

SIDLEY

SIDLEY AUSTIN LLP
787 SEVENTH AVENUE
NEW YORK, NY 10019
+1 212 839 5300
+1 212 839 5599 FAX

AHOLLAND@SIDLEY.COM
+1 212 839 5882

AMERICA • ASIA PACIFIC • EUROPE

July 13, 2018

RECEIVED
Corporate & Financial Regulation

JUL 18 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. ("Holdco" and, 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. Defined terms used herein but not defined herein shall have the meanings ascribed to them in the Form A.

As announced in Cigna's Current Report on Form 8-K, filed on July 2, 2018 with the U.S. Securities and Exchange Commission (the "Cigna 8-K"), Dr. Mark McClellan, the Director of the Robert J. Margolis, MD Center for Health Policy at Duke University, has been appointed to Cigna's board of directors. Dr. McClellan's appointment is effective December 1, 2018, unless Cigna's acquisition of Express Scripts has closed prior to that date, in which case Dr. McClellan will join the board of directors of the combined company upon closing. Dr. McClellan is an independent director and has no previous affiliation with Cigna or Express Scripts. Two copies of Dr. McClellan's NAIC biographical affidavit are attached hereto as Exhibit A. The biographical affidavits in Exhibit A are being filed with personal information, such as Social Security numbers and home addresses, redacted. A second, **CONFIDENTIAL** unredacted set of biographical affidavits, including one original and one copy of Dr. McClellan's NAIC biographical affidavit, are attached hereto as Exhibit B.

The Applicants request that: (i) the redacted portions of the biographical affidavits filed as Exhibit A 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

039

18

Pennsylvania Insurance Department
July 13, 2018
Page 2

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.

As described in the Cigna 8-K, on June 27, 2018, Cigna and the other parties to the Merger Agreement entered into Amendment No. 1 to the Merger Agreement ("Amendment No. 1") to reflect the addition of Dr. McClellan as a post-closing independent director of Holdco. Specifically, Amendment No. 1 provides that the post-closing Holdco board will have a total of fourteen (14) seats, consisting of (a) the eight (8) Cigna-legacy independent board members, (b) the Chief Executive Officer of Cigna (who will continue to be the Chief Executive Officer of Holdco post-closing), (c) four (4) Express Scripts-legacy independent board members and (d) Dr. McClellan.

Additional information, including a copy of Amendment No. 1, can be found in the Cigna 8-K, a copy of which is attached hereto as Exhibit C.

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
Andrew R. Holland

Enclosures

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

Exhibit A

Biographical Affidavit (Redacted)

Please see attached.

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. The affiant may be required to provide additional information during the third-party verification process, if they have attended a foreign school or lived and worked internationally.

(Print or Type)

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

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: **Mark** Middle: **Barr** Last: **McClellan**

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: **Director of the Robert J. Margolis, MD Center for Health Policy at Duke University**

4. Affiant's business address: **100 Fuqua Drive, Box 90120, Durham, NC 27708-0120**

Business telephone: Business Email: **mark.mcclellan@duke.edu**

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal 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>
National Academy of Sciences	Victor Dzau	2101 Constitution Avenue, NW, Washington, DC 20418	202-334-2000

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

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

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.

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

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details:

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

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

Yes No

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

Yes No

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

Yes No

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.

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

Dated and signed this 11th day of July 20 18 at Washington DC I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

[Signature]
(Signature of Affiant)

State of District of Columbia County of _____

The foregoing instrument was acknowledged before me this 11th day of July, 20 18 by Mark B. McClellan, and:

- who is personally known to me, or
- who produced the following identification: North Carolina Driver's license.

[SEAL]

Karen Blackstone
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
My Commission Expires



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

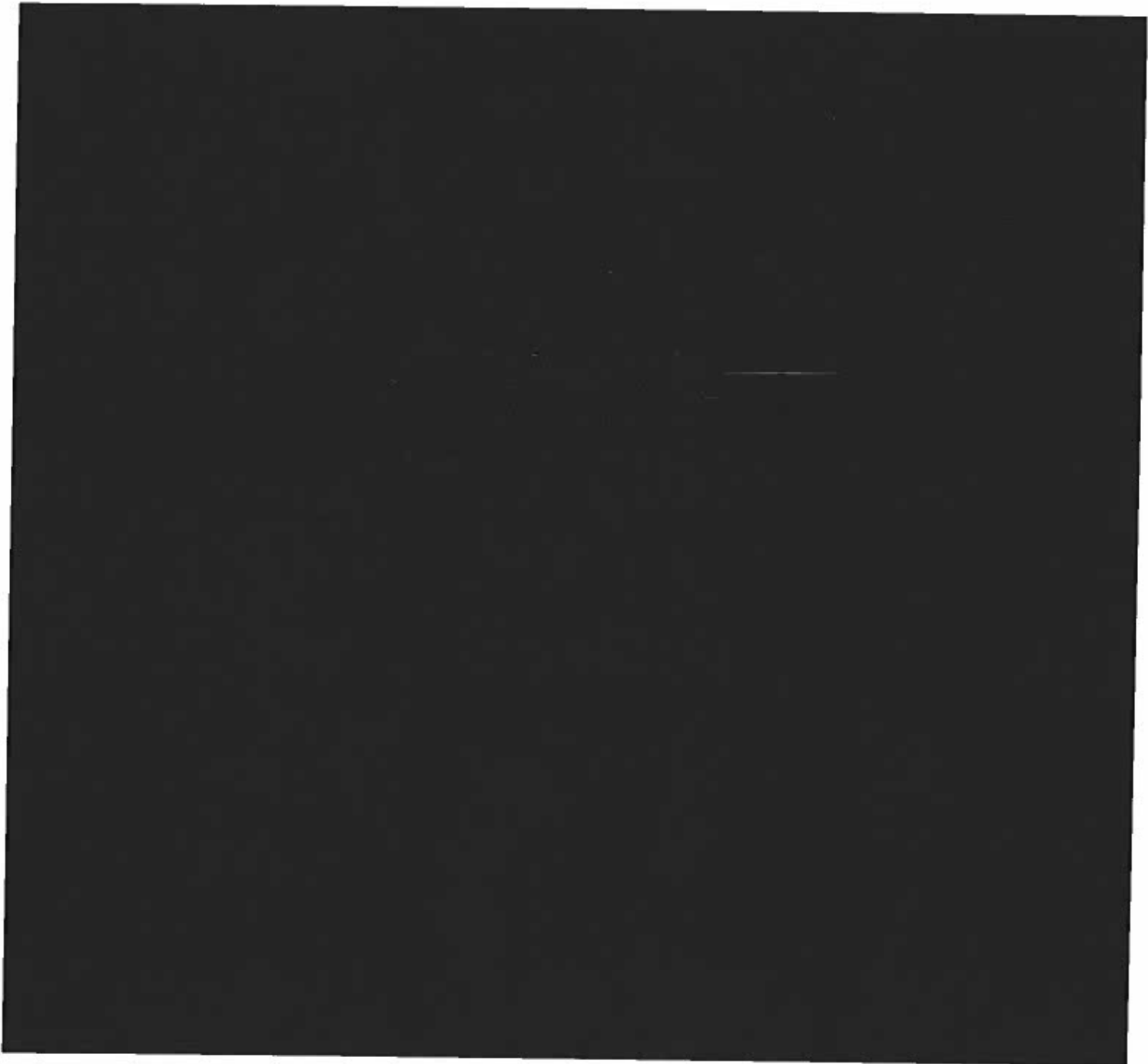
Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)

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



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 11th day of July, 2018 at Washington DC. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

Mark B. McClellan
(Signature of Affiant)

District of Columbia

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this 11th day of July, 2018 by Mark B. McClellan, and:

who is personally known to me, or

who produced the following identification: North Carolina Driver's license

Karen Blackstone

Notary Public

Karen Blackstone

Printed Notary Name

10-31-21

My Commission Expires

[SEAL]



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

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 Kristul 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.

MARK BARR MCCLELLAN

[Redacted Address]

(Printed Full Name and Residence Address)

[Signature]

(Signature)

7/11/18

(Date)

State of: District of Columbia County of: _____

The foregoing instrument was acknowledged before me this 11th day of July, 2018 by Mark B. McClellan, and:

who is personally known to me, or

who produced the following identification: North Carolina Driver's License



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

Karen Blackstone
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
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.

MARK BARR MCCLELLAN

(Printed Full Name and Residence Address)

[Signature]

(Signature)

7/14/18

(Date)

State of: District of Columbia County of: _____

The foregoing instrument was acknowledged before me this 14th day of July, 2018 by Mark B. McClellan, and:

who is personally known to me, or

who produced the following identification: North Carolina Drivers license

[Signature]

Notary Public

Karen Blackstone

Printed Notary Name

10-31-21

My Commission Expires



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

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.

MARK BARR MCCLELLAN _____
(Printed Full Name and Residence Address)

Mark B. McClellan _____
(Signature) 7/11/18
(Date)

State of: District of Columbia
County of: _____

The foregoing instrument was acknowledged before me this 11th day of July, 2018 by Mark B. McClellan, and:

who is personally known to me, or
 who produced the following identification: North Carolina Diver's license

Karen Blackstone
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
My Commission Expires



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (A)
Education and Training

Start Date(MM/YYYY): 09/1981 End Date(MM/YYYY): 05/1985
College/University Name: UNIVERSITY OF TEXAS AT AUSTIN
Type: UNDERGRADUATE
School Location: AUSTIN, TX
Degree/Certification Obtained: BA, ENGLISH & BIOLOGY

Start Date(MM/YYYY): 09/1988 End Date(MM/YYYY): 05/1991
College/University Name: HARVARD UNIVERSITY - KENNEDY SCHOOL OF GOVERNMENT
Type: GRADUATE
School Location: CAMBRIDGE, MA
Degree/Certification Obtained: MA, MPA

Start Date(MM/YYYY): 08/1985 End Date(MM/YYYY): 05/1992
College/University Name: MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT) -
DIVISION OF HE
Type: DOCTORATE
School Location: CAMBRIDGE, MA
Degree/Certification Obtained: MD, MEDICINE

Start Date(MM/YYYY): 09/1987 End Date(MM/YYYY): 05/1993
College/University Name: MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT)
Type: DOCTORATE
School Location: CAMBRIDGE, MA
Degree/Certification Obtained: PhD, ECONOMICS

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (B)

Officer/Director/Employment Record

Employment Background

Beginning Date:	12/2015	Ending Date:	PRESENT
Employer's Name:	ROBERT J. MARGOLIS CENTER FOR HEALTH POLICY, DUKE UNIVERSITY		
Address:	1201 PENNSYLVANIA AVENUE NW, SUITE 500		
City:	WASHINGTON	State/Province:	District of Columbia
Postal Code:	20004	Country:	United States
Phone:			
Type Of Business:	EDUCATIONAL/HEALTH POLICY		
Offices/Positions Held:	INAUGURAL DIRECTOR		
Supervisor/ Contact & Phone Number:	GENE WASHINGTON 919 684 6835		
Beginning Date:	08/2015	Ending Date:	09/2018
Employer's Name:	ALEDADE INC		
Address:	4550 MONTGOMERY AVENUE #950N		
City:	BETHESDA	State/Province:	Maryland
Postal Code:	20814	Country:	United States
Phone:			
Type Of Business:	HEALTHCARE		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	FARZAD MOSTASHARI 202-869-3988		
Beginning Date:	05/2014	Ending Date:	PRESENT
Employer's Name:	ALIGNMENT HEALTHCARE		
Address:	1100 W. TOWN AND COUNTRY ROAD, #1600		
City:	ORANGE	State/Province:	California
Postal Code:	92868	Country:	United States
Phone:			
Type Of Business:	HEALTHCARE		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	JOHN KAO (949) 285-7001 or 844-310-2247		
Beginning Date:	03/2014	Ending Date:	03/2016
Employer's Name:	ARBORMETRIX INC		
Address:	339 E. LIBERTY STREET, #210		
City:	ANN ARBOR	State/Province:	Michigan
Postal Code:	48104	Country:	United States
Phone:			
Type Of Business:	HEALTHCARE ANALYTICS		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	JENNIFER SHAUMAN (Office Manager) (734) 661-7944 x7032		
Beginning Date:	09/2013	Ending Date:	PRESENT
Employer's Name:	JOHNSON & JOHNSON		
Address:	1 JOHNSON & JOHNSON PLAZA		
City:	NEW BRUNSWICK	State/Province:	New Jersey
Postal Code:	08933	Country:	United States
Phone:			
Type Of Business:	BROAD BASED HEALTHCARE		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	THOMAS J. SPELLMAN III 732-524-3292		
Beginning Date:	02/2013	Ending Date:	08/2015
Employer's Name:	AVIV REIT, INC. (ACQUIRED BY OMEGA HEALTH)		
Address:	303 W. MADISON STREET, SUITE 2400		

Applicant Company Name: **CIGNA CORPORATION**

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

City: CHICAGO
Postal Code: 60606
Phone:
State/Province: Illinois
Country: United States

Type Of Business: REAL ESTATE INVESTMENT TRUST
Offices/Positions Held: DIRECTOR
Supervisor/ Contact & Phone Number: Defunct, company hasn't existed independently for several years
MARGUERITE GEIGER
2157761-6340

Beginning Date: 06/2007
Ending Date: 11/2015

Employer's Name: BROOKINGS INSTITUTION
Address: 1775 MASSACHUSETTS AVENUE NW
City: WASHINGTON
Postal Code: 20036
State/Province: District of Columbia
Country: United States
Phone:

Type Of Business: PUBLIC POLICY
Offices/Positions Held: DIRECTOR, INITIATIVES ON VALUE AND INNOVATION IN HEALTHCARE & ENGELBERG
CENTER FOR HEALTH CARE REFORM & SENIOR FELLOW IN ECONOMICS
Supervisor/ Contact & Phone Number: TED GAYER
202-797-6000

Beginning Date: 03/2004
Ending Date: 10/2006

Employer's Name: US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Address: 200 INDEPENDENCE AVENUE SW
City: WASHINGTON
Postal Code: 20201
State/Province: District of Columbia
Country: United States
Phone:

Type Of Business: GOVERNMENT/CABINET
Offices/Positions Held: ADMINISTRATOR, CENTERS FOR MEDICARE AND MEDICAID SERVICES
Supervisor/ Contact & Phone Number: MICHAEL LEAVITT
877-696-6775

Beginning Date: 11/2002
Ending Date: 03/2004

Employer's Name: US FOOD AND DRUG ADMINISTRATION
Address: 10903 NEW HAMPSHIRE AVENUE
City: SILVER SPRING
Postal Code: 20993
State/Province: Maryland
Country: United States
Phone:

Type Of Business: GOVERNMENT
Offices/Positions Held: COMMISSIONER
Supervisor/ Contact & Phone Number: TOMMY THOMPSON
800-463-6332

Applicant Company Name: CIGNA CORPORATION

NAIC No.
FEIN: 06-1059331

Attachment (B)

CIGNA Affiliations			
Beginning Date:	<u>12/01/2018</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:	<ul style="list-style-type: none">• MEMBER OF BOARD OF DIRECTORS		
		12/01/2018	- 'Present'

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (C)
Professional, Occupational and Vocational Licenses

Organization/Issuer of License: The Medical Board of California
Address: 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815
License Type: MEDICAL, Physician License #: 82259
& Surgeon G
Date Issued (MM/YYYY): 04/1996 Date Expired MM/YYYY: 06/2001
Reason for Termination: EXPIRED - NO LONGER PRACTICING
Non-Insurance Regulatory Phone Number (if known):
Unknown

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (D)

Residences for the past ten years

Start Date	<u>06/2016</u>	End Date:	<u>PRESENT</u>
Address	<u>110 COPLEY MOUNTAIN DRIVE</u>		
City:	<u>DURHAM</u>	State:	<u>NC</u>
Postal Code:	<u>27705</u>	Country:	<u>USA</u>
Start Date	<u>02/2016</u>	End Date:	<u>PRESENT</u>
Address	<u>1734 R STREET, NW, #1</u>		
City:	<u>WASHINGTON</u>	State:	<u>DC</u>
Postal Code:	<u>20009</u>	Country:	<u>USA</u>
Start Date	<u>06/2012</u>	End Date:	<u>06/2016</u>
Address	<u>3931 JENIFER STREET, NW</u>		
City:	<u>WASHINGTON</u>	State:	<u>DC</u>
Postal Code:	<u>20015</u>	Country:	<u>USA</u>
Start Date	<u>11/2007</u>	End Date:	<u>06/2012</u>
Address	<u>4900 CHESAPEAKE STREET, NW</u>		
City:	<u>WASHINGTON</u>	State:	<u>DC</u>
Postal Code:	<u>20016</u>	Country:	<u>USA</u>

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. The affiant may be required to provide additional information during the third-party verification process, if they have attended a foreign school or lived and worked internationally.

(Print or Type)

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

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: **Mark** Middle: **Barr** Last: **McClellan**

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country?

3. Affiant's occupation or profession: **Director of the Robert J. Margolis, MD Center for Health Policy at Duke University**

4. Affiant's business address: **100 Fuqua Drive, Box 90120, Durham, NC 27708-0120**

Business telephone:

Business Email: **mark.mcclellan@duke.edu**

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 and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal 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>
National Academy of Sciences	Victor Dzau	2101 Constitution Avenue, NW, Washington, DC 20418	202-334-2000

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

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

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.

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

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: _____

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

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

Yes No

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

Yes No

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

Yes No

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.

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

Dated and signed this 11th day of July 20 18 at Washington DC I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

Mark McClellan
(Signature of Affiant)

State of District of Columbia County of _____

The foregoing instrument was acknowledged before me this 11th day of July, 20 18 by Mark B. McClellan, and:

who is personally known to me, or

who produced the following identification: North Carolina Driver's license.

[SEAL]



Karen Blackstone
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
My Commission Expires

KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

Applicant Company Name: **CIGNA CORPORATION**

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

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

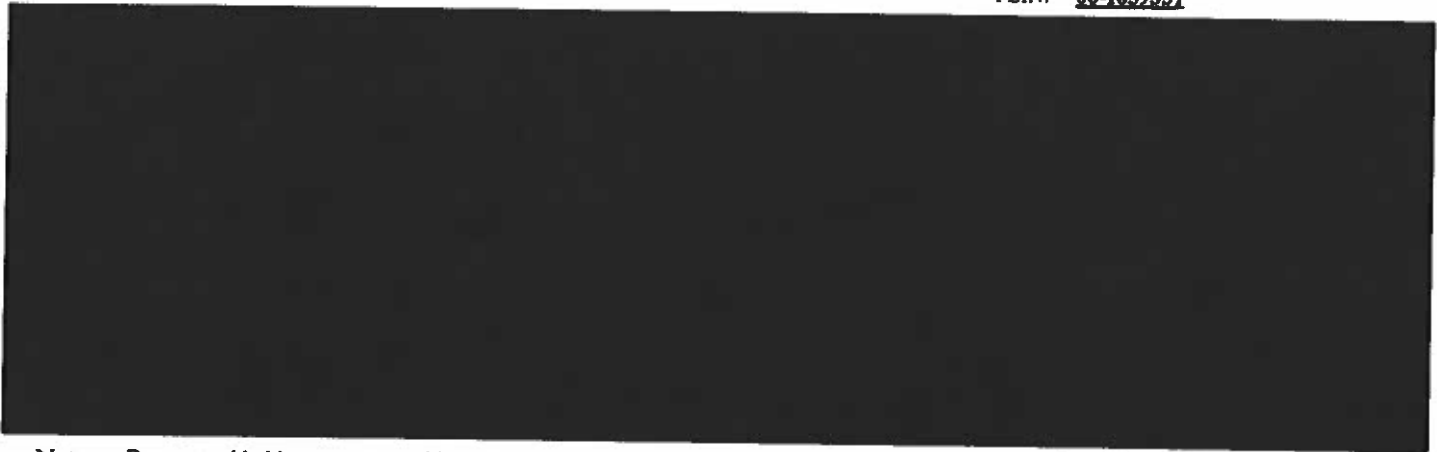
(Print or Type)

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



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 11th day of July, 2018 at Washington DC. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

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

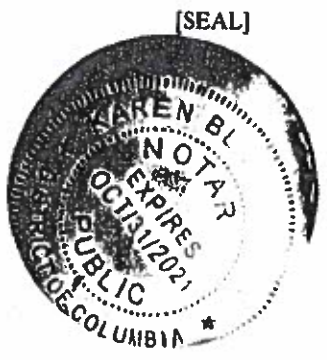
Mark B. McClellan
(Signature of Affiant)

State of: District of Columbia County of: _____

The foregoing instrument was acknowledged before me this 11th day of July, 2018 by Mark B. McClellan, and:

- who is personally known to me, or
- who produced the following identification: North Carolina Driver's license

Karen Blackstone
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
My Commission Expires



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

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 Krishdul 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.

MARK BARR MCCLELLAN _____
(Printed Full Name and Residence Address)

[Signature]
(Signature)

7/11/18
(Date)

State of: District of Columbia County of: _____

The foregoing instrument was acknowledged before me this 11th day of July, 2018 by Mark B. McClellan, and:

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

Karen Blackstone
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
My Commission Expires



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

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 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.

MARK BARR MCCLELLAN _____
(Printed Full Name and Residence Address)

[Signature]
(Signature)

7/14/18
(Date)

State of: District of Columbia County of: _____

The foregoing instrument was acknowledged before me this 14th day of July, 2018 by Mark B. McClellan, and:

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



KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021

[Signature]
Notary Public
Karen Blackstone
Printed Notary Name
10-31-21
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.

MARK BARR MCCLELLAN _____
(Printed Full Name and Residence Address)

[Signature]
(Signature)

7/11/18
(Date)

State of: District of Columbia
County of: _____

The foregoing instrument was acknowledged before me this 11th day of July, 2018 by Mark B. McClellan, and:

who is personally known to me, or
 who produced the following identification: North Carolina Driver's license

Karen Blackstone

Notary Public

Karen Blackstone
Printed Notary Name

10-31-21
My Commission Expires

KAREN BLACKSTONE
Notary Public of District of Columbia
My Commission Expires October 31, 2021



Applicant Company Name: **CIGNA CORPORATION**

NAIC No.

FEIN: **06-1059331**

Attachment (A)
Education and Training

Start Date(MM/YYYY): 09/1981 End Date(MM/YYYY): 05/1985
College/University Name: UNIVERSITY OF TEXAS AT AUSTIN
Type: UNDERGRADUATE
School Location: AUSTIN, TX
Degree/Certification Obtained: BA, ENGLISH & BIOLOGY

Start Date(MM/YYYY): 09/1988 End Date(MM/YYYY): 05/1991
College/University Name: HARVARD UNIVERSITY - KENNEDY SCHOOL OF GOVERNMENT
Type: GRADUATE
School Location: CAMBRIDGE, MA
Degree/Certification Obtained: MA, MPA

Start Date(MM/YYYY): 08/1985 End Date(MM/YYYY): 05/1992
College/University Name: MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT) -
DIVISION OF HE
Type: DOCTORATE
School Location: CAMBRIDGE, MA
Degree/Certification Obtained: MD, MEDICINE

Start Date(MM/YYYY): 09/1987 End Date(MM/YYYY): 05/1993
College/University Name: MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT)
Type: DOCTORATE
School Location: CAMBRIDGE, MA
Degree/Certification Obtained: PhD, ECONOMICS

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (B)

Officer/Director/Employment Record

Employment Background

Beginning Date:	12/2015	Ending Date:	PRESENT
Employer's Name:	ROBERT J. MARGOLIS CENTER FOR HEALTH POLICY, DUKE UNIVERSITY		
Address:	1201 PENNSYLVANIA AVENUE NW, SUITE 500		
City:	WASHINGTON	State/Province:	District of Columbia
Postal Code:	20004	Country:	United States
Phone:			
Type Of Business:	EDUCATIONAL/HEALTH POLICY		
Offices/Positions Held:	INAUGURAL DIRECTOR		
Supervisor/ Contact & Phone Number:	GENE WASHINGTON 919 684 6835		
Beginning Date:	08/2015	Ending Date:	09/2018
Employer's Name:	ALEDADA INC		
Address:	4550 MONTGOMERY AVENUE #950N		
City:	BETHESDA	State/Province:	Maryland
Postal Code:	20814	Country:	United States
Phone:			
Type Of Business:	HEALTHCARE		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	FARZAD MOSTASHARI 202-869-3988		
Beginning Date:	05/2014	Ending Date:	PRESENT
Employer's Name:	ALIGNMENT HEALTHCARE		
Address:	1100 W. TOWN AND COUNTRY ROAD, #1600		
City:	ORANGE	State/Province:	California
Postal Code:	92868	Country:	United States
Phone:			
Type Of Business:	HEALTHCARE		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	JOHN KAO (949) 285-7001 or 844-310-2247		
Beginning Date:	03/2014	Ending Date:	03/2016
Employer's Name:	ARBORMETRIX INC		
Address:	339 E. LIBERTY STREET, #210		
City:	ANN ARBOR	State/Province:	Michigan
Postal Code:	48104	Country:	United States
Phone:			
Type Of Business:	HEALTHCARE ANALYTICS		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	JENNIFER SHAUMAN (Office Manager) (734) 661-7944 x7032		
Beginning Date:	09/2013	Ending Date:	PRESENT
Employer's Name:	JOHNSON & JOHNSON		
Address:	1 JOHNSON & JOHNSON PLAZA		
City:	NEW BRUNSWICK	State/Province:	New Jersey
Postal Code:	08933	Country:	United States
Phone:			
Type Of Business:	BROAD BASED HEALTHCARE		
Offices/Positions Held:	DIRECTOR		
Supervisor/ Contact & Phone Number:	THOMAS J. SPELLMAN III 732-524-3292		
Beginning Date:	02/2013	Ending Date:	08/2015
Employer's Name:	AVIV REIT, INC. (ACQUIRED BY OMEGA HEALTH)		
Address:	303 W. MADISON STREET, SUITE 2400		

Applicant Company Name: **CIGNA CORPORATION**

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

City: CHICAGO
Postal Code: 60606
Phone:

State/Province: Illinois
Country: United States

Type Of Business: REAL ESTATE INVESTMENT TRUST
Offices/Positions Held: DIRECTOR
Supervisor/ Contact & Phone Number: Defunct, company hasn't existed independently for several years
MARGUERITE GEIGER
2157761-6340

Beginning Date: 06/2007 Ending Date: 11/2015

Employer's Name: BROOKINGS INSTITUTION
Address: 1775 MASSACHUSETTS AVENUE NW
City: WASHINGTON
Postal Code: 20036
Phone:

State/Province: District of Columbia
Country: United States

Type Of Business: PUBLIC POLICY
Offices/Positions Held: DIRECTOR, INITIATIVES ON VALUE AND INNOVATION IN HEALTHCARE & ENGELBERG CENTER FOR HEALTH CARE REFORM & SENIOR FELLOW IN ECONOMICS
Supervisor/ Contact & Phone Number: TED GAYER
202-797-6000

Beginning Date: 03/2004 Ending Date: 10/2006

Employer's Name: US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Address: 200 INDEPENDENCE AVENUE SW
City: WASHINGTON
Postal Code: 20201
Phone:

State/Province: District of Columbia
Country: United States

Type Of Business: GOVERNMENT/CABINET
Offices/Positions Held: ADMINISTRATOR, CENTERS FOR MEDICARE AND MEDICAID SERVICES
Supervisor/ Contact & Phone Number: MICHAEL LEAVITT
877-696-6775

Beginning Date: 11/2002 Ending Date: 03/2004

Employer's Name: US FOOD AND DRUG ADMINISTRATION
Address: 10903 NEW HAMPSHIRE AVENUE
City: SILVER SPRING
Postal Code: 20993
Phone:

State/Province: Maryland
Country: United States

Type Of Business: GOVERNMENT
Offices/Positions Held: COMMISSIONER
Supervisor/ Contact & Phone Number: TOMMY THOMPSON
800-463-6332

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (B)

CIGNA Affiliations		
Beginning Date:	12/01/2018	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">MEMBER OF BOARD OF DIRECTORS	12/01/2018 - 'Present'

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (C)
Professional, Occupational and Vocational Licenses

Organization/Issuer of License: The Medical Board of California
Address: 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815
License Type: MEDICAL, Physician & Surgeon G License #: 82259
Date Issued (MM/YYYY): 04/1996 Date Expired MM/YYYY): 06/2001
Reason for Termination: EXPIRED - NO LONGER PRACTICING
Non-Insurance Regulatory Phone Number (if known):
Unknown

Applicant Company Name: **CIGNA CORPORATION**

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

Attachment (D)

Residences for the past ten years

Start Date	<u>06/2016</u>	End Date:	<u>PRESENT</u>
Address	<u>110 COPLEY MOUNTAIN DRIVE</u>	State:	<u>NC</u>
City:	<u>DURHAM</u>	Country:	<u>USA</u>
Postal Code:	<u>27705</u>		
Start Date	<u>02/2016</u>	End Date:	<u>PRESENT</u>
Address	<u>1734 R STREET, NW, #1</u>	State:	<u>DC</u>
City:	<u>WASHINGTON</u>	Country:	<u>USA</u>
Postal Code:	<u>20009</u>		
Start Date	<u>06/2012</u>	End Date:	<u>06/2016</u>
Address	<u>3931 JENIFER STREET, NW</u>	State:	<u>DC</u>
City:	<u>WASHINGTON</u>	Country:	<u>USA</u>
Postal Code:	<u>20015</u>		
Start Date	<u>11/2007</u>	End Date:	<u>06/2012</u>
Address	<u>4900 CHESAPEAKE STREET, NW</u>	State:	<u>DC</u>
City:	<u>WASHINGTON</u>	Country:	<u>USA</u>
Postal Code:	<u>20016</u>		

Exhibit C

Cigna's Current Report on Form 8-K, filed on July 2, 2018 with the SEC

Please see attached.

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 8K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported) June 27, 2018

Cigna Corporation

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation)

108323

(Commission File Number)

061059331

(IRS Employer
Identification
No.)

900 Cottage Grove Road

Bloomfield, Connecticut 06002

(Address of principal executive offices) (Zip Code)

Registrant's telephone number, including area code:

(860) 226- 6000

Not Applicable

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8- K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- Soliciting material pursuant to Rule 14a- 12 under the Exchange Act (17 CFR 240.14a- 12)
- Pre- commencement communications pursuant to Rule 14d- 2(b) under the Exchange Act (17 CFR 240.14d- 2(b))
- Pre- commencement communication pursuant to Rule 13e- 49(c) under the Exchange Act (17 CFR 240.13e- 4(c))

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b- 2 of the Securities Exchange Act of 1934 (17 CFR §240.12b- 2).

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act.

Item 1.01 Entry into a Material Definitive Agreement.

As previously announced, on March 8, 2018, Cigna Corporation ("Cigna") entered into an Agreement and Plan of Merger (the "Merger Agreement") with Express Scripts Holding Company, a Delaware corporation ("Express Scripts"), Halfmoon Parent, Inc., a Delaware corporation and a direct wholly owned subsidiary of Cigna ("Holdco"), Halfmoon I, Inc., a Delaware corporation and a direct wholly owned subsidiary of Holdco ("Merger Sub 1"), and Halfmoon II, Inc., a Delaware corporation and a direct wholly owned subsidiary of Holdco ("Merger Sub 2"). As previously disclosed, subject to the conditions of the Merger Agreement, Cigna will acquire Express Scripts in a cash and stock transaction through: (1) the merger of Merger Sub 1 with and into Cigna, with Cigna surviving as a direct wholly owned subsidiary of Holdco, and (2) the merger of Merger Sub 2 with and into Express Scripts, with Express Scripts surviving as a direct wholly owned subsidiary of Holdco.

On June 27, 2018, Cigna and the other parties to the Merger Agreement entered into Amendment No. 1 to the Merger Agreement ("Amendment No. 1"). Pursuant to Amendment No. 1, upon closing of Cigna's acquisition of Express Scripts, Dr. Mark McClellan, the Director of the Robert J. Margolis, MD Center for Health Policy at Duke University, will join the board of directors of Holdco.

The foregoing description of Amendment No. 1 is not complete and is subject to and qualified in its entirety by reference to Amendment No. 1, a copy of which is attached hereto as Exhibit 2.1 and the terms of which are incorporated herein by reference.

Item 5.02 Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.

On June 27, 2018, the Cigna board of directors (the "Board") appointed Dr. Mark McClellan as an independent member of the Board, which appointment is effective December 1, 2018. However, if Cigna's acquisition of Express Scripts has closed prior to that date, Dr. McClellan will join the board of directors of the combined company. As described in Item 1.01 above, upon closing of the acquisition, Dr. McClellan will join the board of directors of the combined company.

Dr. McClellan will participate in Cigna's non-employee director compensation program, as described on pages 25 and 26 of Cigna's proxy statement for the 2018 annual meeting of shareholders, filed with the Securities and Exchange Commission (the "SEC") on March 16, 2018. A description of the non-employee director compensation program also is contained in Exhibit 10.1 to Cigna's Quarterly Report on Form 10-Q for the period ended March 31, 2014.

There is no arrangement or understanding between Dr. McClellan and any other person pursuant to which Dr. McClellan was selected as a director. Dr. McClellan has no direct or indirect material interest in any transaction required to be disclosed pursuant to Item 404(a) of Regulation S-K promulgated under the Securities Exchange Act of 1934, as amended.

The Company will file an amended Form 8-K to disclose Dr. McClellan's committee assignments once determined.

A copy of Cigna's press release announcing the appointment of Dr. McClellan is attached to this report as Exhibit 99.1 and incorporated herein by reference.

* * *

FORWARD LOOKING STATEMENTS

Information included or incorporated by reference in this communication, and information which may be contained in other filings with the Securities and Exchange Commission (the "SEC") and press releases or other public statements, contains or may contain forward-looking statements. These forward-looking statements include, among other things, statements of plans, objectives, expectations (financial or otherwise) or intentions.

Forward- looking statements, including as they relate to Express Scripts ("Express Scripts") or Cigna ("Cigna"), the management of either such company or the transaction, involve risks and uncertainties. Actual results may differ significantly from those projected or suggested in any forward- looking statements. Express Scripts and Cigna do not undertake any obligation to release publicly any revisions to such forward- looking statements to reflect events or circumstances occurring after the date hereof or to reflect the occurrence of unanticipated events. Any number of factors could cause actual results to differ materially from those contemplated by any forward- looking statements, including, but not limited to, the risks associated with the following:

- the inability of Express Scripts and Cigna to obtain stockholder or regulatory approvals required for the merger or the requirement to accept conditions that could reduce the anticipated benefits of the merger as a condition to obtaining regulatory approvals;
- the possibility that the anticipated benefits from the merger cannot be realized in full, or at all or may take longer to realize than expected;
- a longer time than anticipated to consummate the proposed merger;
- problems regarding the successful integration of the businesses of Express Scripts and Cigna;
- unexpected costs regarding the proposed merger;
- diversion of management's attention from ongoing business operations and opportunities;
- potential litigation associated with the proposed merger;
- the ability to retain key personnel;
- the availability of financing;
- effects on the businesses as a result of uncertainty surrounding the proposed merger; and
- the industry may be subject to future risks that are described in SEC reports filed by Express Scripts and Cigna.

You should carefully consider these and other relevant factors, including those risk factors in this communication and other risks and uncertainties that affect the businesses of Express Scripts and Cigna described in their respective filings with the SEC, when reviewing any forward- looking statement. These factors are noted for investors as permitted under the Private Securities Litigation Reform Act of 1995. Investors should understand it is impossible to predict or identify all such factors or risks. As such, you should not consider either foregoing lists, or the risks identified in SEC filings, to be a complete discussion of all potential risks or uncertainties.

IMPORTANT INFORMATION ABOUT THE TRANSACTION AND WHERE TO FIND IT

This communication does not constitute an offer to buy or solicitation of an offer to sell any securities. In connection with the proposed transaction, on May 16, 2018, the newly formed company which will become the holding company following the transaction ("Holdco") filed with the SEC a preliminary registration statement on Form S- 4, which was amended on June 20, 2018. The registration statement on Form S- 4 includes a joint proxy statement of Cigna and Express Scripts that also constitutes a prospectus of Holdco. These materials are not final and may be further amended. Cigna and Express Scripts also plan to file other relevant documents with the SEC regarding the proposed transaction. This document is not a substitute for the registration statement or the joint proxy statement/prospectus or any other document which Cigna, Express Scripts or Holdco may file with the SEC. **INVESTORS AND SECURITY HOLDERS ARE URGED TO READ THE PRELIMINARY REGISTRATION STATEMENT, JOINT PROXY STATEMENT/PROSPECTUS AND ANY OTHER RELEVANT DOCUMENTS THAT ARE FILED OR MAY BE FILED WITH THE SEC, AS WELL AS ANY AMENDMENTS OR SUPPLEMENTS TO THESE DOCUMENTS, CAREFULLY AND IN THEIR ENTIRETY BECAUSE THEY CONTAIN OR WILL CONTAIN IMPORTANT INFORMATION.** You may obtain a free copy of the preliminary registration statement on Form S- 4, as amended on June 20, 2018, and the definitive joint proxy statement/prospectus (if and when it becomes available) and other relevant documents filed by Holdco, Cigna and Express Scripts with the SEC at the SEC's website at www.sec.gov. Copies of documents filed with the SEC by Cigna will be available free of charge on Cigna's website at www.Cigna.com or by contacting Cigna's Investor Relations Department at (215) 761- 4198. Copies of documents filed with the SEC by Express Scripts will be available free of charge on Express Scripts' website at www.express- scripts.com or by contacting Express Scripts' Investor Relations Department at (314) 810- 3115.

PARTICIPANTS IN THE SOLICITATION

Cigna (and, in some instances, Holdco) and Express Scripts and their respective directors and executive officers may be deemed to be participants in the solicitation of proxies in respect of the proposed transaction under the rules of the SEC. Investors may obtain information regarding the names, affiliations and interests of directors and executive officers of Cigna (and, in some instances, Holdco) in Cigna's Annual Report on Form 10-K for the year ended December 31, 2017, which was filed with the SEC on February 28, 2018, and its definitive proxy statement for its 2018 Annual Meeting, which was filed with the SEC on March 16, 2018. Investors may obtain information regarding the names, affiliations and interests of Express Scripts' directors and executive officers in Express Scripts' Annual Report on Form 10-K for the year ended December 31, 2017, which was filed with the SEC on February 27, 2018, and its proxy statement for its 2018 Annual Meeting, which was filed with the SEC on March 29, 2018. You may obtain free copies of these documents at the SEC's website at www.sec.gov, at Cigna's website at www.Cigna.com or by contacting Cigna's Investor Relations Department at (215) 761- 4198. Copies of documents filed with the SEC by Express Scripts will be available free of charge on Express Scripts' website at www.express-scripts.com or by contacting Express Scripts' Investor Relations Department at (314) 810- 3115. Other information regarding the participants in the proxy solicitation and a description of their direct and indirect interests, by security holdings or otherwise, will be contained in the joint proxy statement/prospectus and other relevant materials to be filed with the SEC regarding the proposed transaction if and when they become available. Investors should read the joint proxy statement/prospectus carefully and in its entirety when it becomes available before making any voting or investment decisions.

NO OFFER OR SOLICITATION

This communication is for informational purposes only and not intended to and does not constitute an offer to subscribe for, buy or sell, the solicitation of an offer to subscribe for, buy or sell or an invitation to subscribe for, buy or sell any securities or the solicitation of any vote or approval in any jurisdiction pursuant to or in connection with the proposed transaction or otherwise, nor shall there be any sale, issuance or transfer of securities in any jurisdiction in contravention of applicable law. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended, and otherwise in accordance with applicable law.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

<u>Exhibit No.</u>	<u>Description</u>
2.1	<u>Amendment No. 1, dated as of June 27, 2018, to the Agreement and Plan of Merger, dated as of March 8, 2018, by and among Cigna Corporation, Express Scripts Holding Company, Halfmoon Parent, Inc., Halfmoon I, Inc. and Halfmoon II, Inc.</u>
99.1	<u>Press release dated July 2, 2018.</u>

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cigna Corporation

Date: July 2, 2018 By: /s/ Nicole S. Jones
Nicole S. Jones
Executive Vice President and
General Counsel

AMENDMENT NO. 1

TO

AGREEMENT AND PLAN OF MERGER

This Amendment No. 1 (this "Amendment"), dated as of June 27, 2018, to the Agreement and Plan of Merger (the "Merger Agreement"), dated as of March 8, 2018 (as amended, restated, modified or supplemented from time to time, the "Merger Agreement"), by and among Cigna Corporation ("Parent"), Express Scripts Holding Company (the "Company"), Halfmoon Parent, Inc. ("Holdco"), Halfmoon I, Inc. and Halfmoon II, Inc. WHEREAS, pursuant to Section 9.3 of the Merger Agreement, the parties hereto wish to mutually agree to amend certain provisions of the Merger Agreement as described herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained in this Amendment and in the Merger Agreement and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the parties hereto agree as follows:

1. Definitions. Capitalized terms used but not otherwise defined herein shall have the respective meanings ascribed to such terms in the Merger Agreement.

2. Amendment. The text of the first sentence of Section 7.10 of the Merger Agreement is hereby amended and restated as follows:

Effective at the Effective Time, the Board of Directors of Holdco shall consist of 14 directors, comprising (a) eight independent members of the Board of Directors of Parent as of immediately prior to the Effective Time, plus the Chief Executive Officer of Parent, (b) four independent members of the Board of Directors of the Company as of immediately prior to the Effective Time and (c) subject to his willingness to serve, Mark McClellan; provided that if Mark McClellan is unwilling to serve, the Board of Directors of Holdco shall consist of 13 directors, comprising (i) eight independent members of the Board of Directors of Parent as of immediately prior to the Effective Time, plus the Chief Executive Officer of Parent and (ii) four independent members of the Board of Directors of the Company as of immediately prior to the Effective Time.

3. References. Each reference in the Merger Agreement to "this Agreement," "hereof," "hereunder," "herein," "hereby" or words of like import referring to the Merger Agreement shall mean and be a reference to the Merger Agreement as amended by this Amendment. Notwithstanding the foregoing, all references in the Merger Agreement, the Company Disclosure Schedule and the Parent Disclosure Schedule to "the date hereof" or "the date of this Agreement" shall refer to March 8, 2018.

4. Effect of Amendment. Except as otherwise expressly provided herein, all of the terms, agreements and conditions of the Merger Agreement remain unchanged and continue in full force and effect. This Amendment is limited precisely as written and shall not be deemed to be an amendment, waiver or consent of any other term, agreement or condition of the Merger Agreement or any of the documents referred to therein.

5. Other Terms. Section 9.3, Section 9.4 and Article X of the Merger Agreement shall apply mutatis mutandis to this Amendment, and to the Merger Agreement as modified by this Amendment, taken together as a single agreement, reflecting the terms as modified hereby.

[SIGNATURE PAGES FOLLOW]

CIGNA CORPORATION

By: /s/ Eric P. Palmer
Name: Eric P. Palmer
Title: Executive Vice President and
Chief Financial Officer

[Signature Page to Amendment No. 1 to Agreement and Plan of Merger]

EXPRESS SCRIPTS HOLDING COMPANY

By: /s/ Martin Akins

Name: Martin Akins

Title: Senior Vice President, General Counsel
and Corporate Secretary

[Signature Page to Amendment No. 1 to Agreement and Plan of Merger]

HALFMOON
PARENT, INC.

By: /s/ Eric P. Palmer
Name: Eric P. Palmer
Title: President

[Signature Page to Amendment No. 1 to Agreement and Plan of Merger]

HALFMOON I, INC.

By: /s/ Eric P. Palmer
Name: Eric P. Palmer
Title: President

[Signature Page to Amendment No. 1 to Agreement and Plan of Merger]

HALFMOON II, INC.

By: /s/ Eric P. Palmer
Name: Eric P. Palmer
Title: President

[Signature Page to Amendment No. 1 to Agreement and Plan of Merger]



Press Release

MEDIA CONTACT: Ellie Polack
860.902.4906
Elinor.Polack@Cigna.com

Mark McClellan, M.D. Appointed to Cigna Board of Directors

BLOOMFIELD, Conn. – July 2, 2018 – Cigna Corporation (NYSE:CI) today announced that Mark McClellan, M.D., has been appointed to Cigna's Board of Directors. Dr. McClellan's appointment is effective December 1, 2018, unless Cigna's acquisition of Express Scripts has closed prior to that date, in which case Dr. McClellan will join the board of directors of the combined company upon closing.

Dr. McClellan, a doctor and an economist, has focused his work on addressing a wide range of strategies and policy reforms to improve health care, including payment reforms to promote better outcomes and lower costs. Dr. McClellan has served as the Director of the Robert J. Margolis, MD Center for Health Policy at Duke University since 2015. Prior to that, he was the Director of the Health Care Innovation and Value Initiative at the Engelberg Center for Health Care Reform at The Brookings Institution where he had been a senior fellow since 2006. Dr. McClellan was also the administrator of the Centers for Medicare & Medicaid Services from 2004 until 2006 where he was responsible for administering the Medicare and Medicaid programs, including Medicare Part D, the prescription drug benefit program engendered by the Medicare Prescription Drug, Improvement, and Modernization Act. Prior to that, he was the Commissioner of the U.S. Food and Drug Administration and also served in the White House as a Member of the President's Council of Economic Advisers.

"Mark's combination of health care industry and economic expertise will strongly support Cigna's efforts to drive health care affordability and quality, as we continue to innovate and deliver differentiated value for our customers, clients and communities — in alignment with health care providers," said David M. Cordani, Cigna President and Chief Executive Officer.

"Mark joins Cigna's board with a well-earned reputation for bi-partisan engagement and a proven commitment to helping improve the health care system, which are essential qualities for the dynamic environment in which Cigna operates," said Isaiah Harris, Jr., Cigna Chairman of the Board.

About Cigna

Cigna Corporation (NYSE: CI) is a global health service company dedicated to helping people improve their health, well-being and sense of security. All products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Life Insurance Company of North America, Cigna Life Insurance Company of New York, or their affiliates. Such products and services include an integrated suite of health services, such as medical, dental, behavioral health, pharmacy, vision, supplemental benefits, and other related products including group life, accident and disability insurance. Cigna maintains sales capability in over 30 countries and jurisdictions, and has more than 95 million customer relationships throughout the world. To learn more about Cigna®, including links to follow us on Facebook or Twitter, visit www.cigna.com. For more information about Cigna's proposed acquisition of Express Scripts, please visit www.advancinghealthcare.com.

FORWARD LOOKING STATEMENTS

Information included or incorporated by reference in this communication, and information which may be contained in other filings with the Securities and Exchange Commission (the "SEC") and press releases or other public statements, contains or may contain forward- looking statements. These forward- looking statements include, among other things, statements of plans, objectives, expectations (financial or otherwise) or intentions. Forward- looking statements, including as they relate to Express Scripts ("Express Scripts") or Cigna ("Cigna"), the management of either such company or the transaction, involve risks and uncertainties. Actual results may differ significantly from those projected or suggested in any forward- looking statements. Express Scripts and Cigna do not undertake any obligation to release publicly any revisions to such forward- looking statements to reflect events or circumstances occurring after the date hereof or to reflect the occurrence of unanticipated events. Any number of factors could cause actual results to differ materially from those contemplated by any forward- looking statements, including, but not limited to, the risks associated with the following:

- the inability of Express Scripts and Cigna to obtain stockholder or regulatory approvals required for the merger or the requirement to accept conditions that could reduce the anticipated benefits of the merger as a condition to obtaining regulatory approvals;
- the possibility that the anticipated benefits from the merger cannot be realized in full, or at all or may take longer to realize than expected;
- a longer time than anticipated to consummate the proposed merger;
- problems regarding the successful integration of the businesses of Express Scripts and Cigna;
- unexpected costs regarding the proposed merger;
- diversion of management's attention from ongoing business operations and opportunities;
- potential litigation associated with the proposed merger;
- the ability to retain key personnel;
- the availability of financing;
- effects on the businesses as a result of uncertainty surrounding the proposed merger; and
- the industry may be subject to future risks that are described in SEC reports filed by Express Scripts and Cigna.

You should carefully consider these and other relevant factors, including those risk factors in this communication and other risks and uncertainties that affect the businesses of Express Scripts and Cigna described in their respective filings with the SEC, when reviewing any forward- looking statement. These factors are noted for investors as permitted under the Private Securities Litigation Reform Act of 1995. Investors should understand it is impossible to predict or identify all such factors or risks. As such, you should not consider either foregoing lists, or the risks identified in SEC filings, to be a complete discussion of all potential risks or uncertainties.

IMPORTANT INFORMATION ABOUT THE TRANSACTION AND WHERE TO FIND IT

This communication does not constitute an offer to buy or solicitation of an offer to sell any securities. In connection with the proposed transaction, on May 16, 2018, the newly formed company which will become the holding company following the transaction ("Holdco") filed with the SEC a preliminary registration statement on Form S- 4, which was amended on June 20, 2018. The registration statement on Form S- 4 includes a joint proxy statement of Cigna and Express Scripts that also constitutes a prospectus of Holdco. These materials are not final and may be further amended. Cigna and Express Scripts also plan to file other relevant documents with the SEC regarding the proposed transaction. This document is not a substitute for the registration statement or the joint proxy statement/prospectus or any other document which Cigna, Express Scripts or Holdco may file with the SEC. **INVESTORS AND SECURITY HOLDERS ARE URGED TO READ THE PRELIMINARY REGISTRATION STATEMENT, JOINT PROXY STATEMENT/PROSPECTUS AND ANY OTHER RELEVANT DOCUMENTS THAT ARE FILED OR MAY BE FILED WITH THE SEC, AS WELL AS ANY AMENDMENTS OR SUPPLEMENTS TO THESE DOCUMENTS, CAREFULLY AND IN THEIR ENTIRETY BECAUSE THEY CONTAIN OR WILL CONTAIN IMPORTANT INFORMATION.** You may obtain a free copy of the preliminary registration statement on Form S- 4, as amended on June 20, 2018, and the definitive joint proxy statement/prospectus (if and when it becomes available) and other relevant documents filed by Holdco, Cigna and Express Scripts with the SEC at the SEC's website at www.sec.gov. Copies of documents filed with the SEC by Cigna will be available free of charge on Cigna's website at www.Cigna.com or by contacting Cigna's Investor Relations Department at (215) 761- 4198. Copies of documents filed with the SEC by Express Scripts will be available free of charge on Express Scripts' website at www.express- scripts.com or by contacting Express Scripts' Investor Relations Department at (314) 810- 3115.

PARTICIPANTS IN THE SOLICITATION

Cigna (and, in some instances, Holdco) and Express Scripts and their respective directors and executive officers may be deemed to be participants in the solicitation of proxies in respect of the proposed transaction under the rules of the SEC. Investors may obtain information regarding the names, affiliations and interests of directors and executive officers of Cigna (and, in some instances, Holdco) in Cigna's Annual Report on Form 10- K for the year ended December 31, 2017, which was filed with the SEC on February 28, 2018, and its definitive proxy statement for its 2018 Annual Meeting, which was filed with the SEC on March 16, 2018. Investors may obtain information regarding the names, affiliations and interests of Express Scripts' directors and executive officers in Express Scripts' Annual Report on Form 10- K for the year ended December 31, 2017, which was filed with the SEC on February 27, 2018, and its proxy statement for its 2018 Annual Meeting, which was filed with the SEC on March 29, 2018. You may obtain free copies of these documents at the SEC's website at www.sec.gov, at Cigna's website at www.Cigna.com or by contacting Cigna's Investor Relations Department at (215) 761- 4198. Copies of documents filed with the SEC by Express Scripts will be available free of charge on Express Scripts' website at www.express- scripts.com or by contacting Express Scripts' Investor Relations Department at (314) 810- 3115. Other information regarding the participants in the proxy solicitation and a description of their direct and indirect interests, by security holdings or otherwise, will be contained in the joint proxy statement/prospectus and other relevant materials to be filed with the SEC regarding the proposed transaction if and when they become available. Investors should read the joint proxy statement/prospectus carefully and in its entirety when it becomes available before making any voting or investment decisions.

NO OFFER OR SOLICITATION

This communication is for informational purposes only and not intended to and does not constitute an offer to subscribe for, buy or sell, the solicitation of an offer to subscribe for, buy or sell or an invitation to subscribe for, buy or sell any securities or the solicitation of any vote or approval in any jurisdiction pursuant to or in connection with the proposed transaction or otherwise, nor shall there be any sale, issuance or transfer of securities in any jurisdiction in contravention of applicable law. No offer of securities shall be made except by means of a prospectus meeting the requirements of Section 10 of the Securities Act of 1933, as amended, and otherwise in accordance with applicable law.

###
