor/Contact: The Honorable Strobe Talbott, President

Beginning/Ending

Dates (MM/YY): 01/13 - 06/13 Employer's Name: Harvard Law School

Address: 1562 Massachusetts Avenue City: Cambridge State/Province: MA

Country: <u>USA</u> Postal Code: <u>02138</u> Phone: <u>617-49503109</u> Offices/Positions Held: <u>Lecturer in Law</u>

Type of Business: Academic Supervisor/Contact: Dean Martha Minow

Beginning/Ending

Dates (MM/YY): 03/09 - 01/13 Employer's Name: The White House

Address: 1600 Pennsylvania Ave., NW City: Washington State/Province: DC

Country: USA Postal Code: 20500 Phone: 202-456-1111 Offices/Positions Held: Assistant to the President & Deputy Chief

of Staff for Policy; Counselor to the President and Director of the White House Office of Health Reform

Type of Business: Federal Government Supervisor/Contact: The Honorable Barack Obama, President of the United States

Beginning/Ending

Dates (MM/YY): 04/06 - 03/09 Employer's Name: Boston Scientific Corporation

Address: 300 Boston Scientific Way City: Marlborough State/Province: Massachusetts

Country: USA Postal Code: 01752 Phone: 800-876-9960 Offices/Positions Held: Director

Type of Business: Medical Devices Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/01 - 01/13 Employer's Name: Cerner Corporation

Address: 2800 Rockcreek Parkway City: North Kansas City State/Province: MO

Country: USA Postal Code: 64117 Phone: 816-221-1024 Offices/Positions Held: Director

Type of Business: Health Information Technology Supervisor/Contact: N/A

Beginning/Ending

NAIC No. N/A

FEIN: 05-0494040

Dates (MM/YY): 10/08 - 03/09 Employer's Name: Medco Health Solutions

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

Country: <u>USA</u> Postal Code: <u>07417</u> Phone: <u>201-269-3400</u> Offices/Positions Held: <u>Director</u>

Type of Business: Pharmacy Benefit Management Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/08 - 03/09 Employer's Name: LHP Hospital Group, Inc.

Address: 2400 Dallas Parkway, Suite 450 City: Plano State/Province: Texas

Country: USA Postal Code: 75093 Phone: 866-465-9222 Offices/Positions Held: Director

Type of Business: Privately-held Hospital Company; CCMP Capital Portfolio Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 03/06 - 03/09 Employer's Name: CareMore Health Plan

Address: 12900 Park Plaza Drive, Suite# 150 MS-6150 City: Cerritos State/Province: California

Country: <u>USA</u> Postal Code: <u>90703</u> Phone: <u>562-622-2800</u> Offices/Positions Held: <u>Director</u>

Type of Business: Medicare Advantage Plan; CCMP Capital Portfolio Company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 01/08 - 03/09 Employer's Name: Noble Environmental Power

Address: 6 Main Street, Suite 121 City: Centerbrook State/Province: CT

Country: <u>USA</u> Postal Code: <u>06409</u> Phone: <u>360-581-5010</u> Offices/Positions Held: <u>Director</u>

Type of Business: Wind Energy Company; CCMP Capital portfolio company Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 08/06 - 03/09 Employer's Name: CCMP Capital, LLC

Address: 245 Park Avenue, 16th Floor City: New York State/Province: New York

Country: USA Postal Code: 10167 Phone: 212-600-9600 Offices/Positions Held: Managing Director

Type of Business: Private Equity Firm Supervisor/Contact: Steve Murray

Beginning/Ending

Dates (MM/YY): 05/02-03/09 Employer's Name: The Robert Wood Johnson Foundation

Address: Route 1 & College Road East City: Princeton State/Province: NJ

Country: USA Postal Code: 08543 Phone: 877-843-7953 Offices/Positions Held: Trustee

Type of Business: Foundation Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 07/02-07/08 Employer's Name: Medicare Payment Advisory Commission (MedPAC)

Address: 601 New Jersey Avenue, N.W. City: Washington State/Province: DC

Country	: <u>USA</u> P	ostal Code: <u>08543</u> Phone: <u>202-220-3700</u> Offices/Positions Held: <u>Commissioner</u>
Type of	Business	s: Congressional Advisory Commission Supervisor/Contact: N/A
	ng/Endin MM/YY)	g : <u>05/01- 07/08</u> Employer's Name: <u>DaVita Inc.</u>
Address	: 2000 10	6th Street City: Denver State/Province: Colorado
Country	: <u>USA</u> P	ostal Code: 80202 Phone: 303-405-2100 Offices/Positions Held: Director
Type of	Business	s: <u>Dialysis Services Provider</u> Supervisor/Contact: <u>N/A</u>
	ng/Endin MM/YY)	g b: <u>2001-2009</u> Employer's Name: <u>The Wharton School, University of Pennsylvania</u>
Address	: <u>3620 W</u>	/alnut St. City: Philadelphia State/Province: Pennsylvania
	: <u>USA</u> F Care Syst	Postal Code: 19104 Phone: 215-898-7027 Offices/Positions Held: Senior Fellow; Adjunct Professor of ems
Type of	Business	s: Education Supervisor/Contact: Mark Pauly, Ph.D.
9.	a.	Have you ever been in a position which required a fidelity bond?
		Yes No X
		If any claims were made on the bond, give details: N/A
	b.	Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?
		Yes No X
		If yes, give details: N/A
10.	or gove in the pa the licer number are reas represer	r professional, occupational and vocational licenses (including licenses to sell securities) issued by any public rnmental licensing agency or regulatory authority or licensing authority that you presently hold or have held ast. For any non-insurance regulatory issuer, identify and provide the name, address and telephone number of using authority or regulatory body having jurisdiction over the license (s) issued. If your professional license is your Social Security Number (SSN) or embeds your SSN or any sequence of more than five numbers that onably identifiable as your SSN, then write SSN for that portion of the professional license number that is need by your SSN. (For example, "SSN", "12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional the space provided is insufficient.
Organiz	ation/Iss	uer of License: Board of Professional Responsibility of the Supreme Court of Tennessee Address: Suite 220,
10 Cadi	llac Driv	e City: Brentwood State/Province: TN Country: USA Postal Code: 37027
License	Туре: <u>А</u>	ttorney License #: 010811 Date Issued (MM/YY): 1984
Date Ex	pired (M	M/YY): N/A Reason for Termination: N/A
		Revised 8/18/14

Applicar	nt Comp	any Name: CVS Health Corporation	NAIC NO FEIN:	o. <u>N/A</u> 05-0494040	
Date Exp	pired (M	IM/YY): N/A Reason for Termination: N/A			
Non-Inst	urance R	Regulatory Phone Number (if known): 615-361-7500			
Organiza	ation/Iss	uer of License: District of Columbia Bar Address: 1101 K Str	eet, NW S	uite 200	
City: Wa	ashingto	n State/Province: DC Country: USA Postal Code: 20005			
License	Туре: <u>А</u>	ttorney License #: 417519 Date Issued (MM/YY): 02/89			
Date Exp	pired (M	M/YY): N/A Reason for Termination: N/A			
Non-Inst	urance R	Regulatory Phone Number (if known): 202-737-4700			
		onding to the following, if the record has been sealed or expung ord was sealed or expunged, an affiant may respond "no" to the			
	a.	Been refused an occupational, professional, or vocational lic any public administrative, or governmental licensing agency?		rmit by any regulatory authority, or	
		Yes No X			
	b.	Had any occupational, professional, or vocational license or any judicial, administrative, regulatory, or disciplinary action		a hold or have held, been subject to	
		Yes No X			
	C.	Been placed on probation or had a fine levied against you or y license or permit in any judicial, administrative, regulatory, or			
		Yes No X			
	d.	Been charged with, or indicted for, any criminal offense(s) of	her than ci	vil traffic offenses?	
		Yes No X			
	e.	Pled guilty, or nolo contendere, or been convicted of, any crim	inal offens	se(s) other than civil traffic offenses?	
		Yes No X			
	f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic				
		Yes No X			
	adn	en subject to a cease and desist letter or order, or enjoined, eith ninistrative, regulatory, or disciplinary action, from violating a ulating the business of insurance, securities or banking, or from	ny federal	, state law or law of another country	

Yes

Yes

dispute?

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

in the course of the business of insurance, securities or banking?

No X

No

Revised 8/18/14

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

i.	Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
	Yes No X
j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
	Yes No X
	If the response to any question above is yes, please provide details including dates, locations, disposition, etc. Attach a copy of the complaint and filed adjudication or settlement as appropriate.
	See attached.
tern pos wh ma by pov	t any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The m "control" (including the terms "controlling," "controlled by" and "under common control with") means the session, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, ether through the ownership of voting securities, by contract other than a commercial contract for goods or non-nagement services, or otherwise, unless the power is the result of an official position with or corporate office held the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the wer to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other personne.
Ifa	any of the stock is pledged or hypothecated in any way, give details. N/A
or reg dir	[Will] you or members of your immediate family individually or cumulatively subscribe to or own, beneficially of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ectly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control h, the person specified.
Y	es No X
	ves, please identify the company or companies in which the cumulative stock holdings represent 10% or more of outstanding voting securities.
If a <u>N/</u>	any of the shares of stock are pledged or hypothecated in any way, give details.
<u> —</u> На	ve you ever been adjudged a bankrupt?
Y	es No X
	ves, provide details: <u>N/A</u>
	os, provido dotario. IVIA

15.	commi	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 autholicensing agency?	rity, or governmental-					
		Yes No X						
	ხ.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non to any judicial, administrative, regulatory, or disciplinary action (including rehareceivership, conservatorship, federal bankruptcy proceeding, state insolvency, su similar proceeding)?	abilitation, liquidation,					
		Ycs No X						
	C.	Been placed on probation or had a fine levied against it or against its permit, lie authority in any civil, criminal, administrative, regulatory, or disciplinary action?	cense, or certificate of					
		Yes C 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						
		e Attached						
that I a	Note: and signe am acting	If an affiant has any doubt about the accuracy of an answer, the question should be a and an explanation provided. The day of December, 2017 at New York, New York. I hereby certify uring on my own behalf and that the foregoing statements are true and correct to the best	nder penalty of perjury					
belief.								
	Na	(Signature of Affiant)						
State o	f: New Y	v York County of: New York						
The for	regoing in	g instrument was acknowledged before me this <u>IIM</u> day of December, 2017 by Nancy-Ar	ın Min DeParle,					
	who is p	s personally known to me, or						
Ø	who pro	produced the following identification: MD DRIVERS UCENSE	100					
	50 m	Afaello	1 St. Solu					
	[SEAL	RAFAELLA LIBBY SCHOR RAFAELLÀ	y Public L SCHOR					
		Mata- C 12 a	otary Name					
		Qualifed in New York County	ssion Expires					
		Expires Oct. 50, 2021	рэо					

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).

One C' (401) 7	<u>lealth Corporation</u> VS Drive, Woonsocket, F 765-1500					
(Propo	sed ultimate parent comp	any of Aetna Inc.)				
1.	Affiant's Full Name (I	nitials Not Acceptable): Nancy-Ann N NONE," SO STATE.	1in DeParle			
2.	Have you ever used an	y other name, including first, middle o	or last name, nickname, maiden name or aliases?			
	Yes X No					
	If yes, give the reason	if any, if none indicate such, and prov	ide the full name(s) and date(s) used.			
	ning/Ending s) Used (MM/YY)	Name(s) Specify: First, Middle or Last Name	Reason (If none, indicate such)			
			maiden name			
	- present	Nancy-Ann Min DeParle	married name			
		All of the second secon	······································			
Note:		onse to this question may be approxin when transitioning from one name to	nate. Parties using this form understand that there could another.			
3.	Affiant's Social Securi	ty Number:				
4.	Government Identification Number if not a U.S. Citizen: N/A					
5.	Foreign Student ID# (i	f applicable): <u>N/A</u>				
6.	Date of Birth: (MM/DI State/Province:	D/YY): Place of Birth, C	ity:			
7.	Name of Affiant's Spo	use (if applicable):				

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

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

Beginning/Ending Dates (MM/YY)	Address	City	State/ Province	Country	Postal Code
_	<u>/1001035</u>	<u> </u>	TTOVINCE		rostar code
11/07-present				USA	
06/99-11/07				USA	
<u>N/A</u>					
•					
understand that	there could be ar	overlap of dates wh	en transitioning from	or current address. Partient one address to another	•
Dated and signed this 1 am acting on my own be	day of Decen half and that the	nber, 2017 at New Y foregoing statements	ork, New York. I he are true and correct	ereby certify under pena to the best of my knowle	lty of perjury that I edge and belief.
l	nature of Affiant			•	
State of: New York	County of: New		44		
The foregoing instrumen	t was acknowled	ged before me this <u>I</u>	day of December	er, 2017 by Nancy-Ann N	Ain DeParle,
☐ who is personall	y known to me, o	ır.			
💆 who produced th	e following iden	tification: <u>MD_D</u>	RIVERS LICE	ENSE	
				Rafaella &	. Schoz
[SEAL]	Notary F ۱ Qualif	AELLA LIBBY SCHOR Public, State of New Yo No. 01SC6366481 ed in New York County sion Expires Oct. 30, 20		Notary Pu RAFAEUA L. Printed Notary 10/30/5 My Commission	y Name 2021

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel. One CVS Drive, Woonsocket, R1 02895. phone (401) 770-

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

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

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

Nancy-Ann Min DeParle.								
1 ^	(Printed Full Name and Residence	, ,						
Na-1	- 21-	<u>i2/11/2017</u>						
(Sign	ature)	(Date)						
State of: New York	County of: New York							
The foregoing instrument	The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Nancy-Ann Min DeParle, and:							
who is personally l	known to me, or							
who produced the	following identification: MD DRIVERS	LICENSE						
		Rafaella L. Schon						
[SEAL]	RAFAELLA LIBBY SCHOR Notary Public, State of New York No. 01SC6366481 Qualifed in New York County Commission Expires Oct. 30, 2021	Notary Public RAFAEULA L. SCHOR						
		Printed Notary Name						
		10/30/2021 My Commission Expires						

NAIC No. N/A

FEIN: <u>05-0494040</u>

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

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

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

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

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

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

Nancy-Ann Min DeParle	
(Signature) (Printed Full Name and Residence Addre	(Date)
State of: New York County of: New York	
The foregoing instrument was acknowledged before me this 11 day of Decem and:	ber, 2017 by Nancy-Ann Min DeParle,
who is personally known to me, or who produced the following identification: MD DRIVERS UC	CENSE Refaella L. John
[SEAL]	Notary Public
RAFAELLA LIBBY SCHOR Notary Public, State of New York No. 01SC6366481 Qualifed in New York County Commission Expires Oct. 30, 2021	Printed Notary Name 10/30/2021 My Commission Expires

NAIC No. <u>N/A</u>

FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

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

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

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

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

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

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

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

• •	5 5
Nancy-Ann Min DeParle,	
Na - D P (Printed Full Name and Residence Address)	12/11/2017
(Signature)	(Date)
State of: New York County of: New York	
The foregoing instrument was acknowledged before me this 11 day of December, 2017 by N who is personally known to me, or	lancy-Ann Min DeParle, and:
M who produced the following identification: MD DRIVERS LICENSE	Rafaella L. Sohr_
[SEAL]	Notary Public
RAFAELLA LIBBY SCHOR	RAFAEULA L. SCHOR
Notary Public, State of New York	Printed Notary Name
No. 01SC6366481	10/30/2021
Qualifed in New York County	My Commission Expires
Commission Expires Oct. 30, 2021	D 1 10000

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

CVS Health Corporation

Biographical Affidavit

Nancy-Ann Min DeParle

Supplement to Item 11

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

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

NAIC No. <u>N/A</u>

FEIN: <u>05-0494040</u>

CVS Health Corporation

Biographical Affidavit

Nancy-Ann Min DeParle

Supplement to Item 15

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

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

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

(Print or Type)

		and telephone number of the Group Names)	he present or propose	ed entity under which this	s biographica	l statement is being
One C (401) 7	765-150 <u>0</u>	ration Toonsocket, RI 02895 parent company of Aetna I	nc.)			
hereina	after set fort	n the above-named entity h. (Attach addendum or so 'OR "NONE," SO STATE	eparate sheet if space			
1.	Affiant's l	Full Name (Initials Not Acc	eptable): <u>Kevin Patri</u>	ck Hourican		
2.	a. A	are you a citizen of the Uni	ted States?			
	Y	es X No				
	b. A	re you a citizen of any other	er country?			
	Y	es No X				
	I	f yes, what country? N/A				
3.	Affiant's	occupation or profession: R	etail Leadership			
4.	Affiant's l	ousiness address: <u>One CVS</u>	Drive, Woonsocket,	RI 02895		
	Business t	elephone: <u>401-765-1500</u>	Business E	mail: <u>Kevin.Hourican@c</u>	vshealth.con	<u>1</u>
5.	Education	and training:				
College	e/University	City/S	State	Dates Attended (MM	<u> </u>	Degree Obtained
Penn S	tate Univers	ity State Col	lege, PA	8/91 – 9/95		B.S.
Gradua	ite Studies	College/University	City/State	Dates Attended (MM	<u>/YY)</u>	Degree Obtained
		Penn State University	State College, PA	8/91 – 9/95		M.S.
Other T	<u> Training: Na</u>	me <u>City/State</u>	Dates Attende	ed (MM/YY)	Degree/Cer	tification Obtained
N/A	and the state of t					and the second s
Note:	applicable	attended a foreign school, , provide the foreign stu to the Biographical Affida	dent Identification N	lumber and/or attach fo		

6.	List of memberships in professional societies and associations:							
	Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association				
	N/A							
7.	Present or proposed position	n with the Applicant Comp	pany: Executive Vice President a	nd President – CVS Pharmacy				
8.	List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to an including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is on necessary to provide telephone numbers and supervisory information for the past ten (10) years. Addition information may be required during the third-party verification process for international employers.							
	ng/Ending MM/YY): <u>06/12 – present</u>	Employer's Name: <u>CVS</u>	Health and CVS Pharmacy, Inc.					
Address	: One CVS Drive City: V	Voonsocket State/Province	ce: <u>RI</u>					
Country	: <u>USA</u> Postal Code: <u>0289</u>	Phone: 401-765-1500	Offices/Positions Held: Field	Leadership, Retail Pharmacy				
Type of	Business: Pharmacy Innova	ation Company Supervis	or/Contact: Jon Roberts, EVP ar	nd COO				
	ng/Ending MM/YY): <u>06/06 – 06/12</u> E	mployer's Name: Macy's	Inc.					
Address	: 500 Meadowlands Parkwa	ay City: <u>Secaucus</u> Sta	te/Province: <u>NJ</u>					
Country	: <u>USA</u> Postal Code: <u>070</u>	994 Phone: 201-863-32	250 Offices/Positions Held: S	VP Logistics; SVP Stores				
Type of	Business: <u>Retail Stores</u>	Supervisor/Contact: Peter	·Longo (Retired)					
Beginnin Dates (1	ng/Ending MM/YY): <u>06/96 – 06/06</u> 1	Employer's Name: <u>Sears F</u>	<u> Holdings</u>					
Address	: 3333 Beverly Road Cit	y: <u>Hoffman Estates</u> State	e/Province: <u>IL</u>					
Country	: <u>USA</u> Postal Code: 60)179 Phone: <u>847-286-2</u>	500 Offices/Positions Held: Log	gistics and Store Leadership				
Type of	Business: Retail Stores	Supervisor/Contact: Gus I	Pagonis					
Beginnin Dates (1	ng/Ending MM/YY):	Employer's Name:	<u>N/A</u>					
Address	:	City:	State/Province	•				
			Offices/Positions H					
Type of	Business:	Superv	visor/Contact:					

9.	a.	Have you ever been in a position which	ch required a fidelity bond	?
		Yes No X		
		If any claims were made on the bond,	, give details: <u>N/A</u>	
	b.	Have you ever been denied an indivervoked?	vidual or position schedule	e fidelity bond, or had a bond canceled or
		Yes No X		
		If yes, give details: N/A		
10.	or gove in the p the lice number are rea represe pages i	vernmental licensing agency or regulatory past. For any non-insurance regulatory is censing authority or regulatory body haver is your Social Security Number (SSN) assonably identifiable as your SSN, then sented by your SSN. (For example, "SS if the space provided is insufficient.	ry authority or licensing au ssuer, identify and provide ing jurisdiction over the lic or embeds your SSN or at write SSN for that portion SN", "12-SSN-345" or "12	enses to sell securities) issued by any public thority that you presently hold or have held the name, address and telephone number of tense (s) issued. If your professional license my sequence of more than five numbers that in of the professional license number that is 34-SSN" (last 6 digits)). Attach additional
Organi	zation/Iss			
City: _		State/Province:	Country:	Postal Code:
License	Type: _	License #:	Date Issu	ed (MM/YY):
Date E	kpired (M	MM/YY): Reason fo	or Termination:	
Non - In	surance I	Regulatory Phone Number (if known):		
11.In re		ng to the following, if the record has be d was sealed or expunged, an affiant may		I the affiant has personally verified that the on. Have you ever:
	a.	Been refused an occupational, profes any public administrative, or government		se or permit by any regulatory authority, or
		Yes No X		
	b.	Had any occupational, professional, any judicial, administrative, regulator		rmit you hold or have held, been subject to
		Yes No X		
	c.	Been placed on probation or had a fir license or permit in any judicial, adm		or occupational, professional, or vocational isciplinary action?
		Yes No X		
	d.	Been charged with, or indicted for, an	ny criminal offense(s) other	r than civil traffic offenses?
		Yes No X		

Applicant Company Name: CVS Health Corporation

other person. N/A

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

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

and an explanation provided.

c.

Note:

Yes

X

No

See attached

authority in any civil, criminal, administrative, regulatory, or disciplinary action?

Been placed on probation or had a fine levied against it or against its permit, license, or certificate of

If an affiant has any doubt about the accuracy of an answer, the question should be answered in the positive

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.

Dated and signed this 2nd day of May 2018 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 2nd day of May, 2018 by Kevin Patrick Hourican, and:

who is personally known to me, or

who produced the following identification: __

[SEAL]

Penny Report Fordman

Notary Public

Penny Lynne Ferdman

Printed Notary Name.

My Commission Expires

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

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

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).

One C' (401) 7	ealth Corporation 'S Drive, Woonsocket, RI 02895 65-1500 ed ultimate parent company of Aetna Inc.)			
1.	Affiant's Full Name (Initials Not Acceptable): <u>Kevin Patrick Hourican</u> 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 NoX			
	If yes, give the reason if any, if none indicate such, and provide the full name(s) and date(s) used.			
	Name(s) Name(s) Negating Specify: First, Middle or Last Name Reason (If none, indicate such)			
<u>N/A</u>				
Note:	Dates provided in response to this question may be approximate. Parties using this form understand that there could be an overlap of dates when transitioning from one name to another. If applicable, provide the foreign stude Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidav Personal Supplemental Information.			
3.	Affiant's Social Security Number:			
4.	Government Identification Number if not a U.S. Citizen: N/A			
5.	Foreign Student ID# (if applicable): <u>N/A</u>			
6.	Date of Birth: (MM/DD/YY): Place of Birth, City: State/Province: USA			
7.	Name of Affiant's Spouse (if applicable):			

NAIC No. N/A

EIN: 05-049

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
				USA	
				USA	
				USA	

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 2nd day of May, 2018 at Woonsocket, Rhode Island. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

X I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

Keer	1. Hour
	(Signature of Affiant)

State of: Rhode Island County of: Providence

The foregoing instrument was acknowledged before me this 2nd day of May, 2018 by Kevin Patrick Hourican, and:

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

[SEAL]

Notary Public
Notary Public
Printed Notary Name

My Commission Expires

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

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 <u>CVS Health Corporation</u> ("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 <u>Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-5409.</u>

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.

Kevin Patrick Hourican,		
11 0 11	(Printed Full Name and Residence A	ddress)
Ken 1. Hoce	No. of the Contract of the Con	May 2, 2018
(Signature)		(Date)
State of: Rhode Island County	of: Providence	
The foregoing instrument was ack	nowledged before me this 2nd day of May,	2018 by Kevin Patrick Hourican, and:
who is personally known	to me, or	
who produced the following	ng identification:	·
[SEAL]		Penny Rynne terdmen Penny Rotary Public Ferdmy
	Penny Lynne Ferdman Notary Public State of Rhode Island M. Commission Expires 06/09/2021	Printed Notary Name OULOO My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (Minnesota and Oklahoma)

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

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-5409.

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

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

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

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

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

	(Printed Full Name and Residence	Address)
Leu f. Hoee	<u>`</u>	May 2, 2018
(Signature)		(Date)
State of: Rhode Island County	of: Providence	
The foregoing instrument was ac	knowledged before me this 2nd day of May	y, 2018 by Kevin Patrick Hourican, and:
who is personally known	to me, or	
who produced the follow:	ing identification:	
[SEAL.]		Penny Kymy terdman Penny Public Ferdman
	Penny Lynne Ferdman Notary Public State of Rhode Island My Commission Expires 06/09/2021	Printed Notary Name Of Printed Notary Name My Commission Expires

Kevin Patrick Hourican,

FORM 11

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

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

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Thomas S. Moffatt, Esq., Vice President, Assistant Secretary & Assistant General Counsel, One CVS Drive, Woonsocket, RI 02895, phone (401) 770-5409.

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

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

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

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

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

Kevin Patrick Hourican,	<u> </u>	
1/ 0/11	(Printed Full Name and Residence	Address)
_ Ken l. Hore		May 2, 2018
(Signature)		(Date)
State of: Rhode Island County of:	Providence	
The foregoing instrument was ackno who is personally known to who produced the following		y Kevin Patrick Hourican, and: — Lenny Llynne Feldman
[SEAL]	Penny Lynne Ferdman Notary Public State of Rhode Island My Commission Expires 06/09/2021	Printed Notary Name O() OS OS My Commission Expires Revised 12/04/17

NAIC No. N/A

FEIN: <u>05-0494040</u>

CVS Health Corporation

Biographical Affidavit

Kevin Patrick Hourican

Supplement to Item 15

Item 15. Affiant is an executive officer of CVS Health Corporation (CVS Health), and has held leadership positions in CVS Health's retail operations since joining CVS Health in June 2012. Various subsidiaries of CVS Health currently operate over 9,800 retail pharmacy locations, over 1,100 retail health clinics, over 20 distribution centers, and 38 onsite pharmacies in 49 states, the District of Columbia and Puerto Rico. The retail segment of CVS Health's business maintains well over 100,000 licenses in total.

From time to time, certain of these retail operating subsidiary entities have been denied a permit, license or certificate of authority (15.a), or have been subject to disciplinary actions and/or fines by various regulatory authorities (15.b and 15.c). None of the foregoing would be deemed material, either to the individual entity or to CVS Health as a whole (for example, denial of a license to sell alcohol because the jurisdiction is at its maximum quota, or a suspension of an alcohol license due to a sale to an underage person). To the knowledge of affiant, none of such denials or violations have involved the licensure of an insurance company.

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

		nd telephone number of the Group Names)			his biographic	cal statement is being
One ((401)	765-1500	ion insocket, RI 02895 rent company of Aetna Inc	.)			
hereir	nafter set forth.	the above-named entity, lack (Attach addendum or seption of the "NONE," SO STATE.				
1.	Affiant's Ful	l Name (Initials Not Accep	table): <u>Colleen Mar</u>	y McIntosh		
2.	a. Are	you a citizen of the United	States?			
٠	Yes	X No				
	b. Are	you a citizen of any other	country?	à		
	Yes	No X	•	•		
	·	es, what country? N/A				
3.	Affiant's occ	upation or profession: Atto	rney			
4.	Affiant's bus	iness address: <u>CVS Health</u>	Corporation, One C	VS Drive, Woonsocke	t RI 02895	
	Business tele	phone: <u>401-770</u>	Busines	ss Email:		
5.	Education and	d training:				
Colleg	e/University	City/Stat	<u>e</u>	Dates Attended (MI	<u> </u>	Degree Obtained
St. Joh	n's University	Queen	s, NY	09/79 – 06/83		B.A.
Gradu	ate Studies	College/University	City/State	Dates Attended (MM	<u> </u>	Degree Obtained
		St. John's University	Queens, NY	09/83 – 06/86		J.D.
		New York University	New York, NY	09/87 - 12/90		L.L.M.
Other Training: Name City/State Dates Attended (MM/YY) Degree/Certification Obtain			tification Obtained			
N/A						
Note:		nded a foreign school, ple ovide the foreign student Information.				

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

<u>Name of</u> <u>Society/Association</u> Society of Corporate	Contact Name	Address of Society/Association 240 W. 35th Street, Ste 400,	Telephone Number of Society/Association
Secretaries	Darla Stuckey	New York, NY 10001	212.681.2000
Association of Corporate Counsel	Veta Richardson	1001 G Street NW, Ste. 300W Washington, DC 20001	202-293-4103
Codificer	Y eta Telenaruson	Washington, DC 20001	202-273-4103
N/A			
Present or proposed pos	sition with the Applicant Co	mpany: Officer	

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

NAIC No. <u>N/A</u>

FEIN: 05-0494040

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

Yes X 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 X

If yes, give details: N/A

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

pages if the space provided is insufficient.

Organization/Issuer of License: New York State Unified Court System Address: Office of Court Administration, 25 Beaver

St., Room 852 City: New York State/Province: New York Country: USA Postal Code: 10004

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

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

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

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

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

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

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

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

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

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

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

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

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

NAIC No. N/A

FEIN: <u>05-0494040</u>

Organi	zatio	n/Issuer of License: New York State Address: Division of Licensing Services
City: A	Albar	y State/Province: New York Country: USA Postal Code: 12208-3490
License	Ту	be: Notary License #: 02MC4889743 Date Issued (MM/YY): 03/11
Date Ex	kpire	d (MM/YY): N/A Reason for Termination: N/A
Non-In	surai	nce Regulatory Phone Number (if known): (518) 474-4429
11.		responding to the following, if the record has been sealed or expunged, and the affiant has personally verified tha record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
	a.	Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
		Yes No X
	b.	Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
	c.	Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
		Yes No X
•	d.	Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	e.	Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
		Yes No X
	f.	Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
		Yes No X
	g.	Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
		Yes No X
	h.	Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
		Yes No X
		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?

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

Attach a copy of the complaint and filed adjudication or settlement as appropriate. N/A 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 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 any of the shares of stock are pledged or hypothecated in any way, give details. N/A Have you ever been adjudged a bankrupt? 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?
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 2. 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 cortext for good 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 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 any of the shares of stock are pledged or hypothecated in any way, give details. N/A Have you ever been adjudged a bankrupt? Yes No		Yes No X
If the response to any question above is yes, please provide details including dates, locations, disposition, etc Attach a copy of the complaint and filed adjudication or settlement as appropriate. N/A 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 If any of the stock is pledged or hypothecated in any way, give details. N/A If any of the person specified. Yes No	j.	Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Attach a copy of the complaint and filed adjudication or settlement as appropriate. N/A 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 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 any of the shares of stock are pledged or hypothecated in any way, give details. N/A Have you ever been adjudged a bankrupt? Yes No		Yes No X
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 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 NoX 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 Have you ever been adjudged a bankrupt? Yes NoX		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.
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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 Have you ever been adjudged a bankrupt? Yes NoX	or reg dire	of record, 10% or more of the outstanding shares of stock of any entity subject to regulation by an insurance ulatory authority, or its affiliates? An "affiliate" of, or person "affiliated" with, a specific person, is a person that ectly, or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control
the outstanding voting securities. N/A If any of the shares of stock are pledged or hypothecated in any way, give details. N/A Have you ever been adjudged a bankrupt? Yes NoX	Ye	s No X
If any of the shares of stock are pledged or hypothecated in any way, give details. N/A Have you ever been adjudged a bankrupt? Yes NoX	the	outstanding voting securities.
N/A Have you ever been adjudged a bankrupt? Yes NoX		
Have you ever been adjudged a bankrupt? Yes No X		
Yes No X	<u>N/A</u>	
	Hav	ve you ever been adjudged a bankrupt?
If yes provide details: N/A	Ye:	No X
ii jos, pioriso solulis. 1971	Ifv	es, provide details: <u>N/A</u>

15. To your knowledge has any company or entity for which you were an officer or director, trustee, invocommittee member, key management employee or controlling stockholder, had any of the following event 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 X				
	b.	Had its permit, license, or certificate of authority suspended, revoked, canceled, non-renewed, or subjected to any judicial, administrative, regulatory, or disciplinary action (including rehabilitation, liquidation, receivership, conservatorship, federal bankruptcy proceeding, state insolvency, supervision or any other similar proceeding)?				
	•	Yes X No				
	Ċ.	Been placed on probation or had a fine levied against it or against its permit, license, or certificate of authority in any civil, criminal, administrative, regulatory, or disciplinary action?				
		Yes X No				
		answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), should also include any events within twelve (12) months after his or her departure from the entity.				
	See att	tached.				
	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 a	and signe	d this 1/2 day of December, 2017 at New York, New York. I hereby certify under penalty of perjury that I own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.				
		Cau h hunds				
		(Signature of Affiant)				
State of	: New Y	ork County of: New York				
The for	egoing ir	istrument was acknowledged before me this Aday of December, 2017 by Colleen Mary McIntosh,				
	who is p	ersonally known to me, or				
J Š ZV	who pro	duced the following identification: NY DRIVERS LICENSE				
		Raladla L. Colo				
	[SEAL]	Notary Public				
	[RAFAELLA LIBBY SCHOR Notary Public, State of New York RAFAELLA L. SCHOR				
		No. 01SC6366481 Printed Notary Name				
		Qualifed in New York County Commission Expires Oct. 30, 2021 My Commission Expires				

BIOGRAPHICAL AFFIDAVIT Supplemental Personal Information

(Print or Type)

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

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

One (401)	Health Corporation CVS Drive, Woonsocket, 765-1500 osed ultimate parent com				
1.		Initials Not Acceptable): Colleen Mary	McIntosh		
2.	Have you ever used an	ny other name, including first, middle o	or last name, nickname, maiden name or aliases?		
	Yes X No		,		
	If yes, give the reason	if any, if none indicate such, and provi	de the full name(s) and date(s) used.		
	nning/Ending (s) Used (MM/YY)	Name(s) Specify: First. Middle or Last Name	Reason (If none, indicate such)		
			Using husband's surname		
			Using husband's surname		
<u>N/A</u> _					
Note:		onse to this question may be approximately when transitioning from one name to a	ate. Parties using this form understand that there could nother.		
3.	Affiant's Social Security Number:				
4.	Government Identification Number if not a U.S. Citizen: <u>N/A</u>				
5.	Foreign Student 1D# (if applicable): N/A				
6.	Date of Birth: (MM/DI State/Province:				
7.	Name of Affiant's Spo	use (if applicable):			

NAIC No. N/A

FEIN: 05-0494040

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

					'
Beginning/Ending Dates (MM/YY)	Address	<u>City</u>	State/ Province	Country	Postal Code
01/14 - Present				USA	
05/96 - 12/13				USA	
N/A					
	·				
understand th	at there could be an	overlap of dates wh	en transitioning from	or current address. Parting one address to another	
am acting on my own	behalf and that the f	oregoing statements	ork, New York. I he are true and correct	reby certify under pena to the best of my knowl	Ity of perjury that I edge and belief.
•	ignature of Affiant)			·	
State of: New York	•	I	1 k		
The foregoing instrument:	ent was acknowledg	ed before me this	day of December,	2017 by Colleen Mary	McIntosh,
☐ who is persona	lly known to me, or				
who produced	the following identi	fication: NY D	RIVERS LICEN	15E	
				Rafaella	L. Sohon
[SEAL]			_	Notary Pul	
	RAFA	ELLA LIBBY SCHOR	_	RAFAELLA L.	
	Notary Pr	ublic, State of New Yor 2, 01SC6366481	14	Printed Notary	
	Qualife	d in New York County	_	My Commission	
	- Continissi	on Expires Oct. 30, 20	21	,	·

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

Colleen Mary McIntosh.	
(Printed Full Name and Residence Addr	ess)
Canh much	12/12/17
(Signature)	(Date)
State of: New York County of: New York	
The foregoing instrument was acknowledged before me this day of December and:	r, 2017 by Colleen Mary McIntosh,
☐ who is personally known to me, or	
who produced the following identification: NY DRIVERS LICE	NSE Rafuella & John
[SEAL]	Notary Public RAFAELLA L. SCHOR
RAFAELLA LIBBY SCHOR Notary Public, State of New York	Printed Notary Name
No. 01SC6366481 Qualifed in New York County Commission Expires Oct 30, 2021	/0/30/2021 My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(Minnesota and Oklahoma)

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

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

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

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

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

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

• •		·	Ç Ç
Colleen Mary McIntosi			
	(Printed Full Name and R	esidence Address)	
Ca	un huents?		12/12/17
(5	Signature)		(Date)
State of: New York	County of: New York		
The foregoing instrume and:	nt was acknowledged before me this A da	ay of December, 2017	by Colleen Mary McIntosh,
	ly known to me, or he following identification: <u>NY <i>DRIV</i>.</u>	ERS UCENSE	gajalla (X. fans
[SEAL]			Notary Public
	RAFAELLA LIBBY SCHOR Notary Public, State of New York No. 01SC6366481 Qualifed in New York County Commission Expires Oct. 30, 2021		Printed Notary Name /0/30/2021 My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

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

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

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

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

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

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

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

- ·	
Colleen Mary McIntosh.	
(Printed Full Name and Residence Addre	(SS)
- Car hum	12/12/17
(Signature)	(Date)
State of: New York County of: New York	
The foregoing instrument was acknowledged before me this 1/2 day of December	er, 2017 by Colleen Mary McIntosh, and:
□ who is personally known to me, or who produced the following identification: NY DRIVERS UCEN.	SE Papaella L. Scho_
[SEAL]	Notary Public
RAFAELLA LIBBY SCHOR	RAFAELLA L. SCHOR
Notary Public, State of New York	Printed Notary Name
No. 01SC6366481	10/30/2021
Qualified in New York County	My Commission Expires
Commission Expires Oct. 30, 2021	7. 1. 1.0404.4

NAIC No. <u>N/A</u> FEIN: <u>05-0494040</u>

CVS Health Corporation

Biographical Affidavit

Supplement to Item 15

Colleen Mary McIntosh

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

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

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