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SIDLEY

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AMERICA • ASIA PACIFIC • EUROPE

May 1, 2018

RECEIVED
Corporate & Financial Regulation

MAY - 2 2018

Pennsylvania
Insurance Department

By Federal Express

The Honorable Jessica K. Altman
Insurance Commissioner
Pennsylvania Insurance Department
1326 Strawberry Square 13th Floor
Harrisburg, PA 17120

Re: Supplemental Materials to the Form A Statement Regarding the Acquisition of Control of or Merger with Medco Containment Life Insurance Company (NAIC #63762)

Dear Commissioner Altman:

Reference is made to the Form A Statement Regarding the Acquisition of Control of or Merger with a Domestic Insurer, dated April 20, 2018 (the "Form A"), which was filed by Cigna Corporation ("Cigna") and Halfmoon Parent, Inc. (together with Cigna, the "Applicants"), seeking approval of the Applicants' proposed acquisition of control of Medco Containment Life Insurance Company, a Pennsylvania domestic insurance company.

As referenced in the Form A, in order to supplement Exhibits F-1 and F-2, enclosed herein please find one original and one copy of a biographical affidavit of each of the following individuals:

- Eric J. Foss, Director
- Isaiah Harris, Jr., Director
- Mary T. Hoeltzel, Director
- Roman Martinez IV, Director
- Alan M. Muney, Chief Medical Officer and Executive Vice President, Total Health and Network
- John M. Murabito, Executive Vice President, Human Resources and Services
- John M. Partridge, Director
- James E. Rogers, Director
- Eric C. Wiseman, Director
- Donna F. Zarcone, Director
- William D. Zollars, Director

01

Commissioner Altman

May 1, 2018

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One set of affidavits, in order to supplement Exhibit F-1, is being filed with personal information, such as Social Security numbers and home addresses, redacted. A second, **CONFIDENTIAL** unredacted set of biographical affidavits, is being filed to supplement Exhibit F-2.

The Applicants request that: (i) the redacted portions of the biographical affidavits filed as Exhibit F-2 be afforded confidential treatment; (ii) the Applicants be notified in advance of any proposed disclosure by the Pennsylvania Insurance Department of such confidential information; and (iii) the Applicants be given a reasonable opportunity to seek a protective order or take other action to prevent or limit any such disclosure. Any communications regarding the confidentiality of these materials or the disclosure of same should be directed to Steven B. Davis, Stradley Ronon, 2005 Market Street, Suite 2600, Philadelphia, PA 19103.

Should you have any questions or require any additional information, please do not hesitate to contact me at (212) 839-5882.

Very truly yours,



Andrew R. Holland

Enclosures

cc: Jennifer Wheatley, Cigna Corporation
Steven B. Davis, Stradley Ronon Stevens & Young, LLP

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: ERIC Middle: JAY Last: FOSS

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?

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Pennsylvania
Insurance Department

3. Affiant's occupation or profession: CHAIRMAN, PRESIDENT & CEO, ARAMARK

4. Affiant's business address: 1101 MARKET STREET, Philadelphia PA 19107

Business telephone: 215-238-3601

Business Email: Foss-Eric@aramark.com

5. Education and training: Please See Attachment (A)

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

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

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

NAIC No.
FEIN: 06-1059331

6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: CIGNA CORPORATION - MEMBER OF BOARD OF DIRECTORS, MEMBER OF CORPORATE GOVERNANCE COMM, MEMBER OF PEOPLE RESOURCES COMM

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.

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.

Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- SEE ATTACHMENT (D)**
- 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.

PLEASE SEE ATTACHMENT (D)

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,

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

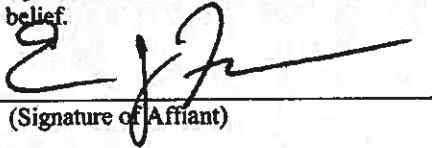
Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.
Please See Attachment (E)

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 24th day of April, 20 18 at Bloomfield. 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: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ERIC J. FOSS, and:

who is personally known to me, or

who produced the following identification: Drivers License

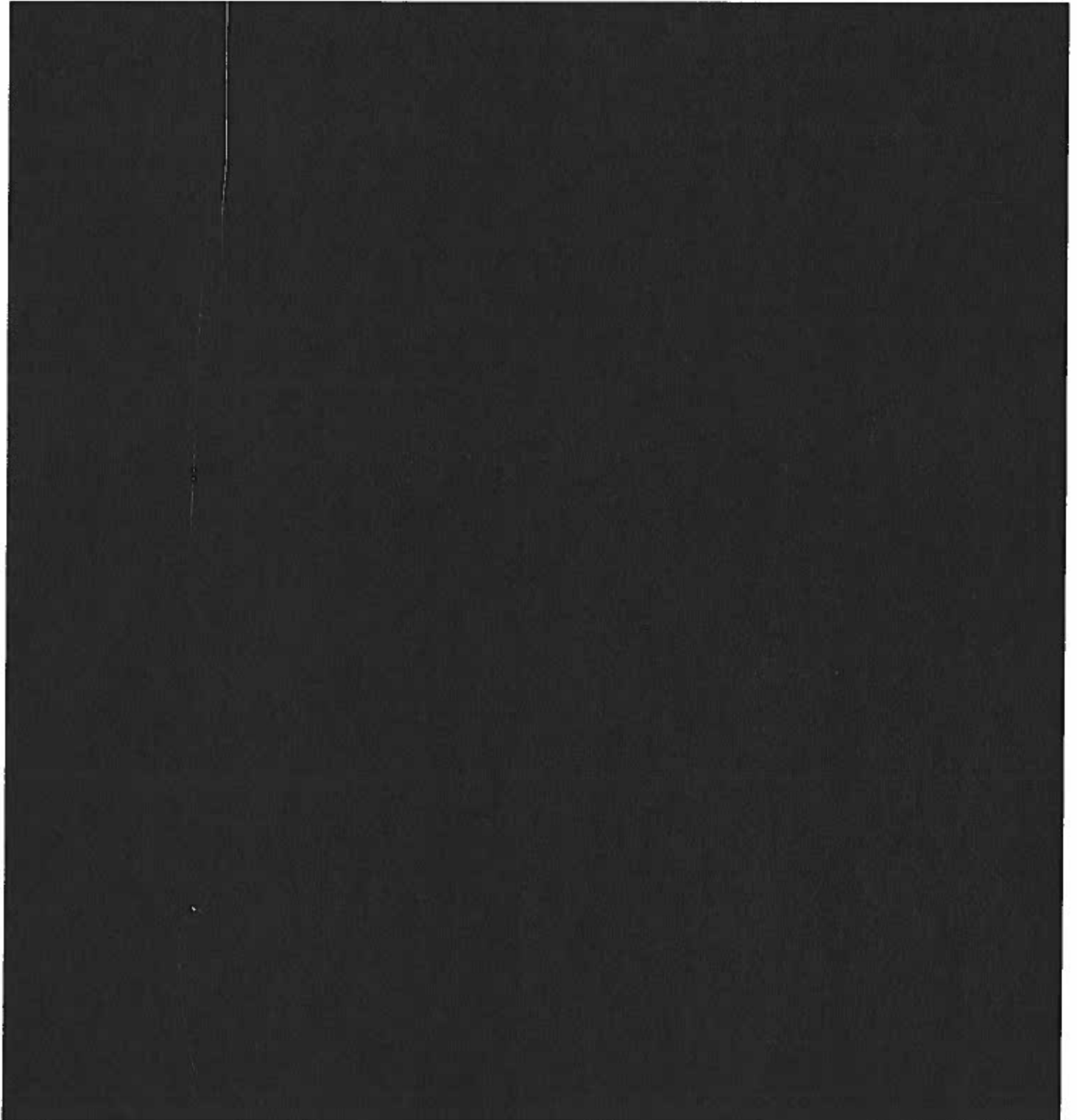


Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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
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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 24th day of April, 20 18 at Bloomfield. 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: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ERIC J. FOSS, and:

who is personally known to me, or

who produced the following identification: Drivers License

[SEAL]



Lynette M. Eastman
 Notary Public
Lynette M. Eastman
 Printed Notary Name
12/31/2021
 My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Kriahful Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ERIC JAY FOSS

[Redacted Address]

(Printed Full Name and Residence Address)

[Signature]
(Signature)

4/24/18
(Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ERIC J. FOSS, and:

who is personally known to me, or

who produced the following identification: Drivers License

Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
12/31/2021
My Commission Expires



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 **CIGNA 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

Anna Krishnal - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Whratley - Regulatory and State Government Affairs - 303-729-8439 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ERIC JAY FOSS

(Printed Full Name and Residence Address)

[Signature]
(Signature)

4/24/18
(Date)

State of: CT

County of: Hartford

The foregoing instrument was acknowledged before me this 27th day of April, 2018 by ERIC J. FOSS, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krishnal - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
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.

ERIC JAY FOSS _____
(Printed Full Name and Residence Address)

E. J. Foss
(Signature)

4/24/18
(Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ERIC J. FOSS, and:

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

L. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
12/31/2021
My Commission Expires



Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 05/1992 End Date(MM/YYYY): 05/1993
College/University Name: UNIVERSITY OF MICHIGAN
Type: GRADUATE
School Location: ANN ARBOR, MI
Degree/Certification Obtained: EXECUTIVE EDUCATION

Start Date(MM/YYYY): 09/1976 End Date(MM/YYYY): 05/1980
College/University Name: BALL STATE UNIVERSITY
Type: UNDERGRADUATE
School Location: MUNCIE, IN
Degree/Certification Obtained: BS MARKETING

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	05/2012	Ending Date:	Present
Employer's Name:	ARAMARK		
Address:	1101 MARKET STREET		
City:	PHILADELPHIA	State/Province:	Pennsylvania
Postal Code:	19107	Country:	United States
Phone:	215.238.6845		
Type Of Business:	FOOD SVCS, FACILITIES MGMT & UNIFORM SVCS		
Offices/Positions Held:	<ul style="list-style-type: none">• CHAIRMAN 02/2015 - Present• CHIEF EXECUTIVE OFFICER, PRESIDENT & DIRECTOR 05/2012 - Present		
Supervisor/ Contact:	HUMAN RESOURCES		
Beginning Date:	07/1990	Ending Date:	12/2011
Employer's Name:	PEPSI BEVERAGES COMPANY		
Address:	ONE PEPSI WAY		
City:	SOMERS	State/Province:	New York
Postal Code:	10589	Country:	United States
Phone:	914-767-6069		
Type Of Business:	BEVERAGE MANUFACTURER, SALES & DISTR		
Offices/Positions Held:	<ul style="list-style-type: none">• CEO, PEPSI BEVERAGES COMPANY 02/2010 - 12/2011• CHAIRMAN & CEO, THE PEPSI BOTTLING GROUP 01/2008 - 02/2010• PRESIDENT AND CEO, THE PEPSI BOTTLING GROUP 07/2006 - 01/2008• COO, THE PEPSI BOTTLING GROUP 09/2005 - 07/2006• PRESIDENT, PBG, NORTH AMERICA 09/2001 - 09/2005• EXECUTIVE VICE PRESIDENT, PBG NORTH AMERICA 01/2000 - 09/2001• SENIOR VICE PRESIDENT, SALES AND MARKETING 02/1999 - 01/2000• BUSINESS UNIT GM, CENTRAL EUROPE 04/1996 - 02/1999• BUSINESS UNIT, GENERAL MANAGER, GREAT WEST 06/1994 - 04/1996• VICE PRESIDENT, CHANNEL STRATEGY 07/1990 - 06/1994		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	01/2003	Ending Date:	05/2015
Employer's Name:	UDR		
Address:	1745 SHEA CENTER DRIVE, SUITE 200		
City:	HIGHLAND RANCH	State/Province:	Colorado
Postal Code:	80129	Country:	United States
Phone:	720-283-2452		
Type Of Business:	REAL ESTATE INVESTMENT TRUST		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	BOARD OF DIRECTORS		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	07/25/2011	Ending Date:	'Present'
Employer's Name:	CIGNA CORPORATION		
Address:	900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA		
Phone:	2157611000	Supervisor/Contact	Board of Directors
Position Held:			
	• MEMBER OF CORPORATE GOVERNANCE COMM	07/25/2011	- 'Present'
	• MEMBER OF BOARD OF DIRECTORS	07/26/2011	- 'Present'
	• MEMBER OF PEOPLE RESOURCES COMM	04/23/2014	- 'Present'
	• MEMBER OF AUDIT COMMITTEE	07/26/2011	- 04/23/2014

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

NONE

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (D)
Response to Question 11(h)

11(h). The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (E)

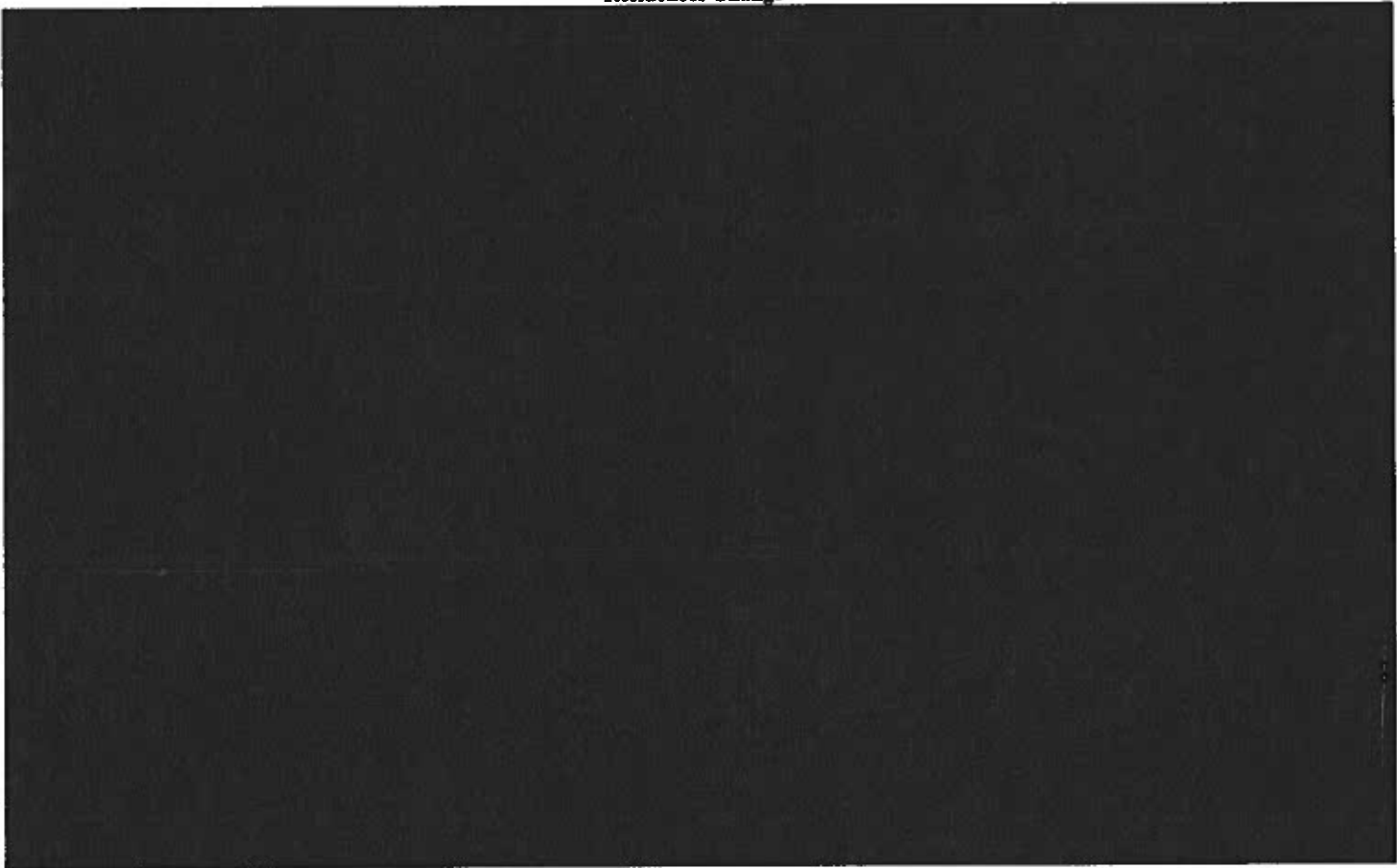
Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (F)
Residences Change



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT. 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: ISIAIAH Middle: 'NONE' Last: HARRIS, JR.

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: RETIRED PRESIDENT & CEO, AT&T ADVERTISING AND PUBLISHING-EAST

4. Affiant's business address: 1601 CHESTNUT STREET, TL7LO, Philadelphia PA 19192, United States

Business telephone: 215.761.6340

Business Email: ike.harris@cigna.com

5. Education and training: Please See Attachment (A)

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

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

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

NAIC No.
FEIN: 06-1059331

6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: CIGNA CORPORATION - CHAIRMAN OF EXECUTIVE COMMITTEE, CHAIRMAN OF THE BOARD, MEMBER OF BOARD OF DIRECTORS

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

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: CIGNA CORPORATION

NAIC No.

FEIN: 06-1059331

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- SEE ATTACHMENT (D)**
- 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. **PLEASE SEE ATTACHMENT (D)**

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,

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.

Please See Attachment (E)

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 24th day of April 2018 at Bloomfield. 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.

Isaiah Harris
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ISAIAH HARRIS, JR., and:

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

[SEAL]

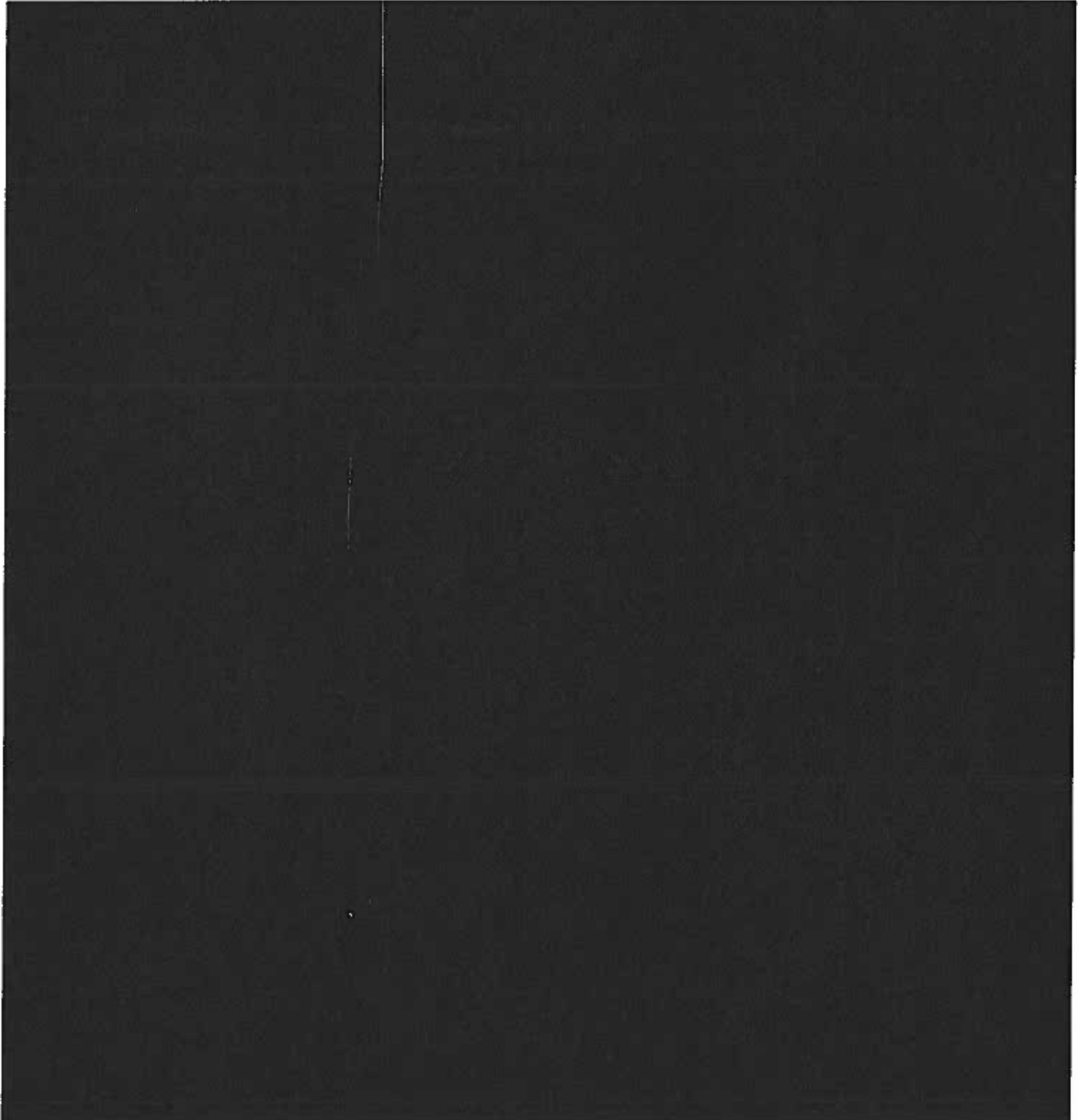


Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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



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 24th day of April, 20 18 at Bloomfield. 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.

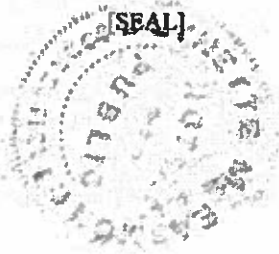
Isaiah Harris Jr
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ISAIAH HARRIS, JR. and:

who is personally known to me, or

who produced the following identification: Drivers License



Lyrette M. Gasman
Notary Public
Lyrette M. Gasman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Krishtul Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ISAIAH HARRIS, JR. [Redacted]

(Printed Full Name and Residence Address)

Isaiah Harris Jr
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ISAIAH HARRIS, JR., and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Krishul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ISAIAH HARRIS, JR.

(Printed Full Name and Residence Address)

Isaiah Harris Jr
(Signature)

April 24, 2018
(Date)

State of Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ISAIAH HARRIS, JR., and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krishnel - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
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.

ISAIAH HARRIS, JR. _____
(Printed Full Name and Residence Address)

Isaiah Harris Jr
(Signature) _____ April 24, 2018
(Date)

State of Connecticut County of Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ISAIAH HARRIS, JR., and:
 who is personally known to me, or
 who produced the following identification: Drivers License



Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1993 End Date(MM/YYYY): 02/1994
College/University Name: UNIVERSITY OF MINNESOTA
Type: EXECUTIVE
School Location: MINNEAPOLIS, MN
Degree/Certification Obtained: Executive Program

Start Date(MM/YYYY): 08/1970 End Date(MM/YYYY): 05/1974
College/University Name: IOWA STATE UNIVERSITY
Type: UNDERGRADUATE
School Location: AMES, IA
Degree/Certification Obtained: B.S.

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	09/2012	Ending Date:	Present
Employer's Name:	PALM HARBOR ACADEMY		
Address:	95 OLD KINGS ROAD NORTH		
City:	PALM COAST	State/Province:	Florida
Postal Code:	32137	Country:	United States
Phone:	386-447-9692		
Type Of Business:	NON-PROFIT, EDUCATIONAL		
Offices/Positions Held:	ADVISORY BOARD MEMBER		
Supervisor/ Contact:	GILLARD GLOVER, FOUNDER		
Beginning Date:	11/2008	Ending Date:	Present
Employer's Name:	WELLS FARGO ADVANTAGE FUNDS		
Address:	420 MONTGOMERY STREET		
City:	SAN FRANCISCO	State/Province:	California
Postal Code:	94163	Country:	United States
Phone:	866.249.3302		
Type Of Business:	INVESTMENT, ADVISORY & ADMINISTRATIVE SVCS		
Offices/Positions Held:	MEMBER, BOARD OF TUSTEES		
Supervisor/ Contact:	DAVID MESSMAN		
Beginning Date:	03/1997	Ending Date:	02/2007
Employer's Name:	BELLSOUTH CORPORATION N/K/A AT&T		
Address:	2247 NORTHLAKE PKWY ST. 1026		
City:	TUCKER	State/Province:	Georgia
Postal Code:	30084	Country:	United States
Phone:	678.406.2110		
Type Of Business:	COMMUNICATION SERVICES		
Offices/Positions Held:	<ul style="list-style-type: none"> • PRES. & CEO - AT&T ADVERTISING AND PUBLISHING – EAST • PRES. - BELLSOUTH ADVERTISING AND PUBLISHING GROUP • PRES. - BELLSOUTH ENTERPRISES, INC. • PRES. - CONSUMER SERVICES, CUSTOMER MARKETS GROUP • CORPORATE VP, FINANCE - BELLSOUTH CORPORATION • VP & CFO - BELLSOUTH TELECOMMUNICATIONS, INC. 	<ul style="list-style-type: none"> 12/2006 - 02/2007 01/2005 - 12/2006 01/2004 - 01/2005 09/2000 - 01/2004 01/2000 - 09/2000 03/1997 - 12/1999 	
Supervisor/ Contact:	HUMAN RESOURCES		
Beginning Date:	09/2005	Ending Date:	06/2006
Employer's Name:	MINORITY ENTREPRENEURIAL EDUCATION, INC.		
Address:	3330 CUMBERLAND BLVD. SUTIE 500		
City:	ATLANTA	State/Province:	Georgia
Postal Code:	30339	Country:	United States
Phone:	404.441.7881		
Type Of Business:	NON-PROFIT		
Offices/Positions Held:	<ul style="list-style-type: none"> • CHAIR • CO-CHAIR 	<ul style="list-style-type: none"> 09/2005 - 06/2006 01/2003 - 09/2005 	
Supervisor/ Contact:	MOHAMMAD BHUTYAN		
Beginning Date:	08/2004	Ending Date:	04/2011
Employer's Name:	DELUXE CORPORATION		
Address:	3680 VICTORIA ST. NORTH		
City:	SHOREVIEW	State/Province:	Minnesota
Postal Code:	55126	Country:	United States
Phone:	651.483.7111		
Type Of Business:	BUSINESS & CONSUMER SERVICES		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	MICHAEL SCHROEDER		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Beginning Date:	08/2002	Ending Date:	06/2004
Employer's Name:	INTERNATIONAL MULTIFOODS CORP (ACQUIRED BY J.M. SMUCKER)		
Address:	1 STRAWBERRY LANE		
City:	ORVILLE	State/Province:	Ohio
Postal Code:	44667	Country:	United States
Phone:	330.682.3000		
Type Of Business:	FOOD MANUFACTURER		
Offices/Positions Held:	DIRECTOR & CHAIR OF AUDIT COMM		
Supervisor/ Contact:	SONAL ROBINSON		
Beginning Date:	06/2002	Ending Date:	02/2007
Employer's Name:	HENRY W. GRADY HEALTH SYSTEM FOUNDATION		
Address:	50 HURT PLAZA, SUITE 803		
City:	ATLANTA	State/Province:	Georgia
Postal Code:	30303	Country:	United States
Phone:	404.489.1550		
Type Of Business:	NON-PROFIT		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	GERI THOMAS, CO CHAIR		
Beginning Date:	05/2002	Ending Date:	06/2005
Employer's Name:	ATLANTA LIFE FINANCIAL GROUP, INC.		
Address:	100 AUBURN AVE, NE		
City:	ATLANTA	State/Province:	Georgia
Postal Code:	30303	Country:	United States
Phone:	404.659.2100		
Type Of Business:	LIFE & FUNERAL INSURANCE		
Offices/Positions Held:	DIRECTOR, CHAIR NOMINATING, MEMBER AUDIT		
Supervisor/ Contact:	YOSHIKI UENO, PRESIDENT		
Beginning Date:	01/2000	Ending Date:	02/2007
Employer's Name:	UNITED WAY OF METROPOLITAN ATLANTA		
Address:	100 EDGEWOOD AVE. NE		
City:	ATLANTA	State/Province:	Georgia
Postal Code:	30303	Country:	United States
Phone:	404.527.7321		
Type Of Business:	NON-PROFIT		
Offices/Positions Held:	MEMBER OF THE FINANCE COMMITTEE		
Supervisor/ Contact:	MARK SUTTON		
Beginning Date:	03/1992	Ending Date:	Present
Employer's Name:	IOWA STATE UNIVERSITY FOUNDATION BOARD		
Address:	2505 UNIVERSITY BLVD.		
City:	AMES	State/Province:	Iowa
Postal Code:	50010	Country:	United States
Phone:	515.294.4607		
Type Of Business:	EDUCATIONAL INSTITUTION		
Offices/Positions Held:	MEMBER OF THE BOARD OF GOVERNORS, EMERITUS		
Supervisor/ Contact:	DAN SAFTIG		
Beginning Date:	01/1987	Ending Date:	03/1997
Employer's Name:	SUPERVALU, INC.		
Address:	11840 VALLEY VIEW RD.		
City:	EDEN PRAIRIE	State/Province:	Minnesota
Postal Code:	55344	Country:	United States
Phone:	952.294.6900		
Type Of Business:	GROCERY WHOLESALE DISTR & SVCS		
Offices/Positions Held:	VP & CONTROLLER, DIRECTOR INTERNAL AUDIT		
Supervisor/ Contact:	HUMAN RESOURCES		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>07/01/2005</u>	Ending Date:	<u>'Present'</u>
Employer's Name:	<u>CIGNA CORPORATION</u>		
Address:	<u>200 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA</u>		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:			
	• MEMBER OF BOARD OF DIRECTORS	07/01/2005	- 'Present'
	• CHAIRMAN OF EXECUTIVE COMMITTEE	12/25/2009	- 'Present'
	• CHAIRMAN OF THE BOARD	12/25/2009	- 'Present'
	• MEMBER OF CORPORATE GOVERNANCE COMM	07/27/2005	- 12/31/2009
	• MEMBER OF EXECUTIVE COMMITTEE	05/01/2008	- 12/31/2009
	• CHAIRMAN OF PEOPLE RESOURCES COMM	05/01/2008	- 07/30/2009
	• MEMBER OF PEOPLE RESOURCES COMM	07/27/2005	- 05/01/2008

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

Organization/Issuer of License:	STATE OF MINNESOTA BOARD OF ACCOUNTANCY		
Address:	85 E. SEVENTH PL., ST 125, ST. PAUL, Minnesota, 55101,		
License Type:	CPA (INACTIVE)	License #:	11591
Date Issued (MM/YYYY):	06/1988	Date Expired (MM/YYYY):	12/2015
Reason for Termination:			
Non-Insurance Regulatory Phone Number (if known):	651.296.7938		

Organization/Issuer of License:	IOWA STATE BOARD OF ACCOUNTANCY		
Address:	1920 SE HULZER RD., ANKENY, Iowa, , USA		
License Type:	CPA	License #:	UNKNOWN
Date Issued (MM/YYYY):	/1978	Date Expired (MM/YYYY):	/1988
Reason for Termination:	RELOCATED		
Non-Insurance Regulatory Phone Number (if known):	515.281.7387		

Organization/Issuer of License:	CALIFORNIA STATE BOARD OF ACCOUNTANCY		
Address:	2000 EVERGREEN ST. ST 250, SACRAMENTO, California, 95815, USA		
License Type:	CPA	License #:	UNKNOWN
Date Issued (MM/YYYY):	02/1977	Date Expired (MM/YYYY):	11/1980
Reason for Termination:	RELOCATED		
Non-Insurance Regulatory Phone Number (if known):	916.561.1729		

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (D)
Response to Question 11(h)

11(h). The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.

FEIN: **06-1059331**

Attachment (E)

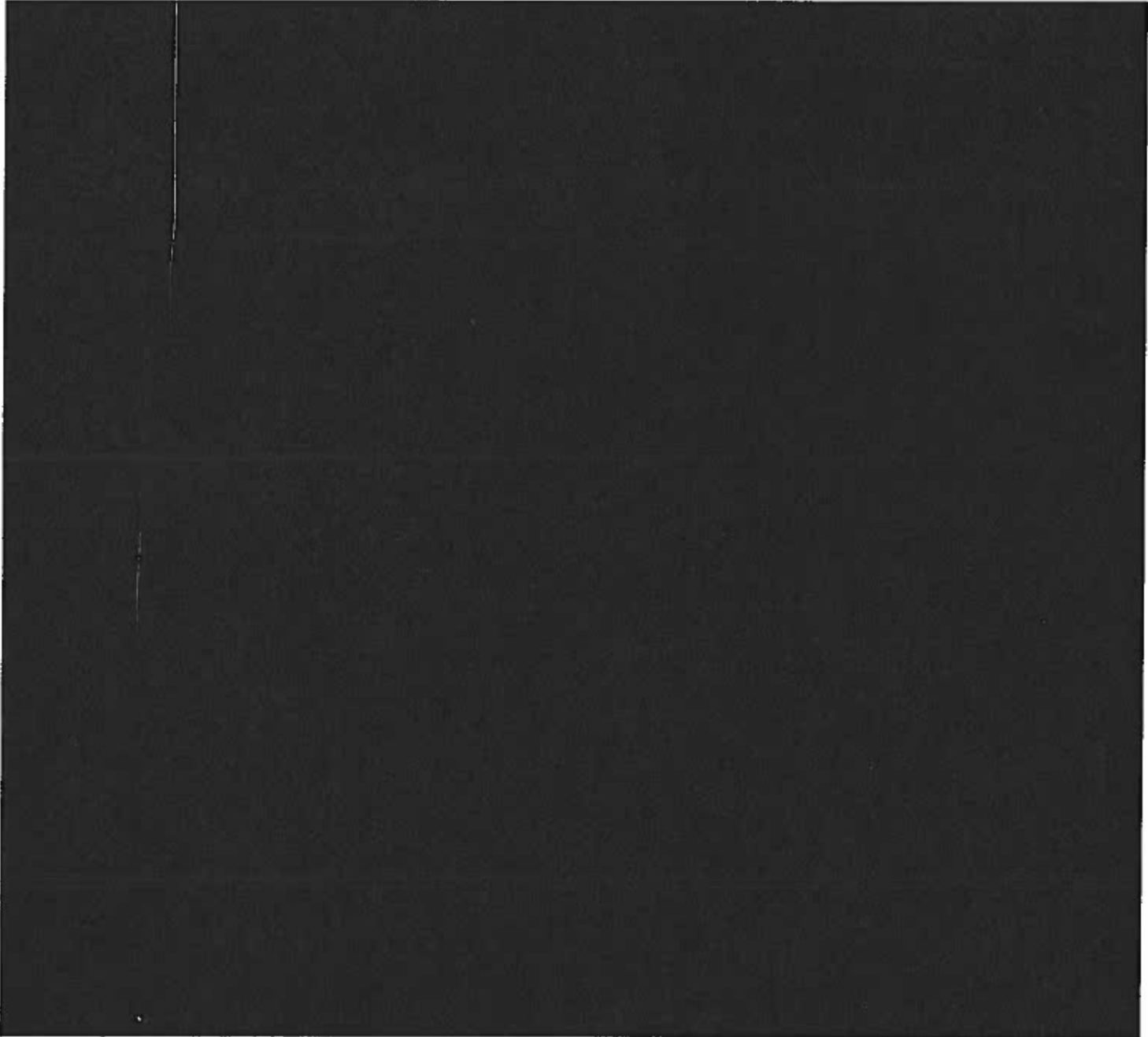
Response to Questions 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (F)



Applicant Company Name: **HALEMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

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).

HALEMOON PARENT, INC.
900 COTTAGE GROVE ROAD, BLOOMFIELD CT 06002, United States
860-226-6000

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

1. Affiant's Full Name (Initials Not Acceptable): First: **MARY** Middle: **TERESE** Last: **AGOGLIA HOELTZEL**

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: **CHIEF ACCOUNTING OFFICER**

4. Affiant's business address: **1601 CHESTNUT ST - TWO LIBERTY, PHILADELPHIA PA 19122**

Business telephone: **215/761-1170**

Business Email: **MARY.HOELTZEL@CIGNA.COM**

5. Education and training: **Please See Attachment (A)**

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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: **HALEMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

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>
AK, PA		1211 AVENUE OF THE AMERICAS, NEW YORK, NY 10036	1 888.777.0777

7. Present or proposed position with the Applicant Company: **MEMBER OF BOARD OF DIRECTORS**

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

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: HALFMOON PARENT, INC.

NAIC No.
FEIN: 82-4921898

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

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

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

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

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

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

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: **HALEMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

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.
Please See Attachment (D)

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 19 day of April 2018 at Philadelphia. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Mary T. Agoglia Hoeltzel
(Signature of Affiant)

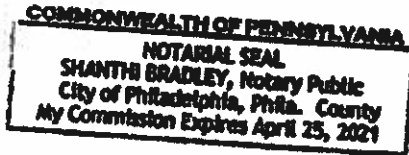
State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 2018 by MARY T. AGOGLIA HOELTZEL, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

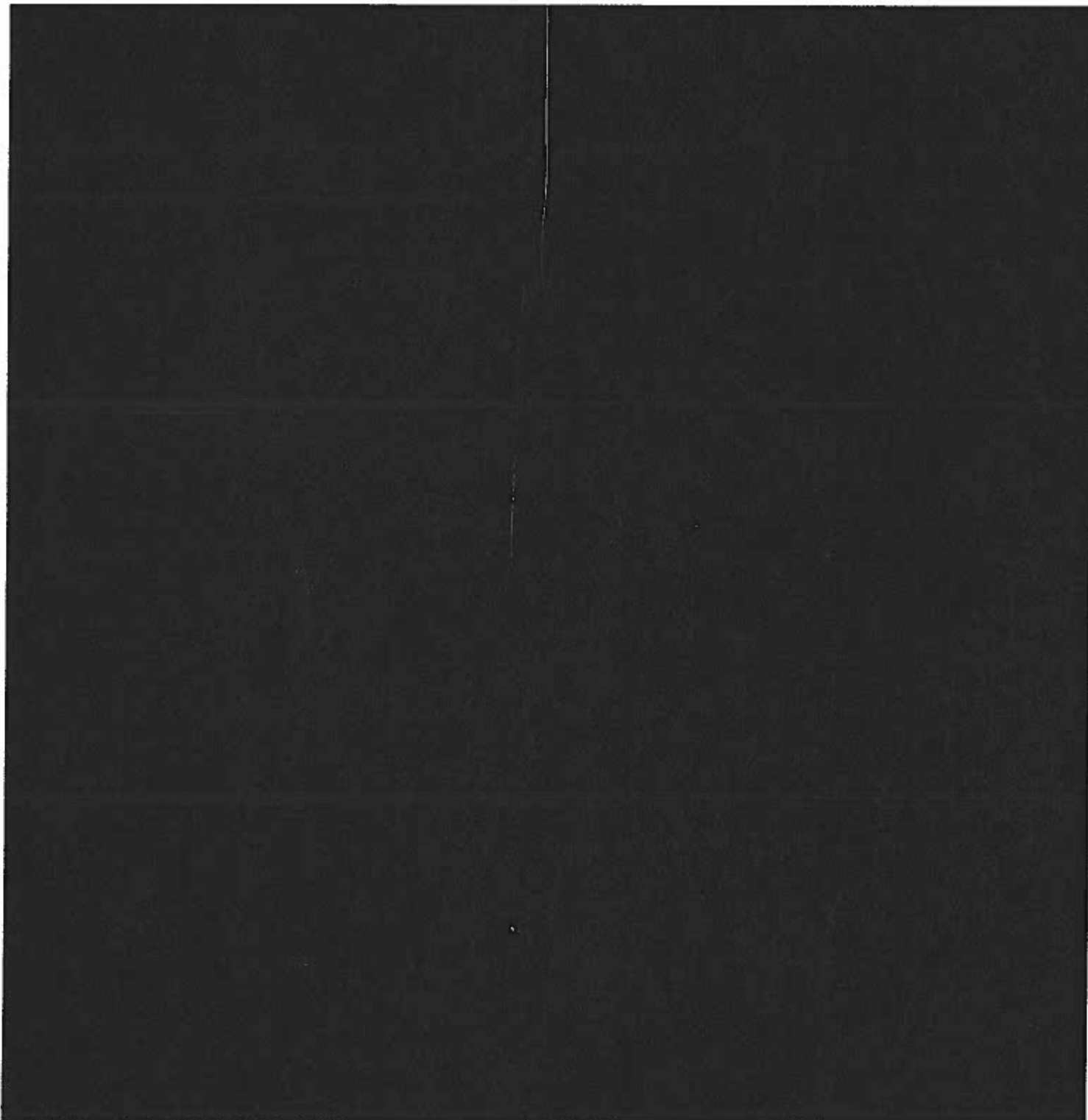


Shanthi Bradley
Notary Public
SHANTHI BRADLEY
Printed Notary Name
4/25/2021
My Commission Expires

Applicant Company Name: **HALFMOON PARENT, INC.**

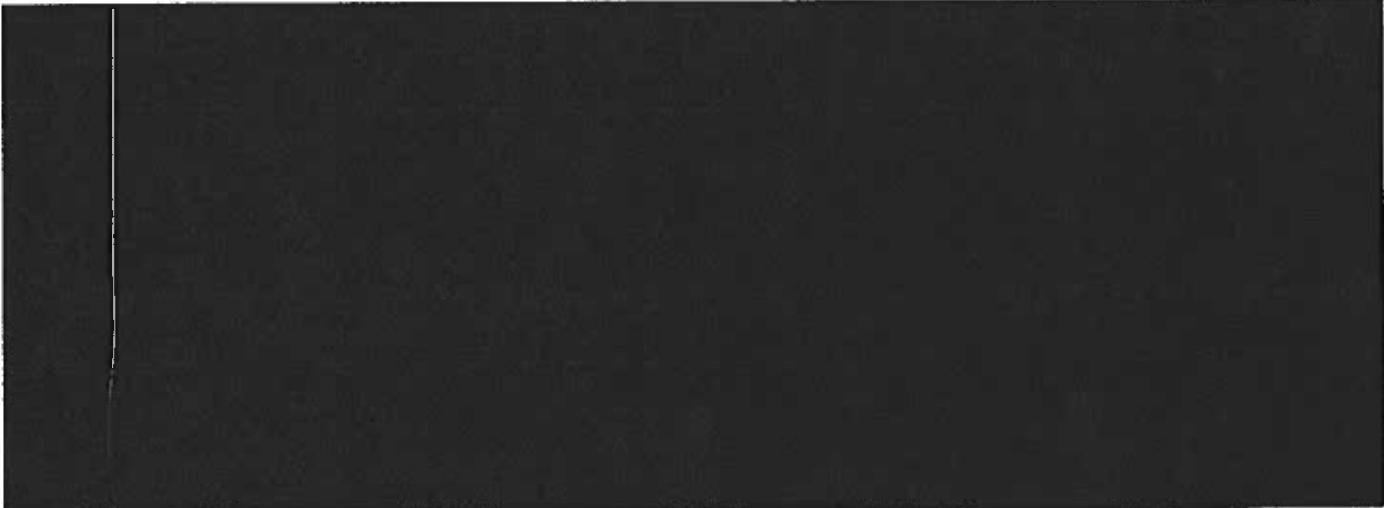
NAIC No.
FEIN: **82-4991828**

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **92-4991899**



Dated and signed this 19 day of April, 20 18 at Philadelphia. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

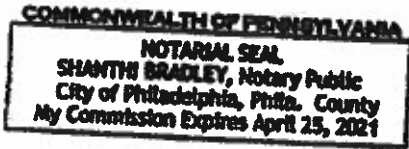
Mary T. Agoglia Hoeltzel
(Signature of Affiant)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 20 18 by MARY T. AGOGLIA HOELTZEL, and:

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

[SEAL]



Shanthi Bradley
Notary Public
SHANTHI BRADLEY
Printed Notary Name
4/25/2021
My Commission Expires

Applicant Company Name: **HALEMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

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

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact

Anna Krihtni Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

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

MARY T. AGOGLIA HOELTZEL

(Printed Full Name and Residence Address)

Mary T. Agoglia-Hoeltzel
(Signature)

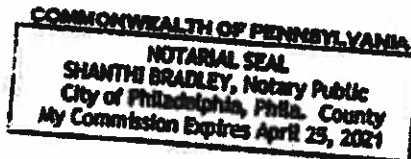
4/19/2018
(Date)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 2018 by **MARY T. AGOGLIA HOELTZEL**, and:

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

[SEAL]



Shanthi Bradley
Notary Public
SHANTHI BRADLEY
Printed Notary Name
4/25/2021
My Commission Expires

Applicant Company Name: HALFMOON PARENT, INC.

NAIC No.
FEIN: 82-4921898

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

You may 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

Anna Krasinski - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

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

MARY T. AGOGLIA HOELTZEL
(Printed Full Name and Residence Address)

Mary T. Agoglia Hoeltzel
(Signature)

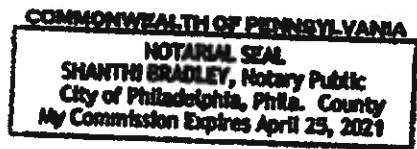
4/19/2018
(Date)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 2018 by MARY T. AGOGLIA HOELTZEL, and:

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

[SEAL]



Shanthi Bradley
Notary Public
SHANTHI BRADLEY
Printed Notary Name
4/25/2021
My Commission Expires

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of **HALFMOON PARENT, INC.** ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by 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 _____ [name of CRA, address] ("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

Anna Kriehel - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
Attached for your information is a "Summary of Your Rights Under the Fair Credit Reporting Act." You will be provided with a copy of any Background Report procured by Company if you check the box below.

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

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

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law. I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

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

MARY T. AGOGLIA HOELTZEL
(Printed Full Name and Residence Address)

Mary T. Agoglia Hoeltzel
(Signature)

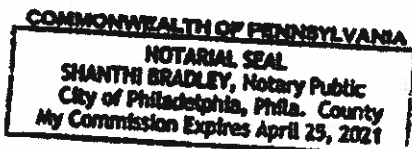
4/19/2018
(Date)

State of Pennsylvania County of Philadelphia

The foregoing instrument was acknowledged before me this 9 day of April, 2018 by **MARY T. AGOGLIA HOELTZEL** and:

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

(SEAL)



Shanthi Bradley
Notary Public
SHANTHI BRADLEY
Printed Notary Name
4/25/2021
My Commission Expires

Attachment (A)
Education And Training

Start Date(MM/YYYY):	09/2008	End Date(MM/YYYY):	11/2008
College/University Name:	University of Virginia, Charlottesville		
Type:	PROFESSIONAL		
School Location:	Charlottesville, North Carolina		
Degree/Certification Obtained:	Advanced Leadership Class Cert		

Start Date(MM/YYYY):	05/1999	End Date(MM/YYYY):	05/1999
College/University Name:	Green Belt Six Sigma Certified - GE Capital		
Type:	PROFESSIONAL		
School Location:	Stamford, CT		
Degree/Certification Obtained:	Green Belt Certificate		

Start Date(MM/YYYY):	02/1998	End Date(MM/YYYY):	03/1998
College/University Name:	Business Management Course - GE, Eastern Europe		
Type:	PROFESSIONAL		
School Location:	Crotonville, New York		
Degree/Certification Obtained:	BMC Certificate		

Start Date(MM/YYYY):	09/1977	End Date(MM/YYYY):	05/1980
College/University Name:	Pace University		
Type:	GRADUATE		
School Location:	New York, NY		
Degree/Certification Obtained:	Accounting/CPA prep		

Start Date(MM/YYYY):	01/1976	End Date(MM/YYYY):	06/1976
College/University Name:	Richmond College - American Inst of Studies Abroad		
Type:	UNDERGRADUATE		
School Location:	Richmond, England		
Degree/Certification Obtained:	Junior year abroad (Economics)		

Start Date(MM/YYYY):	09/1975	End Date(MM/YYYY):	05/1977
College/University Name:	Marymount College		
Type:	UNDERGRADUATE		
School Location:	Tarrytown, New York		
Degree/Certification Obtained:	BA Economics/Philosophy		

Start Date(MM/YYYY):	09/1974	End Date(MM/YYYY):	06/1975
College/University Name:	St. Josephs College		
Type:	UNDERGRADUATE		
School Location:	Brooklyn, New York		
Degree/Certification Obtained:	undergrad studies		

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

Attachment (B)
Officer/Director Employment Record

Employment Background	
Beginning Date: 07/2009	Ending Date: 'Present'
Employer's Name: CIGNA CORPORATION.	
Address: 1601 CHESTNUT STREET	
City: PHILADELPHIA	State/Province: Pennsylvania
Postal Code: 19192	Country: USA
Phone: 215.761.1170	
Type Of Business: TWO LIBERTY PLACE	
Offices/Positions Held: CHIEF ACCOUNTING OFFICER	
Supervisor/ Contact: ANNMARIE T. HAGAN	
Beginning Date: 07/2009	Ending Date: 'Present'
Employer's Name: CIGNA CORPORATION.	
Address: 1601 CHESTNUT STREET	
City: PHILADELPHIA	State/Province: Pennsylvania
Postal Code: 19192	Country: USA
Phone: 215.761.1170	
Type Of Business: TWO LIBERTY PLACE	
Offices/Positions Held: VICE PRESIDENT	
Supervisor/ Contact: ANNMARIE T. HAGAN	
Beginning Date: 09/2007	Ending Date: 07/2009
Employer's Name: CIGNA CORPORATION.	
Address: 1601 CHESTNUT STREET	
City: PHILADELPHIA	State/Province: Pennsylvania
Postal Code: 19192	Country: USA
Phone: 215.761.1170	
Type Of Business: TWO LIBERTY PLACE	
Offices/Positions Held: DEPUTY CHIEF ACCOUNTING OFFICER	
Supervisor/ Contact: ANNMARIE T. HAGAN	
Beginning Date: 01/2005	Ending Date: 09/2007
Employer's Name: GENERAL ELECTRIC	
Address: 530 E. SWEDES FORD ROAD	
City: WAYNE	State/Province: Pennsylvania
Postal Code: 19087	Country: USA
Phone: 484.254.0100	
Type Of Business:	
Offices/Positions Held: CHIEF FINANCIAL OFFICER - TFS/MOD SPACE	
Supervisor/ Contact: JOSEPH ARTUSO	
Beginning Date: 05/2002	Ending Date: 12/2004
Employer's Name: GENERAL ELECTRIC	
Address: 530 E. SWEDES FORD ROAD	
City: WAYNE	State/Province: Pennsylvania
Postal Code: 19087	Country: USA
Phone: 484.254.0100	
Type Of Business:	
Offices/Positions Held: FINANCE - GE CAPITAL/GE MONEY AMERICAS	
Supervisor/ Contact: JOSEPH ARTUSO	
Beginning Date: 05/1999	Ending Date: 05/2002
Employer's Name: GENERAL ELECTRIC	
Address: 530 E. SWEDES FORD ROAD	
City: WAYNE	State/Province: Pennsylvania
Postal Code: 19087	Country: USA
Phone: 484.254.0100	
Type Of Business:	

Applicant Company Name: HALFMOON PARENT, INC.

NAIC No.
FEIN: 82-4921898

Offices/Positions Held: VP/CONTROLLER - GE CARD SERVICES/GE MONEY AMERICAS
Supervisor/ Contact: JOSEPH ARTUSO

Beginning Date: 09/1995 **Ending Date: 05/1999**

Employer's Name: GENERAL ELECTRIC

Address: 330 E. SWEDES FORD ROAD

City: WAYNE

State/Province: Pennsylvania

Postal Code: 19087

Country: USA

Phone: 484.254.0100

Type Of Business:

Offices/Positions Held: FINANCE MANAGER - SHARED SERVICES

Supervisor/ Contact: JOSEPH ARTUSO

Beginning Date: 09/1989

Ending Date: 09/1995

Employer's Name: MELVILLE CORPORATION

Address: ONE THEALL ROAD

City: WESTCHESTER

State/Province: New York

Postal Code:

Country: USA

Phone:

Type Of Business: • • Offices/Positions Held: • CORPORATE

Type Of Business:

Offices/Positions Held: CORPORATE CONTROLLER

Supervisor/ Contact:

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991899**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	03/06/2018	Ending Date:	'Present'
Employer's Name:	HALFMOON I, INC.		
Address:			
Phone:			
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • MEMBER OF BOARD OF DIRECTORS 03/06/2018 - 'Present' 		
Beginning Date:	03/06/2018	Ending Date:	'Present'
Employer's Name:	HALFMOON II, INC.		
Address:			
Phone:			
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • MEMBER OF BOARD OF DIRECTORS 03/06/2018 - 'Present' 		
Beginning Date:	03/06/2018	Ending Date:	'Present'
Employer's Name:	HALFMOON PARENT, INC.		
Address:	200 COTTAGE GROVE ROAD, BLOOMFIELD, CT 06002, United States		
Phone:	860-226-6000		
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • MEMBER OF BOARD OF DIRECTORS 03/06/2018 - 'Present' 		
Beginning Date:	10/20/2011	Ending Date:	'Present'
Employer's Name:	HEALTHSPRING, INC.		
Address:	530 Great Circle Road, Nashville TN 37228, United States		
Phone:	832-553-3375		
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • MEMBER OF BOARD OF DIRECTORS 01/31/2012 - 'Present' • MEMBER OF BOARD OF DIRECTORS 10/20/2011 - 01/31/2012 		
Beginning Date:	12/23/2009	Ending Date:	'Present'
Employer's Name:	CIGNA WORLDWIDE INSURANCE COMPANY		
Address:	300 BELLEVUE PARKWAY, WILMINGTON, DE, 19809, USA		
Phone:	215-761-1000		
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • MEMBER OF BOARD OF DIRECTORS 12/23/2009 - 'Present' • MEMBER OF AUDIT COMMITTEE 12/23/2009 - 'Present' 		
Beginning Date:	12/07/2009	Ending Date:	'Present'
Employer's Name:	CONNECTICUT GENERAL CORPORATION		
Address:	200 COTTAGE GROVE ROAD, HARTFORD, CT, 06152, USA		
Phone:	860-226-6000		
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • MEMBER OF BOARD OF DIRECTORS 12/07/2009 - 'Present' • MEMBER OF AUDIT COMMITTEE 12/23/2009 - 'Present' 		
Beginning Date:	07/02/2009	Ending Date:	'Present'
Employer's Name:	CIGNA CORPORATION		
Address:	290 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA		
Phone:	2157611000		
Position Held:	Supervisor/Contact Board of Directors		
	<ul style="list-style-type: none"> • CHIEF ACCOUNTING OFFICER 07/02/2009 - 'Present' • VICE PRESIDENT 07/02/2009 - 'Present' 		

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991698**

Attachment (C)
Professional, Occupational and Vocational Licenses

Organization/Issuer of License: THE UNIVERSITY OF THE STATE OF NEW YORK
Address: 3 PARK AVENUE, NEW YORK, New York, 10016, USA
License Type: CPA License #: 051327
Date Issued (MM/YYYY): 04/1995 Date Expired (MM/YYYY):
Reason for Termination:
Non-Insurance Regulatory Phone Number (if known):

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4921898**

Attachment (D)

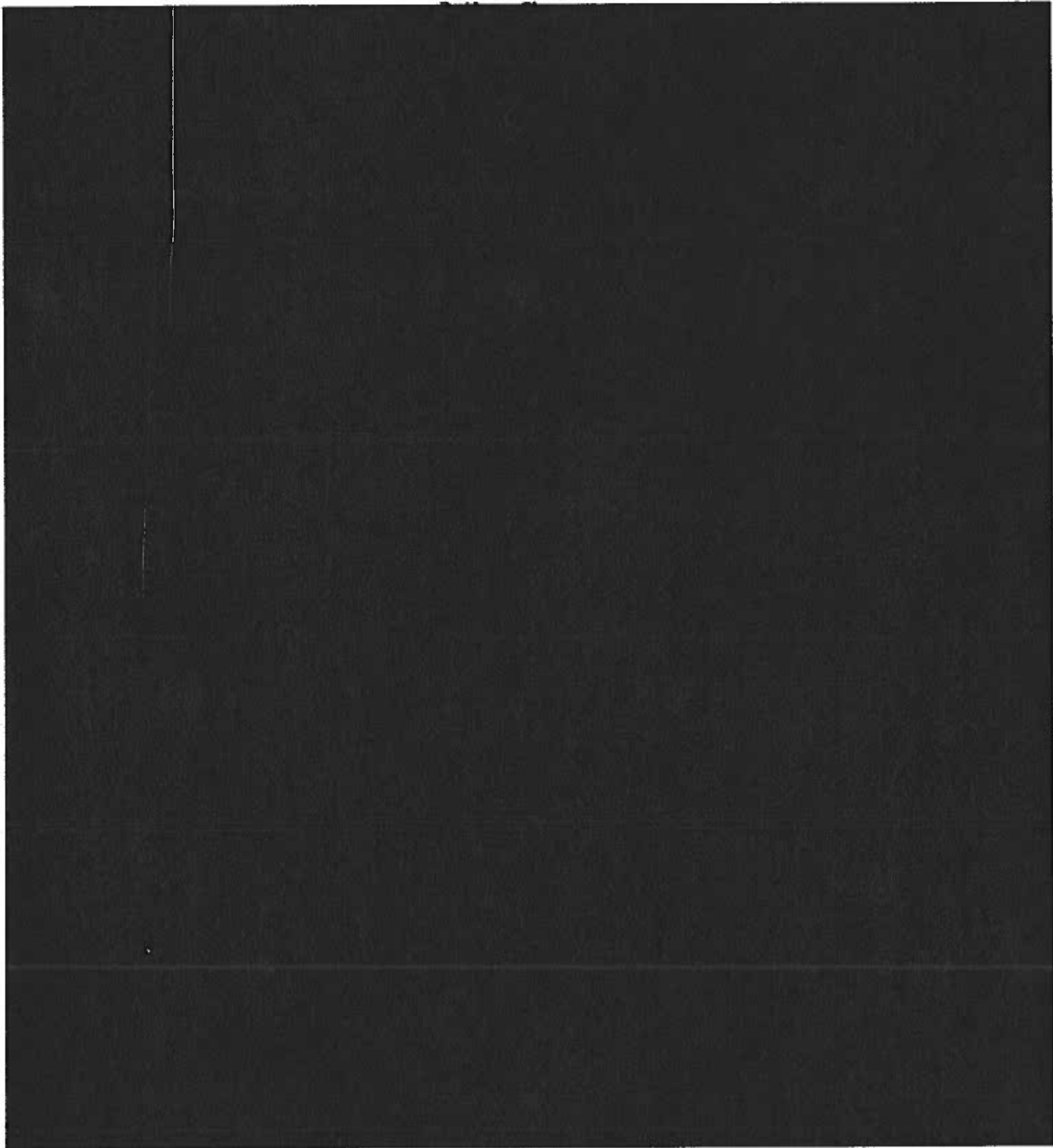
With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

NONE

Applicant Company Name: **HALFMOON PARENT, INC.**

NAIC No.
FEIN: **82-4991898**

Attachment (E)



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: ROMAN Middle: 'NONE' Last: MARTINEZ IV

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: PRIVATE INVESTOR

4. Affiant's business address: 248 TRADEWIND DRIVE, PALM BEACH FL 33480, United States

Business telephone: 917-892-4008

Business Email: roman@rmiv.com

5. Education and training: Please See Attachment (A)

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

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

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

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

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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>
NEW YORK PRESBYTERIAN HOSPITAL	STEVE CORWIN	525 E 68TH STREET, NY, NY 10021	212.305.8000
COUNCIL ON FOREIGN RELATIONS INTERNATIONAL RESCUE COMMITTEE	OFFICE OF SECRETARY DAVID MILIBAND	58 E. 68TH ST. NEW YORK, NY 10065 122 E. 42ND STREET, NY, NY 10168	1.212.434.9400 212.551.3002

7. Present or proposed position with the Applicant Company: CHAIRMAN OF AUDIT COMMITTEE... MEMBER OF BOARD OF DIRECTORS. MEMBER OF EXECUTIVE COMMITTEE. MEMBER OF FINANCE COMMITTEE.

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.

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

11. In responding to the following, if the record has been sealed or expunged, and the affiant has personally verified that the record was sealed or expunged, an affiant may respond "no" to the question. Have you ever:
- a. Been refused an occupational, professional, or vocational license or permit by any regulatory authority, or any public administrative, or governmental licensing agency?
Yes No
- b. Had any occupational, professional, or vocational license or permit you hold or have held, been subject to any judicial, administrative, regulatory, or disciplinary action?
Yes No

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.

FEIN: **06-1059331**

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- SEE ATTACHMENT (D)**
- 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. **PLEASE SEE ATTACHMENT (D)**

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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.

Please See Attachment (E)

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 24th day of April 20 18 at Bloomfield. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.



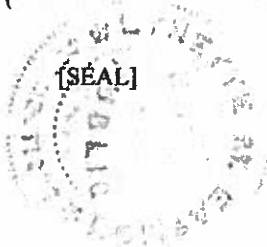
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by ROMAN MARTINEZ IV, and:

who is personally known to me, or

who produced the following identification: Drivers License.

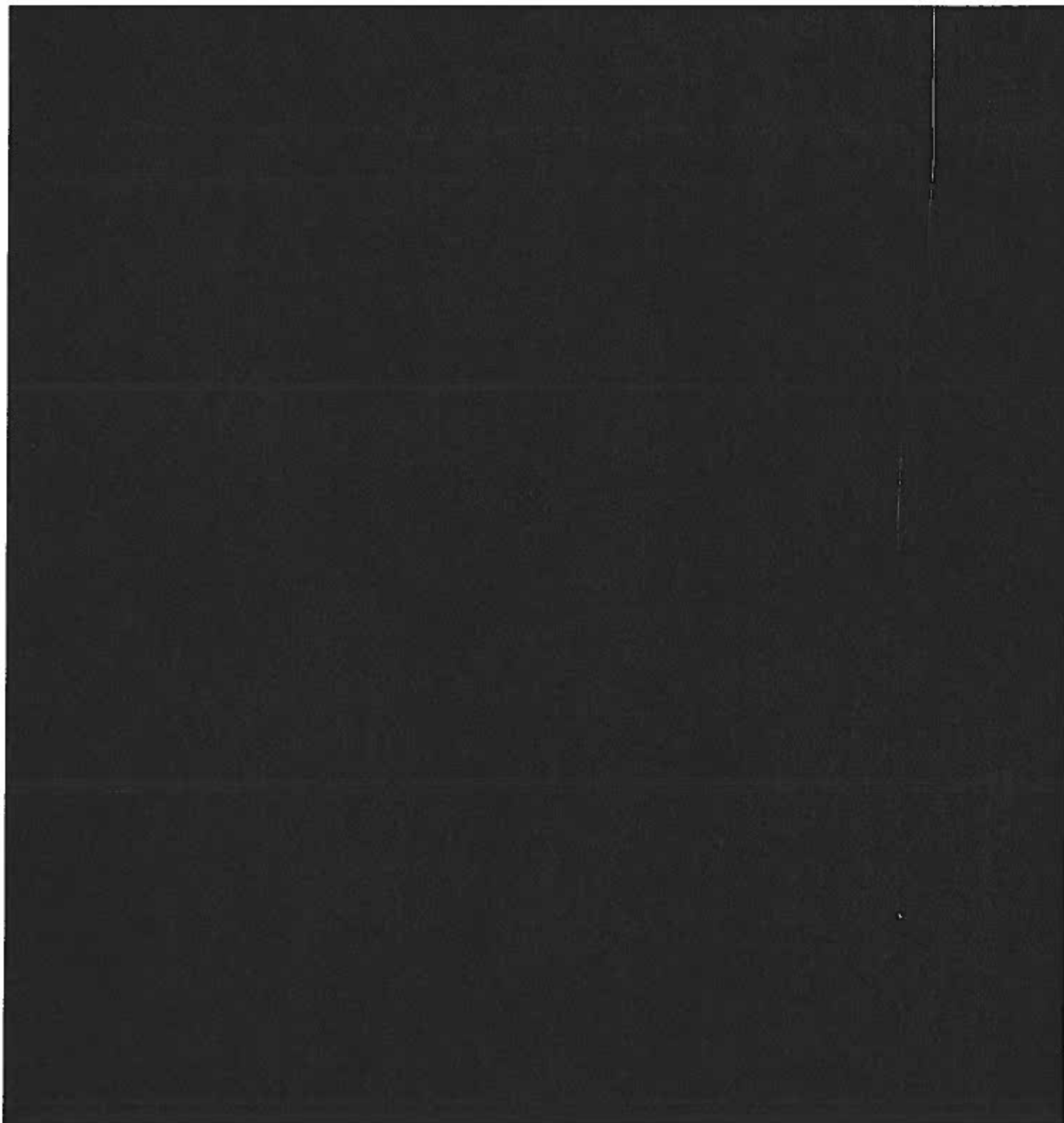


Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FBIN: 06-1059331

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



Dated and signed this 24th day of April, 2018 at Bloomfield, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ROMAN MARTINEZ IV, and:

who is personally known to me, or

who produced the following identification: Drivers license



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Krishnu Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ROMAN MARTINEZ IV _____
(Printed Full Name and Residence Address)

[Signature]
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ROMAN MARTINEZ IV, and:

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



Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2024
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 **CIGNA 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

Anna Krishful - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ROMAN MARTINEZ IV [Redacted]
(Printed Full Name and Residence Address)

[Signature]
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ROMAN MARTINEZ IV, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Kriehnel - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
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.

ROMAN MARTINEZ IV _____
(Printed Full Name and Residence Address)

[Signature] _____ (Signature) April 24, 2018 (Date)

State of: Connecticut County of Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ROMAN MARTINEZ IV, and:

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



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1969 End Date(MM/YYYY): 05/1971
College/University Name: WHARTON SCHOOL OF THE UNIV. OF PENN
Type: GRADUATE
School Location: PHILADELPHIA, PA
Degree/Certification Obtained: M.B.A. FINANCE

Start Date(MM/YYYY): 09/1965 End Date(MM/YYYY): 05/1969
College/University Name: BOSTON COLLEGE
Type: UNDERGRADUATE
School Location: CHESTNUT HILL, MASS
Degree/Certification Obtained: B.S. ACCOUNTING

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	07/2008	Ending Date:	07/2014
Employer's Name:	BACARDI LIMITED		
Address:	PO BOX HM 720		
City:	HAMILTON	State/Province:	
Postal Code:	20004	Country:	Bermuda
Phone:	441.295.4345		
Type Of Business:	PRODUCER OF SPIRITS		
Offices/Positions Held:	<ul style="list-style-type: none">MEMBER BOARD OF DIRECTORS 07/2008 - 07/2014MEMBER OF AUDIT COMMITTEE 07/2008 - 07/2014MEMBER OF COMPENSATION COMMITTEE 07/2008 - 07/2014		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	05/2004	Ending Date:	Present
Employer's Name:	ORBITAL ATK INC		
Address:	4501 WARP DRIVE		
City:	DULLES	State/Province:	Virginia
Postal Code:	20166	Country:	United States
Phone:	703.406.5500		
Type Of Business:	ADVANCED WEAPON & SPACE SYSTEMS		
Offices/Positions Held:	<ul style="list-style-type: none">MEMBER BOARD OF DIRECTORS 05/2004 - PresentMEMBER AUDIT COMMITTEE 05/2004 - PresentFORMER MEMBER COMPENSATION COMMITTEE		
Supervisor/ Contact:	DAVID W THOMPSON		
Beginning Date:	01/2004	Ending Date:	10/2004
Employer's Name:	GREENPOINT FINANCIAL CORP.		
Address:	90 PARK AVENUE		
City:	NEW YORK	State/Province:	New York
Postal Code:	10016	Country:	United States
Phone:	703.720.1000		
Type Of Business:	BANK HOLDING COMPANY		
Offices/Positions Held:	<ul style="list-style-type: none">MEMBER BOARD OF DIRECTORS 01/2004 - 10/2004MEMBER OF FINANCE COMMITTEE 01/2004 - 10/2004		
Supervisor/ Contact:	JOHN G. FINNERAN, JR. CORP. SEC.		
Beginning Date:	05/2003	Ending Date:	Present
Employer's Name:	RMVI ADVISORY, LLC		
Address:	248 TRADEWIND DRIVE		
City:	PALM BEACH	State/Province:	Florida
Postal Code:	33480	Country:	United States
Phone:	917.892.4008		
Type Of Business:	FINANCIAL ADVISORY SERVICES		
Offices/Positions Held:	<ul style="list-style-type: none">FINANCIAL ADVISOR 05/2003 - PresentPRIVATE INVESTOR 05/2003 - Present		
Supervisor/ Contact:	SELF		
Beginning Date:	01/1999	Ending Date:	05/2001
Employer's Name:	SPANISH BROADCASTING SYSTEM, INC.		
Address:	2601 S. BAYSHORE DRIVE, PH2		
City:	COCONUT GROVE	State/Province:	Florida
Postal Code:	33133	Country:	United States
Phone:	305.441.6901		
Type Of Business:	RADIO BROADCASTING & COMMUNICATIONS		
Offices/Positions Held:	<ul style="list-style-type: none">MEMBER BOARD OF DIRECTORS 01/1999 - 05/2001MEMBER OF AUDIT COMMITTEE 01/1999 - 05/2001MEMBER OF EXECUTIVE COMMITTEE 01/1999 - 05/2001		
Supervisor/ Contact:	JOSE MOLINA		

Applicant Company Name: CIGNA CORPORATION

NAIC No.

FEIN: 06-1059331

Beginning Date: 08/1971

Ending Date: 05/2003

Employer's Name: LEHMAN BROTHERS HOLDINGS, INC.

Address: 745 SEVENTH AVE. 30TH FLOOR

City: NEW YORK

State/Province: New York

Postal Code: 10019

Country: United States

Phone: 212.526.7000

Type Of Business: INVESTMENT BANKING

Offices/Positions Held: PARTNER, MANAGING DIRECTOR

Supervisor/ Contact: RICHARD FULD, CHAIRMAN AND CEO

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>07/01/2005</u>	Ending Date:	<u>'Present'</u>
Employer's Name:	<u>CIGNA CORPORATION</u>		
Address:	<u>900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA</u>		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:			
	• MEMBER OF BOARD OF DIRECTORS	07/01/2005	- 'Present'
	• MEMBER OF FINANCE COMMITTEE	07/27/2005	- 'Present'
	• CHAIRMAN OF AUDIT COMMITTEE	05/01/2015	- 'Present'
	• MEMBER OF EXECUTIVE COMMITTEE	05/01/2015	- 'Present'
	• MEMBER OF AUDIT COMMITTEE	04/25/2012	- 05/01/2015
	• MEMBER OF PEOPLE RESOURCES COMM	01/27/2009	- 04/25/2012
	• MEMBER OF AUDIT COMMITTEE	07/27/2005	- 01/26/2009

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

Organization/Issuer of License: NASD
Address: 14 WALL STREET, NEW YORK, New York, 10005, USA
License Type: SERIES 63 License #: 321783
Date Issued (MM/YYYY): 03/1994 Date Expired (MM/YYYY): 05/2005
Reason for Termination: RETIRED
Non-Insurance Regulatory Phone Number (if known):

Organization/Issuer of License: NASD
Address: 14 WALL STREET, NEW YORK, New York, 10005, USA
License Type: SERIES 1(NOW 7) License #: 321783
Date Issued (MM/YYYY): 02/1972 Date Expired (MM/YYYY): 02/2005
Reason for Termination: RETIRED
Non-Insurance Regulatory Phone Number (if known):

Attachment (D)
Response to Question 11(h)

11(h).

- The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

- The members of the Orbital, ATK board were named in a putative class action and derivative lawsuits challenging the merger of Orbital Sciences and Alliant Techsystems Inc. The suits were filed in the Court of Chancery of the State of Delaware in May 2014. On November 14, 2014, the lawsuits were consolidated by the court under the caption In Re Orbital Corporation Stockholder Litigation (the "Consolidated Lawsuit"). On February 2, 2016, the case was dismissed.

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.

FEIN: **06-1059331**

Attachment (E)

Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

NAIC No. _____
FEIN: 06-1059331

Attachment (F)



Applicant Company Name: CIGNA CORPORATION

NAIC No.

FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06002, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: ALAN Middle: MARC Last: MUNEY

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: SR VICE PRESIDENT TOTAL HEALTH & NETWORK

4. Affiant's business address: 900 COTTAGE GROVE ROAD, WILDE, BLOOMFIELD CT 06152

Business telephone: 860/226-4358

Business Email: ALAN.MUNEY@CIGNA.COM

5. Education and training: Please See Attachment (A)

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

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

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

NAIC No.
FEIN: **06-1059331**

6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: **CHIEF MEDICAL OFFICER, EXECUTIVE VICE PRESIDENT**

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

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.

Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

- 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,

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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)?

SEE ATTACHMENT (D)

- 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?

SEE ATTACHMENT (D)

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.
Please See Attachment (D) _____

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 20 day of April 20 18 at Cigna, Bloomfield, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

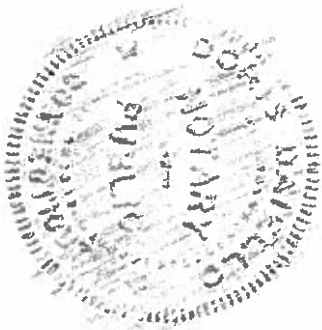
Alan Munez
(Signature of Affiant)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 20 day of April, 20 18 by ALAN MUNEY, and:

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

[SEAL]



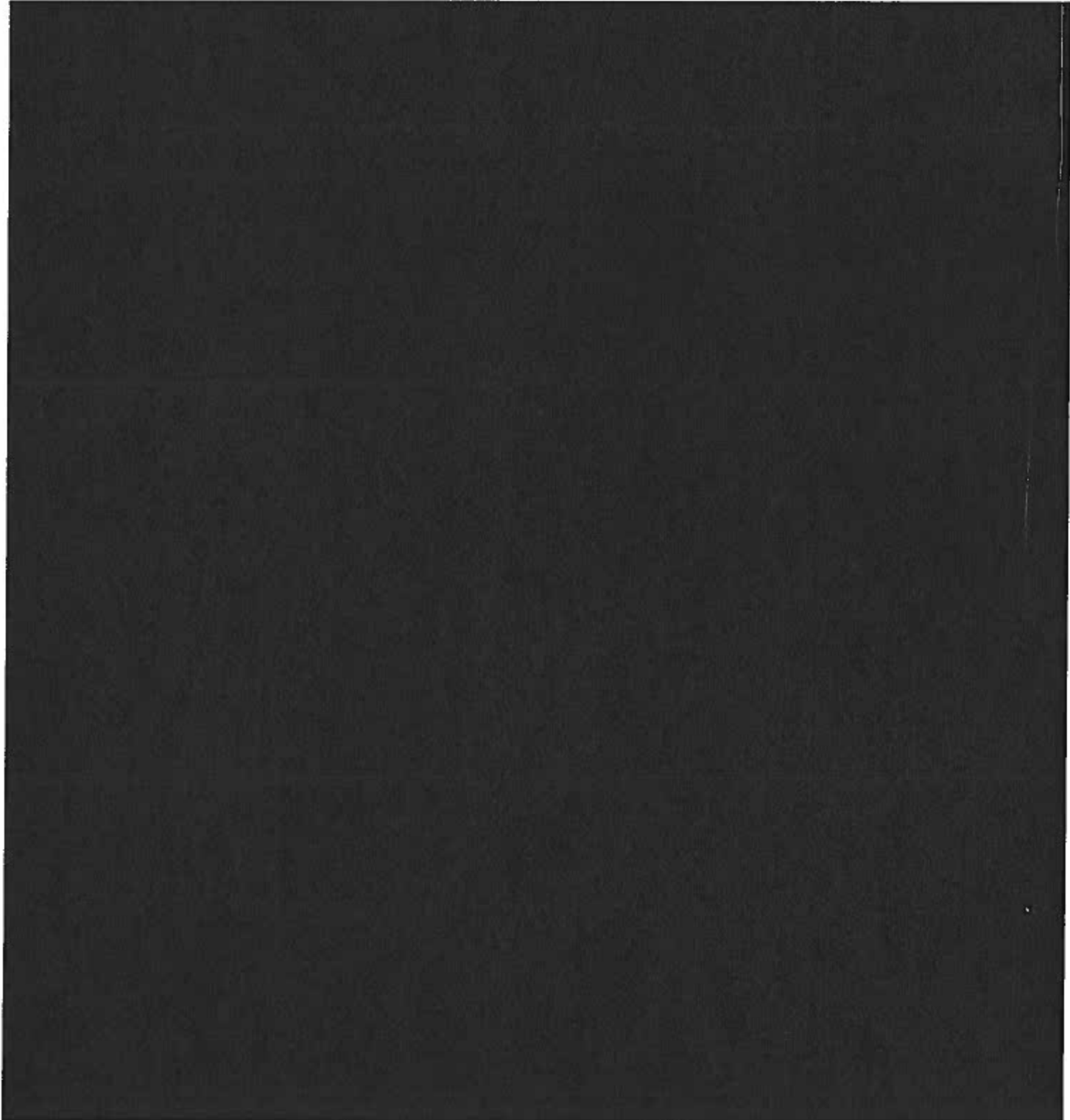
Dan S. Gaicello
Notary Public
Dan S. Gaicello
Printed Notary Name
March 31, 2021
My Commission Expires

Check Details
Notary Public - State of Connecticut
My Commission Expires - March 31, 2021
06-0770

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

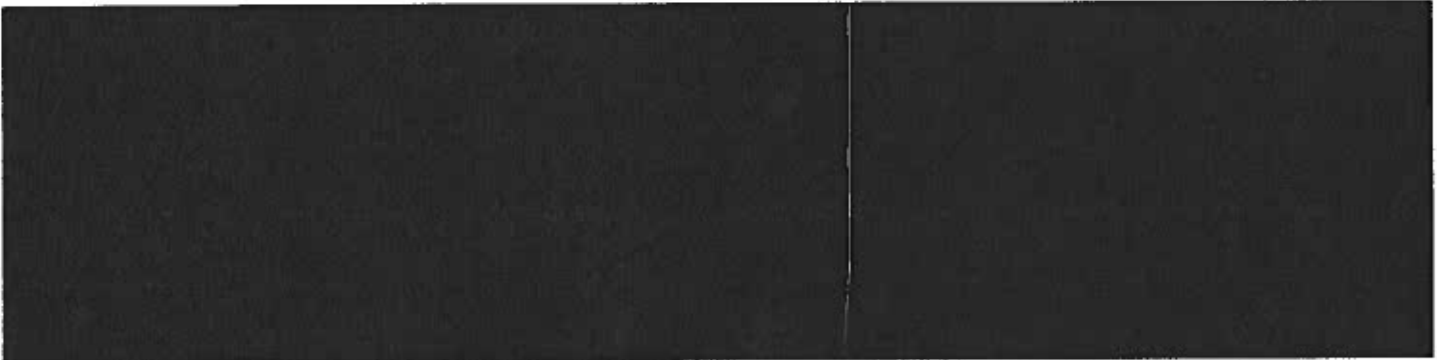
**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1052331

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



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 20 day of April, 2018 at Cayo, Branfield, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Alan Munev
(Signature of Affiant)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 20 day of April, 2018 by ALAN MUNEY, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Boris Baiello
Notary Public
Boris Baiello
Printed Notary Name
March 31, 2021
My Commission Expires

Don't Exhale
Notary Public - State of Connecticut
My Commission Expires - March 31, 2021
04 00700

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Krshatol Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ALAN MARC MUNEY _____
(Printed Full Name and Residence Address)

Alan Marc Muneey
(Signature)

4/20/2018
(Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this CT day of April, 20 18 by ALAN MUNEY, and:

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



Donis D'Amelio
Notary Public
Donis D'Amelio
Printed Notary Name
March 31, 2021
My Commission Expires

Donis D'Amelio
Notary Public - State of Connecticut
My Commission Expires - March 31, 2021
026 92758

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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 **CIGNA 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

Anna Krizhtal - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States
Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ALAN MARC MUNEY _____
(Printed Full Name and Residence Address)

Alan Marc Muneuy
(Signature)

4/20/2018
(Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 20 day of April, 20 18 by **ALAN MUNEY**, and:

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

[SEAL]



Doris D'Amico
Notary Public

Doris D'Amico
Printed Notary Name
March 31, 2021
My Commission Expires

Doris D'Amico
Notary Public - State of Connecticut
My Commission Expires March 31, 2021
201 67700

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of **CIGNA 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 _____ [name of CRA, address] ("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

Anna Kriebel - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
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.

ALAN MARC MUNEY _____
(Printed Full Name and Residence Address)

Alan Marc Muneey
(Signature)

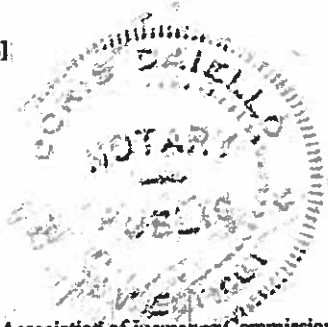
4/20/2018
(Date)

State of: CT County of Hartford

The foregoing instrument was acknowledged before me this 20 day of April, 20 18 by **ALAN MUNEY**, and:

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

[SEAL]



Doris Daicello
Notary Public
Doris Daicello
Printed Notary Name
March 31, 2021
My Commission Expires

Doris Daicello
Notary Public - State of Connecticut
Commission Expires - March 31, 2021
026 05700

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1990 End Date(MM/YYYY): 05/1992
College/University Name: UNIVERSITY OF LA VERNE
Type: GRADUATE
School Location: LA VERNE, CA
Degree/Certification Obtained: MHA

Start Date(MM/YYYY): 09/1975 End Date(MM/YYYY): 06/1978
College/University Name: BROWN UNIVERSITY
Type: GRADUATE
School Location: PROVIDENCE, RI
Degree/Certification Obtained: MD

Start Date(MM/YYYY): 09/1971 End Date(MM/YYYY): 05/1975
College/University Name: BROWN UNIVERSITY
Type: UNDERGRADUATE
School Location: PROVIDENCE, RI
Degree/Certification Obtained: ScB

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background

Beginning Date:	03/2010	Ending Date:	Present
Employer's Name:	CIGNA CORPORATION		
Address:	900 COTTAGE GROVE ROAD		
City:	BLOOMFIELD	State/Province:	Connecticut
Postal Code:	16152	Country:	United States
Phone:	860-226-6000		
Type Of Business:	INS., HLTHCARE & FINANCIAL SVCS		
Offices/Positions Held:	<ul style="list-style-type: none">• EVP, TOTAL HEALTH & NETWORK 02/2017 - Present• CHIEF MEDICAL OFFICER 01/2011 - Present• SVP TOTAL HEALTH & NETWORK 03/2010 - 02/2017		
Supervisor/ Contact:	DAVID CORDANI		
Beginning Date:	10/2007	Ending Date:	03/2010
Employer's Name:	BLACKSTONE GROUP		
Address:	345 PARK AVENUE		
City:	NEW YORK	State/Province:	New York
Postal Code:	10154	Country:	United States
Phone:	212.538.5000		
Type Of Business:	PRIVATE EQUITY & FINANCIAL SVCS		
Offices/Positions Held:	EXECUTIVE DIRECTOR, PRIVATE EQUITY GRP, HEALTHCARE PRACTICE		
Supervisor/ Contact:	JAMES QUELLA		
Beginning Date:	10/2007	Ending Date:	03/2010
Employer's Name:	EQUITY HEALTHCARE		
Address:	345 PARK AVENUE		
City:	NEW YORK	State/Province:	New York
Postal Code:	10154	Country:	United States
Phone:	212-538-5000		
Type Of Business:	HEALTHCARE (BLACKSTONE GROUP SUBSIDIARY)		
Offices/Positions Held:	CHIEF EXECUTIVE OFFICER		
Supervisor/ Contact:	JAMES QUELLA		
Beginning Date:	10/2007	Ending Date:	03/2010
Employer's Name:	VANGUARD HEALTH SYSTEM		
Address:	SIX CADILLAC DRIVE		
City:	BRENTWOOD	State/Province:	Tennessee
Postal Code:	37027	Country:	United States
Phone:	615-250-7100		
Type Of Business:	HOSPITAL & MED FACILITY OPS		
Offices/Positions Held:	BOARD OF DIRECTORS		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	10/2007	Ending Date:	03/2010
Employer's Name:	TEAM HEALTH		
Address:	265 BROOKVIEW CENTRE WAY, SUITE 400		
City:	KNOXVILLE	State/Province:	Tennessee
Postal Code:	37919	Country:	United States
Phone:	800-342-2898		
Type Of Business:	MEDICAL STAFFING		
Offices/Positions Held:	BOARD OF DIRECTORS		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	04/1998	Ending Date:	02/2007
Employer's Name:	OXFORD HEALTH PLANS		
Address:	48 MONROE TURNPIKE		
City:	TRUMBALL	State/Province:	Connecticut
Postal Code:	06611	Country:	United States

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Phone: 203-459-9100

Type Of Business: HEALTH INSURANCE

Offices/Positions Held:

- CMO, NORTHEAST UNITED HEALTHCARE 04/2004 - 02/2007
- EVP & CHIEF MEDICAL OFFICER 04/1998 - 04/2004

Supervisor/ Contact: MICHAEL TURPIN

Beginning Date: 12/1995 Ending Date: 03/1998

Employer's Name: AVANTI HEALTH SYSTEMS NYLCARE HEALTH PLANS (NEW YORK LIFE)

Address: 75 NASSAU TERMINAL ROAD

City: NEW YORK

State/Province: New York

Postal Code: 11040

Country: United States

Phone: 516.280.1000

Type Of Business: SENIOR CARE

Offices/Positions Held: SVP OF MEDICAL AFFAIRS & CHIEF MEDICAL OFFICER

Supervisor/ Contact: HUMAN RESOURCES

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	05/04/2016	Ending Date:	'Present'
Employer's Name:	CAREALLIES, INC.		
Address:	Two Liberty Place, 1601 Chestnut Street, Philadelphia PA 19192		
Phone:		Supervisor/Contact	Board of Directors
Position Held:	<ul style="list-style-type: none">• MEMBER OF BOARD OF DIRECTORS 05/04/2016 - 'Present'		
Beginning Date:	12/31/2012	Ending Date:	'Present'
Employer's Name:	KRONOS OPTIMAL HEALTH COMPANY		
Address:	25500 N. NORTERRA DRIVE, PHOENIX, AZ, 85085, USA		
Phone:	215.761.1000	Supervisor/Contact	Board of Directors
Position Held:	<ul style="list-style-type: none">• MEMBER OF BOARD OF DIRECTORS 12/31/2012 - 'Present'• PRESIDENT 12/31/2012 - 'Present'		
Beginning Date:	06/14/2012	Ending Date:	'Present'
Employer's Name:	CIGNA FOUNDATION		
Address:	TWO LIBERTY PLACE, 1601 CHESTNUT STREET, PHILADELPHIA, PA, 19192, USA		
Phone:	2157611000	Supervisor/Contact	Board of Directors
Position Held:	<ul style="list-style-type: none">• BOARD OF DIRECTORS (1) 06/14/2012 - 'Present'		
Beginning Date:	01/03/2011	Ending Date:	'Present'
Employer's Name:	CIGNA CORPORATION		
Address:	900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA		
Phone:	2157611000	Supervisor/Contact	Board of Directors
Position Held:	<ul style="list-style-type: none">• EXECUTIVE VICE PRESIDENT 02/23/2017 - 'Present'• CHIEF MEDICAL OFFICER 01/03/2011 - 'Present'		
Beginning Date:	01/03/2011	Ending Date:	'Present'
Employer's Name:	CIGNA HEALTH MANAGEMENT, INC.		
Address:	1601 CHESTNUT STREET, TWO LIBERTY PLACE, PHILADELPHIA, PA, 19192, USA		
Phone:	215.761.1000	Supervisor/Contact	Board of Directors
Position Held:	<ul style="list-style-type: none">• MEMBER OF BOARD OF DIRECTORS 01/03/2011 - 'Present'• PRESIDENT 01/03/2011 - 'Present'		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

Organization/Issuer of License:	STATE OF CONNECTICUT		
Address:	, HARTFORD, Connecticut, 06152, USA		
License Type:	MEDICAL	License #:	035866
Date Issued (MM/YYYY):	03/1997	Date Expired (MM/YYYY):	
Reason for Termination:			
Non-Insurance Regulatory Phone Number (if known):			

Organization/Issuer of License:	STATE OF NEW YORK		
Address:	, , , , United States		
License Type:	MEDICAL	License #:	
Date Issued (MM/YYYY):	01/1996	Date Expired (MM/YYYY):	
Reason for Termination:			
Non-Insurance Regulatory Phone Number (if known):			

Organization/Issuer of License:	STATE OF CALIFORNIA		
Address:	, , , , United States		
License Type:	MEDICAL	License #:	
Date Issued (MM/YYYY):	01/1982	Date Expired (MM/YYYY):	
Reason for Termination:			
Non-Insurance Regulatory Phone Number (if known):			

Organization/Issuer of License:	STATE OF MARYLAND		
Address:	, , , ,		
License Type:	MEDICAL	License #:	
Date Issued (MM/YYYY):	01/1978	Date Expired (MM/YYYY):	01/1982
Reason for Termination:	MOVED/LEFT PRACTICE		
Non-Insurance Regulatory Phone Number (if known):			

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

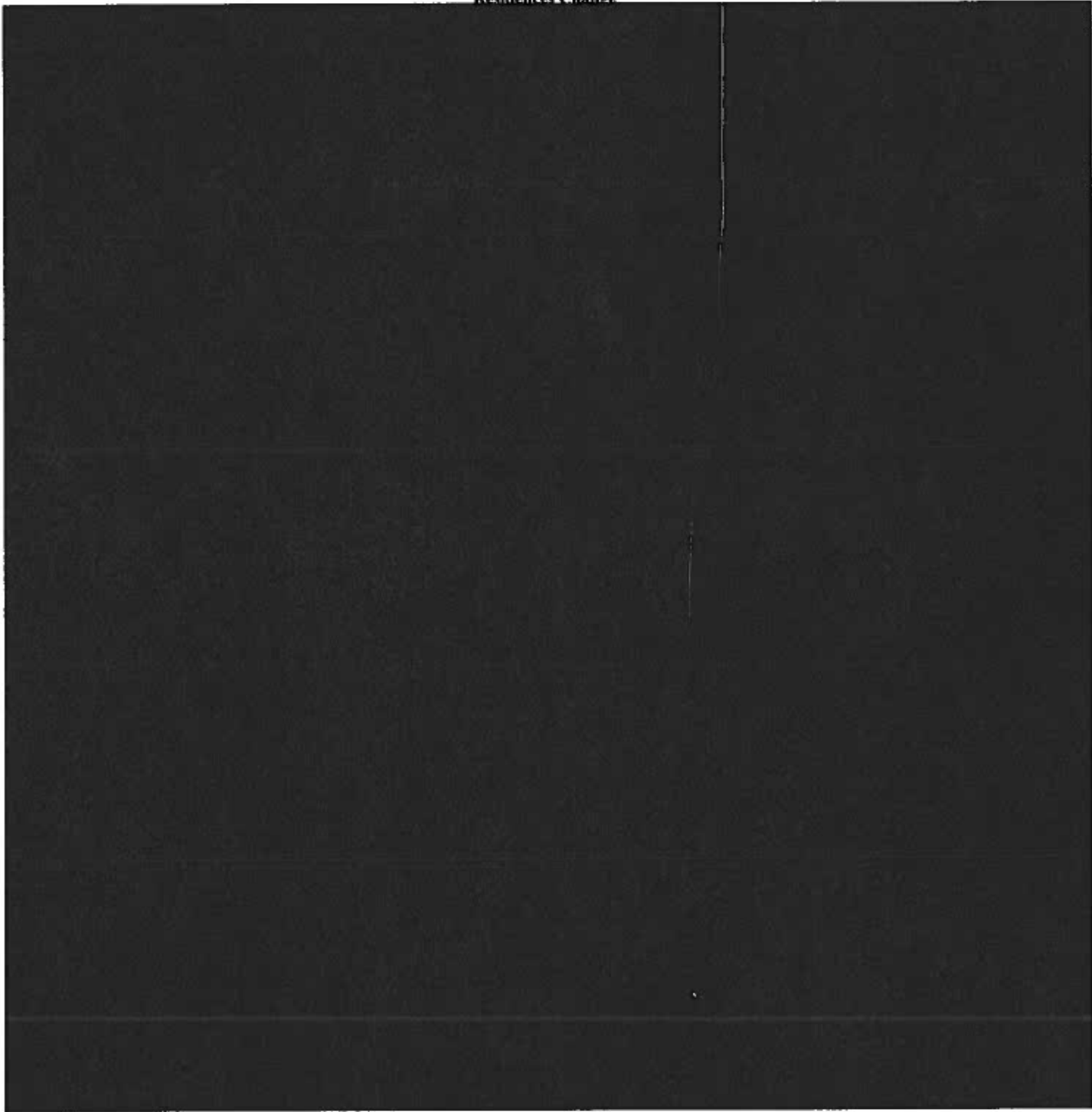
Attachment (D)

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (E)
Residences Change



Applicant Company Name: **CIGNA CORPORATION**

NAIC No. _____
FEIN: **06-1059331**

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: **JOHN** Middle: **MICHAEL** Last: **MURABITO**

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: **EXECUTIVE VICE PRESIDENT, HUMAN RESOURCES & SERVICES**

4. Affiant's business address: **1601 CHESTNUT ST -TWO LIBERTY, PHILADELPHIA PA 19192**

Business telephone: **215/761-6176**

Business Email: **JOHN.MURABITO@CIGNA.COM**

5. Education and training: **Please See Attachment (A)**

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

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

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

NAIC No.
FEIN: **06-1059331**

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>
MEMBER, HR POLICY ASSOCIATION	MEMBER SERVICES	1015 15TH STREET, N.W., SUITE 1200, WASHINGTON, DC 20005	(202) 789-8670
JUVENILE DIABETES RESEARCH FOUNDATION, EASTERN PA CHAPTER	PATRICK DELANEY	555 CROTON ROAD, SUITE 111, KING OF PRUSSIA, PA 19406	610-664-9255

7. Present or proposed position with the Applicant Company: **EXECUTIVE VICE PRESIDENT**

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

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.

FEIN: **06-1059331**

- 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,

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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)?

SEE ATTACHMENT (D)

- 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?

SEE ATTACHMENT (D)

Applicant Company Name: CIGNA CORPORATION

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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.

Please See Attachment (D)

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 19 day of April, 2018 at Philadelphia Office. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

John Murabito
(Signature of Affiant)

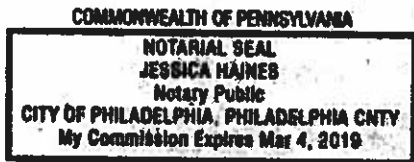
State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 2018 by JOHN M. MURABITO, and:

who is personally known to me, or

who produced the following identification: _____.

[SEAL]

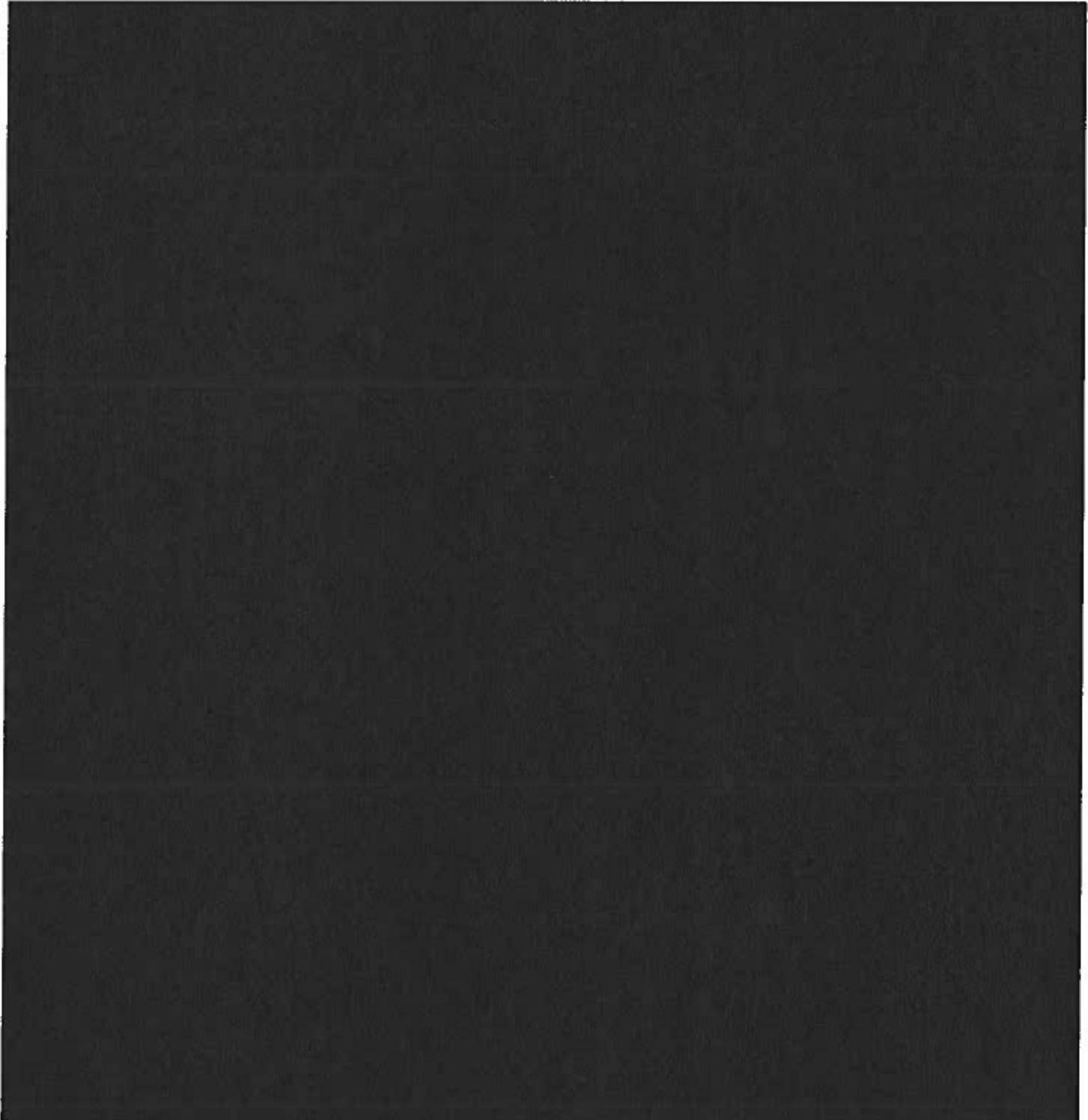


Jessica Haines
Notary Public
Jessica Haines
Printed Notary Name
3/4/2019
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

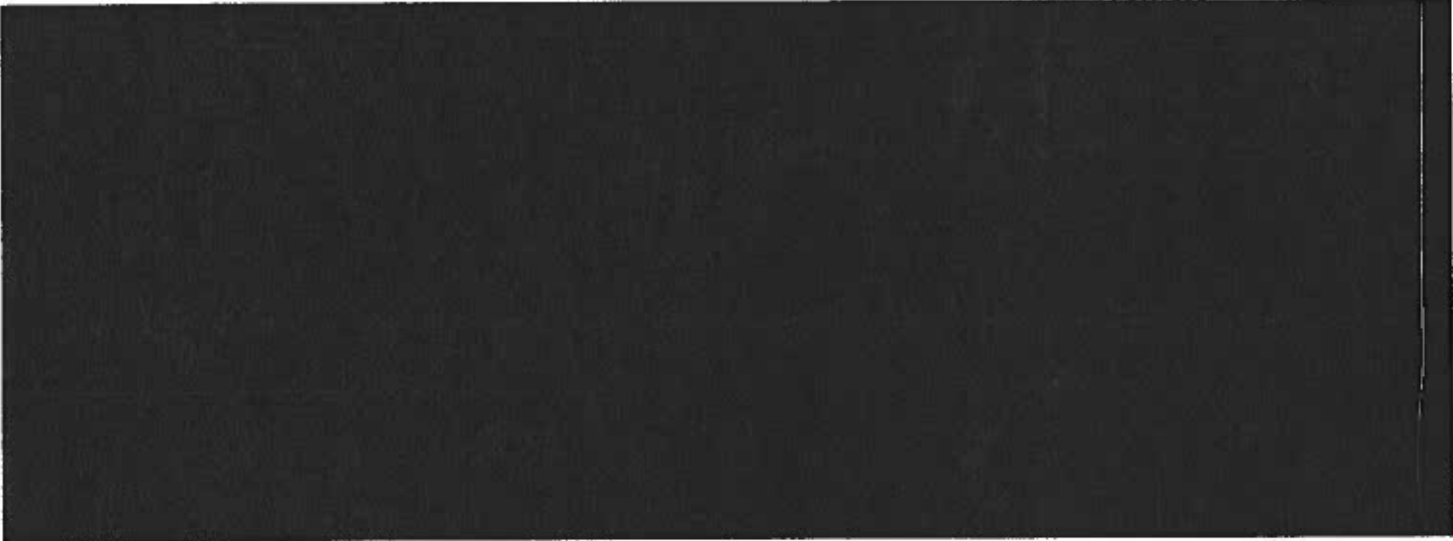
NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331



Dated and signed this 19 day of April, 2018 at Philadelphia office. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

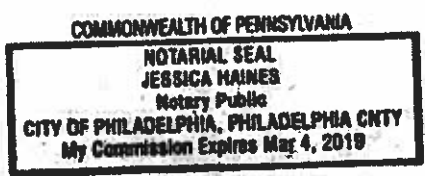
John Murabito
(Signature of Affiant)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 20 18 by JOHN M. MURABITO and:

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

[SEAL]



Jessica Haines
Notary Public
Jessica Haines
Printed Notary Name
3/4/2019
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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 **CIGNA 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

Anna Krihtal Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

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

JOHN MICHAEL MURABITO [Redacted]

(Printed Full Name and Residence Address)

John Murabito
(Signature)

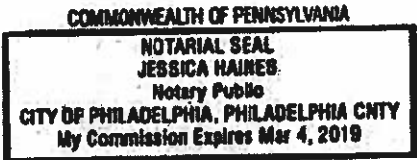
4/19/18
(Date)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 20 18 by **JOHN M. MURABITO** and:

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

[SEAL]



Jessica Haines
Notary Public
Jessica Haines
Printed Notary Name
3/4/2019
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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 **CIGNA 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

Anna Krishdul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatler - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

JOHN MICHAEL MURABITO [Redacted Address] (Printed Full Name and Residence Address)

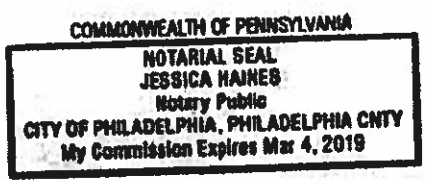
John Murabito (Signature) 4/19/18 (Date)

State of: Pennsylvania County of: Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 2018 by JOHN M. MURABITO, and:

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

[SEAL]



Jessica Haines
Notary Public
Jessica Haines
Printed Notary Name
3/4/2019
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krishjul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

JOHN MICHAEL MURABITO _____
(Printed Full Name and Residence Address)

John Murabito
(Signature)

4/19/18
(Date)

State of: Pennsylvania County of Philadelphia

The foregoing instrument was acknowledged before me this 19 day of April, 2018 by JOHN M. MURABITO, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Jessica Haines
Notary Public
Jessica Haines
Printed Notary Name
3/4/2019
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1980 End Date(MM/YYYY): 05/1983
College/University Name: THE UNIVERSITY OF IOWA
Type: GRADUATE
School Location: IOWA CITY, IA
Degree/Certification Obtained: MA, INDUSTRIAL RELATIONS

Start Date(MM/YYYY): 09/1976 End Date(MM/YYYY): 05/1980
College/University Name: AUGUSTANA COLLEGE
Type: UNDERGRADUATE
School Location: ROCK ISLAND, IL
Degree/Certification Obtained: BA – ECONOMICS

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	04/2017	Ending Date:	Present
Employer's Name:	WINNEBAGO INDUSTRIES		
Address:	605 WEST CRYSTAL LAKE ROAD		
City:	FOREST CITY	State/Province:	Iowa
Postal Code:	50436	Country:	United States
Phone:	641-585-3535		
Type Of Business:	MANUFACTURER OF MOTOR HOMES		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	08/2003	Ending Date:	Present
Employer's Name:	CIGNA CORPORATION		
Address:	1601 CHESTNUT STREET		
City:	PHILADELPHIA	State/Province:	Pennsylvania
Postal Code:	19192	Country:	United States
Phone:	(215) 761-1000		
Type Of Business:	HEALTH SERVICES		
Offices/Positions Held:	EXECUTIVE VICE PRESIDENT HUMAN RESOURCES AND SERVICES		
Supervisor/ Contact:	DAVID CORDANI		
Beginning Date:	11/1997	Ending Date:	08/2003
Employer's Name:	MONSANTO COMPANY		
Address:	800 NORTH LINDBERG BOULEVARD		
City:	ST. LOUIS	State/Province:	Missouri
Postal Code:	63167	Country:	United States
Phone:			
Type Of Business:	AGROCHEMICAL & AGRICULTURAL BIOTECHNOLOGY		
Offices/Positions Held:	<ul style="list-style-type: none">• SENIOR VICE PRESIDENT, HR & CORP. SERVICES 03/2000 - 08/2003• VICE PRESIDENT, AGRICULTURE & NUTRITION 12/1998 - 03/2000• VICE PRESIDENT, HR, OPERATIONS 11/1997 - 12/1998		
Supervisor/ Contact:			
Beginning Date:	04/1987	Ending Date:	11/1997
Employer's Name:	FRITO-LAY, INC.		
Address:	P.O. BOX 660634		
City:	DALLAS	State/Province:	Texas
Postal Code:	75266-0634	Country:	United States
Phone:			
Type Of Business:	FOOD MANUFACTURER		
Offices/Positions Held:	FROM SALES HR MANAGER TO GROUP VP, HUMAN RESOURCE		
Supervisor/ Contact:			
Beginning Date:	04/1985	Ending Date:	03/1987
Employer's Name:	SYMBION, INC.		
Address:			
City:	SALT LAKE CITY	State/Province:	Utah
Postal Code:		Country:	USA
Phone:			
Type Of Business:	THIS COMPANY IS NO LONGER IN BUSINESS		
Offices/Positions Held:	DIRECTOR OF HUMAN RESOURCES PRODUCT MANAGER		
Supervisor/ Contact:			
Beginning Date:	01/1981	Ending Date:	05/1985
Employer's Name:	THE TRANE COMPANY		
Address:	3600 TAMMEL CREEK ROAD		
City:	LACROSSE	State/Province:	Wisconsin
Postal Code:	54601	Country:	

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.

FEIN: **06-1059331**

Phone:

Type Of Business: **MANUFACTURER OF AIR CONDITIONING SYSTEMS**

Offices/Positions Held: **INDUSTRIAL RELATIONS MANAGER**

Supervisor/ Contact:

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>08/27/2003</u>	Ending Date:	'Present'
Employer's Name:	CIGNA FOUNDATION		
Address:	TWO LIBERTY PLACE, 1601 CHESTNUT STREET, PHILADELPHIA, PA, 19192, USA		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:	• MEMBER OF BOARD OF DIRECTORS		
		08/27/2003	- 'Present'
Beginning Date:	<u>08/04/2003</u>	Ending Date:	'Present'
Employer's Name:	CIGNA CORPORATION		
Address:	900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:	• EXECUTIVE VICE PRESIDENT		
		08/04/2003	- 'Present'

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

None

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

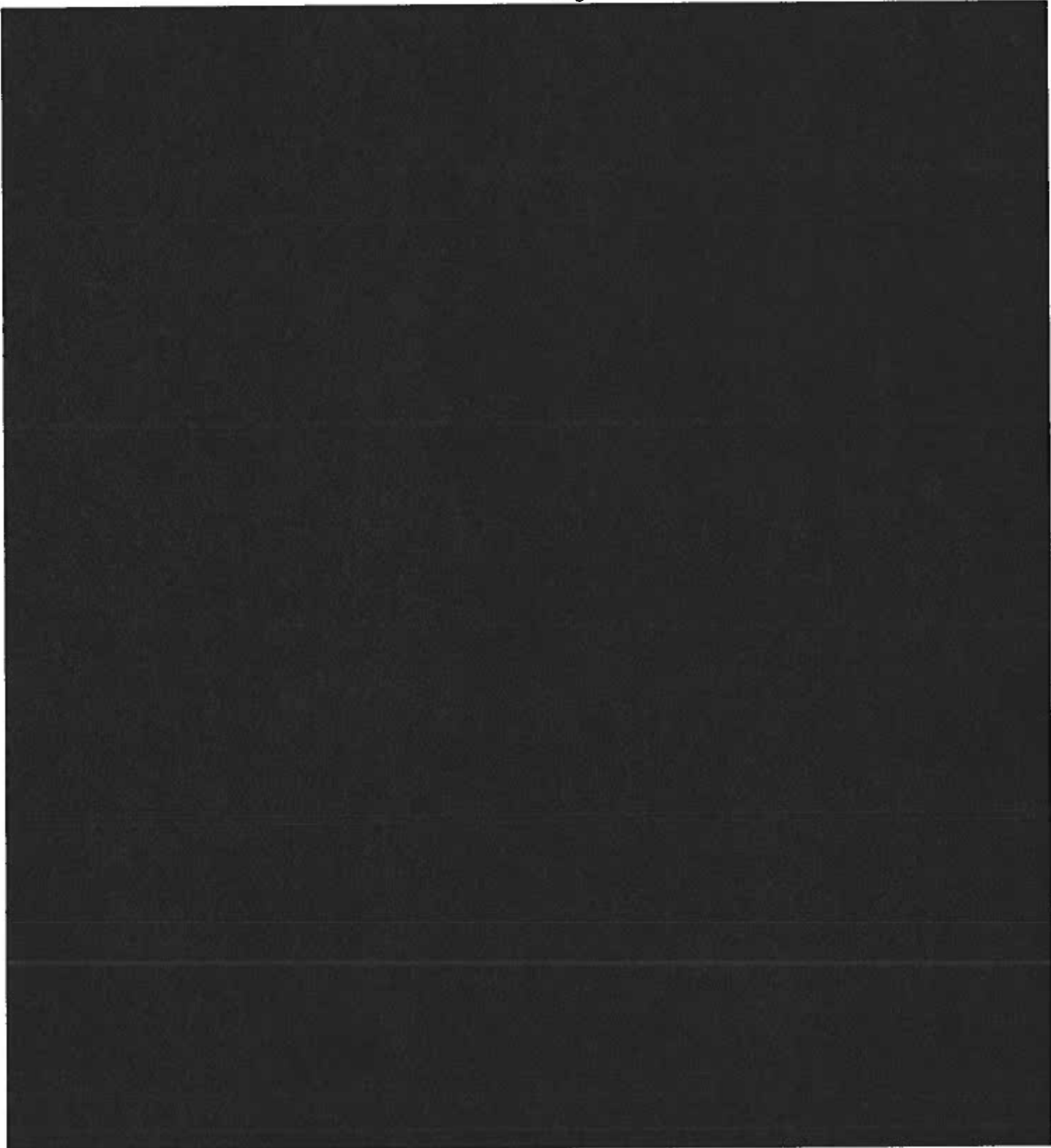
Attachment (D)

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (E)
Residences Change



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: JOHN Middle: MCINTOSH Last: PARTRIDGE

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: FORMER PRESIDENT AND CHIEF OPERATING OFFICER, VISA, INC.

4. Affiant's business address: VELO PAYMENTS, 599 BRIDGEWAY, SAUSALITO CA 94965, United States

Business telephone: 215.761.6340

Business Email: partridgeoffice@yahoo.com

5. Education and training: Please See Attachment (A)

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

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

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

NAIC No.
FEIN: 06-1059331

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> 'None'	<u>Telephone Number of Society/Association</u>

7. Present or proposed position with the Applicant Company: CIGNA CORPORATION - CHAIRMAN OF FINANCE COMMITTEE, MEMBER OF BOARD OF DIRECTORS, MEMBER OF EXECUTIVE COMMITTEE, MEMBER OF PEOPLE RESOURCES COMM

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.

Please See Attachment (B) for Details.

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor/Contact: _____

Beginning/Ending Dates (MM/YY): _____ - _____ Employer's Name: _____
 Address: _____ City: _____ State/Province: _____
 Country: _____ Postal Code: _____ Phone: _____ Offices/Positions Held: _____
 Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
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- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- SEE ATTACHMENT (D)**
- 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.

PLEASE SEE ATTACHMENT (D) _____

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,

Applicant Company Name: CIGNA CORPORATION

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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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

NAIC No.
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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.
Please See Attachment (E)

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 24th day of April 20 18 at Bloomfield. 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: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JOHN M. PARTRIDGE, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Eastman
Notary Public

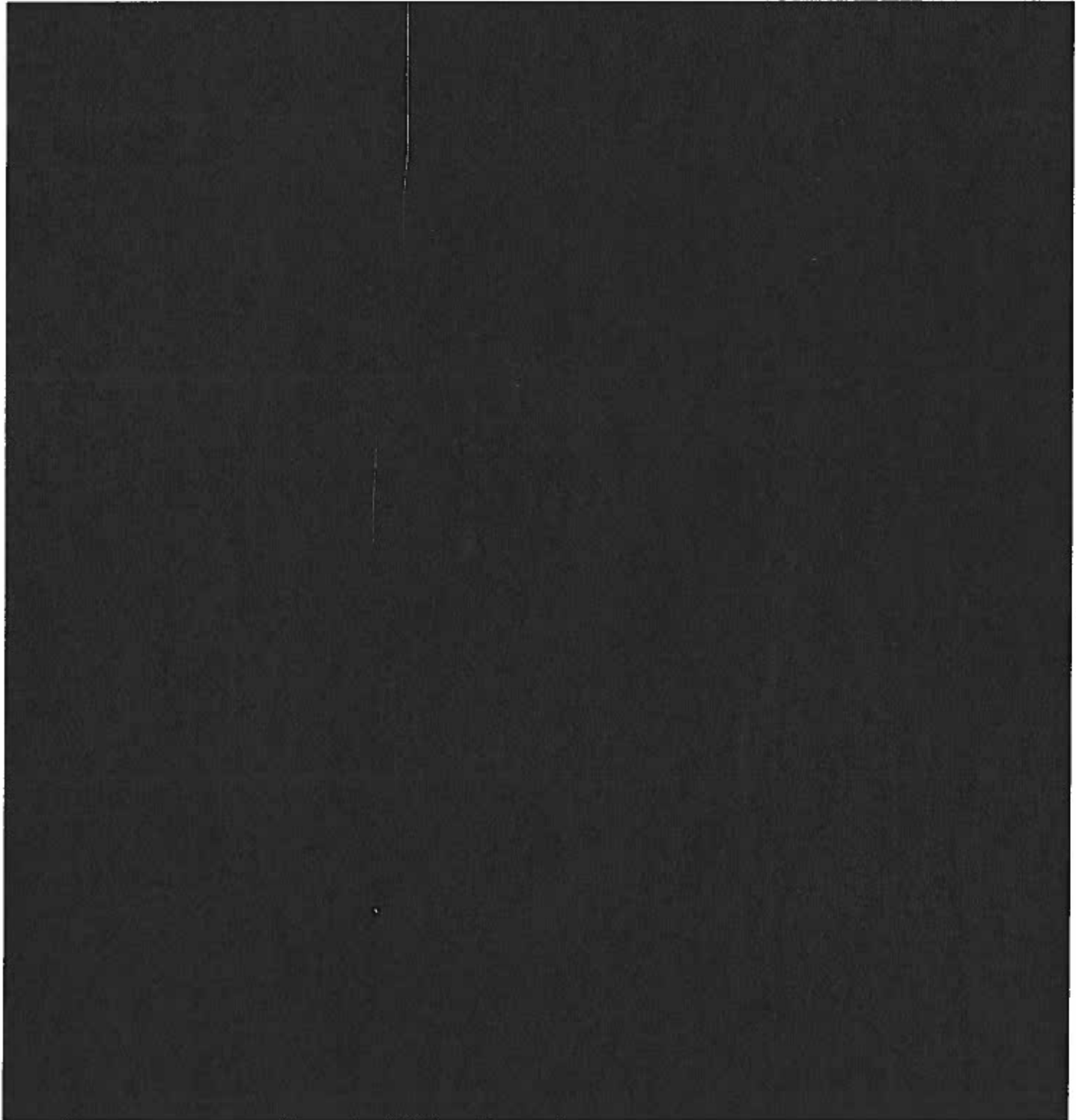
Lynette M. Eastman
Printed Notary Name

12/31/2021 12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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



Dated and signed this 24th day of April, 2018 at Bloomfield. 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: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by JOHN M. PARTRIDGE, and:

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



Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 **CIGNA 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

Anna Krshtul Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

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

JOHN MCINTOSH PARTRIDGE _____
(Printed Full Name and Residence Address)

[Signature] _____
(Signature) 4/24/18
(Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JOHN M. PARTRIDGE, and:

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



Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Krishtal - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

JOHN MCINTOSH PARTRIDGE

(Printed Full Name and Residence Address)

[Signature]
(Signature)

4/24/18
(Date)

State of: CT

County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JOHN M. PARTRIDGE, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krizhtul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
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.

JOHN MCINTOSH PARTRIDGE _____
(Printed Full Name and Residence Address)

[Signature] _____ (Signature) 4/24/18 _____ (Date)

State of CT County of Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JOHN M. PARTRIDGE and:

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

Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
12/31/2021
My Commission Expires



Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY):	09/1969	End Date(MM/YYYY):	06/1973
College/University Name:	UNIVERSITY OF CALIFORNIA AT BERKELEY		
Type:	UNDERGRADUATE		
School Location:	BERKELEY, CA		
Degree/Certification Obtained:	B.S.		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	03/2017	Ending Date:	Present
Employer's Name:	VELO PAYMENTS		
Address:	599 BRIDGEWAY		
City:	SAUSALITO	State/Province:	California
Postal Code:	94965	Country:	United States
Phone:	415.408.6545		
Type Of Business:	FINANCIAL SERVICES		
Offices/Positions Held:	CHAIRMAN & CHIEF EXECUTIVE OFFICER		
Supervisor/ Contact:			
Beginning Date:	10/2015	Ending Date:	Present
Employer's Name:	CORSAIR CAPITAL		
Address:	717 FIFTH AVENUE		
City:	NEW YORK	State/Province:	New York
Postal Code:	10022	Country:	United States
Phone:			
Type Of Business:	PRIVATE EQUITY FIRM		
Offices/Positions Held:	OPERATING PARTNER		
Supervisor/ Contact:			
Beginning Date:	09/2014	Ending Date:	Present
Employer's Name:	GLOBAL PAYMENTS INC.		
Address:	10 GLENLAKE PARKWAY NE, NORTH TOWER		
City:	ATLANTA	State/Province:	Georgia
Postal Code:	30328	Country:	United States
Phone:	770-829-8000		
Type Of Business:	PAYMENT PROCESSING SERVICES		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	06/2007	Ending Date:	06/2014
Employer's Name:	VISA, INC.		
Address:	595 MARKET STREET, 30TH FL		
City:	SAN FRANCISCO	State/Province:	California
Postal Code:	94105	Country:	United States
Phone:	(215) 761-6340		
Type Of Business:	FINANCIAL SERVICES		
Offices/Positions Held:	<ul style="list-style-type: none">• PRESIDENT 10/2009 - 06/2014• CHIEF OPERATING OFFICER 10/2007 - 10/2009• INTERIM PRESIDENT & CEO, VISA USA, INC. 06/2007 - 10/2007		
Supervisor/ Contact:	HUMAN RESOURCES		
Beginning Date:	07/2004	Ending Date:	09/2008
Employer's Name:	DELTA DENTAL		
Address:			
City:	OAK BROOK	State/Province:	Illinois
Postal Code:		Country:	United States
Phone:	630-574-6850		
Type Of Business:	DENTAL PLAN SYSTEM		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	GOVERNMENT AFFAIRS		
Beginning Date:	10/1999	Ending Date:	06/2007
Employer's Name:	INNOVANT, LLC		
Address:	123 MISSION STREET		
City:	SAN FRANCISCO	State/Province:	California
Postal Code:	94105	Country:	United States

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Phone: (215)761-6340
Type Of Business: BUSINESS SERVICES
Offices/Positions Held: PRESIDENT AND CEO
Supervisor/ Contact: HUMAN RESOURCES

Beginning Date: 03/1998 **Ending Date:** 08/1999

Employer's Name: UNUM PROVIDENT CORPORATION

Address: 2211 CONGRESS STREET

City: PORTLAND

State/Province: Maine

Postal Code: 04122

Country: United States

Phone:

Type Of Business: INSURANCE COMPANY

Offices/Positions Held: SR VICE PRESIDENT, CIO, DIRECTOR

Supervisor/ Contact: HUMAN RESOURCES

Beginning Date: 01/1990 **Ending Date:** 12/1998

Employer's Name: BANCO DE CREDITO DEL PERU

Address:

City: LIMA

State/Province:

Postal Code:

Country: Peru

Phone:

Type Of Business: FINANCIAL SERVICES

Offices/Positions Held:

- EVP, SYSTEMS, OPERATIONS, CONSUMER BANKING 01/1994 - 12/1998
- SVP, OPERATIONS & SYSTEMS, ATLANTIC SECURITY BANK 01/1990 - 12/1994

Supervisor/ Contact: HUMAN RESOURCES

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>01/26/2009</u>	Ending Date:	<u>'Present'</u>
Employer's Name:	<u>CIGNA CORPORATION</u>		
Address:	<u>900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA</u>		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:			
	• MEMBER OF BOARD OF DIRECTORS	01/26/2009	- 'Present'
	• CHAIRMAN OF FINANCE COMMITTEE	01/01/2011	- 'Present'
	• MEMBER OF EXECUTIVE COMMITTEE	01/01/2011	- 'Present'
	• MEMBER OF PEOPLE RESOURCES COMM	04/23/2014	- 'Present'
	• MEMBER OF AUDIT COMMITTEE	01/27/2009	- 04/23/2014
	• MEMBER OF FINANCE COMMITTEE	01/27/2009	- 12/31/2010

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

'None'

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (D)
Response to Question 11(h)

11(h). The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

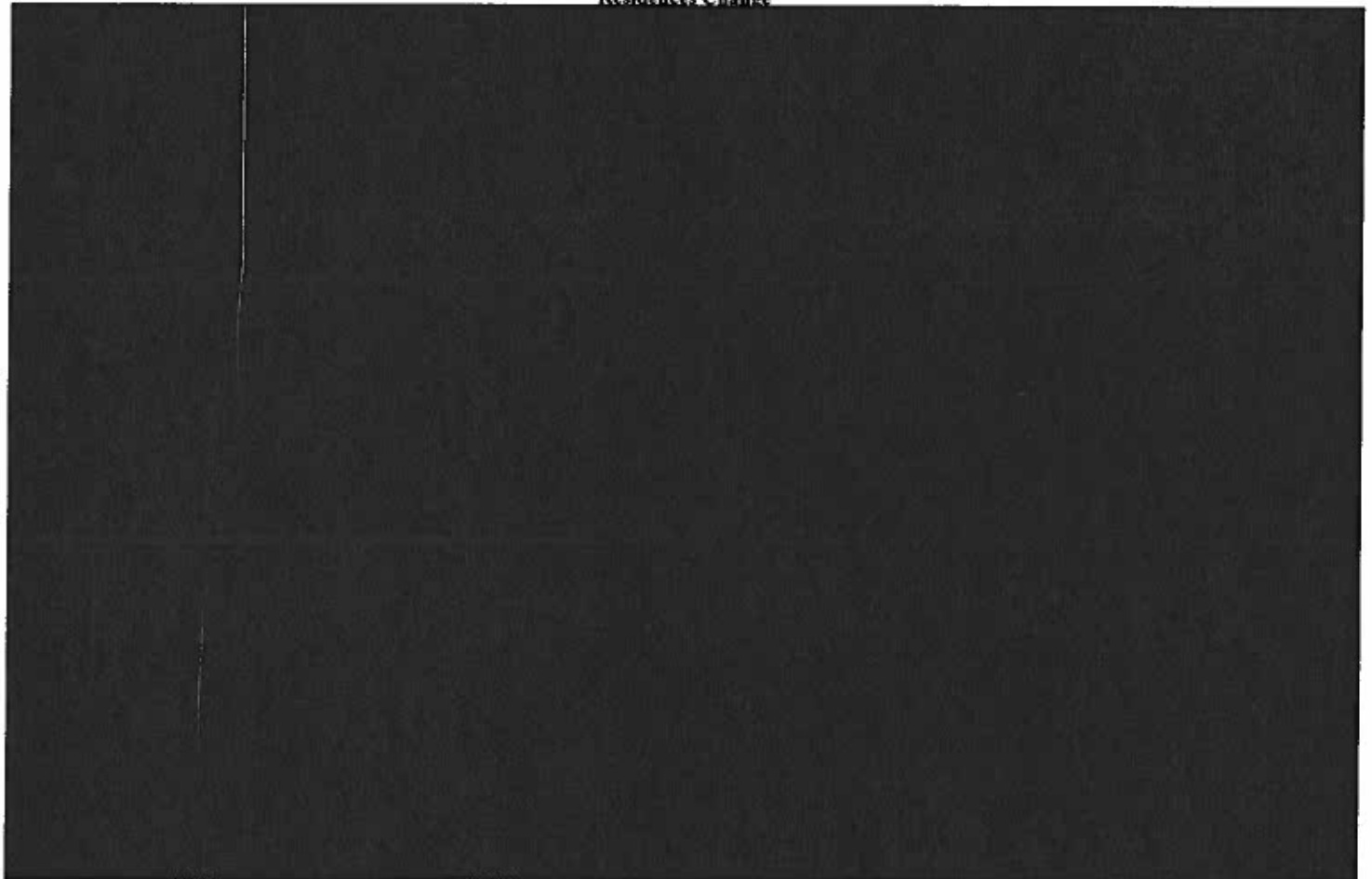
Attachment (E)
Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (F)
Residences Change



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: JAMES Middle: EUGENE Last: ROGERS

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: FORMER CHAIRMAN, PRESIDENT & CEO, DUKE ENERGY CORPORATION

4. Affiant's business address: 201 SOUTH COLLEGE STREET, SUITE 2770, CHARLOTTE NC 28244, United States

Business telephone: 704.382.7535

Business Email: jim.rogers@duke-energy.com

5. Education and training: Please See Attachment (A)

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

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

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

NAIC No.
FEIN: **06-1059331**

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>
THE ASIA SOCIETY	MEMBER SERVICES	725 PARK AVENUE NEW YORK NY 10021	212-288-6400
BROOKINGS INSTITUTE	MEMBER SERVICES	1775 MASSACHUSETTS AVENUE WASHINGTON DC 20036	202.797.6000
ASPEN INSTITUTE	SANDY BLAIR	ONE DUPONT CIR, W, ST. 700, WASHINGTON, DC 20036	202.736.5800
THE NATURE CONSERVANCY	MEMBER SERVICES	4245 N FAIRFAX DRIVE, ST 100, ARLINGTON, VA 22203	(800) 628-6860

7. Present or proposed position with the Applicant Company: **MEMBER OF AUDIT COMMITTEE, MEMBER OF BOARD OF DIRECTORS, MEMBER OF FINANCE COMMITTEE.**

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.

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.

Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
 - d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
 - e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
 - f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
 - g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
 - h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- SEE ATTACHMENT (D)**
- 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. **PLEASE SEE ATTACHMENT (D)**

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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

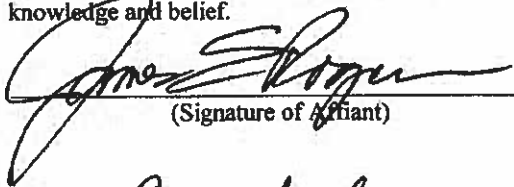
NAIC No.
FEIN: 06-1059331

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.

Please See Attachment (E)

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 24th day of April 20 18 at Bloomfield. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.


(Signature of Affiant)

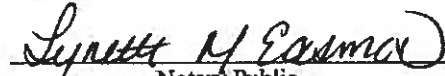
State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JAMES E. ROGERS, and:

who is personally known to me, or

who produced the following identification: Drivers License.

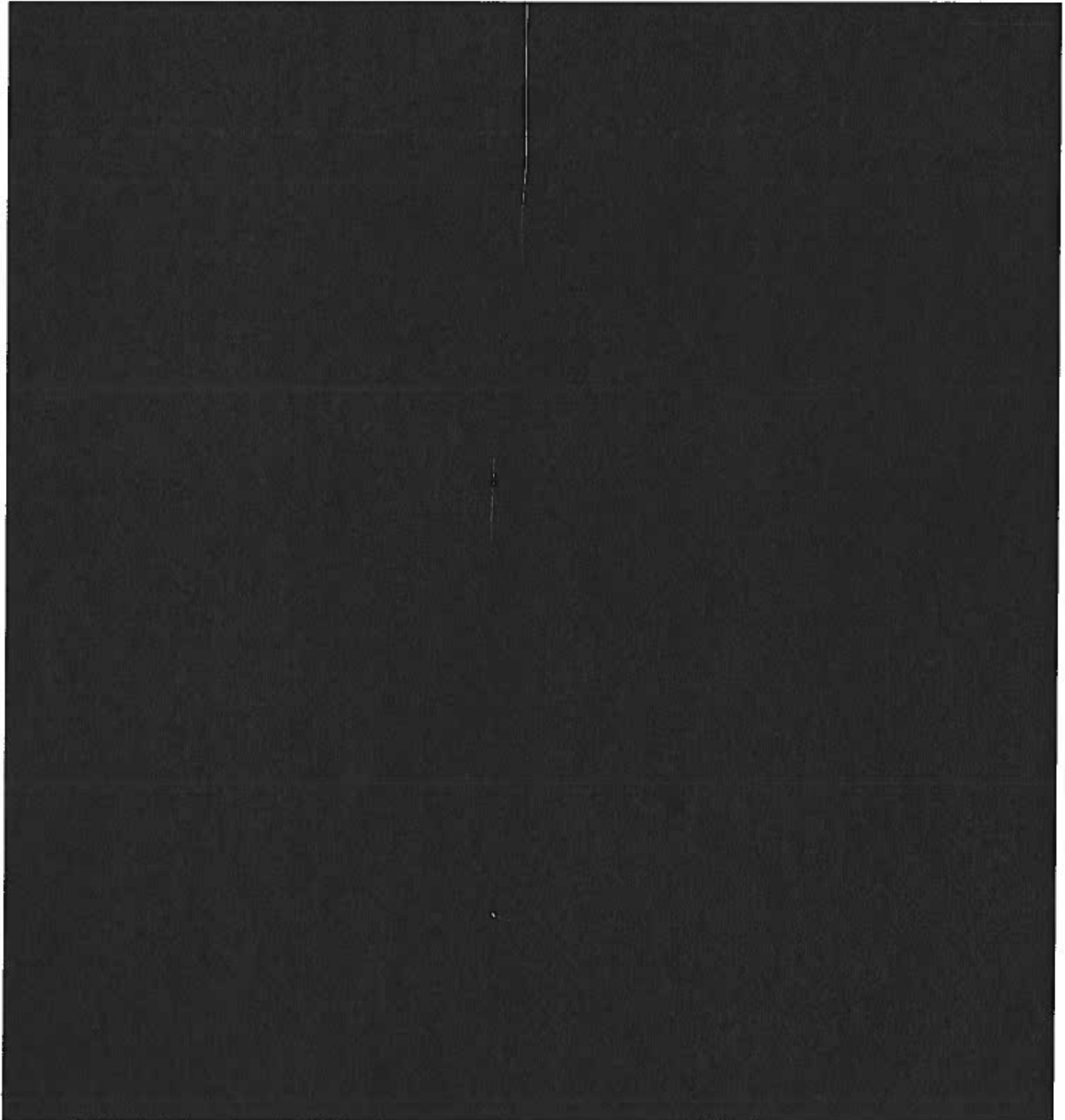



Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

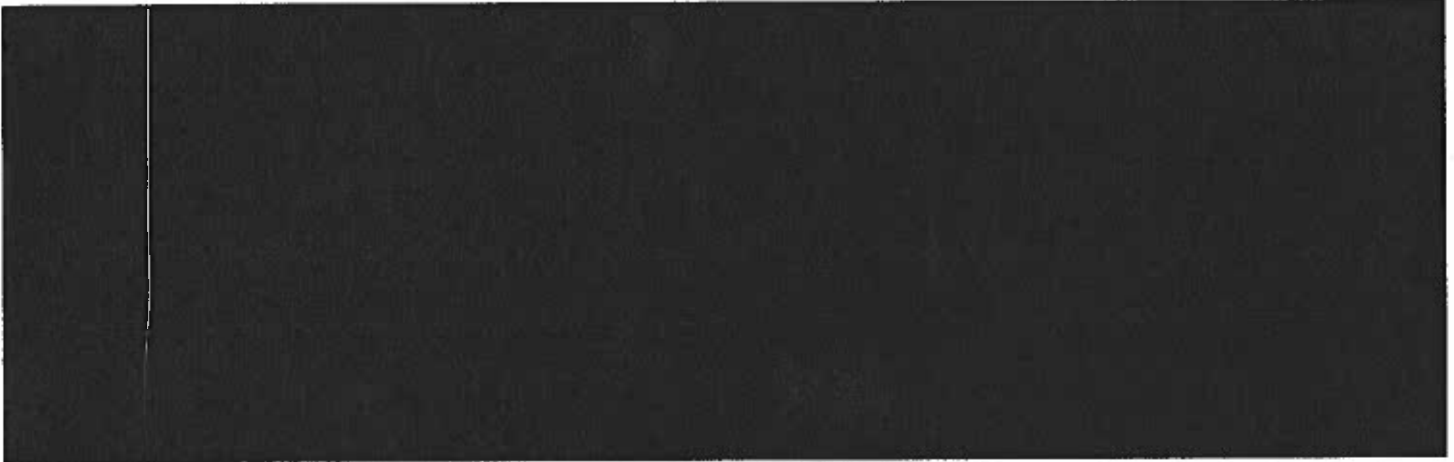
**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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



Dated and signed this 24th day of April, 20 18 at Bloomfield. 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.

James E. Rogers
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JAMES E. ROGERS, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 **CIGNA 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

Anna Krshtul Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

JAMES EUGENE ROGERS _____
(Printed Full Name and Residence Address)

James E. Rogers
(Signature)

April 24, 2018
(Date)

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

The foregoing instrument was acknowledged before me this *24th* day of *April*, 20 *18* by **JAMES E. ROGERS**, and:

- who is personally known to me, or
- who produced the following identification: *Drivers License*



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FRIN: 06-1059331

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 CIGNA 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

Anna Krishni - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

JAMES EUGENE ROGERS [Redacted]
(Printed Full Name and Residence Address)

James E. Rogers
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JAMES E. ROGERS, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Kristini - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

JAMES EUGENE ROGERS _____
(Printed Full Name and Residence Address)

James E. Rogers
(Signature)
State of Connecticut County of Hartford

April 24, 2018
(Date)

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by JAMES E. ROGERS, and:
 who is personally known to me, or
 who produced the following identification: Drivers License



Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1970 End Date(MM/YYYY): 05/1974
College/University Name: UNIVERSITY OF KENTUCKY
Type: GRADUATE
School Location: LEXINGTON, KY
Degree/Certification Obtained: LAW

Start Date(MM/YYYY): 01/1967 End Date(MM/YYYY): 05/1970
College/University Name: UNIVERSITY OF KENTUCKY
Type: UNDERGRADUATE
School Location: LEXINGTON, KY
Degree/Certification Obtained: BUSINESS ADMINISTRATION

Start Date(MM/YYYY): 09/1965 End Date(MM/YYYY): 01/1967
College/University Name: EMORY UNIVERSTIY
Type: UNDERGRADUATE
School Location: ATLANTA, GA
Degree/Certification Obtained: NONE

Applicant Company Name: **CIGNA CORPORATION**

NAIC No. 7
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	01/2011	Ending Date:	Present
Employer's Name:	BRIGHTLIGHT FOUNDATION		
Address:	GLOBAL BRIGHTLIGHT FOUNDATION, PO BOX 34		
City:	NAPLES	State/Province:	Florida
Postal Code:	34106	Country:	United States
Phone:	513-378-3300		
Type Of Business:	NON-PROFIT		
Offices/Positions Held:	CO-FOUNDER AND CHAIRMAN		
Supervisor/ Contact:	BOARD OF DIRECTORS		
Beginning Date:	07/2008	Ending Date:	04/2015
Employer's Name:	APPLIED MATERIALS, INC.		
Address:	3050 BOWERS AVE		
City:	SANTA CLARA	State/Province:	California
Postal Code:	95054	Country:	United States
Phone:	408.727.5555		
Type Of Business:	ELECTRONICS		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	04/2005	Ending Date:	07/2014
Employer's Name:	DUKE ENERGY CORPORATION		
Address:	526 SOUTH CHURCH STREET		
City:	CHARLOTTE	State/Province:	North Carolina
Postal Code:	28202	Country:	United States
Phone:	704-382-8144		
Type Of Business:	UTILITY		
Offices/Positions Held:	<ul style="list-style-type: none"> • CHAIRMAN, PRESIDENT AND CEO 01/2007 – 07/2014 • PRESIDENT AND CEO 04/2005 – 07/2014 		
Supervisor/ Contact:	CORPORATE SECRETARY		
Beginning Date:	01/2000	Ending Date:	04/2005
Employer's Name:	CINERGY CORPORATION		
Address:	139 EAST FOURTH STREET		
City:	CINCINNATI	State/Province:	Ohio
Postal Code:	45202	Country:	United States
Phone:	704.382.7535		
Type Of Business:	UTILITY		
Offices/Positions Held:	<ul style="list-style-type: none"> • CHAIRMAN 01/2000 - 04/2005 • CEO 01/1995 - 04/2006 • PRESIDENT, COO & VICE CHAIRMAN 01/1994 - 01/1995 		
Supervisor/ Contact:	JULIA JANSON		
Beginning Date:	01/1999	Ending Date:	01/2005
Employer's Name:	DUKE REALTY CORPORATION		
Address:	600 E. 96TH STREET, SUITE 100		
City:	INDIANAPOLIS	State/Province:	Indiana
Postal Code:	46240	Country:	United States
Phone:	317.808.6000		
Type Of Business:	REAL ESTATE INVESTMENT TRUST		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	HOWARD FEINSARD		
Beginning Date:	09/1995	Ending Date:	04/2009
Employer's Name:	FIFTH THIRD BANCORP		
Address:	38 FOUNTAIN SQUARE PLAZA		
City:	CINCINNATI	State/Province:	Ohio

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Postal Code: 45263

Country: United States

Phone: 513.534.5300

Type Of Business: BANKING

Offices/Positions Held: DIRECTOR

Supervisor/ Contact: PAUL REYNOLDS

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>02/26/2007</u>	Ending Date:	<u>'Present'</u>
Employer's Name:	<u>CIGNA CORPORATION</u>		
Address:	<u>900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152 USA</u>		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:			
	• MEMBER OF BOARD OF DIRECTORS	02/26/2007	- 'Present'
	• MEMBER OF FINANCE COMMITTEE	04/26/2007	- 'Present'
	• MEMBER OF AUDIT COMMITTEE	04/25/2012	- 'Present'
	• CHAIRMAN OF PEOPLE RESOURCES COMM	07/30/2009	- 04/25/2012
	• MEMBER OF EXECUTIVE COMMITTEE	07/30/2009	- 04/25/2012
	• MEMBER OF PEOPLE RESOURCES COMM	04/26/2007	- 07/30/2009

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)

Professional, Occupational and Vocational Licenses

'None'

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (D)
Response to Question 11(h)

James Eugene Rogers

Response to Question 11 (h): Have you ever been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute? If yes, please give detail including dates, locations, disposition, etc.

Case number A0807681

This case is a class action that was brought against Fifth Third for alleged violations of certain securities laws. This lawsuit alleges violations of federal securities laws related to disclosures made by Fifth Third in press releases and filings with the SEC regarding its quality and sufficiency of capital, credit losses and related matters, and seeking damages on behalf of putative classes of persons who either purchased the Fifth Third's securities, or acquired the Fifth Third securities pursuant to the acquisition of First Charter Corporation. The initial complaint was filed in August 2008. This case was removed to federal court and consolidated with case number 08-cv-00616-SBB-TSH listed below.

Case number A0203766

This case was brought against Cinergy Corporation due to an employee allegedly sending threatening emails to an individual while at work. The complaint was filed in May 2002. The plaintiffs agreed to the dismissal of all claims in October 2002.

Case number A0801512

This case is a shareholder derivative action brought by Edward Zemprelli against Fifth Third, its CEO and directors, alleging a breach of their fiduciary duty in relation to the acquisition of First Charter Corporation. The complaint was filed in January 2008. The court found in favor of Fifth Third and its directors, granting their motion to dismiss the case in July 2008. The final judgment entry was dismissed with prejudice.

Case numbers A1008475 and C1100572

This case was brought by Edward Zemprelli against Fifth Third, its CEO and directors, alleging that the CEO and directors of Fifth Third breached their fiduciary duty, wasted corporate assets and were unjustly enriched. The initial complaint was filed in September 2010. The case was dismissed in August 2011, but Zemprelli appealed in September 2011 (case number C1100572). Zemprelli voluntarily dismissed the appeal in December 2011.

Case number A0807050

This case is a class action brought against Fifth Third, its CEO and directors. This lawsuit alleges violations of federal securities laws related to disclosures made by Fifth Third in press releases and filings with the SEC. The initial complaint was filed in the July 2008. In November 2008, the parties entered into a voluntary dismissal.

Case number A0504123

This case was brought against Cinergy and its directors wherein it was alleged that the directors did not exercise their duty of care to the corporation when entering into the transaction that merged Cinergy with Duke Energy Corporation. The court found for the defendants and dismissed the action. The initial complaint was made in May 2005.

Case number 08-cv-00616-SSB-TSH

This case was consolidated into case number 08-cv-00421-SSB-SLO listed below.

Case number 05-cv-00049-TSB

This case was brought against Fifth Third by former employees alleging violations of the

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Employee Retirement Income Security Act of 1974 (the "ERISA") by investing in funds that had higher costs. The initial complaint was filed in December 2007 and the court found against the plaintiffs, granting Fifth Third's motion for summary judgment in September 2009.

Case number 08-cv-00421-SSB-SLO

This case is a class action lawsuit brought against Fifth Third, certain of its executive officers, its directors and others. This lawsuit alleges violations of federal securities laws related to disclosures made by Fifth Third in press releases and filings with the SEC regarding its quality and sufficiency of capital, credit losses and related matters, and seeking damages on behalf of putative classes of persons who either purchased the Fifth Third's securities, or acquired the Fifth Third securities pursuant to the acquisition of First Charter Corporation. The initial complaint was filed in September 2010. Plaintiffs filed a motion for class certification in January 2012. Defendants filed a response in April 2012. Plaintiffs filed their reply in June 2012.

Case number 08-cv-00538-SSB-MRA

This case is a class action that was filed against Fifth Third, certain of its executive officers and its directors for violations of the Employee Retirement Income Security Act of 1974 (the "ERISA") based on, among others, allegations that the defendants breached their fiduciary duties to those who invested in Fifth Third's retirement plans. The initial complaint was filed in September 2009. This case was dismissed upon the court's approval of Fifth Third's motion to dismiss, and is being appealed by the plaintiffs.

Case number 08-cv-00613-SSB-TSB

This case was consolidated into case number 08-cv-00538-SSB-MRA listed above.

Case number 03-cv-00109- HJW-DSP This case was brought in February 2003 and was dismissed in February 2004, with the court granting the defendants summary judgment.

Lesley C. Rupp v James E. Rogers et al, filed in July 2012 in the Delaware Court of Chancery, No. 7705 against Duke Energy Corporation and me as its Chairman, President and CEO. Duke Energy Corporation is vigorously defending the lawsuit.

11(h): The members of Cigna's Board of Directors have also been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

Applicant Company Name: **CIGNA CORPORATION**

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FEIN: **06-1059331**

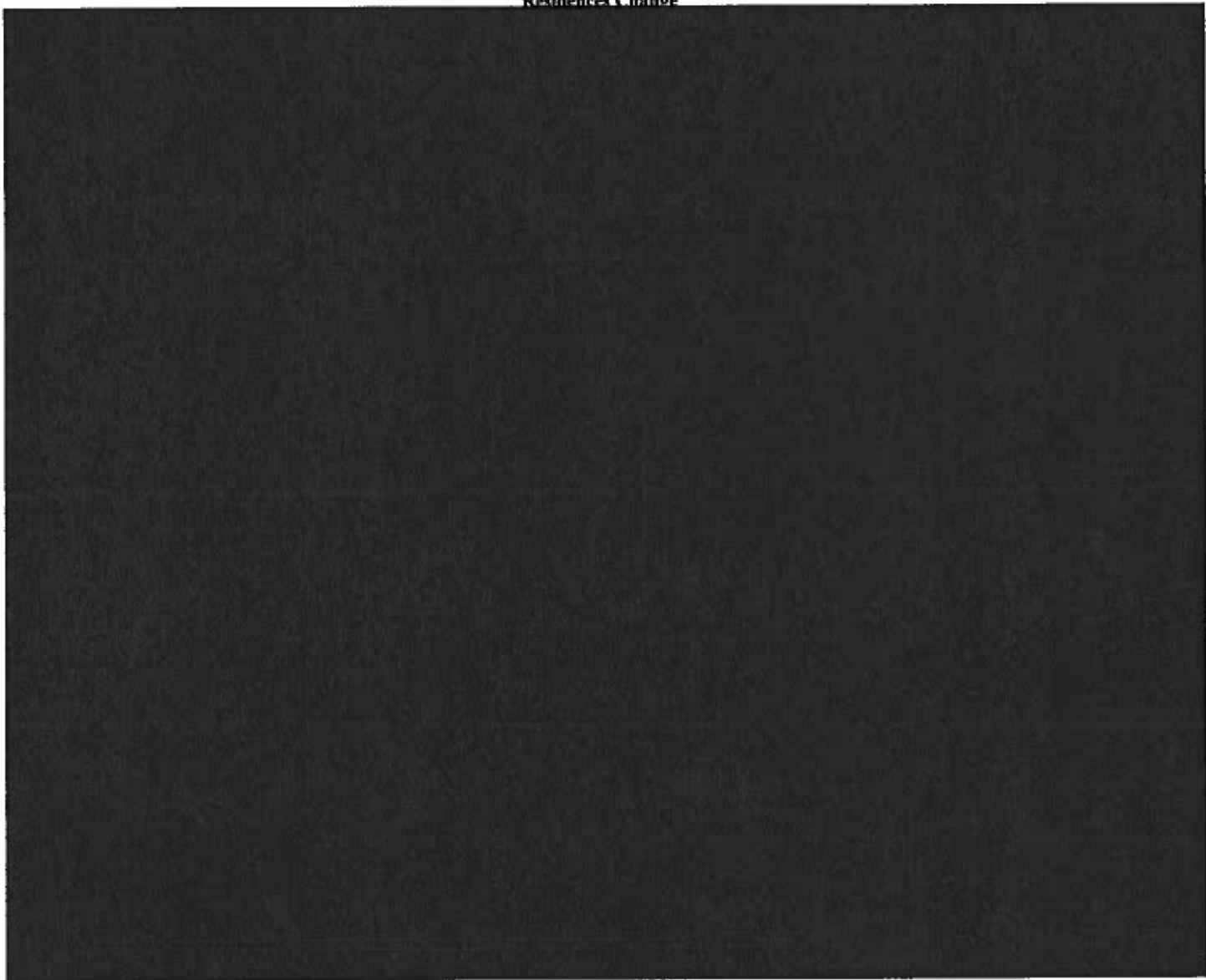
Attachment (E)
Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (F)
Residences Change



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: ERIC Middle: CHARLES Last: WISEMAN

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: Former Executive Chairman, President and Chief Executive Officer, VF Corporation

4. Affiant's business address: 319 MEADOWBROOK TERRACE, GREENSBORO NC 27408, United States

Business telephone: 336.424.6155

Business Email: eric@ericwiseman.com

5. Education and training: Please See Attachment (A)

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

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

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

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6. List of memberships in professional societies and associations:

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

7. Present or proposed position with the Applicant Company: CIGNA CORPORATION - MEMBER OF BOARD OF DIRECTORS, MEMBER OF FINANCE COMMITTEE, MEMBER OF PEOPLE RESOURCES COMM

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.

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: CIGNA CORPORATION

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FEIN: 06-1059331

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No

SEE ATTACHMENT (D)

- 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.

PLEASE SEE ATTACHMENT (D)

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. NO

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

Yes No

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

'N/A'

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

N/A

- 14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

- 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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.
Please See Attachment (E)

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 24th day of April, 2018 at Bloomfield. 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.

Eric C Wiseman
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ERIC C. WISEMAN, and:

who is personally known to me, or

who produced the following identification: Drivers License

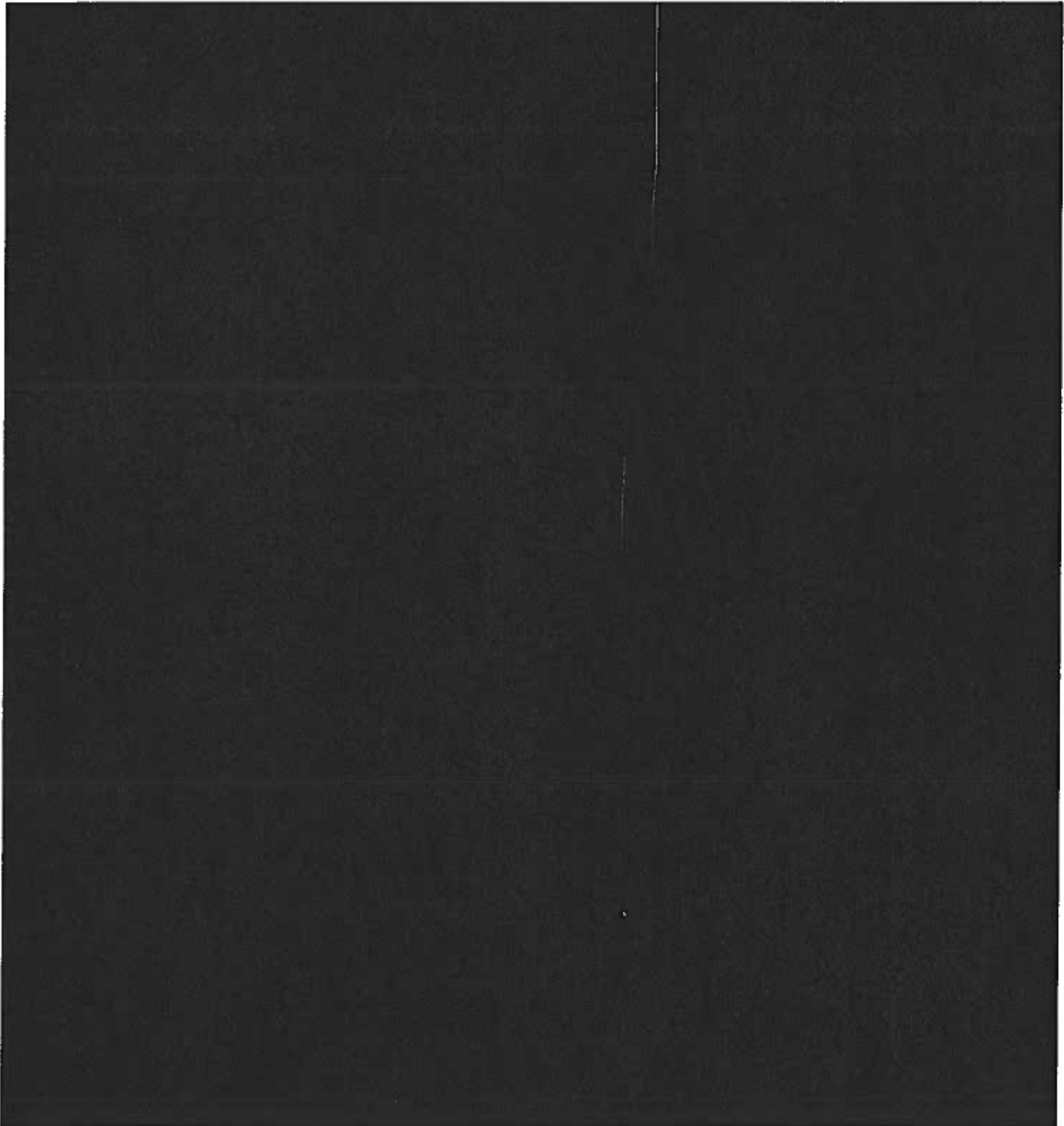


Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

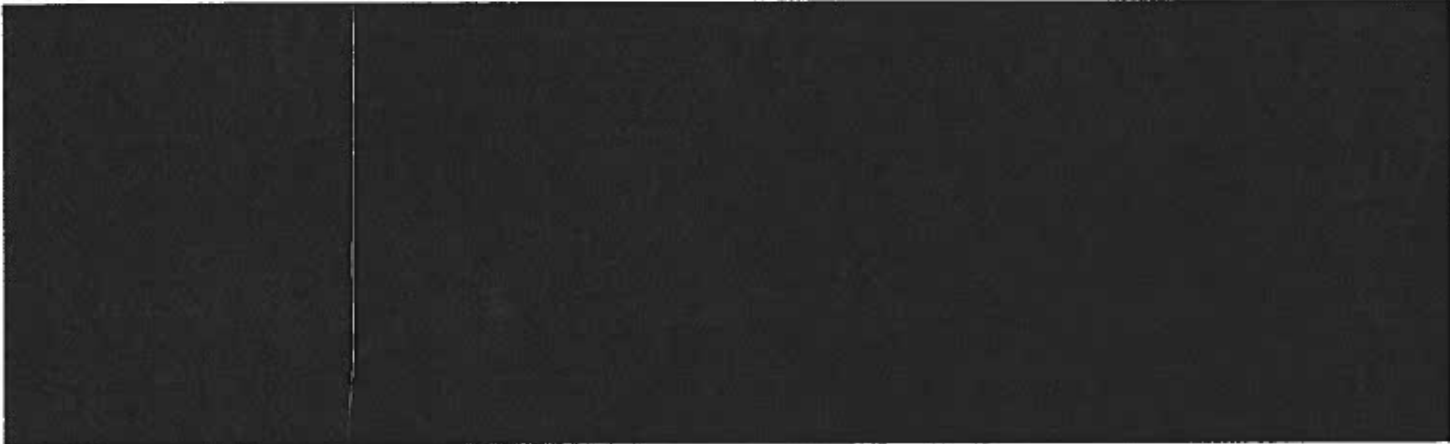
NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331



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 24th day of April, 2018 at Bloomfield. 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.

Eric C. Wiseman
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ERIC C. WISEMAN and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Krihtul Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ERIC CHARLES WISEMAN _____
(Printed Full Name and Residence Address)

Eric C Wiseman
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ERIC C. WISEMAN, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 **CIGNA 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

Anna Krishnal - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

ERIC CHARLES WISEMAN _____
(Printed Full Name and Residence Address)

Eric C. Wiseman
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ERIC C. WISEMAN, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krishjul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States
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.

ERIC CHARLES WISEMAN _____

(Printed Full Name and Residence Address)

Eric C Wiseman
(Signature)

April 24, 2018
(Date)

State of Connecticut County of Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by ERIC C. WISEMAN, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1986 End Date(MM/YYYY): 05/1988
College/University Name: WAKE FOREST
Type: GRADUATE
School Location: WINSTON-SALEM, NC
Degree/Certification Obtained: MASTER BUSINESS ADMINISTRATION

Start Date(MM/YYYY): 09/1973 End Date(MM/YYYY): 05/1977
College/University Name: WAKE FOREST
Type: UNDERGRADUATE
School Location: WINSTON-SALEM, NC
Degree/Certification Obtained: BUSINESS ADMINISTRATION

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background		
Beginning Date:	11/2011	Ending Date: Present
Employer's Name:	LOWES COMPANIES, INC	
Address:	1000 LOWES BLVD	
City:	MOORESVILLE	State/Province: North Carolina
Postal Code:	28117	Country: United States
Phone:	704.758.1000	
Type Of Business:	HOME IMPROVEMENT RETAILER	
Offices/Positions Held:	MEMBER OF THE BOARD OF DIRECTORS	
Supervisor/ Contact:	CORPORATE SECRETARY	
Beginning Date:	10/1995	Ending Date: 10/2017
Employer's Name:	VF CORPORATION	
Address:	105 CORPORATE CENTER BLVD	
City:	GREENSBORO	State/Province: North Carolina
Postal Code:	27408	Country: United States
Phone:	336.424.6000	
Type Of Business:	APPAREL & FOOTWEAR COMPANY	
Offices/Positions Held:	<ul style="list-style-type: none">• CHAIRMAN OF THE BOARD 08/2008 - 10/2017• PRESIDENT 03/2006 - 06/2015• CHIEF EXECUTIVE OFFICER 01/2008 - 12/2016• DIRECTOR 10/2006 - 10/2017• CHIEF OPERATING OFFICER 03/2006 - 12/2007• EVP, GLOBAL BRANDS 05/2005 - 03/2006• VP & CHAIR, SPORTSWEAR & OUTDOOR COALITIONS 02/2004 - 05/2005• VP & CHAIR, INTIMATES & SPORTSWEAR COALITIONS 07/2003 - 02/2004• VP & CHAIR, INTIMATE APPAREL COALITIONS 10/2000 - 07/2003• PRESIDENT, BESTFORM 01/1998 - 10/2000• EVP JANSPOUT 10/1995 - 01/1998	
Supervisor/ Contact:	HUMAN RESOURCES	
Beginning Date:	09/1991	Ending Date: 07/1995
Employer's Name:	SARA LEE PERSONAL PRODUCTS	
Address:	GUILDFORD, NSW 2161	
City:	SYDNEY	State/Province:
Postal Code:		Country: Australia
Phone:		
Type Of Business:	APPAREL COMPANY	
Offices/Positions Held:	<ul style="list-style-type: none">• PRESIDENT, SARA LEE INTIMATES 11/1992 - 07/1995• VICE PRESIDENT, BUSINESS DEVELOPMENT 07/1991 - 11/1992	
Supervisor/ Contact:	HUMAN RESOURCES	

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations

Beginning Date: **04/24/2007** Ending Date: **'Present'**
Employer's Name: **CIGNA CORPORATION**
Address: **200 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA**
Phone: **2157611000** Supervisor/Contact **Board of Directors**
Position Held:

- MEMBER OF BOARD OF DIRECTORS 04/24/2007 - 'Present'
- MEMBER OF PEOPLE RESOURCES COMM 04/25/2012 - 'Present'
- MEMBER OF FINANCE COMMITTEE 04/23/2014 - 'Present'
- MEMBER OF CORPORATE GOVERNANCE 04/26/2007 - 04/23/2014
COMM
- MEMBER OF AUDIT COMMITTEE 04/26/2007 - 04/25/2012

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)
Professional, Occupational and Vocational Licenses

'None'

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (D)
Response to Question 11(h)

11(h). The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

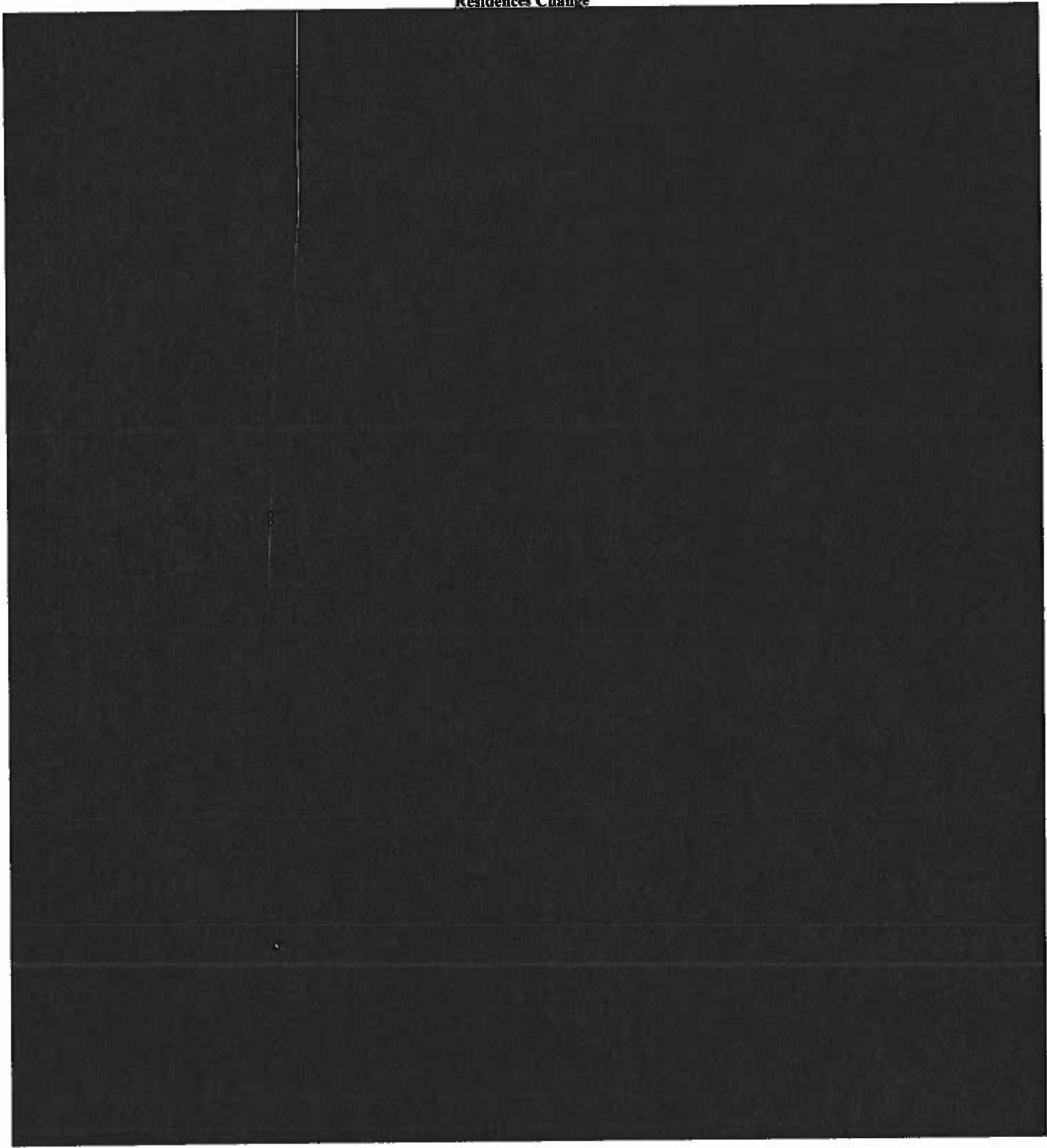
Attachment (E)
Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (F)
Residences Change



Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
AMERICAN INSTITUTE OF CPAS	MEMBER SERVICES	1211 AVE OF THE AMERICAS, NY, NY 10036-8778	888.777.7077
ILLINOIS CPA SOCIETY	MEMBER SERVICES	550 W. JACKSON, SUITE 900 CHICAGO, IL 60661	312.993.0407
THE COMMERCIAL CLUB OF CHICAGO	KELLY WELSH	CHICAGO, ILLINOIS	313-853-1200
THE ECONOMIC CLUB OF CHICAGO	DONNA ZARCONE	33 N. DEARBORN STREET, SUITE 1700, CHICAGO IL 60602	312.726.1628
UNIV OF CHICAGO BOOTH SCHOOL - ENTREPRENEURSHIP	ELLEN RUDNICK	5807 S. WOODLAWN AVENUE, CHICAGO, IL 60637	773-834-3781
WOMEN CORPORATE DIRECTORS	KAPILA ANAND	WEST PALM BEACH, FL	561-290-0389
YOUNG PRESIDENTS ORGANIZATION	MEMBER SERVICES	600 E. LAS COLINAS BLVD. SUITE 1000 IRVING, TX 75039	800.773.7976
COMMITTEE OF 200	MEGHAN MCRAE	980 N. MICHIGAN AVE. SUITE 1575 CHICAGO, IL 60611-7540	312.255.0296

7. Present or proposed position with the Applicant Company: **MEMBER OF AUDIT COMMITTEE, MEMBER OF BOARD OF DIRECTORS, MEMBER OF CORPORATE GOVERNANCE COMM.**

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.

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No

SEE ATTACHMENT (D)

- 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

SEE ATTACHMENT (D)

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. **PLEASE SEE ATTACHMENT (D)**

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,

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.
Please See Attachment (E)

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 24th day of April 2018 at Bloomfield, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

D F Zarcone
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by DONNA F. ZARCONE, and:

who is personally known to me, or

who produced the following identification: Drivers License

Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
December 31, 2021
My Commission Expires

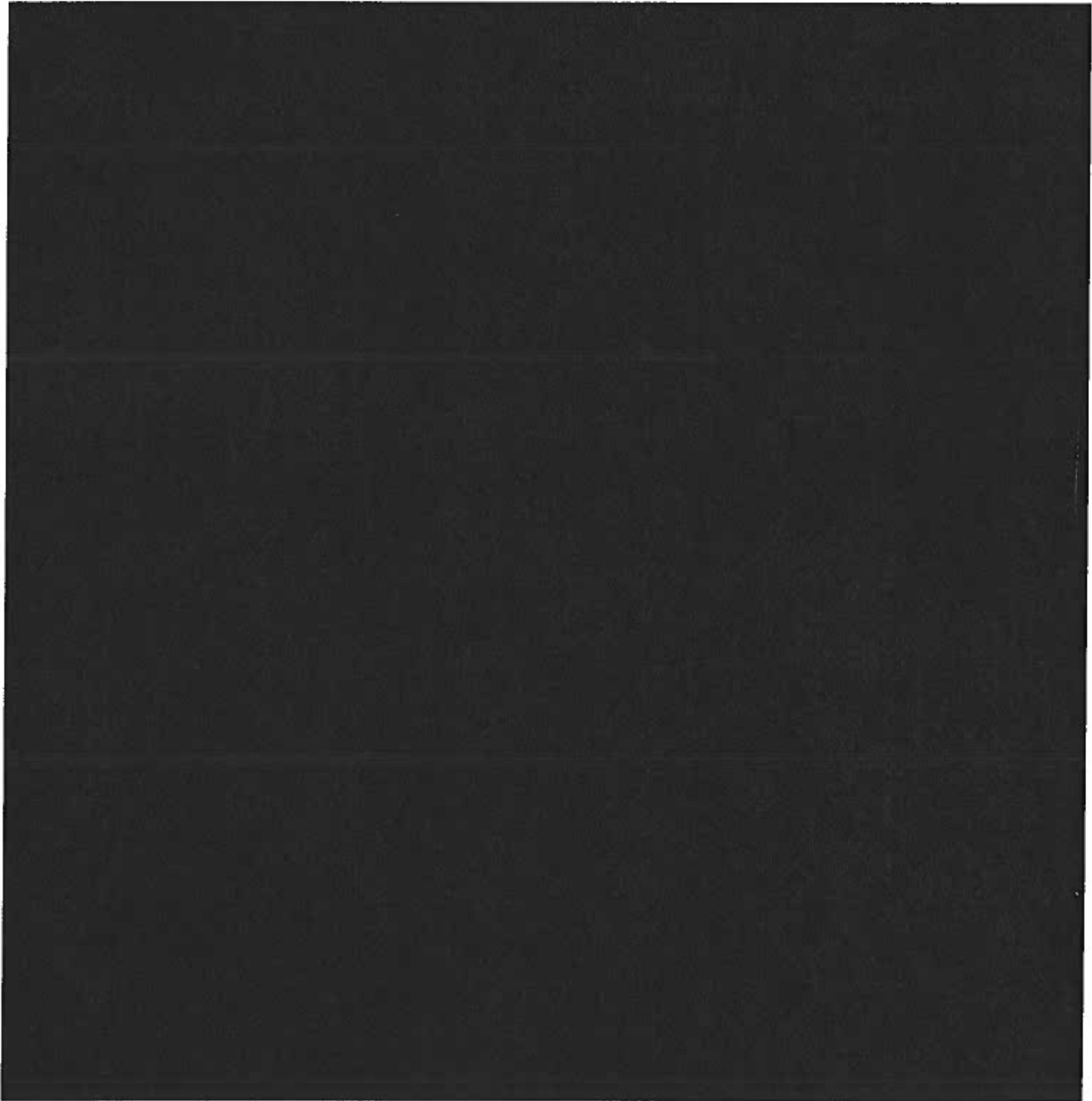


Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

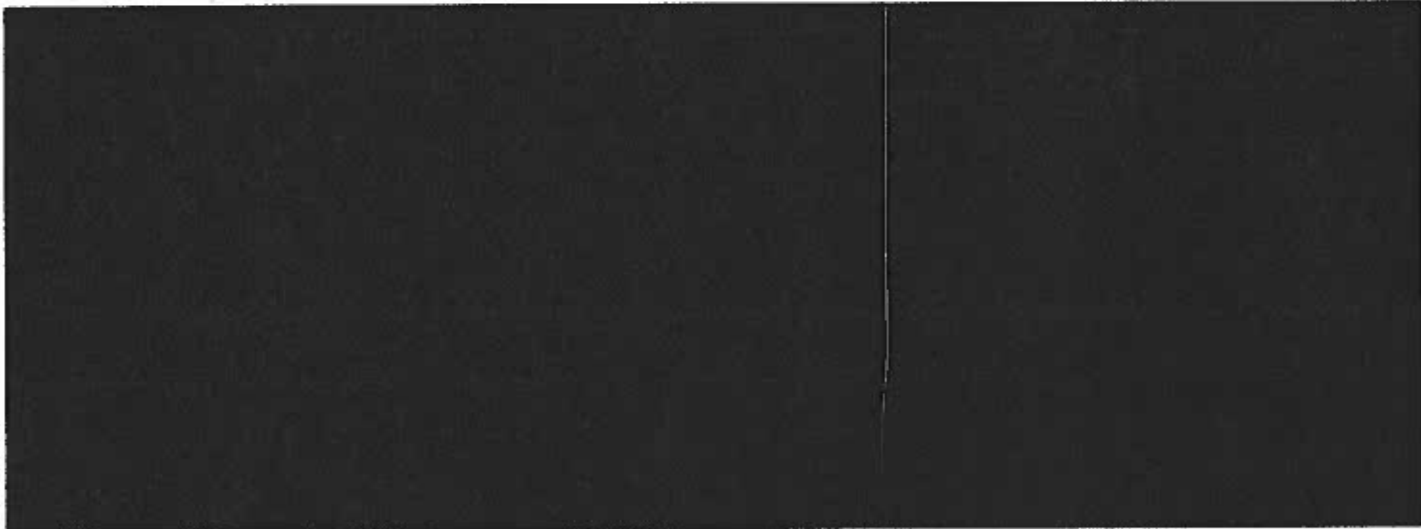
**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331



Dated and signed this 24th day of April, 20 18 at Bloomfield, CT. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

D F Zarcone
(Signature of Affiant)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by DONNA F. ZARCONE and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 31, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Kriahml Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

DONNA FRETT ZARCONE

(Printed Full Name and Residence Address)

DF Zarcone
(Signature)

April 24, 2018
(Date)

State of: CT

County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by DONNA F. ZARCONE, and:

who is personally known to me, or

who produced the following identification: Driver's License



Lynette M. Easman
Notary Public
Lynette M. Easman
Printed Notary Name
December 3, 2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Kriehel - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

DONNA FRETT ZARCONE

(Printed Full Name and Residence Address)

D F Zarcone
(Signature)

April 24, 2018
(Date)

State of: Connecticut County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by DONNA F. ZARCONE, and:

who is personally known to me, or

who produced the following identification: Driver's License

Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
December 31, 2021
My Commission Expires



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
(California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krihsnul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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.

DONNA FRETT ZARCONE

(Printed Full Name and Residence Address)

D F Zarcone

(Signature)

April 24, 2018

(Date)

State of Connecticut County of Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by DONNA F. ZARCONE, and:

who is personally known to me, or

who produced the following identification: Drivers License

Lynette M. Easman
Notary Public

Lynette M. Easman
Printed Notary Name

December 31, 2021
My Commission Expires



Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY): 09/1983 End Date(MM/YYYY): 12/1987
College/University Name: UNIVERSITY OF CHICAGO BOOTH SCHOOL OF BUSINESS
Type: GRADUATE
School Location: CHICAGO, IL
Degree/Certification Obtained: M.B.A. FINANCE

Start Date(MM/YYYY): 01/1977 End Date(MM/YYYY): 05/1979
College/University Name: ILLINOIS STATE UNIVERSITY
Type: UNDERGRADUATE
School Location: NORMAL, IL
Degree/Certification Obtained: B.S. ACCOUNTING

Start Date(MM/YYYY): 09/1975 End Date(MM/YYYY): 05/1976
College/University Name: TRITON JUNIOR COLLEGE
Type: UNDERGRADUATE
School Location: RIVER GROVE, IL
Degree/Certification Obtained:

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background	
Beginning Date: 8/1998	Ending Date: 08/2006
Employer's Name: HARLEY-DAVIDSON FINANCIAL SERVICES, INC.	
Address: 222 W. ADAMS STREET, SUITE 2000	
City: CHICAGO	State/Province: Illinois
Postal Code: 60606	Country: United States
Phone: 312.634.2801	
Type Of Business: FINANCING AND INSURANCE FOR MOTORCYCLES	
Offices/Positions Held: PRESIDENT, COO & DIRECTOR	
Supervisor/ Contact: LARRY HUND	
Beginning Date: 02/2012	Ending Date: Present
Employer's Name: THE ECONOMIC CLUB OF CHICAGO	
Address: 33 N. STATE DEARBORN STREET, SUITE 1700	
City: CHICAGO	State/Province: Illinois
Postal Code: 60602	Country: United States
Phone: 312.726.1628	
Type Of Business: CIVIC & BUSINESS LEADERSHIP ORGANIZATION	
Offices/Positions Held:	
• PRESIDENT AND CHIEF EXECUTIVE OFFICER	02/2012 - Present
• INTERIM PRESIDENT	10/2011 - 02/2012
Supervisor/ Contact: MELLODY HOBSON, CHAIR OF THE BOARD	
Beginning Date: 05/2011	Ending Date: Present
Employer's Name: CDW CORPORATION	
Address: 75 TRISTATE INTERNATIONAL	
City: LINCOLNSHIRE	State/Province: Illinois
Postal Code: 60064	Country: United States
Phone: 847.968.0219	
Type Of Business: TECHNOLOGY DISTRIBUTOR	
Offices/Positions Held: DIRECTOR	
Supervisor/ Contact: RICK KULEVICH	
Beginning Date: 01/2011	Ending Date: Present
Employer's Name: THE DUCHOSSOIS GROUP INC.	
Address: 444 W. LAKE STREET, SUITE 2000	
City: CHICAGO	State/Province: Illinois
Postal Code: 60606	Country: United States
Phone:	
Type Of Business: PRIVATE EQUITY - INDUSTRIAL & TECH MANUFACTURING	
Offices/Positions Held: DIRECTOR	
Supervisor/ Contact: BOARD OF DIRECTORS	
Beginning Date: 02/2009	Ending Date: Present
Employer's Name: THE CHAMBERLAIN GROUP, INC.	
Address: 300 WINDSOR DRIVE	
City: OAK BROOK	State/Province: Illinois
Postal Code: 60523	Country: United States
Phone: 630-279-3600	
Type Of Business: ACCESS CONTROLS MANUFACTURER	
Offices/Positions Held: DIRECTOR	
Supervisor/ Contact: CORPORATE SECRETARY	
Beginning Date: 10/2007	Ending Date: 05/2012
Employer's Name: THE JONES GROUP, INC.	
Address: 1141 BROADWAY	
City: NEW YORK	State/Province: New York
Postal Code: 10018	Country: United States
Phone: (914) 640-2421	

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Type Of Business:	APPAREL & FOOTWEAR	Ending Date:	02/2012
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	BETH BARFMAN DORFSMAN		
Beginning Date:	01/2007	Ending Date:	02/2012
Employer's Name:	D.F. ZARCONE & ASSOCIATES		
Address:	ONE SOUTH WACKER DRIVE, 38TH FLOOR		
City:	CHICAGO	State/Province:	Illinois
Postal Code:	60606	Country:	United States
Phone:	312.752.3304		
Type Of Business:	STRATEGIC ADVISORY CONSULTING FIRM		
Offices/Positions Held:	PRESIDENT AND CEO		
Supervisor/ Contact:	DONNA ZARCONE		
Beginning Date:	08/2006	Ending Date:	08/2007
Employer's Name:	NORTHWESTERN MUTUAL		
Address:	720 EAST WISCONSIN AVENUE		
City:	MILWAUKEE	State/Province:	Wisconsin
Postal Code:	53202	Country:	United States
Phone:	414.271.1444		
Type Of Business:	FINANCIAL SERVICES		
Offices/Positions Held:	POLICY OWNERS EXAMINING COMMITTEE MEMBER & CHAIR		
Supervisor/ Contact:	KATHY NARDELLI		
Beginning Date:	02/2006	Ending Date:	08/2011
Employer's Name:	WRIGHTWOOD CAPITAL		
Address:	2 NORTH LASALLE STREET, 9TH FLOOR		
City:	CHICAGO	State/Province:	Illinois
Postal Code:	60602	Country:	United States
Phone:	312.324.5910		
Type Of Business:	PRIVATE COMPANY		
Offices/Positions Held:	BOARD OF DIRECTORS		
Supervisor/ Contact:	BRUCE COHEN		
Beginning Date:	04/2002	Ending Date:	04/2005
Employer's Name:	HARLEY-DAVIDSON, INC.		
Address:	3700 JUNEAU AVENUE		
City:	MILWAUKEE	State/Province:	Wisconsin
Postal Code:	53208	Country:	United States
Phone:	312.634.2801		
Type Of Business:	PRODUCER OF MOTORCYCLES		
Offices/Positions Held:	LEADER OF H-D ENTHUSIAST SERVICES		
Supervisor/ Contact:	LARRY HUND		
Beginning Date:	01/2002	Ending Date:	08/2006
Employer's Name:	EAGLEMARK SAVINGS BANK		
Address:	222 W. ADAMS STREET, SUITE 2000		
City:	CHICAGO	State/Province:	Illinois
Postal Code:	60606	Country:	United States
Phone:	312.696.5368		
Type Of Business:	SUBSIDIARY OF HARLEY DAVIDSON		
Offices/Positions Held:	CHAIRMAN OF THE BOARD & PRESIDENT		
Supervisor/ Contact:	HUMAN RESOURCES		
Beginning Date:	01/2001	Ending Date:	08/2006
Employer's Name:	HARLEY-DAVIDSON INSURANCE SERVICES, INC.		
Address:	222 W. ADAMS STREET, SUITE 2000		
City:	CHICAGO	State/Province:	Illinois
Postal Code:	60606	Country:	United States
Phone:	312.634.2801		
Type Of Business:	FINANCING & INSURANCE FOR MOTORCYCLES		
Offices/Positions Held:	PRESIDENT; DIRECTOR		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	02/11/2005	Ending Date:	'Present'
Employer's Name:	CIGNA CORPORATION		
Address:	900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA		
Phone:	2157611000	Supervisor/Contact	Board of Directors
Position Held:			
	• MEMBER OF BOARD OF DIRECTORS	02/11/2005	- 'Present'
	• MEMBER OF AUDIT COMMITTEE	05/01/2015	- 'Present'
	• MEMBER OF CORPORATE GOVERNANCE COMM	05/08/2017	- 'Present'
	• MEMBER OF FINANCE COMMITTEE	02/25/2005	- 05/08/2017
	• MEMBER OF EXECUTIVE COMMITTEE	01/01/2010	- 05/01/2015
	• CHAIRMAN OF AUDIT COMMITTEE	01/01/2010	- 05/01/2015
	• MEMBER OF AUDIT COMMITTEE	02/25/2005	- 12/31/2009

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (C)
Professional, Occupational and Vocational Licenses

Organization/Issuer of License:	STATE OF ILLINOIS DEPT OF FINAN & PROF REGULATION		
Address:	100 TRADE CENTER DRIVE, 403, CHAMPAIGN, Illinois, 61820,		
License Type:	CPA	License #:	239.023379
Date Issued (MM/YYYY):	/1979	Date Expired (MM/YYYY):	09/2018
Reason for Termination:			
Non-Insurance Regulatory Phone Number (if known):			

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (D)

Response to Questions 11(h) and 11(j)

11(h). The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

11(j). Yes, lien R2002039253 filed in DuPage County Illinois related to a road construction project in the subdivision in which I live where the residents incurred a portion of the construction costs. The amount owed was paid soon after the project commenced, and the lien is no longer outstanding against the property.

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
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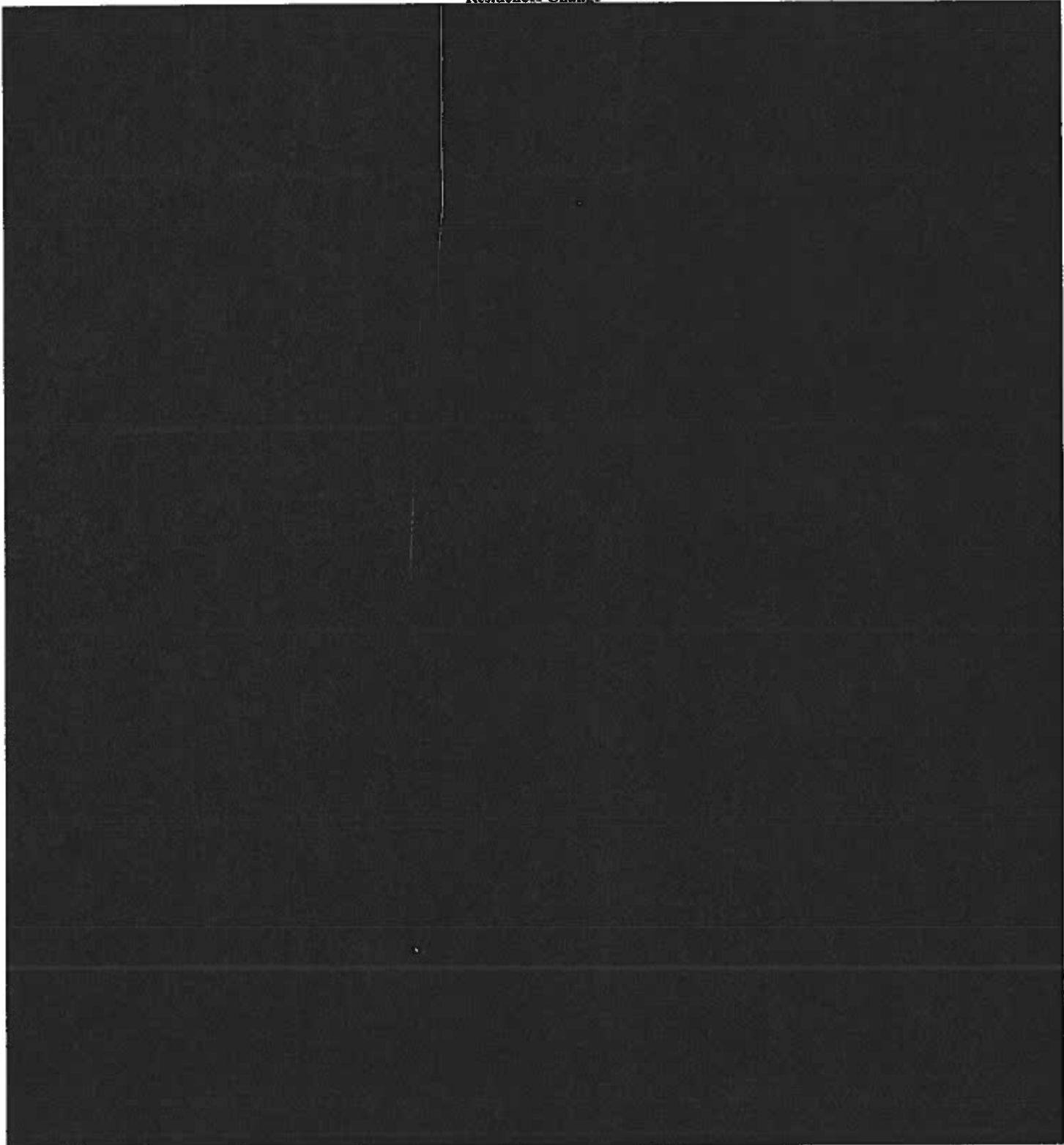
Attachment (E)
Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

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Attachment (F)
Residences Change



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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).

CIGNA CORPORATION
900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA
2157611000

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

1. Affiant's Full Name (Initials Not Acceptable): First: WILLIAM Middle: DON Last: ZOLLARS

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: RETIRED CHAIRMAN, PRESIDENT & CEO, YRC WORLDWIDE

4. Affiant's business address: Office of the Corporate Secretary, 1601 Chestnut Street, TL7LO, Philadelphia PA 19192, United States

Business telephone: 913.488.6102

Business Email: zollarswilliam@gmail.com

5. Education and training: Please See Attachment (A)

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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: **CIGNA CORPORATION**

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6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
THE BARSTOW SCHOOL, BOARD OF TRUSTEES		11511 STATE LINE ROAD, KANSAS CITY, MO 64114	816-942-3255
KANSAS CITY REPERTORY THEATER		4949 CHERRY STREET, KANSAS CITY, MO	816-235-2700

7. Present or proposed position with the Applicant Company: **CIGNA CORPORATION - CHAIRMAN OF PEOPLE RESOURCES COMM. MEMBER OF BOARD OF DIRECTORS, MEMBER OF CORPORATE GOVERNANCE COMM. MEMBER OF EXECUTIVE COMMITTEE**

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.

Please See Attachment (B) for Details.

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

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

Address: _____ City: _____ State/Province: _____

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

Type of Business: _____ Supervisor/Contact: _____

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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.
Please See Attachment (C).

Organization/Issuer of License: _____ Address: _____

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

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

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

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

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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

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

Yes No

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

Yes No

Applicant Company Name: **CIGNA CORPORATION**

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FEIN: **06-1059331**

- c. Been placed on probation or had a fine levied against you or your occupational, professional, or vocational license or permit in any judicial, administrative, regulatory, or disciplinary action?
Yes No
- d. Been charged with, or indicted for, any criminal offense(s) other than civil traffic offenses?
Yes No
- e. Pled guilty, or nolo contendere, or been convicted of, any criminal offense(s) other than civil traffic offenses?
Yes No
- f. Had adjudication of guilt withheld, had a sentence imposed or suspended, had pronouncement of a sentence suspended, or been pardoned, fined, or placed on probation, for any criminal offense(s) other than civil traffic offenses?
Yes No
- g. Been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory, or disciplinary action, from violating any federal, state law or law of another country regulating the business of insurance, securities or banking, or from carrying out any particular practice or practices in the course of the business of insurance, securities or banking?
Yes No
- h. Been, within the last ten (10) years, a party to any civil action involving dishonesty, breach of trust, or a financial dispute?
Yes No
- SEE ATTACHMENT (D)**
- 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. **PLEASE SEE ATTACHMENT (D)**

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,

Applicant Company Name: CIGNA CORPORATION

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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)?

SEE ATTACHMENT (E)

- 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?

SEE ATTACHMENT (E)

Applicant Company Name: CIGNA CORPORATION

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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.
Please See Attachment (E)

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 24th day of April 20 18 at Bloomfield. 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: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by WILLIAM D. ZOLLARS, and:

who is personally known to me, or

who produced the following identification: Drivers License

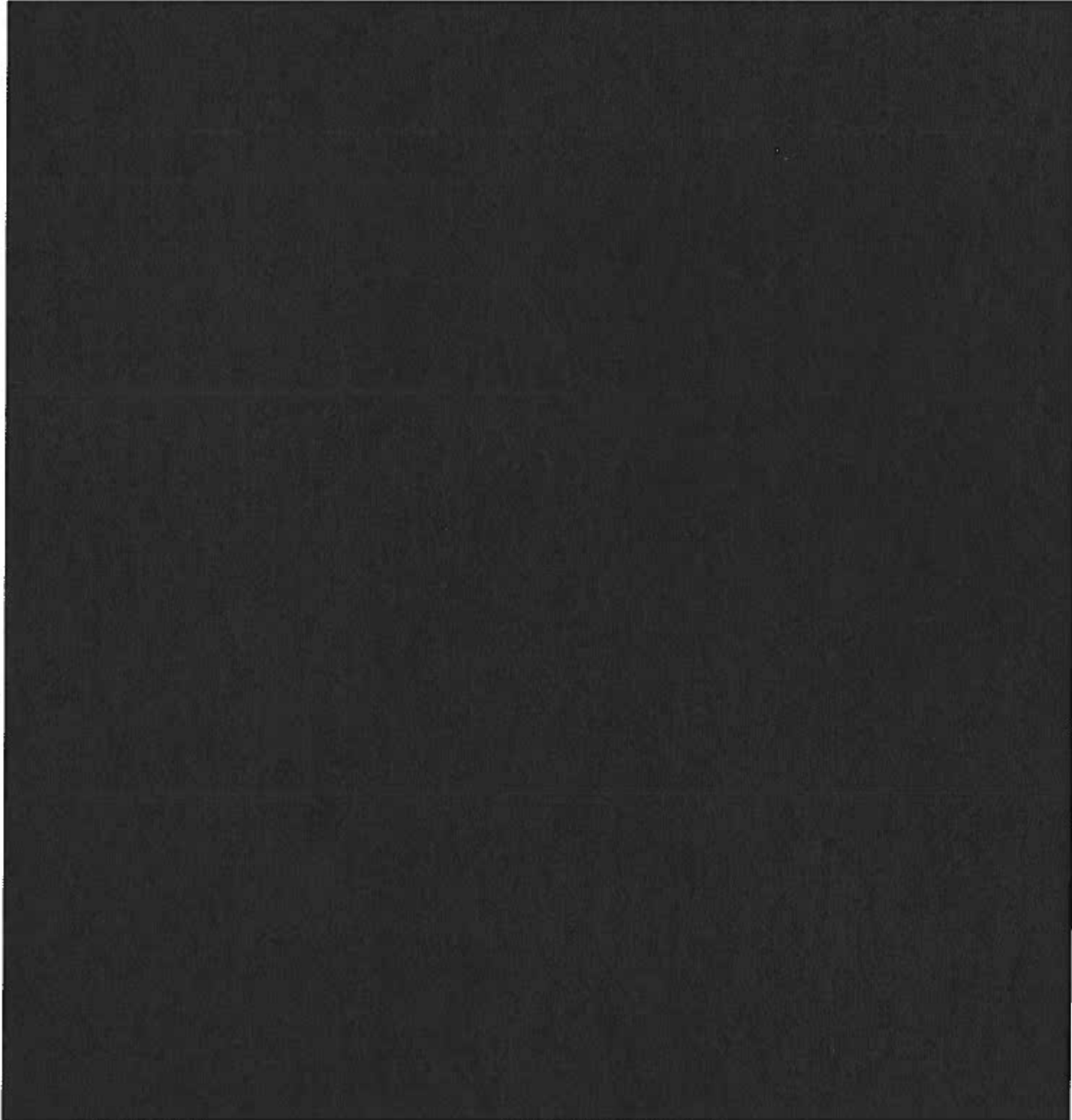


Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

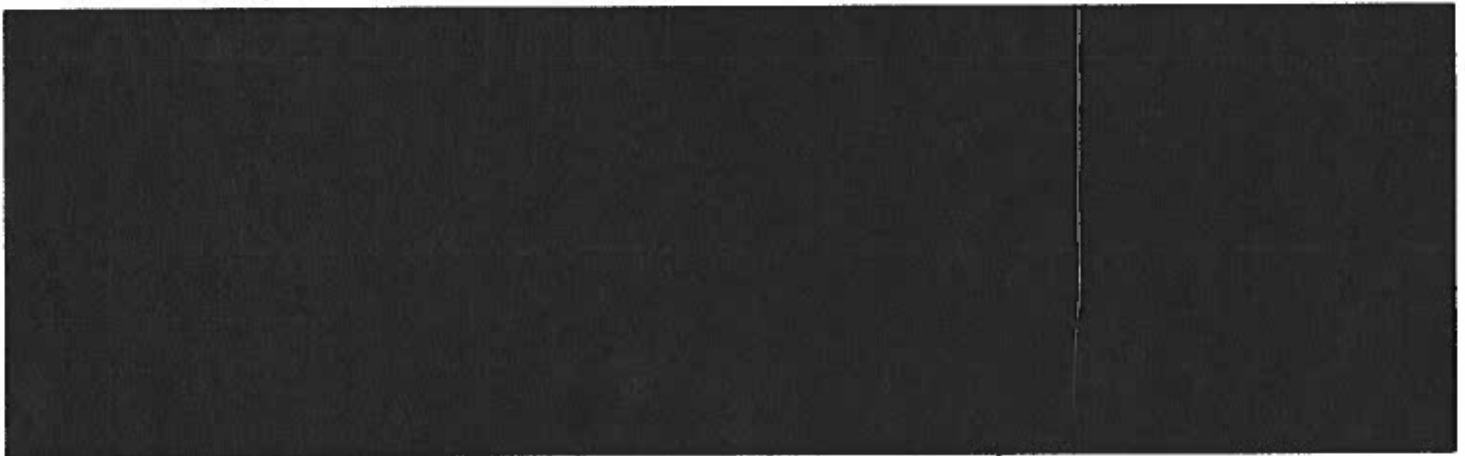
BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information



Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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



Dated and signed this 24th day of April, 2018 at Bloomfield. 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: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by WILLIAM D. ZOLLARS, and:

who is personally known to me, or

who produced the following identification: Drivers License



Lynette H. Easman
Notary Public
Lynette H. Easman
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 CIGNA 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

Anna Kriehel Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

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

WILLIAM DON ZOLLARS _____
(Printed Full Name and Residence Address)

[Signature]
(Signature)

4/24/18
(Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by WILLIAM D. ZOLLARS, and:

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



Lynette M. Gasman
Notary Public
Lynette M. Gasman
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

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 **CIGNA 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

Anna Krishtal - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States
Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

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

WILLIAM DON ZOLLARS _____
(Printed Full Name and Residence Address)

[Signature] _____ 4/24/18
(Signature) (Date)

State of: CT County of: Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 2018 by WILLIAM D. ZOLLARS, and:

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



Lynette M. Easmon
Notary Public
Lynette M. Easmon
Printed Notary Name
12/31/2021
My Commission Expires

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS (California)

This Disclosure and Authorization is provided to you in connection with a pending application of CIGNA 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 _____ [name of CRA, address] ("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

Anna Krishtul - Office of the Corporate Secretary - 215-761-1070 - 1601 Chestnut Street, Philadelphia, PA 19192 United States

Jennifer Wheatley - Regulatory and State Government Affairs - 303-729-8459 - 8505 East Orchard Road, Greenwood Village, CO 80111 United States

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

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

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

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law. I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond twelve (12) months following the date of my signature below.

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

WILLIAM DON ZOLLARS _____
(Printed Full Name and Residence Address)

[Signature] _____ 4/24/18 _____
(Signature) (Date)

State of CT County of Hartford

The foregoing instrument was acknowledged before me this 24th day of April, 20 18 by WILLIAM D. ZOLLARS, and:

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

Lynette M. Eastman
Notary Public
Lynette M. Eastman
Printed Notary Name
12/31/2021
My Commission Expires



Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (A)
Education And Training

Start Date(MM/YYYY):	06/1965	End Date(MM/YYYY):	05/1969
College/University Name:	UNIVERSITY OF MINNESOTA		
Type:	UNDERGRADUATE		
School Location:	MINNEAPOLIS, MN		
Degree/Certification Obtained:	B.A. ECONOMICS		

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)
Officer/Director Employment Record

Employment Background			
Beginning Date:	07/2011	Ending Date:	Present
Employer's Name:	PRO-LOGIS TRUST		
Address:	4545 AIRPORT WAY		
City:	DENVER	State/Province:	Colorado
Postal Code:	80239	Country:	United States
Phone:	303-567-5000		
Type Of Business:	REAL ESTATE		
Offices/Positions Held:	<ul style="list-style-type: none">DIRECTORDIRECTOR	07/2011 - Present	09/2001 - 04/2010
Supervisor/ Contact:	EDWARD NEKRITZ, CORP SEC		
Beginning Date:	05/2005	Ending Date:	Present
Employer's Name:	CERNER CORPORATION		
Address:	2800 ROCKCREEK PKWY		
City:	N KANSAS CITY	State/Province:	Missouri
Postal Code:	64117	Country:	United States
Phone:	(816) 221-7800		
Type Of Business:	TECHNOLOGY		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact:	RANDY SIMS, CORP SEC		
Beginning Date:	11/1999	Ending Date:	07/2011
Employer's Name:	YRC WORLDWIDE		
Address:	10990 ROE AVENUE		
City:	OVERLAND PARK	State/Province:	Kansas
Postal Code:	66211	Country:	United States
Phone:	913.696.6110		
Type Of Business:	TRANSPORTATION		
Offices/Positions Held:	<ul style="list-style-type: none">CHAIRMAN, PRESIDENT & CEOPRESIDENT, YELLOW TRANSPORTATION	11/1999 - 07/2011	12/1996 - 11/1999
Supervisor/ Contact:	DANIEL CHURAY, CORP SEC		
Beginning Date:	06/1994	Ending Date:	12/1996
Employer's Name:	RYDER SYSTEM		
Address:	11690 NW 105TH STREET		
City:	MIAMI	State/Province:	Florida
Postal Code:	33178	Country:	USA
Phone:			
Type Of Business:			
Offices/Positions Held:	SENIOR VICE PRESIDENT INTEGRATED LOGISTICS		
Supervisor/ Contact:			

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
FEIN: **06-1059331**

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>02/25/2005</u>	Ending Date:	'Present'
Employer's Name:	<u>CIGNA CORPORATION</u>		
Address:	<u>900 COTTAGE GROVE ROAD, WILDE BUILDING, BLOOMFIELD, CT, 06152, USA</u>		
Phone:	<u>2157611000</u>	Supervisor/Contact	<u>Board of Directors</u>
Position Held:			
	• MEMBER OF BOARD OF DIRECTORS	02/25/2005	- 'Present'
	• MEMBER OF EXECUTIVE COMMITTEE	04/25/2012	- 'Present'
	• MEMBER OF CORPORATE GOVERNANCE COMM	04/25/2012	- 'Present'
	• CHAIRMAN OF PEOPLE RESOURCES COMM	04/25/2012	- 'Present'
	• MEMBER OF PEOPLE RESOURCES COMM	02/25/2005	- 04/25/2012
	• MEMBER OF FINANCE COMMITTEE	02/25/2005	- 12/31/2011

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
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Attachment (C)
Professional, Occupational and Vocational Licenses

'None'

Attachment (D)
Response to Question 11(h)

11(h): Five civil cases with four being consolidated into Case no. 09-cv-2593-JWL-JPO; and 11-cv-02072-KHV-JPO were brought against YRC Worldwide, Inc. ("YRC") and me as its Chairman, President and CEO. I served in that capacity from November 1999 until July 2011. The two cases listed are similar to cases brought against other public companies when share prices decrease. Both cases were dismissed without prejudice.

Case 09-cv-2593-JWL-JPO was a class action brought against YRC by individuals who participated in certain YRC retirement plans from October 2007 to June 2011, and alleges violations of the Employee Retirement Income Security Act of 1974 (the "ERISA"). The plaintiffs in this case allege primarily that YRC breached its fiduciary duties to those who invested in the plans by investing too heavily in YRC stock and the decline of the stock price affected their investment negatively. An initial complaint filed in November 2009, before multiple cases were consolidated, is attached as Exhibit 1. YRC has denied, and vigorously defended against, all of these claims. YRC and the plaintiffs in this case agreed to a settlement that was preliminarily approved in November 2011. The Court held a fairness hearing on March 6, 2012 and approved the settlement.

Case 11-cv-02072-KHV-JPO is a securities class action brought against YRC by certain individuals who purchased the common stock of YRC between April 2008 and November 2009. The plaintiffs allege that false statements were made by YRC regarding the financial condition of YRC in violation of certain securities laws. The amended class action complaint was filed on October 21, 2011. YRC vigorously disagrees with the allegations, and filed a motion to dismiss the complaint on December 20, 2011.

11(h): The members of Cigna's Board of Directors have been named in the following lawsuits in connection with Anthem, Inc.'s proposed acquisition of Cigna Corporation which was announced on July 23, 2015:

1. *Leach v. Cigna Corp., et al.*, No. 11354-CB (Del. Ch.);
2. *Patel v. Cigna Corp., et al.*, No. 1377-CB (Del. Ch.);
3. *Messenger v. Cigna Corp., et al.*, No. 11383-CB (Del. Ch.);
4. *Litwin v. Cigna Corp., et al.*, No. 11396-CB (Del. Ch.);
5. *Copelli v. Cordani, et al.*, No. 11373-CB (Del. Ch.);
6. *Solak v. Cordani, et al.*, No. HHD-CV-15-6061337-S (Conn. Sup. Ct.).

Applicant Company Name: **CIGNA CORPORATION**

NAIC No.
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Attachment (E)
Response to Question 15

With respect to questions 15(b) and 15(c), although various of the Cigna Companies that I have served on (or affiliates of such Cigna Companies) have been, or may have been, cited or subjected to fines, administrative penalties or other minor disciplinary actions in connection with violations, none of these violations were material to the operations of any such company or resulted in the suspension or revocation of such company's license or certificate of authority; or, if suspended or revoked, such license or certificate was subsequently reinstated due to the non-material nature of the violation.

Applicant Company Name: CIGNA CORPORATION

NAIC No.
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Attachment (F)

