

SIDLEY

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July 9, 2018

By Federal Express

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

RECEIVED
Corporate & Financial Regulation

JUL 10 2018

Pennsylvania
Insurance Department

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.

As referenced in the Form A, four independent members of the board of directors of Express Scripts Holding Company ("Express Scripts") will serve on the post-merger board of directors of Holdco, and Timothy Wentworth, current CEO and President of Express Scripts, will serve as division President of the Express Scripts unit post-merger. The four independent members of the board of directors of Express Scripts that will serve on the post-merger board of directors of Holdco have been identified as the following individuals:

- William J. DeLaney, Director
- Elder Granger, Director
- Kathleen M. Mazzarella, Director
- William L. Roper, Director

In order to supplement Exhibits F-1 and F-2, enclosed herein please find one original and one copy of a biographical affidavit of each of the above listed individuals and Timothy Wentworth.

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

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Commissioner Altman
July 9, 2018
Page 2

CONFIDENTIAL unredacted set of biographical affidavits, is being filed to supplement Exhibit F-2.

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

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

Very truly yours,


Andrew R. Holland

Enclosures

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

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FBIN: 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 Rd
Bloomfield, CT 06152
215-761-1000

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

1. Affiant's Full Name (Initials Not Acceptable): First: William Middle: James Last: DeLaney

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

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Corporate & Financial Regulation

JUL 10 2018

Pennsylvania
Insurance Department

3. Affiant's occupation or profession: CEO Syco Corporation

4. Affiant's business address: 1390 Enclave Parkway, Houston, TX 77077-2099

Business telephone: 281-584-1408 Business Email: delaney.william@corp.syco.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Notre Dame	Notre Dame, IN	Graduated 1977	BBA

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Pennsylvania Wharton Graduate Division		Philadelphia, PA	Graduated 1982	MBA

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

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

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FBIN: 06-1099331

6. List of memberships in professional societies and associations:

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

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

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

Beginning/Ending Dates (MM/YY): See Attached: Exhibit A - 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. N/A
FBDN: 06-1039331

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

Organization/Issuer of License: Texas Board of Accountancy Address: 333 Guadalupe, Tower 3, Suite 900

City: Austin State/Province: TX Country: US Postal Code: 78701-3900

License Type: CFA License #: 031176 Date Issued (MM/YY): 12/1982

Date Expired (MM/YY): 04/2008 Reason for Termination: Retired - had not practiced in several years

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?

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FRIN: 06-1059331

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

See Attached Exhibit B

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

Applicant Company Name : Cigna Corporation

NAIC No. N/A

FEIN: 06-1039331

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : Signa Corporation

NAIC No. N/A
FEIN: 06-1039331

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

N/A

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

Dated and signed this 19th day of June 20 18 at Houston, TX. 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.

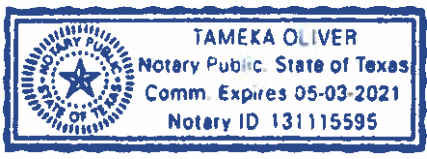
William DeLaney
(Signature of Affiant)

State of: Texas County of: Harris

The foregoing instrument was acknowledged before me this 19th day of June, 20 18 by William James DeLaney and:

- who is personally known to me, or
- who produced the following identification: Texas Driver License.

[SEAL]



Tameka Oliver
Notary Public
Printed Notary Name
05-03-2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. NA
FEIN: 06-1059331

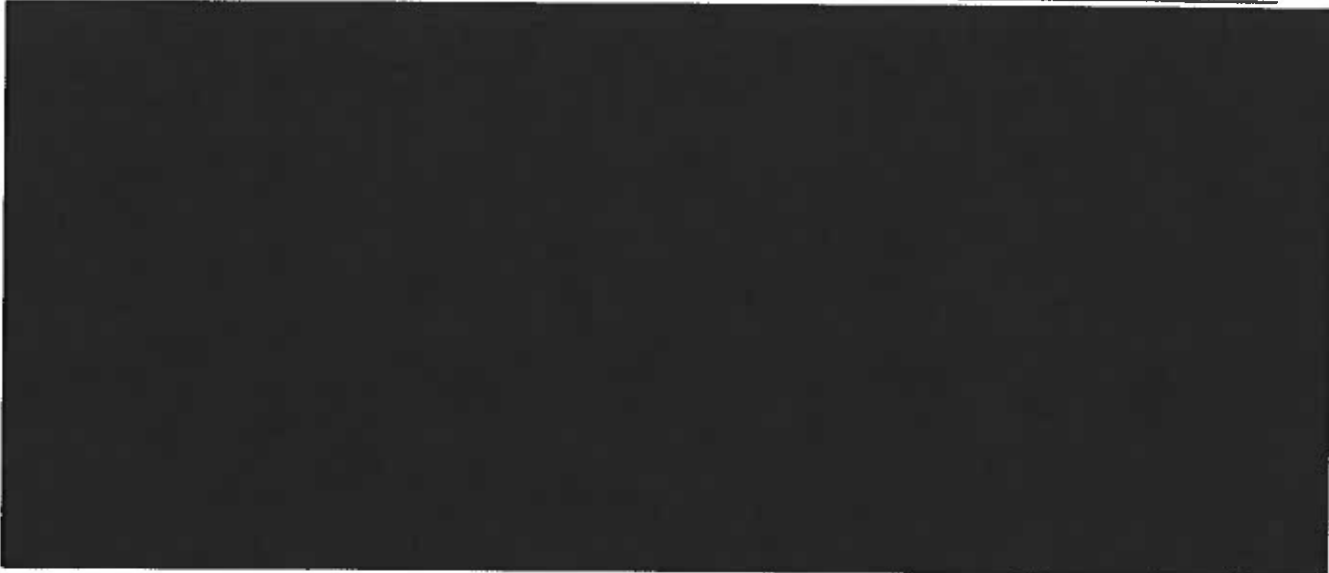
BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)



Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 19th day of June, 2018 at Houston, TX. 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.

William DeLaney
(Signature of Affiant)

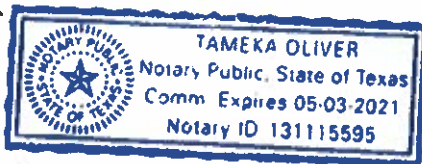
State of: Texas County of: Harris

The foregoing instrument was acknowledged before me this 19th day of June, 2018 by William James DeLaney and:

who is personally known to me, or

who produced the following identification: Texas Driver License

[SEAL]



Tameka Oliver
Notary Public
Printed Notary Name
05-03-2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FRIN: 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 name] ("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 Kriahal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Whosley, Regulatory and State Government Affairs-303-729-3439, 8503 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

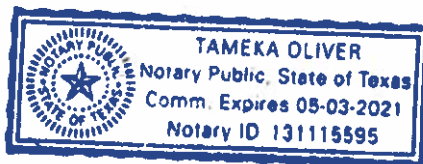
(Printed Full Name and Residence Address)
William DeLaney
(Signature) 6/19/18
(Date)

State of: Texas County of: Harris

The foregoing instrument was acknowledged before me this 19th day of June, 20 18 by William James DeLaney, and:

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

[SEAL]



Tameka Oliver
Notary Public
Tameka Oliver
Printed Notary Name
05-03-2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FBIIN: 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 name] ("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 Kriebitz, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8439, 8505 East Orchard Road, Greenwood Village, CO 80111

[Company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

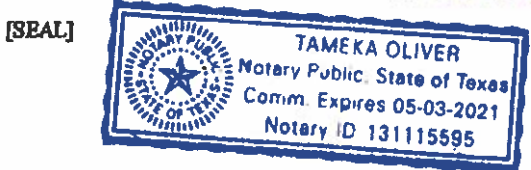
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

(Printed Full Name and Residence Address)
William James DeLaney
(Signature) 6/19/18
(Date)

State of: Texas County of: Harris

The foregoing instrument was acknowledged before me this 17th day of June, 2018 by William James DeLaney, and:

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



Tameka Oliver
Notary Public
Printed Notary Name
05-03-2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. NA
FIN: 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 name] ("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 Owen & Company, Jessica Dayrit 1-813-877-2008 ext. 5021 [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 Kristal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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 six (6) months following the date of my signature below.

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

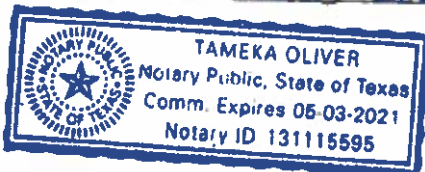
William James DeLaney (Printed Full Name and Residence Address)
William James DeLaney (Signature) 6/19/18 (Date)

State of Texas County of Harris

The foregoing instrument was acknowledged before me this 17th day of June, 2018, by William James DeLaney, and:

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

[SEAL]



Tameka Oliver (Signature)
Notary Public
Tameka Oliver (Printed Notary Name)
05-03-2021 (My Commission Expires)

Exhibit A - Question 8 - DeLaney

	From/To	Company Information /Title
Employment History	3/2009 – Present	Sysco Corporation 1390 Enclave Parkway Houston, TX 77077-2099 281-584-1408 Chief Executive Officer
	07/2007-03/2009	Sysco Corporation 1390 Enclave Parkway Houston, TX 77077-2099 281-584-1408 Executive Vice President and Chief Financial Officer
	12/2006-07/2007	Sysco Corporation 1390 Enclave Parkway Houston, TX 77077-2099 281-584-1408 Senior Vice President of Financial Reporting
	2004-12/2006	Sysco Food Services 4500 Corporate Drive Northwest Concord, NC 28027 (704) 786-4500 President and Chief Executive Officer
	2002-2004	Sysco Syracuse, LLC 2508 Warners Rd Warners, NY 13164-9707 (315) 672-7000 Executive Vice President
	1998-2002	Sysco Syracuse, LLC 2508 Warners Rd Warners, NY 13164-9707 (315) 672-7000 Senior Vice President
	1996-1998	Sysco Corporation 1390 Enclave Parkway Houston, TX 77077-2099 281-584-1408 Vice President and Chief Financial Officer
	1994-1996	APS, Inc. 100 E. Main St. Unit A Ontario CA 91761 Tel: 1-866-837-1277 Chief Financial Officer
	1993-1994	Sysco Corporation 1390 Enclave Parkway Houston, TX 77077-2099 281-584-1408 Vice President
	1987-1993	Sysco Corporation 1390 Enclave Parkway Houston, TX 77077-2099 281-584-1408 Treasurer

Exhibit A - Question 8 - DeLaney

Directorships:		
	Presently	Express Scripts, Inc. One Express Way St Louis, MO 63121 800-332-5455
	Presently	Aristotle Holding, Inc. One Express Way St Louis, MO 63121 800-332-5455
	Presently	Sanmina Corporation 2700 N. First Street San Jose, CA 95134 408-964-3500

YEAR	DESCRIPTION	STATUS
2016	Abraham Neufeld, Derivately on Behalf of Nominal Defendant Express Scripts Holding Company v. George Paz, Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowckic, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, and Gary G. Benanav, Defendants and Express Scripts Holding Company, Nominal Defendant	Active
2016	M. Scott Brewer, James Brown, Sr., Marcus Esback, Keither McClanahan, Jeremy Jeffers, Glenn Jeffries, William Waterfotte, Andrew Wiseman, Denizl Malone and Gary R. Ree, In Their Capacities as Trustees for the Carpenters Pension Fund of West Virginia, Derivately on Behalf of Express Scripts Holding Company v. Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowckic, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, George Paz, William L. Roper, Seymour Sternberg, Christopher A. McGinnis, David Queller, Eric R. Slusser, Timothy Wentworth, Gary G. Benanav, James M. Havel and Christopher K. Nibb, Defendants and Express Scripts Holding Company, a Delaware corporation, Nominal Defendant.	Closed
2016	Randy Green v. Express Scripts Holding Company, George Paz, Timothy Wentworth, Eric Slusser, David Queller, James Havel, Maura Breen, William Delaney, Elder Granger, Nicholas Lahowckic, Thomas MacMahon, Frank Mergenthaler, Woodrow Myers, Roderick Palmore, William Roper and Seymour Sternberg	Active
2016	Richard Weisgas, Derivately on behalf of Express Scripts Holding Company, v. Express Scripts Holding Company, George Paz, Maura C. Breen, Gary G. Benanav, William J. Delaney, Elder Granger, Nicholas J. Lahowckic, Thomas P. MacMahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, Timothy Wentworth, Eric Slusser, David Queller, and James M. Havel	Active
2016	Robert Jessup, Derivately on Behalf of Express Scripts Holding Company v. Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Christopher A. McGinnis, Christopher K. Nibb, George Paz, Thomas Mac Mahon, Maura C. Breen, Woodrow A. Myers, Jr., William L. Roper, Roderick A. Palmore, Gary G. Benanav, Elder Granger, Seymour Sternberg, Nicholas J. Lahowckic, Frank Mergenthaler and William J. Delaney, Defendants, and Express Scripts Holding Company, a Delaware Corporation, Nominal Defendant	Active

Applicant Company Name : Clara Corporation

NAIC No. N/A
FEIN: 06-1099331

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) Clara Corporation

900 Cottage Grove Rd.

Bloomfield, CT 06152

215-761-1000

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: Elder Middle: (none) Last: Granger

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: President & CEO, The 5Pa, L.L.C.

4. Affiant's business address: 5176 S. Lewiston Way, Centennial, CO 80015

Business telephone: 703-609-1593

Business Email: elder.granger@gmail.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Arkansas State University	Jonesboro, AR	Graduated 1976	B.S.

Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
	University of Arkansas Medical School	Jonesboro, AR	Graduated 1980	M.D.

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
Melbry Medical College	Nashville, TN	May 2009	Ph.D (Honorary)

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 : Omega Corporation

NAIC No. N/A
FEIN: 06-1059231

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
American College of Physicians		Philadelphia, PA 19106 190 N. Independence 2318 Mill Road	800-532-1546
American Society of Clinical Oncology		Alexandria, VA 22314 600 North Franklin St	571-483-1300
American College of Healthcare Executives		Chicago, IL 60606	312-424-0023

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

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

Beginning/Ending Dates (MM/YY): 2009 - Present Employer's Name: The SPs, L.L.C.

Address: 5176 S. Lewiston Way City: Centennial State/Province: CO

Country: US Postal Code: 80015 Phone: 703-609-1593 Offices/Positions Held: President & CEO

Type of Business: Health and Education Consulting Supervisor/Contact: N/A

Beginning/Ending Dates (MM/YY): 1971 - 2009 Employer's Name: U.S. Army

Address: 7700 Arlington Boulevard City: Falls Church State/Province: VA

Country: US Postal Code: 22042 Phone: 703-681-1730 Offices/Positions Held: Major General (position at retirement)

Type of Business: Military Health Supervisor/Contact: VADM Raquel Bono

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. N/A
FEIN: 06-1039331

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

Organization/issuer of License: DORA Address: 1560 Broadway

City: Denver State/Province: CO Country: US Postal Code: 80202

License Type: Medical License #: 34494 Date issued (MM/YY): 05/1995

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

Non-Insurance Regulatory Phone Number (if known): 303-894-7800

Organization/issuer of License: Arkansas State Medical Board Address: 1401 West Capitol Avenue, #340

City: Little Rock State/Province: AR Country: US Postal Code: 72201

License Type: Medical License #: C5837 Date issued (MM/YY): 03/1980

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

Non-Insurance Regulatory Phone Number (if known): 501-296-1802

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?

Applicant Company Name : Cigna Corporation

NAIC No. N/A

FEIN: 06-1049331

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

NA

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

Applicant Company Name : Cigna Corporation

NAIC No. NA

FEIN: 06-1059331

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. N/A

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : Cigna Corporation

NAIC No. N/A

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.

N/A

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

Dated and signed this 18 day of June 2018 at 4:20 PM. 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.

Elder Granger
(Signature of Affiant)

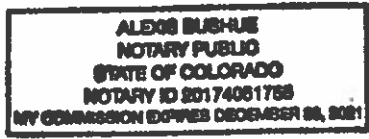
State of: Colorado County of: Prospere

The foregoing instrument was acknowledged before me this 18 day of June, 2018, by Elder Granger and:

who is personally known to me, or

who produced the following identification: Colorado Driver License

[SEAL]



Alexis Bushue
Notary Public
Alexis Bushue
Printed Notary Name
12/28/2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FEIN: 06-1059331

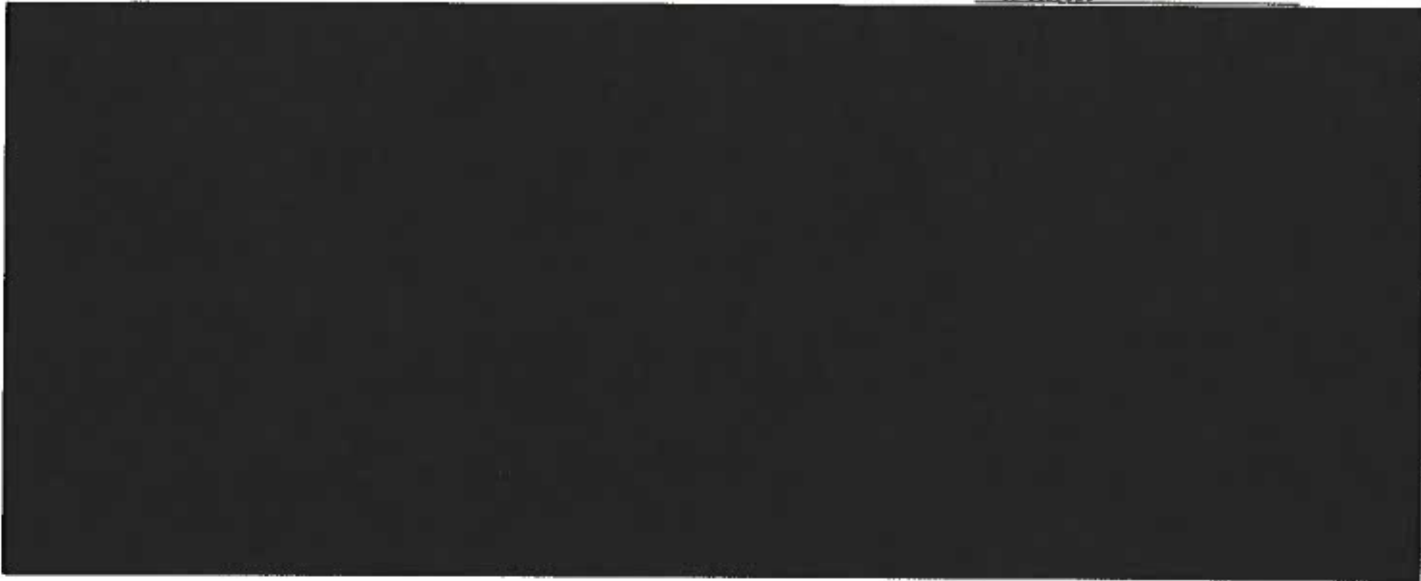
**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)



Applicant Company Name : Cigna Corporation

NAIC No. N/A
FRIN: 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 18 day of June, 2018 at 4:20 p.m.. 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.

Elder Granger
(Signature of Affiant)

State of: Colorado County of: Adams

The foregoing instrument was acknowledged before me this 18 day of June, 2018 by Elder Granger and:

who is personally known to me, or

who produced the following identification: Colorado Driver License

[SEAL]

ALEXS BUSHUE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174061788
MY COMMISSION EXPIRES DECEMBER 28, 2021

Alexs Bushue
Notary Public
Alexs Bushue
Printed Notary Name
12/28/2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Krishni, Office of the Corporate Security - 215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

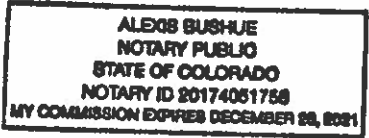
[Redacted]
(Printed Full Name and Residence Address)
Elder Granger
(Signature) 18 June 2018
(Date)

State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me this 18 day of June, 2018 by Elder Granger, and:

- who is personally known to me, or
- who produced the following identification Colorado Driver License

[SEAL]



[Signature]
Notary Public
Alexis Bushue
Printed Notary Name
12/28/2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Anna Krishni, Office of the Corporate Secretary-213-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

[Redacted]

(Printed Full Name and Residence Address)

Elder Granger
(Signature)

18 June 2018
(Date)

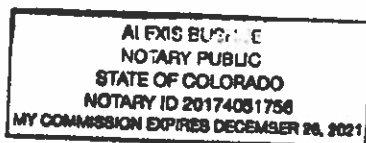
State of: Colorado County of: Arapahoe

The foregoing instrument was acknowledged before me this 18 day of June, 2018 by Elder Granger, and:

who is personally known to me, or

who produced the following identification: Colorado Driver License

[SEAL]



Notary Public
Alexis Bustare
Printed Notary Name
12/26/2021
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Owen & Company, Jessica Davrit 1-813-877-2008 ext. 5021 [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 Kristhal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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 six (6) months following the date of my signature below.

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

[Redacted] (Printed Full Name and Residence Address)
Elder Granger (Signature) 18 June 2018 (Date)

State of Colorado County of Arapahoe

The foregoing instrument was acknowledged before me this 18 day of June, 2018 by Elder Granger, and:
 who is personally known to me, or
 who produced the following identification: Colorado Driver License

(SEAL) ALEXS BUSHUE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20174051758
MY COMMISSION EXPIRES DECEMBER 28, 2021

Alexs Bushue (Signature)
Notary Public
Alexs Bushue (Printed Notary Name)
12/28/2021 (My Commission Expires)

YEAR FILED	CASE CAPTION	STATUS
2016	Abraham Neufeld, Derivatively on Behalf of Nominal Defendant Express Scripts Holding Company v. George Paz, Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowchik, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, and Gary G. Benanav, Defendants and Express Scripts Holding Company, Nominal Defendant	Active
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2016	Robert Jessup, Derivatively on Behalf of Express Scripts Holding Company v. Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Christopher A. McGinnis, Christopher K. Nibb, George Paz, Thomas Mac Mahon, Maura C. Breen, Woodrow A. Myers, Jr., William L. Roper, Roderick A. Palmore, Gary G. Benanav, Elder Granger, Seymour Sternberg, Nicholas J. Lahowchik, Frank Mergenthaler and William J. Delaney, Defendants, and Express Scripts Holding Company, a Delaware Corporation, Nominal Defendant	Active

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 Rd.

Bloomfield, CT 06152

215-761-1000

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: Kathleen Middle: Marie Last: Mazzarella

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Chairman, President and Chief Executive Officer, Graybar Electric

4. Affiant's business address: 34 North Meramec Avenue, Saint Louis, Missouri 63105

Business telephone: 314-573-9306 Business Email: kathy.mazzarella@graybar.com

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
<u>Golden Gate College</u>	<u>San Francisco, CA</u>	<u>1981</u>	<u>Associates Degree</u>
<u>National Louis University</u>	<u>St. Louis, MO</u>	<u>1991</u>	<u>Bachelor's Degree</u>

<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
	<u>Webster University</u>	<u>St. Louis, MO</u>	<u>2002</u>	<u>Master's Degree</u>

<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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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. N/A
FEIN: 06-1059331

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
Civic Progress	Tom Santel	800 Market Street, St. Louis, MO 63101	314-713-8661
NAW	Dirk Van Dongen	1325 G Street, Washington, DC 20005	202-872-0884
IWF	Jean Heck	330 Weancker Drive, St. Louis, MO 63124	314-520-3564
C200	Mary McLane Evans	980 N. Michigan Ave., Chicago, IL 60611	312-255-0296
Vistage	Allen Hange	934 Delvin, St. Louis, MO 63141	314-730-0389
Business Council	Adrienne Ball	1901 Pennsylvania Ave., Washington DC 20006	202-298-7650

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

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

Beginning/Ending Dates (MM/YY): 01/1980 - Present Employer's Name: Graybar Electric Company, Inc.

Address: 34 North Meramec Avenue City: Saint Louis State/Province: Missouri

Country: US Postal Code: 63105 Phone: 314-573-9200 Offices/Positions Held: Chairman, President and Chief Executive Officer*

Type of Business: Distribution Supervisor/Contact: Beverly L. Propst (Senior Vice President, Human Resources)

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: _____

*Executive Vice President and Chief Operating Officer; Senior Vice President, Sales and Marketing; Senior Vice President, Human Resources and Strategic Planning

Applicant Company Name : Cigna Corporation

NAIC No. NA
FEIN: 06-1099331

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

None

Organization/Issuer of License: _____ 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?

Applicant Company Name : Cigna Corporation

NARC No. N/A
FEIN: 06-1029331

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

N/A

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

Applicant Company Name : Cigna Corporation

NAIC No. N/A

FEIN: 06-1049331

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

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

Yes No

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

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

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 20th day of June, 20 18 at 34 N. Meramec Ave., St. Louis 63105. 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.

Kathleen M. Mazzarella
(Signature of Affiant)

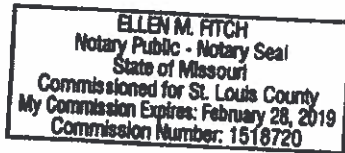
State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 20th day of June, 20 18 by Kathleen Marie Mazzarella and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ellen M. Fitch
Notary Public
Ellen M. Fitch
Printed Notary Name
2/28/2019
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A

FEIN: 06-1049331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

(Print or Type)



Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 20th day of June, 2018 at 34 N. Marmac Ave, St. Louis ⁶³¹⁰⁵. 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.

Kathleen M. Mazzarella
(Signature of Affiant)

State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 20th day of June, 2018 by Kathleen Marie Mazzarella and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

ELLEN M. FITCH
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: February 28, 2019
Commission Number: 1518720

Ellen M. Fitch
Notary Public
Ellen m. Fitch
Printed Notary Name
2/28/2019
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Krishtal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

(Printed Full Name and Residence Address)
Kathleen M. Mazzarella
(Signature) 6/20/2018
(Date)

State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 20th day of June, 2018 by Kathleen Marie Mazzarella, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Ellen M. Fitch
Notary Public
Ellen M. Fitch
Printed Notary Name
2/28/2019
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Kristhal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19102 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

(Printed Full Name and Residence Address)
Kathleen Mazzarella (Signature) 6/20/2018 (Date)

State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 20th day of June, 2018 by Kathleen Marie Mazzarella, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

ELLEN M. FITCH
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: February 28, 2019
Commission Number: 1518720

Ellen M. Fitch
Notary Public
Ellen M. Fitch
Printed Notary Name
2/28/2019
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Owen & Company, Jessica Dayrit 1-813-877-2008 ext. 5021 [name of CRA, address] ("CRA"). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency ("CRA") by submitting a written request to Company. You should submit any such written request for more information, to Anna Krishnal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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 six (6) months following the date of my signature below.

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

[Redacted] (Printed Full Name and Residence Address)
Kathleen Mazzarella (Signature) 6/20/2018 (Date)

State of Missouri County of St. Louis

The foregoing instrument was acknowledged before me this 20th day of June, 20 by Kathleen Marie Mazzarella and:

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

[SEAL]

ELLEN M. FITCH
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: February 28, 2019
Commission Number: 1518720

Ellen M. Fitch
Notary Public
Ellen M. Fitch
Printed Notary Name
2/28/2019
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 Rd.

Bloomfield, CT 06152

215-761-1000

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

1. Affiant's Full Name (Initials Not Acceptable): First: William Middle: Lee Last: Roper

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

3. Affiant's occupation or profession: Dean/CBO, UNC Healthcare/UNC School of Medicine

4. Affiant's business address: 4030 Boudurant Hall, Chapel Hill, NC 27599

Business telephone: 919-966-4161 Business Email: roper@med.unc.edu

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained	
Florida College	Temple Terrace, FL	09/1968 - 03/1968	A.A.	
University of Michigan	Ann Arbor, MI	08/1968-12/1968	N/A	
University of Alabama	Tuscaloosa, AL	01/1969-06/1970	B.S.	
Graduate Studies	College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
University of Alabama School of Medicine		Birmingham, AL	09/1970-01/1974	M.D.

Other Training: Name	City/State	Dates Attended (MM/YY)	Degree/Certification Obtained
University of Alabama	Birmingham, AL	1978-1981	Master of Public Health
University of Colorado	Denver, CO	1974-1977	Residency in Pediatrics

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. N/A
FBIIN: 06-1059331

6. List of memberships in professional societies and associations:

<u>Name of Society/Association</u>	<u>Contact Name</u>	<u>Address of Society/Association</u>	<u>Telephone Number of Society/Association</u>
American Medical Association		Chicago, IL	
North Carolina Medical Society		Raleigh, NC	

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

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

Beginning/Ending Dates (MM/YY): _____ - _____ See Attached: Exhibit A
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. NA
FBIN: 06-1099331

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

Yes No

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

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

Yes No

If yes, give details: N/A

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

Organization/Issuer of License: State of North Carolina Address: 1203 Front Street

City: Raleigh State/Province: NC Country: US Postal Code: 27609

License Type: Medical License #: 118714 Date Issued (MM/YY): 10/2003

Date Expired (MM/YY): Active Reason for Termination: NA

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?

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FEIN: 06-1059331

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

See Attached Exhibit B

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

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FEIN: 06-1059331

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : Cigna Corporation

NAIC No. N/A

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.

N/A

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

Dated and signed this 19th day of June 20 18 at Chapel Hill, NC. 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.

William L. Roper
(Signature of Affiant)

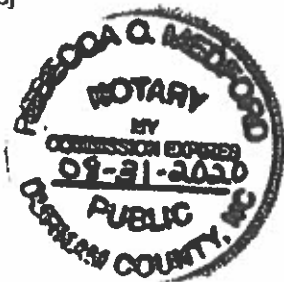
State of: NORTH CAROLINA County of: ORANGE

The foregoing instrument was acknowledged before me this 19 day of JUNE, 20 18 by William Lee Roper and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



Rebecca C. Medford
Notary Public
REBECCA C. MEDFORD
Printed Notary Name
08-31-2020
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A

FEIN: 06-1039331

**BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information**

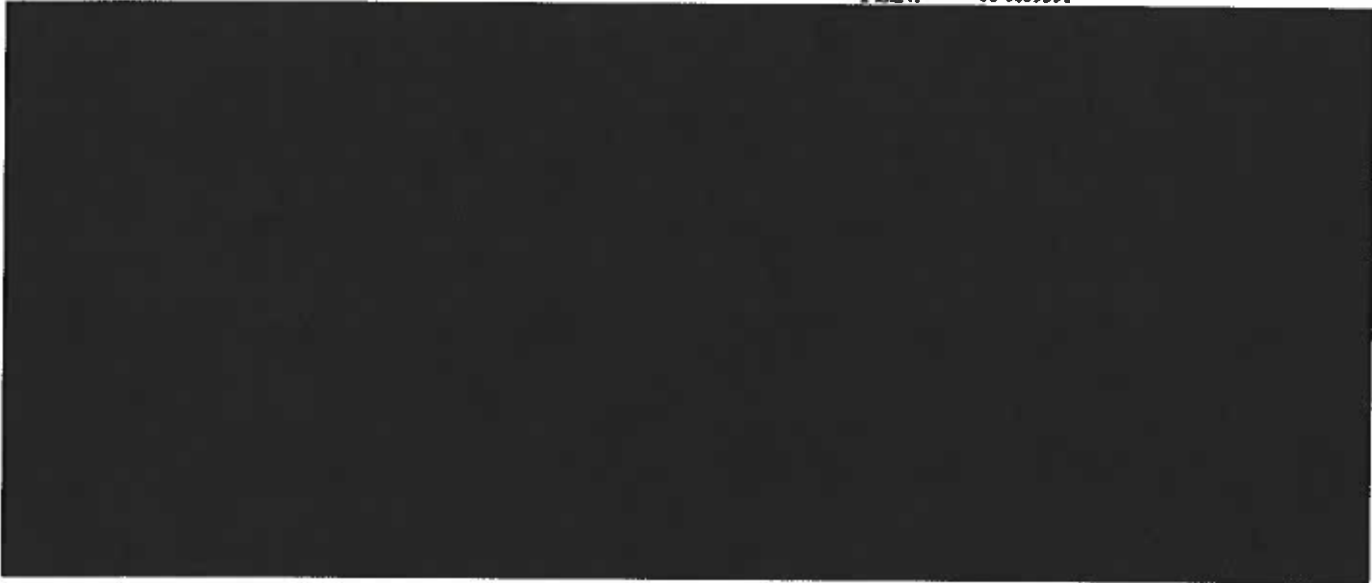
(Print or Type)



Applicant Company Name : Cigna Corporation

NAIC No. N/A

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 19th day of June, 2018 at Chapel Hill, NC. 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.

William L. Roper
(Signature of Affiant)

State of: NORTH CAROLINA County of: ORANGE

The foregoing instrument was acknowledged before me this 19 day of JUNE, 2018 by William Leo Roper, and:

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

[SEAL]



Rebecca C. Medford
Notary Public
Rebecca C. Medford
Printed Notary Name
08-31-2020
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("Company") for licensure or a permit to organize ("Application") with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) ("Background Reports") regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative ("Affiant") of Company or of any business entities affiliated with Company ("Term of Affiliation") for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency ("CRA") that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact Anna Krishtul, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

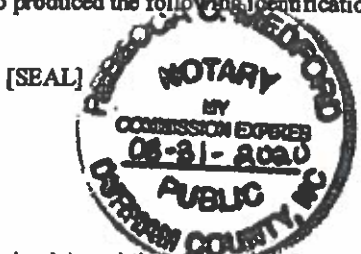
[Redacted]
William L. Roper (Printed Full Name and Residence Address)
(Signature) 19 June 2018
(Date)

State of: NORTH CAROLINA County of: ORANGE

The foregoing instrument was acknowledged before me this 19 day of JUNE, 2018 by William Lee Roper, and:

who is personally known to me, or

who produced the following identification:



Rebecca C. McFarland
Notary Public
REBECCA C. MCFARLAND
Printed Notary Name
08-31-2020
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Krishna, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 (company's designated person, position, or department, address and phone).

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) six (6) months following the date of my signature below.

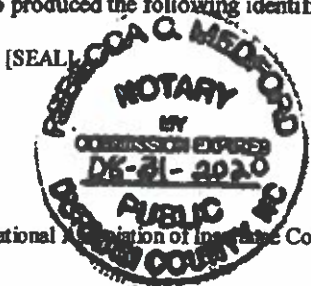
A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

[Redacted]
(Printed Full Name and Residence Address)
William L. Roper
(Signature) 19 June 2018
(Date)

State of: NORTH CAROLINA County of: ORANGE

The foregoing instrument was acknowledged before me this 19 day of JUNE, 2018 by William Lee Roper, and:

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



Rebecca C. Medford
Notary Public
Rebecca C. Medford
Printed Notary Name
08-31-2020
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Owen & Company, Jessica Daydt 1-813-877-2008 ext. 5021 [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 Krihtul, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111

[company's designated person, position, or department, address and phone]

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.

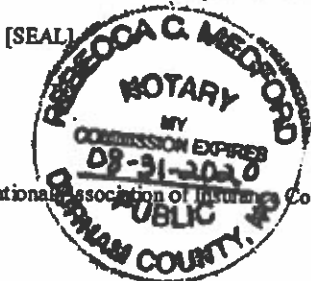
I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

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

William L. Roper (Printed Full Name and Residence Address)
(Signature) 19 June 2018 (Date)

State of North Carolina County of Orange

The foregoing instrument was acknowledged before me this 19 day of JUNE, 2018 by William Lee Roper, and:
 who is personally known to me, or
 who produced the following identification:



Rebecca C. Medford
Notary Public
Rebecca C. Medford
Printed Notary Name
08-31-2020
My Commission Expires

Exhibit A – Question 8 – William Roper

	From/To	Company Information /Title
Employment History	03/2004-Present	UNC Health Care/UNC School of Medicine 4030 Bondurant Hall Chapel Hill, NC 27599 Dean/CEO & Vice Chancellor for Medical Affairs
	1997-2004	UNC School of Public Health Rosenau Hall Chapel Hill, NC 27599 Dean
	1993-1997	Prudential Healthcare Senior Vice President Roseland, NJ
	1990-1993	Centers for Disease Control & Preventions 1600 Clifton Road Atlanta, GA 30333 Director
	1989-1990	Senior White House Staff Washington, DC
	1986-1989	Health Care Financing Administration 200 Independence Avenue SW Washington, DC 20201
Directorships:	04/2012-Present	Express Scripts Holding Company (Prior to 04/2012 merger Medco Health Solutions, Inc.) One Express Way St. Louis, MO 63121 Director
	2001-Present	Davita, Inc. 2000 16 th Street Denver, CO 80202 Director
	2002-2006	Delhaize Group Brussels, Belgium
	2000-2010	The Robert Wood Johnson Foundation Rout 1 & College Road Princeton, NJ 08543 Director
	12/2005-11/2013	The National Quality Forum Washington, DC Chairman of the Board

Exhibit B - Question 11H - Roper

<p>William Roper</p>	<p>1135 Burning Tree Drive, Chapel Hill, NJ 27517</p>	<p>USDC DMJ (Western), <i>I.U.O.E. Local 132 Pension Fund v Medco Health Solutions, Inc.</i>, Case No. 2:11-cv-04412, Stockholder Suit/Breach of Fiduciary Duty of Care and Loyalty/Declaratory Judgment Deciding Merger of Medco/Express Scripts Unenforceable, Filed 07/29/2011, Closed 05/01/2012, Status - Consolidated to Medco/Express Scripts Merger matter, 2:11-cv-04211 (Stipulation and Order - Settlement Agreement entered 4/25/12).</p> <p>USDC DMJ (Western), <i>Dequhen v Capitalist/Investors/Investor MBI (V) Medco Health Solutions, Inc.</i>, et al, Case No. 2:11-cv-04322, Stockholder Suit/Breach of Fiduciary Duty of Care and Loyalty, Filed 07/27/2011, Closed 05/01/2012, Status - Consolidated to Medco/Express Scripts Merger matter, 2:11-cv-04211 - Stipulation and Order - Settlement Agreement entered 4/25/12).</p> <p>USDC DMJ (Western), <i>USDC Local 28 and Employers Pension Fund v Medco Health Solutions, Inc.</i>, et al, Case No. 2:11-cv-04308, Stockholder Suit/Breach of Fiduciary Duty of Care and Loyalty, Filed 07/27/2011, Closed 05/21/2012, Status - Consolidated to Medco/Express Scripts Merger matter, 2:11-cv-04211 (Consentation and Order - Settlement Agreement entered 4/25/12).</p> <p>USDC DMJ (Western), <i>USDC Local 28 and Employers Pension Fund v Medco Health Solutions, Inc.</i>, et al, Case No. 2:11-cv-04307, Stockholder Suit/Breach of Fiduciary Duty of Care and Loyalty, Filed 07/28/2011, Closed 05/15/2011, Status - Consolidated to Medco/Express Scripts Merger matter, 2:11-cv-04211 (Stipulation and Order - Settlement Agreement entered 4/25/12).</p> <p>USDC DMJ (Western), <i>Puerto Rico Government Employees and Laborers Union Administration v Medco Health Solutions, Inc.</i>, et al, Case No. 2:11-cv-04250, Stockholder Suit/Breach of Fiduciary Duty of Care and Loyalty, Filed 07/28/2011, Closed 04/24/2011, Status - Consolidated to Medco/Express Scripts Merger matter, 2:11-cv-04211.</p>
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Lit #	YEAR FILED	CASE CAPTION	STATUS
11	2012	Louisiana Municipal Police Employees' Retirement System v. Medco Health Solutions, Inc., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David B. Snow, Jr., David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Plato Merger Sub, Inc.	Closed
12	2012	Rena Nadoff v. Medco Health Solutions, Inc., Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc., David B. Snow, Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle S. Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Richard J. Rubino, Gabriel R. Cappucci	Closed
13	2012	Puerto Rico Government Employees & Judiciary Retirement System Administration v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Plato Merger Sub, Inc.	Closed
14	2012	S. Leonard Soifins v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc.	Closed
15	2012	Oppenheim Kapitalanlagegesellschaft mbH v. Medco Health Solutions, Inc., Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle S. Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Richard J. Rubino, Gabriel R. Cappucci	Closed
16	2012	United Food & Commercial Workers Local 23 & Employers Pension Fund v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc.	Closed
17	2012	International Union of Operating Engineers Local 132 Pension Fund v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Plato Merger Sub, Inc.	Closed
18	2012	Herbert Levinson v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc.	Closed
19	2012	Hillary Kramer v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc.	Closed
20	2012	Kenneth Snider v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc.	Closed
21	2012	Nan Prongay v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc.	Closed
22	2012	Howard Lasker v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barber, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotie Holding, Inc., Aristotie Merger Sub, Inc., Plato Merger Sub, Inc.	Closed

LR #	YEAR FILED	CASE CAPTION	STATUS
23	2012	John Chevedden v. David B. Snow, Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard Barker, John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Medco Health Solutions Inc., Plato Merger Sub Inc., Myrtle Potter, William Roper, David Stevens.	Closed
24	2012	Frank Colarino v. Medco Health Solutions Inc., Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Plato Merger Sub Inc., Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
25	2012	Eric F. Knisley v. Medco Health Solutions Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
26	2012	Gila Helimowitz v. Medco Health Solutions Inc., Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Plato Merger Sub Inc., Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
27	2012	Michael Weber v. Medco Health Solutions Inc., Aristotde Holding Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Plato Merger Sub Inc., Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
28	2012	UFCW Local 1776 & Participating Employers Pension Fund v. Medco Health Solutions Inc., Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Plato Merger Sub Inc., Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
29	2012	Westchester Putnam Counties Heavy & Highway Laborers Local 60 Benefit Funds v. Medco Health Solutions Inc., Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Plato Merger Sub Inc., Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
30	2012	Labourers Pension Fund of Central & Eastern Canada v. David B. Snow, Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Medco Health Solutions Inc., Plato Merger Sub Inc., Myrtle Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
31	2012	Rebecca Johnson v. Medco Health Solutions Inc., Aristotde Holding Inc., Aristotde Merger Sub Inc., Howard W. Barker Jr., John L. Cassis, Express Scripts Inc., Michael Goldstein, Charles M. Lillis, Plato Merger Sub Inc., Myrtle Stephens Potter, William L. Roper, David B. Snow Jr., David D. Stevens, Blenda J. Wilson	Closed
32	2012	Simon Schoenwald v. Medco Health Solutions, Inc., David B. Snow, Jr., Howard W. Barker, Jr., John L. Cassis, Michael Goldstein, Charles M. Lillis, Myrtle Potter, William L. Roper, David D. Stevens, Blenda J. Wilson, Express Scripts, Inc., Aristotde Holding, Inc., Aristotde Merger Sub, Inc., Plato Merger Sub, Inc.	Closed
33	2016	Abraham Neufeld, Derivatively on Behalf of Nominal Defendant Express Scripts Holding Company v. George Paz, Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowchic, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, and Gary G. Benanav, Defendants and Express Scripts Holding Company, Nominal Defendant	Active

Lit #	YEAR FILED	CASE CAPTION	STATUS
34	2016	<p>M. Scott Brewer, James Brown, Sr., Marcus Estlack, Keither McClanahan, Jeremy Jeffers, Glenn Jeffries, William Waterkotte, Andrew Wiseman, Deniz Malone and Gary R. Ree, in Their Capacities as Trustees for the Carpenters Pension Fund of West Virginia, Derivatively on Behalf of Express Scripts Holding Company v. Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowchic, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, George Paz, William L. Roper, Seymour Sternberg, Christopher A. McGinnis, David Queller, Eric R. Slusser, Timothy Wentworth, Gary G. Benanav, James M. Havel and Christopher K. Nibb, Defendants and Express Scripts Holding Company, a Delaware corporation, Nominal Defendant.</p>	Closed
36	2016	<p>Randy Green v. Express Scripts Holding Company, George Paz, Timothy Wentworth, Eric Slusser, David Queller, James Havel, Maura Breen, William Delaney, Elder Granger, Nicholas Lahowchic, Thomas MacMahon, Frank Mergenthaler, Woodrow Myers, Roderick Palmore, William Roper and Seymour Sternberg</p>	Active
37	2016	<p>Richard Weisglas, Derivatively on behalf of Express Scripts Holding Company, v. Express Scripts Holding Company, George Paz, Maura C. Breen, Gary G. Benanav, William J. Delaney, Elder Granger, Nicholas J. Lahowchic, Thomas P. MacMahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, Timothy Wentworth, Eric Slusser, David Queller, and James M. Havel</p>	Active
38	2016	<p>Robert Jessup, Derivatively on Behalf of Express Scripts Holding Company v. Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Christopher A. McGinnis, Christopher K. Nibb, George Paz, Thomas Mac Mahon, Maura C. Breen, Woodrow A. Myers, Jr., William L. Roper, Roderick A. Palmore, Gary G. Benanav, Elder Granger, Seymour Sternberg, Nicholas J. Lahowchic, Frank Mergenthaler and William J. Delaney, Defendants, and Express Scripts Holding Company, a Delaware Corporation, Nominal Defendant</p>	Active

Exhibit C - Question 15 (b)(c) - Roper

Legal Entity	Location	Type of Permit	State of Action	Case No	Date of Action	Date of Resolution	Amount of Fine	Discipline Status	Description of Action
Express Scripts, Inc.	MO - St. Louis	TPA	KY	2013-0006	1/1/2013	1/22/2013	\$ 10,000.00	Final	ESI allegedly did not make timely notification of discipline and did not answer discipline question on renewal application accurately.
Express Scripts, Inc.	MO - St. Louis	BROKER	OH	1950572	2/22/2013	3/24/2014	\$ 600.00	Final	ESI allegedly did not make timely notification of discipline and did not answer discipline question on renewal application accurately.

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 Rd.

Bloomfield, CT 06152

215-761-1000

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: Timothy Middle: Charles Last: Wentworth

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

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? N/A

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

4. Affiant's business address: One Express Way, St. Louis, MO 63121

Business telephone: 314-684-6002

Business Email: Twentworth@express-scripts.com

5. Education and training:

College/University	City/State	Dates Attended (MM/YY)	Degree Obtained
Monroe Community College	Rochester, NY	09/1978 - 05/1980	AAS
Cornell University	Ithaca, NY	09/1980 - 05/1982	B.S.

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

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

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

Applicant Company Name : _____

NAIC No. _____
FEIN: _____

6. List of memberships in professional societies and associations:

Name of Society/Association	Contact Name	Address of Society/Association	Telephone Number of Society/Association
-----------------------------	--------------	--------------------------------	---

None

7. Present or proposed position with the Applicant Company: President, Express Scripts Holding Company

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

Beginning/Ending Dates (MM/YY): _____ - _____ See Attached: Exhibit A
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. N/A
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.

None

Organization/Issuer of License: _____ Address: _____

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

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

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

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

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?

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FEIN: 06-1699331

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

N/A

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

Applicant Company Name : Cigna Corporation

NAIC No. N/A

FEIN: 06-1039331

office held by the person. Control shall be presumed to exist if any person, directly or indirectly, owns, controls, holds with the power to vote, or holds proxies representing, ten percent (10%) or more of the voting securities of any other person. None

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

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

Yes No

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

N/A

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

N/A

14. Have you ever been adjudged a bankrupt?

Yes No

If yes, provide details: N/A

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

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

Yes No

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

Yes No

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

Yes No

Applicant Company Name : Cigna Corporation

NAIC No. N/A

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. _____

N/A

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

Dated and signed this 21 day of June, 2018 at St Louis, MO. 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: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 21 day of June, 2018 by Timothy Charles Wentworth and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

[Signature]

Notary Public

Rebecca Hilsabeck

Printed Notary Name

9-30-19

My Commission Expires



REBECCA HILSABECK
My Commission Expires
September 30, 2019
St. Charles County
Commission #1599931

Applicant Company Name : Cigna Corporation

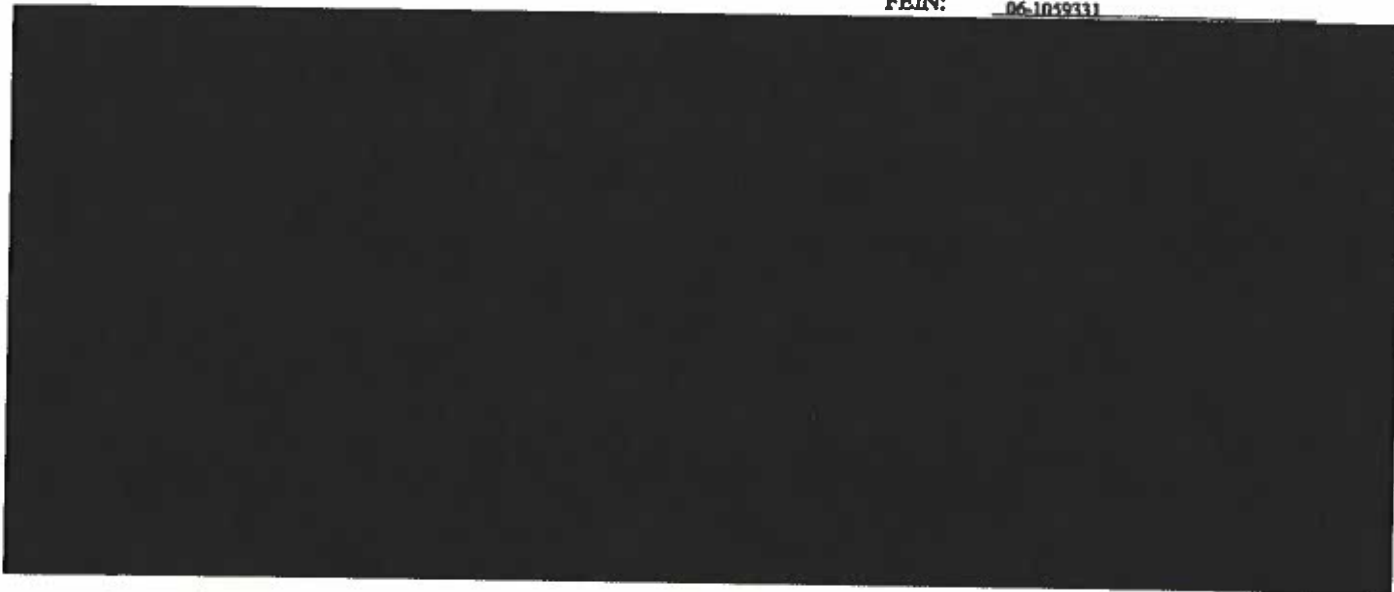
NAIC No. NA
FEIN: 06-1099331

BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information



Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 21 day of June, 20 18 at St. Louis MO. 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: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 21 day of June, 20 18 by Timothy Charles Wentworth and:

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

[SEAL]



REBECCA HILSABECK
My Commission Expires
September 30, 2019
St. Charles County
Commission #15099931

[Signature]
Notary Public
Rebecca Hilsabeck
Printed Notary Name
9-30-19
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
FEIN: 06-1052331

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 name] ("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 Krishnal, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111 [company's designated person, position, or department, address and phone].

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) six (6) months following the date of my signature below.

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

[Redacted Name and Address]
(Printed Full Name and Residence Address)
[Signature] (Signature) 6/21/18 (Date)

State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 21 day of June, 2018 by Timothy Charles Wentworth, and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]



REBECCA HILSABECK
My Commission Expires
September 30, 2019
St. Charles County
Commission #15099931

Ron Hui
Notary Public
Rebecca Hilsabeck
Printed Notary Name
9-30-18
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Kristul, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111

(Company's designated person, position, or department, address and phone).

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) six (6) months following the date of my signature below.

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

(Printed Full Name and Residence Address)

[Signature]
(Signature)

6/21/18
(Date)

State of: Missouri County of: St. Louis

The foregoing instrument was acknowledged before me this 21 day of June, 2018 by Timothy Charles Westworth and:

who is personally known to me, or

who produced the following identification: _____

[SEAL]

Rebecca Hilsaback
Notary Public
Printed Notary Name
9-30-19
My Commission Expires

Applicant Company Name : Cigna Corporation

NAIC No. N/A
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 name] ("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 Owen & Company, Jessica Dayrit 1-813-877-2008 ext. 5021 [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 Krishni, Office of the Corporate Secretary-215-761-1070, 1601 Chestnut Street, Philadelphia, PA 19192 and Jennifer Wheatley, Regulatory and State Government Affairs-303-729-8459, 8505 East Orchard Road, Greenwood Village, CO 80111

(Company's designated person, position, or department, address and phone).

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 six (6) months following the date of my signature below.

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

[Redacted] (Printed Full Name and Residence Address)
[Signature] (Signature) 6/21/18 (Date)

State of Missouri County of St. Louis

The foregoing instrument was acknowledged before me this 21 day of June, 2018, Timothy Charles Wentworth, and:

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

[SEAL]



REBECCA HILSABECK
My Commission Expires
September 30, 2019
St. Charles County
Commission #15000931

[Signature]
Notary Public
Rebecca Hilsabeck
Printed Notary Name
9-30-19
My Commission Expires

Revised 03/26/18
FORM 11

Exhibit A - Question 8 - Timothy Wentworth

	From/To	Company Information /Title
Employment History	02/2014-Present	Express Scripts Holding Company One Express Way St. Louis, MO 63121 800-332-5455 President and Chief Executive Officer; President & Director
	04/2012-02/2014	Express Scripts Holding Company One Express Way St. Louis, MO 63121 800-332-5455 Senior VP Account Management and Sales
	10/2008-04/2012	Medco Health Solutions, Inc. (n/k/a Express Scripts) 100 Parsons Pond Drive Franklin Lakes, NJ 07417 800-248-2268 Group President-National Accounts
	12/1998-10/2008	Medco Health Solutions, Inc. 100 Parsons Pond Drive Franklin Lakes, NJ 07417 800-248-2268 Senior VP-Account Management (Medco Health Solutions) CEO (Accredo Health Group)
	04/1994-12/1998	Mary Kay Cosmetics 16251 N. Ballas Parkway Dallas, TX 75001 800-MaryKay President-International; Senior VP-Human Resources

YEAR FILED	CASE CAPTION	STATUS
2016	Abraham Neufeld, Derivatively on Behalf of Nominal Defendant Express Scripts Holding Company v. George Paz, Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowchic, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, and Gary G. Benanav, Defendants and Express Scripts Holding Company, Nominal Defendant	Active
2016	M. Scott Brewer, James Brown, Sr., Marcus Estlack, Keither McClanahan, Jeremy Jeffers, Glenn Jeffries, William Waterkotte, Andrew Wiseman, Denzil Malone and Gary R. Ree, In Their Capacities as Trustees for the Carpenters Pension Fund of West Virginia, Derivatively on Behalf of Express Scripts Holding Company v. Maura C. Breen, William J. Delaney, Elder Granger, Nicholas J. Lahowchic, Thomas P. Mac Mahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, George Paz, William L. Roper, Seymour Sternberg, Christopher A. McGinnis, David Queller, Eric R. Slusser, Timothy Wentworth, Gary G. Benanav, James M. Havel and Christopher K. Nibb, Defendants and Express Scripts Holding Company, a Delaware corporation, Nominal Defendant.	Closed
2016	Melbourne Municipal Firefighters' Pension Trust Fund, Individually and on behalf of all others similarly situated v. Express Scripts Holding Company, George Paz, Timothy Wentworth, Eric Slusser, David Queller and James M. Havel	Dismissed/Pending Appeal
2016	Randy Green v. Express Scripts Holding Company, George Paz, Timothy Wentworth, Eric Slusser, David Queller, James Havel, Maura Breen, William Delaney, Elder Granger, Nicholas Lahowchic, Thomas MacMahon, Frank Mergenthaler, Woodrow Myers, Roderick Palmore, William Roper and Seymour Sternberg	Active
2016	Richard Weisglas, Derivatively on behalf of Express Scripts Holding Company, v. Express Scripts Holding Company, George Paz, Maura C. Breen, Gary G. Benanav, William J. Delaney, Elder Granger, Nicholas J. Lahowchic, Thomas P. MacMahon, Frank Mergenthaler, Woodrow A. Myers, Jr., Roderick A. Palmore, William L. Roper, Seymour Sternberg, Timothy Wentworth, Eric Slusser, David Queller, and James M. Havel	Active
2016	Robert Jessup, Derivatively on Behalf of Express Scripts Holding Company v. Timothy Wentworth, Eric Slusser, David Queller, James M. Havel, Christopher A. McGinnis, Christopher K. Knib, George Paz, Thomas Mac Mahon, Maura C. Breen, Woodrow A. Myers, Jr., William L. Roper, Roderick A. Palmore, Gary G. Benanav, Elder Granger, Seymour Sternberg, Nicholas J. Lahowchic, Frank Mergenthaler and William J. Delaney, Defendants, and Express Scripts Holding Company, a Delaware Corporation, Nominal Defendant	Active