

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

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

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

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

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

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

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

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

5. Education and training:

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

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

None.

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

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

See attached.

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

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

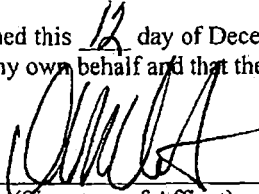
FEIN: 05-0494040

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

See Attached.

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

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



(Signature of Affiant)

State of: New York County of: New York

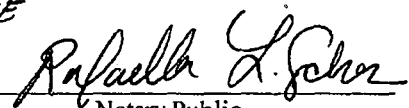
The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

who is personally known to me, or

who produced the following identification: MA DRIVERS LICENSE

[SEAL]

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



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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

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

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

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

Yes No

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

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

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

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

Applicant Company Name: CVS Health Corporation

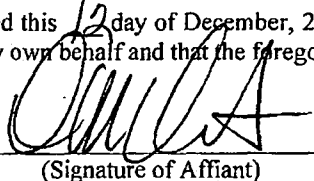
NAIC No. N/A
FEIN: 05-0494040

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

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

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

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



(Signature of Affiant)


State of: New York County of: New York

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

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

[SEAL]

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



Notary Public
RAFAELLA LIBBY SCHOR

Printed Notary Name
10/30/2021

My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

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

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

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

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

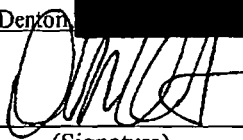
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company,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

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

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

David Michael Denton, [REDACTED]

(Printed Full Name and Residence Address)



(Signature)

12/12/17

(Date)

State of: New York County of: New York

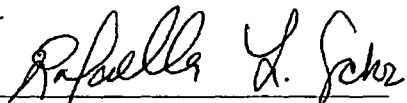
The foregoing instrument was acknowledged before me this 12 day of December, 2017 by David Michael Denton, and:

who is personally known to me, or

who produced the following identification: MA DRIVERS LICENSE

[SEAL]

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



Notary Public
RAFAELLA L. SCHOR
Printed Notary Name

10/30/2021
My Commission Expires

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

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

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

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

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

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

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

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

David Michael Denton, [REDACTED]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

12/12/17
(Date)

State of: New York County of: New York

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

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

[SEAL]

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

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

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

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

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

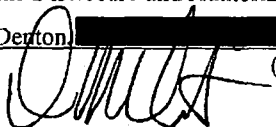
AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company,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

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

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

David Michael Denton, [REDACTED]

(Printed Full Name and Residence Address)



(Signature)

12/12/17

(Date)

State of: New York County of: New York

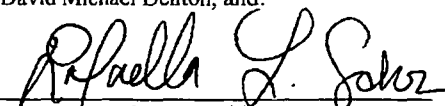
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who is personally known to me, or

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[SEAL]

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



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

CVS Health Corporation

Biographical Affidavit

David Michael Denton

Supplement to Item 11

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Michael Denton

Supplement to Item 15

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

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

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

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

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

1. Affiant's Full Name (Initials Not Acceptable): David Wyatt Dorman

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Non-Executive Chairman of the Board, CVS Health Corporation

4. Affiant's business address: Tower Place 200, Suite 1000, 3348 Peachtree Rd., NE, Atlanta, GA 30326

Business telephone: 404-835-██████ Business Email: ████████████████████

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Georgia Tech</u>	<u>Atlanta, GA</u>	<u>08/72-08/75</u>	<u>B.S. Industrial Mgmt</u>

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

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

N/A

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

Member of the Board of Directors of CVS Health Corporation; Chairman of the Board

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

Employment

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 1997-1999 Employer's Name: PointCast

Address: 501 Macara Avenue City: Sunnyvale State/Province: California

Country: USA Postal Code: 94043 Phone: Not available Offices/Positions Held: President/Chairman & CEO

Directorships: See attachment.

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

N/A

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

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
 - i. Had a finding made by the Comptroller of any state or the Federal Government that you have violated any provisions of small loan laws, banking or trust company laws, or credit union laws, or that you have violated any rule or regulation lawfully made by the Comptroller of any state or the Federal Government?
Yes No
 - j. Had a lien or foreclosure action filed against you or any entity while you were associated with that entity?
Yes No

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

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

Yes No

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

Yes No

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

See Attached

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

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

David Wyatt Dorman
(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]

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

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

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

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

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

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

Yes No

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

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

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

- 3. Affiant's Social Security Number:
- 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 Spouse (if applicable):

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

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

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

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

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

David Wyatt Dorman
(Signature of Affiant)

State of: Rhode Island County of: Providence

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

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

[SEAL]

Kimberly M. Mitchell
Notary Public
Kimberly M. Mitchell
Printed Notary Name
6/8/2020
My Commission Expires

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

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

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

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

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

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

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

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

David Wyatt Dorman [REDACTED]
(Printed Full Name and Residence Address)

[Handwritten Signature]
(Signature)

12/11/2017
(Date)

State of: Rhode Island County of: Providence

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

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

[SEAL]

[Handwritten Signature]
Notary Public
Kimberly M. Mitchell
Printed Notary Name
6/18/2020
My Commission Expires
Kimberly M. Mitchell
Notary Public
State of Rhode Island
My Commission Expires 06/08/2020

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

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

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

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

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

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

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

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

David Wyatt Dorman _____
(Printed Full Name and Residence Address)

David Wyatt Dorman
(Signature)

12/11/2017
(Date)

State of: Rhode Island County of: Providence

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

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

[SEAL]

Kimberly M. Mitchell
Notary Public
Kimberly M. Mitchell
Printed Notary Name
12/8/2020
My Commission Expires

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

Revised 8/18/14
FORM 11

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

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

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

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

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

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

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

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

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

David Wyatt Dorman [REDACTED]
(Printed Full Name and Residence Address)
David W Dorman (Signature) 12/11/2017 (Date)

State of: Rhode Island County of: Providence

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

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

[SEAL]

Kimberly M. Mitchell
Notary Public
Kimberly M. Mitchell
Printed Notary Name
10/18/2020
My Commission Expires

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

Revised 8/18/14
FORM 11

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

Supplement to Item 8

Directorships

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

Country: USA Postal Code: 60196 Phone: (847) 576-2391 Offices/Positions Held: Director, Non-Executive Chairman of the Board, Lead Independent Director

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

Beginning/Ending

Dates (MM/YY): 10/06 - 11/07 Employer's Name: Firethorn Mobile, LLC (acquired by QualComm in November 2007- served as Industry Consultant until December 2010)

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

CVS Health Corporation

Biographical Affidavit

David Wyatt Dorman

Supplement to Item 11

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

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

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

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

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

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

CVS Health Corporation

Biographical Affidavit

David Wyatt Dorman

Supplement to Item 15

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

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

BIOGRAPHICAL AFFIDAVIT

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

(Print or Type)

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

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

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

1. Affiant's Full Name (Initials Not Acceptable): Nancy-Ann Min DeParle

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Partner at a private equity firm

4. Affiant's business address: 1370 Avenue of the Americas, 33rd Floor, New York, NY 10019

Business telephone: 212-660- [REDACTED]

Business Email: [REDACTED]

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>University of Tennessee-Knoxville</u>	<u>Knoxville, Tennessee</u>	<u>1974-1978</u>	<u>B.A.</u>
<u>Balliol College, Oxford University</u>	<u>Oxford, OX1 3BJ, UK</u>	<u>1979-1981</u>	<u>B.A. 1981</u>
	<u>Tel.: 044 1865 277777</u>		<u>M.A. 1986</u>
<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>
	<u>Harvard Law School</u>	<u>Cambridge, Massachusetts</u>	<u>1979-1980, 1981-1983</u>
			<u>J.D.</u>

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

N/A

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

6. List of memberships in professional societies and associations:

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

Type of Business: Government Contractor/Utilization Management Company; Consonance Capital Portfolio Company
Supervisor/Contact: N/A

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

Country: USA Postal Code: 20500 Phone: 202-456-1111 Offices/Positions Held: Assistant to the President & Deputy Chief of Staff for Policy; Counselor to the President and Director of the White House Office of Health Reform

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

Country: USA Postal Code: 08543 Phone: 202-220-3700 Offices/Positions Held: Commissioner

Type of Business: Congressional Advisory Commission Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 05/01- 07/08 Employer's Name: DaVita Inc.

Address: 2000 16th Street City: Denver State/Province: Colorado

Country: USA Postal Code: 80202 Phone: 303-405-2100 Offices/Positions Held: Director

Type of Business: Dialysis Services Provider Supervisor/Contact: N/A

Beginning/Ending

Dates (MM/YY): 2001-2009 Employer's Name: The Wharton School, University of Pennsylvania

Address: 3620 Walnut St. City: Philadelphia State/Province: Pennsylvania

Country: USA Postal Code: 19104 Phone: 215-898-7027 Offices/Positions Held: Senior Fellow; Adjunct Professor of Health Care Systems

Type of Business: Education Supervisor/Contact: Mark Pauly, Ph.D.

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

Organization/Issuer of License: Board of Professional Responsibility of the Supreme Court of Tennessee Address: Suite 220,

10 Cadillac Drive City: Brentwood State/Province: TN Country: USA Postal Code: 37027

License Type: Attorney License #: 010811 Date Issued (MM/YY): 1984

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

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

Non-Insurance Regulatory Phone Number (if known): 615-361-7500

Organization/Issuer of License: District of Columbia Bar Address: 1101 K Street, NW Suite 200

City: Washington State/Province: DC Country: USA Postal Code: 20005

License Type: Attorney License #: 417519 Date Issued (MM/YY): 02/89

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

Non-Insurance Regulatory Phone Number (if known): 202-737-4700

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
 - b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No
 - c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No

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

Yes No

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

Yes No

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

See attached.

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

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

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

See Attached

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

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

Nancy-Ann Min DeParle
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Nancy-Ann Min DeParle, and:

who is personally known to me, or

who produced the following identification: MD DRIVERS LICENSE

[SEAL]

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

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

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

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

1. Affiant's Full Name (Initials Not Acceptable): Nancy-Ann Min DeParle
IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

<u>Beginning/Ending Date(s) Used (MM/YY)</u>	<u>Name(s) Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>maiden name</u>
<u>[REDACTED] - present</u>	<u>Nancy-Ann Min DeParle</u>	<u>married name</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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

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

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

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

<u>Beginning/Ending Dates (MM/YY)</u>	<u>Address</u>	<u>City</u>	<u>State/Province</u>	<u>Country</u>	<u>Postal Code</u>
11/07-present	[REDACTED]	[REDACTED]	[REDACTED]	USA	[REDACTED]
06/99-11/07	[REDACTED]	[REDACTED]	[REDACTED]	USA	[REDACTED]
<u>N/A</u>					

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

Dated and signed this 11th 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]
(Signature of Affiant)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Nancy-Ann Min DeParle, and:

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

[SEAL]

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(All states except California, Minnesota and Oklahoma)

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

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

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

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

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

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

Nancy-Ann Min DeParle, ██████████

(Printed Full Name and Residence Address)
Nancy-Ann Min DeParle
(Signature) 12/11/2017
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Nancy-Ann Min DeParle, and:

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

[SEAL.]

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

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

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

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

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

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

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

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

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

Nancy-Ann Min DeParle [REDACTED]
(Printed Full Name and Residence Address)

[Handwritten Signature]
(Signature)

12/11/2017
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Nancy-Ann Min DeParle, and:

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

[SEAL]

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

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

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

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

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

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

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

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

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

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

Nancy-Ann Min DeParle, [REDACTED]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

12/11/2017
(Date)

State of: New York County of: New York

The foregoing instrument was acknowledged before me this 11th day of December, 2017 by Nancy-Ann Min DeParle, and:

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

[SEAL]

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

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

CVS Health Corporation

Biographical Affidavit

Nancy-Ann Min DeParle

Supplement to Item 11

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

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

CVS Health Corporation

Biographical Affidavit

Nancy-Ann Min DeParle

Supplement to Item 15

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

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

BIOGRAPHICAL AFFIDAVIT

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

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

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

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

1. Affiant's Full Name (Initials Not Acceptable): Kevin Patrick Hourican

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Retail Leadership

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

Business telephone: 401-765-1500

Business Email: Kevin.Hourican@cvshealth.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Penn State University</u>	<u>State College, PA</u>	<u>8/91 - 9/95</u>	<u>B.S.</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Penn State University</u>	<u>State College, PA</u>	<u>8/91 - 9/95</u>	<u>M.S.</u>

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

Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: Executive Vice President and President – CVS Pharmacy

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

Beginning/Ending

Dates (MM/YY): 06/12 – present Employer's Name: CVS Health and CVS Pharmacy, Inc.

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

Country: USA Postal Code: 02895 Phone: 401-765-1500 Offices/Positions Held: Field Leadership, Retail Pharmacy

Type of Business: Pharmacy Innovation Company Supervisor/Contact: Jon Roberts, EVP and COO

Beginning/Ending

Dates (MM/YY): 06/06 – 06/12 Employer's Name: Macy's Inc.

Address: 500 Meadowlands Parkway City: Secaucus State/Province: NJ

Country: USA Postal Code: 07094 Phone: 201-863-3250 Offices/Positions Held: SVP Logistics, SVP Stores

Type of Business: Retail Stores Supervisor/Contact: Peter Longo (Retired)

Beginning/Ending

Dates (MM/YY): 06/96 – 06/06 Employer's Name: Sears Holdings

Address: 3333 Beverly Road City: Hoffman Estates State/Province: IL

Country: USA Postal Code: 60179 Phone: 847-286-2500 Offices/Positions Held: Logistics and Store Leadership

Type of Business: Retail Stores Supervisor/Contact: Gus Pagonis

Beginning/Ending

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

Address: _____ City: _____ State/Province: _____

Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____

Type of Business: _____ Supervisor/Contact: _____

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

N/A

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

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

License Type: _____ License #: _____ Date Issued (MM/YY): _____

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

N/A

12. List any entity subject to regulation by an insurance regulatory authority that you control directly or indirectly. The term "control" (including the terms "controlling," "controlled by" and "under common control with") means the possession, direct or indirect, of the power to direct or cause the direction of the management and policies of a person, whether through the ownership of voting securities, by contract other than a commercial contract for goods or non-management services, or otherwise, unless the power is the result of an official position with or corporate office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

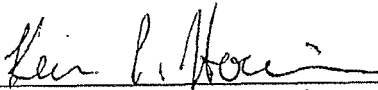
If the answer to any of the above is yes, please indicate and give details. When responding to questions (b) and (c), affiant should also include any events within twelve (12) months after his or her departure from the entity. _____

See attached

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

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.

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

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

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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

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

1. Affiant's Full Name (Initials Not Acceptable): Kevin Patrick Hourican
 IF ANSWER IS "NONE," SO STATE.

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

Yes No

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

<u>Beginning/Ending</u> <u>Date(s) Used (MM/YY)</u>	<u>Name(s)</u> <u>Specify: First, Middle or Last Name</u>	<u>Reason (If none, indicate such)</u>
<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 student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit 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): N/A

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

7. Name of Affiant's Spouse (if applicable): ██████████

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

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

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

Dated and signed this 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.

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

Kevin P. Hourican
(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 Lynne Ferdman
Notary Public
Penny Lynne Ferdman
Printed Notary Name
06/09/2021
My Commission Expires

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(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) 770-5409.

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.

Kevin Patrick Hourican, [REDACTED]

(Printed Full Name and Residence Address)

Kevin P. Hourican
(Signature)

May 2, 2018
(Date)

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

Penny Lynne Ferdman
Notary Public
Penny Lynne Ferdman
Printed Notary Name
06/09/2021
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) 770-5409.

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.

Kevin Patrick Hourican, [REDACTED]
(Printed Full Name and Residence Address)
Ken P. Hourican
(Signature) May 2, 2018
(Date)

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

Penny Lynne Ferdman
Notary Public
Penny Lynne Ferdman
Printed Notary Name
06/09/2021
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) 770-5409.

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.

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

Kevin Patrick Hourican _____
(Printed Full Name and Residence Address)

Kevin P. Hourican
(Signature)

May 2, 2018
(Date)

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

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

Revised 12/04/17
FORM 11

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)

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

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

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

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

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Attorney

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

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

5. Education and training:

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

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

6. List of memberships in professional societies and associations:

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Beginning/Ending

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

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A

FEIN: 05-0494040

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

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

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

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

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

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

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

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

Yes No

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

Yes No

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

N/A

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

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

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

Yes No

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

N/A

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

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

See attached. _____

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

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

Colleen Mary McIntosh
(Signature of Affiant)

State of: New York County of: New York

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

who is personally known to me, or

who produced the following identification: NY DRIVERS LICENSE

[SEAL]

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

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

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

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

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

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

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

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

Yes No

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

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

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

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

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

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

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

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

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

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

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

Dated and signed this 12 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]
(Signature of Affiant)

State of: New York County of: New York

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

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

[SEAL]

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

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

Applicant Company Name: CVS Health Corporation

NAIC No. N/A
FEIN: 05-0494040

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

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

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

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

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

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

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

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

[Handwritten Signature]
(Signature)

12/12/17
(Date)

State of: New York County of: New York

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

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

[SEAL]

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

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

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(Minnesota and Oklahoma)

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

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

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

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

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

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

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

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

[Handwritten Signature]

(Signature)

12/12/17

(Date)

State of: New York County of: New York

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

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

[SEAL]

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

[Handwritten Signature]

Notary Public

RAFAELLA L. SCHOR

Printed Notary Name

10/30/2021

My Commission Expires

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

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

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

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

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

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

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

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

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

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

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

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

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

[SEAL]

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

CVS Health Corporation

Biographical Affidavit

Supplement to Item 15

Colleen Mary McIntosh

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

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

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